Sepsis Webinar Recording – Part 2

WEBVTT

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00:01:34.260 --> 00:01:40.530

Gina Anderson: So we will get started here in just a couple minutes, it looks like the chat is filling up with all kinds of people with us today.

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00:01:40.950 --> 00:01:47.160

Gina Anderson: So if you haven't done so you can practice using that chat function by typing in your name, your facility name and where you're from.

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00:01:47.700 --> 00:02:03.690

Gina Anderson: So we can see who's all in the webinar with us and hopefully you'll be able to use that chat function to participate with us as well as unmuted your lines when we get to that portion of the presentation. Thank you so much for joining and we'll get started here in just a couple minutes.

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00:03:33.060 --> 00:03:38.940

Gina Anderson: welcome today's webinar sepsis prevention three part series. This is part two in that series.

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00:03:39.720 --> 00:03:51.870

Gina Anderson: Real quick, I want to do a sound check if anyone would like to please enter in the chat that you can hear me. That would be great. Just to make sure that I am being heard before I continue on. So if someone wants to shout out.

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00:03:53.340 --> 00:04:04.980

Gina Anderson: Thank you. I can see that you put in, you can hear me. Good. The Great, so we'll go forward in this, I would like to introduce myself. My name is Gina Anderson. I'm a senior quality improvement facilitator for television.

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00:04:05.490 --> 00:04:13.470

Gina Anderson: This webinar is sponsored by intelligent, the quality innovation network quality improvement organization for Iowa Illinois Colorado and Oklahoma.

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00:04:13.950 --> 00:04:26.190

Gina Anderson: We will be sending the slides from this presentation out to everyone attending along with an evaluation that I would appreciate it if you would just take a moment to complete that that will come to you in an email after this presentation.

9

00:04:30.750 --> 00:04:41.220

Gina Anderson: Now, during the presentation. We have muted all the lines to avoid distractions, we will have the chat monitor and that's Kristen, who's been saying hello to everybody on our chat so far.

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00:04:41.670 --> 00:04:50.730

Gina Anderson: And she'll be standing by to answer your questions there, or any questions that you we are unable to answer. During this time, we will follow up with you after the presentation.

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00:04:51.240 --> 00:04:58.890

Gina Anderson: In case you are unfamiliar with the chat function in, zoom, you'll see that the red area where you can find the chat icon.

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00:04:59.310 --> 00:05:06.270

Gina Anderson: All you have to do is hover over the bottom of the meeting screen you'll see a bar of options come up that include that chat icon.

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00:05:06.690 --> 00:05:09.780

Gina Anderson: Click on that icon and you will be able to use that chat function.

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00:05:10.350 --> 00:05:17.280

Gina Anderson: In addition to any questions you may have. We also encourage you to use the chat function. If you experience any technical difficulties.

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00:05:17.700 --> 00:05:34.500

Gina Anderson: And Kristin will assist you privately with those areas at the end you can verbally ask a question by pressing star six on your keypad to open your few phone line. Once you're done speaking please mute your line again by pressing your mute button on your phone.

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00:05:36.990 --> 00:05:44.880

Gina Anderson: Now I want to provide with you the follow up. I want to ask you to provide the following with me and chat. A lot of you are already doing this.

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00:05:45.180 --> 00:05:53.790

Gina Anderson: And to your organization, name the state you reciting and we want to know who is in the group with you so you can list those people who are listening in today.

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00:05:54.450 --> 00:06:03.630

Gina Anderson: We love to learn, who's on the call with us and how everybody is attending today. So thank you so much for doing that for us in the chat box.

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00:06:04.890 --> 00:06:11.160

Gina Anderson: Now for this three parts of this series we ask that you be fully engaged you limit multitasking.

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00:06:11.550 --> 00:06:18.690

Gina Anderson: Close those emails and put out those do not disturb sign so that you can really hear and understand what is being said today.

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00:06:19.170 --> 00:06:25.950

Gina Anderson: We ask that you come prepared by collecting the data and the information that you gained from the action period for our part, one series.

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00:06:26.460 --> 00:06:42.330

Gina Anderson: Then be ready to share this information as we move forward. We will do that by using the chat or asking you to please speak verbally again that star six on your phone to unmute your line and then we asked you to mute your line once you're done speaking again.

23

00:06:43.890 --> 00:06:52.890

Gina Anderson: College and QA Connect is an exclusive Regional Health Care Quality improvement collaborative built to help you improve care and navigate the constantly evolving healthcare landscape.

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00:06:53.550 --> 00:07:01.860

Gina Anderson: As TV works with CMS to help healthcare communities improve will be focused on numerous topics which include areas of Nursing Home Quality

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00:07:02.250 --> 00:07:09.720

Gina Anderson: adverse drug event prevention infection prevention, care transitions chronic disease management and patient safety.

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00:07:10.260 --> 00:07:20.490

Gina Anderson: Intelligent has been bringing together healthcare providers for more than 45 years to provide no cost. Health Care Quality Improvement expertise to people living and working with Medicare

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00:07:21.000 --> 00:07:33.420

Gina Anderson: Our goal is to harness the collective power of healthcare providers communities and individuals to drive improvement and change as I end the presentation, you will learn more on how you can become a part of intelligent QA connect

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00:07:35.820 --> 00:07:43.200

Gina Anderson: So here's our agenda for this next hour after this introduction, we will have a discussion of the past month action period.

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00:07:43.590 --> 00:07:54.210

Gina Anderson: And I am hoping that you've returned today, ready to share what you've discovered as and the outcomes as you had during that action period after you left in the part one of the series.

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00:07:54.900 --> 00:08:02.700

Gina Anderson: That I will provide information on early detection of sepsis during the presentation time leading into opening up with you again.

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00:08:03.090 --> 00:08:10.920

Gina Anderson: For that discussion and question time. We want to hear from all of you on your thoughts, your questions or issues that you may be experiencing.

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00:08:11.400 --> 00:08:23.880

Gina Anderson: And we want to build an all teach all learn environment. So feel free to speak up if you have ideas on how to mitigate challenges for others. We'd love to hear from you or share success. So, others may try something different.

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00:08:27.180 --> 00:08:32.460

Gina Anderson: So the last time we met, we learned prevention of an infection is the only way to prevent sepsis.

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00:08:33.060 --> 00:08:40.080

Gina Anderson: So I encourage you to look at your processes surrounding your hand hygiene as this is the number one way to prevent the spread of infection.

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00:08:40.740 --> 00:08:49.530

Gina Anderson: Today we want to learn from each other while sharing what have you done during this past action period or the past month to decrease the spread of an infection.

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00:08:50.340 --> 00:09:00.660

Gina Anderson: As communication is key component to make any process successful. I will share with you a program and tools to improve your communication as you look at those changes in

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00:09:00.960 --> 00:09:05.730

Gina Anderson: The condition of your residents are patients and the early indicators of sepsis.

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00:09:06.540 --> 00:09:15.540

Gina Anderson: Knowing that sepsis can progress quickly and it's very sneaky. I'm going to challenge you to try out the resources and the tools during our next action period.

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00:09:15.960 --> 00:09:25.950

Gina Anderson: And if you already have communication tools in your organization. I'll challenge you to study them harder improve on their effectiveness and make it even stronger.

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00:09:28.650 --> 00:09:34.830

Gina Anderson: So for this time I want to have a discussion. And this is where your voice is valuable.

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00:09:35.310 --> 00:09:42.900

Gina Anderson: I don't want anybody to be shy. So I hope that those who joined us last time. In part one will speak up so we can learn more

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00:09:43.500 --> 00:09:50.280

Gina Anderson: And we will have a quick moment on each of the actions you were to do listed here to see how you're doing during this past month.

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00:09:51.090 --> 00:09:58.800

Gina Anderson: So as one of the actions I asked you to review steps one through five apart one in the slides. So we're going to start off here, first with

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00:09:59.160 --> 00:10:08.100

Gina Anderson: The first question first step in your mitigation process. So I want to see if someone would be willing to verbally unmute your line pressing star six

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00:10:08.430 --> 00:10:15.090

Gina Anderson: And let us know what did you discover on the accessibility of hand hygiene products are stations within your facility.

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00:10:15.600 --> 00:10:21.900

Gina Anderson: Did you find you needed more stations or you learn that your staff from your staff that your supplies run out often

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00:10:22.680 --> 00:10:34.650

Gina Anderson: who fills those supplies. Your soaps your towels your alcohol based hand rubs, what did you learn. So if I can get someone to press star six on their phone and share verbally. What did you learn during this

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00:10:35.070 --> 00:10:46.080

Gina Anderson: past month over this timeframe. That'd be excellent. Do I have any first takers. Don't be shy. We know the chat room the chat room is the safest route, but we'd love to hear your voice to

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00:10:49.080 --> 00:10:49.890

Gina Anderson: Give it a moment.

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00:10:55.560 --> 00:10:55.920

Gina Anderson: Hello.

