



Sepsis Prevention Assessment Tool For Nursing Homes

Introduction and Background

This tool aims to help the facility better understand sepsis practices at the facility and identify potential opportunities for improvement.

- Sepsis is the body's extreme response to an infection resulting in tissue damage and organ failure that can lead to death.
- Compared to adults of similar age in the community, nursing home residents are more likely to get infections that may lead to sepsis if not recognized early and promptly managed.
- Residents who survived a recent hospitalization for sepsis are at risk for hospital re-admission and disability, including cognitive impairment.
- Everyone in healthcare plays an important role in preventing sepsis. Practices that can help prevent sepsis include working to prevent infections, identifying and treating infections early before they worsen, and recognizing the signs and symptoms of sepsis to ensure residents receive the appropriate level of care.

Notes for the Respondent

- This assessment is meant to capture healthcare personnel practices and perceptions of facility policies related to sepsis.
- Responses should refer to what is currently in place at the facility where this assessment is being administered.
- Please provide additional comments and context to elaborate on sepsis practices in the comment fields throughout.



Facility Name or ID:

Date of the Assessment:

Primary Title or Role of Individual Completing Assessment:

Certified Nursing Assistant (CNA)/Licensed Nursing Assistant (LNA)
Licensed Practical Nurse (LPN)
Registered Nurse (RN)
Nurse – Floor Manager
Nurse Practitioner
Physician Assistant

Physician
Infection Preventionist
Staff Development Coordinator
Director of Nursing/Associate Director of Nursing
Administrator or Operator
Other, Please Specify:

Years of Experience at Facility:

During Which Shift Do You Primarily Work?

Day Evening Night Other, Please Specify:

Domain I.								
Facility Leadership Commitment and Accountability						Yes	No	Unknown
1. Is sepsis, including sepsis prevention, identified as a priority by facility leadership?								
2. Does the facility have goals related to sepsis prevention?								
3. Has facility leadership communicated goals for sepsis prevention to healthcare personnel? No sepsis goals at facility								
4. Does your facility currently have a team/workgroup focusing on sepsis prevention?								
5. Does your facility have a champion for sepsis prevention?								
Comments:								
Facility Leadership Commitment and Accountability								
6. Is sepsis discussed at clinical safety huddles at your facility?	Never	Rarely	Sometimes	Often	Always	Unknown		
7. Are personnel supported when bringing a clinical concern to a supervisor?								
Comments:								

Domain II.

Sepsis Prevention Education and Feedback			
	Yes	No	Unknown
1. Is there a sepsis prevention education program at your facility?			
2. Is training provided at least once per year to healthcare personnel on:			
2a. Preventing infections that can lead to sepsis			
2b. Identifying and treating infections that can lead to sepsis			
2c. Recognizing the signs and symptoms of sepsis			
2d. What to do if sepsis is suspected			

Comments:

Sepsis Prevention Education and Feedback	Never	Rarely	Sometimes	Often	Always	Unknown
3. Does your facility provide sepsis prevention education to families of residents in your facility?						
4. Does your facility provide sepsis prevention education to residents in your facility?						
5. Are sepsis prevention education materials displayed in your facility?						
6. Do healthcare personnel receive feedback after caring for a resident suspected of having sepsis?						

Comments:

Sepsis Screening, Identification, and Care Coordination	Never	Rarely	Sometimes	Often	Always	Unknown
1. Do personnel promptly alert a supervisor when there is a clinical concern about a resident?						
2. Is a standardized protocol used when screening residents for sepsis (i.e., assessing for the possibility of sepsis)?						
Residents not screened for sepsis						
3. Are residents screened for sepsis :						
3a. Upon admission						
3b. After a clinical change						
3c. Regularly when being treated for an infection						

