Surviving Sepsis

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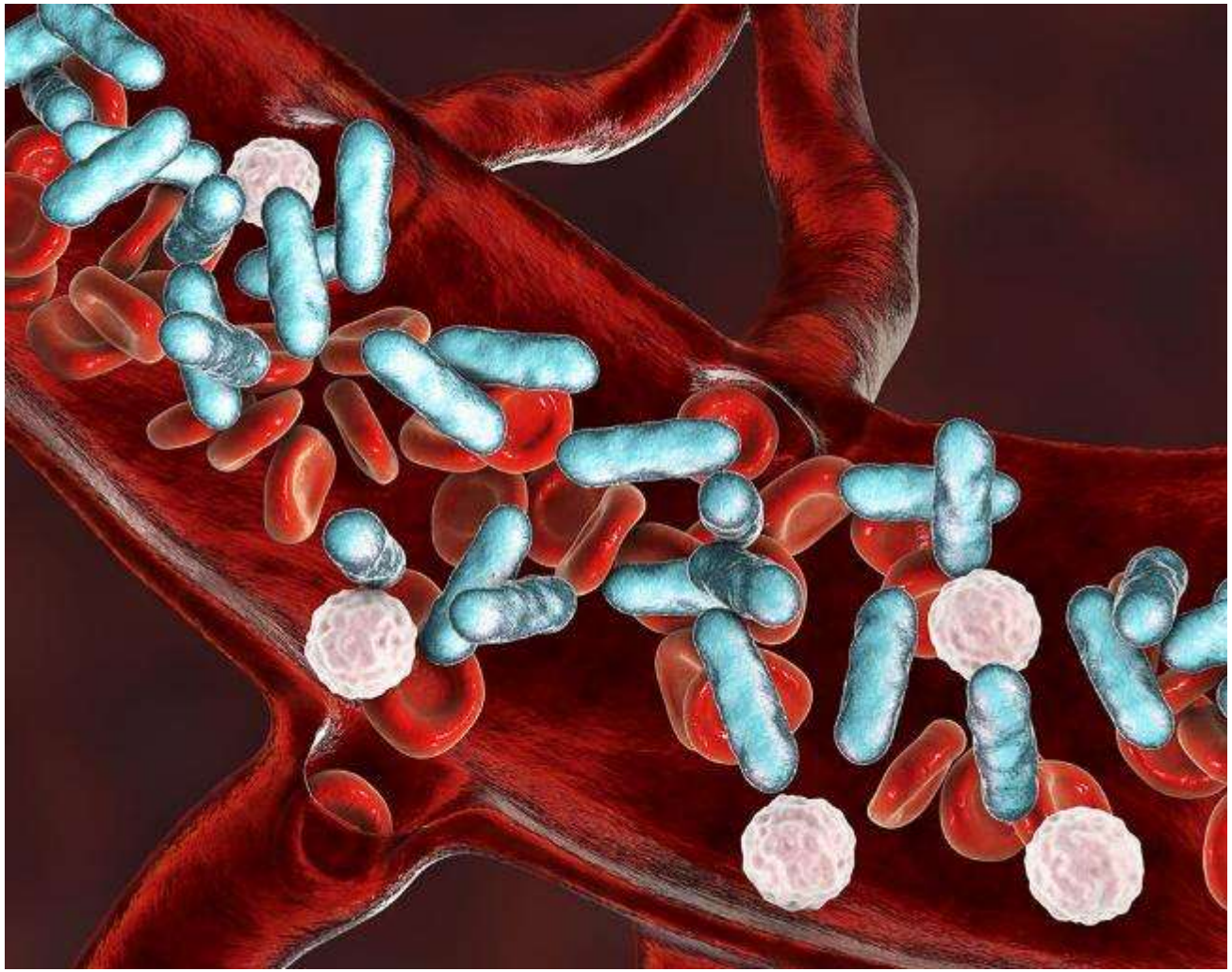
Learning Objectives

