

# *Launch of NYSHealth Foundation Grant for Sepsis Screening and Intervention:*

**The Home Care Association of New York State's  
Screening & Intervention Tool for Sepsis**

***Workplan for statewide clinical and  
agency training, continuum partner collaboration  
public education and outreach,  
patient and population data, and more***

**November 9, 2017**

**Presented by**

**The Home Care Association of New York State (HCA)**

**I PRO Quality Improvement Organization/Network**

**National Sepsis Alliance**

**Rory Staunton Foundation for Sepsis Prevention**

# ***NYSHealth Acknowledgement***

*Support for this work is provided by the New York State Health Foundation (“NYSHealth”).*

*The mission of NYSHealth is to expand health insurance coverage, increase access high-quality health care services, and improve public and community health.*

*The views presented here are those of the authors and not necessarily those of the New York State Health Foundation or its directors, officers, and staff.*

*HCA gratefully acknowledges NYSHealth for its support of this important initiative!*

# Today's Launch Agenda

- I. Introduction and purpose.
- II. Background: HCA home care sepsis initiative, and connected CMS/IPRO special innovations sepsis initiative.
- III. Sepsis Leaders and Core Resource Partners to the Grant Component: Sepsis Alliance and Rory Staunton Foundation
- IV. Overview of grant, grant purpose, components and goals.
- V. Regional Training and Cross-Sector Collaboration/ Coordination Sessions.
- VI. Compelling sepsis facts, developments and import within health care reforms and new models- Why this initiative and your participation matters!

# I. Introduction and Purpose

- Welcome to this statewide teleconference on the *NYSHealth* Foundation grant to support statewide implementation and clinical use of the HCA Home care Sepsis Screening and Intervention initiative (“tool”).
- The purpose of today’s teleconference is to formally introduce and provide key background on this major grant, its components, and its statewide assistance and goals for providers, all system stakeholders, and the public.
- This grant is designed to specifically:
  - Encourage and assist statewide adoption and use of the HCA-innovated sepsis tool in *all* clinical visits by *all* home care agencies, and by other applicable providers.

# I. Introduction and Purpose

- Assist current, potential and new users of the tool in agency clinical use and integration.
- Educate and facilitate coordination with continuum of care partners in the use of the tool and in overall coordination of sepsis response.
- Promote community public awareness and education.

# I. Introduction and Purpose

This grant supports overarching goals for:

- Sepsis prevention, early identification and treatment, and mitigation - saving life and health, averting catastrophic cost, and fostering sepsis collaboration by partners across the continuum.
- The individuals at risk - which essentially means *any individual at any given time* - and particularly the high risk, who are especially prevalent in the population reached by home care.
- The care and support of survivors.

# I. Introduction and Purpose

*In NYS and across the country, the many lives lost to or fundamentally affected by sepsis, inspire the preventive efforts sought through this initiative and NYHealth's supportive grant.*

# I. Introduction and Purpose

- This *NYSHealth* grant has been awarded to HCA for the period beginning October 1, 2017 through October 31, 2018.
- To date, our start-up activities have included:
  - Preliminary announcements to providers, state officials and stakeholders of approval.
  - Formation of curriculum content; Convening of a multi-sector, multidisciplinary and top level expert steering committee.
  - Planning of statewide training and cross-sector collaboration sessions.
  - Development of data portal to support the initiative and the individual users.
  - Development of a dedicated “Stop Sepsis At Home” website.
  - And more.

## II. Background on the HCA Initiative and Parallel IPRO/CMS Special Innovations Initiative

### The HCA Sepsis Initiative

- Responding to outreach from sepsis advocacy, engagement from sepsis clinical leaders, and from the compelling data on sepsis prevalence, health and life impacts, risk factors, costs, and other factors, HCA undertook efforts to determine whether and how home care could collaborate in the prevention/intervention effort.
- HCA researched the country for models, tools, protocols or any roles being taken in home and community care settings for sepsis intervention; none were found. However, HCA was encouraged everywhere to continue to pursue.

## II. Background on the HCA Initiative and Parallel IPRO/CMS Special Innovations Initiative

- Engagement with sepsis clinical experts, Dr. Martin Doerfler, Associate Chief Medical Officer for the Northwell Health System and member of NYS's Sepsis Advisory Committee, and Dr. Steven Simpson, Chief Medical Officer for Sepsis Alliance and Medical Director for Pulmonary and Critical Care at University of Kansas, compelled us forward, encouraged further by CDC, the NYS Department of Health, Sepsis Alliance and Rory Staunton Foundation.
- HCA devoted the next two - three years to the design, refinement, testing, vetting, and finalization of a first-in-the-nation sepsis tool for use by home care clinicians.
- HCA sepsis workgroup and clinical leader Amy Bowerman, RN, Executive Director, Patient Care Director and Quality Director for Senior Health Network, led the development of the tool, corresponding algorithm and protocol; workgroup partner IPRO, developed and added a patient education "zone" tool.

## II. Background on the HCA Initiative and Parallel IPRO/CMS Special Innovations Initiative

- The comprising instruments (shown in the ensuing slides) include:
  - a patient screen to be completed by home health clinicians;
  - an algorithm for clinical follow-up to the screen findings;
  - a protocol for standardized clinical use of the screen and algorithm;
  - and a patient education tool.
- The instruments and protocol are for adoption and integration into agencies' clinical policies, practices, and electronic health records. They have been designed to sync with hospital sepsis requirements.

