



## HAH Sepsis Best Practices Group Update



State of Hawaii Sepsis Task Force Recommendations for a Sepsis Best Practices Group*	Healthcare Association of Hawaii (HAH) Sepsis Best Practices Group
<p>Discuss best practices, educational opportunities, and emerging federal sepsis polices and regulations, as well as recommend implementation of best practices, as necessary.</p>	<p>Since July 2015, the Healthcare Association of Hawaii's (HAH) Sepsis Best Practices Group has been serving as the statewide forum for sepsis subject matter experts from Hawaii's acute care hospitals to discuss best practices, educational opportunities, and emerging federal sepsis policies and regulations, in addition to the discussion of barriers, challenges, and opportunities for improvement.</p>
<p>Utilize a mode similar to the Stroke Task Force already in place</p>	<p>Similar to what is now known as the Hawaii Stroke Coalition, the HAH Sepsis Best Practices Group also meets at the HAH office on a regular basis via conference call, as well as via webinar to enable neighbor island hospital attendance and participation. In addition Similar to what is now known as the Hawaii Stroke Coalition (formerly the Stroke Task Force), the HAH Sepsis Best Practices Group also meets at the HAH office on a regular basis via conference call, as well as via webinar to enable neighbor island hospital attendance and participation. In addition to the sepsis subject-matter experts from the acute care facilities, representatives from the Hawaii Department of Health compose the Sepsis Best Practices Group. The HAH Quality Director facilitates the Group's meetings.</p>
<p>Comprise a physician champion and administrative representation from each facility</p>	<p>In March 2015, the State Director of Health requested a physician champion and a quality improvement and/or administrative representative from each acute care hospital be identified to participate in the statewide Sepsis Best Practices group that would be facilitated by the Healthcare Association of Hawaii. Once these individuals were identified, HAH, in collaboration with the DOH, formalized the Sepsis Best Practices Group.</p>
<p>Holds its inaugural meeting in early 2015</p>	<p>The HAH Sepsis Best Practices Group held its inaugural meeting on Friday, July 17, 2015.</p>
<p>Be sponsored as a subcommittee of the HAH Quality Committee</p>	<p>HAH established the Sepsis Best Practices Group as a subcommittee of its Quality Committee for hospitals.</p>

**State of Hawaii Sepsis Task Force  
Recommendations for a  
Sepsis Best Practices Group\***

**Healthcare Association of Hawaii (HAH)  
Sepsis Best Practices Group**

Meet regularly to discuss best practices, educational opportunities, and emerging federal sepsis policies and regulations, as well as recommend implementation of best practices, as necessary

Since its inception in July 2015, the HAH Sepsis Best Practices Group has met on the following dates: 7/15/2015, 8/13/2015, 9/25/2015, 2/19/2016, 6/2/2016, 8/3/2016, 12/20/2016.

On October 15, 2015 the HAH Director of Quality and Regulatory Affairs attended the first CMS Consortium for Quality Improvement and Survey & Certification Operations' Sepsis Coalition meeting. Materials and best practices were shared with the Sepsis Best Practices Group.

On December 17, 2015, HAH held an educational webinar with speakers from Premier, Inc. Sepsis education was provided to hospitals, including: the impact of sepsis in the United States, critical factors for success with the CMS Sepsis Core Measure (NQF #0500), proven strategies for improvement, use of data and analysis, and a care framework across the continuum.

On June 7, 2016, HAH and Premier held its Partnership for Patients Regional meeting for Hawaii hospitals, and also included the Hawaii Department of Health, Mountain Pacific Quality Health Foundation, and featured local and national speakers to present on multiple healthcare improvement strategies. A local Oahu hospital presented their sepsis journey to conduct hospital-wide education and make significant improvements on the early identification and treatment of sepsis and reduction in sepsis mortality.

