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Early Recognition of Sepsis – Special Innovation Project

June 11, 2019

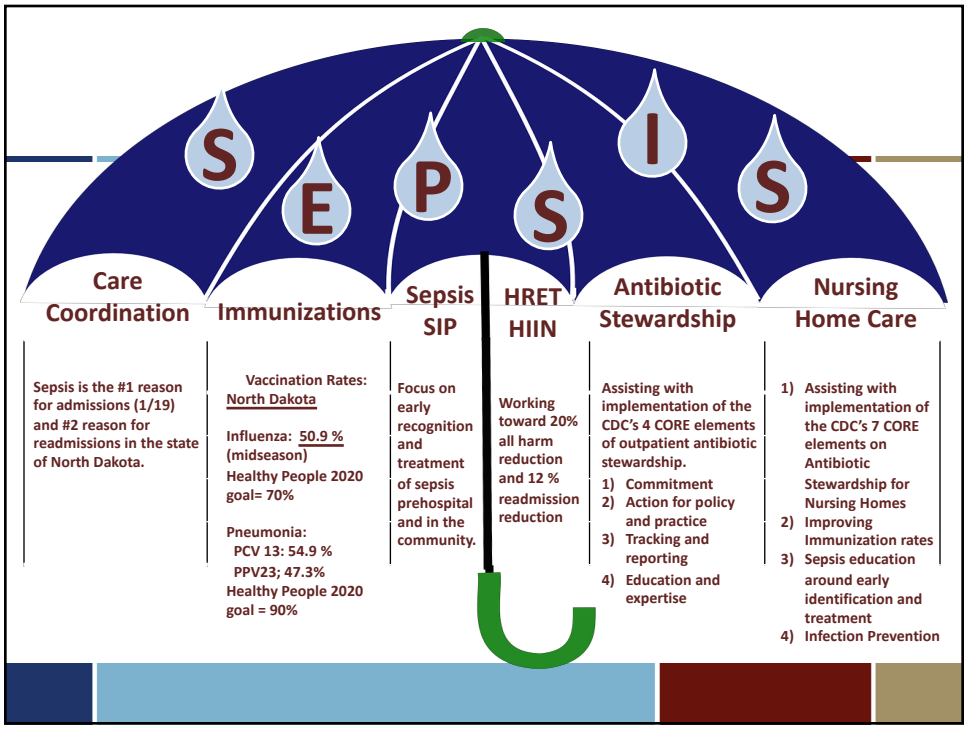
Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

Great Plains Quality Innovation Network

Today's Objectives

Upon completion of this webinar, participants will be able to:

- Define sepsis and the symptoms and conditions in which sepsis should be suspected
- Describe why suspected sepsis is an emergency event
- Communicate precise information across the health care continuum to assure coordinated care.
- Identify interventions in the home, community and EMS to recognize, identify and treat sepsis, to prevent progression to septic shock and/or death.
- Summarize the goals of the Early Recognition of Sepsis Special Innovation Project



Sepsis| National Cost

The 20 most expensive conditions, 2013:	Rank	Aggregate hospital costs, $ millions	National costs, %	Number of hospital stays, thousands	Hospital stays, %
Treated in U.S. hospitals, all payers	1	23,663	6.2	1,297	3.6
Billed to Medicare	1	14,551	8.2	838	6.0
Billed to Medicaid (Second to live births)	2	3,354	5.3	143	1.9
Billed to private insurance	4	4,028	3.7	218	2.0
For uninsured individuals	1	1,054	5.7	62	3.0

Source: H-CUP Statistical Brief #204; https://www.hcup-us.ahrq.gov/reports/statbriefs/sb204-Most-Expensive-Hospital-Conditions.jsp

Top Five Admission DRG Bundles 07/01/2017-06/30/2018

	DRG Bundle Description	DRG Bundle Admissions	Total Admissions	Percent of Community Admissions
North Dakota	Septicemia or Severe Sepsis	1782	24,803	7.18%
	Major Joint Replacement or Reattachment of Lower Extremity	1562	24,803	6.30%
	Heart Failure & Shock	1349	24,803	5.44%
	Simple Pneumonia & Pleurisy	1349	24,803	5.44%
	Chronic Obstructive Pulmonary Disease	789	24,803	3.18%

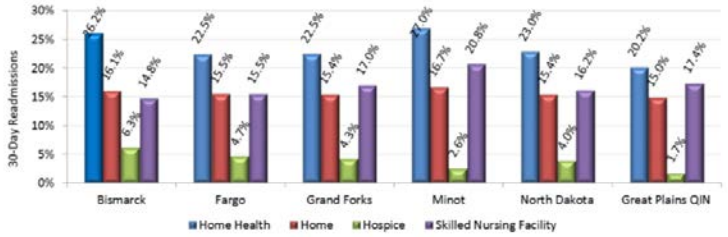
https://greatplainsqin.org/wp-content/uploads/2019/03/North-Dakota-Care-Coordination-Quarterly-Report.pdf

Top 5 Readmission DRG Bundles 07/01/2017-06/30/2018

	DRG Bundle Description	DRG Bundle Admissions	Total Admissions	Percent of Community Admissions
North Dakota	Heart Failure & Shock	280	3867	7.24%
	Septicemia or Severe Sepsis	269	3867	6.96%
	Simple Pneumonia & Pleurisy	195	3867	5.04%
	Chronic Obstructive Pulmonary Disease	159	3867	4.11%
	Psychoses	119	3867	3.08%

https://greatplainsqin.org/wp-content/uploads/2019/03/North-Dakota-Care-Coordination-Quarterly-Report.pdf

30-Day Hospital Readmission Rate per Discharge Location



	Home Health			Home			Hospice			Skilled Nursing Facility		
Community	Disch	30-Day Readm	30-Day Readm Rates	Disch	30-Day Readm	30-Day Readm Rates	Disch	30-Day Readm	30-Day Readm Rates	Disch	30-Day Readm	30-Day Readm Rates
Bismarck	340	89	26.2%	3,600	578	16.1%	32	2	6.3%	1,204	178	14.8%
Fargo	565	127	22.5%	3,693	574	15.5%	107	5	4.7%	1,535	238	15.5%
Grand Forks	275	62	22.5%	2,042	315	15.4%	47	2	4.3%	947	161	17.0%
Minot	111	30	27.0%	2,121	355	16.7%	38	1	2.6%	645	134	20.8%
North Dakota	1,559	358	23.0%	14,640	2,260	15.4%	277	11	4.0%	5,839	947	16.2%
Great Plains QIN	25,119	5,082	20.2%	133,317	19,936	15.0%	5,905	103	1.7%	56,348	9,787	17.4%

https://greatplainsqin.org/wp-content/uploads/2019/03/North-Dakota-Care-Coordination-Quarterly-Report.pdf

Why Sepsis is a Medical Emergency

Know the Risks. Spot the Signs. Act Fast.

- Sepsis is | The body's extreme response to an infection. It is a life-threatening medical emergency.
- Sepsis happens when| an infection you already have—in your skin, lungs, urinary tract or somewhere else—triggers a chain reaction throughout your body. Without timely treatment, sepsis can rapidly lead to tissue damage, organ failure and death.
- Who is at risk?| Anyone can get an infection and any infection can lead to sepsis. People at higher risk include:

Very young/very old **Chronic Medical Conditions** **Recent delivery, trauma or surgery**	**Weakened immune systems** **Indwelling catheters** **Breaches of skin**

4 Ways to Get Ahead of Sepsis

Prevent Infections

- Self-care of Chronic Conditions
- Vaccinations

Good Hygiene

- Hand Washing
- Cover nose/mouth when coughing
- Keep cuts clean and covered

Know the Symptoms

- Infection
- Fever/Chills
- Short of breath
- Rapid heart rate
- Confusion
- Pain/Discomfort
- Pale, clammy or sweaty

Act Fast

- Call 911
- Go to ER
- State "I am concerned about sepsis".

Sepsis 911 Video

https://www.youtube.com/watch?v=0KtR93zhkhU#action=share

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Sepsis| A Medical Emergency

80% of patients had symptoms of sepsis prior to hospitalization

1 person every **2** minutes dies from sepsis in the U.S.

Risk of death increases every **hour** that sepsis goes untreated **8%**

Source: National Sepsis Alliance Fact Sheet; https://d2p9nwuani32ep.cloudfront.net/wp-content/uploads/2016/06/R1-Sepsis-Fact-Sheet-2018.pdf

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Sepsis| Harm

- Diagnosis | Symptoms may not be recognized immediately or at all and are often attributed to other diagnoses contributing to delayed treatment.
- Deformity | Everyday, 38 sepsis patients require amputations.
- Death | 270,000 Americans die each year from sepsis.

Source: National Sepsis Alliance Fact Sheet; https://d2p9nwuani32ep.cloudfront.net/wp-content/uploads/2016/06/R1-Sepsis-Fact-Sheet-2018.pdf

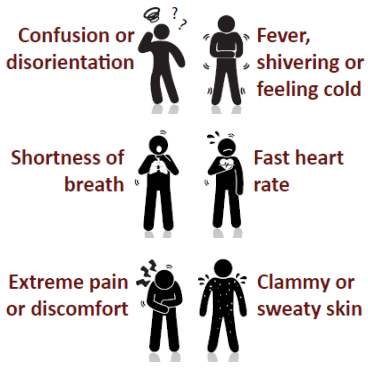
Sepsis| Awareness

Deficit | Only 40% of U.S. adults have heard of sepsis

- As many as 87% of sepsis cases originate in the community.
- Spreading the awareness of the **signs** and **symptoms** of sepsis is critical!

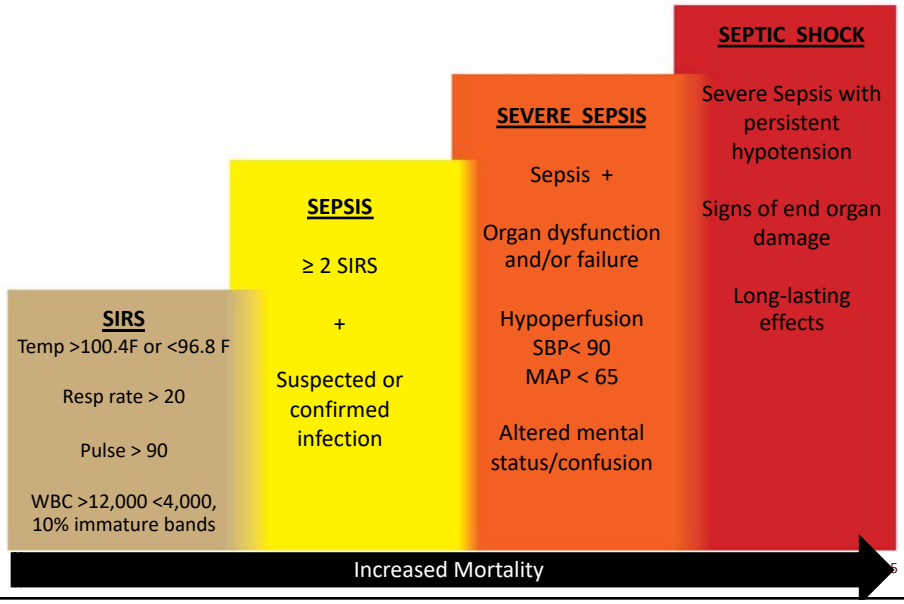
Source: National Sepsis Alliance Fact Sheet; https://d2p9nwuani32ep.cloudfront.net/wp-content/uploads/2016/06/R1-Sepsis-Fact-Sheet-2018.pdf

