

Preventing Sepsis: National Efforts and New Home Care Initiative in New York State

A Presentation to the StateWide Senior Action Council

by

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Presenters

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Tom Heymann, MBA, Executive Director National Sepsis alliance

About HCA, Sepsis Alliance & MVHS

- **The Home Care Association of New York State (HCA)** is NY's statewide association representative of home and community based care. HCA is comprised of health systems (proudly including **MVHS**), hospitals, nursing homes, free-standing agencies, managed long term care plans, hospices, waiver programs, allied organizations and individuals involved in the provision of home care services to several hundred thousand NYS patients annually. HCA is also a proud partner to Sepsis Alliance.
- **Sepsis Alliance** is the largest sepsis advocacy organization in the U.S. working in all 50 states to save lives and reduce suffering from sepsis. Sepsis Alliance is a charitable organization run by a team of dedicated laypeople and healthcare professionals who share a strong commitment to battling sepsis.
- **Mohawk Valley Health System**, located in Central New York, is a comprehensive health system comprised of acute hospital care (St. Luke's Hospital), home care (VNA of Utica and Oneida County), long term and rehab care (St. Luke's Home), primary care, managed long term care (Senior Health Network), and an array of diverse allied health services.

Introduction/Overview

- We thank StateWide Senior Action for the opportunity to present and discuss with you this extremely serious issue of sepsis, to which seniors are among the highest risk, and to describe this *first-of-a kind initiative* in New York and nationwide harnessing our statewide home care system in a major effort toward early sepsis recognition and intervention.
- We further thank StateWide for partnering to support, encourage and promote sepsis awareness, prevention and this HCA home and community sepsis initiative in our state.

StateWide's Learning Objectives 1-5

StateWide's learning objectives in this session cover:

- The extent of the problems associated with sepsis in NYS.
- How sepsis affects the elderly and caregivers.
- An important home care based screening and education effort in New York State being initiated by the Home Care Association.
- The work of the Sepsis Alliance to save lives and reduce suffering by raising awareness of sepsis as a medical emergency
- Information about prevention, detection, and treatment of sepsis.
- How to proactively help prevent sepsis in your community.
- Policy and program efforts to address the sepsis problem in New York.

Overview - Sepsis Emergency

- **Why** Sepsis?
- **Why** Home Care?

Sepsis as a **National Health Emergency** and Imperative of Community Intervention



[Sepsis Alliance Video]

<https://vimeo.com/95766160>



Sepsis as a **National Health Emergency** and Imperative of Community Intervention

US Centers for Disease Control and Prevention (CDC) sepsis report, *Vital Signs, August 2016*:

- *Sepsis is a complication caused by the body's overwhelming and often life-threatening response to an infection. It can lead to organ failure, tissue damage, and death.*
- *Sepsis is a medical emergency.*
- *An infection that is getting worse and not treated can lead to sepsis, so urgent treatment matters.*

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
I “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

Sepsis as a **National Health Emergency** and Imperative of Community Intervention

Commonly misunderstood as a hospital problem, CDC and Sepsis Alliance report that **over 80% of sepsis cases originate *in home and community.***

Sepsis as a **National Health Emergency** and Imperative of Community Intervention

CDC:

- Sepsis most often occurs in people:
 - Over the age of 65, or infants less than one year of age.
 - With chronic diseases (such as diabetes) or weakened immune systems.
- Sepsis is most often associated with infections of the lung, urinary tract, skin, or gut.
- Even healthy people can develop sepsis from an infection, especially if it is not treated properly.

Sepsis as a **National Health Emergency** and Imperative of Community Intervention

CDC :

- 7 in 10 patients with sepsis had recently interacted with healthcare providers or had chronic diseases requiring frequent medical care.
- A prime opportunity for both preventing infections and recognizing sepsis early to save lives.
- Providers should talk to their patients about infections and sepsis: how infections that can lead to sepsis can be prevented or recognized early, and what to do when an infection is not getting better.

Sepsis as a **National Health Emergency** and Imperative of Community Intervention

CDC:

- Prioritize infection control and prevention, sepsis early recognition, and appropriate antibiotic use.
- Train healthcare providers and front-line staff to quickly recognize and treat sepsis.

Sepsis as a **National Health Emergency** and Imperative of Community Intervention

Sepsis Alliance:

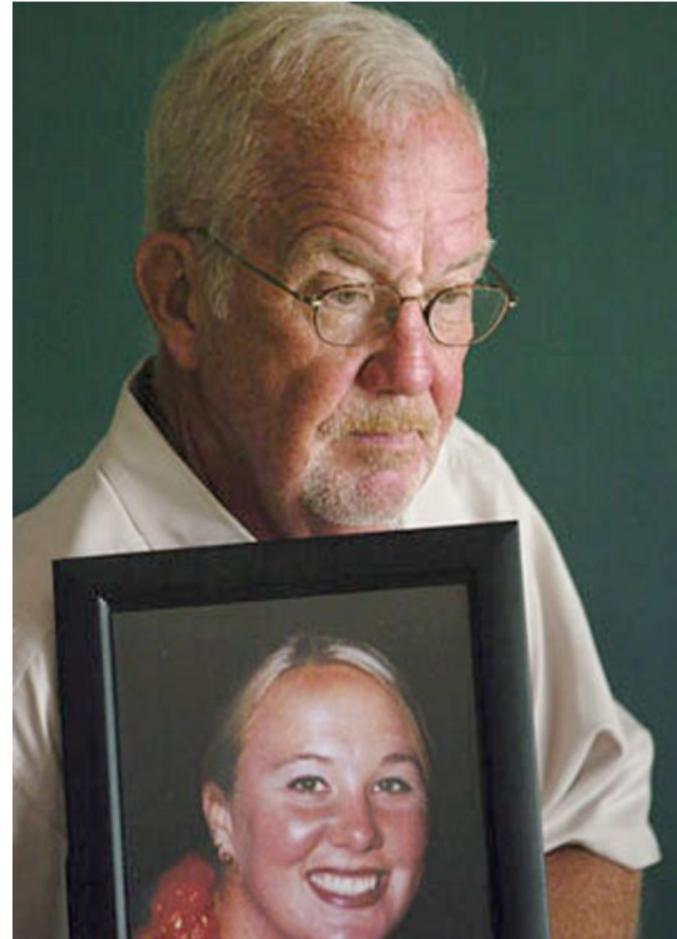
“Home care and long term care treat our population most vulnerable to sepsis.”

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.

Sepsis Alliance

- Founded 2007, Dr. Carl Flatley – Father AND Doctor
- Leading national sepsis advocacy organization in North America
- 1 million+ visits each year to Sepsis.org
- Awareness 19%, now 55%. Sepsis Alliance Awareness Survey (Nielsen/Harris)
- Founded *Sepsis Awareness Month* in 2011
- Launched *Sepsis Heroes* 2012
- National *Sepsis Challenge* events program to raise awareness
- State awareness partnerships
- *Faces of Sepsis* survivor support
- Partnership model

Suspect Sepsis, Save Lives



Sepsis.org

Sepsis Alliance Mission

Save Lives 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



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://Sepsis.org)

Sepsis as a National Health Emergency and Imperative of Community Intervention

- 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 – 12 kids each day.
- #1 cause of death in U.S. hospitals.
- #1 driver of readmission to a hospital (30 days).
- #1 cost of hospitalization - \$24B/yr.
- Up to 50% of sepsis survivors suffer from post-sepsis syndrome (PSS).

The Opportunity

- More than 80% of sepsis cases originate in the community.
- 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.
- Hospitals are becoming more likely to have a sepsis identification program in place.
- 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.

