

# **The Home Care Association of New York State's Adult Screening Tool for Sepsis**

*- A National First -*

## **Harnessing the Home Care System for Early Sepsis Recognition and Intervention: New Developments in Sepsis Identification & Detection in the Home Care Setting**

**Presented by:**

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# The Scope of the Problem – National Perspective

- 1.6 million cases of sepsis each year in the U.S.
- 258,000 deaths each year – more than breast cancer, prostate cancer and AIDS – *combined*
- Takes more children than cancer – 12 kids each day
- #1 cause of death in U.S. hospitals
- #1 driver of readmission to a hospital
- #1 cost of hospitalization - \$24 Billion per year
- Up to 50% of sepsis survivors suffer from Post-Sepsis Syndrome (PSS)
- More than 80% of sepsis cases originate in the community
- Mortality increases 8% every hour that treatment is delayed

*Source: Sepsis Alliance*

# The Scope of the Problem – National Perspective

**Centers for Disease Control & Prevention (CDC) *Morbidity & Mortality Weekly Report*** (August 26, 2016 / 65(33);864–869)

***Vital Signs: Epidemiology of Sepsis: Prevalence of Health Care Factors and Opportunities for Prevention*** (<http://www.cdc.gov/mmwr/volumes/65/wr/mm6533e1.htm>)

- Sepsis as a **medical emergency**
- *Sepsis begins outside of the hospital for nearly 80% of patients*
- **Time matters.** *When sepsis is quickly recognized and treated, lives are saved*
- ***Healthcare providers are the critical link*** to preventing, recognizing, and treating sepsis



# New York State Medicare Fee for Service 30-Day Readmission Trends CY 2015

## Observations Drawn From The Numbers In The Re-admission Table

		Numerator	Denominator
Overall 14 Day Re-admission Rate	14.7%	8,032	54,665
Overall 30 Day Re-admission Rate	24.2%	13,221	54,665
Percent Of Discharges With No After Care	27.0%	14,748	54,665
14 Day Re-admission Rate For These Patients	11.4%	1,677	14,748
30 Day Re-admission Rate For These Patients	19.4%	2,860	14,748
Percent Of Discharges To SNF	38.9%	21,283	54,665
14 Day Re-admission Rate For These Patients	17.3%	3,674	21,283
30 Day Re-admission Rate For These Patients	28.9%	6,142	21,283
Percent Of Discharges To Home Health Care	20.5%	11,208	54,665
14 Day Re-admission Rate For These Patients	16.6%	1,865	11,208
30 Day Re-admission Rate For These Patients	26.4%	2,964	11,208

## Most Common Primary Diagnosis For Less Than 30 Day Re-admissions

Disease Category*	Number
Septicemia (except in labor)	4,124
Complication of device; implant or graft	685
Congestive heart failure; nonhypertensive	608
Pneumonia except that caused by tuberculosis or sexually transmitted	510
Complications of surgical procedures or medical care	469
Urinary tract infections	371
Respiratory failure; insufficiency; arrest (adult)	345
Acute and unspecified renal failure	342
Aspiration pneumonitis; food/vomitus	287
Gastrointestinal hemorrhage	283

\* Diseases are categorized using 'Clinical Classification' software provided by CMS.

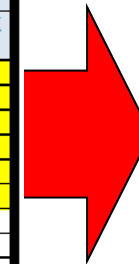
Source: Paid Medicare claims from CMS.

Source: CMS Medicare FFS Paid Claims

# MFFS Length of Stay Data Albany & Syracuse Hospital Referral Region CY 2015

Medicare FFS Patients in Albany & Syracuse Hospital Referral Region With Any Diagnosis of Sepsis Length of Stay for In-Hospital Deaths CY 2015		
Length Of Stay Prior To Death (days)	Number Of Patients	Percent Of All In-Hospital Sepsis DX Deaths
0	97	6.3%
1	202	13.1%
2	125	8.1%
3	118	7.7%
4	89	5.8%
5	96	6.2%
6	83	5.4%
7	69	4.5%
8	61	4.0%
9	74	4.8%
10	62	4.0%
11	35	2.3%
12	41	2.7%
13	19	1.2%
14	38	2.5%
15	32	2.1%
16	30	1.9%
17	15	1.0%
18	20	1.3%
19	22	1.4%
20	24	1.6%
21	10	0.6%
22	10	0.6%
23	13	0.8%
24	14	0.9%
25	7	0.5%
26	7	0.5%
27	5	0.3%
28	6	0.4%
29	8	0.5%
30	8	0.5%
GT 30	99	6.4%
Total	1,539	