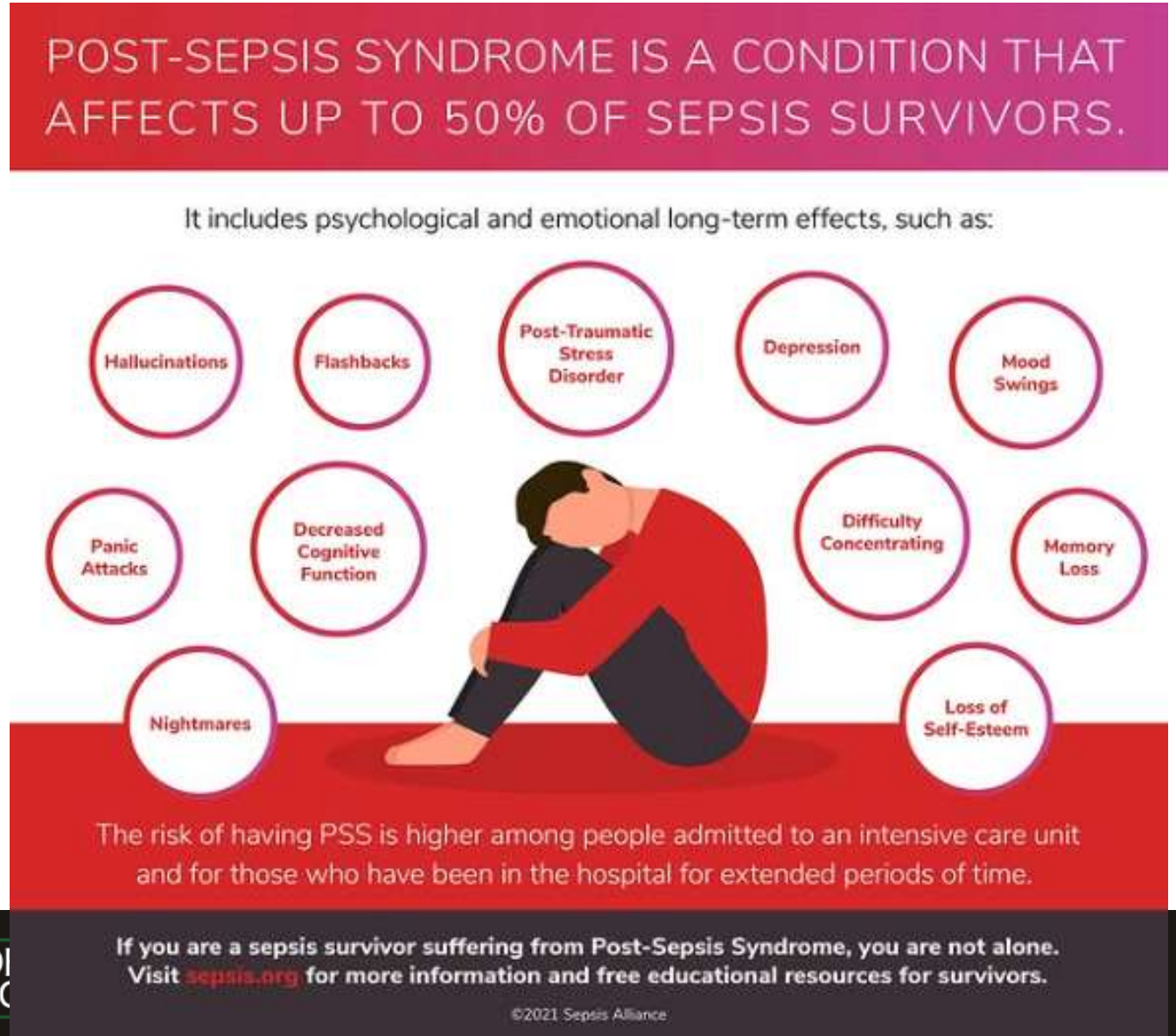
1. Discuss sepsis and causal factors;
2. Describe what life will be like once an individual recovers from sepsis;
3. Identify key questions related to sepsis; and
4. Outline current SDOH data for sepsis patients for the DFW region