THE RORY STAUNTON FOUNDATION

FOR SEPSIS PREVENTION

THE RORY STAUNTON FOUNDATION

FOR SEPSIS PREVENTION

HOME ABOUT US - FORUM - RORY - SEPSIS - OUR WORK - NATIONAL FAMILY COUNCIL - TAKE ACTION -
BLOG DONATE -

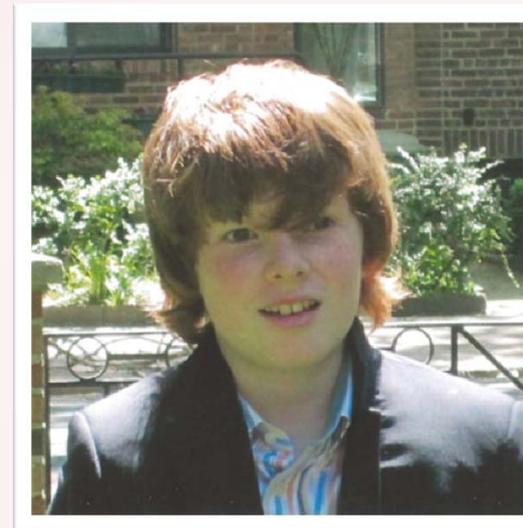
Sepsis Kills.
250,000 Americans die each year from sepsis. That's more than from AIDS, breast cancer and prostate cancer COMBINED. Sepsis is the body's life-threatening reaction to an infection. Anyone can get sepsis. A small cut, a bug bite or an infected tooth can all lead to sepsis.

Sepsis is preventable and treatable.
Do you know the Signs of Sepsis?

- Fever / Shivering or Very Cold
- Rapid Breathing
- Extreme Pain / Physical Discomfort
- Pale or Mottled Skin
- Disorientation / Slurred / Difficult to Wake
- Elevated Heart Rate

THE RORY STAUNTON FOUNDATION
Help Save Lives. Share the Signs of Sepsis with your family and friends.
For more information, visit www.rorystauntonfoundationforsepsis.org

Do you know the Signs of Sepsis?
Share and Download our Signs of Sepsis card now and help save lives.



www.RoryStauntonFoundationForSepsis.org

“Rory’s Regulations”

- NYS adopted health regulations (405.2 and 405.4) requiring beginning in 2014 hospitals caring for sepsis patients to develop and implement evidence informed sepsis protocols which describe their approach to early recognition and treatment of sepsis patients
- In addition, hospitals were required to report data to the state Health Department to calculate each hospital’s performance on mortality rates for each hospital
- NYS just issued a report (March 2017) on hospital performance, showing, among other details, a mortality reduction since the initiative from about 30.2% of adult patients treated for severe sepsis or septic shock, to a low of 25.4% in 2016; the report also looks to next steps building off of findings and regulations, including identification and sharing of promising practices, data collection improvement and pediatrics.

“Rory’s Law”

Just Passed by NYS Legislature

Sepsis Education Programming

- S.4971-A by Senator Marcellino and A.6053-A by Assemblymember Nolan.
- 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.
- Next step between now and December: Senate to deliver to Governor for Signature.

Sepsis

Why Home/Community Health



Why Home/Community Health

- Sepsis risk factors, population prevalence, and over 80% onset in home/community illuminates both the benefit and imperative of creating a home and community health role in sepsis public awareness, screening, patient education, early recognition and timely intervention.
- Home care's unique position and credentials makes this mode of intervention all the more compelling:

Why Home/Community Health

- ❑ 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.
- Home care sepsis intervention – possible game changer???

HCA Sepsis Engagement – How Started

- National Sepsis Alliance's awareness outreach to the health continuum in NY led HCA to query our community venue.
- Initial query revealed little information about sepsis identification or prevalence in home care.
- HCA further researched through its Quality Committee (2014), which identified crucial factors that compelled decision to further pursue, including:

HCA Sepsis Engagement – How Started

- ❑ National morbidity, mortality, cost and hospitalization/rehospitalization data showing sepsis as a leading cause.
- ❑ Specific Medicare hospital readmission data showing sepsis to be #1 diagnosis for 30-day all cause readmissions for NYS hospitals and NY Medicaid data showing sepsis to be #1 for Medicaid avoidable hospitalizations for the overall Medicaid population.
- ❑ Existence of managed care quality improvement goals specific to sepsis being used by government in key parts of the system.