# SNAPSHOT OF THE HCA SEPSIS TOOL

**Home Care Services Adult Sepsis Screening Tool**  
For use in conjunction with Sepsis Protocol.

ATTACHMENT A

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

**1** Does the patient's history, physical examination, or other findings suggest an infection or potential source of infection?  Yes  No  
If Yes, specify source or potential source of infection and select one or more below:  
 Pneumonia  Active treatment  
 Urinary tract infection  Implant...  
 Acute abdominal infection  Endocarditis  
 Meningitis  Recent Chemotherapy/Immunocompromised  
 Bone or joint infection  Wound infection or skin infection  
 Bloodstream catheter infection  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:  
 Fever (oral temperature >38.3° C [100.9° F] or hypothermia (core temperature <36.0° C [96.8° F])  Tachycardia (heart rate or pulse >90 beats/minute)  
 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/discolor  
**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," then educate the patient on signs and symptoms of Sepsis and provide patient with information sheet "Early Signs and Symptoms of Sepsis" (Attachment C).

**The Patient Meets Criteria for MD Notification**  
If the answers to question #2 and/or #3 are "Yes," then educate the patient on signs and symptoms of Sepsis and 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, educate the patient on signs and symptoms of Sepsis and treatment, and 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, educate the patient on signs and symptoms of Sepsis and treatment, and notify the provider and have patient transported to emergency department for evaluation.

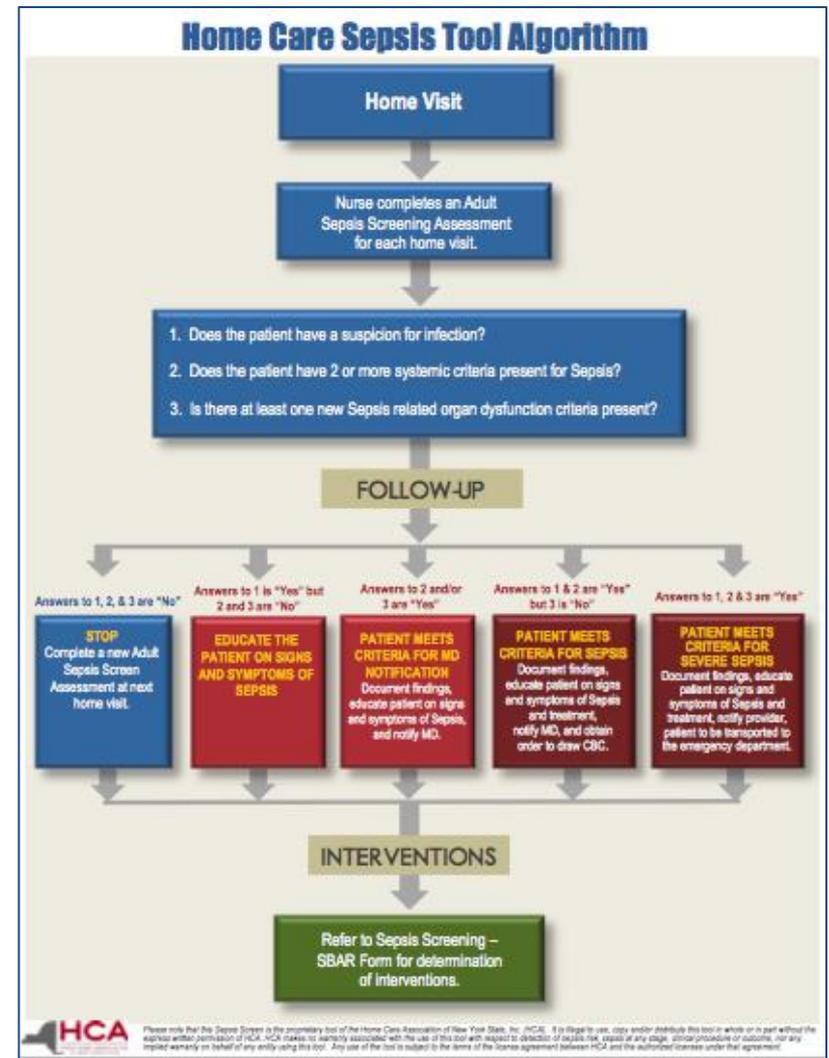
Note: \_\_\_\_\_

**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 and provided with the patient information sheet "Early Signs and Symptoms of Sepsis" (Attachment C).
- 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 educated and to be transported to emergency department, and report called to the receiving emergency department.
- The patient meets Sepsis criteria, patient education, MD notified, antibiotics initiated, and next skilled nursing visit to be completed within 24 hours.

Note: \_\_\_\_\_



# Snapshot of the Patient Education “Zone Tool”



**Quality Improvement Organizations**  
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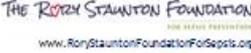


**Atlantic Quality Innovation Network**  
AT - DC - SC

**IPRO**  
Serving  
New York State



**SEPSIS ALLIANCE**  
Sepsis.org



**THE RORY STAUNTON FOUNDATION**  
www.RoryStauntonFoundationForSepsis.org

## 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/dischored 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:

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This material was prepared by the Atlantic Quality Innovation Network (AQIN), 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.  
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Rev. 9/29/2016

# Sepsis Screen Tool – Question Section

## Home Care Services Adult Sepsis Screening Tool

For use in conjunction with Sepsis Protocol.

Patient's Name: \_\_\_\_\_

Medical Record #: \_\_\_\_\_

Date Completed: \_\_\_\_\_

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

If Yes, specify source or potential source of infection and select one or more below:

- |   |  |
|---|--|
| <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) |
|  | <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.

# Sepsis Screen Tool – Follow-up Section

## FOLLOW-UP

### The Patient Meets Criteria for Infection

If the answer to #1 is “Yes” and the answer to #2 and #3 are “No,” then educate the patient on signs and symptoms of Sepsis and provide patient with information sheet “Early Signs and Symptoms of Sepsis” (Attachment C).

### The Patient Meets Criteria for MD Notification

If the answers to question #2 and/or #3 are “Yes,” then educate the patient on signs and symptoms of Sepsis and 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, educate the patient on signs and symptoms of Sepsis and treatment, and 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, educate the patient on signs and symptoms of Sepsis and treatment, and notify the provider and have patient transported to emergency department for evaluation.

