

## EXECUTIVE SUMMARY

### Meeting the challenge of sepsis in Massachusetts

Sepsis is the body's overwhelming response to an infection, which triggers a chain reaction that can lead to tissue damage, organ failure, and even death if not treated quickly.<sup>1</sup>

- Sepsis is the tenth leading cause of death<sup>2</sup> and a top reason for hospital readmissions in all regions of the Commonwealth.<sup>3</sup>
- Sepsis is costly. In 2018, sepsis was responsible for \$41.5 billion nationwide for inpatient and skilled nursing care for Medicare patients alone.<sup>4</sup>
- Sepsis survivors may face long-term impairments and about a third of sepsis survivors die in the year following their sepsis diagnosis.<sup>5</sup>
- Sepsis is treatable if diagnosed quickly.

Recognizing the need for a long term, systematic effort to coordinate a statewide response to sepsis, the Massachusetts Sepsis Consortium came together in 2018 with the collective goal of improving sepsis outcomes throughout the Commonwealth. The Consortium has since launched several initiatives, focusing first on raising public awareness about sepsis and on improving sepsis care in Massachusetts emergency departments.

### A steering committee to reflect the important role of post-acute providers in preventing, recognizing, and treating sepsis

Post-acute and long term services and supports (LTSS) organizations provide care and services to individuals who are especially vulnerable to developing sepsis. In addition, they care for many patients recovering from sepsis, making this group key partners in the Consortium's efforts to prevent and identify this condition, as well as to provide the best possible post-sepsis care to patients in the Commonwealth.

In April 2019, the Consortium organized a Post-Acute/Long-term Services and Supports Steering Committee on Sepsis ("Post-Acute Steering Committee") to focus on ways to increase adoption of best practices and evidence-based tools to prevent sepsis and screen for the condition in these settings. Participants included representatives from large, integrated health systems, skilled nursing facilities, assisted living facilities, rehabilitation centers, home health providers and community-based home care services, as well as state agencies that both fund and regulate post-acute provider organizations.

The Consortium's report, *Advancing Sepsis Care in Post-Acute Settings*, reflects the outcome of six months of study and deliberation which resulted in a set of recommendations and a toolkit of evidence-based best practices to improve sepsis care.

### Recommendations and tools focused on four key areas:

1. Improving sepsis prevention
2. Helping patients plan for their care
3. Improve early detection of sepsis
4. Initiating care, when setting capacity permits



READ THE FULL REPORT: [BetsyLehmanCenterMA.gov/initiatives/sepsis](https://BetsyLehmanCenterMA.gov/initiatives/sepsis)

# Recommendations for improving sepsis care in post-acute settings

Understanding that the post-acute care provider continuum is vast, complex and diverse, the recommendations below are tailored to different groups of providers to ensure that expectations are aligned with competencies, services, and resources.

To improve prevention of sepsis, all organizations in the post-acute continuum should:

## TO IMPROVE PREVENTION OF SEPSIS, ALL ORGANIZATIONS IN THE POST-ACUTE CONTINUUM SHOULD:

- Provide educational materials to their staff about sepsis that emphasizes the importance of preventing sepsis through evidence-based infection prevention practices and taking action when an individual/patient demonstrates a change in health status.
- Adopt policies regarding recommended vaccinations for patients and staff in order to reduce the incidence of conditions that can lead to sepsis.
- Share materials about sepsis with patients and their families, particularly if they are at high risk of developing sepsis.

## TO HELP PATIENTS PLAN FOR THEIR CARE, ALL ORGANIZATIONS IN THE POST-ACUTE CONTINUUM SHOULD:

- Partner with patients and their family members to complete an advance care plan (or identify, obtain a copy, and document an existing plan) that conveys the patient's goals, values and preferences for their care should they become acutely ill.
- Educate patients and assist with completing all necessary documents to carry out the patient's advance care plan, providing copies as requested.

## TO IMPROVE EARLY DETECTION OF SEPSIS, ALL ORGANIZATIONS IN THE POST-ACUTE CONTINUUM SHOULD:

- Adopt an evidence-based tool for staff to use to assess changes in a patient's health status.
- Have a system in place for notifying a supervisor if a staff member identifies a change in the patient's health status.
- Share materials about sepsis with patients and their families, particularly if they are at high risk of developing sepsis.
- Establish a mechanism for prompt escalation of care, and, when appropriate, to stabilize and transfer to a provider able to provide a higher level of care.
- Develop a strategy for appropriate hand-offs and communication regarding the care of patients with sepsis.

### Sepsis resources for Massachusetts post-acute care settings

The Steering Committee also spent many months aggregating, reviewing and deliberating on evidence-based tools and best practices that post-acute providers in Massachusetts and beyond have successfully deployed to improve sepsis care in their settings. Because the post-acute provider community is very diverse, the materials included are intended to be useful for most settings, but may need to be tailored based on individual needs.