Surviving Sepsis: Beginning

As we begin today's discussion, I want to highlight the numerous hours and unwavering dedication to support the sepsis population in our hospitals. I am merely here as the vessel to communicate on behalf of this amazing team. I will endeavor to do my best to present our thoughts, processes, and ideas in the hope that you all glean insight and gain a new spark of innovation and creativity. As I am continually energized by people in this room to be vibrant and creative in the complex works spaces we inhabit.



Surviving Sepsis: The Post Sepsis Syndrome



+ Poll

1. Have you had sepsis
2. Has one of your loved ones had sepsis
3. In one word, What was the most valuable information you or your loved one obtained after surviving sepsis

Surviving Sepsis – Where it All Started

Situation

Patients hospitalized with sepsis have a significantly higher risk of readmission within 30 days post-discharge.

Background

- Sepsis survivors often experience a range of complex physical and psychological challenges, placing them at increased risk for developing comorbid conditions. A lack of patient and caregiver awareness regarding these risks contributes to preventable rehospitalizations

Assessment:

Just as standardized protocols have improved outcomes for patients upon sepsis admission, emerging evidence suggests that implementing a structured discharge protocol can enhance recovery, reduce complications, and lower readmission rates.

Recommendation

- Collaborate with the Quality Department to ensure accurate identification, documentation, and coding of sepsis cases.
- Develop targeted interventions through Care Transition Management (CTM) and Complex Care Coordination (CCC), including case reviews during Multidisciplinary Rounds (MDR).
- Establish partnerships with post-acute care providers (e.g., IRFs, SNFs, HHAs) to implement a post-sepsis protocol focused on education, early symptom recognition, and timely intervention.
- The protocol should include:
  - A follow-up visit with an Infectious Disease physician within 3–5 days post-discharge.
  - A Primary Care Provider follow-up within 7–14 days.

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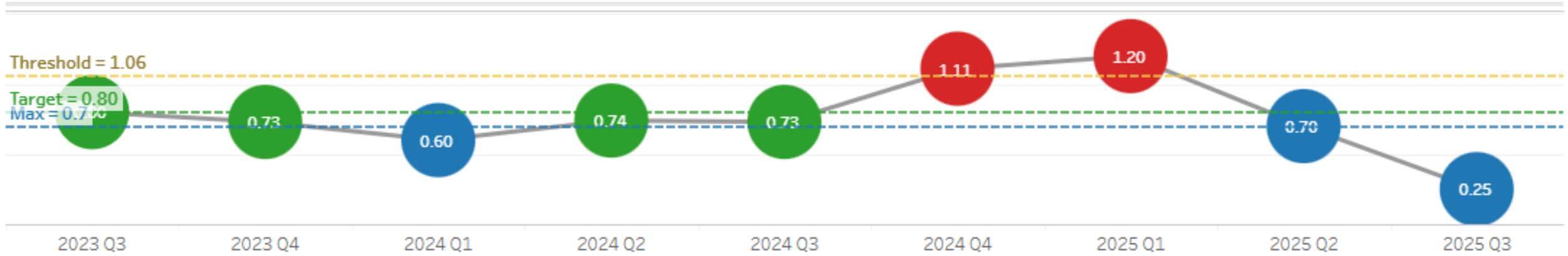
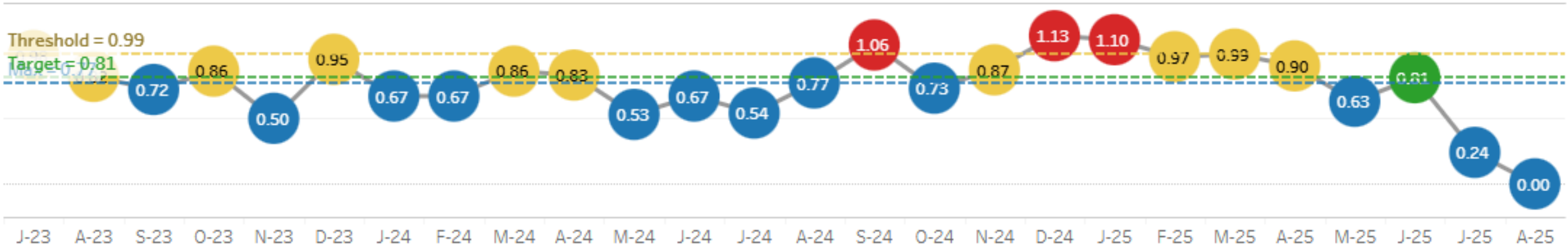
Surviving Sepsis: THR – Alliance Data