Note:

# Sepsis Screen Tool – Intervention Section

## 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 and provided with the patient information sheet “Early Signs and Symptoms of Sepsis” (Attachment C).
- 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 educated and to be transported to emergency department, and report called to the receiving emergency department.
- The patient meets Sepsis criteria, patient education, MD notified, antibiotics initiated, and next skilled nursing visit to be completed within 24 hours.

Note:

Time criteria met and provider notified: \_\_\_\_\_ Date/Time      Provider Notified: \_\_\_\_\_ Provider's Name      Signature: \_\_\_\_\_, RN

# Home Care Sepsis Tool Algorithm

Home Visit

Nurse completes an Adult Sepsis Screening Assessment for each home visit.

1. Does the patient have a suspicion for infection?
2. Does the patient have 2 or more systemic criteria present for Sepsis?
3. Is there at least one new Sepsis related organ dysfunction criteria present?

## 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 2 and/or 3 are "Yes"

**PATIENT MEETS CRITERIA FOR MD NOTIFICATION**  
Document findings, educate patient on signs and symptoms of Sepsis, and notify MD.

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

**PATIENT MEETS CRITERIA FOR SEPSIS**  
Document findings, educate patient on signs and symptoms of Sepsis and treatment, notify MD, and obtain order to draw CBC.

Answers to 1, 2 & 3 are "Yes"

**PATIENT MEETS CRITERIA FOR SEVERE SEPSIS**  
Document findings, educate patient on signs and symptoms of Sepsis and treatment, notify provider, patient to be transported to the emergency department.

## INTERVENTIONS

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

Number, Revision:	Effective Date:
Replaces Number, Revision:	Replaces Date:
	Page 1 of 2

(Organization's Name)

## 1 PURPOSE

This protocol provides guidance for utilizing The Home Care Association (HCA) Sepsis Screening Tool. The Sepsis screen tool is designed to assist streamlining a clinician's assessment to identify and recognize the early, critical signs and symptoms of sepsis in a post-acute care setting. The Sepsis screening tool aligns with the guidelines issued by the New York State Department of Health for hospitals under part 405.4 of Title 10, NYSCR Health, and provides a crosswalk between the community setting assessment and the assessment that is completed during an Emergency Department triage assessment. Prompt recognition of the early signs of Sepsis is the key to improving patient outcomes and decreasing Sepsis related morbidity and mortality. *This protocol provides standardized guidance, for home care clinicians' completion of the screening tool and follow-up, but is not intended to replace a clinician's judgment based on their patient-specific observations, assessment, or determination of intervention.*

## 2 SCOPE

The Home Care Association Sepsis Screening Tool is to be completed by a licensed clinician at every homecare visit.

## 3 REFERENCES

New York State Department of Health 2013 Sepsis Mandate Guidelines for Hospitals  
New York State's Regulations part 405.4 of Title 10, NYSCR Health

## 4 DEFINITIONS / ABBREVIATIONS:

**SEPSIS:** The body's dysregulated response to an infection which can result in life threatening organ dysfunctions.

**SEVERE SEPSIS:** Sepsis plus organ dysfunction.

**NEW ONSET ORGAN DYSFUNCTION:** This must be differentiated from any baseline or previously existing organ dysfunction or pain.

## 5 INSTRUCTION ELEMENTS:

The Adult Sepsis Screen Tool will guide a clinician through a Sepsis assessment screening. A clinician should follow the Sepsis Algorithm (Attachment B) when completing the Sepsis Screen Tool (Attachment A). There are three elements of the Screening Tool: The Screening Questions, Follow-Up and Interventions. All elements must be completed each time an Adult Sepsis Screen Tool is completed.

### SCREENING QUESTIONS

The following three question areas on the tool will provide the clinician with clinical information to determine if the patient meets sepsis criteria or if the patient is at risk for sepsis.

#### 1 Determine Infection:

- Does the patient's history, physical examination or other findings suggest an infection or potential source of infection?
- Document confirmed or potential source of infection if applicable.
  - a. If "YES," specify and select one or more suspected sources from the list.
  - b. If "YES," and the source or potential source of the infection is not listed, use the text box to describe.
  - c. Examples of source or potential source of infections are:
    - Foley catheters
    - Vascular catheters
    - Open wounds
    - Implanted devices (ex. Pacemaker)
  - d. If the patient does not have any existing, suspected or potential source of infection answer "NO."

#### 2 Identify Systemic Criteria:

- Responses are based on objective data obtained from physical examination of the patient.
- Refer to the list of systemic criteria on Sepsis Screen Tool for parameters (Fever, Tachycardia, Tachypnea). Are 2 or more present?
  - a. If "YES," mark all that apply.
  - b. Answer "NO" if 1 or no systemic criteria are present.

#### 3 Identify New Onset Organ Dysfunction:

- Answer "YES" if ANY new onset sepsis-related organ dysfunction or pain is present.
  - a. Neurological
  - b. Lung
  - c. Kidney
  - d. Cardiovascular
  - e. New onset of pain

**\*\*IF RESPONSES TO QUESTIONS 1, 2 and 3 ARE "NO" THEN SCREENING IS COMPLETE FOR THE VISIT\*\*  
REPEAT SEPSIS SCREEN TOOL AT NEXT VISIT.**

The sepsis screening tool to which this protocol applies is the proprietary tool of the Home Care Association of New York State, Inc. (HCA). It is illegal to use, copy and/or distribute this tool in whole or in part without the express written permission of HCA. HCA makes no warranty associated with the use of this tool with respect to detection of sepsis risk, sepsis at any stage, clinical procedure or outcome, nor any implied warranty on behalf of any entity using this tool. Any use of the tool is subject to the terms of the license agreement between HCA and the authorized licensee under that agreement.