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00:10:57.210 --> 00:11:01.800

Gina Anderson: Hi, can you hear me a little. I can hear you. Who's this this is Monday.

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00:11:01.860 --> 00:11:03.600

Mindee Knudson: I'm from Sioux City, Iowa.

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00:11:04.290 --> 00:11:07.290

Gina Anderson: Hello, welcome. Glad to have you on and glad to hear your voice.

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00:11:09.540 --> 00:11:18.240

Mindee Knudson: I noticed we need more access me more stations for hand hygiene, like the alcohol based hand rub stations.

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00:11:19.380 --> 00:11:20.880

Gina Anderson: Wonderful. Did you find that a

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00:11:20.880 --> 00:11:22.740

Gina Anderson: Surprise, as you were assessing

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00:11:23.280 --> 00:11:24.960

Mindee Knudson: Yes. Good.

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00:11:24.990 --> 00:11:37.440

Gina Anderson: Good, I'm glad you did. Because this is what we're doing here all about learning something new and finding out what's not available. So have you done anything to help gain more stations in your facility.

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00:11:37.860 --> 00:11:40.710

Mindee Knudson: Not yet, but it is on my action plan.

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00:11:41.730 --> 00:11:42.390

Mindee Knudson: Excellent.

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00:11:42.480 --> 00:11:45.960

Gina Anderson: Excellent. I'm glad you looked into that. Thank you for sharing.

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00:11:46.200 --> 00:11:48.090

Mindee Knudson: Yeah. Anyone else who wants to shout.

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00:11:48.090 --> 00:11:51.090

Gina Anderson: Out what they learned about this accessibility of their hand hygiene.

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00:11:58.230 --> 00:12:09.600

Gina Anderson: Okay, well, I have this question for you and chat on this topic in steps one. I encourage you to look at a root cause analysis to discover why you had your issue.

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00:12:10.410 --> 00:12:18.840

Gina Anderson: Why you have issues, maybe in your hand hygiene process. Did someone discover something other than your accessibility of your products.

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00:12:19.380 --> 00:12:22.980

Gina Anderson: As a root cause problem to your hand hygiene program.

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00:12:23.490 --> 00:12:34.110

Gina Anderson: And I encourage you during that process that you put that number one root cause analysis determination as step one in this process. So you would put that in place of

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00:12:34.410 --> 00:12:46.710

Gina Anderson: Your accessibility hand hygiene and you might put in your root cause analysis problem and then you go from there. So did anybody else discover a problem with their hand hygiene process or program.

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00:12:48.120 --> 00:12:54.240

Gina Anderson: And you can do that in the chat. So I will look here to see if there's anything in chat happening so far.

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00:12:55.290 --> 00:12:58.050

Gina Anderson: And if you'd like to share verbally, you're more than welcome.

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00:13:03.150 --> 00:13:10.380

Gina Anderson: Okay, I don't see anything else coming out of chat. So if you hear Nancy Hartman, thank you for sharing.

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00:13:10.800 --> 00:13:18.180

Gina Anderson: You need improvement with your basic orientation. So that's great. I mean, that you've discovered that so you can start mitigating those challenges.

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00:13:18.450 --> 00:13:28.740

Gina Anderson: And put that on your step one here of the process. So you'll start with step one and then you'll move down to the next steps to build on improving that process.

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00:13:29.640 --> 00:13:39.570

Gina Anderson: Lisa Bridwell says she's a visitor to a nursing home and she discovered that several residents were uncertain if they can use alcohol based dispensers in their rooms.

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00:13:40.140 --> 00:13:54.690

Gina Anderson: So thank you for sharing that. Lisa definitely when you're in a nursing home. It is encouraged by the CDC that you can use alcohol based hand rubs, but you do need to make sure that they are in a place that's not going to

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00:13:55.560 --> 00:14:06.120

Gina Anderson: cause harm by any means, or in inappropriate use, if I can say that you also need to look for the fire safety marshals

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00:14:06.780 --> 00:14:11.580

Gina Anderson: Policies, because with that he has certain or he or she, they have certain

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00:14:12.060 --> 00:14:21.720

Gina Anderson: Places that you can place these alcohol based hand rubs according to the fire marshal policies. So definitely a place that you need to look into. Thank you, Lisa for sharing.

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00:14:22.320 --> 00:14:29.700

Gina Anderson: Elizabeth is sharing that appears to be staff behavioral choice secretary to overdrive have cracked hands.

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00:14:30.150 --> 00:14:37.200

Gina Anderson: So that is definitely an issue that we need to mitigate as well. So work on some of those mitigation gaps and see if there's

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00:14:37.620 --> 00:14:45.570

Gina Anderson: Some alternatives that we can use or ways to change those behaviors. Thank you for sharing those in chat. I'm going to move on to the second areas.

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00:14:46.110 --> 00:14:58.230

Gina Anderson: In the chat. I'd asked you to answer this topic. Did anyone find trouble with your facility policy what it outlines as it relates to alcohol based hand rubs or hand hygiene guidelines.

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00:14:58.620 --> 00:15:10.710

Gina Anderson: Is it already great or do you need to be working on your policy. What did you find in your policy so you can share this in chat. But if somebody wants to shout it out verbally, you're more than welcome as well.

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00:15:12.300 --> 00:15:22.170

Gina Anderson: I'm seeing some people come through saying their policy was good Carla says it's great. Thank you. So it looks like policy may not be the issue for some people.

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00:15:23.130 --> 00:15:31.380

Gina Anderson: But that's definitely a second step, we need to take after we're looking at the first issue that's going on in our facility with the hand hygiene program.

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00:15:32.220 --> 00:15:42.930

Gina Anderson: More people are talking about no concerns with their policy and it's good. Wonderful. We're going to go on to number three and this with this question I'd like to hear from you verbally.

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00:15:45.330 --> 00:15:55.980

Gina Anderson: Oh, I do want to ask one question about policy real quick. Are you sharing this information or your policy with your staff. How do they understand what's in your in your policy.

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00:15:56.400 --> 00:16:08.160

Gina Anderson: Are you giving it to them at of in service. Are you sharing it to them in some kind of a meeting, how do they know what's in your policy and what they need to be following. Anybody want to shout out some answers for that.

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00:16:12.750 --> 00:16:22.050

Gina Anderson: Sarah says we just didn't service on hand hygiene last month. Excellent. You can use some of the tools we provide you here so wonderful, Elizabeth. Thank you for sharing.

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00:16:22.740 --> 00:16:24.270

Mindee Knudson: They are sharing it at

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00:16:24.330 --> 00:16:30.660

Gina Anderson: Orientation annual review and annual skills, check. Did I hear someone wants to speak up. Oh, it was just

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00:16:31.740 --> 00:16:45.780

Mindee Knudson: The person from Sioux City, again, I was saying I was provide it with our annual skills, fair and then I have it at our stations for new hire check for checkouts for their skills for new hires.

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00:16:47.280 --> 00:16:48.690

Gina Anderson: Great, great.

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00:16:49.140 --> 00:16:59.670

Gina Anderson: And I'm so glad that you are doing that and it's great to know that you're sharing that that's what's the, the important part. We can make up a policy, but it doesn't do us any good if nobody knows what's in it.

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00:17:00.120 --> 00:17:11.160

Gina Anderson: So it's a it's a good thing to do. Now we're going to move on to number three. Thank you, everybody, for sharing with us. It looks like we still got some great information coming in and you can take time to read those.

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00:17:11.820 --> 00:17:21.870

Gina Anderson: With number three here and your step of your process. I would like you to verbally unmute your lines or you can chat it. And I know that's the safe place to be.

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00:17:22.590 --> 00:17:34.350

Gina Anderson: How about your staff training a competency of hand hygiene. Did anyone look at this process. What did you learn is a great and running well do you need to make improvements or does it need to be completely revamped

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00:17:35.040 --> 00:17:42.480

Gina Anderson: So anybody want to shout out how your training a competency is doing with your staff. How do you sure this is done.

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00:17:46.590 --> 00:17:47.310

Gina Anderson: Looks like

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00:17:49.590 --> 00:18:00.960

Gina Anderson: Well, I'm going to read what Michelle has here integrity has handwashing as part of the deal wins responsibility in general orientation before the any employee gets to the floor orientation.

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00:18:01.620 --> 00:18:17.520

Gina Anderson: Sherry says she does spot checks. That's excellent. That's what I really kind of want to hear is spot checking or audit checks or just assessing that information. How are you documenting that you're doing the training and competency. That's an important aspect of this to

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00:18:18.690 --> 00:18:25.650

Gina Anderson: Sarah. Thank you for sharing. She does minimum annual competency checks and also spot checks and audit checks.

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00:18:28.770 --> 00:18:35.880

Gina Anderson: Jason sharing monthly audits and comps are going well management staff divides up and watch a staff through all departments.

