



Early Identification of Sepsis in Senior Care

Sepsis is a serious condition that can be fatal when it's not quickly identified and treated. Recognizing the signs of sepsis in older adults with multiple comorbidities can be challenges because the signs may be subtle. Yet, rapid diagnosis and treatment are essential to provide life-saving care.¹ For every hour that a person with sepsis is not treated, their mortality rate increases by 4–9 percent.²

Compared to those not in long-term care, residents in senior care facilities are six times more likely to present with sepsis to emergency departments (EDs).³ Sepsis often starts with an infection in the lungs, urinary tract, abdomen, or a surgical site. In senior care facilities, respiratory tract infections and urinary tract infections are the top two types of infection causing sepsis.⁴

It's incumbent upon senior care facility leadership, including both the medical and nursing directors, to devise a sepsis protocol and educate staff about its elements. Employing infection control policies, using screening tools as appropriate to improve recognition of sepsis in the early stages, educating clinical staff about the early warning signs of sepsis, simulating training activities, and taking immediate action if sepsis is suspected are critical steps in addressing sepsis in residents.

The following checklist offers measures to help assess senior care facilities' sepsis identification efforts and pinpoint opportunities to enhance and improve sepsis prevention strategies.⁵

| | Yes | Νο |
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| Sepsis Protocol | | |
| Has facility management created a sepsis protocol? | | |
| Is infection prevention and control prioritized in the protocol? | | |
| Do programs for infection prevention and control, sepsis early recognition, and antibiotic stewardship share a similar focus, goals, and response strategies? | | |
| • Are facility clinical staff trained on elements within each program/protocol? | | |

| | Yes | No |
|---|-----|----|
| Infection Prevention and Control | | |
| Does the facility have an infection prevention and control program? | | |
| Is hand hygiene part of the program? | | |
| Are staff members trained at least annually on the program? | | |
| Are residents educated at least annually about the program? | | |
| Does facility management conduct periodic compliance audits of staff and residents to ensure they are following recommendations? | | |
| Are care bundles used to reduce device-related infections (such as infections related to urinary catheters, central lines, and ventilators)? | | |
| Does the facility ensure that residents are offered and/or receive recommended vaccines based on individual state requirements? | | |
| Sepsis Recognition and Screening | | |
| Are clinical staff members trained to recognize and understand sepsis signs and symptoms so they can take appropriate action as quickly as possible? | | |
| Are clinical staff members trained to rigorously screen residents who have the top infections associated with sepsis, such as respiratory and urinary tract infections, pneumonia, and abdominal infections? | | |
| Are early detection sepsis screening tools adopted and used routinely on all residents at the senior care facility? | | |
| Do certified nursing assistants (CNAs) or other direct resident care staff conduct initial screenings? | | |
| If screenings indicate a positive result, do CNAs or other direct resident care staff members report the results to a licensed nurse for immediate verification? | | |
| Does a licensed nurse evaluate and document any acute changes for the resident and then communicate the resident's status to the nurse practitioner, physician assistant, and/or physician? | | |

| | Yes | No |
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| Sepsis Recognition and Screening (continued) | | |
| Does a clinician evaluate the resident, review their advance directive, and oversee medical management and/or a transfer to a higher level of care within the facility or a hospital? | | |
| Are facility staff aware of and educated about the Interventions to Reduce Acute Care Transfers (INTERACT), which provides educational and clinical tools to detect early acute changes in senior care facility residents? | | |
| Are facility staff and resident's family members aware of and educated about the Stop and Watch Early Warning Tool? This tool can be used to alert a licensed nurse that a resident has a potential change in condition that needs further clinical evaluation. | | |
| Are facility staff aware of and educated about the Situation, Background, Assessment, and Recommendation (SBAR) communication tool that can guide licensed nurses when residents have a change in condition? | | |
| Does nursing staff use INTERACT's SBAR Communication Form and Progress Note for RNs/LPNs/LVNs to evaluate the resident's condition before contacting the primary care clinician? | | |
| Do clinical staff members document the primary care clinician's recommendations? | | |
| Does the facility have a clinical chain-of-command policy in place? | | |
| Are all staff members aware of the clinical chain-of-command policy and trained on when to activate it? This is critical for times when a provider is either not available or is not responding to signs of a resident's deterioration. | | |
| Simulation Training | | |
| Does the facility conduct simulation training related to the early recognition of sepsis to help educate staff? | | |
| Does simulation training include recognizing early sepsis symptoms, using screening tools, communicating with the healthcare team, using a communication algorithm, activating the clinical chain-of-command policy, and leading participants through realistic scenarios? | | |

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| | Yes | No |
|---|-----|----|
| Simulation Training (continued) | | |
| Does the facility conduct simulation debriefings to identify strengths, weaknesses, opportunities for improvement, and the top lessons learned that staff can apply to daily clinical practice? | | |

Resources

- Centers for Disease Control and Prevention: Protect Your Residents From Sepsis
- Health Quality Innovation Network: Meeting the Challenge of Sepsis in Long Term Care
- MedPro Group: Checklist: Infection Prevention & Control in Senior Care Organizations
- MedPro Group: Checklist: Preventing Pressure Injuries in Senior Care Organizations
- MedPro Group: Risk Resources: Pressure Injuries in Older Adults
- MedPro Group: Risk Resources: Sepsis
- Sepsis Alliance: Long-Term Care
- TMF Network: Sepsis Post-Acute Care Training Toolkit for Nursing Homes

Endnotes

¹ Sepsis Alliance. (2023). *Sepsis fact sheet*. Retrieved from www.sepsis.org/education/resources/fact-sheets/

² Ibid.

³ Sepsis Alliance. (2023, November 13 [Last updated]). *Sepsis and aging*. Retrieved from https://www.sepsis.org/sepsisand/aging/

⁴ Roberts, T. L., & Davis, J. (2016). Early detection of sepsis in Pennsylvania's long-term care residents. *Pennsylvania Patient Safety Advisory, 13*(3). Pennsylvania Patient Safety Authority. Retrieved from https://patientsafety.pa.gov/ADVISORIES/documents/201609_108.pdf

⁵ This checklist is based on information from the following sources: Roberts, et al., Early detection of sepsis in Pennsylvania's long-term care residents; Health Quality Innovation Network. (2022, June 9). *Meeting the challenge of sepsis in long term care: Early recognition tools & resources.* Retrieved from https://hqin.org/wp-content/uploads/2022/06/Meeting-the-Challenge-of-Sepsis-in-Long-Term-Care_508.pdf

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