HCA Sepsis Engagement – How Started

- Based on such indicators, HCA moved 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.
- With no existing models in the country, creation of a home care sepsis tool by HCA would be **a national-first**.
- In 2015, HCA's Quality Committee formed Sepsis Workgroup to explore creation of an instrument for sepsis screening, early recognition and intervention via home health/community setting.

Development of HCA Sepsis Screen

- The HCA sepsis workgroup chaired by Amy Bowerman drafted home health screening tool and algorithm; aimed for applicability in home health/community as well as for consistency with NYS new hospital protocol for sepsis.
- Over 2015 and part of 2016 the HCA tool was beta tested and refined with input from state and national sepsis experts.
- In addition, in latter 2015, a patient education tool was created by HCA partner IPRO and added to the HCA sepsis tools. It was based on a simultaneous Centers for Medicare and Medicaid Services (CMS) sepsis pilot being conducted in NYS (next discussed).

Development of HCA Sepsis Screen

- CMS/IPRO Sepsis Pilot in NYS:
 - ❑ CMS/IPRO pilot in NY regions focusing on early recognition and screening/intervention at community level.
 - ❑ Pilots in two major regions of NYS with high incidence Interdisciplinary.
 - ❑ HCA sepsis tool selected for and incorporated in these pilots - over 9,000 home and community health clinicians trained.
 - ❑ Pilots have offered advance experience and input into the HCA sepsis tools and training, and affords further focus for consideration as a national model.

Implementation of HCA Sepsis Tool

- Upon final development of our tool set, HCA initiated a pre-launch process, conducting with IPRO and partners a series of preparatory webinars for all NY home care providers and related stakeholders, covering:
 - ❑ Sepsis clinical background and incidence.
 - ❑ The imperative of early recognition and response.
 - ❑ Compelling role for community health providers, with health-and-life savings implications for patients, and benefits to the entire health system.
 - ❑ Review of the development and a walkthrough of the HCA sepsis initiative, tools, protocol and training for agency trainers.
 - ❑ Guidance for agency adoption and implementation.

Implementation of HCA Sepsis Tool

- These webinars included key, validating partners:
 - HCA
 - IPRO (Quality Improvement Organization)
 - National Sepsis Alliance
 - CDC
 - NYS Governor's Office & Dept of Health
 - Rory Staunton Foundation for Sepsis Prevention
 - Electronic Health Record Companies
 - Provider presenters; sepsis survivors

Implementation of HCA Sepsis Tool

- The preparatory webinars were conducted from September 2016 through February 2017.
- Webinars were recorded and made available; each webinar was a prerequisite for participation in the next; participation in ALL webinars was required for authorization to receive and use the sepsis tools.
- In support of this effort, CDC linked our webinars to its sepsis clinical resources site.

Implementation of HCA Sepsis Tool

- HCA sepsis tools were formally launched to NY's home care providers on March 31, 2017.
- Implemented via user agreement (UA) with providers to ensure adequate agency preparation and training, standardized use, quality control, data sharing/ evaluation, and other elements.
- Providers have signed up, more doing so on ongoing basis, including NYS home care and managed care, and other state home care, health systems, hospitals, medical practices, managed care, state associations, and other.

Implementation of HCA Sepsis Tool

- HCA's goal in this initiative is that **all NYS home care providers adopt** and employ this health and lifesaving sepsis screening, education, prevention, early recognition and intervention system within their agencies, and so equipped, will work with their strategic clinical partners (physicians, hospitals, EMS, etc.) and communities in a coordinated public health front against sepsis.
- Further, we aspire that this initiative be available across the country for home and community health providers' use in the sepsis effort.