Number, Revision:	Effective Date:
Replaces Number, Revision:	Replaces Date:
	Page 2 of 2

(Organization's Name)

### FOLLOW-UP

**Positive findings for ANY of the 3 Screening Questions requires follow-up**

Each Follow-Up item provides direction for the clinician's follow up.

#### The Patient Meets Criteria for Infection:

If the answer to #1 is "YES" AND the answers to #2 and #3 are "NO:"

- Educate the patient on the signs and symptoms of sepsis and provide the patient with "Early Signs and Symptoms of Sepsis" education sheet (Attachment C).

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

If the answers to question #2 and/or #3 are "YES:"

- Educate the patient on the signs and symptoms of Sepsis and notify MD of your findings and document.

#### The Patient Meets Criteria for Sepsis:

If the answers to questions #1 and #2 are "YES," and answer to #3 is "NO," the patient meets criteria for Sepsis.

- Notify provider
- Educate the patient on the signs and symptoms of Sepsis and treatment
- Obtain MD order to draw CBC
- Document

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

Answers to questions #1, #2 and #3 are "YES." Patient has met criteria for infection, systemic involvement and sepsis-related organ dysfunction.

- Notify provider
- Educate patient on signs and symptoms of Sepsis and treatment
- Have patient transported to emergency department for evaluation
- Contact receiving emergency department to provide report
- Document

### INTERVENTIONS

Complete this section for all patients that received "Follow-Up" actions.

Document all that apply:

- The patient and/or caregiver has been educated on the signs and symptoms of Sepsis and provided with patient information sheet: "Early Signs and Symptoms of Sepsis" (Attachment C).
- The interventions in the Sepsis Protocol are clinically contraindicated (provider determined). Education has been completed with the patient and/or caregiver on symptom recognition and management of sepsis.
- The patient has advanced directives in place 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 recognition and 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 caregiver as to the risks and benefits of declining intervention.
- The patient has met all criteria for severe Sepsis and requires immediate intervention. Patient educated, MD notified, patient transported to emergency department, and report called to the receiving emergency department.
- The patient meets Sepsis criteria. Patient educated, MD notified, antibiotics initiated and next skilled nursing visit to be completed within 24 hours.
- Document any follow-up actions completed that is not listed.

**"The Adult Sepsis Screen Tool will not be used as standing MD orders"**

**"If completing the Adult Sepsis Screen Tool electronically, there may be variations in how the questions are purposed; however, the content and sequence of responses should not be altered from the original paper form. (Attachments A & B)"**

### USER EDUCATION

All trainers and users of the Adult Sepsis Screen Tool will complete the required education to ensure proper utilization, refer to Adult Sepsis Screen Tool user agreement.

The sepsis screening tool to which this protocol applies is the proprietary tool of the Home Care Association of New York State, Inc. (HCA). It is illegal to use, copy and/or distribute this tool in whole or in part without the express written permission of HCA. HCA makes no warranty associated with the use of this tool with respect to detection of sepsis risk, sepsis at any stage, clinical procedure or outcome, nor any implied warranty on behalf of any entity using this tool. Any use of the tool is subject to the terms of the license agreement between HCA and the authorized licensee under that agreement.

## II. Background on the HCA Initiative and Parallel IPRO/CMS Special Innovations Initiative

- Authorization for use is implemented via an HCA use-agreement.
- The agreement is to abide the use of the instruments and protocol w/o alteration (for standardization and quality control), participation in prerequisite sepsis and tool training, and agreement to participate in data sharing to assist with support, quality, program development, evaluation and potential policy development.
- Educational webinars that were conducted to help prepare providers, are recorded and available at HCA, IPRO and US CDC websites, and include training, train-the-trainer, and integration into agency electronic health records.

## II. Background on the HCA Initiative and Parallel IPRO/CMS Special Innovations Initiative

- The tool was formally launched at the end of March 2017, following notice to the State Health Commissioner and Department.
- Providers across NYS have begun using the tool, with many reporting extremely positive experience, and with additional agencies adopting the tool on an ongoing basis.
- Providers in other states are also adopting, including multi-tier health systems (hospital, home care, ambulatory care, nursing home).
- Providers can contact [sepsistool@hcanys.org](mailto:sepsistool@hcanys.org) to request instructions for adoption and use of the tool.

## II. Background on the HCA Initiative and Parallel IPRO/CMS Special Innovations Initiative

### IPRO/CMS Special Innovations Initiative

- Parallel to HCA's work on the tool, IPRO was selected to sponsor a CMS Special Innovation Project in NY regions focusing on early recognition and screening/intervention at community level.
- HCA sepsis tool was selected for and incorporated in the CMS/IPRO Special Innovation Project .
- The project is operating in two major regions of NYS with high incidence (Central NY and Broader Capital Region).

## II. Background on the HCA Initiative and Parallel IPRO/CMS Special Innovations Initiative

- Over 9,600 home and community health providers and non-clinical staff have been trained on sepsis awareness.
- The program runs through September 2018.
- The program has offered advance experience and input into the HCA sepsis tools and training, and further basis for consideration as a national model.

## II. Background on the HCA Initiative and Parallel IPRO/CMS Special Innovations Initiative

- 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

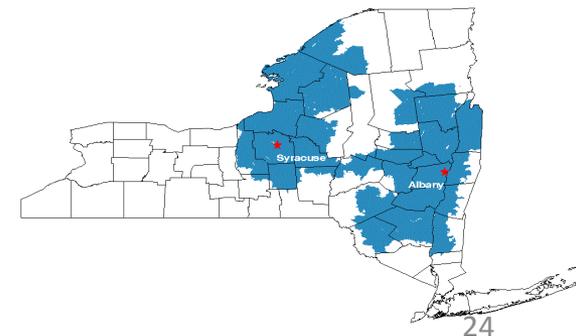
- In-hospital mortality rate of 15.6%
- Ranks 7th in NYS Hospital Referral Regions for sepsis admissions

### National

- In-hospital All Cause Mortality Rate - 4.2%

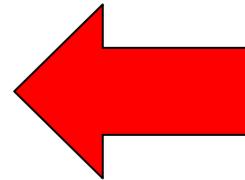
Source: CMS Medicare FFS Paid Claims Data

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



# 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	1,635	19.2%
Eight To Thirty Days	3,014	35.4%
More Than Thirty Days	3,870	45.4%



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

**Highest Mortality Rate Occurs within first 5 days of hospital Stay**

## Hospital Admissions:

- Patients with one or more admissions: 7,353
- Total number of admissions: 8,519

## Hospital Utilization:

- Average Length of Stay: 11.7 days
- Total Days of Care: 99,027

## Hospital Medicare FFS Expenditure:

- Average Expenditure Per Case: \$23,050
- Estimated Total Expenditure: \$196 Million

Source: CMS Medicare FFS Paid Claims Data

## II. Background on the HCA Initiative and Parallel IPRO/CMS Special Innovations Initiative

### IPRO Community Based Train-the-Trainer Sessions

- Home Health Agencies
  - Clinical and non-clinical staff
- Skilled Nursing Facilities
  - Clinical and non-clinical staff
- Physician Practices
  - Clinical and non-clinical staff
- Dialysis Centers
  - Clinical and non-clinical staff
- **28** Regional Train-The-Trainer sessions held to date
  - **9,633** pre-hospital providers and caregivers have been trained on Sepsis Awareness utilizing AQIN-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 <i>PRIOR TO</i> the start of the session			Please answer the questions in the blue section <i>AT THE END</i> 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-TskSIP-Sepsis-16-08.

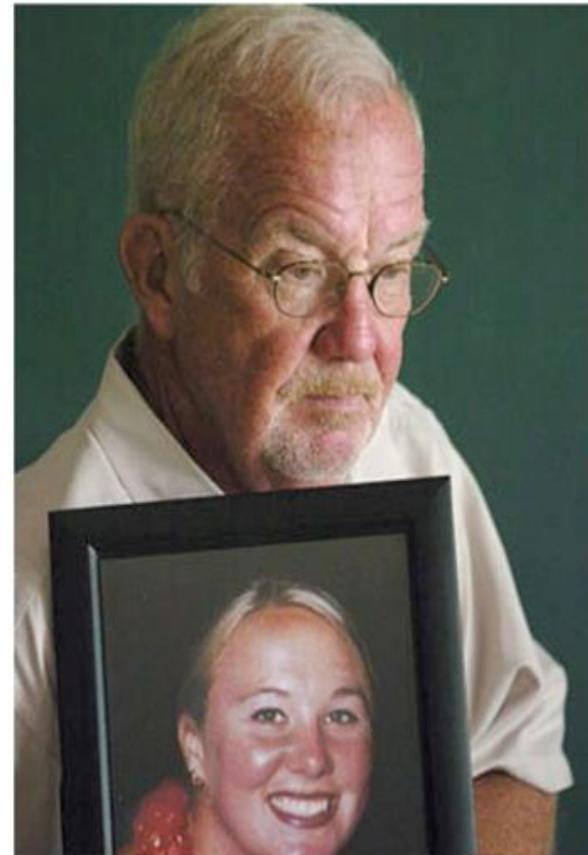
## II. Background on the HCA Initiative and Parallel IPRO/CMS Special Innovations Initiative

- Community Based Sepsis Initiative Measures
  - 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

### III. Sepsis Leaders and Core Resource Partners to the Grant Component: Sepsis Alliance and Rory Staunton Foundation

#### Sepsis Alliance

- Founded 2007, Dr. Carl Flatley – Father AND Doctor
- Leading national sepsis advocacy organization in North America
- 1.5 million+ visits each year to Sepsis.org
- Awareness 19%, now 58%. Sepsis Alliance Awareness Survey
- Founded *Sepsis Awareness Month* in 2011



Sepsis.org

2017 **SEPTEMBER**  
**SEPSIS** SAY SEPSIS  
SAVE LIVES  
SEPSISAWARENESSMONTH.ORG

Suspect Sepsis, Save Lives



### III. Sepsis Leaders and Core Resource Partners to the Grant Component: Sepsis Alliance and Rory Staunton Foundation

## Sepsis Alliance Mission

*Save Lives And Reduce Suffering By Raising Awareness of Sepsis As a Medical Emergency*

*Awareness, Education, Prevention, Early Recognition, Treatment and Support*

1. Public
2. Providers
3. Policy-makers
4. Survivors

**SYMPTOMS OF SEPSIS**

**S** Shivering, fever, or very cold  
**E** Extreme pain or general discomfort (“worst ever”)  
**P** Pale or discolored skin  
**S** Sleepy, difficult to rouse, confused  
**S** “I feel like I might die”  
**S** Short of breath

Watch for a combination of these symptoms. If you suspect sepsis, see a doctor urgently, CALL 911 or go to a hospital and say, “I AM CONCERNED ABOUT SEPSIS.”

SEPSIS.ORG

### III. Sepsis Leaders and Core Resource Partners to the Grant Component: Sepsis Alliance and Rory Staunton Foundation

- 1.6 million cases 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 – 18 kids each day.
- #1 cause of death in U.S. hospitals.
- #1 driver of readmission to a hospital (30 days).
- #1 cost of hospitalization - \$27B/yr.
- Up to 50% of sepsis survivors suffer from post-sepsis syndrome (PSS).

### III. Sepsis Leaders and Core Resource Partners to the Grant Component: Sepsis Alliance and Rory Staunton Foundation

- Commonly misunderstood as a hospital problem, *over 80% of sepsis cases originate in home and community.*
- Home care and long term care treat our population most vulnerable to sepsis.
- Among highest risk populations are the elderly, the chronically ill, persons with disabilities, medically fragile children, individuals with compromised immune systems, individuals with recurrent UTI and pneumonia, and others routinely within home care's patient population.

