Nursing Home Sepsis Prevention Deep Dive

A Tool to Accompany the Sepsis Prevention Assessment Tool for Nursing Homes

This supplemental tool is designed to be completed once per facility by the lead of sepsis prevention activities, an Infection Preventionist, or the Director of Nursing, allowing for a further assessment of viewpoints and policies related to sepsis practices.

Instructions for Use

1. Complete the assessments - facility personnel complete Sepsis Prevention Assessment Tool (SPAT) for Nursing Homes (available at: *https://www.cdc.gov/sepsis/media/pdfs/SPAT-Nursing-Homes-508.pdf* and the lead of sepsis prevention activities, an Infection Preventionist, or the Director of Nursing completes this Deep Dive.
2. Provide additional context and potential gaps in the open text fields throughout Deep Dive.
   - When answering open-text fields consider exceptions to the rule, variations by role, frequency, and challenges.
3. Review SPAT responses and Deep Dive responses in conjunction by corresponding Domain, noting different responses and potential areas of alignment to identify possible opportunities for improvement.
4. For this document, 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.

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Facility Name or ID:

Title or Role of Person Completing Tool:

Facility Type: Number of Beds in Facility:

Domain I.			

Facility Leadership Commitment and Accountability	Yes	No	Unknown
1. Is sepsis, including sepsis prevention, identified as a priority by facility leadership?			
If yes,			
1a. Is that priority communicated to facility personnel in written form?			
Please describe details or context to facilitate targeting of potential interventions:			

Facility Leadership Commitment and Accountability	Yes	No	Unknown
2. Does your facility have a team or workgroup for sepsis prevention?			
If yes,			
2a. Does the sepsis prevention team or workgroup have dedicated time to coordinate sepsis prevention activities?			
Please describe details or context to facilitate targeting of potential interventions:			

2b. Which personnel roles are represented on the sepsis prevention team or workgroup: *(Select all that apply)*

Nursing	Certified Nursing Assistants	Advance Practice Providers	Environmental Services
Infection Prevention	Licensed Practical Nursing	Physicians	Other

If other, please describe:

Facility Leadership Commitment and Accountability	Yes	No	Unknown
3. Has facility leadership designated a role for a sepsis prevention champion?			
If yes,			
3a. Is the sepsis prevention champion position currently filled?			
3b. Is sepsis prevention part of the sepsis champion's official job responsibilities?			
3c. Does the sepsis prevention champion have dedicated time to coordinate sepsis prevention activities?			
Please describe details or context to facilitate targeting of potential interventions:			

Domain I. (Continued)			

Facility Leadership Commitment and Accountability	Yes	No	Unknown
4. Does facility leadership provide sufficient resources to support sepsis prevention activities?			
5. Is sepsis routinely discussed at clinical safety huddles at your facility?			
If yes, what aspects of sepsis are discussed?			
5a. Sepsis Prevention			
5b. Sepsis Education			
5c. Sepsis Screening and Identification			
5d. Sepsis Evaluation			
5e. Sepsis Cases at the Facility			
5f. Sepsis Transfers to Acute Care Facilities			
Please describe details or context to facilitate targeting of potential interventions:			

Facility Leadership Commitment and Accountability	Yes	No	Unknown
6. Is sepsis prevention a part of a Quality Assurance and Performance Improvement (QAPI) plan at your facility? **No QAPI plan at the facility**			
Please describe details or context to facilitate targeting of potential interventions:			

Facility Leadership Commitment and Accountability	Yes	No	Unknown
7. Does your facility set goals for improving sepsis activities?			
If yes,			
7a. Are these goals achievable?			
7b. Are these goals measurable by using data or metrics to determine if the goal is met? (e.g., our facility has a goal to improve time to hospital transfer for patients with suspected sepsis by an average of 30 minutes in 2025)			
7c. Are those goals communicated to healthcare personnel working at the facility?			
Please describe details or context to facilitate targeting of potential interventions:			

Domain II.			
Sepsis Prevention Education and Feedback	**Yes**	**No**	**Unknown**
1. Is there a sepsis prevention education program at your facility?			

