

## Identifying Sepsis in Senior Care Facilities

Identifying sepsis in residents and intervening with their care must be accomplished to manage these medical emergencies in senior care facilities. Long-term care residents in senior care facilities are seven-fold more likely (14 percent vs. 1.9 percent) to have sepsis compared with sepsis rates in adults not residing in those facilities.<sup>1</sup> Additionally, the cost of care related to sepsis for older U.S. adults has been documented to be \$13.8 billion annually.<sup>2</sup>

Sepsis often originates with an infection in the lungs, urinary tract, abdomen, or a surgical site. Respiratory tract infections are the most common site of infection causing sepsis and they are associated with the highest mortality.<sup>3</sup> In senior care facilities, respiratory tract infections and urinary tract infections are the top two types of infection causing sepsis.<sup>4</sup>

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 by which to assess a senior care facility's sepsis identification efforts and find opportunities for enhancement and improvement.

	Yes	No
<i>Sepsis Protocol</i>		
Has facility management created a sepsis protocol?	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Is infection control prioritized in the protocol?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
<i>Sepsis Protocol (continued)</i>		
<ul style="list-style-type: none"> <li>Do programs for infection prevention and control, sepsis early recognition, and appropriate antibiotic use share a similar focus, goals, and response strategies?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Are facility clinical staff trained on elements within each program/protocol?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Infection Prevention and Control</i>		
Does the facility have an infection prevention and control program?	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Are the staff members trained at least annually on this program?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Are the residents educated at least annually about it?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Does facility management conduct periodic compliance audits of staff and residents to ensure recommendations are being followed?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
Is hand hygiene part of the infection prevention and control program?	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Does the facility conduct periodic compliance audits of staff and residents to ensure recommendations are being followed?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
Are care bundles used to reduce device-related infections (such as infections related to urinary catheters, central lines, and ventilators)?	<input type="checkbox"/>	<input type="checkbox"/>
Does the facility ensure that residents are offered and/or receive the recommended vaccines based on individual state requirements?	<input type="checkbox"/>	<input type="checkbox"/>
<i>Recognition of Sepsis</i>		
Are clinical staff members trained to recognize and understand sepsis signs and symptoms so they can identify sepsis and take appropriate action as quickly as possible?	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Are they trained to rigorously screen residents with the top infections associated with sepsis, such as respiratory and urinary tract infections, pneumonia, and abdominal infections?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
<b>Screening Tools</b>		
<p>Are early detection sepsis screening tools adopted and used routinely on all residents at the senior care facility?</p> <ul style="list-style-type: none"> <li>Do certified nursing assistants (CNAs) or other direct resident care staff conduct screenings at residents’ bedside?</li> <li>If screenings indicate a positive result, does the CNA or other direct resident care staff member report the result to a licensed nurse to have it verified immediately?</li> <li>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?</li> <li>Does a clinician evaluate the resident, review his/her advance directive, and consider directing medical management and/or a transfer to a higher level of care within the facility or a hospital?</li> </ul>	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>
<p>Are facility staff aware of and educated about the <a href="#">Interventions to Reduce Acute Care Transfers</a> (INTERACT), which provides educational and clinical tools to detect early acute changes in senior care facility residents?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Are facility staff – including CNAs or other direct resident care staff, therapists, dietary workers, and environmental workers – as well as family members aware of and educated about the <a href="#">Stop and Watch Early Warning Tool</a>? This tool can be used to alert the licensed nurse that a resident has a potential change in condition that needs further clinical evaluation.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Are facility staff aware of and educated about the <a href="#">Situation, Background, Assessment, and Recommendation</a> (SBAR) communication tool that can guide a licensed nurse when a resident has a change in condition?</p> <ul style="list-style-type: none"> <li>Do clinical staff members use a <a href="#">SBAR Communication Form and Progress Note</a> for registered nurses/licensed practical nurses/licensed vocational nurses that evaluates the resident’s condition before contacting the clinician/other healthcare professional?</li> <li>Do clinical staff members document the primary care clinician’s recommendations?</li> </ul>	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>

	Yes	No
<b>Screening Tools (continued)</b>		
<ul style="list-style-type: none"> <li>Does the facility have a clinical chain of command policy in place?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Are <i>all</i> 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 a resident’s signs and symptoms of clinical decline.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Simulation Training</b>		
Does the facility conduct simulation training in the early recognition of sepsis for staff members?	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Does training include recognizing early sepsis symptoms, utilizing a standardized screening tool, promptly communicating those symptoms to the healthcare team, using a communication algorithm, activating the clinical chain of command policy, and leading participants through realistic scenarios?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
Does the facility conduct a simulation debriefing wherein the group reflects and engages in safe conversations to identify strengths, weaknesses, opportunities for improvement, and the top one to three lessons learned that staff can apply to daily clinical practice?	<input type="checkbox"/>	<input type="checkbox"/>

## Resources

- [MedPro Group: Checklist: Infection Prevention & Control in Senior Care](#)
- [MedPro Group: Checklist: Preventing Pressure Injuries in Senior Care Facilities](#)
- [MedPro Group: Risk Resources: Managing Pressure Injuries in Older Patients and Senior Care Residents](#)
- [MedPro Group: Risk Resources: Sepsis](#)
- [Sepsis Alliance: Long-Term Care](#)

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<sup>1</sup> Roberts, T. L. (2017). Early detection of sepsis in long-term care residents. Pennsylvania Patient Safety Authority. Retrieved from [www.pacahpa.org/Education/Sepsis%20PACAH.Final%20ch.pdf](http://www.pacahpa.org/Education/Sepsis%20PACAH.Final%20ch.pdf)

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

<sup>4</sup> Ibid.

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