Source: CMS MFFS Paid Claims

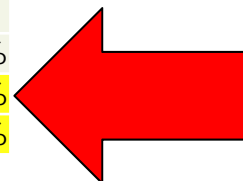


**Highest Mortality Rate  
Occurs Within first 5 Days  
of Hospital Stay**

*“Sepsis strikes quickly, and  
earlier recognition and  
improved care management  
can reduce sepsis-related  
morbidity and mortalities.”  
(Castellanos-Ortega A et al, 2010).*

# NYS Medicare FFS Admissions with a Diagnosis of Sepsis **While Receiving Home Health Care** - CY 2015

Days Of Home Health Care Prior to Admission*:		
Less Than Seven Days	1,687	20.0%
Eight To Thirty Days	2,938	34.9%
More Than Thirty Days	3,793	45.1%



**Opportunity to positively impact Home Health population through earlier recognition of sepsis**

## Hospital Admissions:

- Patients with one or more admissions: **7,304**
- Total number of admissions: **8,418**

## Hospital Utilization:

- Average Length of Stay: **11.7 days**
- Total Days of Care: **99,770**

## Hospital Medicare FFS Expenditure:

- Average Expenditure Per Case: **\$22,486**
- Estimated Total Expenditure: **\$189 Million**

*Source: CMS Medicare FFS Paid Claims Data*

# The Opportunity

- Time to treatment is critical
- Early identification and treatment are the key to improved outcomes and reduced costs
- NYS Hospitals are one of two states with mandatory Sepsis Identification & Treatment Protocols in place
- Biggest next opportunity lies in public awareness and primary care education and training
- Home care and long term care population most vulnerable to sepsis

# The Opportunity for Home Health

- **The home care population embodies the high risks for sepsis – elderly, medically fragile children and adults, conditions especially susceptible to infection and known sepsis risk**
- **Home Care Clinicians are skilled in the interaction with and care of these individuals**
- **Home care provides a ready, statewide infrastructure of agencies and nurse clinicians with the unique community and in-home presence and expertise to conduct essential screening, evaluation, education and intervention with critical health system partners**



