



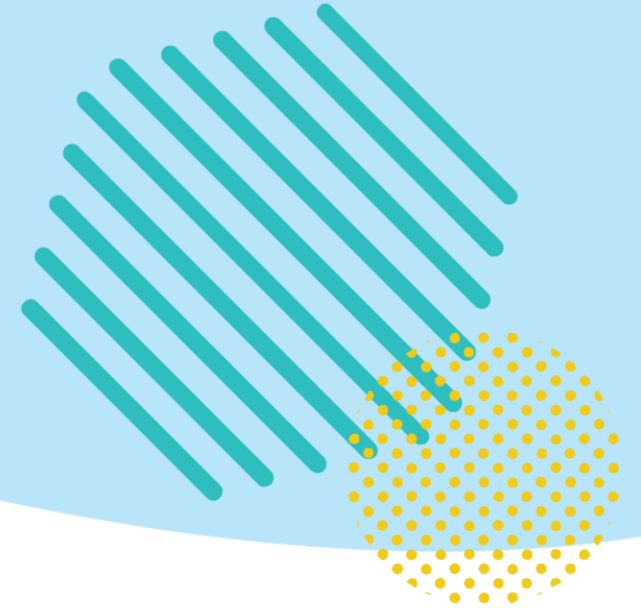
The Sepsis Survivor in Long Term Care

Melanie Ronda, MSN, RN, LTC-CIP, CPHQ

Learning Objectives

- The participant will be able to:
 - Describe the burden of sepsis in Long Term Care (LTC) residents
 - Recognize the signs of post-sepsis syndrome
 - Identify residents at highest risk
 - Apply care-planning strategies for sepsis survivors
 - Implement at least one sepsis survivor monitoring strategy in the facility

Why Sepsis Matters



Sepsis

Sepsis is a leading cause of death and healthcare spending globally.

Sepsis is a life-threatening condition that arises when the body's response to an infection injures its own tissues and organs.



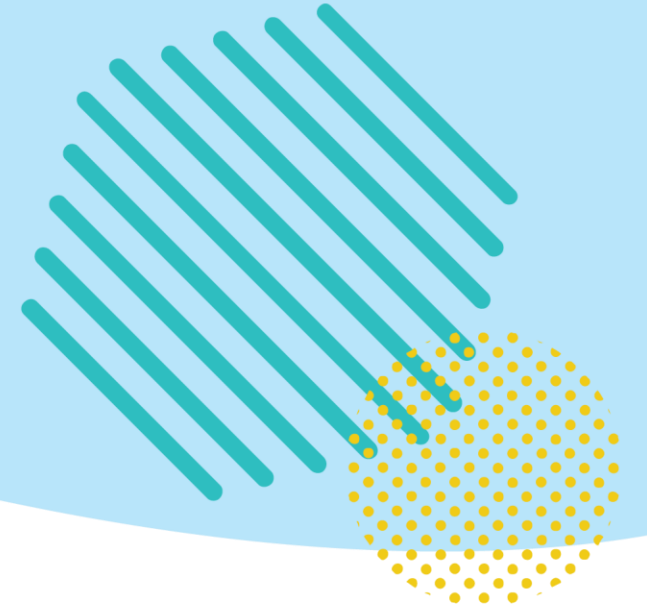
Sepsis Awareness is Poor

- Sepsis is one of the most under-recognized and misunderstood conditions by healthcare providers and the public
- The public needs an understandable definition of sepsis
- Clinical prompts for healthcare providers facilitate earlier identification of sepsis
- The public needs to know the signs and symptoms of sepsis and associate sepsis as a medical emergency

Sepsis by the Numbers

- \$62 billion annual U.S. cost
- 350,000 U.S. deaths/year
 - 270,000 in-hospital
 - 80,000 released to hospice
- Mortality up to 40% in **severe** sepsis
- Most expensive hospital diagnosis

Why LTC is Critical in Sepsis Prevention



Sepsis Burden in the Elderly

40% increase in sepsis hospitalization from 2016-2021

COVID-19 contributed to a surge in cases

Adults 65+ are 13x more likely to be hospitalized for sepsis

Mortality increases with age

Over 1.7 million U.S. adults develop sepsis annually

Seniors (65+) account for most cases and deaths

Sepsis is the #1 cost of hospitalization

Sepsis Facts

- Bacterial infections cause most cases of sepsis
- Viral (COVID, influenza) and fungal (Candida) infections can also cause sepsis
- At least 350,000 adults who develop sepsis die during their hospitalization or are discharged to hospice
- Sepsis related deaths increase with age among adults aged 65 or over
- 1 in 3 people who die in a hospital had sepsis during that hospitalization

<https://www.cdc.gov/nchs/products/databriefs/db422.htm>

https://www.cdc.gov/sepsis/about/?CDC_AAref_Val=https://www.cdc.gov/sepsis/what-is-sepsis.html

Sepsis and Infection

- Sepsis is **always triggered by an infection**
- Sometimes people don't know they have an infection
- Sometimes the causative agent of the infection is not identified
- Sepsis diagnosis is sometimes missed due to various manifestations of sepsis
- **Conversely: If symptoms of sepsis exist, a source of infection should be sought**

Early Signs-Vital Changes-

Sepsis always develops from a confirmed or suspected infection with more than one of the following (often noticed first by CNA):

- Cool extremities or mottling of skin
- Rapid heart rate
- Rapid breathing
- Shortness of breath
- Complaints of extreme pain
- Clammy, sweaty skin
- Decreased BP
- Decreased urine output/dark concentrated urine
- Abnormal lab tests

Early Signs-Behavior and Mental Status

- Fever, shivering, feeling very cold
- Excessive sleepiness and difficulty staying awake
- Confusion or difficult to arouse, altered mental status
- Disorientation
- Extreme mental fog
- Unusual irrational behavior
- Agitation

<https://www.sepsis.org/sepsis-basics/symptoms/>

Sepsis-Associated Delirium

- Confusion, agitation, coma
- Occurs in one in every three to four patients with sepsis
- Mechanisms not completely understood
- Impairment can persist for months or longer
- Screening tools essential for early detection and treatment
- Avoid use of psychoactive drugs in management

Who is at Risk for Sepsis?

Anyone with an infection

Those at higher risk for developing sepsis include:

- Age 65 or older
- Age less than 1 year old
- Chronic conditions (i.e., diabetes, cancer, AIDS)
- Immunocompromised
- Recent hospitalization
- Recovering from surgery
- History of sepsis

Common Infectious Diseases That May Progress to Sepsis

- Pneumonia
- Skin Infections (Cellulitis)
- Urinary Tract Infections
- Influenza
- *Clostridioides difficile* (C. diff) Enteritis
- Tick-borne infection especially in the immunocompromised



Sepsis Hospitalizations Increasing

- Increase in aging population
- Increase in antibiotic resistant bacteria
- Increase in people with immunocompromising conditions

Sepsis patients:

- *More severely ill*
- *Longer lengths of stay (median = 10 days)*
- *More likely to die during hospitalization*

Considerations for the Elderly

Elderly constitute 1/5 of the U.S. population but 2/3 of patients admitted to the hospital with sepsis

- Risk factors specific to this demographic:
 - Increased incidence of chronic comorbidities
 - Prone to UTIs (a common source of sepsis)
 - Malnutrition is common in the elderly
 - Increased incidence of colonization by drug resistant bacteria
 - Declining immune functionality (more susceptible to infections)

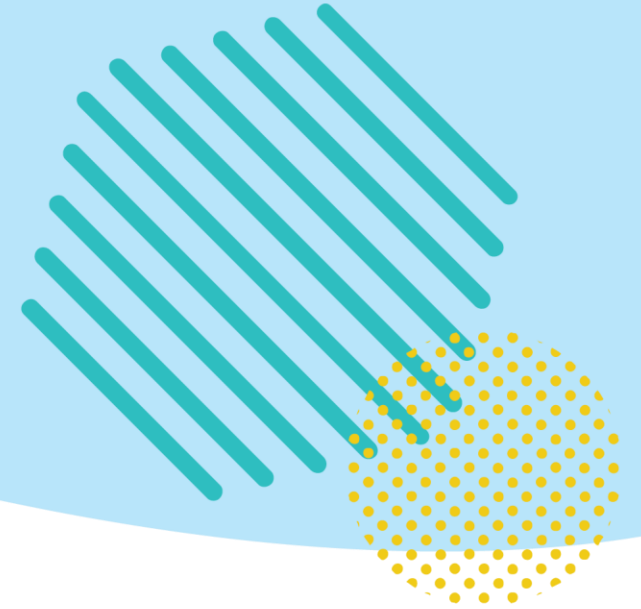
Relevance to Skilled Nursing Facilities (SNFs)

- SNF providers treat and care for populations most vulnerable to sepsis and are a critical link to preventing, recognizing, and treating sepsis
- Early identification of sepsis in the SNF care setting will promote rapid treatment response either in-house or referral to the next level of care
- Targeting sepsis as a public health concern, addresses factors affecting:
 - Quality of healthcare
 - Potentially avoidable hospitalizations and cost

Special Considerations for SNF Residents

- Urinary tract infections (UTIs) are a common source of sepsis
 - Older adults are more at risk for UTIs (especially with indwelling urinary catheters)
 - UTI symptoms can differ in the older adult:
 - Confusion
 - Agitation
 - Poor motor skills or dizziness
 - Falls
 - Other behavioral changes
- UTIs in older adult are often mistaken for early dementia or Alzheimer's Disease

Surviving Sepsis is Not the End



Sepsis and Readmission

- Study of Medicare beneficiaries found that those who survived hospitalization for sepsis, **40% were readmitted within 90 days**
- Patients discharged after treatment for sepsis have high rates of hospital readmission for chronic medical conditions
- **Patients > 65 years of age readmitted within 90 days**
 - 11.9% readmitted for infection
 - 5.5% readmitted for CHF

Sepsis Risk Factors for Readmission

Older adults who were discharged to a SNF after hospitalization for pneumonia or sepsis are susceptible to various causes of readmission

- Need for close monitoring for infections during the early post-discharge period
- Tailored interventions based on a resident risk assessment, i.e., comorbidities, risk of specific readmission diagnoses
- Improved communication strategies between hospitals and SNFs

Be Aware

Sepsis



Sepsis Survivor



Post Sepsis
Syndrome

Sepsis Survivors Defined

- “Adult patients who survived to hospital discharge following a critical care unit admission for sepsis, who are at increased risk of long-term mortality.”

People who survived sepsis are at higher risk for getting sepsis again.

JAMA Netw Open. 2019 May; 2(5): e194900.

DOI: 10.1001/jamanetworkopen.2019.4900

What Is Post Sepsis Syndrome (PSS)?

- A condition that affects up to 50% of sepsis survivors
- Can result in physical and/or psychological long-term effects
 - Impaired cognitive function
 - Mobility impairments
 - Amputations
 - Hallucinations
 - Loss of self esteem
 - Increased dependency on others
 - Anxiety/Depression
 - Post-traumatic stress disorder

Sepsis Survivor Checklist

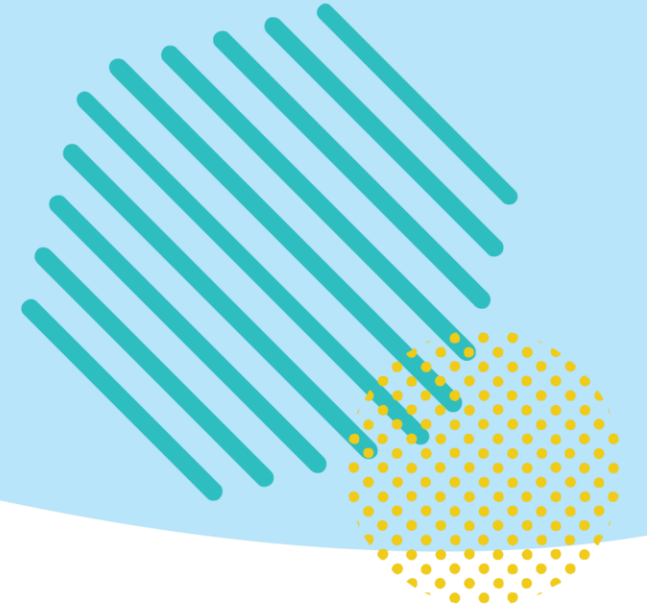
- Electronic Medical Record (EMR) Alert
- What to monitor
 - Infection source, resident status, etc.
- Update Care Plan
- Communication to Care Staff
- Transfer communication plan

Post Sepsis Monitoring

- Monitor for signs & symptoms of infection
- Screening for depression and anxiety
- Referral for PT
- Referral to ST if evidence of swallowing impairment
- Ensure receipt of vaccines as appropriate
- Medication reconciliation

Infection Prevention

- Hand hygiene
- Limit use of urinary catheters
- Pneumococcal, influenza, COVID-19 vaccination
- Prompt identification and isolation of residents with respiratory illness
- Tuberculosis screening
- Antibiotic stewardship
- Employee Health
- Outbreak containment protocols
- Infection Control policies and procedures

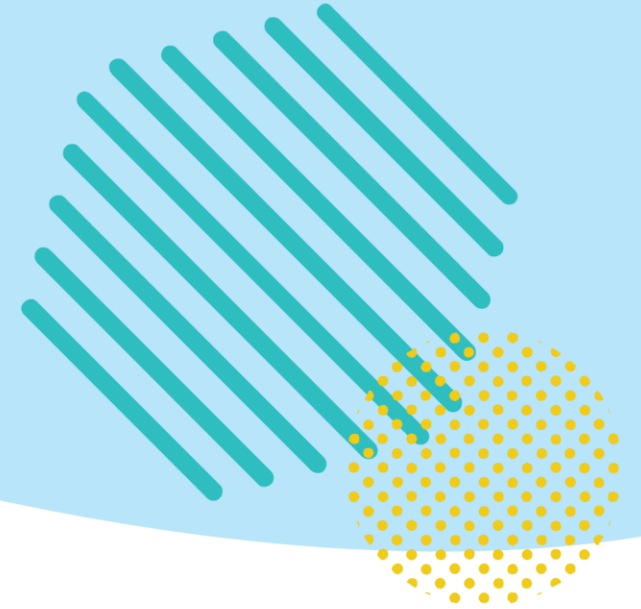


What Staff Should DO Differently

- Report any sudden confusion immediately.
- Don't assume behavior change is "baseline."
- Escalate concerns, early, even if vitals are "normal."

Key Steps

Monitor	Monitor for early warning signs
Support	Support recovery after sepsis
Educate	Educate residents and families



Tools & Resources

CDC Sepsis Prevention Assessment Tool

Purpose

- Evaluate how well nursing homes prevent, identify and respond to sepsis
- Identify gaps in policies, staff training, and clinical practices
- Supports quality improvement and resident safety



**Sepsis Prevention
Assessment Tool
For Nursing Homes**

Key Areas Addressed

- Leadership & Program Support
- Policies & Staff Education
- Early Detection & Clinical Response
- Communication & Quality Improvement



**Sepsis Prevention
Assessment Tool
For Nursing Homes**

How Facilities Use It

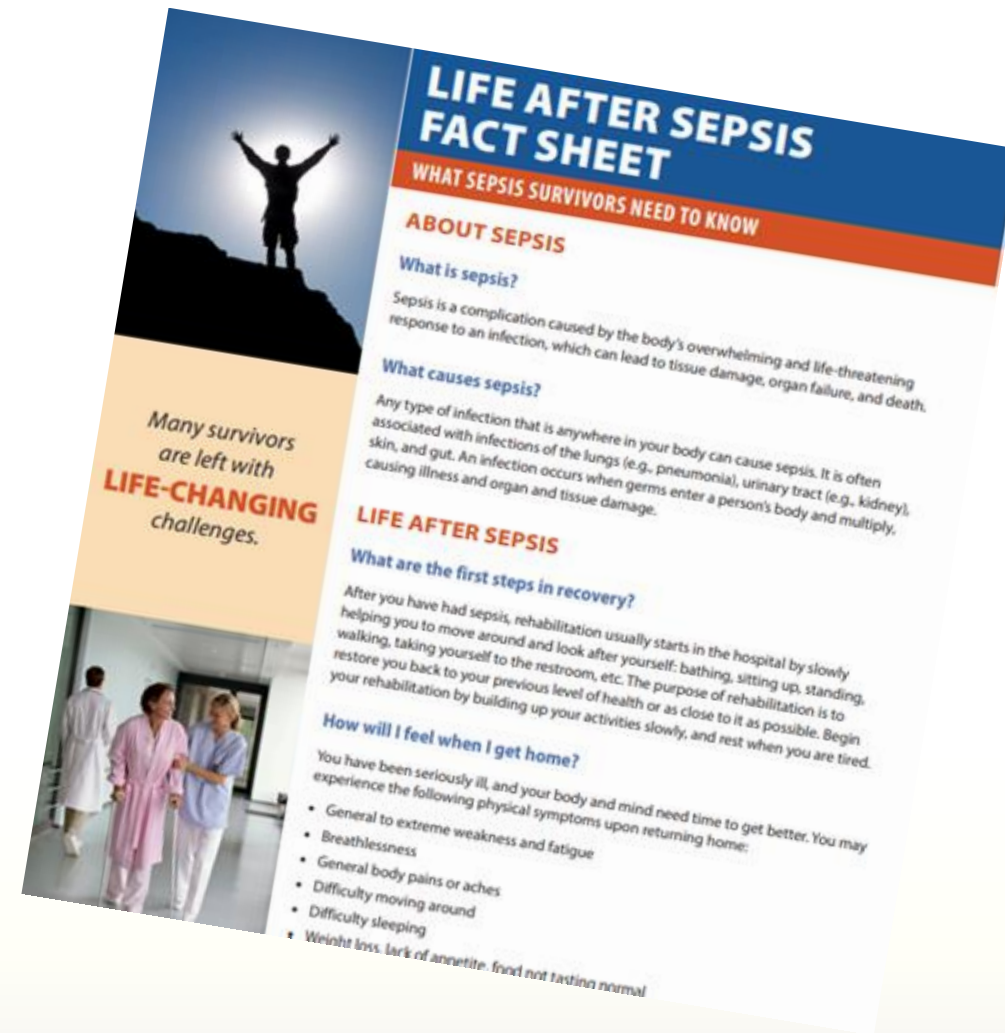
- Conduct a **self-assessment** across the sections
- Identify **strengths and weaknesses** in sepsis prevention
- Develop **action plans** to improve early detection and response



**Sepsis Prevention
Assessment Tool
For Nursing Homes**

Sepsis Education

- For Resident AND Family
 - Sepsis awareness
 - Life after Sepsis



Sepsis Tools

Notification of Change in Condition Form for Suspected Infection

A tool to help staff provide relevant information to physicians, nurse practitioners, physician assistants, or other health healthcare practitioners about a patient/resident with a suspected infection.

BEFORE CALLING THE PHYSICIAN, NURSE PRACTITIONER, PHYSICIAN ASSISTANTS, OR OTHER HEALTHCARE PROFESSIONAL:

Examine the patient/resident and complete this form.

- Check vital signs; watch for the early warning signs of infection or sepsis.
- Review the patient's/resident's record: recent hospitalizations, lab values, medications, and progress notes.
- Note any allergies.
- Be aware of the patient's/resident's advance care wishes.
- Be aware of contents of facility E-box and IV fluids.

Provide the following information

SITUATION

- My name is
- I'm the/a (your role),
at (facility name)
- I need to speak with you about patient/resident,
 Mr./ Mrs./ Ms. / Mx. (select one)
- Patient/resident birthdate
- Medical record number:

SEPSIS EARLY WARNING SIGNS

If available, report these findings

Temperature ≥ 38.3 C (101 F) or ≤ 36 C (96.8 F)
Heart rate ≥ 90 bpm
Respiratory rate ≥ 20 bpm

White blood cell count (WBC) - $\geq 12,000$ per microliter or $\leq 4,000$ per microliter or equal to $> 10\%$ immature bands

Altered mental status
SpO₂ $\leq 90\%$
Decreased urine output from recently drawn labs (*within 24 hours*)
Creatinine > 2 mg/dl
Bilirubin > 2 mg/dl
Platelet count $\leq 100,000$ μ L
Lactate ≥ 2 mmol/L
Coagulopathy INR ≥ 1.5 or a PTT > 60 secs

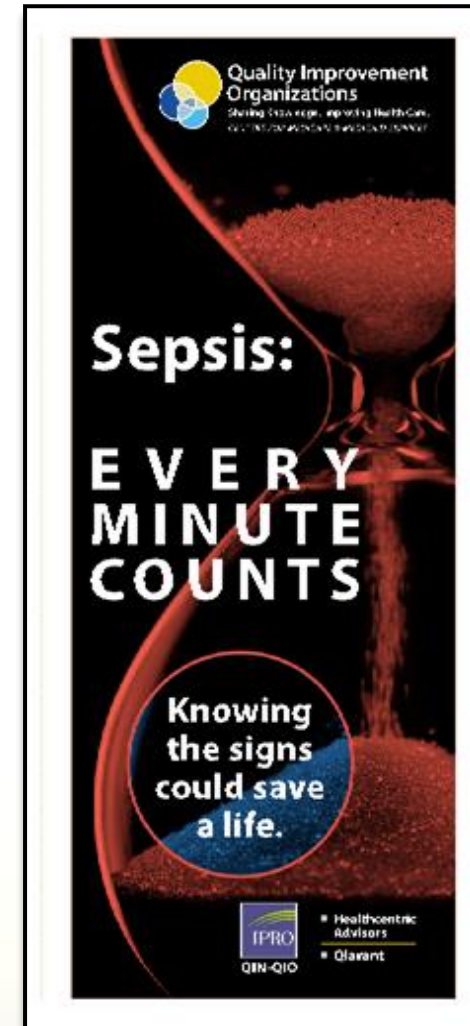
IPRO Sepsis Initiative

<https://qi.ipro.org/sepsis/>

Preventing Sepsis

- Simple measures you can take:
 - Practice good hand hygiene
 - Try to avoid infections
 - Treat infections promptly
 - Get vaccinated!
 - Maintain good overall health

Share this IPRO brochure!



IPRO Sepsis Initiative
<https://qi.ipro.org/sepsis/>

Adult Sepsis Zone Tool

- Patient information sheet to self-monitor for the early signs and symptoms of sepsis
- Used for residents that have been diagnosed with an infection or are at high risk for developing an infection



**Adult Sepsis Zone Tool:
Early Signs & Symptoms of Sepsis**

Has your healthcare provider diagnosed you with an **INFECTION**?
You could be at risk for **SEPSIS**. Know the signs!

What is Sepsis? Sepsis is your body's life-threatening response to an infection anywhere in your body. Anyone can get sepsis!

SEPSIS IS A MEDICAL EMERGENCY

GREEN Zone: ALL CLEAR - Feeling well

- No fever or feeling chilled
- No fast heart rate
- No increase in pain
- No confusion or sleepiness
- Easy breathing

RED Zone: Call your doctor or nurse immediately if you have INFECTION and...

- Fever or feeling chilled
- Fast breathing or shortness of breath
- Confusion/sleepiness (recognized by others)
- Extreme pain
- Fast heart rate
- Pale or discolored skin

If you are unable to reach your doctor or nurse,
CALL 911 OR HAVE SOMEONE TAKE YOU TO THE EMERGENCY DEPARTMENT.

Key Contacts:

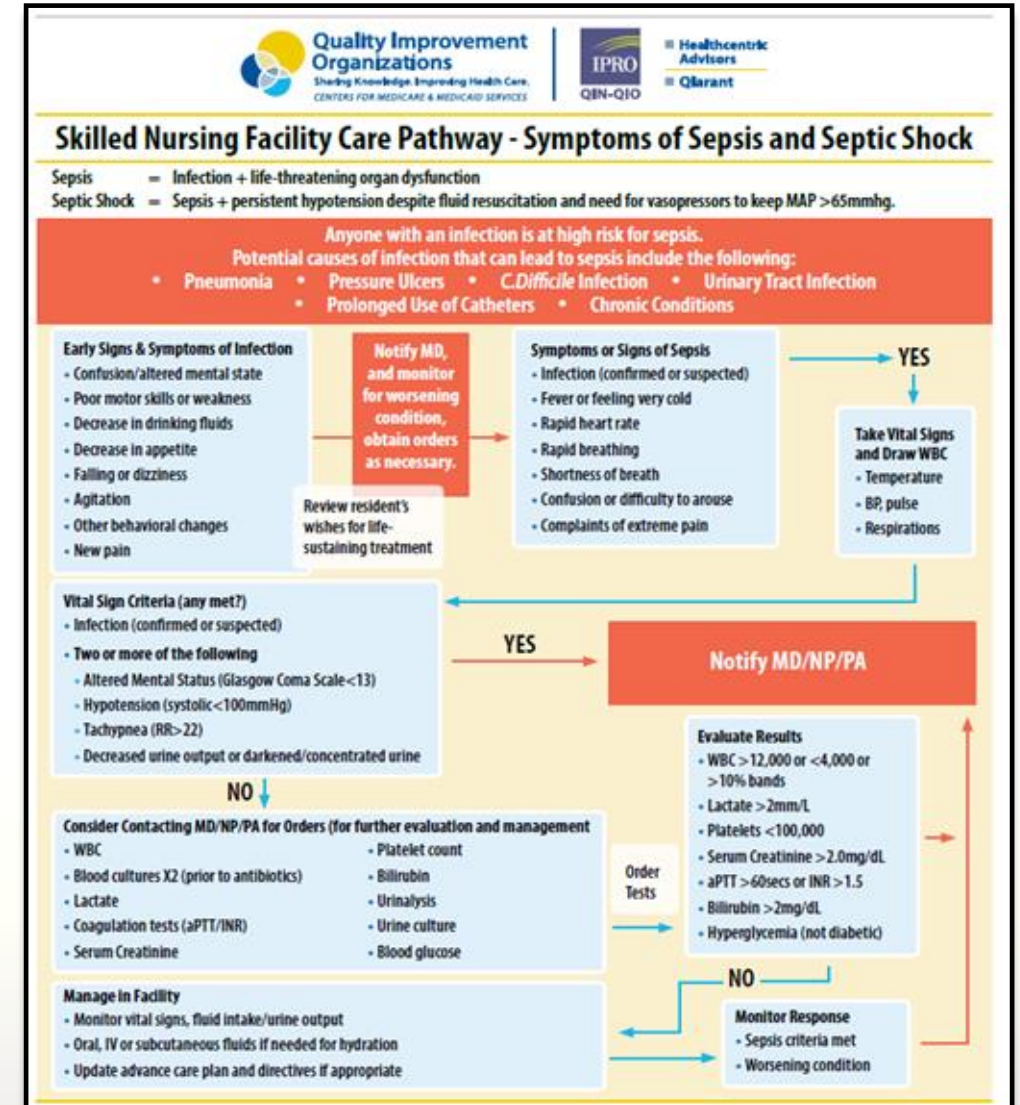
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IPRO Sepsis Initiative
<https://qi.ipro.org/sepsis/>

SNF Care Pathway


- Symptoms of Sepsis and Septic Shock



Stop and Watch Early Warning Tool

[Stop and Watch Tool](https://pathway-interact.com/)
<https://pathway-interact.com/>

Stop and Watch Early Warning Tool



If you have identified a change while caring for or observing a resident/patient, please **circle** the change and notify a nurse. Either give the nurse a copy of this tool or review it with her/him as soon as you can.

S	Seems different than usual; Symptoms of new illness
T	Talks or communicates less
O	Overall needs more help
P	Pain – new or worsening; Participated less in activities
a	Ate less
n	No bowel movement in 3 days; or diarrhea
d	Drank less
W	Weight change; swollen legs or feet
A	Agitated or nervous more than usual
T	Tired, weak, confused, or drowsy
C	Change in skin color or condition
H	Help with walking, transferring, toileting more than usual

Check here if no change noted while monitoring high risk patient

Patient / Resident

Your Name

Reported to _____
Date and Time (am/pm)

Nurse Response _____
Date and Time (am/pm)

Nurse's Name

- Sepsis and Antibiotics....What You Need to Know



How can I help prevent sepsis?

By preventing infections:

- Practice frequent and thorough handwashing.
- Treat cuts and scrapes promptly.
- Keep cuts and wounds clean, dry and covered.
- Keep up to date with immunizations.
- Know the signs of sepsis.



How can I help prevent antibiotic resistance?

- Take antibiotics **exactly** as prescribed by your healthcare provider.
- Finish all antibiotic prescriptions unless told otherwise by your healthcare provider.
- Never take antibiotics for a viral infection like a cold or the flu.

If you have other questions about when antibiotics are appropriate, ask your healthcare provider.



This material was prepared by the Atlantic Quality Innovation Network (AQIN), the Medicare Quality Improvement Organization for New York State, South Carolina, and the District of Columbia, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents do not necessarily reflect CMS policy. 1150W-AQINN-TSKIF-Sepsis-18-02



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SEPSIS AND ANTIBIOTICS...



WHAT YOU NEED TO KNOW



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CDC

FOR LONG-TERM CARE NURSES

PROTECT YOUR RESIDENTS FROM SEPSIS.

GET AHEAD OF SEPSIS
KNOW THE RISKS. SPOT THE SIGNS. ACT FAST.

Sepsis is a medical emergency. You play a critical role. Protect your residents by **ACTING FAST**. Infections put your residents at risk for sepsis. Anyone can get an infection, and almost any infection, including COVID-19, can lead to sepsis. With your fast recognition and treatment, most residents survive.

WHAT CAUSES SEPSIS?

Bacterial infections are the most common cause of sepsis. Sepsis can also be a result of other infections, including viral infections, such as COVID-19 or influenza, or fungal infections. The most frequently identified pathogens that cause sepsis are bacteria that can develop into sepsis include *Staphylococcus aureus* (staph), *Escherichia coli* (E. coli), and other types of *Streptococcus*. COVID-19 can have a similar presentation and a similar clinical course to some forms of sepsis. Many residents who require hospitalization for COVID-19 have signs or symptoms that meet the definition of sepsis. **Take steps that lead to sepsis care as early as you can.**

WHO IS AT RISK?
 Anyone can develop sepsis, but some people are at higher risk for sepsis:

- 65+ Adults 65 or older
- People with immune systems
- People with chronic medical conditions, such as diabetes, lung disease, cancer, and kidney disease
- People with recent surgery or hospitalizations, including those to receive COVID-19
- People who received organ transplants
- Children younger than one

WHAT ARE THE SIGNS AND SYMPTOMS OF SEPSIS?
 A resident with sepsis might have one or more of the following signs or symptoms:

- High heart rate or low blood pressure
- Fever, chills, or feeling very cold
- New onset of confusion or disorientation
- Shortness of breath
- Extreme pain or discomfort
- Clammy or mottled skin

Residents with sepsis should be urgently evaluated and treated by a healthcare professional.

SEPSIS STATS Each year:

- About **1.7 MILLION** adults in America develop sepsis.
- At least **350,000** adults who develop sepsis die during their hospitalization or are discharged to hospice.
- 1 in 3 PATIENTS** who dies in a hospital had sepsis during that hospitalization.
- 87% OF CASES** Sepsis, or the infection causing sepsis, starts before a patient goes to the hospital in nearly

HOW CAN I GET AHEAD OF SEPSIS?
 As a long-term care certified nurse assistant, you can:

- Know sepsis signs and symptoms** to identify residents early and get them immediate treatment.
- ACT FAST** if you suspect sepsis.
- Prevent infections** by following infection control practices (e.g., hand hygiene, communicating signs and symptoms of infection to the healthcare professional overseeing care of the resident, cleaning and disinfection) and ensuring residents receive recommended vaccines.
- Educate your residents and their families about:**
 - Preventing infections
 - Keeping cuts and wounds clean until healed
 - Managing chronic conditions

Sepsis is a medical emergency. You play a critical role. Protect your residents by ACTING FAST.

- Recognizing early signs and symptoms of worsening infection and sepsis and seeking immediate care if signs and symptoms are present

WHAT SHOULD I DO IF I SUSPECT SEPSIS?

- Know your facility's existing guidance for diagnosing and managing sepsis.
- Immediately alert the healthcare professional overseeing care of the resident.
- Check resident progress frequently.** Treatment requires urgent medical care, usually in an intensive care unit in a hospital, and includes careful monitoring of vital signs and often antibiotics. Early and frequent reassessment of residents with sepsis should be undertaken to determine the appropriate duration and type of therapy.

To learn more about sepsis and how to prevent infections, visit www.cdc.gov/sepsis or call **1-800-CDC-INFO**.

KNOW THE RISKS. SPOT THE SIGNS. ACT FAST.

[Get Ahead of Sepsis Materials for Healthcare Providers](#)

ASK “What About Vaccines?” every time



Vaccines are one of the safest and most convenient ways to prevent disease and maintain good health. IPRO urges providers to remember the WAVE acronym. This encourages providers to ask: “What About Vaccines?” Every Time, at every patient encounter. Opening a dialogue about vaccines is the first step toward protecting the health and well-being of both patients and providers.

Vaccine Recommendations

<https://qi.ipro.org/home/what-about-vaccines-at-every-encounter/>

Impact

August 20, 2019 • Marvin Zick

Tom's Sepsis Story - A Sepsis Survivor, Twenty Years On



Tom Ray lost his lower arms, lower legs, and half of his face when *sepsis* struck him out of the blue in December 1999. Nearly twenty years on, he considers the enduring impact of his life transformation.

CARING FOR THE
CRITICALLY ILL PATIENT

Long-term Cognitive Impairment and Functional Disability Among Survivors of Severe Sepsis

Theodore J. Iwashyna, MD, PhD
E. Wesley Ely, MD, MPH
Dylan M. Smith, PhD
Kenneth M. Langa, MD, PhD

COGNITIVE IMPAIRMENT AND physical disability are major health burdens and drivers of health care costs. The onset of disability is associated with worsened mortality¹ and substantial increases in

Context Cognitive impairment and functional disability are major determinants of caregiving needs and societal health care costs. Although the incidence of severe sepsis is high and increasing, the magnitude of patients' long-term cognitive and functional limitations after sepsis is unknown.


Objective To determine the change in cognitive impairment and physical function among patients who survive severe sepsis, controlling for their pre-sepsis functioning.

Design, Setting, and Patients A prospective cohort involving 1194 patients with 1520 hospitalizations for severe sepsis drawn from the Health and Retirement Study, a nationally representative survey of US residents (1998-2006). A total of 9223 respondents had a baseline cognitive and functional assessment and had linked Medicare claims; 516 survived severe sepsis and 4517 survived a nonsepsis hospitalization



Molecular Medicine

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Post-sepsis syndrome – an evolving entity that afflicts survivors of sepsis

JAMA Network | **Open**



Original Investigation | Critical Care Medicine

Risk Factors at Index Hospitalization Associated With Longer-term Mortality in Adult Sepsis Survivors

Manu Shankar-Hari, MSc, PhD, FRCA, FFICM; David A. Harrison, PhD; Paloma Ferrando-Vivas, PhD; Gordon D. Rubinfeld, MD; Kathryn Rowan, DPhil

Abstract

IMPORTANCE Sepsis survivors, defined as adult patients who survived to hospital discharge following a critical care unit admission for sepsis, are at increased risk of long-term mortality. Identifying factors independently associated with long-term mortality, known during critical care admission for sepsis, could inform targeted strategies to reduce this risk.

OBJECTIVE To assess, in adult sepsis survivors, factors independently associated with long-term mortality, known during their index critical care admission for sepsis, meeting Third International Consensus Definitions for Sepsis and Septic Shock criteria.

Key Points

Question Which generic and sepsis-specific patient characteristics, known during index critical care admission for sepsis, are independently associated with long-term mortality in sepsis survivors?

Findings In this cohort study of 94 748 adult sepsis survivors, age, male sex, 1

Talking with Residents and Families

- Start the discussion by asking if they have heard of sepsis
- Share key points about post-sepsis syndrome
 - Physical symptoms
 - Repeat infections, particularly in the first few weeks and months
 - Psychological/Emotional

“60% of hospitalizations for severe sepsis were associated with worsened cognitive and physical function among surviving older adults. The odds of acquiring moderate-severe cognitive impairment were 3.3 times higher following an episode of sepsis than for other hospitalizations.”

Video to Share

Life After Sepsis



What Can We Do?

- Familiarize yourself with the early signs of sepsis
- Know who is at high risk for sepsis
- Educate staff, residents and families about the signs and symptoms of sepsis and post-sepsis syndrome
- Consider rehab referrals (PT, OT, ST) for newly admitted post-sepsis survivors
- Engage a multidisciplinary team with post-sepsis syndrome care planning



Case Study and Discussion

Discussion & Sharing

- What sepsis protocols or practices do you have in place in your facility?
- Do you have “sepsis survivor” residents?
- Is there opportunity for cross-setting collaboration
 - Hospitals
 - Home Health
 - Provider Offices
- Case Study:
 - *“You just received report for a new resident being admitted to your facility....”*

Case Study

- *BW, a 78-year-old female admitted for short term rehab s/p urosepsis and surgical site infection. Hospitalization included mechanical ventilation due to hypoxia. BW has a PICC line for 6 weeks of antibiotic therapy for E. coli infection. BW fatigues easily and is anxious due to fear of falling. She has little motivation and has difficulty w/recall of P.T. instructions.*
- *New Admission-*
 - *Is Sepsis a concern?*
 - *What do you currently do?*
 - *Will you choose to do anything different after this presentation?*

Sepsis Training

Community-Based Sepsis Training Tools and Resources

Patient-Facing Resources: English

- [Sepsis Brochure: Every Minute Counts! Tri-Fold Brochure](#)
- [Self-Management Zone Tool](#)

Patient-Facing Resources: Spanish

- [Tri-Fold Brochure](#)
- [Self-Management Zone Tool](#)

Quick References for Staff: All Care Settings

- [Rapid Assessment for Early Recognition of Sepsis: Quick Reference Guide](#)

Provider Training Materials: All Care Settings

- [Training Flyer](#)
- [Instructions for Training](#)
- [Training Sign-In Sheet](#)
- [Training Evaluation](#)
- [Pre & Post Learning Assessment – Clinical](#)
- [Pre & Post Learning Assessment – Non-Clinical](#)
- [Sepsis Awareness Post-Test – Long Term Care Setting](#)
- [Sepsis Awareness Post-Test Answer Key – Long Term Care Setting](#)

Nursing Home Training Materials

- [Skilled Nursing Facility Care Pathway](#)
- [Seeing Sepsis Cards for LTC](#) – Minnesota Hospital Association
- [Sepsis Clinical Staff Training Presentation](#)
- [Sepsis Non-Clinical Staff Training Presentation](#)
- [Sepsis Care Pathway](#)

- Training for your staff
 - Clinical & Non-clinical
 - Pre & Post Test

<https://qi.ipro.org/sepsis/>

Key Takeaways

- Sepsis is common, deadly, and often subtle in older adults
- Survivors remain high-risk after discharge
- Early recognition and communication save lives
- LTC teams play a critical role

Resources

- CDC - [Sepsis | CDC](#)
- CDC Sepsis Education - [Get Ahead of Sepsis Materials for Healthcare Providers](#)
- [Improving Long-Term Outcomes After Sepsis](#). Prescott, H.C & Costa, D.K. *Critical Care Clin.* 2018 January; 34(1): 175-188
- IPRO Sepsis Initiative - <https://qi.ipro.org/sepsis/>
- Life after Sepsis: an international survey of survivors to understand the post-sepsis syndrome. Zhuang, C.Y. et al. *International Journal for Quality in Health Care*, April 2019 <https://doi.org/10.1093/intqhc/mzy137>
- Sepsis Alliance - [Sepsis Alliance](#)
- [Sepsis Survivor Story](#)



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Learn more about the Mid-Atlantic QIN-QIO: <https://qi.ipro.org/>