**State of Hawaii Sepsis Task Force  
Recommendations for a  
Sepsis Best Practices Group\***

**Healthcare Association of Hawaii (HAH)  
Sepsis Best Practices Group**

Meet regularly to discuss best practices, educational opportunities, and emerging federal sepsis policies and regulations, as well as recommend implementation of best practices, as necessary (*continued*)

On 9/13/2016, the HAH Sepsis Best Practices Group held a Sepsis Awareness and Education event. Personal stories shared by the wife of a man who died from sepsis, plus a healthy sepsis survivor were the opening to this great educational event. Hawaii hospitals shared the tremendous efforts and actions they undertook to implement best practices in improving early identification and treatment of sepsis. Hospitals also shared their progress and positive outcomes in improving compliance with the sepsis bundle measure and moreover, the reduction in mortality from sepsis. The Hawaii Department of Health also presented at the Sepsis Awareness and Education event. HAH invited the public and community members, other healthcare organizations, health plans, post-acute care providers (i.e., nursing homes, home health agencies, assisted living facilities & hospices), nursing and pharmacy students, infection control preventionists, physicians, nurses, and sepsis advocates. The significance of the date of this event, September 13th, is that it is also recognized as World Sepsis Day. HAH also included in the agenda of this event a presentation of the Hawaii senate concurrent resolution's recognition of September 13th as "Hawaii Sepsis Day" and the month of September as "Sepsis Awareness Month" in Hawaii. Senator Josh Green presented this to former senator Fred Rohlfiing for his sepsis advocacy work. HAH provided this half-day educational event for free.

**State of Hawaii Sepsis Task Force  
Recommendations for a  
Sepsis Best Practices Group\***

**Healthcare Association of Hawaii (HAH)  
Sepsis Best Practices Group**

Facilitate the performance of a Sepsis Improvement needs-assessment within each facility so that facilities can best determine resource allocation

In its first meeting, the Sepsis Best Practices Group members decided and agreed upon standardized review criteria and data elements to be collected in a sample chart review of sepsis cases at each respective facility to get an initial assessment of needs and opportunities for improvement. Results were shared among the Sepsis Best Practices Group, including gaps/needs, and it helped facilities in identifying which providers, departments and other resources would be needed and also impacted by the requirements of the Sepsis Core Measure/Severe Sepsis and Septic Shock: Management Bundle Measure, NQF #0500 (including, but not limited to nurses, physicians, laboratory, pharmacy, coders, quality improvement staff, chart abstractors, IT staff, health information management (HIM) staff, necessary changes in the electronic health record, development and/or revision of policies, procedures, development of physician order sets and nursing protocols).

**State of Hawaii Sepsis Task Force  
Recommendations for a  
Sepsis Best Practices Group\***

**Healthcare Association of Hawaii (HAH)  
Sepsis Best Practices Group**

If and when CMS elects to implement NQF measure #0500 (e.g., through a CMS inpatient prospective payment system rule), address the impact that it is likely to have and the implications for Hawaii hospitals

In late Spring 2015, hospitals were notified that CMS was adopting the NQF #0500 measure, Severe Sepsis and Septic Shock: Management Bundle, and data collection would begin with October 1, 2015 discharges. NQF #0500 was adopted for the Fiscal Year 2017 payment determination in the Calendar Year 2015 Inpatient Prospective Payment System (IPPS) Final Rule. The Sepsis Best Practices Group reviewed the NQF #0500 measure specifications, and were provided education on the measure, and thoroughly discussed all aspects of the measure in 2015. The Group also discussed the multitude of clinicians and additional non-clinical staff that would need education on sepsis and the bundle measure requirement in order for improvements to be made. Each hospital and participant in the Sepsis Best Practices Group shared steps for improving patient outcomes, and how they were planning on meeting the requirements for NQF #0500. The potential impact and the implications for Hawaii hospitals was thoroughly addressed. As mentioned previously, hospitals assessed and addressed the need to educate and involve multiple levels of staff, both clinical and non-clinical, facility and system-wide, in developing and implementing new and/or revised policies and procedures, development of sepsis/physician order sets, nurse and/or physician driven protocols, making changes in the electronic health records, development of workflows or process maps, just to name several of the best practices that facilities implemented. Multiple staff, clinicians and departments were, and continue to be, integral to meeting the requirements of NQF #0500, including, but not limited to nurses, physicians, laboratory, pharmacy, coders, quality improvement staff, chart abstractors, IT, health information management (HIM) staff, and medical staff.

Work towards defining a more representative sepsis incidence baseline in the state, either through the use of administrative or clinical data

Because CMS implemented NQF #0500, the Measure Information Form and algorithm, and abstraction guidance was published in Version 5.0 of the Specifications Manual for National Hospital Inpatient Quality Measures. Therefore, the State of Hawaii Sepsis Task Force's recommendation for "a more representative sepsis incidence baseline in the state" was moot once NQF #0500 became a requirement and the HAH Sepsis Best Practices Group was formally established.