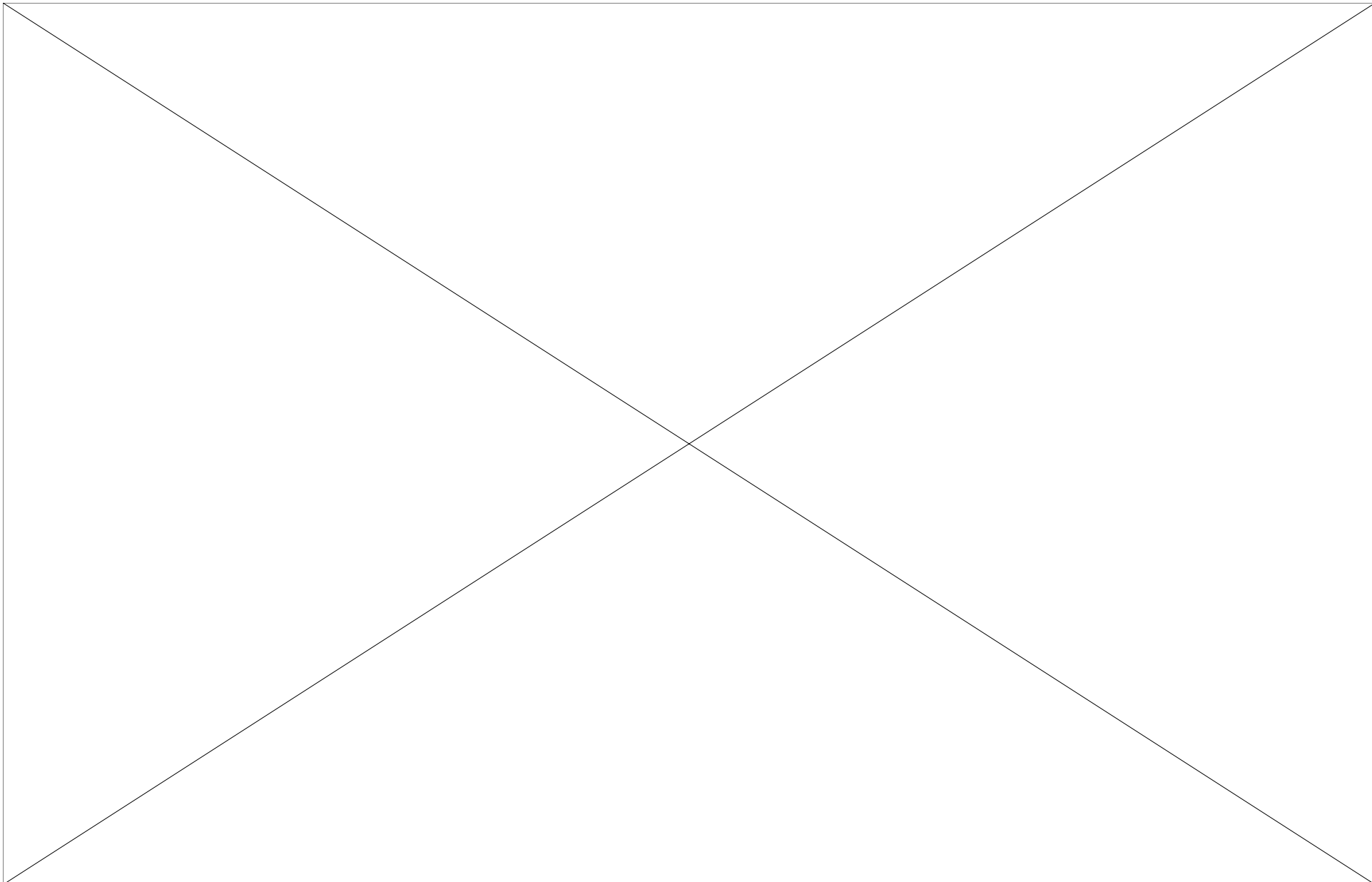
# Why This is Important



**Sepsis: Emergency Video Available on Sepsis Alliance Website: <http://www.sepsis.org>**

## **About Sepsis Alliance**

*Sepsis Alliance is the leading nonprofit patient advocacy organization in North America promoting awareness of sepsis. Sepsis Alliance's mission is to save lives by raising awareness of sepsis as a medical emergency. The organization hosts national and community events, distributes educational information, and promotes training and education of sepsis and its devastating effects. Sepsis Alliance also provides support by giving patients and family members information about sepsis and post sepsis syndrome. Sepsis Alliance, a 501(c)(3) charitable organization, is a GuideStar Gold Rated Charity.*



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# Centers for Medicare & Medicaid Services Special Innovation Project (SIP) Overview: Community Based Sepsis Initiative

Eve Bankert MT (ASCP)  
Quality Improvement Specialist / IPRO

# AQIN Community Based Sepsis Initiative

- **Centers for Medicare and Medicaid Special Innovation Project**
  - **Two Year Contract Award**
    - September 2015- September 2017
- **Performance Based Measures**
- **AQIN Based (Atlantic Quality Innovation Network)**
  - **New York (IPRO)**
  - **South Carolina (The Carolinas Center for Medical Excellence)**
- **Sepsis is number one reason for Medicare Fee for Service population 30-day readmissions in New York State**
- **Community awareness of sepsis signs and symptoms low**

# New York State Target Regions

## Albany & Syracuse Hospital Referral Regions (HRRs)

### ■ Albany HRR

- In-hospital sepsis mortality rate of 14.6%
- Ranks 8th in NYS Hospital Referral Regions for sepsis admissions

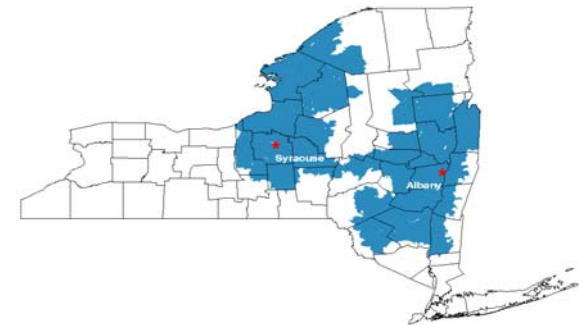
### ■ Syracuse HRR

- In-hospital mortality rate of 15.6%
- Ranks 7th in NYS Hospital Referral Regions for sepsis admissions

### ■ National

- In-hospital All Cause Mortality Rate - 4.2%

Areas Of New York State Comprising The Albany And Syracuse Hospital Referral Regions



Source: CMS Medicare FFS Paid Claims Data



# Community Based Sepsis Initiative Approach



- **Facilitate education and build awareness of sepsis among pre-hospital providers and caregivers**
- **Train-the-Trainer format**
- **Identify best practices and educate pre-hospital providers on prompt recognition of early signs and symptoms of sepsis**
- **Educate on the premise that Sepsis is a medical emergency**
- **Improve processes of care transitions and sepsis treatment between pre-hospital and emergency/hospital care settings as well as post-acute discharge into the community**
- **Increase public awareness of the signs, symptoms and risk factors for sepsis**