There is no single symptom of sepsis. Symptoms can include a combination of any of the following:



Source: www.cdc.gov/sepsis and www.sepsis.org

Sepsis Progression



CMS Sepsis Bundles

3-Hour Sepsis Bundle

- Measure Lactate
- Obtain blood cultures prior to the administration of antibiotics
- Administer broad-spectrum antibiotics
- Administer 30ML/KG crystalloid for hypotension or lactate levels > 4MMOL/L
- Promote prompt imaging to confirm potential sources of infection

6-Hour Sepsis Bundle

- Administer Vasopressors
- Reassess volume status and tissue perfusion to ensure adequate resuscitation
- Remeasure Lactate
- Implement other supportive therapies as indicated by individual patients using algorithms and protocols.

Health Research & Educational Trust (2017, February). Sepsis and septic shock change package: 2017. Chicago, IL: Health Research & Educational Trust. Accessed at http://www.hret-hiin.org/

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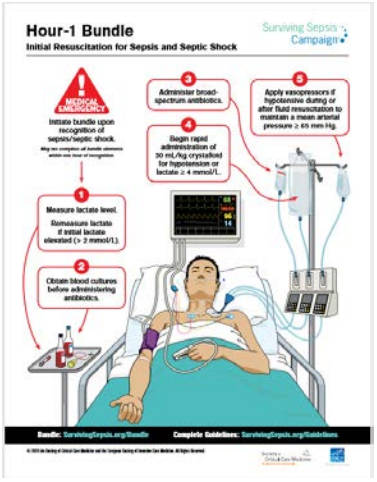
1 Hour Sepsis Bundle (1/10/19)

- Measure lactate level
- Obtain blood cultures before administering antibiotics
- Administer broad-spectrum antibiotics
- Begin rapid administration of 30mL/kg crystalloid for hypotension or lactate level ≥ 4 mmol/L
- Apply vasopressors if hypotensive during or after fluid resuscitation to maintain MAP ≥ 65 mm HG

*Remeasure lactate if initial lactate is elevated (> 2 mmol/L



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Sepsis Begins in the Community

73 y/o male – not feeling well, colon cancer, dizzy, weak, fever

2 minutes – dispatch receives call and toned out to EMS
5 minutes – EMS volunteers go to station and leave with ambulance
15 minutes – travel to and arrive on scene
15 minutes – assess patient, prepare for transport
20 minutes – leave scene for hospital, call report to hospital
5 minutes - arrive at hospital, transfer care to hospital providers

62 minutes after patient called 911 hospital care begins

- Physician onsite? Lab/x-ray onsite?
- Sepsis recognized and bundles started?

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Sepsis begins in community

"Over 45% of sepsis patients had clinician-based encounters in the week prior to hospitalization with an increasing frequency of diagnoses for acute infection and antibiotic use in the outpatient setting."

- Liu, Escobar, Chaudhary & Prescott, 2018

Time is…

- In the case of a stroke, time is brain
- In the case of heart attack, time is muscle
- In cardiac arrest, time is life or death
- In trauma…the golden hour

In sepsis, time is *organ dysfunction*

- Carmen Polito, MD

Polito, C.C. MD. 2016 Southeastern Critical Care Summit. (2016). Prehospital identification and management of sepsis. Available at https://www.youtube.com/watch?v=pk1CNflC-WU

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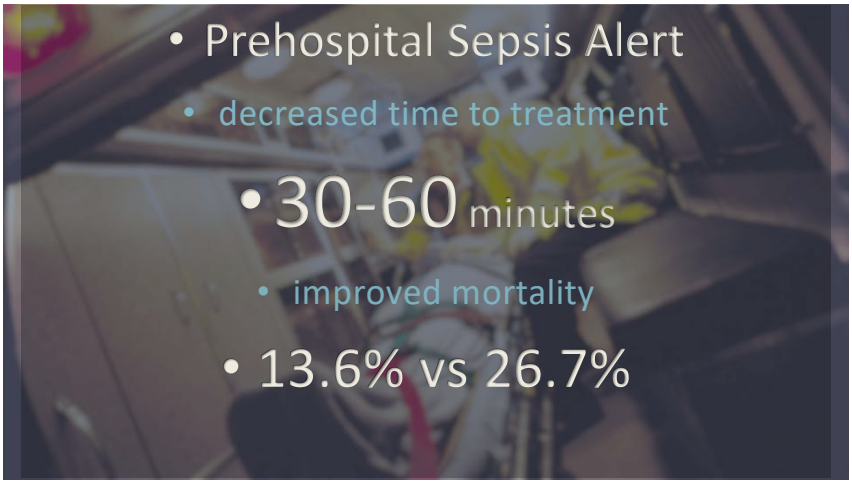
Sepsis Alert