**State of Hawaii Sepsis Task Force  
Recommendations for a  
Sepsis Best Practices Group\***

**Healthcare Association of Hawaii (HAH)  
Sepsis Best Practices Group**

Partner with their associated CAHs to disseminate current best practices regarding early recognition and intervention in sepsis

The Queen's Health System hospitals and Hawaii Pacific Health system naturally work with and have included their respective neighbor-island and/or critical access hospitals (CAHs) in their sepsis education for treatment, protocols, and best practices. The acute care hospitals in the Hawaii Health Systems Corporation (HHSC) work with their respective regional CAHs on the neighbor islands of Maui, East and West Hawaii, and Kauai. Additionally, HAH and most of its hospital members, both acute care and critical access facilities, participated in the CMS Partnership for Patients (PFP) Hospital Engagement Network 2.0 from September 2015 - September 2016 with HAH and Premier Inc., a publicly traded healthcare improvement company. Sepsis was a measure in the PFP, a national quality improvement initiative for hospitals, and multiple sepsis education opportunities were available and provided to hospitals statewide. Most of Hawaii's hospitals are now participating in CMS' latest iteration of the Partnership for Patients, now called the Hospital Improvement Innovation Network (HIIN) with HAH and Premier, Inc., again (started in October 2016). Sepsis continues to be one of the focus measures in the HIIN. CAHs are once again participating in the HIIN with HAH, and HAH has its own clinical HIIN Partner who works with the individual hospitals and provides Premier tools, education, and best practices on sepsis, some of which are from the other 400+ hospitals across the nation who are also participants in the Premier HIIN. Additionally, HAH has also shared sepsis best practices and tools with the CAHs and presents HIIN updates at the quarterly Hawaii Performance Improvement Collaborative (HPIC) for CAHs. HPIC is facilitated by the State of Hawaii Department of Health Office of Primary Care and Rural Health, and is part of HAH's Hawaii Affinity Team for the HIIN.

**State of Hawaii Sepsis Task Force  
Recommendations for a  
Sepsis Best Practices Group\***

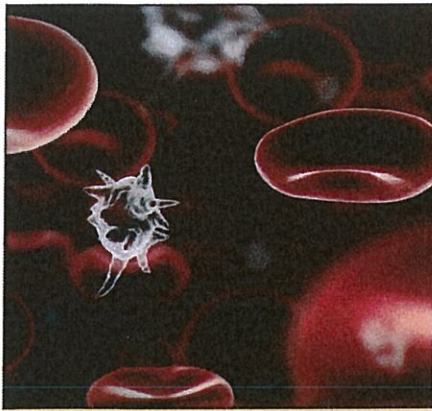
**Healthcare Association of Hawaii (HAH)  
Sepsis Best Practices Group**

Encourage the adoption of sepsis educational materials and initiatives by facilities as discussed above.

Hospitals within the Sepsis Best Practices Group share their own data collection tools and resources with one another, and continue to share information on their best and most effective practices at their facilities (i.e., nurse driven protocols, physician/sepsis order sets, sepsis response teams, point of care lactate testing, workflows, facility sepsis workgroups and system wide committees). Additional sepsis tools and education materials are shared with hospitals via the CMS HIIN work, as mentioned earlier.

Additionally, the HAH Sepsis Best Practices Group reviewed current and existing sepsis educational materials from the Centers for Disease Control and Prevention (CDC), the Sepsis Alliance, and the Rory Staunton Foundation. Members wanted to be sharing the same information across hospitals statewide so that everyone will have the same standardized messaging and information. The three (3) attached educational documents were selected and agreed upon by the Sepsis Best Practices Group as the best educational information to distribute to patients and families: 1) SEPSIS FACT SHEET; 2) What is Sepsis?; and 3) LIFE AFTER SEPSIS FACT SHEET. All 3 documents were also shared with the community at the September 13, 2016 Sepsis Awareness and Education event that the Sepsis Best Practices Group held. These documents can be found on the CDC and/or Sepsis Alliance websites and are also attached for reference. These materials were also distributed electronically to the entire HAH membership for use, distribution, and education of staff, patients, and families, including nursing homes, home health agencies, assisted living facilities, and hospices. Electronic versions of these materials were also sent to nursing schools, HADONA, health plans, APIC Hawaii, community sepsis advocates, Executive Office of Aging, and the DOH for wider distribution throughout the state. HAH encouraged everyone to adopt these materials for sepsis education.