# IPRO Community Based Sepsis Train-the-Trainer Sessions

- Home Health Agencies
  - **Clinical and non-clinical staff**
- Skilled Nursing Facilities
  - **Clinical and non-clinical staff**
- Physician Practices
  - **Non-clinical staff**
- 30 Regional Train-The-Trainer sessions held to date
  - **7,967 pre-hospital providers and caregivers have been trained on Sepsis Awareness utilizing IPRO-developed training tools**

# Assessment of Learning Measured by Pre and Post Assessment Tool

50% Increase in knowledge post training across all individuals trained

**SEPSIS AWARENESS TRAINING  
PRE AND POST ASSESSMENT  
CLINICAL STAFF**

*PLEASE COMPLETE THE FOLLOWING QUESTIONS AS DIRECTED. THIS INFORMATION WILL BE USED TO ASSESS PARTICIPANT LEVEL OF UNDERSTANDING AND LEARNING PRE AND POST SESSION. THANK YOU!*

Please answer the questions in the green section <u>PRIOR TO</u> the start of the session			Please answer the questions in the blue section <u>AT THE END</u> of the session and hand in		
Pre-Training Assessment	Yes	No	Post Training Assessment	Yes	No
I know what sepsis is			I know what sepsis is		
I can identify high risk groups for developing sepsis			I can identify high risk groups for developing sepsis		
I am familiar with the early signs and symptoms of sepsis			I am familiar with the early signs and symptoms of sepsis		
I am aware of the risk factors and early signs and symptoms of sepsis associated with the elderly			I am aware of the risk factors and early signs and symptoms of sepsis associated with the elderly		
I am aware of time sensitive interventions with regards to initial diagnosis and treatment of early sepsis			I am aware of time sensitive interventions with regards to initial diagnosis and treatment of early sepsis		
I know the appropriate diagnostic tests for patients exhibiting the early signs of sepsis			I know the appropriate diagnostic tests for patients exhibiting the early signs of sepsis		
I am familiar with Post Sepsis Syndrome			I am familiar with Post Sepsis Syndrome		

I had the opportunity to have all my questions answered. Yes \_\_\_\_ No \_\_\_\_

Was this presentation informative? Yes \_\_\_\_ No \_\_\_\_

Do you have any additional questions related to sepsis? \_\_\_\_\_

My provider setting is: ☐ Hospital ☐ SNF ☐ Home Health ☐ Hospice ☐ Assisted Living ☐ Community Agency ☐ Other (please describe) \_\_\_\_\_

Do you know someone who has had sepsis? Yes \_\_\_\_ No \_\_\_\_

Are you a Sepsis Survivor? \*Yes \_\_\_\_ No \_\_\_\_

\*If "Yes", would you be willing to share your story to help increase sepsis awareness? Yes \_\_\_\_ No \_\_\_\_

*If you are willing to share your story please contact:* Eve Bankert at: (518) 320-3552 or [eve.bankert@area-i.hcqs.org](mailto:eve.bankert@area-i.hcqs.org)

This material was prepared by the Atlantic Quality Innovation Network/IPRO, the Medicare Quality Innovation Network 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. 11SOW-AQINNY-TskIP-Sepsis-16-08.

# CMS Special Innovation Project: Community Based Sepsis Initiative Measures

## Outcome Metrics

- **Number of inpatient admissions of Medicare FFS patients by stage of sepsis: 1) Sepsis; 2) Severe sepsis; 3) Septic shock**
- **Inpatient mortality for Medicare FFS patients by stage of sepsis: 1) Sepsis; 2) Severe sepsis; 3) Septic shock**
- **Acute Length of Stay with mortality by stage of sepsis: 1) Sepsis; 2) Severe sepsis; 3) Septic shock**
- **Acute Length of Stay without mortality by stage of sepsis: 1) Sepsis; 2) Severe sepsis; 3) Septic shock**
- **Reduction in 30, 60 and 180 day readmissions for Medicare FFS patients with a principal diagnosis of sepsis**



## The Journey

### HCA Sepsis Engagement – How Started

- The National Sepsis Alliance's outreach to the health continuum by its Executive Director Tom Heymann led to HCA's initial query into sepsis in the community venue
- HCA queried the Association's home care clinicians to examine incidence, prevalence and risk in this venue and population; no immediate profile of incidence or prevalence, or clinicians' serendipity of relevance in the specific sector