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00:18:37.200 --> 00:18:48.480

Gina Anderson: Elizabeth. Thank you. Regional Lead educator travel to facility for skills reviews. Well, that's wonderful that you have that opportunity within your organization.

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00:18:49.320 --> 00:18:56.040

Gina Anderson: Carla sharing. We did an all staff competency and we used acrylic paint and gloves and had everyone close their eyes.

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00:18:56.610 --> 00:19:10.500

Gina Anderson: And sanitize it gave them a visual of how well they did. That's interesting. That's a great new idea. Thank you for sharing that with us. Carla. We love to hear, new ideas and how we can build on the our training and competency with the staff.

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00:19:12.990 --> 00:19:20.580

Gina Anderson: Okay, so this next one. I do want to hear from you. So I want to volunteer or two, please unmute your line by pressing star six

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00:19:21.150 --> 00:19:33.480

Gina Anderson: In Step four of our process with your staff assessment or performance. How many performances. Did your monitor. So I gave you a goal to try to monitor at least 10 performances during our action period.

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00:19:34.260 --> 00:19:41.490

Gina Anderson: So I want to hear from you. How did your actual monitoring of the performances. Go. Anybody want to unmute your line and let us know.

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00:19:46.740 --> 00:19:48.780

Gina Anderson: Star six to unmute your line would be

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00:19:50.670 --> 00:19:52.380

Gina Anderson: The way to get your voice heard.

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00:19:54.210 --> 00:20:00.960

Gina Anderson: I'm not seeing anybody coming into chat, either in case you wanted to share it there. But how did your monitoring go over this past month.

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00:20:02.700 --> 00:20:16.110

Gina Anderson: Jessica says all department has given information visuals on hand hygiene and were asked to review information with their staff and asked to audit their staff each department asked to complete five audits, so far it's going well.

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00:20:17.730 --> 00:20:22.320

Gina Anderson: Excellent. Sherry had 20 observations. Thank you Sherry.

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00:20:23.820 --> 00:20:28.410

Gina Anderson: So you can share in there, but I do want to hear from somebody. Another verbal person.

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00:20:29.640 --> 00:20:34.740

Gina Anderson: If you would share with us how it went. Did you have to do any feedback. Did you have to give some

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00:20:35.400 --> 00:20:49.620

Gina Anderson: Just some supported moments, or did they miss a step in the process where they should have washed their hand hands missed an opportunity and you needed to remind them that that was an opportunity they could have been washing their hands, anybody have that experience.

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00:20:55.110 --> 00:21:02.070

Gina Anderson: Okay. Well, I definitely think it's a it's a very important thing for you to make that as one of your priorities in your facility.

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00:21:02.910 --> 00:21:14.280

Gina Anderson: And I want to see if everybody like the ice grub app. Did anybody try that out over this past action period or if you had Android, there was a couple other apps that were mentioned for Android use

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00:21:14.880 --> 00:21:28.200

Gina Anderson: And did you use the ice grub app and there's no judgment here. If you liked or disliked it, but I'd like to see if you give me a thumbs up or thumbs down on it and let me know what you thought of it so you can chat that in thumbs up or thumbs down on the ice crib app.

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00:21:29.850 --> 00:21:35.490

Gina Anderson: Sherry says that they did use it, Elizabeth says it was not very useful for that for her setting.

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00:21:36.960 --> 00:21:37.920

Understandable.

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00:21:41.790 --> 00:21:49.320

Gina Anderson: In other ones that it wasn't useful for their facility Jason's using paper audit forms didn't care for the app for long term care.

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00:21:49.770 --> 00:21:56.520

Gina Anderson: And thank you for sharing that with us. Definitely some things will work for one facility, but not for the other

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00:21:56.880 --> 00:22:04.440

Gina Anderson: And if it's something that was difficulty with understanding how to work the app. I would definitely be able to support you with some of that information.

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00:22:05.280 --> 00:22:22.470

Gina Anderson: I did try it out and practiced it and put downloaded the excel sheet that goes to your computer and it seemed like it could work, but I am not in a certain organizational settings. So when you're in the real world things work differently. So thank you for sharing all that

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00:22:24.180 --> 00:22:27.330

Gina Anderson: Let's see, the last one, providing feedback.

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00:22:28.500 --> 00:22:40.860

Gina Anderson: While watching performances. Did you find yourself providing that feedback I kind of fill that in. So did you have any, any feedback that you had provided to any of your staff while watching those performances.

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00:22:42.960 --> 00:22:46.020

Gina Anderson: Again, please unmute your line by pressing star six

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00:22:49.830 --> 00:22:57.630

Gina Anderson: So we do want those feedback moments. So you can have that in time in at the moment, teaching. That's where it's effective. The most

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00:22:57.990 --> 00:23:05.820

Gina Anderson: Is if you can do it right at the moment it occurred. It's not to be in a punitive way by any means. It's just to help people learn

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00:23:06.210 --> 00:23:19.560

Gina Anderson: And support them in their process and it really helps that communication effort as you're building communication ties between all of your staff and it helps to reinforce that. So you can open up that dialogue and they can ask questions for you as well.

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00:23:21.240 --> 00:23:29.490

Gina Anderson: I'm not seeing anything coming back with the feedback. So maybe you had perfect audit checks, which is wonderful. But in the future. Just remember, don't be afraid to

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00:23:30.120 --> 00:23:40.860

Gina Anderson: Give that feedback so they can learn. Now, the last question here and then we'll move on. Did anyone find any other resources or tools within this presentation. Part one

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00:23:41.250 --> 00:23:47.370

Gina Anderson: Or anywhere else that you'd like to share with us, that would be great for the hand hygiene process that way. Everybody can have

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00:23:48.060 --> 00:23:57.660

Gina Anderson: That tool in mind they can go check it out and see how it might work for their facility any tools that you want to share that you use specifically for your hand hygiene program.

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00:24:04.260 --> 00:24:06.120

Gina Anderson: Okay, I'm not seeing anything in chat.

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00:24:07.560 --> 00:24:10.620

Gina Anderson: So I just encourage you go back to the slides and Part one

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00:24:11.400 --> 00:24:21.180

Gina Anderson: They are accessible to you. We also did put Part one recording on the webinar. I'll share that with you in a minute of the webinar on our website. And I'll share with you in a moment.

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00:24:21.810 --> 00:24:33.720

Gina Anderson: But just to make sure that you do have tools and resources you need more than one tool to make a program strong and it needs to be more than just education. So just remember that as you move forward with your hand hygiene program.

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00:24:35.400 --> 00:24:46.260

Gina Anderson: Okay, so I'm going to go ahead and move on to the next slide. And this is where we start our presentation. The last time we talked about preventing infections to prevent sepsis.

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00:24:46.890 --> 00:24:56.880

Gina Anderson: And this session will be on identifying sepsis and acting quickly now a number of infections can be treated at the current facility like in a nursing home, but

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00:24:57.360 --> 00:25:05.520

Gina Anderson: Our goal is to catch any changes in condition in the early stages to hopefully prevent the devastating effects that sepsis can cause

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00:25:06.150 --> 00:25:13.620

Gina Anderson: Those identified with sepsis should be transferred immediately unless they're adverse advanced directives indicate otherwise.

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00:25:14.190 --> 00:25:17.850

Gina Anderson: Most frequently pathogens that lead to sepsis. Our staff Oreos.

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00:25:18.510 --> 00:25:31.170

Gina Anderson: Equal lie and some other types of strep, but the most common types of infection that can lead to sepsis are bacterial infections such as urinary tract infection skin gastrointestinal and pneumonia.

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00:25:31.560 --> 00:25:36.840

Gina Anderson: However, anyone with a viral fungal or parasitic infection can be at risk.

148

00:25:37.590 --> 00:25:49.380

Gina Anderson: Status is the leading cause of hospital readmissions for nursing home residents transferred to the hospital, yet the early identification of sepsis in nursing homes is filled with challenges and has not been well studied.

149

00:25:49.890 --> 00:25:57.480

Gina Anderson: Until research is available, consider how we might begin to tackle this problem and we hope to do that some of that in today's presentation.

150

00:25:59.700 --> 00:26:11.130

Gina Anderson: Now I came across some amazing eye opening facts on this topic of sepsis. And my goal is, as I'm reading through some of these is that you can really see the severity and the impact sepsis has on the nation.

151

00:26:11.520 --> 00:26:17.430

Gina Anderson: In addition to the impact on the person. Sepsis is the number one cause of hospital readmissions

152

00:26:17.850 --> 00:26:28.770

Gina Anderson: Step to see Mia treatment resulted in an estimated $20.3 billion dollars for all hospitalizations and was the most expensive condition treated in the year 2018

153

00:26:29.460 --> 00:26:40.590

Gina Anderson: Says, This is the body's life threatening response to an infection affecting 1.7 million people, and it takes an estimated 270,000 lives every year in the United States.

154

00:26:41.190 --> 00:26:53.520

Gina Anderson: One of our hot topics in many organizations is on rehospitalization so with the facts. You can see that 19% of people who have been hospitalized with sepsis will be hospitalized again within 30 days.

155

00:26:55.140 --> 00:27:05.430

Gina Anderson: Now in 2019 to sepsis awareness survey identified that each year in the United States Census takes more lives and opioids breast and prostate cancers combined

156

00:27:06.000 --> 00:27:16.110

Gina Anderson: More than one third of adults say they do not have the symptoms of sepsis at all and only 14% could correctly identify the for symptoms of sepsis listed in the survey.

157

00:27:16.770 --> 00:27:24.330

Gina Anderson: Says, This is the leading cause of death in US hospitals yet 91 million adults say they do not even know the symptoms of sepsis.

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00:27:25.110 --> 00:27:33.990

Gina Anderson: Only 1% of adults report never have heard of diabetes or stroke, whereas 22% indicate they have never heard of sepsis.

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00:27:34.950 --> 00:27:47.760

Gina Anderson: So the increasing incidence of sepsis, especially among older adults. It's high mortality rate and it's often subtle and rapid progression makes it prompt recognition makes prompt recognition and treatment imperative.

160

00:27:48.360 --> 00:27:56.040

Gina Anderson: Consider your staff or even yourself. What is your knowledge or your staff knowledge on what to look for in the identification of sepsis.

161

00:27:57.990 --> 00:28:04.110

Gina Anderson: Now, if we don't have the right knowledge. This can delay our response time which is imperative for the sepsis situation.

162

00:28:04.560 --> 00:28:15.870

Gina Anderson: When it comes to sepsis. We need to respond quickly sets. This takes a live every two minutes for every hour treatment is delayed the risk of death increases as much as 8%

163

00:28:16.470 --> 00:28:21.630

Gina Anderson: As many as 80% of sepsis deaths could be prevented with rapid diagnosis and treatment.

164

00:28:22.230 --> 00:28:29.400

Gina Anderson: You will find a visual resource to display within many links provided during this presentation series and that will help your

165

00:28:29.820 --> 00:28:37.230

Gina Anderson: Staff to prompt the think sepsis thought as they're taking care of your residents or your patients.

166

00:28:37.950 --> 00:28:47.220

Gina Anderson: Sepsis alliance created a public awareness campaign to raise awareness of the signs and symptoms of sepsis and the urgent need to seek medical treatment when signs are present.

167

00:28:47.640 --> 00:29:01.500

Gina Anderson: You can use these tools for your staff, but we also want to assure that you have the right tools for everyone to utilize this includes your families, your residents your patients, those people who are in your building. We are all in this improvement effort together.

168

00:29:03.120 --> 00:29:14.700

Gina Anderson: Now in order to be aware sepsis. You need to know the signs and symptoms do your staff have that awareness using acronyms can be a great way to remember things. So we have this acronym for sepsis.

169

00:29:15.540 --> 00:29:22.110

Gina Anderson: Any one of these conserve as a prompt to give vital signs and monitoring going to get an orange even get that help

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00:29:22.710 --> 00:29:31.740

Gina Anderson: This is a great way to train your frontline staff so they know what to look for, as far as as when they're interacting with your patients or residents each day.

171

00:29:32.400 --> 00:29:45.570

Gina Anderson: So S stands for shivering fever or cold, he stands for extreme pain and you may hear your patient say that it might be the worst pain, they've ever experienced or even just general discomfort could be included there.

172

00:29:46.230 --> 00:29:56.610

Gina Anderson: P is for pill or discolored skin SS for sleepy difficult to rouse or confused I you may be hearing those statements, same they feel like they might die.

173

00:29:57.300 --> 00:30:07.590

Gina Anderson: Or they just never felt something like this before. It's just, it feels like it's life threatening to them and asked us for short of breath. So you can have that

174

00:30:08.070 --> 00:30:18.240

Gina Anderson: Acronym there to help train some of your staff, you'll have the slides available to you after the presentation. So you can dig deeper into that detail that's on the link at on the slide here.

175

00:30:19.860 --> 00:30:33.420

Gina Anderson: Now, here are some examples of sets the screen tools screen tools such as the system dynamic inflammatory response syndrome, sirs, and the suspense to sequential sepsis related organ failure assessments sofa scores.

176

00:30:33.990 --> 00:30:41.250

Gina Anderson: Were developed in an effort to simplify screening for sepsis and identification of patients and mortality risk.

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00:30:41.910 --> 00:30:46.800

Gina Anderson: I mentioned these criteria because you'd likely heard of them. And many hospitals do use them.

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00:30:47.640 --> 00:31:00.660

Gina Anderson: Third criteria have low to moderate sensitivity and requires lab results to assess risk, the need for laboratory data to assess risk limits rapid use at the bedside, most specifically in the nursing home.

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00:31:01.410 --> 00:31:05.970

Gina Anderson: Q sofa doesn't require lab data at all. So there's an advantage to that.

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00:31:06.720 --> 00:31:14.850

Gina Anderson: The Glasgow Coma Glasgow Coma Scale. It includes best I response best motor response and best verbal response.

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00:31:15.150 --> 00:31:25.410

Gina Anderson: Which presents to us that this really may not be appropriate for the nursing home setting because of its complexity and it pursues a normal pre test of cognitive status.

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00:31:26.340 --> 00:31:31.680

Gina Anderson: So these tools are used in the hospital and Ed settings and I want to make sure that you are familiar with them.

183

00:31:32.280 --> 00:31:42.240

Gina Anderson: And but there are limitations to both of these tools for the nursing homes settings. So I wanted to point out that, and you read more about that in the article that's linked here on this slide.

184

00:31:42.960 --> 00:31:53.730

Gina Anderson: With the elderly in the nursing home population they present illness differently than, than the younger people may do and present that so I'm going to cover that here in just a moment.

185

00:31:54.390 --> 00:31:59.490

Gina Anderson: The danger here is there's a potential for missed identification and sepsis, with the elderly.

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00:32:00.030 --> 00:32:07.920

Gina Anderson: For both tools you'll, you'll notice that they have an important part of it. And that's the vital signs. That's the common denominator.

187

00:32:08.310 --> 00:32:18.690

Gina Anderson: Among the two tools or any of the symptoms that you're looking for is those vital signs. So there's a great opportunity to do a better job and getting those vital signs for patients or residents.

188

00:32:19.170 --> 00:32:27.000

Gina Anderson: That have a change and conditions that you can respond to it quickly. And you can interact with those worsening conditions, a lot faster.

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00:32:28.620 --> 00:32:32.220

Gina Anderson: Now before I move on to a process to help you make this program small

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00:32:33.240 --> 00:32:39.720

Gina Anderson: Strong. I want you to close the loop to share with you on what happens once you've recovered from sepsis.

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00:32:40.350 --> 00:32:49.050

Gina Anderson: While some do cover well from sepsis. Others may have long term effect. As a result, if you are fortunate enough to recover from a sepsis occurrence.

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00:32:49.410 --> 00:32:55.530

Gina Anderson: Just because you're out of the woods and on the path to recovery doesn't mean the after effects are not cumbersome.

193

00:32:56.100 --> 00:33:06.540

Gina Anderson: These problems might not become apparent for several weeks after treatment is completed and this is just a list of some of the consequences that have been experienced by sepsis survivors.

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00:33:07.230 --> 00:33:18.450

Gina Anderson: So knowing all of these things. This gives us even more urgency to make sure we are recognizing signs and symptoms quickly and acting fast to treat the resident or patient that you're caring for

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00:33:20.190 --> 00:33:29.130

Gina Anderson: Now we have some work to do on our processes and identifying sepsis early. We always like to share a process to implementing any strategy and improving your program.

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00:33:29.460 --> 00:33:37.650

Gina Anderson: Similar to a flow chart like this one, which was shared from the Iowa veterans home. We have a roadmap on how you will put all your tools into practice.

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00:33:38.070 --> 00:33:49.170

Gina Anderson: As well as a systematic way to act fast to change the condition. So all of these steps. Once you've identified that change the condition should happen in a relatively fast timeframe.

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00:33:49.590 --> 00:33:52.890

Gina Anderson: So you can identify sepsis and communicate this effectively.

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00:33:53.670 --> 00:34:02.340

Gina Anderson: Now, once your patient or resident has admitted to your facility. Of course you want to build on that care plan and make sure you have that baseline information in there.

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00:34:02.670 --> 00:34:11.130

Gina Anderson: All the details of how to care for your patient or resident, but then over time or whenever that may occur. You may notice that change a condition

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00:34:11.460 --> 00:34:17.700

Gina Anderson: And this is where you need to rapidly start working forward in identifying those changes in condition.

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00:34:18.240 --> 00:34:30.210

Gina Anderson: notifying the nurse. The nurse does an assessment and documenting this and putting them on a monitoring program notifying the medical provider most likely immediately to let them know what's going on.