\*The recommendations listed here are taken directly from the State of Hawaii Sepsis Task Force's Report to the 28th State of Hawaii Legislature 2015. Submitted by the Healthcare Association of Hawaii 3/15/2017



# SEPSIS FACT SHEET

## A POTENTIALLY DEADLY OUTCOME FROM AN INFECTION

### What should I do if I think I have an infection or sepsis?

- Call your doctor or go to the emergency room immediately if you have any signs or symptoms of an infection or sepsis. This is a medical emergency.
- It's important that you say, "I AM CONCERNED ABOUT SEPSIS."
- If you are continuing to feel worse or not getting better in the days after surgery, ask your doctor about sepsis. Sepsis is a common complication of people hospitalized for other reasons.

### What is sepsis?

Sepsis is the body's overwhelming and life-threatening response to an infection which can lead to tissue damage, organ failure, and death.

### When can you get sepsis?

Sepsis can occur to anyone, at any time, from any type of infection, and can affect any part of the body. It can occur even after a minor infection.

### What causes sepsis?

Any type of infection that is anywhere in your body can cause sepsis, including infections of the skin, lungs (such as pneumonia), urinary tract, abdomen (such as appendicitis), or other part of the body. An infection occurs when germs enter a person's body and multiply, causing illness and organ and tissue damage.

### Who gets sepsis?

Anyone can get sepsis as a bad outcome from an infection, but the risk is higher in:

- people with weakened immune systems
- babies and very young children
- elderly people
- people with chronic illnesses, such as diabetes, AIDS, cancer, and kidney or liver disease
- people suffering from a severe burn or wound

Ask your doctor about your risk for getting sepsis.

### What are the symptoms of sepsis?

There is no single sign or symptom of sepsis. It is, rather, a combination of symptoms. Since sepsis is the result of an infection, symptoms can include infection signs (diarrhea, vomiting, sore throat, etc.), as well as ANY of the symptoms below:



# S

**S**hivering, fever, or very cold

# E

**E**xtrême pain or general discomfort ("worst ever")

# P

**P**ale or discolored skin

# S

**S**leepy, difficult to wake up, confused

# I

**"I** feel like I might die"

# S

**S**hort of breath



Centers for Disease Control and Prevention  
National Center for Emerging and Zoonotic Infectious Diseases



## Why should I be concerned about sepsis?

Sepsis can be deadly. It kills more than 258,000 Americans each year and leaves thousands of survivors with life-changing after effects. According to CDC, there are over 1 million cases of sepsis each year, and it is the ninth leading cause of disease-related deaths.

## How is sepsis diagnosed?

Doctors diagnose sepsis using a number of physical findings like fever, increased heart rate, and increased breathing rate. They also do lab tests that check for signs of infection.

Many of the symptoms of sepsis, such as fever and difficulty breathing, are the same as in other conditions, making sepsis hard to diagnose in its early stages.

## How is sepsis treated?

People with sepsis are usually treated in the hospital. Doctors try to treat the infection, keep the vital organs working, and prevent a drop in blood pressure.

Doctors treat sepsis with antibiotics as soon as possible. Many patients receive oxygen and intravenous (IV) fluids to maintain normal blood oxygen levels and blood pressure.

Other types of treatment, such as assisting breathing with a machine or kidney dialysis, may be necessary. Sometimes surgery is required to remove tissue damaged by the infection.

## Are there any long-term effects of sepsis?

Many people who have sepsis recover completely and their lives return to normal. But some people may experience permanent organ damage. For example, in someone who already has kidney problems, sepsis can lead to kidney failure that requires lifelong dialysis.

## How can I prevent sepsis?



**1** Get **vaccinated**



**2** **Prevent infections** that can lead to sepsis by:

- **Cleaning** scrapes and wound
- Practicing good **hygiene** (e.g., hand washing, bathing regularly)



**3** If you have an **infection, look for signs like:** fever, chills, rapid breathing and heart rate, rash, confusion, and disorientation.