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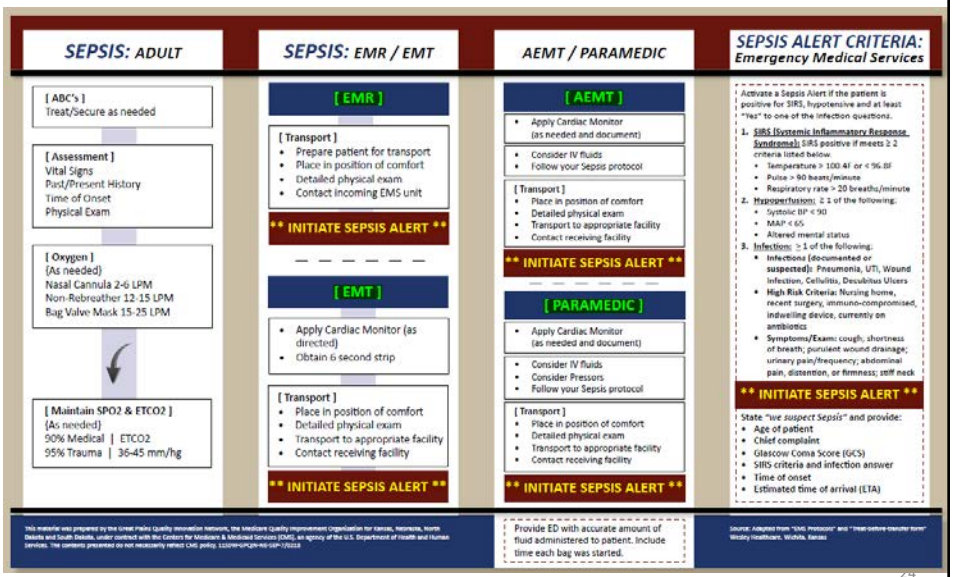
Sepsis Alert

SEPSIS POCKET CARD DEVELOPED BY GREAT PLAINS QIN



SEPSIS: ADULT

[ABC's]
Treat/Secure as needed

[Assessment]
Vital Signs
Past/Present History
Time of Onset
Physical Exam

[Oxygen]
(As needed)
Nasal Cannula 2-6 LPM
Non-Rebreather 12-15 LPM
Bag Valve Mask 15-25 LPM

[Maintain SPO2 & ETCO2]
(As needed)
90% Medical | ETCO2
95% Trauma | 36-45 mm/hg

SEPSIS: EMR / EMT

[EMR]

[Transport]
- Prepare patient for transport
- Place in position of comfort
- Detailed physical exam
- Contact incoming EMS unit

** INITIATE SEPSIS ALERT **

[EMT]
- Apply Cardiac Monitor (as directed)
- Obtain 6 second strip

[Transport]
- Place in position of comfort
- Detailed physical exam
- Transport to appropriate facility
- Contact receiving facility

** INITIATE SEPSIS ALERT **

AEMT / PARAMEDIC

[AEMT]
- Apply Cardiac Monitor (as needed and document)
- Consider IV fluids
- Follow your Sepsis protocol

[Transport]
- Place in position of comfort
- Detailed physical exam
- Transport to appropriate facility
- Contact receiving facility

** INITIATE SEPSIS ALERT **

[PARAMEDIC]
- Apply Cardiac Monitor (as needed and document)
- Consider IV fluids
- Consider Pressors
- Follow your Sepsis protocol

[Transport]
- Place in position of comfort
- Detailed physical exam
- Transport to appropriate facility
- Contact receiving facility

** INITIATE SEPSIS ALERT **

SEPSIS ALERT CRITERIA: Emergency Medical Services

Activate a Sepsis Alert if the patient is positive for SIRS, hypotensive and at least "Yes" to one of the infection questions.

1. SIRS (Systemic Inflammatory Response Syndrome): SIRS positive if meets ≥ 2 criteria listed below
   - Temperature > 100.4F or < 96.8F
   - Pulse > 90 beats/minute
   - Respiratory rate > 20 breaths/minute
2. Hypoperfusion: ≥ 1 of the following:
   - Systolic BP < 90
   - MAP < 65
   - Altered mental status
3. Infection: ≥ 1 of the following:
   - Infections (documented or suspected): Pneumonia, UTI, Wound Infection, Cellulitis, Decubitus Ulcers
   - High Risk Criteria: Nursing home, recent surgery, immuno-compromised, indwelling device, currently on antibiotics
   - Symptoms/Exam: cough; shortness of breath; purulent wound drainage; urinary pain/frequency; abdominal pain, distention, or firmness; stiff neck

** INITIATE SEPSIS ALERT **

State *"we suspect Sepsis"* and provide:
- Age of patient
- Chief complaint
- Glascow Coma Score (GCS)
- SIRS criteria and infection answer
- Time of onset
- Estimated time of arrival (ETA)

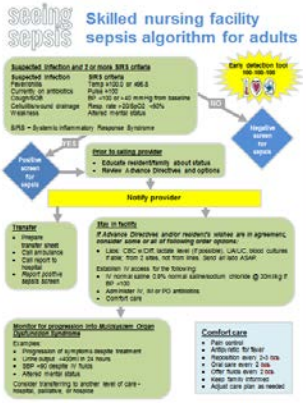
This material was prepared by the Great Plains Quality Innovation Network, the Medicare Quality Improvement Organization for Kansas, Nebraska, North Dakota and South Dakota, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. 11SOW-GPQIN-NG-SOP-170218

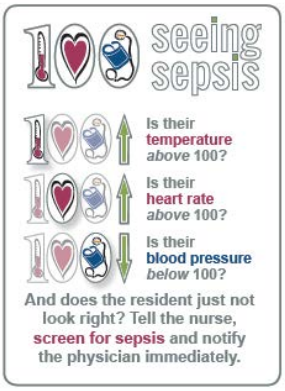
Provide ED with accurate amount of fluid administered to patient. Include time each bag was started.