Domain III. (Continued)**Comments:**

Sepsis Screening, Identification, and Care Coordination	Never	Rarely	Sometimes	Often	Always	Unknown
4. Are residents who have a positive sepsis screen or who are suspected of having sepsis promptly evaluated by an advanced practice provider or physician?						
5. Are residents with a clinical suspicion for sepsis, and without an advanced directive recommending otherwise, promptly transferred to an acute care hospital (instead of only being treated in the facility)?						
6. Is the resident's medical history and indication for transfer communicated to the receiving medical care team at the acute care hospital?						
Residents not transferred to acute care hospital						
7. When a resident with a clinical suspicion of sepsis requires transfer to an acute care hospital, is this communicated to the resident's family before transfer?						
Residents not transferred to acute care hospital						

Comments:**Domain IV.**

Tracking and Reporting	Yes	No	Unknown
1. Does your facility track the number of residents with suspected sepsis?			
2. Does your facility track residents who get re-admitted to an acute care hospital within 30 days of being discharged following a hospitalization for sepsis?			
3. Does your facility track progress towards sepsis goals?			
No sepsis goals at facility			

Tracking and Reporting	Never	Rarely	Sometimes	Often	Always	Unknown
4. Are sepsis outcomes (e.g., mortality, admissions, readmissions, etc.) tracked?						
5. Are sepsis outcomes reported to healthcare personnel at the facility?						

Comments:

Domain V.

Infection Prevention	Yes	No	Unknown
1. Does your facility have access to an onsite infection preventionist (IP)?			
2. Does your facility have access to an offsite IP?			
3. Does facility leadership promote prevention of infections that can lead to sepsis by providing:			
3a. Annual infection prevention training while in-service			
3b. Infection prevention training materials for education (e.g., videos, handouts)			
3c. Infection prevention messaging visible in the facility			
3d. Review of infection data from the facility			

Comments:

Catheter-associated Urinary Tract Infection (CAUTI) Prevention	Yes	No	Unknown
4. Does your facility collect data on the number of catheter-associated urinary tract infections (CAUTIs)?			
5. Does your facility's leadership actively promote CAUTI prevention?			
6. Is training on aseptic technique for urinary catheter insertion provided at least once per year for all healthcare personnel with this responsibility?			
7. Is training on urinary catheter maintenance provided at least once per year for all healthcare personnel with this responsibility (e.g., aseptic emptying of drainage bag, maintaining a closed drainage system, maintaining unobstructed urine flow)?			
8. Is aseptic technique for urinary catheter insertion audited (monitored) for all healthcare personnel with this responsibility?			
9. Are urinary catheter maintenance procedures audited (monitored) for all healthcare personnel with this responsibility?			

Comments:

Catheter-associated Urinary Tract Infection (CAUTI) Prevention	Never	Rarely	Sometimes	Often	Always	Unknown
10. Are the indications for indwelling urinary catheters documented for each resident daily?						

Comments:

Domain V. (Continued)

Central line-associated Bloodstream Infection (CLABSI) Prevention	Yes	No	Unknown
11. Does your facility collect data on the number of central line-associated bloodstream infections (CLABSIs)?			
12. Does your facility's leadership actively promote CLABSI prevention?			
13. Is training provided on maintenance (e.g., regular ongoing care) of central lines at least once per year for all healthcare personnel with this responsibility?			
14. Are central line maintenance practices audited (monitored) for all healthcare personnel with this responsibility?			

Comments:

Central line-associated Bloodstream Infection (CLABSI) Prevention	Never	Rarely	Sometimes	Often	Always	Unknown
15. Are the indications for central line placement documented for each resident?						
16. Are central lines assessed on a daily basis to ensure they are still needed?						
17. Are central lines promptly removed when no longer needed?						

Comments:

Multidrug-resistant Organisms (MDROs) Infection Prevention	Never	Rarely	Sometimes	Often	Always	Unknown
18. Are medical records of new admissions reviewed for multidrug-resistant organism (MDRO) colonization or infection?						
19. Is MDRO colonization or infection of residents communicated to personnel?						
20. Are gowns and gloves used for care of residents infected or colonized with a MDRO?						
21. Is MDRO colonization or infection of residents communicated to a receiving facility at the time of transfer?						

Comments:

Additional Comments: