



## The Partnership for Sepsis and Aging (TPSA)

# Protecting the Lives and Well Being of our Nation's Older Adults

May 21, 2025

# Today's Agenda

- Welcome and Introduction – Greg Olsen, TPSA Chair, Director NYSOFA
- Burden of Sepsis – Tom Heymann, CEO and President, Sepsis Alliance
- Sepsis Campaign: Remote Engagement with Blooming Health – Roger Noyes, Director of Public Information, NYSOFA
- A Personal Experience - Martha Roherty, Executive Director of ADvancing States (formerly NASUAD)
- Sepsis in the Home: Safeguarding Older Adults Through Early Recognition and Prevention – Lisa Gorski, MS, RN, HHCNS-BC, CRNI, FAAN, Editor of Home Healthcare Now
- Q&A, Conclusion



**Greg Olsen,**

TPSA Chair

Director, New York State Office for the  
Aging (NYSOFA)



Office for  
the Aging

[aging.ny.gov](http://aging.ny.gov)

# The Partnership for Sepsis and Aging (TPSA)

*Mission: To improve the health and well-being of the nation's older adults by improving sepsis awareness, prevention, early diagnosis, and treatment, including support for the millions of sepsis survivors who may face significant struggles in their recovery.*

- Sepsis takes the lives of 350,000 adults each year in the U.S.
- Sepsis disproportionately impacts older adults with more than 70% of cases occurring in individuals aged 60 or older.
- Nursing home residents are 6 times more likely to present with sepsis in the emergency department.

**TPSA now reaches more than 400 aging professionals from nearly 250 organizations in more than 35 states.**

To sign up for information about TPSA, scan the QR below



To learn more visit:

[www.AgingandSepsis.org](http://www.AgingandSepsis.org)

To learn more about Sepsis and Aging, scan the QR code below



Office for  
the Aging



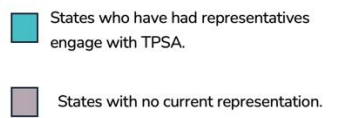
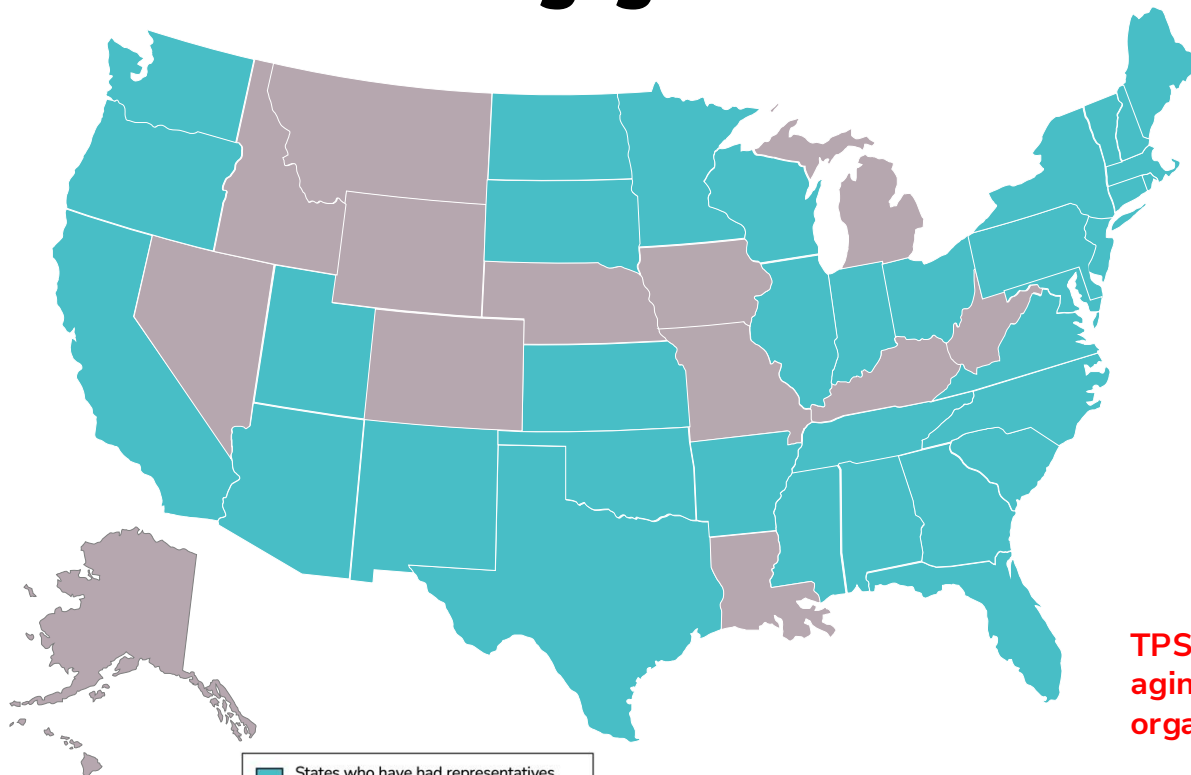
**HCANYS**  
Home Care Association of New York State