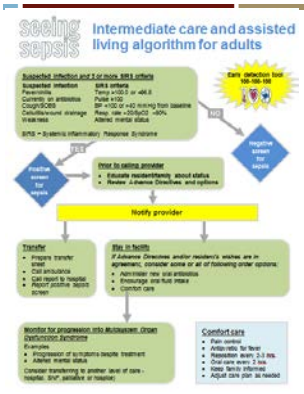
Source: Adapted from "EMS Protocols" and "Treat-before-transfer form" Wesley Healthcare, Wichita, Kansas

Sepsis Screening Tools

Seeing Sepsis Long-Term Care Resources

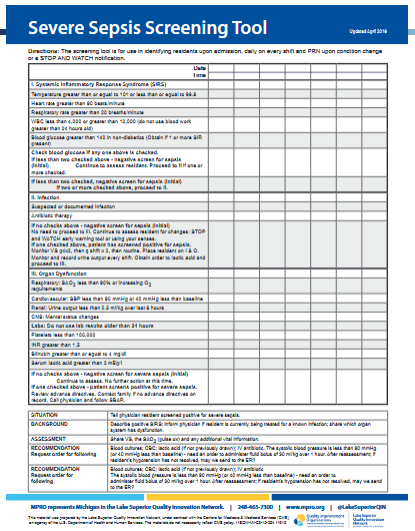






https://www.mnhospitals.org/quality-patient-safety/quality-patient-safety-initiatives/sepsis-and-septic-shock#/videos

Screening Tools



Severe Sepsis Screening Tool

Updated April 2016

Directions: The screening tool is for use in identifying residents upon admission, daily on every shift and PRN upon condition change or a STOP AND WATCH notification.

	Date / time						
I. Systemic Inflammatory Response Syndrome (SIRS)							
Temperature greater than or equal to 101 or less than or equal to 96.8							
Heart rate greater than 90 beats/minute							
Respiratory rate greater than 20 breaths/minute							
WBC less than 4,000 or greater than 12,000 (do not use blood work greater than 24 hours old)							
Blood glucose greater than 140 in non-diabetics (Obtain FT or more B/R present)							
Check blood glucose if any one above is checked. If less than two checked above - negative screen for sepsis Initial: _____ Continue to assess resident. Proceed to II if one or more checked.							
If less than two checked, negative screen for sepsis (initial) _____ If two or more checked above, proceed to II.							
II. Infection							
Suspected or documented infection							
Antibiotic therapy							
If no checks above - negative screen for sepsis (initial) _____ No need to proceed to III. Continue to assess resident for changes: STOP and WATCH early warning tool or using your senses. If one checked above, patient has screened positive for sepsis. Monitor V/S post, then q shift x 2, then routine. Place resident on I & O. Monitor and record urine output every shift. Obtain order to lactic acid and proceed to III.							
III. Organ Dysfunction							
Respiratory: SaO_2 less than 90% or increasing O_2 requirements							
Cardio-vascular: SBP less than 90 mmHg or ≤ 40 mmHg less than baseline							
Renal: Urine output less than 0.5 ml/kg over last 8 hours							
CNS: Mental status changes							
Labs: Do not use lab results older than 24 hours							
Platelets less than 100,000							
INR greater than 1.5							
Bilirubin greater than or equal to 4 mg/dl							
Serum lactic acid greater than 2 mEq/l							
If no checks above - negative screen for severe sepsis (initial) _____ Continue to assess. No further action at this time. If one checked above - patient screens positive for severe sepsis. Review advance directives. Contact family if no advance directives on record. Call physician and follow SBAR.							

SITUATION	Tell physician resident screened positive for severe sepsis.
BACKGROUND	Describe positive S/S's; inform physician if resident is currently being treated for a known infection; share which organ system has dysfunction.
ASSESSMENT	Share V/S, the SaO_2 (pulse ox) and any additional vital information.
RECOMMENDATION Request order for following	Blood cultures; CBC; lactic acid (if not previously drawn); IV antibiotic. The systolic blood pressure is less than 90 mmHg (or 40 mmHg less than baseline) - need an order to administer fluid bolus of 30 ml/kg over 1 hour. After reassessment, if resident's hypotension has not resolved, may use a second bolus or call the ER?
RECOMMENDATION Request order for following	Blood cultures; CBC; lactic acid (if not previously drawn); IV antibiotic. The systolic blood pressure is less than 90 mmHg (or 40 mmHg less than baseline) - need an order to administer fluid bolus of 30 ml/kg over 1 hour. After reassessment, if resident's hypotension has not resolved, may use a second bolus or call the ER?