### III. Sepsis Leaders and Core Resource Partners to the Grant Component: Sepsis Alliance and Rory Staunton Foundation

- Time to treatment is critical – mortality increases 8% every hour that treatment is delayed.
- Early identification and treatment are the key to improved outcomes and reduced costs.
- Biggest next opportunity lies in public awareness and primary care education and training.
- Home care and long term care treat our population most vulnerable to sepsis.



**SEPSIS ALLIANCE**  
*Suspect Sepsis. Save Lives.*

# COMMITTED TO PARTNERSHIP\*

**If you want to go fast, go alone.  
 If you want to go far, go together.**

AFRICAN PROVERB



**THE UK  
SEPSIS  
TRUST**



THE PEW CHARITABLE TRUSTS



**HCA**  
HOME CARE ASSOCIATION  
OF NEW YORK STATE



IPRO



CDC  
CENTERS FOR DISEASE  
CONTROL AND PREVENTION



**Peggy Lillis  
Foundation**  
*C. diff Education and Advocacy*

Society of  
Critical Care Medicine  
**The Intensive Care Professionals**



**Surviving Sepsis  
Campaign**



**EVERY  
MOTHER  
COUNTS**



**CHEST**  
AMERICAN COLLEGE  
of CHEST PHYSICIANS



**MHA**  
Michigan Health &  
Hospital Association

\* Partial list

[Sepsis Alliance | Sepsis.org](http://SepsisAlliance.org)

### III. Sepsis Leaders and Core Resource Partners to the Grant Component: Sepsis Alliance and Rory Staunton Foundation



The tragic loss of Rory Staunton to sepsis in 2012 spirited the establishment of the Rory Staunton Foundation for Sepsis Prevention, as well as the first in the nation (NYS) hospital protocols for sepsis in 2013, and just this October, the signing of “Rory’s Law” in NYS, a landmark law that will provide for sepsis education in the schools and in state law requirements for health provider education/training in infection control, as well as other proactive sepsis initiatives in others states.

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

# III. Sepsis Leaders and Core Resource Partners to the Grant Component: Sepsis Alliance and Rory Staunton Foundation



## About Our Foundation

We established The Rory Staunton Foundation after our son's death from sepsis in April 2012. Our overriding goal is to ensure that no other child or young adult dies of sepsis resulting from the lack of a speedy diagnosis and immediate medical treatment.

## Our Mission

To reduce the number of sepsis-caused deaths through:

- ❖ Raising public awareness of sepsis through education and awareness programs to promote faster diagnosis and effective treatment for children and young adults
- ❖ Improving medical diagnosis of sepsis, particularly pediatric sepsis, through the implementation of rapid treatment protocols and improved communication between parents and medical staff in hospitals and medical clinics
- ❖ Supporting those affected by sepsis and providing a platform for their voices to be heard.

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

# THE RORY STAUNTON FOUNDATION

FOR SEPSIS PREVENTION



- The Rory Staunton Foundation website contains assistive background on sepsis developments and educational resources. Below are drop down menus and other examples from the site.



# THE RORY STAUNTON FOUNDATION

FOR SEPSIS PREVENTION

[HOME](#)

[ABOUT US](#)

[RORY](#)

[SEPSIS](#)

[SEPSIS STORIES](#)

[OUR WORK](#)

[TAKE ACTION](#)

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## Sepsis Protocol

Sepsis is the number one cause of death in hospitals across the United States. However, sepsis protocols in hospitals have been proven to reduce death from sepsis and lower healthcare costs.

In 2013, New York State became the first in the nation to establish a statewide mandate requiring all hospitals to adopt sepsis protocols. Known as Rory's Regulations, the protocols were designed to improve rapid identification and treatment of sepsis, providing for:

- ❖ The screening and early recognition of patients with sepsis, severe sepsis and septic shock;
- ❖ A process to identify and document individuals appropriate for treatment through severe sepsis protocols; and
- ❖ Guidelines for treatment including for early delivery of antibiotics.

The protocols must be submitted to the Department of Health for approval and periodically updated, and hospitals are required to train all relevant staff in the protocols. Hospitals are also required to collect data and quality measures to make internal quality improvements, and to report data to the Department of Health for use in monitoring compliance and updating best practices.

The Rory Staunton Foundation was central to the development and adoption of the new standards, known as Rory's Regulations. As of May, 2017, Rory's Regulations have saved more than 5,000 New York lives and resulted in a 20 percent increase in the accurate diagnosis of sepsis patients.

The Regulations also include Parents Bill of Rights, designed to improve quality and oversight of care provided to pediatric patients, including provisions to strengthen the ability of parents to play a meaningful and informed role in a child's healthcare decisions. The regulations require hospitals to implement procedures to ensure that parents and primary care providers receive vital information about children's care, particularly by facilitating the communication of critical tests and lab results.

Illinois adopted the mandatory protocols in 2016 and other states have pledged to follow. A central mission of the Rory Staunton Foundation is to see sepsis protocols adopted in every state by 2020.