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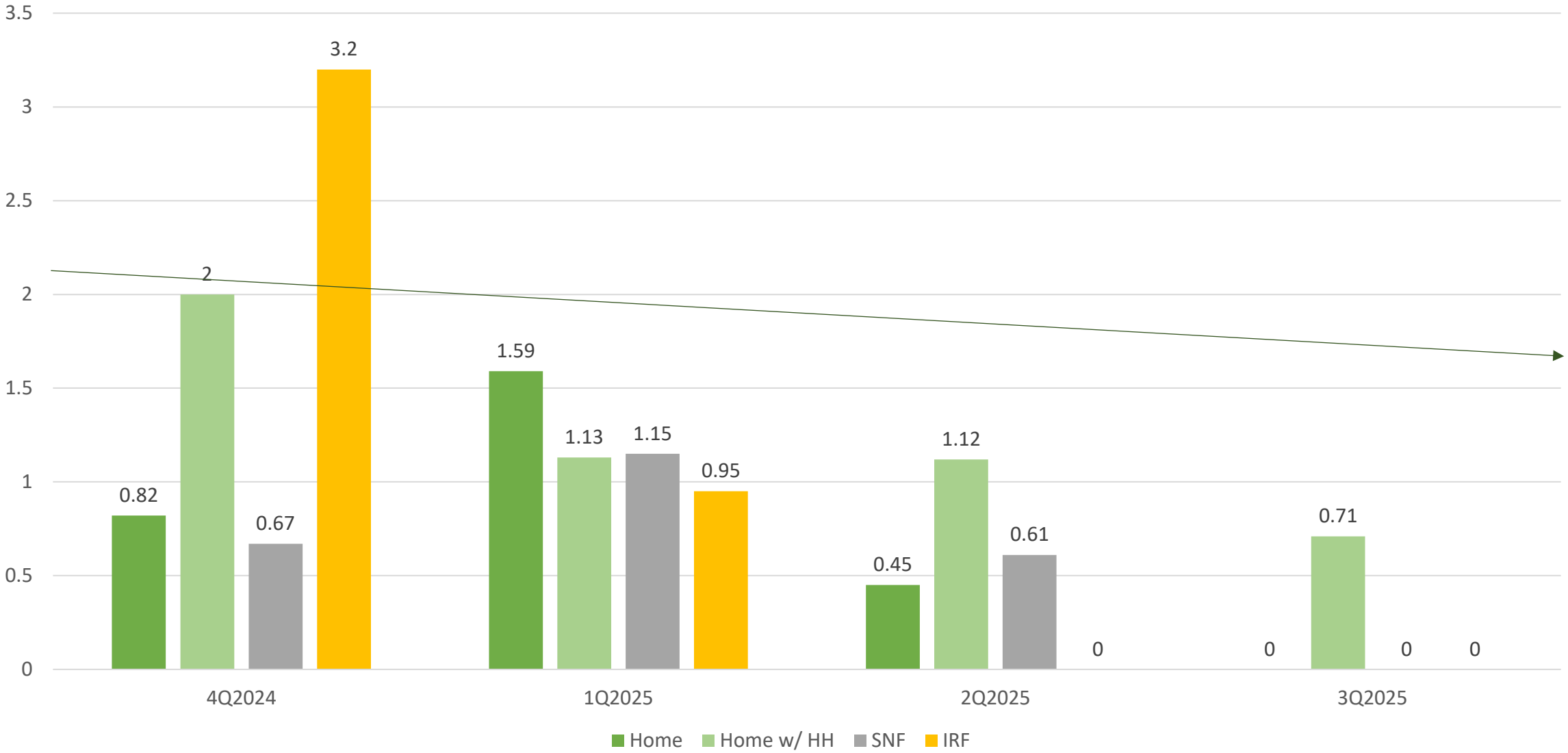