MPRO represents Michigan in the Lake Superior Quality Innovation Network. | 248-465-7500 | www.mpro.org | @LakeSuperiorQIN

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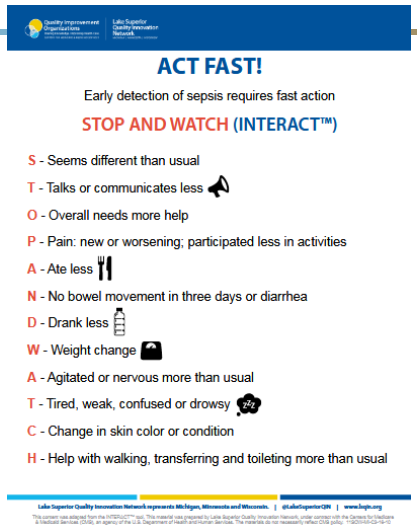

Quality Improvement Organizations | Lake Superior Quality Innovation Network

ACT FAST!

Early detection of sepsis requires fast action

STOP AND WATCH (INTERACT™)

- S - Seems different than usual
- T - Talks or communicates less
- O - Overall needs more help
- P - Pain: new or worsening; participated less in activities
- A - Ate less
- N - No bowel movement in three days or diarrhea
- D - Drank less
- W - Weight change
- A - Agitated or nervous more than usual
- T - Tired, weak, confused or drowsy
- C - Change in skin color or condition
- H - Help with walking, transferring and toileting more than usual

Lake Superior Quality Innovation Network represents Michigan, Minnesota and Wisconsin. | @LakeSuperiorQIN | www.lsqin.org

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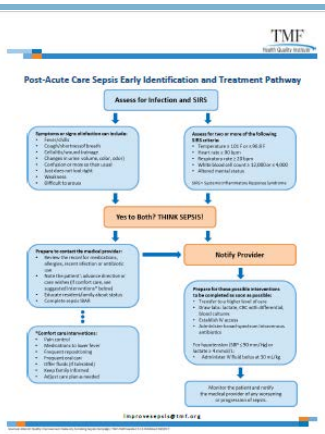
Post-Acute Care Sepsis Early Identification and Treatment Pathway and SBAR for Sepsis



TMF Health Quality Institute

Post-Acute Care Sepsis Early Identification and Treatment Pathway

Assess for Infection and SIRS

Symptoms or signs of infection can include:
- Fever/chills
- Shortness of breath/cough
- Difficulty/pain with swallowing
- Changes in urine volume, color, odor)
- Confusion or more so than usual
- Just does not feel right
- Weakness
- Difficult to arouse

Assess for two or more of the following SIRS criteria:
- Temperature ≥ 101 F or ≤ 96.8 F
- Heart rate ≥ 90 bpm
- Respiratory rate ≥ 20 bpm
- WBC (blood cell count) ≥ 12,000/cm³ or ≤ 4,000
- Altered mental status

SIRS = Systemic Inflammatory Response Syndrome

Yes to Both? THINK SEPSIS!

Notify Provider

Prepare to contact the medical provider:
- Review the record for medications, allergies, recent infection or antibiotic use
- Note the patient's advance directive or care wishes (if comfort care, see suggested intervention* below)
- Educate resident/family about status
- Complete sepsis SBAR

Prepare for these possible interventions to be completed as soon as possible:
- Transfer to a higher level of care
- Draw labs: lactate, CBC with differential, blood cultures
- Establish IV access
- Administer ordered treatment interventions and bolus(s)

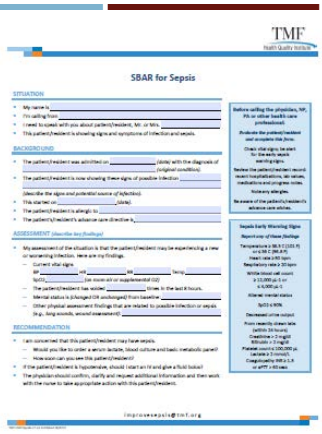
For hypotension (SBP < 90 mm Hg) or lactate > 4 mmol/L:
- Administer 30 ml/kg bolus at 30 ml/kg

*Comfort care interventions:
- Pain control
- Medications to lower fever
- Frequent repositioning
- Frequent oral care
- Offer fluids (if tolerated)
- Keep family informed
- Adjust care plan as needed

Monitor the patient and notify the medical provider of any worsening or progression of sepsis.

Improvesepsis@tmf.org

https://www.tmf.org/Portals/0/Documents/CMP/CMP%20Post%20Acute%20Care%20Pathway-FINAL_rd_508.pdf



TMF Health Quality Institute

SBAR for Sepsis

SITUATION
- My name is _____
- I'm calling from _____
- I need to speak with you about patient/resident, Mr. or Mrs. _____
- This patient/resident is showing signs and symptoms of infection and sepsis.

Before calling the physician, NP, PA or other health care professional:
- Evaluate the patient/resident and complete the form.
- Check vital signs, be alert for the early sepsis warning signs.
- Review the patient/resident record: recent hospitalizations, lab values, medications and progress notes.
- Notify allergies.
- Be aware of the patient's/resident's advance care wishes.

BACKGROUND
- The patient/resident was admitted on _____ (date) with the diagnosis of _____ (original condition).
- The patient/resident is now showing these signs of possible infection: _____ (describe the signs and potential source of infection).
- This started on _____ (date).
- The patient/resident is allergic to _____.
- The patient's/resident's advance care directive is _____.

Sepsis Early Warning Signs
Report any of these findings:
- Temperature > 38.3 F (101 F) or < 96.8 F (36 C)
- Heart rate > 90 bpm
- Respiratory rate ≥ 20 bpm
- White blood cell count ≥ 12,000 or ≤ 4,000
- Altered mental status
- SpO2 < 90%
- Decreased urine output
- From recently down late (within 24 hours): Creatinine > 2 mg/dl or BUN > 40 mg/dl
- Platelet count ≤ 100,000 or lactate > 2 mmol/L
- Coagulopathy: INR ≥ 1.5 or aPTT > 60 secs

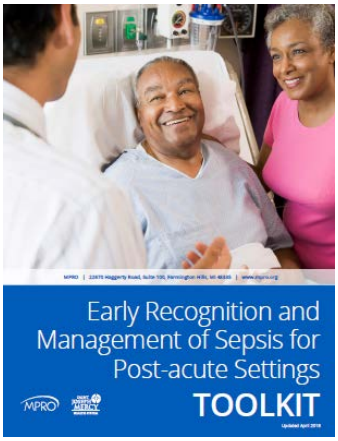
ASSESSMENT (describe key findings)
- My assessment of the situation is that the patient/resident may be experiencing a new or worsening infection. Here are my findings.
- Current vital signs
  - BP _____ mm _____ mm Temp _____
  - SpO2 _____ (on room air or supplemental O2)
  - The patient/resident has voided _____ times in the last 8 hours.
  - Mental status is (changed OR unchanged) from baseline _____
  - Other physical assessment findings that are related to possible infection or sepsis (e.g., lung sounds, wound assessment) _____

RECOMMENDATION
- I am concerned that this patient/resident may have sepsis.
- Would you like to order a serum lactate, blood culture and basic metabolic panel?
- How soon can you see this patient/resident?
- If the patient/resident is hypotensive, should I start an IV and give a fluid bolus?
- The physician should confirm, clarify and request additional information and then work with the nurse to take appropriate action with this patient/resident.

Improvesepsis@tmf.org

https://www.tmf.org/Portals/0/Documents/CMP/CMP%20Sepsis%20SBAR_508.pdf

Sepsis Early Recognition and Management Toolkit



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http://www.mpro.org/sepsistoolkit

Early Recognition and Management of Sepsis Action Plan

Step	Who? When?	Status
1. Get team together to create early recognition process		
2. Get medical staff support for screening and early intervention		
3. Develop screening tool/process • Define frequency		
4. Define content for your staff education, whom will provide education, and implementation plan for the program		
5. Develop patient & family education process and tools		
6. Evaluate screening audit; define outcome and process metrics		
7. Develop an infection prevention education plan for PNA, UTI, and CLABSI		

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Sepsis Facility Readiness Evaluation

1. Does your facility currently have a sepsis screening tool in place?
   - Yes
   - No

   If yes, how often are your patients screened for sepsis?
   - On admit
   - Every shift
   - Every shift for 7 days after admission
   - Every shift while on antibiotics

   Who screens your patients for sepsis?
2. Please describe the process for prevention, identifying, and treating sepsis at your facility.
3. How would you rank your staff's understanding of SEPSIS?

	Novice	Advanced Beginner	Competent	Proficient	Expert
RN's					
LPN's					
CNA's					

4. Would you like to learn more about the early warning signs of sepsis and how to mitigate its progression?
   - Yes
   - No
5. Do you think that your facility can do more to prevent or manage sepsis?
   - Yes
   - No
6. Does your facility utilize an electronic health record with the ability to input data and/or identify criteria related to sepsis?
   - Yes
   - No

Prevention Tools & Webinars

- Great Plains QIN: (greatplainsqin.org)
  - EMS Online Training Modules
  - Tools/Resources
  - Trainings
  - News
  - Community Education
  - (Watch for April edition of ND Living!)
- LAN Events
  - Pivotal Role of Dispatch in Sepsis Emergencies

Sepsis Alert! Support Prompt Escalation and Timely Intervention for At-risk patients

The participant will:

- Consider a positive result on the sepsis screen a trigger to call a sepsis alert and take appropriate action.
- Understand the roles and expectations for all members of the healthcare team.
- Standardize

Infection & Antibiotic Tracker

A Tool to Make Data Meaningful

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Michelle Lauckner, RN-BA mlauchner@qualityhealthnd.org

NDSU

NORTH DAKOTA DEPARTMENT of HEALTH

Quality Health Associates of North Dakota

Quality Improvement Organizations

Great Plains Quality Innovation Network

LTC Sepsis Presentations

Early Recognition of Sepsis in Long-Term Care

Original Date: 9/19/2018

Featured Presenter: Donna S. Thorson, MS, CPHQ, CPPS

Recording available: https://greatplainsqin.org/blog/event/great-8-webex-early-recognition-of-sepsis-in-long-term-care/?instance_id=1536

Early Recognition and Management of Sepsis: A Post-Acute Care Settings Toolkit

Original Date: April 11, 2018

Featured Presenter: Pat Rosa, RN, BSN, MSA, CCRN-K, FAAN

Recording available: https://greatplainsqin.org/blog/event/sepsis-webinar-series-early-recognition-and-management-of-sepsis-a-post-acute-care-settings-toolkit/?instance_id=1473

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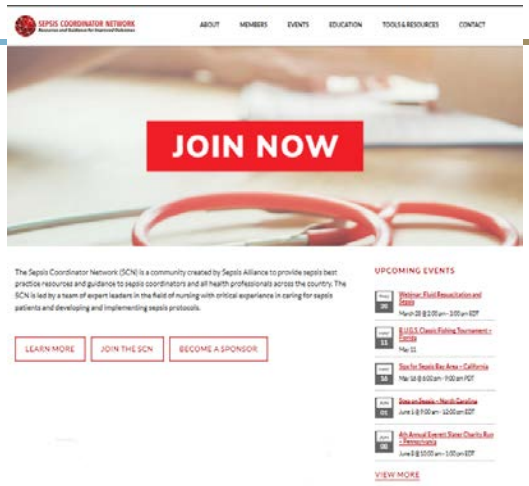
Sepsis Coordinator Network