**ENDSEPSIS**  
The Legacy of Rory Staunton

[AgingandSepsis.org](http://AgingandSepsis.org)



# National TPSA Engagement



What are individuals saying their states greatest need is when it comes to sepsis and aging

- Public Awareness and Education
- Healthcare Professional (HCP) Training
- Quality Improvement

**TPSA has reached more than 400 aging professionals from over 250 organizations in more than 35 states.**

# TPSA Resources

- Dedicated website: [agingandsepsis.org/](https://agingandsepsis.org/)
- Symptom Badges in various languages
- TPSA Toolkit

## The Partnership for Sepsis and Aging (TPSA)

Sepsis is a disproportionate threat to older adults. Sepsis is the body's overwhelming and life-threatening response to infection which can lead to tissue damage, organ failure, and death.

**The Partnership for Sepsis and Aging (TPSA)**  
Sepsis Alliance, along with its partners, The New York State Office for the Aging, the Association on Aging, and the Home Care Association of New York State, have been working hard in New York to reduce the impact and burden of sepsis, and to raise awareness among communities of older adults and the healthcare professionals who serve them.

To help mobilize this into a national effort, Sepsis Alliance, along with state aging leaders, has established The Partnership for Sepsis and Aging (TPSA) to share resources across stakeholders, invite and encourage collaboration, and discover gaps in education and care. TPSA will be comprised of state aging office leaders who will support and coordinate their local aging services network's efforts toward sepsis education, prevention, and service system intervention for older individuals, including collaboration with health care professionals and other partner organizations in their states and communities.

**Sepsis Facts:**

- Sepsis impacts 1.5 U.S. each year.
- 87% of all sepsis cases occur in older adults.
- Sepsis is the #1 cause of death in older adults.

### Links

- The Partnership for Sepsis and Aging (TPSA) Overview
- The Partnership for Sepsis and Aging (TPSA) Short Overview

**TPSA MEETINGS:**

- March 20, 2024 Inaugural Partnership for Sepsis and Aging (TPSA) PowerPoint Slides
- September 20, 2024 TPSA Meeting PowerPoint Slides

**RESOURCES**

- Sepsis and Aging resource page
- Sepsis 911 Community Education Kit
- Sepsis Alliance Connect (Survivor Support Community)

- Quarterly TPSA meetings with subject matter experts

### Sepsis: 4 Signs

- 1 Temperature:** high or low temperature.
- 2 Infection:** sepsis happens because of infection, even from a small cut or scrape.
- 3 Mental change:** confusion, mental decline, tiredness, or slurred speech.
- 4 Extreme pain or discomfort:** illness, shortness of breath.

**Sepsis is a life-threatening condition. It can happen to anyone.**  
If you have any combination of these symptoms, get medical help and ask: "Could it be sepsis?"

[www.aging.ny.gov/sepsis](https://www.aging.ny.gov/sepsis)  
[www.Sepsis.org](https://www.Sepsis.org)

**NEW YORK STATE Office for the Aging**

**SEPSIS**  
**AGING**  
**HCANYS**  
Home Care Association of New York State

### Sepsis: 4 señales

- 1 Temperatura:** temperatura alta o baja.
- 2 Infección:** la sepsis se produce por una infección, ya sea por un corte pequeño o un raspadón.
- 3 Cambios a nivel mental:** confusión, deterioro mental, cansancio o dificultades en el habla.
- 4 Dolor o incomodidad extremos:** enfermedad, dificultad para respirar.

**La sepsis es una afección que supone un riesgo para la vida. Puede ocurrir a cualquiera.**  
Si presenta cualquier combinación de estos síntomas, busque ayuda médica y pregunte: "¿Podría ser una sepsis?"

[www.aging.ny.gov/sepsis](https://www.aging.ny.gov/sepsis)  
[www.Sepsis.org](https://www.Sepsis.org)

**NEW YORK STATE Office for the Aging**

**SEPSIS**  
**AGING**  
**HCANYS**  
Home Care Association of New York State

### مرض تعفن الدم: 4 علامات

- 1 درجة الحرارة:** درجة حرارة مرتفعة أو منخفضة.
- 2 العدوى:** يحدث تعفن الدم بسبب العدوى، حتى من الحروق الصغيرة أو تلك الجذال.
- 3 التغيير العقلي:** اللبثوش أو تدهور الحالة العقلية أو إزعاج أو ثقل المسام.
- 4 الألم الشديد أو عدم راحة:** لا تعفن وضيقه التنفسي.

**تعفن الدم هو حالة مرضية مهددة للحياة ويمكن أن يحدث لأي شخص.**  
إذا شعرت بأي مجموعة من هذه الأعراض، فاستشر المساعدة الطبية واستفسر عما إذا "هل يمكن أن يكون صديقي مريض تعفن الدم؟"

[www.aging.ny.gov/sepsis](https://www.aging.ny.gov/sepsis)  
[www.Sepsis.org](https://www.Sepsis.org)

**NEW YORK STATE Office for the Aging**

**SEPSIS**  
**AGING**  
**HCANYS**  
Home Care Association of New York State

## The Partnership for Sepsis and Aging (TPSA)

### TPSA Member Quick-Start Promotional Toolkit

November 2024



**Tom Heymann,**  
CEO and President,  
Sepsis Alliance



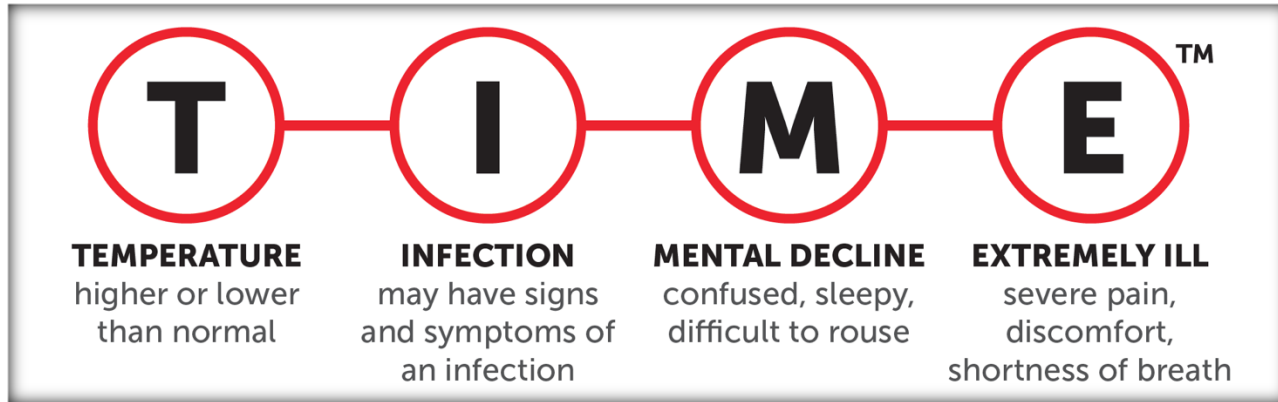
**SEPSIS**  
ALLIANCE

*Sepsis.org*

# Sepsis

Is a life-threatening emergency that happens when your body's response to an infection damages vital organs and, often, causes death.

Some of the most common symptoms include:



**Learn more at [Sepsis.org](https://sepsis.org)**



**INFECTION  
PREVENTION**

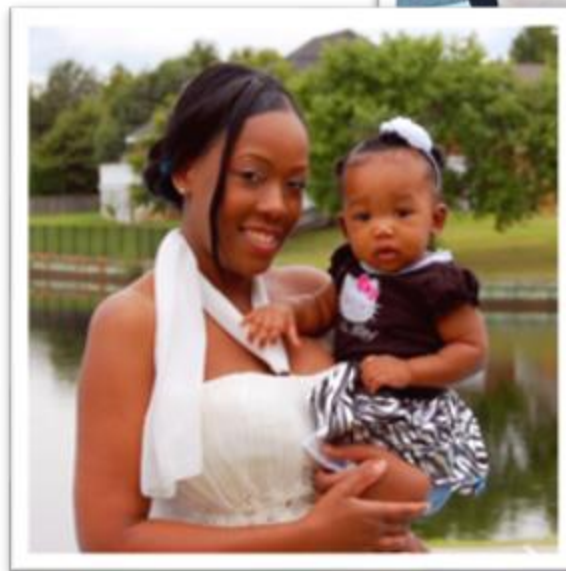
**IS SEPSIS  
PREVENTION™**

**THE MORE YOU DO TO PREVENT INFECTIONS,  
THE MORE YOU CAN PREVENT SEPSIS.**

**Learn more at [Sepsis.org](https://Sepsis.org)**

# The Burden of Sepsis in the U.S.

- Sepsis is the **#1** cause of deaths in U.S. hospitals.
- Sepsis is the **#1** cost of hospital and skilled nursing care - **\$62B/year!**
- Sepsis is the **#1** cause of hospital readmissions.
- Yet, **87%** of sepsis originates in home and community, highlighting the urgency of prevention, early identification and treatment, and home health role!
- Sepsis causes **14,000** amputations annually.
- Almost **60%** of sepsis survivors experience worsened cognitive, mental, and/or physical function.
- Maternal sepsis is the **2<sup>nd</sup> leading cause** of maternal death in the U.S.
- Each day more than 200 children are diagnosed with severe sepsis – **75,000** cases per year. 18 die each day.
- Black and "other nonwhite" individuals have **nearly twice the incidence of sepsis** as white individuals.





**Roger Noyes,**

Director of Public Information, New York  
State Office for the Aging (NYSOFA)







Office for  
the Aging



BLOOMING  
HEALTH

## Sepsis Campaign: Remote Engagement with Blooming Health

- The New York State Office for the Aging (NYSOFA) and Association on Aging in New York (AgingNY) have partnered with Blooming Health, a digital engagement platform, to improve older adults' awareness and connection to community-based aging services.
- Using the platform, Area Agencies on Aging deliver instantaneous notifications about weather events, program benefit application deadlines, event reminders, surveys, and other important information, available in multiple languages and formats (SMS, phone calls, e-mail).
- In May 2025, NYSOFA, AgingNY and Blooming Health launched a sepsis awareness campaign. Here are some preliminary results.

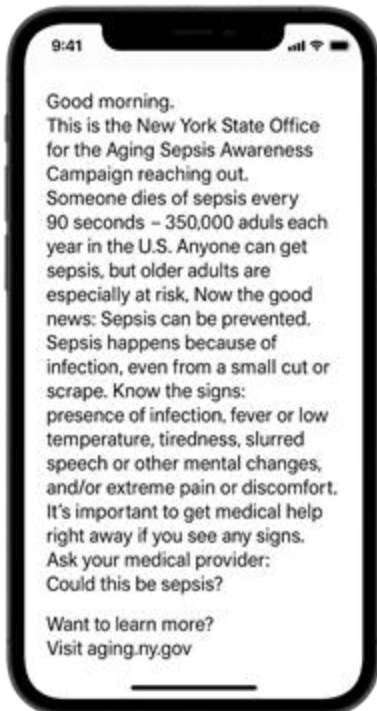
May 2025



# NYSOFA-AgingNY Sepsis Campaign Messaging



## SMS Message



## Voice Call

Good morning. This is the New York State Office for the Aging Sepsis Awareness Campaign reaching out. Someone dies of sepsis every 90 seconds, 350,000 adults each year in the U.S. Anyone can get sepsis, but older adults are especially at risk. Now the good news: Sepsis can be prevented. Sepsis happens because of infection, even from a small cut or scrape. Know the signs: presence of infection, fever or low temperature, tiredness, slurred speech or other mental changes, and/or extreme pain or discomfort. It's important to get medical help right away if you see any signs. Ask your medical provider: Could this be sepsis? Want to learn more? Visit [aging dot ny dot gov](https://aging.ny.gov).



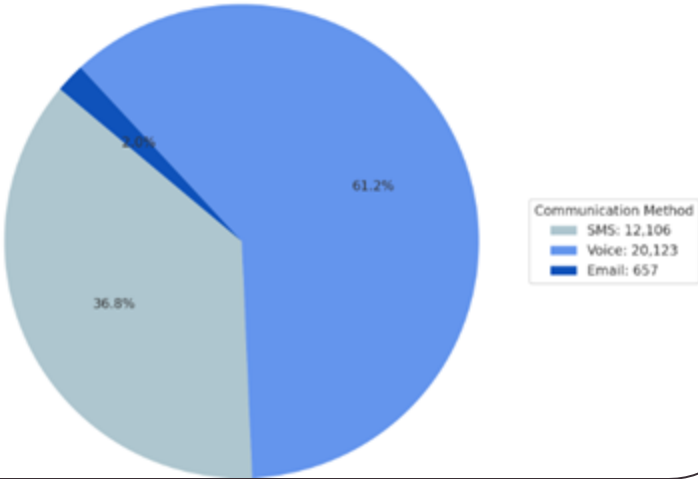
# NYSOFA-AgingNY Sepsis Campaign



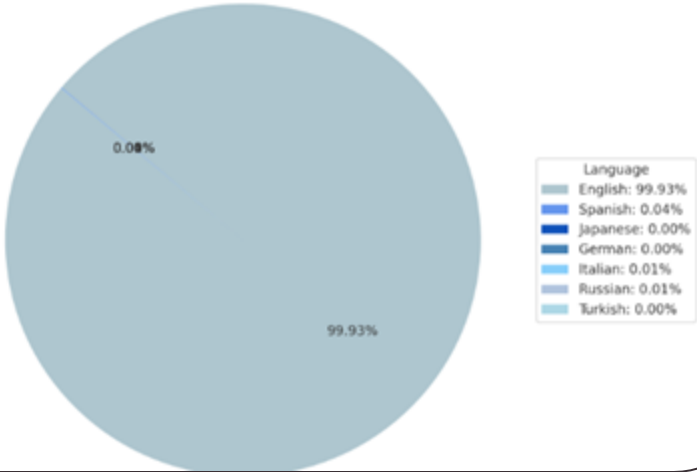
Total Messages Sent to Date

32,883

Channel Breakdown



Language Breakdown



# NYSOFA Sepsis Campaign Every County

<u>Client Name</u>	<u>Broadcast Scheduled Date/Time</u>	<u># of Users Reached</u>	<u>SMS</u>	<u>Voice</u>	<u>Email</u>
Livingston County	5/13 at 10am	724	348	250	126
Clinton County	5/14 at 10am	1,712	553	1153	6
Schuyler County	5/13 at 10am	2,464	616	1802	46
Broome County	5/13 at 4:30pm	4,014	2039	1957	18
Essex County	5/13 10:00 AM	329	71	258	0
Lifespan Caregivers	5/13 10:00 AM	1,546	1085	338	123
Orange County	5/13 at 10am	1,193	503	584	106
Cortland County	5/13 at 10am	909	896		13
Cattaraugus County	5/16/25 at 10am	4,029	983	3034	15
Delaware County	5/14 at 10am	7,387	2521	4862	4
Genesee County	5/14 at 10am	182	35	147	0
Herkimer County	5/14 at 10am	2,746	1108	1474	164
Oswego County	5/13 10:00 AM	5,052	1185	3867	0
Ulster County	5/13 10:00 AM	596	163	397	36
Chautauqua County	5/29 at 10am				
Columbia County	7/7 at 10am				



**Martha Roherty**  
Executive Director  
ADvancing States (formerly NASUAD)



*advancingstates.org*





**Lisa Gorski, MS, RN, HHCNS-BC, CRNI, FAAN**  
Editor,  
Home Healthcare Now



*[journals.lww.com/homehealthcarenurseonline](http://journals.lww.com/homehealthcarenurseonline)*



# Sepsis in the Home: Safeguarding Older Adults Through Early Recognition and Prevention

Lisa A. Gorski MS, RN, HHCNS-BC, CRNI, FAAN  
Clinical Nurse Specialist  
Editor-in-Chief: *Home Healthcare Now*



# Objectives

- Describe the unique impact of sepsis in the older adult population, including morbidity, mortality, and challenges in recognition.
- Identify some key factors contributing to increased infection risk among home care patients.
- Explain the critical role of both home care provider and patient/family education in preventing infection, recognizing early signs of sepsis, and initiating timely action.

# Sepsis and Older Adults

- More than 70% of cases occur in individuals aged 60 or older.
- Adults aged 65 and older are 13 times more likely to be hospitalized with sepsis than people younger than 65.
- Older sepsis survivors (65+) experience on average 1 to 2 new limitations on activities of daily living (e.g., bathing, dressing, managing money) after hospitalization
- There is a [3-fold increase](#) in prevalence of moderate-to-severe cognitive impairment after hospitalization and a high prevalence of mental health problems, such as depression and anxiety after sepsis.
- In older adults, [sepsis is 1.96 times more likely](#) to result in readmission to a hospital than non-sepsis hospitalizations.
- More than [40% of older patients](#) have another hospitalization within three months of the initial sepsis, [most commonly due to a repeat episode](#) of sepsis or another infection.

# Impact of Recovery from Sepsis: Need for Family/Caregiver Assistance

- Descriptive study: 85,851 sepsis survivors received skilled home health care upon hospital discharge (Burgdorf et al., 2022)
  - Mean age: 75.8 years
  - Majority clinically complex: mean # comorbidities 4.17; over half with urinary incontinence or catheter use
  - Nearly ¼ of sepsis survivors experienced either decline or no improvement in cognitive function
  - 1 in 3 older experienced an unmet need for caregiver ADL assistance
  - Most commonly reported: “Caregiver(s) need training/supportive services to provide assistance”

## **Study Implications**

- Home care providers should improve caregiver education and training
- Researchers: Development of targeted training interventions
- Policymakers: revise reimbursement structure to support time for engagement and education

# Risk Factors for Infection in the Older Adult

Aging of the  
immune system

Chronic illnesses

Presence of  
invasive devices

Poor nutrition

Changes in skin  
integrity

Decreased  
mobility/functional  
decline

Cognitive changes

Increased exposure  
to healthcare  
settings



# Selected Studies:

## Infections and Home Care Patients

- Infections are common among home care patients but likely underestimated as a problem
- Based upon U.S. data from the Outcome and Assessment Information Set (OASIS), 17% of unplanned hospitalizations were due to infection (respiratory, wound, and urinary infections most common) (Shang et al., 2015)
- The prevalence and appropriateness of antimicrobial treatment of infections occurring during the course of home care and not resulting in hospitalization is not well documented
- The most common category of adverse events and a retrospective medical record review of home care patients in Sweden was infection with most considered preventable (Schildmeijer et al., 2018)
- UTI's are common across the world; among home care patients in England approximately 90,000 patients in the community use long-term catheters resulting in high rates of emergency department use and catheter associated UTI's (Ansell & Harari, 2017; Gage et al., 2017)
- Based upon a home care study out of Taiwan, 47% of patients had at least one UTI with an indwelling urinary catheter being the most important risk factor (Shih et al., 2019)

### Home care challenges

- Environmental issues
- Presence or lack of family/caregiver help
- Providers not immediately accessible
- Less/less timely access to diagnostic testing

# Sepsis and Home Care Patients

- Research study based upon a sample of 165,228 sepsis survivors discharged to HHC over a one-year period
  - limited to sepsis survivors who were referred for HHC and received at least one nursing visit within the first week, had complete OASIS-C admission data, and no admissions to other inpatient settings
  - Most common causes of sepsis: kidney/urinary tract infections and pneumonia
  - Within 30 days of discharge, 22.5% of HHC sepsis patients were re-hospitalized prior to admission to any other health care facility or a hospice program.
  - Nearly 1/3 of these readmissions occurred within seven days affecting 6.64% of the overall sample (Bowles et al., 2020)

## Home Care Implications

- Home care follow-up critical
- Recognize elevated risk for re-hospitalization
- Consider frequency/quality of home care
- Recognize sequelae of sepsis such as cognitive/physical limitations
- Patient family education about s/s infection/sepsis (TIME), and infection prevention
- Evaluation/mitigation of home/environmental risk factors

(Durning, 2020)

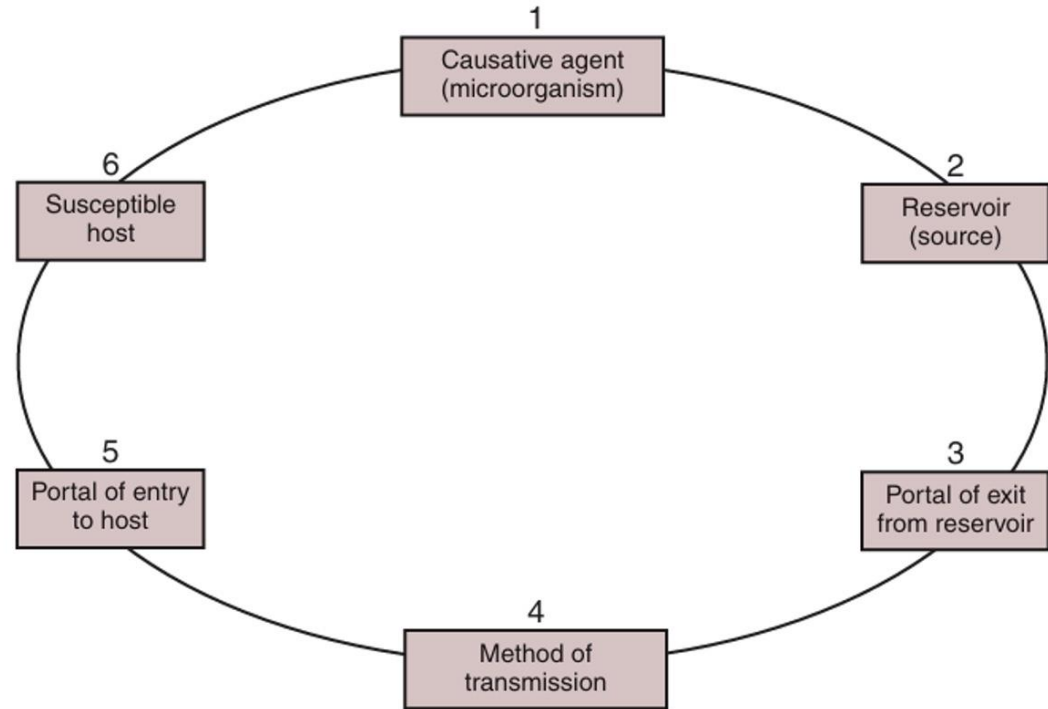


# Infection Prevention

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“Patient-care practices to reduce the risk for home-care acquired infection must be based on the basic science embodied in the chain of infection model.”

[https://wwwnc.cdc.gov/eid/article/7/2/70-0208\\_article](https://wwwnc.cdc.gov/eid/article/7/2/70-0208_article)



**Figure 2-1** Chain of infection.

Source: Gorski, LA (2023) Manual of IV therapeutics: evidence-based practice for infusion therapy. FA Davis.

# Infection Prevention Challenges in the Home Setting

- Environmental barriers to infection prevention
  - Clutter
  - Unclean environment
  - Poor patient hygiene
  - Pets
  - Poor lighting
  - Infestations
  - Lack of running water
  - Unruly children

(Adams et al., 2021)



# Home Care Clinician Supply Handling “Bag Technique”

1. Performing hand hygiene.
2. Bag placement in the home.
3. Bag placement during interim storage.
4. Cleaning the interior and exterior surfaces of the bag.
5. Managing and maintaining the equipment and supplies stored in and removed from the bag

## **A Potential Reservoir for Microorganisms**

- “There is evidence that the home care bag may serve as a reservoir for pathogenic microorganisms, including multidrug-resistant organisms, suggesting a potential risk of microorganisms being indirectly transmitted via a contaminated bag and its content.”
- “Bag technique is a component of the standard precautions implemented in home care and an essential practice that applies to all patients receiving in home care, regardless of their suspected or confirmed infectious state.”

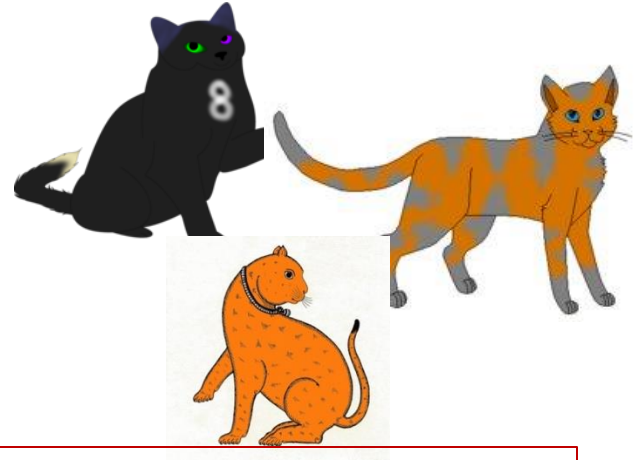
(McGoldrick, 2025)

# Example: It's all the cat's fault!? Or is it?



## CASE EXAMPLE:

- 45-year-old patient on home PN who developed a catheter-related bloodstream infection (CR-BSI)
- Importance of evaluation before and after a complication



## *Infusion Therapy Standards of Practice*

Recommendation (H -5): “Re-evaluate and periodically review infusion-related skills, including adherence to ANTT; identify the need for re-education.” (Nickel et al., 2024)

# Example: Infection Prevention Patients with Urinary Catheters

## Home Care Nurse Responsibilities

- Bag technique – hand hygiene, handling supplies
- Insert catheters only for appropriate conditions and use only as long as needed
- Insert the smallest bore catheter that maintains urine drainage and minimizes trauma to the urethra
- Strict aseptic technique during insertion/hand hygiene!!
  - Perineal care prior to catheter replacement
- Decrease urethral trauma- generous lubricant
- Replace catheters based on clinical condition and obtain accurate urine specimens
- Stabilize catheter to minimize trauma after catheter insertion
- Patient education!
- Comprehensive assessment with every home care encounter!

## Patient/Caregiver Responsibilities

- Hand hygiene before any catheter interventions
- Stabilize catheter to minimize trauma after catheter insertion
- Bag disinfection if switching between leg and bedside bags
- Avoid routine irrigation
- Dependent position for drainage bag/tubing
- Empty routinely – use alcohol wipe on spigot after emptying bag
- Attention to hydration
- Daily perineal/meatal cleansing
- Understand s/s that may indicate infection vs other potential complications
- Report s/s of infection promptly -

## Infection Prevention at Home

Microbes – viruses, bacteria, fungi, and parasites – are all around us. Most are safe, but you can get an infection if they get inside your body. Anyone can get an infection, but some people are at higher risk than others. People who get home care are at a higher risk for infection due to their medical conditions and needs.

### Risk Factors

- Being very young or old
- Recovering from childbirth, surgery, or dental procedures
- Having an invasive device like a urinary catheter or IV
- Having one or more chronic illness, like diabetes or COPD
- Having a weakened immune system from diseases, treatments, or not having a spleen
- Not being able to move around
- Not eating enough healthy food, being malnourished
- Living in a crowded space
- Being around other people who have an infection
- Smoking

### Infection Prevention at Home

People get care in their home for many reasons. Home care patients may see fewer people in their home, but the patient is still at risk for infection.

#### Infection prevention tips:

- Wash your hands often, especially before touching the person you are caring for and any open wounds.
- Wash your hands before putting on disposable gloves.
- Ask visitors to wash their hands.
- Make sure to do dressing changes in a clean space.
- If the person you are caring for is incontinent (having no control of bladder or bowel movements) be sure to change their undergarments regularly.
- If the person you are caring for cannot move, be sure to move their positioning often.
- Check skin regularly for redness, sores, or breaks in skin. Report to nurse if you find any concerns.
- Encourage a healthy diet.
- Ask about appropriate vaccines, like for flu, pneumonia, and COVID-19.
- Have the person you are caring for move around as much as possible.
- Make sure they take all medications, including antibiotics, for the length of time prescribed.
- Do not share personal items like towels, razors, and toothbrushes, as they can spread germs.

You can't prevent all infections, but you can try to help minimize the risk.

Know the risks and learn more about infections at [Sepsis.org](https://sepsis.org).

Support for this statewide initiative is provided through a generous grant from the Mother Cabrini Health Foundation.

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Mother Cabrini  
HEALTH FOUNDATION



# Identifying Signs/Symptoms of Infection/Sepsis



Know the common signs of infections and act fast. It could save your life!

### Green Zone:

To be in this zone, you must be feeling healthy:

- No signs of illness, such as fever or chills
- No new or increased pain
- No new or change in cough, or shortness of breath
- No redness, warmth, discharge or pus around a wound, PICC line, central line, or IV site.

This is good news. Keep monitoring for signs of infection, and make sure you know who to contact if you notice a change.

### Yellow Zone:

To be in this zone, there will be signs of infection:

- Fever or chills
- New or increasing pain
- New or worsening cough or shortness of breath
- Redness, warmth, discharge or pus around a wound, PICC line, central line, or IV site

If you notice any of these signs, reach out to your contact person and be as clear as possible.

Tell them:

- What is happening (your symptoms).
- Your background, including your diagnosis and current treatment.
- That you were told to call if you had signs of an infection because you are immunocompromised.
- Call again or go to urgent care if you don't hear back within an hour.

### Red Zone:

To be in this zone is a medical emergency:

- Confusion, grogginess, just wanting to sleep
- Racing pulse, heart beating too fast
- Faster breathing, shortness of breath
- Worsening pain

You are in the red zone when the infection is getting worse and you experience the symptoms above.

Call 911 or have someone take you to the closest emergency department.

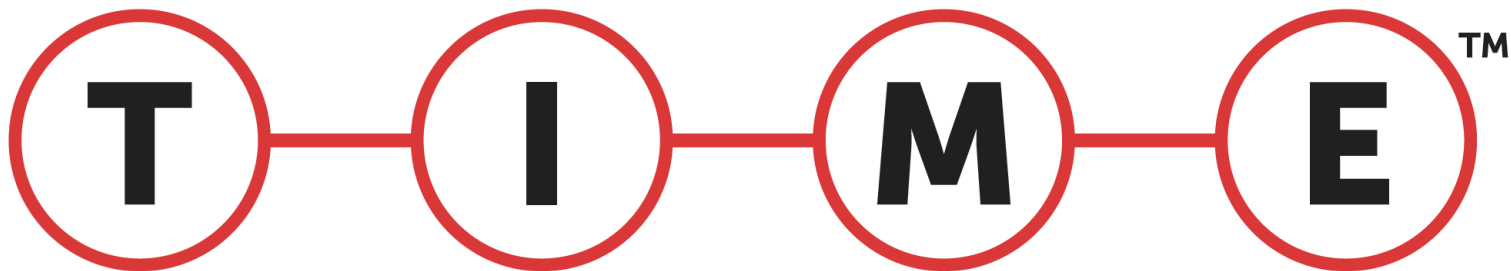
## Excerpt from Sepsis Alliance Zone Sheet: Know the Signs of Infection to Help Prevent Sepsis

Funding for this program was provided in part by an independent educational grant from Pfizer Inc.

Sepsis.org  
©2022 Sepsis Alliance

<https://www.sepsis.org/sepsisand/home-care/>

When it comes to sepsis, remember  
***IT'S ABOUT TIME™***. Watch for:



**TEMPERATURE**

higher or lower  
than normal

**INFECTION**

may have signs  
and symptoms of  
an infection

**MENTAL DECLINE**

confused, sleepy,  
difficult to rouse

**EXTREMELY ILL**

severe pain,  
discomfort,  
shortness of breath

If you experience a combination of these symptoms: seek urgent medical care, call 911, or go to the hospital with an advocate. Ask: "Could it be sepsis?"

# Changes in Hospital Reporting – Potential Future Impact for Home Care?

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# Hospital-Onset Bacteremia (HOB): Why It Matters in Home Care

- **HOB reporting is expanding** – increased focus on bloodstream infections beginning in hospitals
- **Impact extends beyond discharge** – patients come home with invasive devices and conditions escalating their risk for infection
- **Home care nurses play a critical role** – early detection, education, and timely intervention
- **Strategies:**
  - **Strengthen interprofessional communication** – ensure smooth transitions and shared accountability
  - **Call to action:** Review your protocols, document thoroughly, and escalate concerns promptly

# Potential negative consequences to the HOB measure? Impact on home care?

Diagnostic stewardship will be necessary to prevent clinically unnecessary “surveillance” blood cultures on admission (to classify positive blood cultures as infections “present on admission”) and **intentionally reduce blood culturing during hospital stay when clinically indicated (e.g., sepsis).**

- The HOB metric may work counter to antimicrobial stewardship by incentivizing clinically non-indicated antibiotic prophylaxis.

(Schrack et al., 2023)

# Conclusion: Reduce Risk for Infection/Sepsis

Recognize risk factors	<p>Recognize risk factors for infection/sepsis– both clinician and patient/family</p> <ul style="list-style-type: none"><li>• Develop a plan of care with attention to frequency of home visits, interdisciplinary care</li></ul>
Recognize & address	<p>Recognize &amp; address consequences of sepsis post hospital discharge</p> <ul style="list-style-type: none"><li>• Changes in need for caregiver assistance/changes in cognition</li><li>• Increased risk for re-hospitalization</li></ul>
Implement	<p>Implement clinician practices to reduce the risk for home-care acquired infection</p> <ul style="list-style-type: none"><li>• Standard precautions including “Bag technique”</li></ul>
Educate	<p>Educate patients and families – use teach-back!</p> <ul style="list-style-type: none"><li>• Risk factors/Infection prevention</li><li>• Signs/symptoms and actions to take/TIME!</li></ul>

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