Download the full text of Rory's Regulations [here](#)

Download the Parents Bill of Rights [here](#)

# **“Rory’s Law”**

**Passed by NYS Legislature June 2017 and  
Signed October 23 as Chapter 347 of 2017**

## **Sepsis Education Programming**

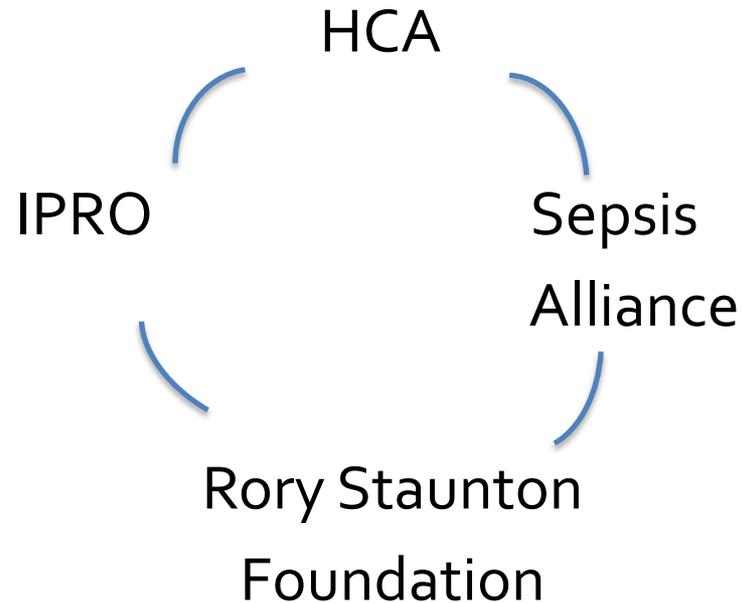
- S.4971-A by Senator Marcellino and A.6053-A by Assemblymember Nolan (passed Senate /Assembly in June; awaits deliver to Governor)
- Establishes a sepsis awareness, prevention and education program within the State Education Department.
- Requires the Commissioner of Education to collaborate with the Commissioner of Health, organizations that promote sepsis awareness, as well as other interested parties, to develop a sepsis awareness, prevention and education program.
- Requires that sepsis be included in school educational programming, in information to parents on sepsis, and included as part of the existing infection control education/training required of health clinicians under the State Education Law.

## IV. Grant, Grant Purpose, Components and Goals

- Promote and support statewide adoption and use of this screening and intervention initiative within the home care sector (by all home care providers and for all home care patients) and by other applicable providers.
- Conduct training for home care and key clinical collaborators in the tool, and broadly in sepsis education.
- Provide technical support for providers and practitioners.
- Coordinate with cross-sector clinical partners (e.g., hospitals, physicians, EMS, health plans).
- Conduct community/public outreach.
- Collect and research data for provider feedback, improvement, research, evaluation and policy.

## IV. Grant, Grant Purpose, Components and Goals

- Core partners in the Grant:



Funded by *NYSHealth*

## IV. Grant, Grant Purpose, Components and Goals

Steering Committee - includes representation from:

- The Home Care Association of New York State
- The IPRO Quality Improvement Organization/Atlantic Quality Improvement Network
- Sepsis Alliance
- Rory Staunton Foundation for Sepsis Prevention
- US Centers for Disease Control and Prevention
- NYS Department of Health (invited)
- Medical Society of the State of New York
- Healthcare Association of New York State and Iroquois Healthcare Alliance (state and regional hospital associations)
- (continued)

## IV. Grant, Grant Purpose, Components and Goals

- NYS Conference of Blue Cross/Blue Shield Plans
- NY Health Plan Association
- United New York Ambulance Network
- NYS Volunteer Ambulance and Rescue Association
- Statewide Senior Action Council
- National Association for Home Care and Hospice
- Visiting Nurse Association of America
- Leading State and National Physicians and Nurse Clinicians
- Individual Hospitals, Home Care Agencies, Health Plans

## IV. Grant, Grant Purpose, Components and Goals

### Grant Components

- **In-depth training** (in-person and adjunctive) for home care clinicians, direct care workers and agency leaders in the adoption and use of the HCA sepsis tool, and broadly in sepsis; this will include **both** current and new agency users of the tool.
  - The training will include **in-person sessions** conducted in eight regions of the state complete with technical and case review presentations, and adjunctive webinars, conferencing. statewide user-calls for technical assistance and information exchange sessions, data sharing, in-service education, and access to additional sepsis resources.

## IV. Grant, Grant Purpose, Components and Goals

- **Collaborative Cross-Sector Sessions** with home care, hospital, physician, EMS, health plans and other key clinical partners to coordinate sepsis response across the continuum. These sessions will be conducted in eight regions of the state, and held immediately following each of the eight training sessions.
- **Media and other public outreach** to increase awareness and education.
- **Data compilation, analysis, data sharing** w/providers and officials for evaluation and improvement, reporting, and recommendations for policy and system-wide sepsis support. Data compilation will be through an IPRO-sponsored HIPAA compliant portal which will enable tracking of every screen, every screen entry, follow-up and intervention recorded.

## IV. Grant, Grant Purpose, Components and Goals

- **Creation of a dedicated website: “Stop Sepsis at Home.”** The website will house all of the project materials, resources, schedules and related. Will also host links to state and national sepsis leader organizations (e.g., Sepsis Alliance, Rory Staunton Foundation, CDC, State Department of Health, etc.).
- **Steering committee** to advise on and support training and implementation, including sepsis leaders and organizational and professional clinical experts, key health sectors, government officials, consumers and other strategic partners.
- Other.