If yes, 1a. Which healthcare personnel roles are included in the sepsis education program? (*Select all that apply*)

Nursing	Licensed Practical Nursing	Environmental Services
Infection Prevention	Advance Practice Providers	Other
Certified Nursing Assistants	Physicians	

Please describe details or context to facilitate targeting of potential interventions:

2. How often is training provided to healthcare personnel on sepsis?

3. What topics are included in the training your facility provides to healthcare personnel on sepsis? Please also describe any job-specific topics that may vary by role:

Sepsis Prevention Education and Feedback	**Never**	**Rarely**	**Sometimes**	**Often**	**Always**	**Unknown**
4. Does the facility provide sepsis prevention education to families of residents in your facility?						

Please describe additional details or context to facilitate targeting of potential interventions:

Sepsis Prevention Education and Feedback	**Never**	**Rarely**	**Sometimes**	**Often**	**Always**	**Unknown**
5. Does the facility provide sepsis prevention education to residents in your facility?						

Please describe details or context to facilitate targeting of potential interventions:

Sepsis Prevention Education and Feedback	**Never**	**Rarely**	**Sometimes**	**Often**	**Always**	**Unknown**
6. Are sepsis prevention education materials displayed in your facility?						

Please describe details or context to facilitate targeting of potential interventions:

Domain II. (Continued)

Sepsis Prevention Education and Feedback	Never	Rarely	Sometimes	Often	Always	Unknown
7. Are residents involved in sepsis prevention activities in your facility?						

If residents are involved in sepsis prevention activities, please describe:

8. Please describe how feedback (e.g., giving positive feedback for a timely resident evaluation or highlighting an opportunity for improvement) is provided to healthcare personnel on sepsis activities (e.g., screening, evaluation, transfer process to an acute care facility for a resident with a clinical suspicion of sepsis). When is feedback provided (e.g., routinely, as needed)?

Domain III. Sepsis Screening, Identification, and Care Coordination

1. Please describe the process that healthcare personnel use to alert supervisors of a clinical concern (e.g., when healthcare personnel suspect a resident's condition may be worsening):

2. Please describe when residents are screened for sepsis (i.e., assessed for the possibility of sepsis). For example, on admission, after a clinical change, daily when being treated for an infection:

3. Please describe the process for screening residents for sepsis:

4. Please describe the process for screening residents for sepsis who were hospitalized for sepsis in the last 30 days. Is a standardized screening protocol used? If so, is this protocol separate from protocols used for residents *without* a history of sepsis?

Domain III. (Continued)

Sepsis Screening, Identification, and Care Coordination	Yes	No	Unknown
5. Does the facility have a clinical sepsis protocol for residents after they have a positive sepsis screen or are suspected of having sepsis? **Residents not screened for sepsis**			

5a. ***If yes***, which of the below are included? (*Select all that apply*)

Standardized communication method (e.g., Situation, Background, Assessment, Response (SBAR)

Sepsis clinical evaluation

Sepsis diagnostic evaluation (e.g., lactic acid, blood cultures, comprehensive blood count)

Intravenous (IV) fluid resuscitation

Antimicrobial administration

Transfer to an acute care hospital

Resident and family/caregiver education

Resident advanced care directives

Other, please specify:

Unknown

Please describe details or context to facilitate targeting of potential interventions:

6. Please describe the process for transfer when a resident is identified with a clinical suspicion of sepsis (e.g., how long residents are managed at facility before transfer, process of transfer to an acute care hospital, what information is communicated to receiving acute care hospital):

Sepsis Screening, Identification, and Care Coordination	Never	Rarely	Sometimes	Often	Always	Unknown
7. Does the facility implement any additional education or practices to optimize recovery from sepsis in residents hospitalized for sepsis in the last 30 days?						

