

RESOURCES TO ENGAGE PATIENTS AND FAMILIES IN ALL LEVELS OF SEPSIS MANAGEMENT: PREVENTION, DIAGNOSIS, AND TREATMENT!

INTRO

- Patients and their loved ones know when something is wrong, and the signs may be subtle.
- They can help the hospital care team to identify sepsis early, but we must listen closely to what they are telling us.
- Here are several resources to help you meaningfully engage patients in sepsis management from start to finish.
- Before creating and/or distributing any patient facing educational materials we recommend getting feedback from your patients and families on the content and tools.
- What resonates for us healthcare workers do not always translate to patients and families.
- These resources were compiled by HQIC hospitals, patient family advisors, improvement advisors, and state hospital associations that participated in the 2022 sepsis sprint workgroup.

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As much as we want to stress the seriousness of sepsis, I think we need to stress the positive of it as well such as when caught early, it can be treated and push not only the prevention of sepsis, but also quick response times when they notice sepsis symptoms or if something isn't quite right.

- Brianna Capers, HQIC Patient Advisor

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HERE ARE FOUR STEPS YOU AND YOUR HOSPITAL CAN TAKE TO ENGAGE PATIENTS AND FAMILIES IN MANAGING SEPSIS

1. BUILD AWARENESS

- Some hospitals choose to build awareness regarding sepsis signs and symptoms with all their patients and families or they may just target those with a diagnosis of sepsis in effort to reduce sepsis readmissions.
- Choose the approach that works for you.
- Here are several resources that may be helpful to you.
 - [What YOU Need to know about Sepsis](#) (Video)– HQIC Patient Family Advisors liked this video for several reasons, especially the relatability, and the diverse representation. Usually we see mothers, not fathers, sharing their stories. This is a great video to share with all patients and families.
 - [What is Sepsis?](#) – This interactive poster is designed to educate all patients and families about sepsis. They can scan a QR code to watch a quick video. This is a great resource to put in waiting rooms or other public areas of the hospital.

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- [Indiana Hospital Association Sepsis Patient and Family Discharge Education Packet](#) – This is designed for sepsis survivors. See it. Stop it. Survive it! We invite hospitals to adopt and adapt this discharge education for use in their own hospital. The Indiana Hospital Association just ask that you co-brand the materials.
- [What happens when your patients go home?](#)¹ - Sepsis is a serious illness that may require intensive care in the hospital. The following information explains what patients need to know in order to manage their condition after they are discharged from the hospital.
- [Viven Health](#) - The Viven Health Infectious Disease Prevention simulation software takes users through real-life scenarios where actions must be taken to protect against cold, flu, and other infections. Hospitals may choose to incorporate these videos into employee, patient, and family education processes.

2. INCREASE YOUR SEPSIS VOCABULARY

- As previously mentioned, many patients have “atypical” sepsis symptoms. Here are some resources that can help you to broaden your sepsis vocabulary (e.g., how patients and caregivers might describe their symptoms), understand how patients may experience sepsis while in the hospital, and the long-term impact of sepsis on patients.
 - [The signs, symptoms, and help-seeking experiences of neutropenic sepsis patients before they reach hospital: a qualitative study](#)² – This study outlines the experience patients and their care givers have managing the emergence of sepsis symptoms before they seek hospital care.
 - “The first thing that I usually notice when he is becoming unwell is the change in his behavior: I know he’s getting ill before he knows now...He becomes very irritable. The sicker he gets the less he wants any intervention, but I now know that I have to quickly overrule him. (Wife of Patient 1, multiple myeloma)”
 - “I would probably do nothing for a couple of days and hope that I was just feeling a couple of off days then if I didn’t feel any better, I’d get in touch with the GP. (Patient 3, Waldenstrom’s macroglobulinaemia)”
 - [A qualitative investigation of patient’s and caregiver’s experiences of severe sepsis](#)³ – This article explores and describes the subjective experiences and long-term impact of severe sepsis on survivors of severe sepsis and their informal caregivers (e.g., spouse or family member) through qualitative research methods.
 - Some patients and caregivers were unaware of the severe sepsis diagnosis - “Well, since I never knew I had it and was never given any discussion about what causes it, how— what the symptoms are, what the cures are, I—impossible for me to answer that.” (USP03; age 75; male; 1 organ dysfunction)