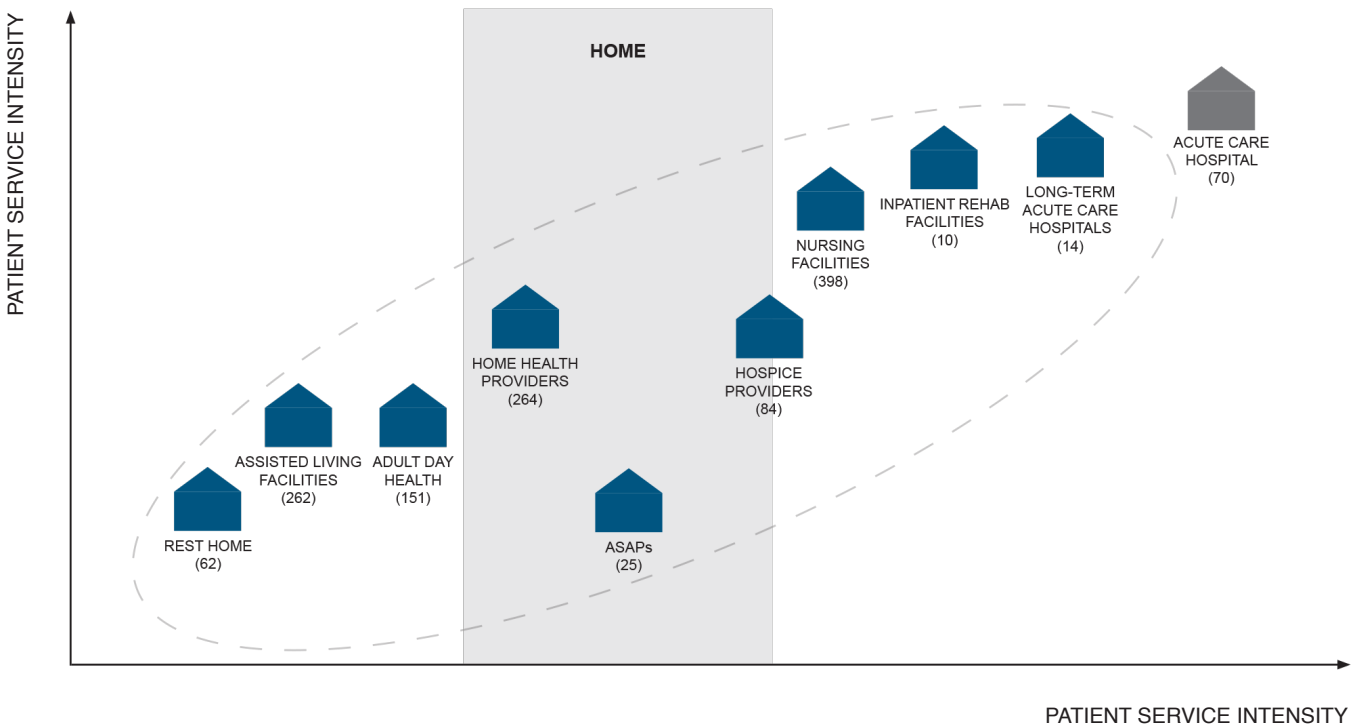
The full report and accompanying toolkit provides practical resources to help post-acute providers meet the Steering Committee recommendations.

Find the report and tools at [BetsyLehmanCenterMA.gov/initiatives/sepsis](https://BetsyLehmanCenterMA.gov/initiatives/sepsis)

**IN ADDITION, POST-ACUTE PROVIDERS WITH CAPACITY TO BEGIN TREATMENT OF SEPSIS SHOULD:**

- Adopt an evidence-based treatment protocol that has time-specific treatment goals for clinicians to follow when there is a suspicion of sepsis.
- Provide regular education and training for staff on the provider organization’s sepsis protocol.
- For patients who have been diagnosed with sepsis and their families, provide materials about the condition so they know what it is and what to expect.

**The continuum and number of post-acute care provider organizations in Massachusetts**



<sup>1</sup>Centers for Disease Control and Prevention, 2018. What is sepsis? Available: <https://www.cdc.gov/sepsis/what-is-sepsis.html>. <sup>2</sup>Centers for Disease Control and Prevention, MA Leading Causes of Death, 2017. <sup>3</sup>Mayr FB, Talisa VB, Balakumar V, Chang CH, Fine M, Yende S. Proportion and cost of unplanned 30-day readmissions after sepsis compared with other medical conditions [published online January 22, 2017]. JAMA. doi:10.1001/jama.2016.20468. <sup>4</sup>Buchman TG, Simpson SQ, Sciarretta KL, et al. Sepsis among Medicare beneficiaries: 1. The Burdens of Sepsis, 2012-2018. Critical Care Medicine 2020 Mar 48(3):273-275. Available: [https://journals.lww.com/ccmjournals/Fulltext/2020/03000/Sepsis\\_Among\\_Medicare\\_Beneficiaries\\_\\_1\\_\\_The.2.aspx](https://journals.lww.com/ccmjournals/Fulltext/2020/03000/Sepsis_Among_Medicare_Beneficiaries__1__The.2.aspx). <sup>5</sup>Prescott HC, Angus DC. Enhancing recovery from sepsis. JAMA 2018 Jan 2; 319(1):62-75.



# Massachusetts Sepsis Consortium

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