# The Journey

- HCA Quality Committee subsequently identified factors that compelled HCA's decision to further pursue, including:
- National morbidity, mortality, cost and hospitalization/re-hospitalization data showing leading indices related to septicemia
- Inclusion of quality improvement goals specific to septicemia in key parts of the system
- Medicare FFS hospital readmission data showing septicemia to be #1 diagnosis for 30-day all cause readmissions for NYS hospitals (data presented to Committee by IPRO) and; also, data derived from Staunton Foundation development of sepsis protocols for hospitals)



# The Journey

- Based on such indicators, HCA moved to further delve to determine potential of home care role in combating sepsis
- HCA investigated at the national level, across states and array of professional sources in attempt to identify home care sepsis experience, possible resources and tools related to home health/community setting; none were found, but HCA received reinforcement to pursue from all contacts, and great interest in what HCA might innovate
- HCA moved to highlight sepsis in November 2014 HCA Statewide Quality Symposium and December 2014 session of the HCA Quality Committee



# **HCA Home Care Screening Tool for Sepsis Early Recognition and Intervention**

# HCA Adult Sepsis Screen and Protocol

## Authorized Use!

- Please note that all text, methodologies, processes, courseware, images and other material contained in this webinar and the Sepsis Tool included therein (the “Information”) are the proprietary information of the Home Care Association of New York State, Inc. It is illegal to use, copy and/or distribute any of the Information without the express written permission of the Home Care Association, Inc. The Information is being provided solely in connection with a webinar to explain the use of the Sepsis Tool and for no other purpose, and no license is provided to access or use the Information except for the limited purpose of participating in this webinar.



# **HCA Home Care Screening Tool for Sepsis Early Recognition and Intervention**



# Home Care Services

## Adult Sepsis Screening – SBAR Form

Patient's Name: \_\_\_\_\_  
Medical Record #: \_\_\_\_\_  
Date Completed: \_\_\_\_\_

**1** Does the patient's history, physical examination, or other findings suggest an infection? ☐ Yes ☐ No

If Yes, specify source of infection \_\_\_\_\_ and select one or more suspected sites: \_\_\_\_\_  
**or potential source of infection?**

<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Active treatment
<input type="checkbox"/> Urinary tract infection	<input type="checkbox"/> Implanted device infection
<input type="checkbox"/> Acute abdominal infection	<input type="checkbox"/> Endocarditis
<input type="checkbox"/> Meningitis	<input type="checkbox"/> Recent Chemotherapy/Immunocompromised
<input type="checkbox"/> Bone or joint infection	<input type="checkbox"/> Wound infection or skin infection
<input type="checkbox"/> Bloodstream catheter infection	<input type="checkbox"/> Other source of infection (describe) _____

**2** Are any **2 (or more)** of the following systemic criteria present? ☐ Yes ☐ No If yes, check all that apply:

- |  |   |
|--|---|
| <input type="checkbox"/> Fever (oral temperature $>38.3^{\circ}\text{C}$ [ $100.9^{\circ}\text{F}$ ] or<br>hypothermia (core temperature $<36.0^{\circ}\text{C}$ [ $96.8^{\circ}\text{F}$ ]) | <input type="checkbox"/> Tachycardia (heart rate or pulse $>90$ beats/minute)<br><input type="checkbox"/> Tachypnea (respirations $>20$ breaths/minute) |
|--|---|

**3** Is at least one new (since the last screen) sepsis-related organ dysfunction criteria present from the following list? ☐ Yes ☐ No  
If yes, check all that apply:

### Neurological

- ☐ New onset acutely altered mental status/difficult to arouse

### Lung

- ☐ New onset saturation  $<90\%$  by pulse oximetry, on supplemental oxygen SPO2 other than baseline

### Kidney

- ☐ New onset urine output decreased from the patient's baseline with adequate fluid intake (and not due to ESRD)

### Cardiovascular

- ☐ New onset hypotension (systolic blood pressure  $<90$  or decreases by  $>40$  mm Hg)

- ☐ New onset pale/dicolor

### Pain

- ☐ New onset pain/general discomfort

If the answers to questions 1, 2, and 3 above are all “No”, then STOP. Screening is complete for this visit.

## FOLLOW-UP


### **The Patient Meets Criteria for Infection**

If the answer to #1 is yes and the answer to #2 and #3 are no educate the patient on signs and symptoms of Sepsis.

### **The Patient Meets Criteria for MD Notification**

If the answer to question #3 is “Yes” and answers to questions #1 and/or #2 are “No”, then notify MD of your findings and document.

### **The Patient Meets Criteria for Sepsis**

If the answer to questions #1 and #2 are “yes”, but the answer to question #3 is “no”, then the patient meets criteria for sepsis. Document your findings, notify the provider and  **obtain MD order to draw CBC.**

### **The Patient Meets Criteria for SEVERE Sepsis**

If the answer to questions #1, #2, and #3 are all “yes,” then the patient meets screening criteria for severe sepsis. Document your findings, notify the provider and have patient transported to emergency department for evaluation.

# INTERVENTIONS

## Check all that apply:

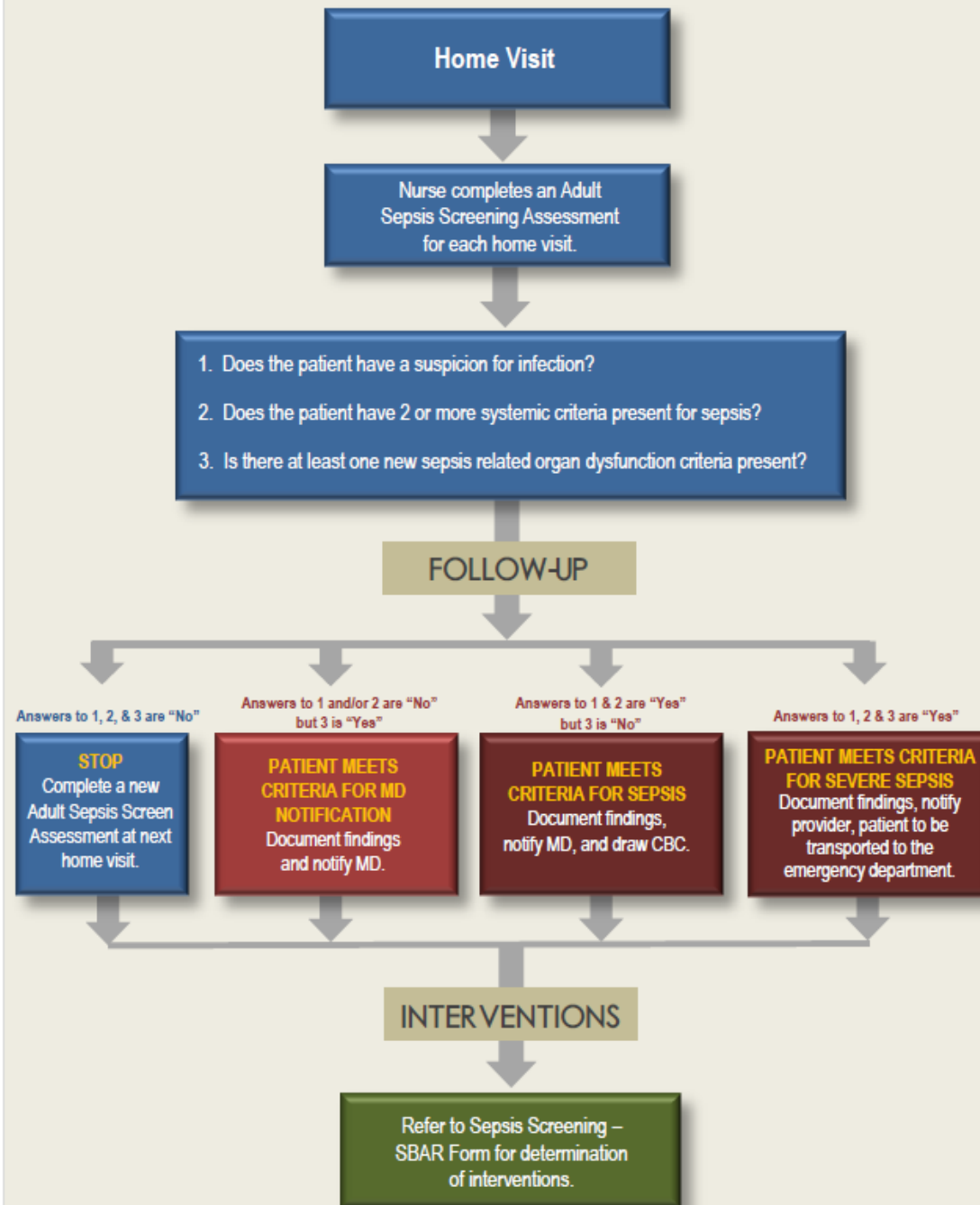
- ☐ The interventions in the Sepsis Protocol are clinically contraindicated (provider determination) the patient has been educated on the signs and symptoms of Sepsis.
- ☐ The patient has advanced directives in place at this time which precludes any of the protocol interventions (e.g., an order in place for “comfort measures only”). Education has been completed with the patient and/or caregiver on symptom management of Sepsis.
- ☐ The patient or surrogate declined or is unwilling to consent to protocol interventions. Provider has been notified of the decision not to receive acute intervention. Education has been completed with the patient and/or the caregiver as to the risks and benefits of declining intervention.
- ☐ The patient has met all criteria for severe sepsis and requires immediate intervention, MD notified, patient to be transported to emergency department, and report called to the receiving emergency department.
- ☐ The patient meets Sepsis criteria, MD notified, antibiotics initiated, and next skilled nursing visit to be completed within 24 hours.

Time criteria met and provider notified: \_\_\_\_\_  
Date/Time

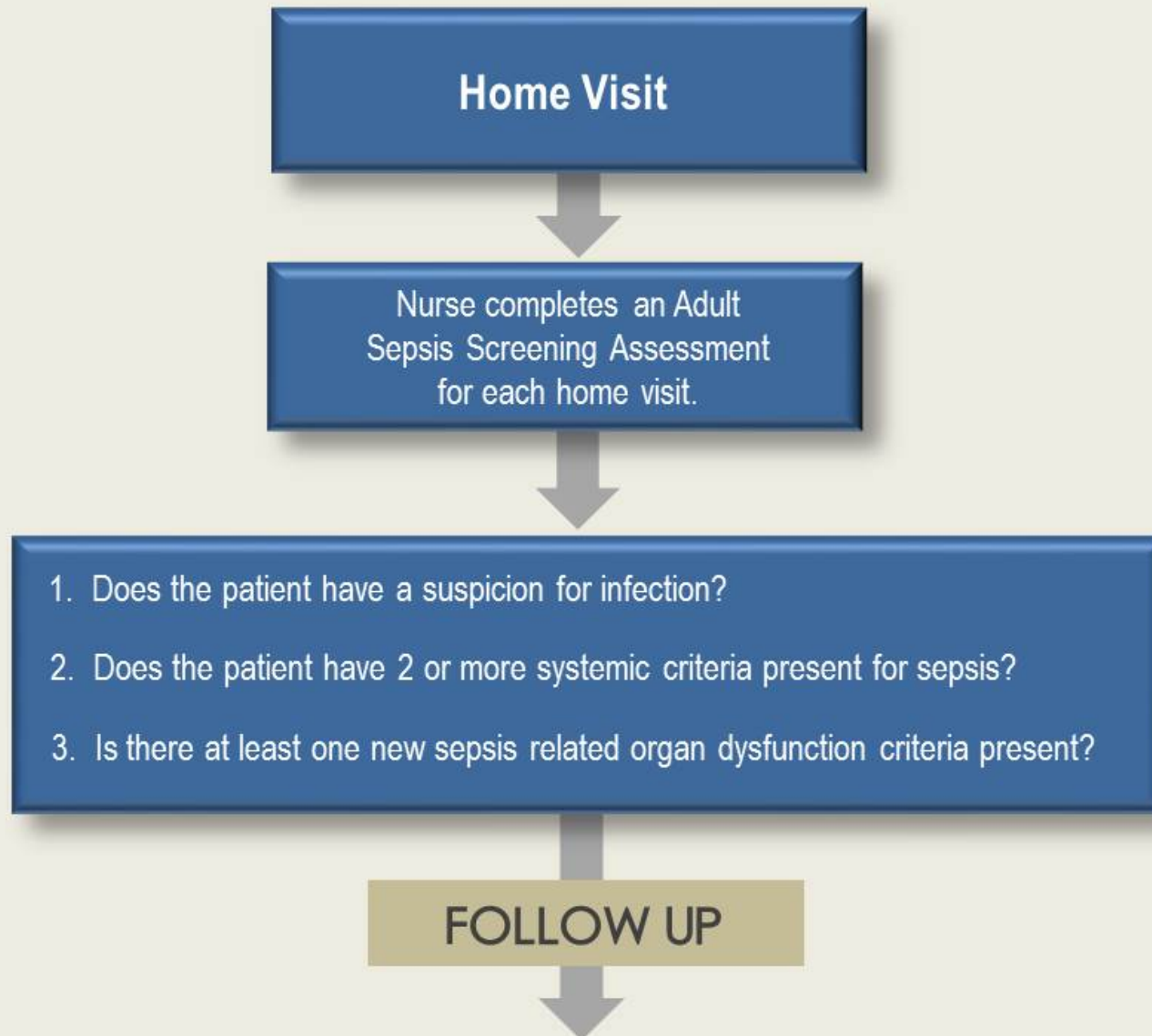
Provider Notified: \_\_\_\_\_  
Provider's Name

Signature: \_\_\_\_\_, RN

## Adult Sepsis Screen Flow Chart



# Adult Sepsis Screen Flow Chart





## FOLLOW UP

Answers to 1, 2, & 3 are "No"

**STOP**  
Complete a new Adult  
Sepsis Screen  
Assessment at next  
home visit.

Answers to 1 is "Yes" but  
2 and 3 are "No"

**EDUCATE THE  
PATIENT ON SIGNS  
AND SYMPTOMS OF  
SEPSIS**

Answers to 1 and/or 2 are  
"No" but 3 is "Yes"

**PATIENT MEETS  
CRITERIA FOR MD  
NOTIFICATION**  
Document findings  
and notify MD.

Answers to 1 & 2 are "Yes"  
but 3 is "No"

**PATIENT MEETS  
CRITERIA FOR  
SEPSIS**  
Document findings,  
notify MD, and draw  
CBC.

Answers to 1, 2 & 3 are "Yes"

**PATIENT MEETS  
CRITERIA FOR  
SEVERE SEPSIS**  
Document findings,  
notify provider, patient  
to be transported to  
the emergency  
department.

## INTERVENTIONS

Refer to Sepsis Screening –  
SBAR Form for determination  
of interventions.



## Early Signs and 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!

### Signs and Symptoms of Sepsis

Watch for a combination of **INFECTION** + fever or feeling chilled, confusion/sleepiness, fast heart rate, fast breathing or shortness of breath, extreme pain and pale/discolored skin.



## 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 experience **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:

## Key Points About the Sepsis Screening Tool

- Screening is to be completed at start of care, resumption of care, and every visit
- The interventions are *recommended interventions* and not a substitute for treatment, consultation or direction from a physician or authorizing practitioner
- If clinicians choose to order tests/interventions not listed on the tool, they need to document at bottom of the screen tool (or “refer to nurse note” and document on nurse note the intervention that was ordered)
- Patient/public education component is significant



## Guidance for Agency Adoption of Tool

- Agency adoption; leadership buy-in
- Staff training, effective discernment of criteria, effective application of screen
- Incorporation in agency EHRs
- Evaluation, tracking of outcomes, feedback for potential improvement
- Effective work with partners (MD, hospital, EMS)
- Support for home care agency and partner effort (from public officials, payors, other actors)

## Guidance for Agency Adoption of Tool: Experience & Takeaways from IPRO Initiative

- Senior leadership support is imperative for the success of this initiative
- Feedback from the training sessions has been positive
  - Professional staff are surprised at the data sepsis statistics
  - Training sessions inspire “awesome discussions”
  - Utilization of the screening tool would be significantly greater if it was integrated into their electronic health assessment
- Survey of IPRO trained home health staff (August 2016):
  - Requested educational webinar on use of tool
  - Revealed that most agencies have plan of care parameters and guidelines to identify sepsis



# HCA Sepsis Tool Webinar Series

<http://atlanticquality.org/initiatives/sepsis-initiative/>

- **Webinar I – September 30, 2016**
  - Critical background on the sepsis emergency, presentation of the HCA Home Care Sepsis Screening Tool and Protocol
- **Webinar II – October 20, 2016**
  - Strategies for agency adoption of the Tool and EHR integration
  - **Webinar III: Train the Trainer – Date Pending**

**Participation in all three (or subsequent if needed) of these preparatory webinars is required for agencies to be able to utilize the tool**

Following the third or final webinar, this tool itself will be made directly accessible to agencies

## Next Steps

- Our goal is that **all** NYS home care providers adopt and employ this lifesaving screen and protocol
- Guide and assist providers in adoption and use
- Seeking complementary federal, state and philanthropic reinforcement and the forging key strategic health system partnerships further building upon this effort
- Work with Visiting Nurse Association of America which has reached out to partner w/us to promote in NYS and nationally
- Further collaboration with Centers for Disease Control
- Continuing discussion with the State Hospital Association re collaborative hospital-homecare sepsis initiatives - e.g., bundled payments, clinical pathways
- Upcoming meeting with State Medicaid Director
- Upcoming meetings with the State Administration and Legislature to support in the coming budget and legislative session





# **Panel Discussion Questions & Feedback**

## Resources

- **Home Care Association of NYS, Inc.** <http://hca-nys.org/>
- **Centers for Disease Control & Prevention**  
<http://www.cdc.gov/sepsis/>
- **Sepsis Alliance** - <http://www.sepsisalliance.org/>
- **The Rory Staunton Foundation**  
<https://rorystauntonfoundationforsepsis.org/>
- **NYS Department of Health** - <https://www.health.ny.gov/>
- **AQIN / IPRO** - <http://www.stopsepsisnow.org>
- **Centers for Medicare & Medicaid Services**  
<http://www.medicare.gov>

# Questions, Comments

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