## V. Regional Training and Cross-Sector Sessions

- Regional in-person training and cross sector sessions are planned for home care agencies and clinicians, and for continuum partners, for the following dates and locations. Announcements and registration, with host sites, will follow:
  - Central NY Region - 12/15 (Syracuse)
  - Western NY Region - 12/18 (Buffalo)
  - Hudson Valley Region - 1/11 (Newbergh)
  - Capital Region - 1/24 (Albany)
  - NYC Region - 2/8 (Bronx) 2/9 (Manhattan)
  - Long Island Region - 3/8 (Nassau) 3/9 (Suffolk)

# V. Regional Training and Cross-Sector Sessions

## Training Session Curricula will include:

- Key project background.
- Sepsis as a Medical Emergency, Imperative of Early Identification and Intervention, Identification of High-Risks, System Impact, Relationship to Federal/State Health Reform Priorities and Models of Care and Coverage. This will include multimedia material and presentations.
- Significance of Home/Community Role, Response
- Development, Design and Clinical Application of HCA Sepsis Tool (Comprehensive training on tool and Q&As)
- Case Studies
  - Large Group
  - Breakout session – Small group case study review

(continued next slide)

## V. Regional Training and Cross-Sector Sessions

- Agency Adoption of the Sepsis Tool
  - Adoption into Agency and Clinical Practice
  - EHR Integration (supplement with webinar, w/EHR company joining as faculty)
- Data Collection and Sharing Presentation and Instruction
- Next Steps and Supports in Project Vision

# V. Regional Training and Cross-Sector Sessions

## Cross Sector Collaboration Sessions

- This session will be coordinated with the training sessions; conducted same day, same location. Will be interwoven with, or prefaced by, an orientation to the tool as provided in the agency/clinician session to ensure that collaborating partners are informed about the tool, how it works, and home care's use of it.
- The focus of these sessions will be the opportunity for multi sector (home care, hospital, physician, EMS, health plans) discussion to exchange key information, perspectives, challenges, needs and best practices for effective coordination on sepsis.
- These sessions will also include recommendations for further planning among continuum partners.

## VI. Major Sepsis Facts and Developments: Why this initiative and your participation matters!

- In addition to the compelling discussion of the prior slides, these next slides provide further sepsis facts and developments, and ultimately, further underscore why this initiative and your participation matters.

## VBP – PAH & PAC measures and Sepsis Care

- The PAH measure directly addresses one of the leading causes of in-patient admissions and high hospitalization costs: Sepsis.
- The PAC measure also includes sepsis as a potentially avoidable complication in many VBP arrangement care episodes.
- Providers and MCOs should work together on exploring innovative ways to help decrease sepsis and sepsis hospitalization.
- Sepsis/sepsis hospitalization reduction is a Win, Win, Win situation for everyone involved.
  - Providers win by meeting or exceed their VBP quality measure and performance targets.
  - MCOs win by saving on the high costs of sepsis hospitalization.
  - Most importantly, patients win by receiving higher quality proactive care.

## VI. Major Sepsis Facts and Developments: Why this initiative and your participation matters!

- New York State's and CMS's DSRIP and VBP *Roadmap* goals and milestones center on improved quality and reduced costs, and particularly on significant reductions in potentially avoidable hospitalizations (PAH).
- The targeting of sepsis addresses one of the major factors affecting quality, PAH and cost, and the HCA Sepsis Tool provides a concrete innovative, concrete means of sepsis targeting as well as targeting of other PAHs against which plan performance is to be gauged under VBP.

## VI. Major Sepsis Facts and Developments: Why this initiative and your participation matters!

- Sepsis is:
  - Among the leading costs of hospitalization.
  - The #1 cause of 30 day Medicare hospital readmissions.
  - The #1 Medicaid expense for potentially avoidable hospitalizations (excluding the HARP population where it is #2), for NYS hospitals.

## VI. Major Sepsis Facts and Developments: Why this initiative and your participation matters!

- Sepsis is nearly double the readmission rate of the top CMS-clocked readmission cause (i.e., heart failure) that is subject to hospital penalty (study published in January 2017 Journal of the American Medical Association showed that 12.2% of readmissions were caused by sepsis, compared to heart failure, pneumonia, COPD and heart attack, at 6.7%, 5%, 4.6% and 1.3%, respectively).
- The populations with highest sepsis prevalence are served by mainstream MCO and MLTCs.

## VI. Major Sepsis Facts and Developments: Why this initiative and your participation matters!

- The HCA Sepsis tool directly screens for conditions targeted for potentially avoidable hospitalizations under the state's VBP metrics and requirements:
  - Sepsis
  - Respiratory Infections
  - Urinary Tract Infections (UTI)
- Additionally, the screen tool can help identify (through its screening for symptoms such as Tachycardia, change in mental status, etc.):
  - Electrolyte imbalance
  - Anemia
  - Heart failure

## VI. Major Sepsis Facts and Developments: Why this initiative and your participation matters!

- This provides potential benefits of the tool in screening for and addressing multiple high risk conditions associated with PAHs, in addition to sepsis specifically.
- Also, the tool's overall intensified focus on infection and infection prevention and control adds to its potential in PAH, cost-reduction, and quality.

## VI. Major Sepsis Facts and Developments: Why this initiative and your participation matters!

More reasons credentialing home health *specifically* in sepsis intervention:

- Home care's unique position and credentials make it an all the more compelling role player in the sepsis effort. These include:
  - Home care clinicians are in homes and in communities.
  - Home care clinicians are expert educators, screeners, evaluators, interveners, and system navigators.
  - Home care is a patient- and culturally-centered, and cost-effective vehicle.
  - Home and community is the growing and future milieu of care.

# Questions??

- Al Cardillo, LMSW, HCANYS ([acardillo@hcanys.org](mailto:acardillo@hcanys.org))
- Amy Bowerman, RN, Mohawk Valley Health System ([abowerma@mvhealthsystem.org](mailto:abowerma@mvhealthsystem.org))
- Sara Butterfield, RN, IPRO ([Sara.Butterfield@area-1.hcqis.org](mailto:Sara.Butterfield@area-1.hcqis.org))
- Eve Bankert, MT, IPRO ([Eve.Bankert@area-1.hcqis.org](mailto:Eve.Bankert@area-1.hcqis.org) )
- Thomas Heymann, MBA, National Sepsis Alliance ([theymann@sepsis.org](mailto:theymann@sepsis.org))
- Orlaith Staunton, Rory Staunton Foundation for Sepsis Prevention ([orlaithstaunton@rorystauntonfoundation.org](mailto:orlaithstaunton@rorystauntonfoundation.org) )