Implementation of HCA Sepsis Tool

- Synchronization with NYS DOH
 - ❑ HCA synchronizing with NYS Department of Health, Health Commissioner Zucker, DOH Divisions for Quality, Long Term Care, Home and Community-based Care, Other.
 - ❑ Multi-tiered planning under way.
 - ❑ DOH actively planning with HCA statewide outreach/ presentation to managed care organizations, managed long term care plans and others to consider incorporation.
- Additional steps covered in “Next Steps” slides.

Home Care Screening, Algorithm, Protocol & Patient Education Tools

HCA SEPSIS TOOL – AN INITIATIVE OF HCA’S QUALITY COMMITTEE, SEPSIS WORKGROUP & PARTNER ORGANIZATIONS

Home Care Services Adult Sepsis Screening Tool

For use in conjunction with Sepsis Protocol.

_____'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° C [100.9° F] or hypothermia (core temperature <36.0° C [96.8° 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	Cardiovascular
<input type="checkbox"/> New onset acutely altered mental status/difficult to arouse	<input type="checkbox"/> New onset hypotension (systolic blood pressure <90 or decreases by >40 mm Hg)
Lung	<input type="checkbox"/> New onset pale/discard
<input type="checkbox"/> New onset saturation <90% by pulse oximetry, on supplemental oxygen SPO2 other than baseline	<input type="checkbox"/> Pain
Kidney	<input type="checkbox"/> New onset pain/general discomfort
<input type="checkbox"/> New onset urine output decreased from the patient's baseline with adequate fluid intake (and not due to ESRD)	

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

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.

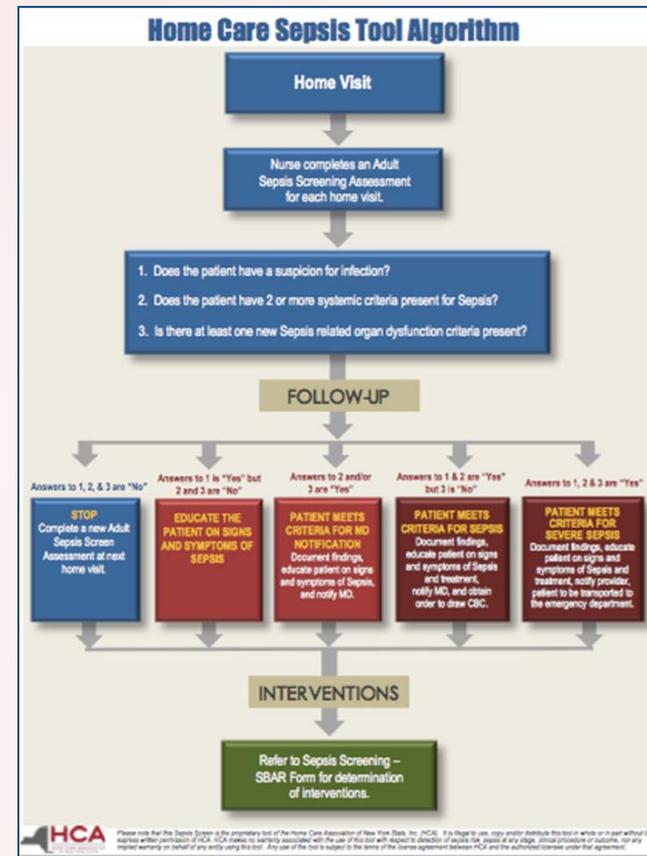
The Patient Meets Criteria for SEVERE Sepsis
 If the answer to questions #1, #2, and #3 are all "Yes," then the patient meets screening criteria for severe Sepsis. Document your findings, educate the patient on signs and symptoms of Sepsis and treatment, and notify the provider and have patient transported to emergency department for evaluation.

Note: _____

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: _____



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- The Information is being provided solely in connection with this educational program to explain the use of the Sepsis Tool and for no other purpose, and no license is provided to access or use the information in these slides except for the limited purpose of this session.

HCA Sepsis Screen Tool

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

ATT

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): <input style="width: 150px;" type="text"/>

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° C [100.9° F] or hypothermia (core temperature <36.0° C [96.8° F])	<input type="checkbox"/> Tachycardia (heart rate or pulse >90 beats/minute)
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If yes, check all that apply:

<p>Neurological</p> <input type="checkbox"/> New onset acutely altered mental status/difficult to arouse	<p>Cardiovascular</p> <input type="checkbox"/> New onset hypotension (systolic blood pressure <90 or decreases by >40 mm Hg)
<p>Lung</p> <input type="checkbox"/> New onset saturation <90% by pulse oximetry, on supplemental oxygen SPO2 other than baseline	<p><input type="checkbox"/> New onset pale/dyscolor</p> <p>Pain</p> <input type="checkbox"/> New onset pain/general discomfort
<p>Kidney</p> <input type="checkbox"/> New onset urine output decreased from the patient's baseline with adequate fluid intake (and not due to ESRD)	

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
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Note:

INTERVENTIONS

Check all that apply:

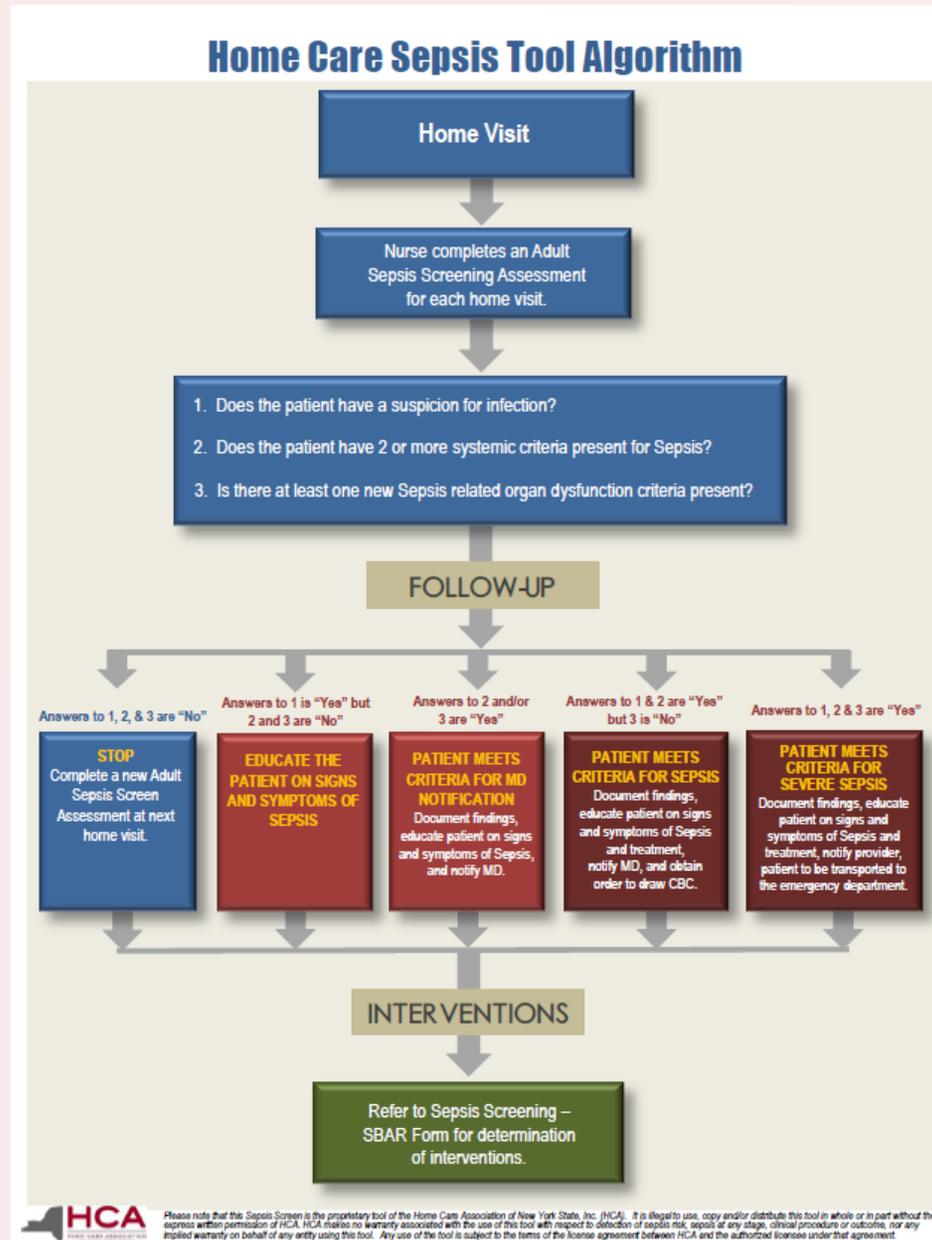
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- The patient has met all criteria for severe Sepsis and requires immediate intervention, MD notified, patient educated and to be transported to emergency department, and report called to the receiving emergency department.
- The patient meets Sepsis 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

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HCA Sepsis Screen Tool Algorithm



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: _____

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- | | |
|---|--|
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| <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°F] or
hypothermia (core temperature $<36.0^{\circ}\text{C}$ [96.8°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

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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.

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
- Confusion/sleepiness (recognized by others)
- Fast heart rate
- Fast breathing or shortness of breath
- Extreme pain
- 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:

Guidance for Training & Agency Adoption/implementation

HCA implementation guidance to agencies advises:

- Adoption of sepsis tool and protocol within agency policies and procedures.
- Procedures to ensure completion of screen on every RN assessment and clinical visit, unless contraindicated by MD.
- Integration of tools into agency electronic health records.
- Training of all clinicians on sepsis and use of tools (including review of webinar series, case scenarios, additional educational material); training and education of aide staff, families, community.
- Incorporation in agency quality assurance/ improvement committee review process.

Guidance for Training & Agency Adoption/implementation

- Initial feedback rounds after first several weeks/month of implementation to ascertain any important clinical or procedural questions and ensure consistency, accuracy in screen completion; offer additional in-service on sepsis/use of tool as needed.
- Updates to clinicians on sepsis developments; consider for annual in-service; consider staff supplemental training/updates from collaborating partners and public resources (e.g., IPRO, State Department of Health, National Sepsis Alliance, Staunton Foundation, CDC, CMS, other).
- Evaluation, outcome tracking, feedback for improvement.
- Outreach/training/education of strategic clinical/community partners (e.g., physicians, hospital, EMS, managed care orgs).

Next Steps

- Continued collaboration with key partners, including National Sepsis Alliance, IPRO, Rory Staunton Foundation, Visiting Nurse Association of America (VNAA) and others; also, continued collaboration with CDC, CMS, and other sources of support.
- Continued in-depth training in home care.
- Data development/feedback on provider/patient experiences.
- Increased public awareness and education.
- Coordination and training with clinical partners to home care (hospitals, physicians, EMS, managed care plans, et al); sepsis response *across the continuum*.

Next Steps

- Coordination with and support from NYS state Department of Health, other state agencies, NYS Legislature.
- Discussion with other state agencies, associations and sectors for applicability, use and benefit in other venues and populations (e.g., behavioral health, nursing home), and for incorporation within major state health reforms, e.g., DSRIP, Value Based Payment, advanced primary care, managed care, etc.
- Responding to inquiries/interest from around country to use/model the HCA tool.
- Application in pediatrics.

Next Steps

- Tailoring Care for Sepsis Survivors
 - ❑ Pursuing development of patient-centered post-treatment transition (e.g., hospital to home) clinical pathways and home/community care plans for sepsis survivors
 - ❖ Comprehensive
 - ❖ Interdisciplinary
 - ❖ Patient tailored, patient centered
 - ❖ Payor covered via integrated payment bundle, or other comprehensive model

Questions?

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