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00:34:30.570 --> 00:34:39.210

Gina Anderson: Now, during this process. We encourage you to use tools and I will introduce to you the stop and watch tool as well as as far tool that you can implement

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00:34:39.510 --> 00:34:49.170

Gina Anderson: But there can be many other types of tools that you use during this process, but you just want to make sure that your staff understand what the process is once they see that change a condition

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00:34:49.680 --> 00:34:54.420

Gina Anderson: So we're going to review some of these steps in a little more depth in the coming slides here.

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00:34:56.040 --> 00:35:04.740

Gina Anderson: In our process. We want to look for those changes that condition. The focus here is to provide good quality care and the management of acute changes and conditions.

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00:35:05.250 --> 00:35:11.730

Gina Anderson: This is so we can prevent unnecessary transfers identify early changes in condition and improve communication.

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00:35:12.360 --> 00:35:19.680

Gina Anderson: I will be providing you some of these tools and the benefits of these is to have better resident patient outcomes.

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00:35:20.010 --> 00:35:27.930

Gina Anderson: improved communication assessment and documentation and have access to understanding what to look for an early identification.

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00:35:28.650 --> 00:35:34.110

Gina Anderson: Along with this in everything you need to have competency and the skills to carry out the work

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00:35:34.500 --> 00:35:45.360

Gina Anderson: You want to assure your staff have full understanding of what is expected of them in their duties that they carry out. And on the next slide. I want to touch a little bit on the duties that the staff or to have

212

00:35:46.740 --> 00:35:52.830

Gina Anderson: The frontline staff are key players in this anyone in any department who work near the patient or resident

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00:35:53.190 --> 00:35:58.920

Gina Anderson: Can help you recognize those signs and symptoms in that change and condition and immediately report it to the nurse.

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00:35:59.430 --> 00:36:09.390

Gina Anderson: Waiting to report the changes may have serious results. Oftentimes staffs are the ones who see those subtle changes in the resident or patient but they don't think anything about it.

215

00:36:09.780 --> 00:36:15.990

Gina Anderson: So we need staff to queue and on those changes and report them to the nurse because there could be a serious problem.

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00:36:16.740 --> 00:36:24.060

Gina Anderson: The frontline staff are the ones who know the resident or the patient best they see changes in condition. First, they should

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00:36:24.450 --> 00:36:33.120

Gina Anderson: Identify important changes in condition during their normal care and routines and they must be empowered to communicate what they know and see

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00:36:33.510 --> 00:36:39.450

Gina Anderson: And be taken seriously, or they tend to stop reporting. Now I do say this because of my own experience.

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00:36:39.780 --> 00:36:50.760

Gina Anderson: In reality, when things get hectic for the day, which we have seen, they can be or you feel like someone is crying wolf all the time. This doesn't exempt our reasons for checking out the concern.

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00:36:51.150 --> 00:36:56.760

Gina Anderson: Every report is equally important to identify what is going on with a resident or the patient.

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00:36:57.300 --> 00:37:02.430

Gina Anderson: What we know from our own lives, is that it can be hard to know when to react to a possible concern.

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00:37:03.030 --> 00:37:13.770

Gina Anderson: For example, on one hand, sometimes we worry too soon that our second sneeze might be a sign of a cold and then on the other hand, sometimes we ignore it too long and our bad cough turns into pneumonia.

223

00:37:14.220 --> 00:37:26.040

Gina Anderson: So it can be tough. In some situations to really determine if this is something that we need to identify. But in that point then make sure that we're putting them on a monitoring program and watching them closely.

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00:37:28.050 --> 00:37:37.770

Gina Anderson: From interact, which stands for interventions to reduce acute care transfers the stop and watch early identification tool is to help your staff identify changes in condition.

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00:37:38.430 --> 00:37:49.140

Gina Anderson: Notice how sepsis ties into the stop and watch acronym another acronym is used to help your staff as to what to look for. So this really relates to those in any setting.

226

00:37:49.650 --> 00:37:58.170

Gina Anderson: Again, you'll be getting these slides after the presentation to do and take a deeper dive into this detail and I'm going to be asking you. During the action period to download this tool.

227

00:37:58.530 --> 00:38:05.730

Gina Anderson: And trial it with some of your staff. If your staff observe these changes, they will circle back or circles of changes on the form

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00:38:06.090 --> 00:38:17.880

Gina Anderson: And fill it out and pass it on to the nurse lake and have that detail and I'm going to give you a little bit more detail on this interact website in just a moment. So you can understand exactly what it all has to offer you.

229

00:38:19.500 --> 00:38:25.200

Gina Anderson: Now you want to make sure you have a strategy in place to implement and implement those tools.

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00:38:25.590 --> 00:38:35.010

Gina Anderson: So you want to keep a stop and watch forms in the chart room maybe at the nurse's station at the point of care. You want to make sure they're available readily accessible.

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00:38:35.370 --> 00:38:45.090

Gina Anderson: Or even insight. A lot of times you might say, if they are kept out of sight. They're often kept out of mind. So you want to make sure that it's something that your staff are not going to forget.

232

00:38:46.020 --> 00:38:52.470

Gina Anderson: You can complete this form when changes are identified, give this form to the nurse immediately.

233

00:38:52.800 --> 00:39:05.010

Gina Anderson: The nurses to do an assessment right away and place them on a 24 to 48 hour monitoring list unless there's a need to take action immediately, maybe they need to be transferred out so you need to be working on that as well.

234

00:39:07.620 --> 00:39:13.440

Gina Anderson: Now in the regulations for nursing homes and I know we have some people here who are not from a nursing home setting.

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00:39:13.890 --> 00:39:20.640

Gina Anderson: But I encourage you, even on our part one series. Look at the regulations that are related to your type of setting.

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00:39:21.180 --> 00:39:26.550

Gina Anderson: Or you can use this as a guideline to make your program stronger if you're not from a nursing home.

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00:39:27.330 --> 00:39:37.320

Gina Anderson: So here you have nursing services in the state operations manual specifically identifies that your staff need the competency to identify changes in condition.

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00:39:38.220 --> 00:39:46.950

Gina Anderson: And competency is a measurable pattern of knowledge, skills, abilities behaviors and other characteristics that an individual needs to perform

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00:39:47.910 --> 00:39:58.380

Gina Anderson: Within their work roles to perform successfully a key component of competency is the staffs ability to identify and address a residence changing condition.

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00:39:58.920 --> 00:40:06.630

Gina Anderson: Without these competencies residents may experience a declining health status function and the need to be transferred to a hospital.

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00:40:07.200 --> 00:40:19.500

Gina Anderson: Your surveyors inside a facility for neglect or failure to carry out these actions, including contacting the physician and failing to revise the plan of care to meet the needs residents current needs.

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00:40:20.130 --> 00:40:30.090

Gina Anderson: Now, in my experience, when I was a consultant. We had a nursing home receive a deficiency from not following through on the interventions to prevent a condition from worsening

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00:40:30.720 --> 00:40:40.680

Gina Anderson: The nurse did identify was notified of the change the condition. She did do an initial assessment, but the follow up over the next 24 to 48 hours did not happen.

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00:40:41.130 --> 00:40:46.710

Gina Anderson: So the resident was sent to the hospital and had some very serious complications. This was a potential

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00:40:47.100 --> 00:40:56.700

Gina Anderson: Preventable hospital admission and the adverse effects to the resident could have been prevented if they continue to monitor and change up their treatment strategies sooner.

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00:40:57.120 --> 00:41:10.830

Gina Anderson: So it's extremely important that we make sure our staff understand what they need to be doing the steps to take it in and how to act quickly and identifying those signs and symptoms so that you can prevent serious complications.

247

00:41:12.690 --> 00:41:18.240

Gina Anderson: In the nursing assessment and some of this can be from feedback that you haven't huddled you have that

248

00:41:18.930 --> 00:41:32.520

Gina Anderson: You have with the frontline staff. You want to rely on your senses as well. What you see what you hear what you touch the signs and symptoms of an illness and an older adult may be mild or different than in a younger adults.

249

00:41:33.150 --> 00:41:43.620

Gina Anderson: Older people have slower responses and less response time to change sometimes mild symptoms and behaviors like feeling or acting tired. Maybe the only clue to the illness.

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00:41:44.160 --> 00:41:57.630

Gina Anderson: This slide helps you identify areas to assess in the resident or patient who are showing changes in condition. And once you see these changes, you need to assess them regularly throughout the shifts regular assessments equals better outcomes.

251

00:42:00.420 --> 00:42:10.320

Gina Anderson: So as I said earlier, it may be difficult to detect the signs of in an older adult. And one of the reasons the hospital tools may not work well in nursing home population or the elderly.

252

00:42:10.950 --> 00:42:19.350

Gina Anderson: A typical presentations of illness is common in the nursing home population. The science of both infection and organ dysfunction may be subtle and

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00:42:20.010 --> 00:42:28.650

Gina Anderson: The difficult to recognize and older adults and multiple comorbidities because of this eighth typical way in the elderly with the dimension.

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00:42:29.010 --> 00:42:37.200

Gina Anderson: And or their multiple comorbidities they present with acute illnesses using Q sofa to identify those need or

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00:42:37.770 --> 00:42:47.970

Gina Anderson: That early management of sepsis could result in failure to identify sepsis and the sub optimal treatment baseline cognitive status may not be normal in your residence.

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00:42:48.480 --> 00:42:58.380

Gina Anderson: So function fluctuations and mental status is common enough with a dementia. So take these points on this slide into consideration during your nursing assessment as you work with the elderly.

257

00:43:00.360 --> 00:43:10.380

Gina Anderson: Now in our process. You want to assess and make sure you have that clear and complete communication. The S bar is a best practice for assessment and medical

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00:43:10.890 --> 00:43:20.460

Gina Anderson: Provider communication. So that helps you close that loop between the medical provider and your nursing staff. It provides the structure and supports all communication styles.

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00:43:21.000 --> 00:43:30.810

Gina Anderson: We need to have a communication tool to use with our medical providers and SPR does not have to be used, but it's a great place to put all your documentation into one area.

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00:43:31.590 --> 00:43:43.290

Gina Anderson: The S bar is intended to assist with organizing your assessment and assure your thorough assessment is completed prior to notifying your medical provider, you can print it off and paper form.

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00:43:44.010 --> 00:43:54.090

Gina Anderson: So that you have that available as part of your documentation record either use it to send to the doctor by fax or as a reference when calling the doctor and emergency situation.

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00:43:54.510 --> 00:44:03.360

Gina Anderson: You can use any form, but make sure and make sure it fits the needs of your facility some facilities laminate the SPR sheets and place the monitoring.

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00:44:03.690 --> 00:44:12.120

Gina Anderson: Then they use a dry erase marker so the nurses can take it with them. And while they're doing the assessment, they can follow the S bar pattern in order to do that assessment.

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00:44:12.810 --> 00:44:20.160

Gina Anderson: I've seen one nursing home corporation develop their own as bar to fit into their infection program right into their electronic health record.

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00:44:20.850 --> 00:44:29.760

Gina Anderson: You can customize the bar to fit in your assessments for the system you are identifying as a possible reason for the change the condition

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00:44:30.300 --> 00:44:41.340

Gina Anderson: At the inner act link I will provide you in just a moment. You'll find file cards for symptoms of different systems that can help you know what signs and symptoms to identify for that quick reference

267

00:44:42.420 --> 00:44:53.550

Gina Anderson: Now you may get some hasn't conceived or pushback from your staff on this as you introduce it. But remember, the more you use the F bar easier and the quicker, it becomes to sell out

268

00:44:54.150 --> 00:45:03.210

Gina Anderson: So I gave you a quite a few suggestions on how you can forward this type of information. This communication tool and incorporate into your facility.

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00:45:03.750 --> 00:45:13.110

Gina Anderson: If you are already using one look at the process and how it's being used or compare it to the end, compare it to the way you expect it to be carried out.

270

00:45:13.590 --> 00:45:26.280

Gina Anderson: Consider the gaps to start that you need to start mitigating them in how the process is being carried out and the way you you expect it to be carried out so that you can overcome those challenges and make it even stronger.

271

00:45:28.770 --> 00:45:37.020

Gina Anderson: Now starting here with the resources for you to consider using this easy resource very accessible to you.

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00:45:37.500 --> 00:45:43.740

Gina Anderson: These communication tools are great to help incorporate into your process. This is the interact website.

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00:45:44.040 --> 00:45:52.500

Gina Anderson: All of the tools and resources on interact have a registered copyright and Florida Atlantic University owns the intellectual property.

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00:45:52.860 --> 00:45:58.800

Gina Anderson: The interact quality improvement program can be accessed after the user agrees to the terms of use.

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00:45:59.220 --> 00:46:07.710

Gina Anderson: And you will create a login there and then you can have access to all these resources you're free to explore them and to benefit from them. They're an excellent way.

276

00:46:08.220 --> 00:46:14.940

Gina Anderson: To get ahead of sepsis or to identify early and to help prevent some of those transfers in your facility.

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00:46:15.570 --> 00:46:24.030

Gina Anderson: Commitment to use tools like these will help you get ahead of understanding your situation and ultimately prevent infections sepsis and hospital admissions.

278

00:46:24.720 --> 00:46:30.810

Gina Anderson: Interact as a quality improvement program that focuses on the management of acute change in resident or patient conditions.

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00:46:31.320 --> 00:46:46.710

Gina Anderson: And it includes clinical and educational tools for strategies for you to use an everyday practice and it's available in different types of organizational settings. So take a look at that link that you have at the bottom to check out more resources and tools.

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00:46:48.660 --> 00:46:55.530

Gina Anderson: Now, these are the steps you want to take before you call the doctor now all of these steps need to happen quickly because as we learned

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00:46:55.950 --> 00:47:04.740

Gina Anderson: Time is extremely important factor here. We want to have this detail so that you can be be prayer to relay this information to your physician.

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00:47:05.310 --> 00:47:13.530

Gina Anderson: Once you are ready, it's time to call the medical provider if sepsis is identified as I said earlier, you need to transfer out immediately.

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00:47:13.920 --> 00:47:21.180

Gina Anderson: But in lesser cases, it may be okay if you don't transfer out. We want to treat in the current facility as much as we are able

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00:47:21.540 --> 00:47:31.080

Gina Anderson: Of course, this depends on the services you provide for example if you have the capability of administrating Ivy's then you need to get that detail setup immediately.

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00:47:31.710 --> 00:47:41.790

Gina Anderson: If they do stay in the current facility strict monitoring of the resident or patient as needed a sure you have monitoring programs setup so everyone knows what to do.

286

00:47:42.570 --> 00:47:50.040

Gina Anderson: A sure advanced directives are addressed and followed his comfort cares that you are providing this may mean you don't transfer out

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00:47:50.700 --> 00:48:00.090

Gina Anderson: And finally, if you do see the progression of symptoms worsening despite your interventions at the facility act quickly to get them transferred out to a higher level of care.

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00:48:00.630 --> 00:48:09.960

Gina Anderson: In addition, all of this may lead to some family education because I know that this can be a challenge in helping them to understand your reasons for certain actions that you make.

289

00:48:11.940 --> 00:48:24.000

Gina Anderson: Now, to recap, we want to get ahead of sepsis. To do this we need to prevent infections, and I mentioned that as a topic in part one and I hope to touch on that again as we enter part three of the series.

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00:48:24.720 --> 00:48:30.930

Gina Anderson: Another great way to get ahead of sepsis is by practicing good hand hygiene and promoting infection prevention to everyone.

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00:48:31.440 --> 00:48:36.300

Gina Anderson: We all need to know the symptoms to identify early and act fast. If you suspect sepsis.

292

00:48:37.080 --> 00:48:52.320

Gina Anderson: CDC offers a free get ahead of sepsis materials for patients, families and healthcare professionals. These materials can help everyone learn the risks spot the signs and symptoms and it helps you to start that conversation about sepsis to help save a life.

293

00:48:53.880 --> 00:49:03.030

Gina Anderson: We want to emphasize that healthcare providers are key in this process of preventing infections that lead to sepsis. It takes a community of collaboration to make an impact.

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00:49:03.450 --> 00:49:09.960

Gina Anderson: So continue to grow in your hand hygiene processes and promote vaccinations take time to educate families and residents.

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00:49:10.350 --> 00:49:16.140

Gina Anderson: And always reassessed the resident or patient on the progress we're making after initiating and antibiotic.

296

00:49:16.740 --> 00:49:24.540

Gina Anderson: Following up with labs to assure that you're using correct antibiotic close the dose, maybe, and for the right duration.

297

00:49:25.200 --> 00:49:41.100

Gina Anderson: In addition, you want to be monitoring the person who has had the change in condition for at least 24 to 48 hours after the first report and essentially everyone who enters the facility is a part of the process, and I will elaborate more on Part three, as we meet again.

298

00:49:42.120 --> 00:49:56.820

Gina Anderson: And this is where I'm going to pause and ask you if you have any questions or comments that you'd like to share with us. So I'm going to start off with Kristin. She's been watching the chat. Kristin. Are there any questions in chat that we can address to start off here.

299

00:49:58.740 --> 00:50:11.940

Kristen Ives: Well, we did have a suggestion from Elizabeth measure that she said there are some things that are built into PCC. If you go to newer alert and PLC.

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00:50:12.720 --> 00:50:19.710

Kristen Ives: CNA charting and then Elisa Bridwell How to Follow up question to that she asked how helpful are the alerts and do the staff respond

301

00:50:20.220 --> 00:50:30.810

Kristen Ives: So I don't know if it's possible. Oh, and Elizabeth is replying that you remind your nurses to check your dashboard, they will see the alerts and you can require them to follow up.

302

00:50:32.670 --> 00:50:34.080

Kristen Ives: Thank you Elizabeth for sharing.