Surviving Sepsis: THR – Alliance Data

Month	Readmissions	Opportunity Days
October	0.73	1.239
November	0.87	1.188
December	1.13	1.209
January	1.09	1.231
February	0.97	1.178
March	1.03	1.192
April	0.77	1.225

2024-2025

Relationship of Readmissions and Opportunity Days metrics

Surviving Sepsis: THR – Alliance: Timeline

- **Implemented a communication protocol** to ensure timely notification of sepsis patients to the Care Transition Management (CTM) team.
- **Initiated outreach to post-acute care providers** to gather existing sepsis protocols and care processes.
- **Compiled a comprehensive directory of post-acute care partners**, including Inpatient Rehabilitation Facilities (IRFs), Skilled Nursing Facilities (SNFs), and Home Health (HH) agencies.
- **Launched recurring monthly collaborative meetings** with post-acute providers to align on care strategies and expectations.
- **Rolled out a system-wide nursing care pathway for sepsis**, incorporating glycemic management, Emmi patient education modules, and structured symptom monitoring.

1Q2025

4Q2024

- Literature review of EBP Discussed and explored Surviving sepsis with Infectious Disease
- Established a standardized process for identifying sepsis patients in collaboration with the Quality Department.
- Reviewed and analyzed 2024 readmission data to ensure timely notification of sepsis patients to the Care Transition Management (CTM) team.

2Q2025

- **Develop and Establish CCC workflow** Developed patient interviews and established telephonic cadence
- **Established a standardized process for Post Acute meetings** review any sepsis readmissions and alignment with clinical protocols.
- **Reviewed and analyzed 1Q2025 Data** to ensure timely understanding of causative readmission factors
- **Coding Queries**
- **Expansion to System wide readmission taskforce** reviewed each hospital/entities best practices

THR – Alliance Surviving Sepsis Workflow

Quality Review of Sepsis Dx on admission

- Quality documents on Sticky Note specific Items for RN's/MD's
- Shares with CTM, CCC, CTS
- CTM leaders shares at MDR
- CTM leaders shares with MD's in "morning message"

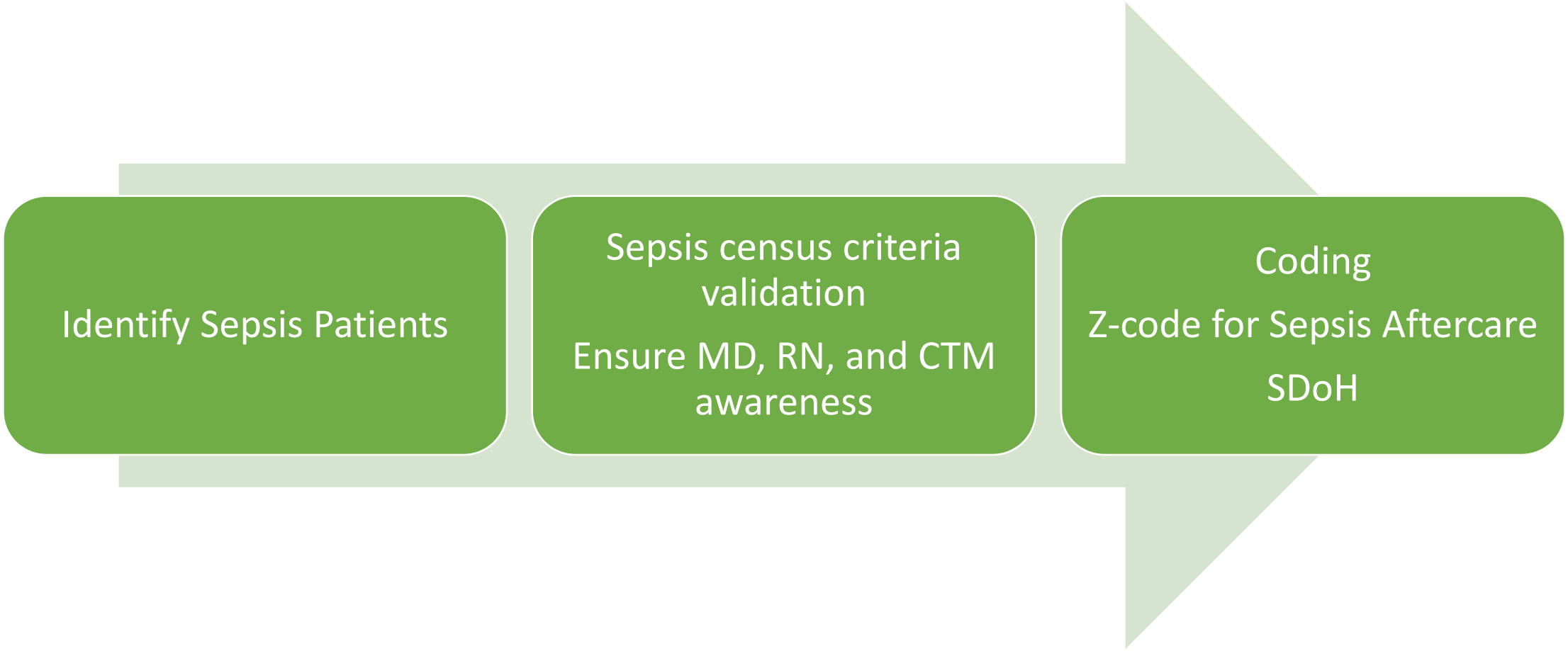
CTM Discharge Planning

- CCC, CTS meet with sepsis patients/families
- Sepsis education provided (CTS turns on EMMI and supports My Chart sign up)
- Partnership with Palliative Care NP.

Post-Acute

- Post-Acute Quality Monthly meetings.
- CCC telephonically connects with patients/families at multiple intervals s/p DC.
- Quality monitors for readmissions.
- Quality reviews coding and produces a query to review for additional opportunities.

Surviving Sepsis: Quality Workstream



Surviving Sepsis: Care Transitions Management Workstream

MDR

- Reviews
  - DC Disposition
  - End of Life Score
  - RUR

Inpatient

- EMMI Education
- CCC
- Education on Post Acute levels of care
- SDoH assessment

Post Acute

- Infectious Disease Follow Up
- PCP Follow Up
- Home Health, IRF, SNF, LTACH

Surviving Sepsis: Complex Care Coordinator (CCC) Workstream

Daily Sepsis Rounds with CTS, CCC, and Home Health Liaison

- Creates a wrap around approach
- Provides a warm hand off

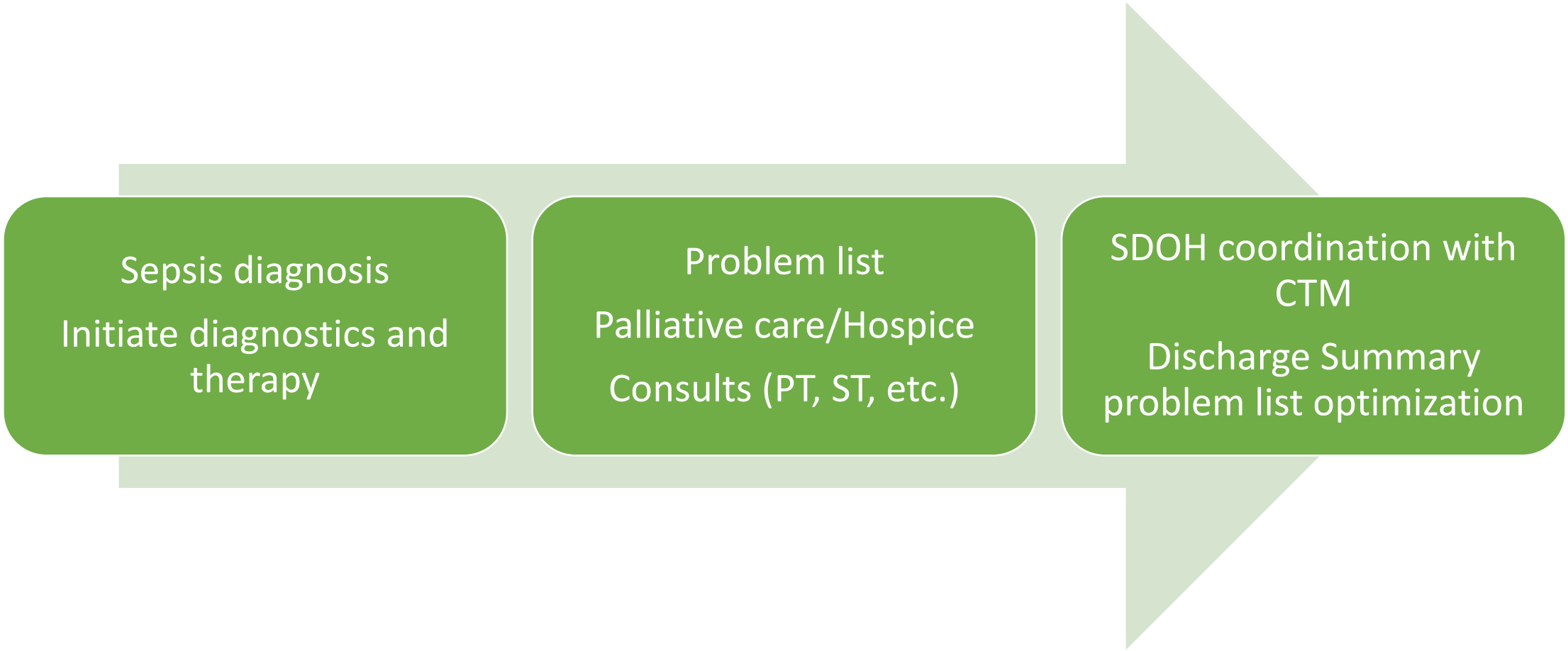
Inpatient Consideration

- Inpatient Consideration
- Meet with patient/family
- Discuss course of care
- Discuss DC plan
- Add CCC to personal phone