Please describe details or context to facilitate targeting of potential interventions:

Domain IV.

Tracking and Reporting	Yes	No	Unknown
1. Is there a process for tracking the number of residents who meet facility criteria for suspected sepsis at your facility?			

Please describe details or context to facilitate targeting of potential interventions:

Tracking and Reporting	Yes	No	Unknown
2. Is there a process for tracking residents who get re-admitted to an acute care hospital within 30 days of being discharged following a hospitalization for sepsis?			

Please describe details or context to facilitate targeting of potential interventions:

Domain IV. (Continued)

Tracking and Reporting	Never	Rarely	Sometimes	Often	Always	Unknown
3. Are sepsis prevention goals tracked? **No sepsis goals at facility**						

Please describe details or context to facilitate targeting of potential interventions:

Tracking and Reporting	Never	Rarely	Sometimes	Often	Always	Unknown
4. Are any sepsis outcomes (e.g., goals achieved, mortality, admissions, readmissions) reported to facility leadership?						

Please describe details or context to facilitate targeting of potential interventions:

5. Please describe the process for tracking use of the sepsis screening protocol at your facility. What is included in tracking, how often is this information reviewed, in what venue is this information reported, and which personnel are involved in the process?

Tracking and Reporting	Never	Rarely	Sometimes	Often	Always	Unknown
6. Does your facility conduct a root cause analysis to identify potential gaps and develop an action plan when a case of suspected sepsis occurs in the facility?						

Please describe details or context to facilitate targeting of potential interventions:

Tracking and Reporting	Never	Rarely	Sometimes	Often	Always	Unknown
7. Does your facility experience delays in treating serious infections, which could increase the risk of sepsis?						

Please describe details or context to facilitate targeting of potential interventions:

Domain V.

While infections common in the community are the most frequent causes of sepsis, dedication to strong infection prevention and control practices, including **prevention of healthcare-associated infections,** represents an additional opportunity to reduce sepsis cases in long-term care facilities.

Infection Prevention	Yes, part-time	Yes, full-time	No	Unknown
1. Does the facility have access to an onsite Infection Preventionist (IP)?				

Infection Prevention	Yes	No	Unknown
2. Does your facility have access to an offsite IP?			

Please describe details or context to facilitate targeting of potential interventions:

Infection Prevention	Yes	No	Unknown
3. Does facility leadership promote prevention of infections that may 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 at facility			

Please describe details or context to facilitate targeting of potential interventions:

4.   Please describe your facility's practices to prevent viral respiratory infections, including COVID-19, in the facility:

Catheter-Associated Urinary Tract Infections (CAUTI) Prevention	Yes	No	Unknown
5. Does your facility's leadership routinely collect surveillance data for CAUTI cases in the facility?			
6. Does your facility's leadership actively promote CAUTI prevention?			
7. Is there a policy (e.g., Standard Operating Procedure, checklist) for urinary catheter practices (e.g., insertion, maintenance, removal) available for all personnel with this responsibility?			

Please describe details or context to facilitate targeting of potential interventions:

8. How often is training on aseptic technique for urinary catheter **insertion** provided for all healthcare personnel with this responsibility?

Domain V. (Continued)

9. How often is training on urinary catheter **maintenance** provided for all healthcare personnel with this responsibility (e.g., aseptic emptying of drainage bag, maintaining a closed drainage system, maintaining unobstructed urine flow)?

10. How does your facility audit urinary catheter insertion and maintenance practices?

Catheter-Associated Urinary Tract Infections (CAUTI) Prevention	Yes	No	Unknown
11. Is use of indwelling urinary catheters monitored to ensure appropriate indications are present?			

Catheter-Associated Urinary Tract Infections (CAUTI) Prevention	Never	Rarely	Sometimes	Often	Always	Unknown
12. Is the indication for indwelling urinary catheters documented for residents?						
13. Do ordering providers use indwelling catheters for appropriate indications?						