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00:50:34.080 --> 00:50:46.260

Gina Anderson: That. So she's given us an idea. If you have point. Click care is what she's referring to PCC. Then there's ways for you to see the alerts and to identify them within their

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00:50:46.740 --> 00:50:54.840

Gina Anderson: So I guess the thing is required them to follow up with what I see here, you do need to make them accountable if you're going to be relying on these types of dashboards.

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00:50:55.260 --> 00:51:00.840

Gina Anderson: So you need to have a system in place to make sure they're monitoring and they're not overlooking nice and their busy schedule.

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00:51:01.980 --> 00:51:08.100

Gina Anderson: So I'm going to open it up to you. I don't think I see any other questions, Kristin shouted out, if you see any others.

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00:51:10.860 --> 00:51:24.450

Gina Anderson: So I'm going to open it up to you. Star six to unmute your lines. If you'd like to verbally ask a question or you can share in chat. We'd love to hear from you on any questions or discussions or comments that you may have in your facility.

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00:51:27.000 --> 00:51:29.040

Gina Anderson: And I do have a couple questions prepared.

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00:51:30.690 --> 00:51:33.420

Gina Anderson: I have chat open now. So I'm seeing what we have in here.

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00:51:34.860 --> 00:51:43.140

Gina Anderson: Joe Donna reports in our facility. It's a part of the nurses routine to check for alerts every shift frequently, and at the end of their shift.

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00:51:44.430 --> 00:51:53.340

Gina Anderson: Elizabeth comments, again you can see who clears the alerts and educate if no follow up is documented. Thank you for sharing that. That's good. So you can monitor that system.

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00:51:54.570 --> 00:52:04.860

Gina Anderson: So does anybody have any questions for us. We do have some time here that we'd like to share and hear from you. Maybe a success in your early identification of sepsis.

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00:52:06.090 --> 00:52:10.200

Gina Anderson: Or even a challenge, so that we can help you with it and we can all network together.

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00:52:12.780 --> 00:52:19.260

Gina Anderson: I see Karen says, are there any tips and how to get CNA to initiate stop and watch in point. Click care.

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00:52:20.160 --> 00:52:32.160

Gina Anderson: So I'm going to shout that out to anybody who's using point. Click care if you want to help. Karen out. Do you have any tips on how to get the CNA to initiate the stop and watch that must be built into your program point. Click care.

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00:52:36.030 --> 00:52:43.560

Gina Anderson: So while you're chatting that in or shouted out verbally star six we have Elizabeth commenting. We also have changed condition S bar.

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00:52:45.180 --> 00:52:53.910

Gina Anderson: And I'm thinking, interact is what you meant to say in a transfer in your UDS so you got to remind people

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00:52:59.100 --> 00:53:10.500

Gina Anderson: So I, my suggestion. Karen is what I'm thinking about your thoughts here is how do you get them to initiate the stop and watch and the first thought that comes into my mind is what kind of training did you provide them to start with.

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00:53:11.310 --> 00:53:18.510

Gina Anderson: Do they understand it. Do they know what it's for. Do they know where the initiation tab is in your electronic health record.

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00:53:18.960 --> 00:53:34.080

Gina Anderson: Where do they know all those different areas in there. So those are just some things to start working on a root cause analysis asked them what might help them initiate it go to the source and ask them what they can do to help the program gets stronger.

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00:53:37.020 --> 00:53:46.620

Gina Anderson: Nancy Hartman comments. It comes from building relationships and teaching how to make it easier to care for their care more successful. Thank you, Nancy. That's a wonderful comment.

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00:53:47.490 --> 00:53:58.410

Gina Anderson: Sarah Samson. Every time I get a complaint from a staff member I told so and so, nothing was done. My response is always Did you fill out the stop and watch

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00:54:00.360 --> 00:54:06.510

Gina Anderson: Thank you, Sarah for changing that are saying that I'm trying to read and talk at the same time, Nancy Hartman

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00:54:07.440 --> 00:54:15.540

Gina Anderson: Says works best with handheld devices, going to the kiosk slows everything down. Excellent. So, you know, another route that might help.

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00:54:16.170 --> 00:54:27.480

Gina Anderson: Make it more efficient for the staff using handheld devices. I'm going to throw this out there. How do you ensure those handheld devices are clean so that you can assure that you aren't spreading infection.

326

00:54:28.380 --> 00:54:40.860

Gina Anderson: I throw that out there because I'm sanitizing my phone. Often, and there's a lot of bacteria that build on those phones and those handheld devices that everyone is using. So I know that's off topic, but just a little side note,

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00:54:43.560 --> 00:54:54.120

Gina Anderson: The aids do struggle with using the alert. So it has now become the responsibility of the charge nurse, nurse his staff come to them with a concern. They send them back to the

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00:54:54.930 --> 00:55:08.490

Gina Anderson: PLC and instruct them to use the alert. So a good suggestion. Nancy says she used the Clorox lights to clean the handheld and where they are charged. So thank you, Nancy. That's great.

329

00:55:09.900 --> 00:55:11.610

Gina Anderson: Okay, I'm going to ask this question.

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00:55:13.980 --> 00:55:23.790

Gina Anderson: I'm trying to read a few of them that I have. Does anyone have criteria that they use to help identifying affection in their facility.

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00:55:24.210 --> 00:55:37.830

Gina Anderson: Are you using something like the service the sofa, the lobe and the gears. What kind of criteria are you using I'm just curious what everybody is using. There's no right or wrong, just wanted to see what you shouted out

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00:55:40.110 --> 00:55:45.000

Gina Anderson: So in order to identify an infection. Are you using certain criteria.

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00:55:46.590 --> 00:55:52.380

Gina Anderson: I see a couple or same gears and Escobar lobe, the gears make lobe. OK.

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00:55:54.390 --> 00:55:59.760

Gina Anderson: I see a couple Mary shared my gears and lobe for her specifically

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00:56:02.220 --> 00:56:06.750

Gina Anderson: Elizabeth shares a surveillance and I'm saying I want to point out that

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00:56:07.230 --> 00:56:15.210

Gina Anderson: Whatever you do choose, you want to make sure it's the same criteria for all systems of the body, body. You want to make sure there's consistency.

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00:56:15.660 --> 00:56:26.880

Gina Anderson: So if you're mentioning that you're using both the lobe and the criteria, I would suggest you consider just one of the criteria and you need that consistency. So

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00:56:28.350 --> 00:56:35.250

Gina Anderson: Please, just take a quick look into that and just make sure that your program is strong, so that everybody understands the different

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00:56:35.790 --> 00:56:43.020

Gina Anderson: The differences between the different types of criteria I do see Lynn Stockwell did ask the question, what is the load criteria.

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00:56:43.890 --> 00:56:54.540

Gina Anderson: Without going into great detail with my quick suggestion I would suggest you look it up on the internet so that you can get that that more detail that goes within it. It has

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00:56:55.110 --> 00:57:06.480

Gina Anderson: Basically these criteria tell you what to look for, specifically for an infection. So you may be looking at certain vital signs are certain symptoms within the criteria to help you identify

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00:57:10.170 --> 00:57:19.170

Gina Anderson: Now I got a couple more minutes here. Now, I wanted to ask if anybody on the call. And actually I'm going to call up Lisa Bridwell she's one of my colleagues and she

343

00:57:19.650 --> 00:57:30.870

Gina Anderson: Has a potential story to tell about a sepsis that has occurred to one of her loved ones, I believe, Lisa, would you be willing to speak up and share your story experience with sepsis.

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00:57:32.550 --> 00:57:32.970

Gina Anderson: Yeah.

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00:57:34.200 --> 00:57:36.240

Lisa Bridwell: So can you guys hear me ok

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00:57:37.020 --> 00:57:38.580

Gina Anderson: I can hear you. Okay.

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00:57:38.910 --> 00:57:41.400

Lisa Bridwell: So this is really kind of about it's not

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00:57:41.460 --> 00:57:51.270

Lisa Bridwell: Me as a QA person is the me being the god, daughter of my aunt Lou and my Lou over time has

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00:57:52.350 --> 00:58:08.190

Lisa Bridwell: has suffered with, you know, episodes of diverticulitis light us and she has struggled with see death also probably for the last year and we have relatives and how giving her tear and

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00:58:08.910 --> 00:58:20.070

Lisa Bridwell: Last week she was starting that to feel well. And she was also started, guys. She ended up having a temperature of 104

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00:58:20.700 --> 00:58:30.240

Lisa Bridwell: And starting to show some sepsis signs and I was telling my my relative who is caring for her. I said, you know, sent the

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00:58:31.200 --> 00:58:39.840

Lisa Bridwell: I know you're going to the hospital. Hopefully it's, you know, you think it's your diverticulitis but I think you need to talk to them about success.