Post Discharge Follow Up Calls

- 2-3 days
- 7-10 days
- 12-14 days
- 20-25 days

Surviving Sepsis: Physician Workstream



Surviving Sepsis: Nursing Workstream

MDR

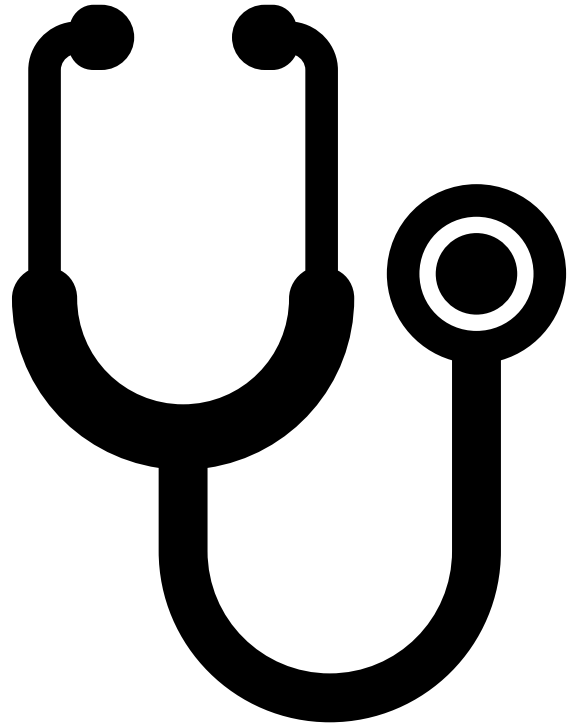
- Awareness of diagnosed patients
- Understand barriers to discharge
- Able to communicate clinical alterations to the team.

Talk at 2

- Quick review of patients identified during MDR that will discharge the following day

Shared Governance Project

- Patient education
  - Discharge checklist
  - Print outs for families to see
  - Discharge Placemat



Surviving Sepsis: Specific Tactics

Highlighting What We Have Done that has been the Most Beneficial

Surviving Sepsis: Z51.A – Encounter for Sepsis After care

- Effective October 1, 2024, due to results from the research study I-TRANSFER – Improving Transitions and outcomes for Sepsis Survivors by Penn Nursing at University of Pennsylvania, who petitioned CMS for an after code specific to Sepsis Survivors.
- Intended use of code:
  - Encounters where a patient has potential complications or sequelae of sepsis and is requiring treatment or ongoing monitoring for sepsis

Surviving Sepsis: Z51.A – Encounters for Sepsis After Care

- Can be a primary code when the encounter is specifically for (examples only, not complete list):
  - Continued antibiotic therapy related to a sepsis encounter when sepsis is not the primary reason for admission
  - Physical rehabilitation
  - Pain management
  - Organ dysfunction (patients with acute kidney injury, liver failure, respiratory depression, etc.)
  - Nutritional support
  - Mental health assessment and support
  - Education regarding preventing future infections and recognizing early signs of sepsis

Surviving Sepsis: Social Determinants of Health

- CMS Rule: Mandatory Screening for five specific social Determinants of health (SDoH) domains for hospital patients.
- CTM

+ live poll about SDoH for caregivers and assessing

+ Positively impact SDoH SDoH

Surviving Sepsis: Current Processes and Tactics, A Review

- Quality Post-Acute Choice List that specializes and understands Sepsis.
  - Home Health
  - Skilled Nursing Facility
  - Inpatient Rehab
  - Monthly meeting with review of readmissions
- Complex Care Coordinator (CCC)
  - Inpatient visits and education
  - Post-Acute telephonic connection
  - LMSW to be able to intervene clinically, socially, and emotionally
  - Partners with CTS (admin role) to ensure patient has electronic education available and viewed while inpatient.
- Quality
  - Concurrent sepsis chart review
  - Sepsis Census identified and shared with CTM and CCC)
  - Post-acute Chart review for coding opportunities (Z-codes, rule out identification)
- Care Transitions Manager (CTM)
  - Receives Sepsis census and uses in MDR to communicate with nursing and physicians
  - Provides post-acute quality list
  - Uses EMR metrics to identify hospice and palliative care opportunities
- Physicians and Nursing
  - Verifies and validates education received
  - Documents Z-codes
  - Partnership with palliative care and hospice needs.

Surviving Sepsis: Individual Approach to System Action

Each entity has been diligently addressing sepsis within their respective populations, and we've now aligned these efforts to create a unified, system-wide approach.

This synergy has enabled us to establish a common language and shared focus across the entire organization, strengthening our collective impact.

What We Know Now

If this were a simple issue, it would have been resolved long ago.

Addressing the needs of this vulnerable patient population has require the collective effort of every department and individual.

This work represents a dynamic, living system – one tat must be nurtured and managed with the same attentiveness and adaptability we give to each individual patient.

We welcome your input!

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