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- Ongoing impairments causing problems with self-care - “I think when I got up, I could barely bathe myself, first of all. My daughter helped me to bathe myself because I think I mostly stayed in the bed.” (USP07; age 42; female; 3 organ dysfunctions)

3. CREATE PATHWAYS FOR THE CARE TEAM TO ENGAGE PATIENTS AND FAMILIES

- **Build the why by sharing stories.** Some of you may be able to pull stories from your own work or patient surveys. There is also a wealth of publicly available stories from – early sepsis detection, late detection, successes, failures, etc. Choose the story that best supports your QI journey
 - The sepsis alliance – faces of sepsis
 - We particularly liked the stories from Kathy R., Michael Williamson, and Cynthia Ellis
 - Other places to harvest stories
 - UK Sepsis Trust – Sepsis Stories
 - University of British Columbia – Patient Stories
 - Global sepsis alliance
- **Create pathways for staff to have conversations with patients.** Create check points on triage, admission, throughout the hospital stay, and at discharge for caregivers to connect with patients and families.
 - Sepsis screening tool for triage
 - Sepsis screening & transfer tool
 - Stop light tool provides education to patients on signs of infection and how to prevent infection at home
 - Life after sepsis fact sheet for patients
 - Conduct “post discharge” phone calls to prevent re-admissions. Indiana Hospital Association Sepsis Patient and Family Discharge Education Packet has prevention and recovery sections, including the importance of good oral hygiene throughout the continuum of care.
- **Create pathways for staff to escalate suspected cases of sepsis.** New staff, travelers, and even seasoned professionals should have a way to “call for back up.”
 - Sepsis Rapid Response teams at the ready to respond to sepsis alerts
 - Hospital wide overhead sepsis alerts create collaboration at the bedside and urgency for treatment. For example, a code sepsis could trigger the following:
 - Lab response to the area
 - Shift Supervisor response to the area as a Sepsis Liaison
 - Registration tracks time of code sepsis called overheadEHR alerts trigger protocols for labs and call to physician. This may include all required elements of the 3 and 6hr bundles including hints. It is a way for the care team to keep track of times to maintain bundle compliance.
- [Code sepsis RN flowsheet](#) provides a pathway to initiate a code sepsis and next steps

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4. STAY IN THE KNOW

- New evidence in sepsis management is always emerging. For example, oral hygiene and hydration are emerging as essential elements of sepsis prevention.
 - To learn more, check out this [live webinar on Jun 22, 2022: Oral Hygiene as Prevention](#) - Discovering the Links Between Oral Health, Respiratory Infection, and Sepsis
- A great way to stay in the know is to join the [sepsis alliance newsletter](#) (scroll to the bottom of the page to sign up) and keep your eye out for relevant resources via the HQIC Listserv.

1 Elsevier. (2019, July 26). What happens when your patient goes home? Retrieved from Elsevier Sepsis Patient Engagement: <https://elsevier.health/en-US/preview/sepsis-self-care-adult>

2 Clarke, R. T., Bird, S., Kakuchi, I., Littlewood, T. J., & van Hamel Parsons, V. (2015). The signs, symptoms, and help-seeking experiences of neutropenic sepsis patients before they reach hospital: A qualitative study. *Supportive Care in Cancer*, **23**(9), 2687–2694. <https://doi.org/10.1007/s00520-015-2631-y>

3 Gallop, K. H., Kerr, C. E. P., Nixon, A., Verdian, L., Barney, J. B., & Beale, R. J. (2015). A qualitative investigation of patients' and caregivers' experiences of severe sepsis. *Critical Care Medicine*, **43**(2), 296–307. <https://doi.org/10.1097/CCM.0000000000000613>