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00:58:40.260 --> 00:58:49.950

Lisa Bridwell: And and she said, What is that, and I was able to get her some of this information, but so when when my aunt got

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00:58:50.490 --> 00:59:04.170

Lisa Bridwell: Into the emergency room instead of kind of telling that long history of everything right and it's gone through for three or four years, my cousin was able to to be able to almost from

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00:59:05.610 --> 00:59:13.470

Lisa Bridwell: Not an S bar standpoint, but she was able to bring up the changing condition what her concern was about substance, the different on

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00:59:13.890 --> 00:59:18.030

Lisa Bridwell: The early symptoms and they were able to have a conversation beyond

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00:59:18.690 --> 00:59:32.820

Lisa Bridwell: That my app was declining and start intervening with the substance right away. And I'm kind of happy to say that my, my aunt, talk to me on the phone the other day. So she's doing a lot better, but I firmly believe that being able to

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00:59:33.960 --> 00:59:46.920

Lisa Bridwell: Understand, some of the signs and symptoms. Early on, and then I think from a family member to be able to when you when you're kind of in an emergency situation be able to tell some of the facts that are really important for the caregivers that can help.

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00:59:48.660 --> 00:59:55.920

Gina Anderson: Wonderful. I'm glad that you were able to be there and support that. Because if you had mentioned it, it could have been a misdiagnosis as well.

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00:59:56.850 --> 01:00:08.130

Lisa Bridwell: Yeah, and I think it was awesome to be able to have some resources to share that when she you know was kind of anxious and Googling on the phone while they're in the emergency room ID and powder.

361

01:00:09.330 --> 01:00:18.240

Gina Anderson: Excellent. So that's great that you were able to mention that, and I hope everyone can spot those signs of census sepsis and as people get ale.

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01:00:18.630 --> 01:00:29.430

Gina Anderson: Not every condition is sepsis, but it is definitely something to consider. And to make sure you may need to remind those doctors to just check it out. So thank you so much for sharing that with us, Lisa.

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01:00:30.360 --> 01:00:38.640

Gina Anderson: Well, I'm going to move on because our time is nearing the end and I want to make sure you stick with me because I have some important information coming up in here in the next few slides.

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01:00:39.030 --> 01:00:48.270

Gina Anderson: Now as you were if you were in part one I gave you some actions to do as during this next month or during that past month and I have actions for you to do during this next month.

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01:00:48.900 --> 01:00:58.560

Gina Anderson: And I want, I encourage you during that last month to meet as a team. So I encourage you to continue to meet as a team, or if you haven't to start meeting as a team.

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01:00:58.980 --> 01:01:05.490

Gina Anderson: To really start looking at your infection prevention processes and what you have early identification sepsis.

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01:01:06.300 --> 01:01:16.110

Gina Anderson: Talk over amongst each other at least one to two times per week meeting follow up on the actions that you put into place on your hand hygiene program during the first action period.

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01:01:16.470 --> 01:01:22.440

Gina Anderson: And don't forget to stay current with that then start to discuss the new tools that you were presented with today.

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01:01:23.070 --> 01:01:29.970

Gina Anderson: collect the data surrounding your sepsis occurrences and the correlation as to how it affects your admissions and readmissions to the hospital.

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01:01:30.390 --> 01:01:40.110

Gina Anderson: Consider which ones could have been prevented. And as always discuss what you have learned from the feedback so you can determine what changes to make based on that information.

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01:01:40.770 --> 01:01:49.650

Gina Anderson: Then I'm going to challenge you to review the inner act link for new opportunities and learning on the tools or determine which tools. You may already have available in your facility.

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01:01:50.040 --> 01:02:02.430

Gina Anderson: And question. If you're using them. Are they effective do the staff understand how and when to use them. Are they readily available. And how do you reinforce them. How do you make sure that they know that they're important.

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01:02:03.180 --> 01:02:10.350

Gina Anderson: A couple of goals over this action period I would like for you to achieve is to implement the SPR communication tool with at least for nurses

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01:02:10.800 --> 01:02:18.030

Gina Anderson: And implement the stop and watch tool on at least one unit to gain the feedback and I start you small because

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01:02:18.870 --> 01:02:30.990

Gina Anderson: Within the facility. You want to make sure you keep it small, so that it's not overwhelming so that you can test it first. See how it works in a small scale and then you can make adjustments before going to that larger scale.

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01:02:31.590 --> 01:02:38.670

Gina Anderson: If you have these tools in place or already look at the process is being carried out is done the way you expect it to do.

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01:02:39.090 --> 01:02:46.890

Gina Anderson: To be carried out, look for ways to mitigate those challenges and identify that process. And I think we had some of that in the chat box as well.

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01:02:47.550 --> 01:02:56.490

Gina Anderson: As I encouraged in part one again in the sepsis part to seek new opportunities to promote sepsis prevention and early detection to your residence.

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01:02:56.820 --> 01:03:05.010

Gina Anderson: And your families, your patients volunteers your staff. Anyone who enters your building. You can use resources provided in the slides.

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01:03:05.370 --> 01:03:14.160

Gina Anderson: Educate them on this information, make this a priority work in your facility to improve prevention processes and ultimately the lives of those who you care for

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01:03:14.670 --> 01:03:21.390

Gina Anderson: And finally, be prepared to share your action during sepsis series part three. I did have a nursing home during this past month.

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01:03:21.660 --> 01:03:29.040

Gina Anderson: Reach out to me by email, and she shared with me a couple of her successes that she's had even within the first couple weeks of trying out the tools.

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01:03:29.340 --> 01:03:39.210

Gina Anderson: And it was really exciting. So don't be afraid to even share those successes with me. Prior to the next part in the series, I'd love to learn more and hear about how you're doing.

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01:03:40.290 --> 01:03:48.480

Gina Anderson: Now, there are lots of tools that I share with you during these times. Start with one find out which one works best for your facility and go with it so that you can

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01:03:49.200 --> 01:04:01.140

Gina Anderson: Grow on it and really advanced the needs of your facility. So this one's on early detection resources for sepsis. And the next one is general sepsis. Sepsis three sources that are available for you out there.

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01:04:02.460 --> 01:04:11.340

Gina Anderson: We also encourage you to join intelligent QA connect, whether you're providing health care or receiving it in today's environment. It takes collective action to make healthcare better

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01:04:11.700 --> 01:04:21.300

Gina Anderson: If you've joined us today, but not joined intelligence during our recruitment phase we at TV are asking you to join our intelligence to connect initiatives.

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01:04:21.660 --> 01:04:28.410

Gina Anderson: It's a cost free exclusive Regional Health Care Quality improvement collaborative built to help you improve care and achieve success.

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01:04:28.980 --> 01:04:38.010

Gina Anderson: Unlike the series. It is open to everyone. Our future learning collaborative are exclusive to those who join us. We don't want you to miss out on these great opportunities.

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01:04:38.490 --> 01:04:43.680

Gina Anderson: We are excited about our work moving forward. It's so relatable and includes any healthcare organization.

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01:04:44.130 --> 01:04:52.170

Gina Anderson: The benefits go to go beyond what is listed here on the slide. So I asked you to join us if your organization has not already done so.

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01:04:52.680 --> 01:04:59.190

Gina Anderson: We have four affinity groups for you to join in on one or join on them all, and we have family and

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01:04:59.940 --> 01:05:13.710

Gina Anderson: Resident engagement woven into each of these affinity groups. I encourage you to go to the link on the slide to sign up, or we're placing a link in the chat so that you can go there right away and sign up. It's super easy to fill out. It just takes a couple minutes.

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01:05:15.570 --> 01:05:24.030

Gina Anderson: Here's a reminder for you on sepsis prevention part three. I encourage you to join us on March 3 and I asked you to come back to share and learn more

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01:05:24.450 --> 01:05:32.640

Gina Anderson: Now that you've got the fill on how the discussion periods are going to happen during this presentation, I hope that you're willing to verbalize and open up a little bit.

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01:05:33.150 --> 01:05:39.540

Gina Anderson: I feel that we have some great information coming to you in the next part part three, as we finalize this series.

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01:05:39.990 --> 01:05:51.180

Gina Anderson: If you registered and joined in today you are you are registered for part three, and should have received that confirmation. The same link you'd use for today's joining is the same for part three.

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01:05:51.690 --> 01:05:59.580

Gina Anderson: If you know of others who would benefit share this so that they can register at the link provided as it's not too late to register for part three of the series.

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01:06:00.810 --> 01:06:10.590

Gina Anderson: Until next time, it's in your hands to get this process moving. Don't let what you've learned today fade away take action now by committing to implement for successful improvements.

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01:06:11.400 --> 01:06:16.080

Gina Anderson: And thank you so much for joining me today and having a conversation with me even

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01:06:16.740 --> 01:06:31.860

Gina Anderson: Have some of you shared verbally. A lot of you shared through Chat. Thank you so much for that dialogue. Either way is just as important. Please complete the evaluation coming to you in by email, you have my contact there. And thank you so much for joining us. Have a great rest of your week