## Where can I get more information?

- Centers for Disease Control and Prevention (CDC)—CDC works 24/7 protecting America's health, safety and security. Whether diseases start at home or abroad, are curable or preventable, chronic or acute, stem from human error or deliberate attack, CDC is committed to responding to America's most pressing health challenges. [cdc.gov/sepsis](http://cdc.gov/sepsis)  
[cdc.gov/cancer/preventinfections](http://cdc.gov/cancer/preventinfections)
- Rory Staunton Foundation—The Rory Staunton Foundation supports education and outreach efforts aimed at rapid diagnosis and treatment of sepsis, particularly in children. [rorystaunton.com](http://rorystaunton.com)
- Sepsis Alliance®—Created to raise sepsis awareness among both the general public and healthcare professionals. Sepsis Alliance offers information on a variety of sepsis-related topics. Visit [sepsis.org/library](http://sepsis.org/library) to view the complete series of titles. [sepsis.org](http://sepsis.org)

# What is Sepsis?

Sepsis is the body's overwhelming and life-threatening response to infection which can lead to tissue damage, organ failure, and death.





**Sepsis can occur even after a minor infection.** 

**Sepsis is difficult to diagnose and treat.** 

**Sepsis is dangerous and can be DEADLY.** 

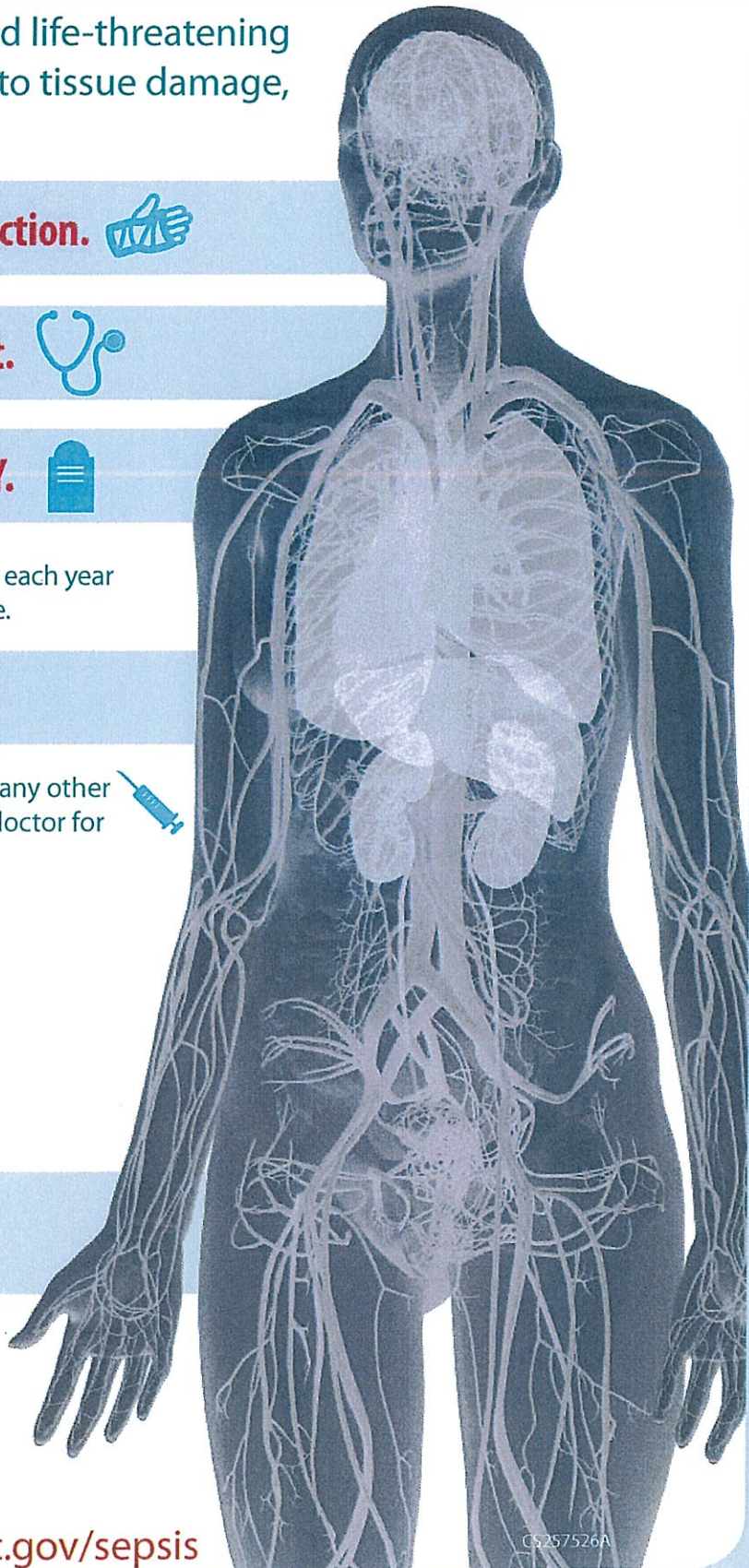
Over **1 million** cases of sepsis occur each year and up to half of the people who get sepsis will die.

## What can you do to PREVENT sepsis?

- 1** Get **vaccinated** against the flu, pneumonia, and any other infections that could lead to sepsis. Talk to your doctor for more information. 
- 2** **Prevent infections** that can lead to sepsis by:
  - **Cleaning** scrapes and wounds 
  - Practicing good **hygiene** (e.g., hand washing, bathing regularly) 
- 3** If you have an infection, **look for signs like:** fever, chills, rapid breathing and heartrate, rash, confusion, and disorientation. 

## What should you do if you think you have sepsis?

Seek medical treatment if you have signs of sepsis following an infection.



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

[www.cdc.gov/sepsis](http://www.cdc.gov/sepsis)

CS257526A

# LIFE AFTER SEPSIS FACT SHEET

## WHAT SEPSIS SURVIVORS NEED TO KNOW

### ABOUT SEPSIS

#### What is sepsis?

Sepsis is the body's overwhelming and life-threatening response to an infection which can lead to tissue damage, organ failure, and death.

#### What causes sepsis?

Any type of infection that is anywhere in your body can cause sepsis, including infections of the skin, lungs (such as pneumonia), urinary tract, abdomen (such as appendicitis), or other part of the body. An infection occurs when germs enter a person's body and multiply, causing illness and organ and tissue damage.

#### What are the different types of sepsis?

Many doctors view sepsis as a three-stage syndrome:

- **SEPSIS** causes fever, rapid heart rate/breathing, and an increased white blood cell count. If you have an infection, even a minor sign or symptom can indicate sepsis, and you should seek medical treatment immediately.
- **SEVERE SEPSIS** is when there are also signs and symptoms which indicate an organ may be failing. Immediate hospital treatment is required.
- **SEPTIC SHOCK** is when you have severe sepsis, plus extremely low blood pressure that doesn't respond to fluid replacement. Immediate hospital treatment is required.

### LIFE AFTER SEPSIS

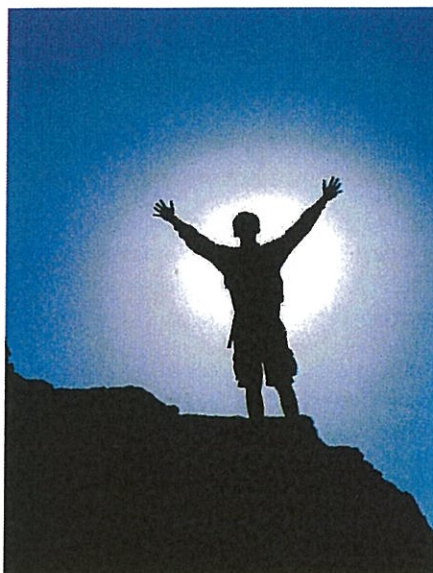
#### What are the first steps in recovery?

After you have had sepsis, rehabilitation usually starts in the hospital by slowly helping you to move around and look after yourself: bathing, sitting up, standing, walking, taking yourself to the restroom, etc. The purpose of rehabilitation is to restore you back to your previous level of health or as close to it as possible. Begin your rehabilitation by building up your activities slowly, and rest when you are tired.

#### How will I feel when I get home?

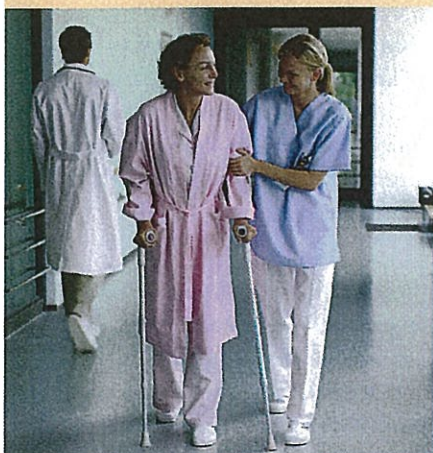
You have been seriously ill, and your body and mind need time to get better. You may experience the following physical symptoms upon returning home:

- General to extreme weakness and fatigue
- Breathlessness
- General body pains or aches
- Difficulty moving around
- Difficulty sleeping
- Weight loss, lack of appetite, food not tasting normal
- Dry and itchy skin that may peel
- Brittle nails
- Hair loss



*There are more than*  
**1.4 MILLION**  
*sepsis survivors every year*  
*in the United States.*

*Many survivors are*  
left with **LIFE-  
CHANGING**  
*challenges.*



Centers for Disease  
Control and Prevention  
National Center for Emerging and  
Zoonotic Infectious Diseases

It is also not unusual to have the following feelings once you're at home:

- Unsure of yourself
- Not caring about your appearance
- Wanting to be alone, avoiding friends and family
- Flashbacks, bad memories
- Confusing reality (e.g., not sure what is real and what isn't)
- Feeling anxious, more worried than usual
- Poor concentration
- Depressed, angry, unmotivated
- Frustration at not being able to do everyday tasks

### What can I do to help myself recover at home?

- Set small, achievable goals for yourself each week, such as taking a bath, dressing yourself, or walking up the stairs
- Rest and rebuild your strength
- Talk about what you are feeling to family and friends
- Record your thoughts, struggles, and milestones in a journal
- Learn about sepsis to understand what happened
- Ask your family to fill in any gaps you may have in your memory about what happened to you
- Eat a balanced diet
- Exercise if you feel up to it
- Make a list of questions to ask your doctor when you go for a check up

### Are there any long-term effects of sepsis?

Many people who survive sepsis recover completely and their lives return to normal. However, older people, people who have suffered more severe sepsis and those treated in an intensive care unit are at greatest risk of long-term problems, including suffering from post-sepsis syndrome.

### What is post-sepsis syndrome?

Post-sepsis syndrome is the term used to describe the group of long-term problems that some people with severe sepsis experience. These problems may not become apparent for several weeks (post-sepsis), and may include such long-term consequences as

- Insomnia, difficulty getting to or staying asleep
- Nightmares, vivid hallucinations, panic attacks
- Disabling muscle and joint pains
- Decreased mental (cognitive) functioning
- Loss of self-esteem and self-belief
- Organ dysfunction (kidney failure, respiratory problems, etc.)
- Amputations (loss of limb(s))

### What's normal and when should I be concerned?

Generally, the problems described in this fact sheet do improve with time. They are a normal response to what you have been through.

Some hospitals have follow-up clinics or staff to help patients and families once they have been discharged. Find out if yours does or if there are local resources available to help you while you get better.

However, if you feel that you are not getting better, or finding it difficult to cope, or continue to be exhausted call your doctor.

### Where can I get more information?

- Centers for Disease Control and Prevention (CDC)—CDC works 24/7 protecting America's health, safety and security. Whether diseases start at home or abroad, are curable or preventable, chronic or acute, stem from human error or deliberate attack, CDC is committed to responding to America's most pressing health challenges.  
[cdc.gov/sepsis](http://cdc.gov/sepsis)  
[cdc.gov/cancer/preventinfections](http://cdc.gov/cancer/preventinfections)
- Rory Staunton Foundation—The Rory Staunton Foundation supports education and outreach efforts aimed at rapid diagnosis and treatment of sepsis, particularly in children. [rorystaunton.com](http://rorystaunton.com)
- Sepsis Alliance®—Created to raise sepsis awareness among both the general public and healthcare professionals. Sepsis Alliance offers information on a variety of sepsis-related topics. Visit [sepsis.org/library](http://sepsis.org/library) to view the complete series of titles. [sepsis.org](http://sepsis.org)