- Created by Sepsis Alliance
- All health professionals
- Collaborative approach
- Member tools, resources
- Webinars
- Forums

- https://www.sepsiscoordinatornetwork.org/



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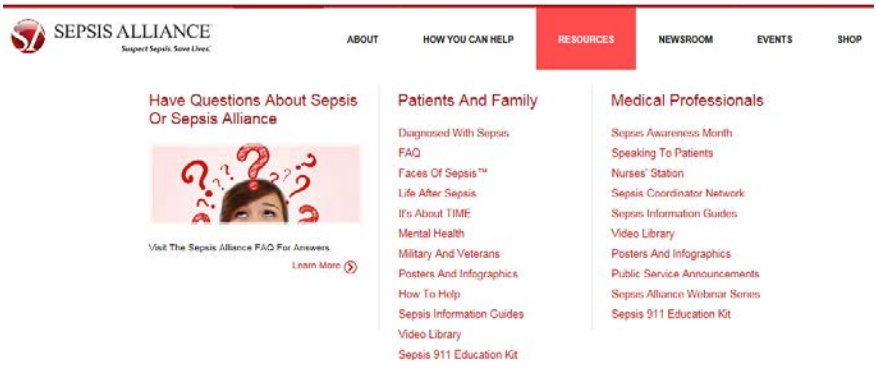
Resident & Family Education Tools and Sepsis Resources

Sepsis Alliance



www.sepsis.org

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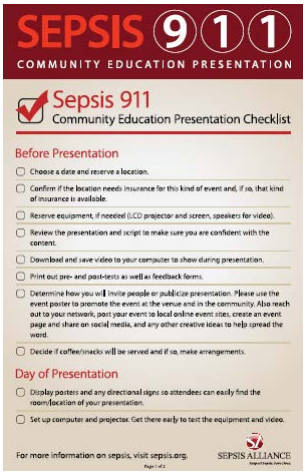
Community Education

Sepsis 911
Community Education Presentation



- Sepsis Alliance
- www.sepsis.org
- Event checklist
- Posters to advertise
- PowerPoint presentation
- Presentation script
- Attendee quiz, survey

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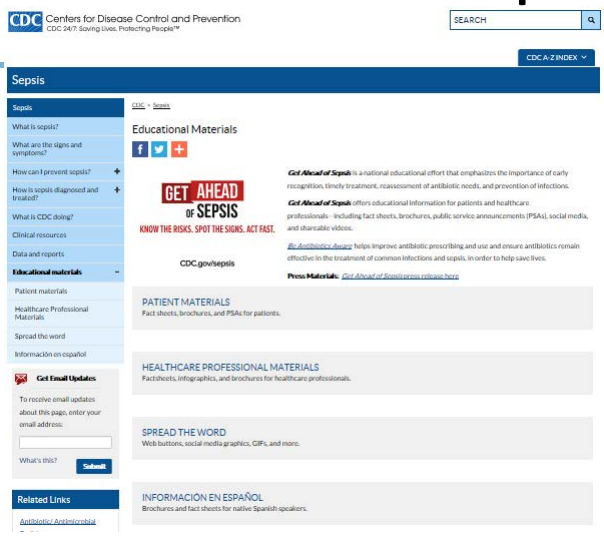
CDC – Get Ahead of Sepsis



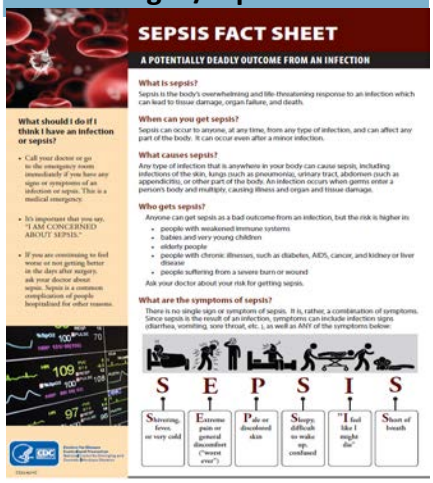
https://www.cdc.gov/sepsis/education/index.html

Resident & Family Education

https://www.cdc.gov/sepsis/education/index.html

Resident & Family Education

www.cdc.gov/sepsis



www.sepsis.org

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Great Plains QIN

- Signs of Infection & Sepsis at Home Stoplight Tool
- Sepsis Signs Magnet
- Sepsis Signs and Symptoms Poster

https://greatplainsqin.org/initiatives/sepsis/

Great Plains Quality Innovation Network | Social Media

Be part of our conversation|

www.facebook.com/GPQIN/

http://twitter.com/greatplainsqin

https://www.linkedin.com/company/gpqin/

https://www.youtube.com/c/Greatplainsqinorg

Resources

- http://greatplainsqin.org/initiatives/hac-nh/
- http://greatplainsqin.org/initiatives/hac-nh/cdi/
- http://qioprogram.org/nursing-home-training-sessions
- https://www.cdc.gov/longtermcare/prevention/antibiotic-stewardship.html
- https://www.cdc.gov/longtermcare/prevention/antibiotic-stewardship.html
- https://asap.nebraskamed.com/
- https://www.sepsis.org/
- https://www.cdc.gov/sepsis/
- https://greatplainsqin.org/initiatives/sepsis/

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