Please describe details or context to facilitate targeting of potential interventions:

Central Line Associated Bloodstream Infections (CLABSI) Prevention	Yes	No	Unknown
14. Does your facility's leadership routinely collect surveillance data for CLABSIs in the facility?			
15. Does your facility's leadership actively promote CLABSI prevention?			
16. How often is training provided on maintenance (e.g., regular ongoing care) of central lines for all healthcare personnel with this responsibility?			

17. How does your facility audit central line maintenance practices?

Central Line Associated Bloodstream Infections (CLABSI) Prevention	Never	Rarely	Sometimes	Often	Always	Unknown
18. Is the indication for central line placement documented for residents?						
19. Are central lines assessed on a daily basis to ensure they are still needed?						

Central Line Associated Bloodstream Infections (CLABSI) Prevention	Yes	No	Unknown
20. Is there a process for ensuring removal of central lines that are no longer needed?			

Please describe details or context to facilitate targeting of potential interventions (Please specify question number):

Central Line Associated Bloodstream Infections (CLABSI) Prevention	Never	Rarely	Sometimes	Often	Always	Unknown
21. Are central line **maintenance** practices documented?						
22. Are central lines maintained and accessed only by trained personnel?						

Please describe details or context to facilitate targeting of potential interventions (Please specify question number):

Multidrug-Resistant Organism (MDRO) Infection Prevention	Never	Rarely	Sometimes	Often	Always	Unknown
23. Does the facility have access to a laboratory that performs microbiology/antimicrobial susceptibility testing?						

Please describe details or context to facilitate targeting of potential interventions:

Multidrug-Resistant Organism (MDRO) Infection Prevention	Yes	No	Unknown
24. Is there a process for reviewing medical records of new admissions for multidrug-resistant organism (MDRO) colonization or infection?			

Please describe details or context to facilitate targeting of potential interventions:

Multidrug-Resistant Organism (MDRO) Infection Prevention	Yes	No	Unknown
25. Does your facility track MDRO colonizations or infections among its residents?			

Please describe details or context to facilitate targeting of potential interventions:

26. How is MDRO colonization or infection of residents communicated to personnel?

Multidrug-Resistant Organism (MDRO) Infection Prevention	Yes	No	Unknown
27. Do healthcare personnel at the facility have access to a policy for managing residents with an MDRO (e.g., Standard Operating Procedure, checklist)?			

Multidrug-Resistant Organism (MDRO) Infection Prevention	Never	Rarely	Sometimes	Often	Always	Unknown
28. Are Enhanced Barrier Precautions (EBPs) implemented in residents colonized or infected with MDROs or residents at higher risk of acquiring MDROs (e.g., residents with wounds or indwelling medical devices)?						

Please describe any barriers to implementing EBP in the facility:

Domain V. (Continued)

Immunizations

29. Does your facility *require* the following immunizations for **healthcare personnel**? (*Select all that apply*)

COVID-19	Unknown
Influenza	No immunizations required
Other, Please Specify:	

30. Does your facility *offer* the following immunizations on-site for **healthcare personnel**? (*Select all that apply*)

COVID-19	Unknown
Influenza	No immunizations offered
Other, Please Specify:	

31. Does your facility *offer* the following immunizations on-site for **residents**? (*Select all that apply*)

COVID-19	Other, Please Specify:
Influenza	Unknown
Pneumococcal	No immunizations offered
Respiratory Syncytial Virus (RSV)	

Immunizations	Yes	No	Unknown
32. Does your facility provide *education* about immunization against respiratory diseases to **residents**?			

Please describe details or context to facilitate targeting of potential interventions:

Next Steps

Based on this worksheet and review of SPAT Facility Assessments, consider any potential opportunities for improvement in sepsis prevention practices at your facility:

For questions and requests for technical assistance, please email CDC at *HAIPrevention@cdc.gov*.

Additional Comments: