



HOME CARE ASSOCIATION
OF NEW YORK STATE

*STOP SEPSIS AT HOME NY
INITIATIVE*

PRESENTATION FOR
STATEWIDE SENIOR ACTION COUNCIL
TEACH-IN, SEPTEMBER 30, 2025



COLLABORATION



SCREENING



PREVENTION



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HCA President & CEO

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END SEPSIS Advisory Board

Taylor Perre, MPH, MSW

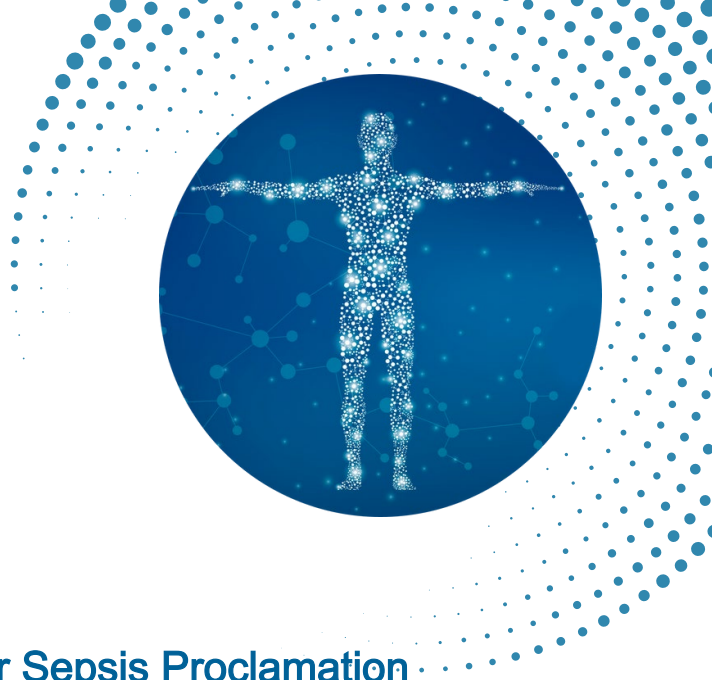
Associate Director for Policy & Advocacy

HCA



SEPTEMBER IS SEPSIS AWARENESS MONTH !!

BE PART OF THE SEPSIS AWARENESS AND INTERVENTION EFFORT



Sepsis Awareness Month Leadership Resources & Links

SEPSIS

SEPTEMBER

SepsisAwarenessMonth.org

SAY SEPSIS
SAVE LIVES

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ENDSEPSIS

It stops with us.

One Month,
One Message:
END SEPSIS

NYS Legislative Sepsis Resolution

Legislative Resolution

Senate No. 404

Assembly No. 751

BY: Senator Rivera

BY: M. of A. Paulin, Buttenschon, Griffin and Santabarbara

MEMORIALIZING Governor Kathy Hochul to proclaim September 2025, as Sepsis Awareness Month in the State of New York

WHEREAS, It is the custom of this Legislative Body to recognize official months that are set aside to increase awareness of serious health issues that affect the lives of citizens of New York State; and

WHEREAS, It is the sense of this Legislative Body to memorialize Governor Kathy Hochul to proclaim September 2025, as Sepsis Awareness Month in the State of New York, in conjunction with the observance of National Sepsis Month; and

WHEREAS, Sepsis is a life threatening response to infection, which can cause tissue damage, organ failure, and death; and where severely restricted blood flow from sepsis can lead to septic shock, requiring immediate recognition and intervention to prevent death; and

WHEREAS, This serious health issue occurs when the body's reaction is atypical, triggering alterations, which can cause significant damage to multiple organs, amputations, and cognitive difficulties, certain population groups are more vulnerable to developing sepsis, such as the young, older adults, individuals with chronic illness, those with compromised immune systems, and those facing systemic healthcare disparities; and

WHEREAS, One out of three people will develop sepsis over their lifetime and 1.7 million more are diagnosed with this health condition annually; and

WHEREAS, 350,000 people die each year from sepsis and approximately 50,000 New Yorkers are affected by this condition, including New York State Senator Jose Peralta who died from sudden septic shock on November 21, 2018; and

WHEREAS, 87 percent of sepsis occurs at home or in the community, and every hour of delay in treatment increases the risk of death by four to nine percent; and

WHEREAS, National Sepsis Month is recognized throughout the United States each September; and

WHEREAS, It is imperative upon all residents of this great Empire State that attention be brought to this debilitating and life threatening health condition affecting so many of our friends, family and neighbors in New York State; and further, in support of sepsis education, prevention, screening, early treatment and survivors, and in legacy to lives lost; now, therefore, be it

RESOLVED, That this Legislative Body pause in its deliberations to memorialize Governor Kathy Hochul to proclaim September 2025, as Sepsis Awareness Month in the State of New York; and be it further

RESOLVED, That copies of this Resolution, suitably engrossed, be transmitted to The Honorable Kathy Hochul, Governor of the State of New York; Sepsis Alliance; END SEPSIS - The Legacy of Rory Staunton; The Home Care Association of New York State; and IPRO, a New York State and Federal quality improvement organization.

ADOPTED IN SENATE ON February 25, 2025

By order of the Senate,
Alejandra N. Paulino
Alejandra N. Paulino, Secretary

ADOPTED IN ASSEMBLY ON June 10, 2025

By order of the Assembly,
Mary-Anne E. Dandies
Mary-Anne E. Dandies, Clerk

NYS Governor Sepsis Proclamation

State of New York

Executive Chamber

Proclamation

Whereas, sepsis is a grave medical emergency that is both a major cause of death among hospitalized patients and the number one cost of hospitalization in the United States; and

Whereas, sepsis is a life-threatening medical condition wherein the body responds to a pre-existing infection by triggering an intense immune system reaction that causes extensive inflammation; this inflammation spreads quickly and may cause tissue damage, blood clots, and organ failure; and

Whereas, symptoms of sepsis vary and include perspiration, shortness of breath, fever, elevated heart rate, fatigue, disorientation, and extreme pain; and

Whereas, most cases of sepsis are a result of bacterial infections, however, some originate from fungal, parasitic, and viral infections in addition to physical injuries; and

Whereas, groups who experience a higher risk of developing sepsis include infants, older adults, individuals with a chronic health condition or weakened immune system, individuals who have recently given birth, and hospitalized patients; and

Whereas, every year, at least 1.7 million adults in the United States develop sepsis and at least 350,000 people who develop sepsis either die during their hospitalization or are discharged to hospice; and

Whereas, we must and will continue to raise awareness of the dangers of sepsis to help individuals recognize the signs of the medical emergency, and to strengthen sepsis treatments for the benefit of all New Yorkers;

Now, Therefore, I, Kathy Hochul, Governor of the State of New York, do hereby proclaim September 2025 as

SEPSIS AWARENESS MONTH

in the Empire State.

Signed

Kathy Hochul

Governor

Under my hand and the Privy Seal of the State at the Capitol in the City of Albany this eleventh day of September in the year two thousand twenty-five.

Secretary to the Governor
Karen Persichilli Keogh

NYS Press Release Sepsis Awareness Month - DOH, SOFA, Sepsis Alliance, END SEPSIS, HCA, Association on Aging

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THANK YOU
STATEWIDE
SENIOR ACTION
COUNCIL!

Our thanks to StateWide Senior Action Council for hosting this important educational module on **SEPSIS** and for StateWide's commitment to **SEPSIS** prevention and intervention in community and across the continuum of care!



New York StateWide Senior Action Council, Inc
4 Computer Drive West, Suite 205, Albany, NY 12205 • Fax 518-436-7642
www.nysenior.org • 800-333-4374





AGENDA

HCANYS
Home Care Association of New York State



STATE  WIDE
New York StateWide Senior Action Council, Inc
4 Computer Drive West, Suite 205, Albany, NY 12205 • Fax 518-436-7642
www.nysenior.org • 800-333-4374

	BACKGROUND
	CRITICAL SEPSIS FACTS
	HCA SEPSIS SCREENING & INTERVENTION TOOL FOR HOME & COMMUNITY HEALTH
	GUIDANCE FOR AGENCY ADOPTION
	COLLABORATION
	EHR INTEGRATION
	WHAT CAN YOU DO?
	FUTURE ACTIONS
	QUESTIONS / COMMENTS / RESOURCES

SEPSIS PARTNER THANKS

Thanks to our partners who are working to improve sepsis prevention, screening, and intervention in the community and across the continuum.



HCA sepsis initiatives have been generously supported by grants the NYS Health Foundation and the Mother Cabrini Health Foundation.





W H A T I S S E P S I S ?

SEPSIS: What You Need to Know



[Access this video and more here.](#)

W H A T I S S E P S I S ?

The body's overwhelming and life-threatening extreme reaction to infection.¹

ANY infection can lead to sepsis.

- Lungs / Pneumonia
- Catheter & IV sites
- UTI/ other kidney and bladder
- Wounds
- Cuts
- Burns
- Blood stream
- Gallbladder or liver infections
- Other bacterial infections

Sepsis can lead to:¹

- Tissue damage
- Organ failure
- Death

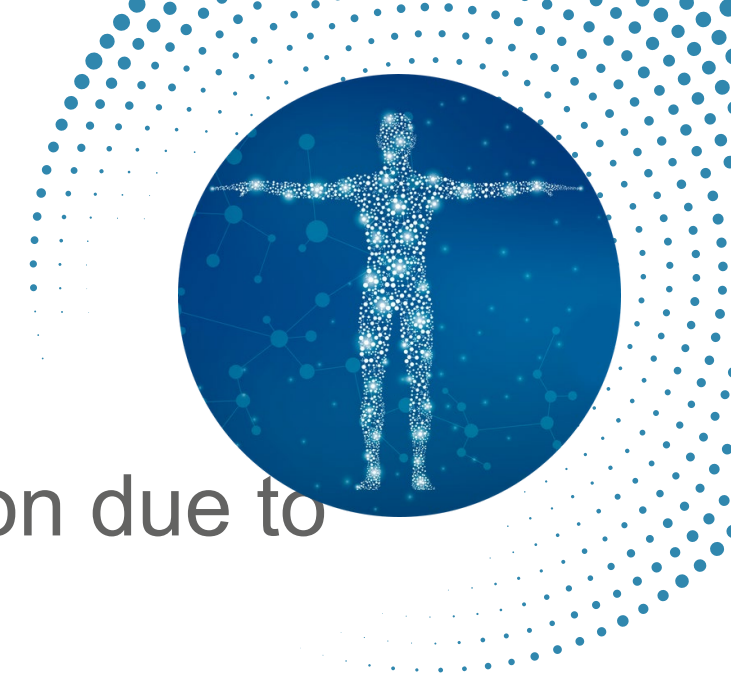
Sepsis & Older Individuals

- Sepsis can occur in anyone but is especially prevalent in older individuals
- Sepsis education for older individuals and their family and care providers is vitally important

1. What is Sepsis? - End Sepsis



DIFFICULTY IN DIAGNOSING



Sepsis can happen quickly and can be confused with other conditions early on due to **similar symptoms**.

Symptoms:¹

- Generalized body swelling
- Faster heart rate
- Rapid breathing
- Reduced urine output
- Fever and chills
- Decrease in platelet count
- Difficulty breathing
- Mental confusion
- Extreme Pain
- Fatigue
- Changes in mood
- Pale or mottled skin

WHO CAN GET SEPSIS?

Anyone.¹

- Young
- Old
- Sick
- Healthy

Highest At Risk Groups:¹

- Older adults
- Infants
- Chronically ill
- Immunocompromised
- Those with opportune exposure to infection,
those with catheters



A MEDICAL EMERGENCY - TIME MATTERS



Sepsis is a medical emergency if not recognized and treated quickly.

The chance of sepsis progressing to severe sepsis and septic shock, causing death, **risers by 4% to 9% for every hour treatment is delayed.**¹

–Sepsis Alliance

1. [Sepsis-Fact-Sheet-2022-04-27-22_sk\(1\).pdf](#)

SEPSIS IT'S ABOUT TIME™

Sepsis Alliance Campaign



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



TEMPERATURE
higher or lower
than normal



INFECTION
may have signs
and symptoms of
an infection



MENTAL DECLINE
confused, sleepy,
difficult to rouse



EXTREMELY ILL
severe pain,
discomfort,
shortness of breath

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

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sepsis.org



[Click Here to learn
more about this
campaign.](#)

PREVENTABLE

Up to **80 %** of sepsis deaths are preventable.



Sepsis kills more Americans than breast cancer, prostate cancer, AIDS and opioid overdoses, **combined**. Raising awareness of sepsis and its symptoms is critical to reducing the catastrophic death rate.¹

–END SEPSIS - The Legacy of Rory Staunton

1. Public Awareness - End Sepsis

The Legacy of Rory Staunton, told by his parents, Ciaran and Orlaith Staunton



[Click Here to Access this Video and More](#) [Read More About Rory's Story Here](#)

ENDSEPSIS
The Legacy of Rory Staunton



CRITICAL SEPSIS FACTS

CRITICAL FACTS



- Every **2 minutes** someone in the US dies of sepsis¹.
- Takes more children than cancer **18 kids each day**¹
 - **#1 driver** of readmission to a hospital (30 days¹).
- **1 in 4** hospital patients treated for sepsis is readmitted in the first 30 days after discharge due to weakened immune system¹.
 - **35%** of all deaths in hospital are due to sepsis¹.

CRITICAL SEPSIS FACTS



- As many as **87%** of sepsis cases originate in the **community** and not in the hospital.²
- Sepsis is the **leading cause of death** in U.S. hospitals.¹
- An estimated **350,000** people die from sepsis every year in the U.S. This includes 270,000 people who die in-hospital and an estimated 80,000 released to hospice.²
- Sepsis is the **#1 cost of hospitalization** in the U.S.³ Costs for acute sepsis hospitalization and skilled nursing are estimated to be **\$62 billion annually**.⁴
- Sepsis causes at least **261,000 maternal deaths** every year worldwide and is driving increases in pregnancy-related deaths in the U.S.^{5,6}
- In 2012, there were more than 13,700 sepsis-related amputations in the U.S. This works out to an average of **38 amputations per day**.⁷

1. Liu V, et al. JAMA. 2014;312(1):90-92. <http://jama.jamanetwork.com/article.aspx?articleid=1873131&resultClick=3>

2. Rhee C, et al. JAMA. 2017;318(13):1241-1249. <http://jamanetwork.com/journals/jama/fullarticle/2654187>

3. Torio C, Moore B. HCUP Statistical Brief #204. May 2016. Agency for Healthcare Research and Quality, Rockville, MD. <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb204-Most-Expensive-Hospital-Conditions.pdf>

4. Buchman TG, Simpson SQ, Sciarretta KL, et al. Sepsis Among Medicare Beneficiaries: 3. The Methods, Models, and Forecasts of Sepsis, 2012-2018. Crit Care Med. 2020;48(3):302-318. https://journals.lww.com/ccmjournal/FullText/2020/03000/Sepsis_Among_Medicare_Beneficiaries_3_The.4.aspx

5. Say L, et al. Lancet Glob Health 2014;2(6):e323-333. <http://www.sciencedirect.com/science/article/pii/S2214109X1470227X>

6. Pregnancy Mortality Surveillance System, CDC, February 4, 2020. <http://www.cdc.gov/reproductivehealth/maternalinfanthealth/pmss.htm>

7. Healthcare Cost and Utilization Project, Nationwide Inpatient Sample, 2012. Accessed April 6, 2016

CRITICAL SEPSIS FACTS: OLDER ADULTS



- More than **70%** of adult sepsis patients are **60 years** of age or older¹.
- More than **1.3 million** adults **45+** are hospitalized with sepsis each year.
- Adults age **65 years** and older are **13 times more likely** to be hospitalized with sepsis than adults younger than 65.
- More than **40% of older patients** have another hospitalization within three months of the initial sepsis most commonly due to a repeat episode of sepsis or another infection^{4,5}
- Nursing home residents are **over 6 times more likely** to present with sepsis in the emergency room than non-nursing home residents⁶
- **59%** of sepsis survivors age 50 and older experience impaired cognitive or physical function, or both.
- Older sepsis survivors (65+) experience on average **1 to 2 new limitations** on activities of daily living (e.g., bathing, dressing, managing money) after hospitalization⁵.

1. Rhee C, et al. Incidence and Trends of Sepsis in US Hospitals Using Clinical vs Claims Data, 2009-2014. JAMA. 2017;318(13):1241-1249. <http://jamanetwork.com/journals/jama/fullarticle/2654187>
2. Elixhauser A, et al. Septicemia in U.S. Hospitals, 2009. HCUP Statistical Brief #122. October 2011. Agency for Healthcare Research and Quality, Rockville, MD. <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb122.pdf>
3. Hall MJ, et al. Inpatient Care for Septicemia or Sepsis: A Challenge for Patients and Hospitals. NCHS Data Brief. 2011;(62):1-8. <https://www.cdc.gov/nchs/products/databriefs/db62.htm>
4. Prescott HC, Angus DC. Enhancing Recovery From Sepsis: A Review. JAMA. 2018;319(1):62-75. <https://jamanetwork.com/journals/jama/article-abstract/2667727?redirect=true>
5. Prescott HC, Costa DK. Improving Long-Term Outcomes After Sepsis. Crit Care Clin. Jan 2018;34(1):175-188. [http://www.criticalcare.theclinics.com/article/S0749-0704\(17\)30078-7/abstract](http://www.criticalcare.theclinics.com/article/S0749-0704(17)30078-7/abstract)
6. Wang HE, et al. Emergency department visits by nursing home residents in the United States. J Am Geriatr Soc. Oct 2011;59(10):1864-72. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3495564/>
7. Iwashyna TJ, et al. Long-term Cognitive Impairment and Functional Disability Among Survivors of Severe Sepsis. JAMA 2010;304(16):8. <https://jamanetwork.com/journals/jama/fullarticle/186769>

CRITICAL SEPSIS FACTS: OLDER ADULTS



As we age, our **immune system** becomes **less effective** at fighting infections.^{1,2}

Causes and Risk Factors:

- Older people contract more infections, and they are more severe.
- The **most common risk factors and infections** that trigger sepsis among older adults:^{1,2}
 - Pneumonia
 - Urinary tract infection (UTI)
 - COVID-19
 - Infections in the mouth
 - Catheter sites, IV sites, feeding tubes
 - Skin sores, from a simple skin tear due to dry or fragile skin, or a pressure injury
 - Chronic diseases

Additional Symptoms.¹

- Confusion and tiredness
- Fever and chills
- Rapid breathing
- Mottled or dusky skin
- Elevated heart rate
- Pain or physical discomfort

1. Sepsis and Aging - End Sepsis
2. Aging | Sepsis Alliance

Faces of Sepsis™, Sepsis Alliance

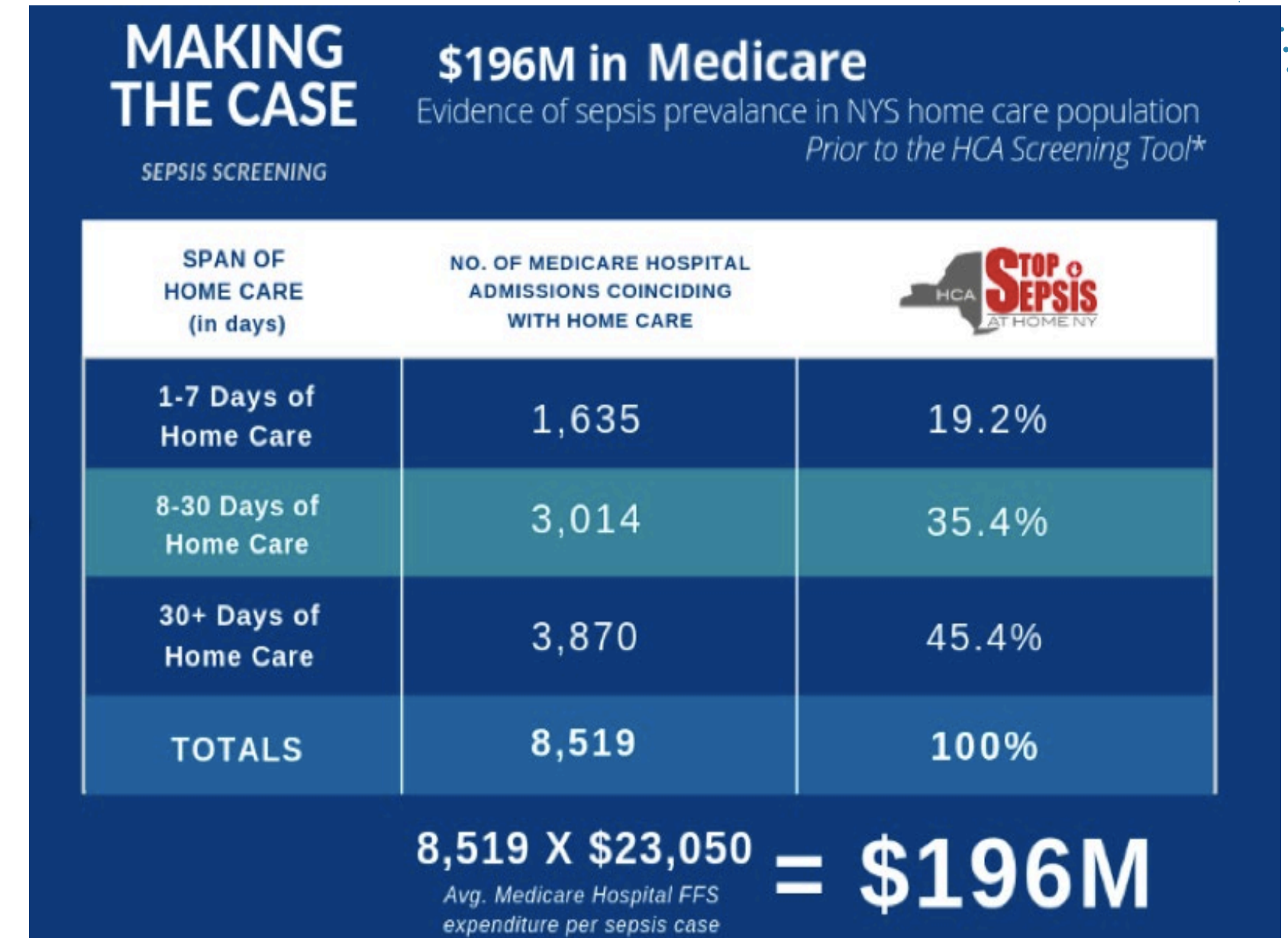


[Click Here to access this video and read more sepsis survivor stories.](#)

SEPSIS HEALTH SYSTEM RELEVANCE



- **#1 Medicaid expense** for potentially avoidable hospitalizations for general MA population in NYS hospitals (excluding schizophrenia in the MH population).
- Sepsis is nearly **double the readmission rate** of top CMS-clocked readmission cause (i.e., heart failure) subject to hospital penalty
- Study in January 2017 JAMA 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).
- Major quality and intervention area for home care, physician, hospital, payor collaboration and VPB aligned
- Significant to state and national health care reform, NYS's mandatorily tracked metrics and payment considerations under VBP methodology prioritize sepsis, along with respiratory infections, UTIs, heart failure, electrolyte imbalance, and anemia, which are often also implicated with sepsis.



(Source: IPRO; CMS Medicare Claims Data)

(Source: NYS DOH/ KPMG VBP project, Sepsis Alliance, JAMA, AHRQ)

SEPSIS HEALTH SYSTEM RELEVANCE



SEP-1: Inclusion in Hospital Value-Based Purchasing Program

- CMS Proposed PPS rule for 2024, Issued Aprilth 10 includes sepsis criteria in hospital VBP measures.

Background

- In 2015, CMS began using *The Severe Sepsis and Septic Shock Early Management Bundle (SEP-1)* to guide sepsis management
- SEP-1 lays out a process for clinicians in hospitals that focuses on **timely sepsis recognition and early intervention with lifesaving therapies**
- Hospital receiving reimbursement from Medicare or Medicaid must measure and report on how well their institution is complying with SEP-1

This is a good thing for patients with sepsis because

- Having a standard process for every patient with sepsis encourages closing gaps in sepsis outcomes across race, socioeconomic status, geography, and insurance status
- Encouraging hospitals to report on their sepsis processes helps ensure that hospital leadership and clinicians are keeping their focus on the possibility of sepsis **in every case**
- Providing incentives for hospitals to report how well they comply with SEP-1 helps ensure that they follow evidence-based guidelines that benefit patients

New ICD-10 Code for Sepsis After Care

- October 2024 a new ICD-10 code for sepsis aftercare **Z51.A** took effect for care post-acute, like home health care.

1. <https://www.sepsis.org/protect-sep-1/>

2. [Effects of Compliance with the Early Management Bundle \(SEP-1\) on Mortality Changes Among Medicare Beneficiaries with Sepsis](#)

HOME CARE RELEVANCE



The high-risk populations **ARE** the home care population.

- Older adults
- Chronically ill
- Persons with disabilities
- The very young; esp medically fragile children
- Individuals with compromised immune systems
- Individuals with recurrent UTI and pneumonia
- Others routinely within home care's service scope and reach (e.g., post surgical, maternal and neonatal care).

HOME CARE RELEVANCE

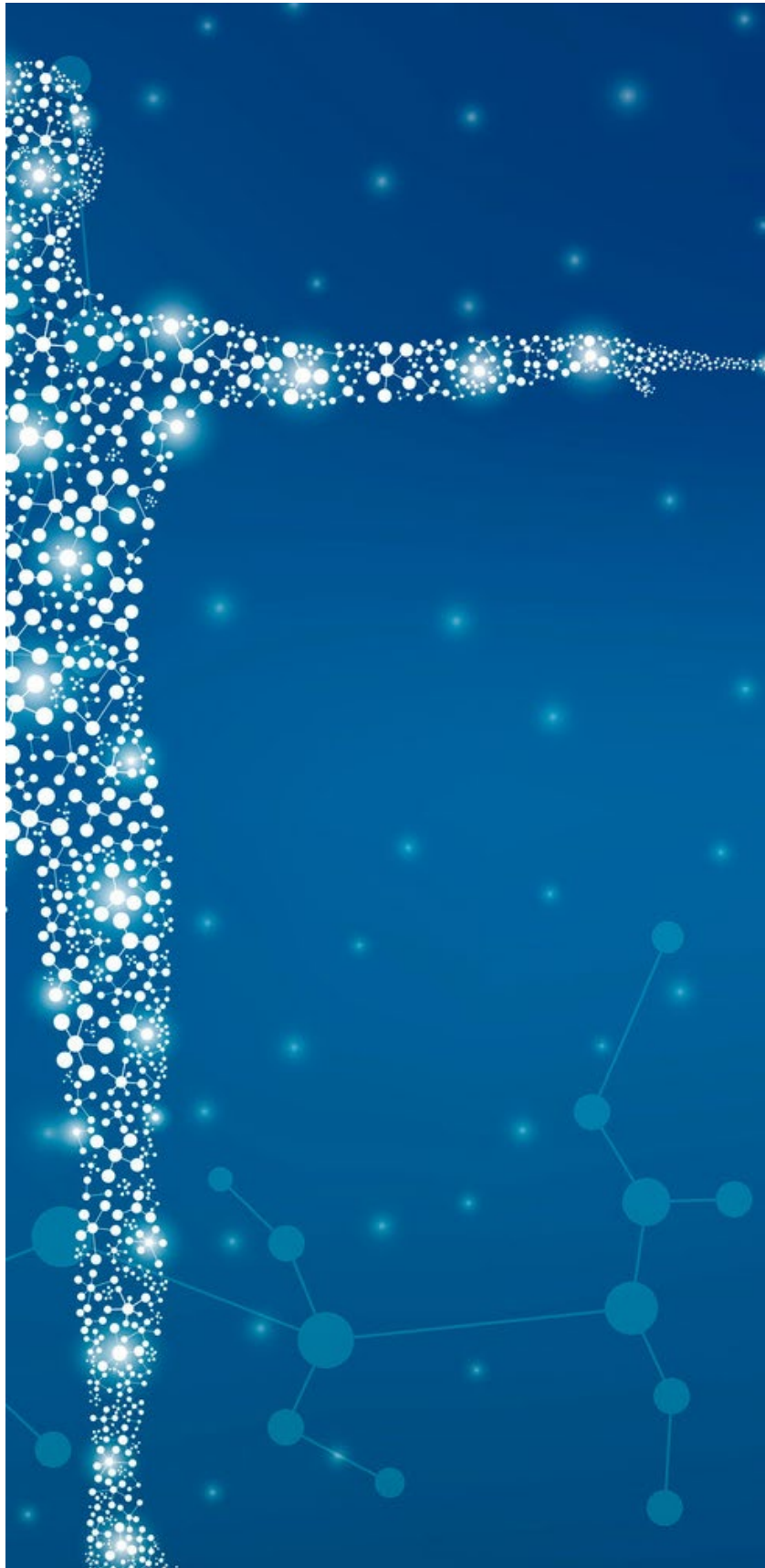


Why engage home care in sepsis education and prevention?



Home care's unique position and credentials make it a compelling role player in the sepsis effort.

These include:

- 87% of sepsis infections originate in home and community.
- Home care clinicians are in homes and in communities statewide.
- Home care agencies are essential community partners to hospitals, physicians, EMS, aging services agencies, community mental health, local public health, and more.
- Home care adoption of sepsis screening and intervention protocols is critical for sepsis prevention and early and timely identification and intervention to limit morbidity, mortality, and system impact.
- 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.



HCA ADULT SEPSIS SCREENING TOOL



HCA SEPSIS TOOL & INITIATIVE



Background & Development

- Starting in 2010, HCA began to explore sepsis in home care. In 2014, HCA intensified efforts to determine if and how home care could collaborate in sepsis prevention and intervention.
- Research across the country indicated there was **no models related to sepsis and home health care.**
- HCA engaged sepsis clinical experts and state national leaders to develop a strategic work plan.
- HCA established the Sepsis Clinical Workgroup.
 - The Sepsis Clinical Workgroup was led by Clinical leader Amy Bowerman.
 - The workgroup drafted the sepsis tool, corresponding algorithm and protocol.
 - The sepsis tool was vetted, beta tested, and refined with sepsis clinical experts.

H C A S E P S I S T O O L & I N I T I A T I V E



Background & Development

- The home care sepsis tool and initiative is **first of its kind nationally**.
- The sepsis tool was designed specifically to align with sepsis criteria used in our hospitals and NYS hospital sepsis protocol requirements.
 - “Rory’s Regulations” in NYS require all hospitals to develop and employ sepsis protocols.
- The Quality Improvement Organization State and Federal, “IPRO,” piloted the tool under a CMS Special Innovations Project in sepsis early recognition, incorporating it the training of over 10,000 clinicians in NYS,
 - Through this effort the “Sepsis Patient Education Zone Tool” was also developed and adopted by HCA for use with the Sepsis clinical Screening and Intervention Tool.

HCA SEPSIS SCREENING TOOL

Screening 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 ☐ Implanted device infection
☐ 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
Cardiovascular ☐ New onset hypotension (systolic blood pressure <90 or decreases by >40 mm Hg)
Lung ☐ New onset saturation <90% by pulse oximetry, on supplemental oxygen SPO2 other than baseline ☐ New onset pale/discolor
Kidney ☐ New onset urine output decreased from the patient's baseline with no diuretic (and not due to ESRD) ☐ New onset pain/generall discomfort
☐ New onset pain/generall discomfort

If the answers to questions 1, 2, and 3 are all "NO," then the patient does not meet screening criteria for this visit.

The Patient Meets Criteria for MD Notification
If the answer to question #1 and #2 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: _____

FOLLOW-UP

INTERVENTIONS

☐ 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.

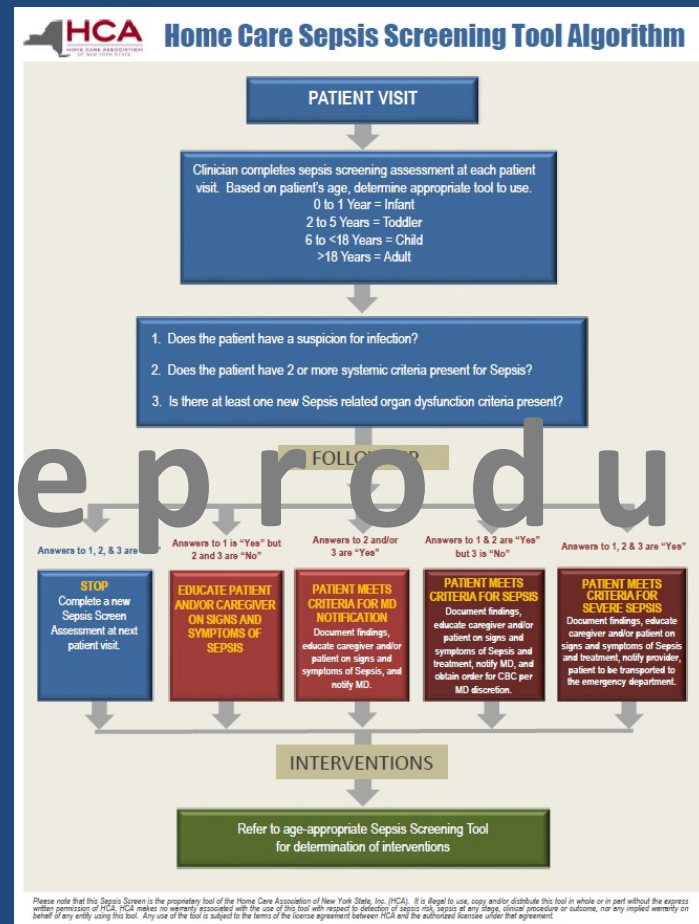
☐ The patient or surrogate declined or is unwilling to consent to protocol interventions. Provider has been notified of the decision not to receive acute intervention. Education has been completed with the patient and/or the caregiver as to the risks and benefits of declining intervention.

☐ 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: _____

Algorithm



Zone Tool

EARLY SIGNS AND SYMPTOMS OF SEPSIS

Quality Improvement Organizations
Sharing Knowledge, Improving Health Care.
CENTER FOR MEDICARE & MEDICAID SERVICES

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

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

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

SEPSIS IS A MEDICAL EMERGENCY

GREEN Zone: ALL CLEAR - Feeling well

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

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

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

CALL 911 OR HAVE SOMEONE TAKE YOU TO THE EMERGENCY DEPARTMENT.

Key Contacts:

HCA
SEPSIS ALLIANCE
The Robert Wood Johnson Foundation
IPRO
Adelphi Quality Improvement Network

This material was prepared by the Adelphi Quality Improvement Network (AQIN), the Medicare Quality Improvement 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. 11/09/09 AQIN SEPSIS-11-02 Rev. 11/09/11

Protocol

HCA SEPSIS PROTOCOL

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 healthcare providers in assessing 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, NYCRR 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's specific observations, assessment, or determination of observation.

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 Mandatory Guidelines for Hospitals
New York State's Regulations part 405.4 of Title 10, NYCRR Health

4 DEFINITIONS / ABBREVIATIONS
SEPSIS: The body's dysregulated response to an infection which can result in life-threatening organ dysfunction.
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 INSTRUCTIONS
The Adult Sepsis Screen Tool is a decision through a Sepsis assessment screening. A clinician will follow the Sepsis Algorithm (Attachment B) when completing the Sepsis Screen Tool (Attachment A). There are three elements to the Sepsis Screening Tool: Screening Questions, Follow-up and Interventions. All elements must be completed.

SCREENING QUESTIONS
The following screening questions are designed to provide the clinician with a decision to determine if the patient meets the criteria for Sepsis 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.
- If "YES," specify and select one or more suggested sources from the list.
- If "YES," and the source or potential source of the infection is not listed, use the text box to describe.
- Example of source or potential source of infections are:
 - Pulmonary infections
 - Vascular infections
 - Open wounds
 - Implanted devices (ex. Pacer/ICD)
- 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, Ave 2 or more present):
 - If "YES," mark all that apply.
 - 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:
 - Neurological
 - Lung
 - Kidney
 - Cardiovascular
 - 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 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 diagnosis of sepsis risk. Sepsis is a life-threatening condition. The use of this tool, without proper training, may result in harm to the patient. Any use of this tool is subject to the terms of the license agreement between HCA and the authorized licensee under that agreement.

Authorized Use

To control for quality and use standards, the authorized access to or use of the HCA pediatric sepsis tool is permitted only via use agreement with HCA. Please note that it is illegal to use, copy, and/ or distribute the tool for clinical or business use without the express written permission of the Home Care Association, Inc.

HCA SEPSIS TOOL & INITIATIVE



Background & Development

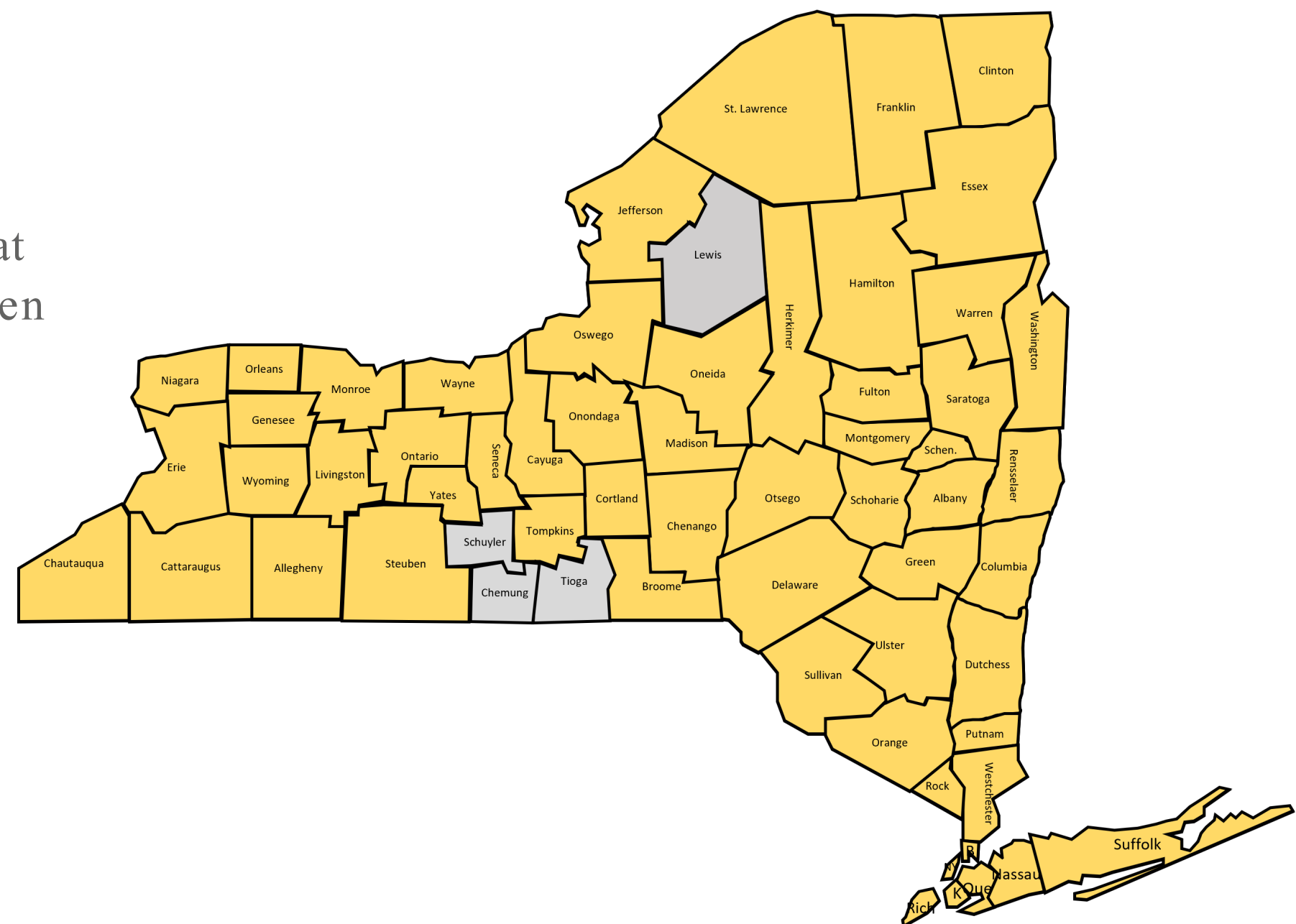
- In March 2017, the sepsis tool was officially launched, and HCA developed the Sepsis Steering Committee to further guide and support implementation. The committee was composed of regional, state and national sepsis experts, health leaders of from sectors of the care continuum, government officials, sepsis families and survivors, consumers, and other essential stakeholders.
- Providers across NYS began using the tool and reported positive feedback and user experience.
- Providers and other state associations started adopting the tool.
- The NYHealth Foundation awarded HCA a major grant “Stop Sepsis At Home NY” to promote statewide adoption through training and education, technical assistance, and cross-continuum coordination.

NYS COUNTIES WHERE TOOL IS USED BY AT LEAST ONE PROVIDER SERVING THE REGION

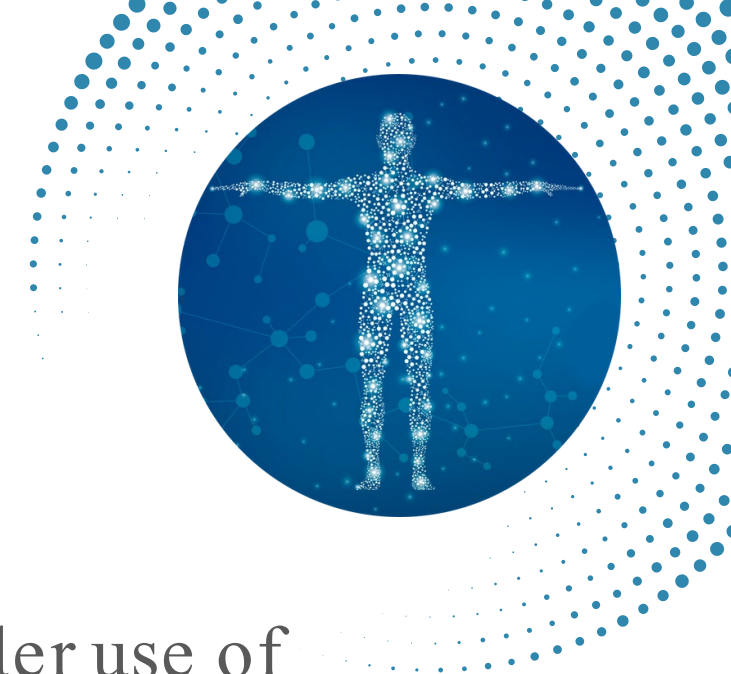


HCA Sepsis Tool by County

- As of August 2025, 58 out of 62 NYS counties have at least one home care agency that has trained and been authorized for the sepsis tool.



HCA ADULT SEPSIS SCREENING TOOL



Sepsis Tool Prerequisites

- Orientation and training on the tool and on sepsis substantively are prerequisites for provider use of the tool.
- Authorized use of the tool is granted to providers via user agreement (sepsistool@hcanys.org) that confirms the prerequisites and strict adherence to use standards.

Prerequisites in user agreement include:

- Completion of HCA Training.
- Agreement to use the tool and protocol as provided, included in embedded EHR format.
- Agreement not to distribute the tool to unauthorized users.
- Participation in data/ experience sharing.

HCA ADULT SEPSIS SCREENING TOOL



Sepsis Screen Tool Question Section

Home Care Services Adult Sepsis Screening Tool

For use in conjunction with Home Care Adult Sepsis Screening Tool 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"/> Respiratory tract infection | <input type="checkbox"/> Bloodstream infection | <input type="checkbox"/> Recent procedure |
| <input type="checkbox"/> Genitourinary infection (UTI) | <input type="checkbox"/> Active treatment | <input type="checkbox"/> Other source of infection (describe): _____ |
| <input type="checkbox"/> Gastrointestinal infection | <input type="checkbox"/> Invasive or implanted device | |
| <input type="checkbox"/> Acute abdominal infection | <input type="checkbox"/> Endocarditis | |
| <input type="checkbox"/> Meningitis | <input type="checkbox"/> Recent chemotherapy, w/immunosuppressed | |
| <input type="checkbox"/> Bone or joint infection | <input type="checkbox"/> Wound infection or skin infection | |

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

Positive findings for ANY of the 3 screening questions requires follow-up.

HCA ADULT SEPSIS SCREENING TOOL

Sepsis Screen Tool Patient Education “Zone Tool” – Developed by IPRO



EARLY SIGNS AND SYMPTOMS OF SEPSIS



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

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



Signs and Symptoms of Sepsis

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



SEPSIS IS A MEDICAL EMERGENCY

GREEN Zone: ALL CLEAR - Feeling well

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

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

- Fever or feeling chilled
- 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:



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. 1130W-AQINNYT&SP-SEPSIS-17-02 Rev. 11/28/17

HCA ADULT SEPSIS SCREENING TOOL

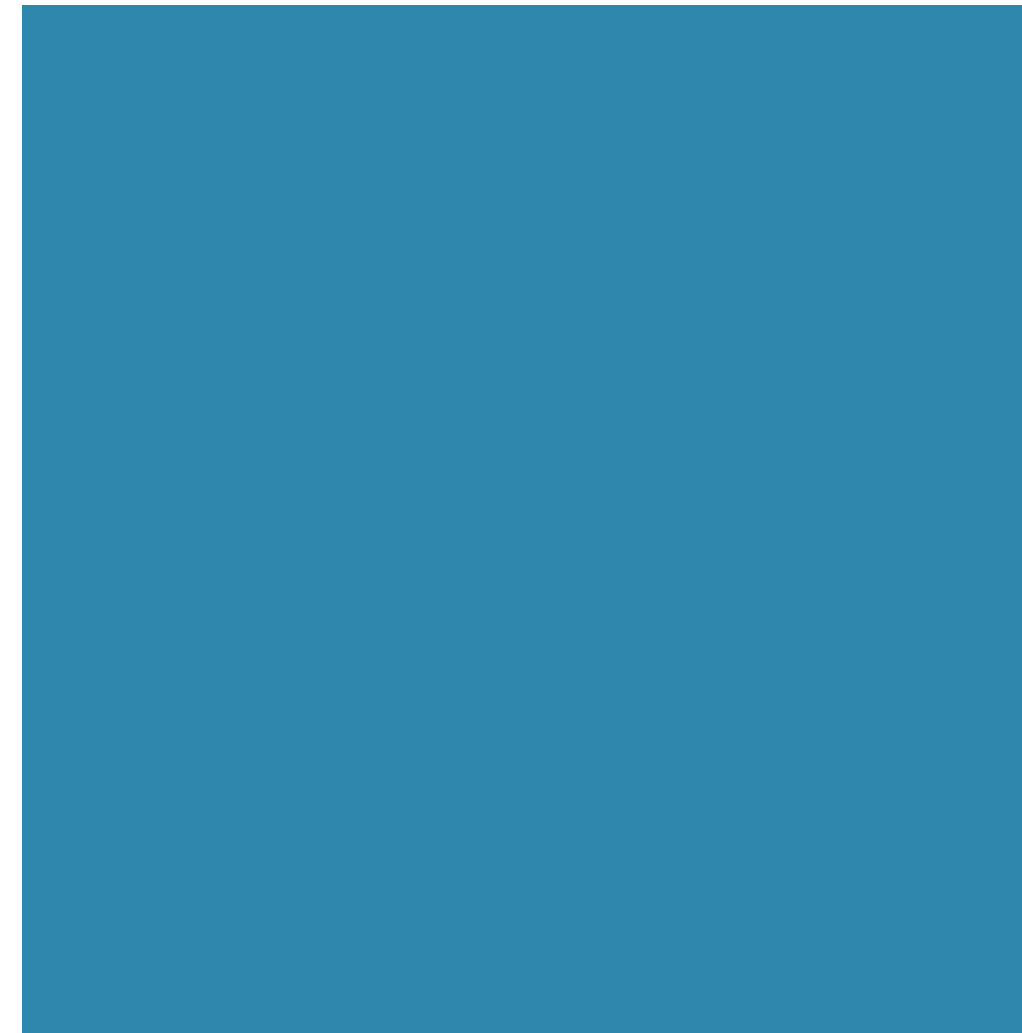


Important Points About the Sepsis Screening Tool

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



CASE STUDY: APPLICATION OF THE ADULT SEPSIS SCREENING TOOL



H C A ADULT SEPSIS SCREENING TOOL



Patient Scenario

A 65-year-old male admitted for diabetic teaching due to being new on insulin. Has a history of pneumonia and coronary heart disease. The patient has a wife in the home who supports the care. Upon assessment the nurse finds a reddened area to the lower right leg. The patient has a Temp 99.6, Pulse 100, Resp 22, SPO2 98% and BP 120 / 68. The patient has no complaints of pain, GI or GU issue.

HCA ADULT SEPSIS SCREENING TOOL



Application of the HCA Sepsis ToolQuestion 1

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:

- | | |
|---|--|
| <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): |

Reddened area to his lower right leg

Q1 - Yes, Patient has a potential source site of infection with a reddened area to his lower right leg.

HCA ADULT SEPSIS SCREENING TOOL

Application of the HCA Sepsis ToolQuestion 2



2

Are any **2 (or more)** of the following systemic criteria present?

☐ Yes

☐ No

If Yes, check all that apply:

☐ Fever (oral temperature $>38.3^{\circ}\text{C}$ [100.9°F] or
hypothermia (core temperature $<36.0^{\circ}\text{C}$ [96.8°F])

☐ Tachycardia (heart rate or pulse >90 beats/minute)
☐ Tachypnea (respirations >20 breaths/minute)

Q2 - Yes, Patient has 3 systemic criteria.

HCA ADULT SEPSIS SCREENING TOOL



Application of the HCA Sepsis Tool Question 3

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

Q3 - No, Patient has no signs and symptoms of new onset organ dysfunction.

HCA ADULT SEPSIS SCREENING TOOL



Application of the HCA Sepsis Tool Follow – up

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



FREQUENTLY ASKED QUESTIONS

FAQ



Q: How often must the tool be completed?

A: Screening is to be completed at start of care, resumption of care, and every clinical visit.

Q: Is the HCA Sepsis Screening Tool considered a diagnostic tool?

A: No. The Sepsis screen tool is designed to assist in streamlining a home care clinician's assessment to identify and recognize the early, critical signs and symptoms of sepsis in a post-acute care setting. **It is not intended to replace a clinician's judgment based on their patient- specific observations, assessment, or determination of intervention.**

Q: Is the clinician bound by the particular intervention indicated on the tool in the case of every patient, or does the clinician's judgement ultimately prevail?

A: The interventions are recommended interventions and not a substitute for treatment, consultation or direction from a physician or authorizing practitioner.

FAQ



Q: How are tests/interventions not listed on the tool to be handled?

A: If clinicians choose to order tests/interventions not listed on the tool, they need to document at bottom of the screen tool (or “refer to nurse note” and document on nurse note the intervention that was ordered).

Q : May LPNs complete the tool?

A: An LPN’s scope of practice does not allow assessment, but an LPN may collect data and have it interpreted by a RN. An LPN in the home may complete the tool (gather the data). In the event that any of the information that has been obtained falls outside of the parameters then the LPN would contact their over-sighting RN. The RN would assess the data obtained, determine interventions, notify the MD, take any orders the MD provided and educate the patient.

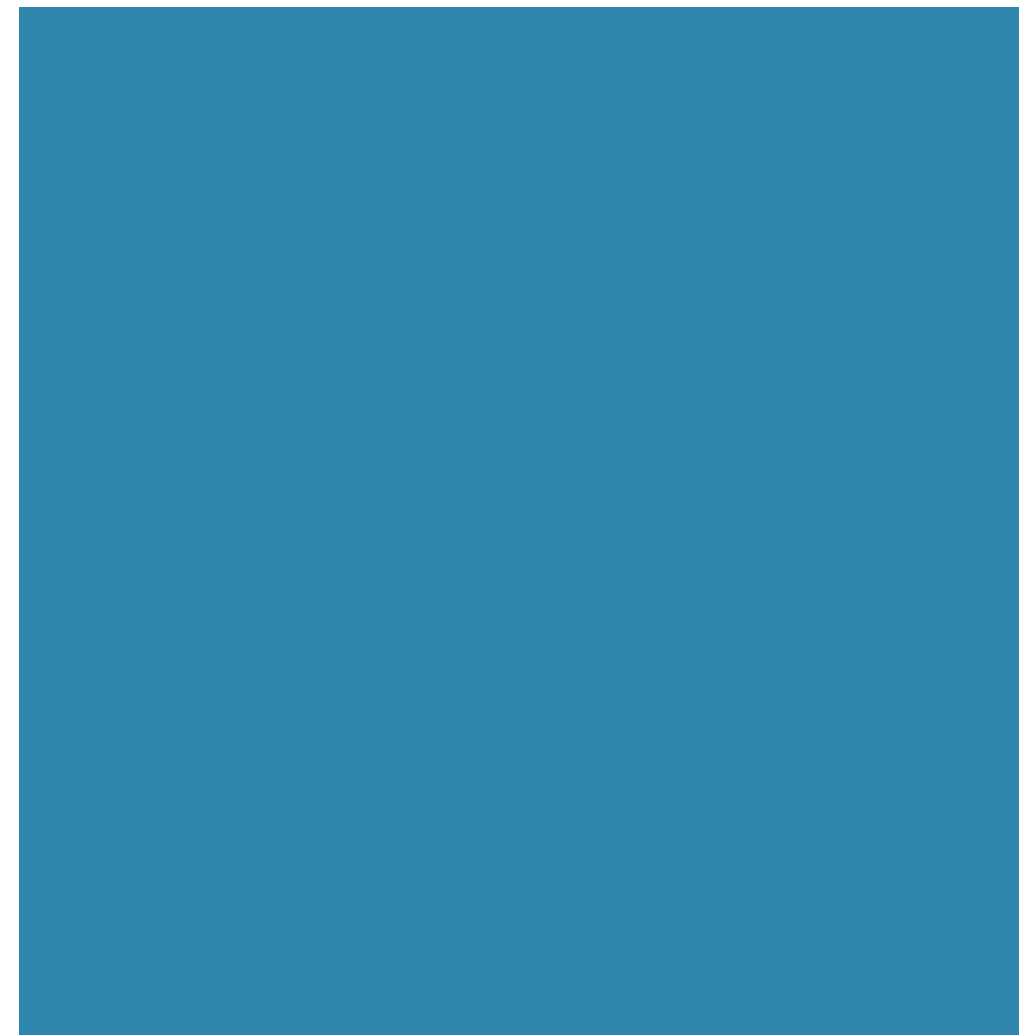
Q: What role may Home Health Aides (HHA) and Personal Care Aides (PCA) play?

A: The tool may be completed only by licensed clinicians where assessment of the indicated criteria on the tool is within their lawful scope of practice.

However, HHAs and PCAs may be trained in signs and symptoms of sepsis based on the Patient Education Zone Tool, and report to the patient’s home care agency RN their observations consistent with the Zone Tool. Agencies are encouraged to training and involve their HHAs and PCAs in these roles.



GUIDANCE FOR AGENCY ADOPTION AND USE



GUIDANCE FOR AGENCY ADOPTION AND USE

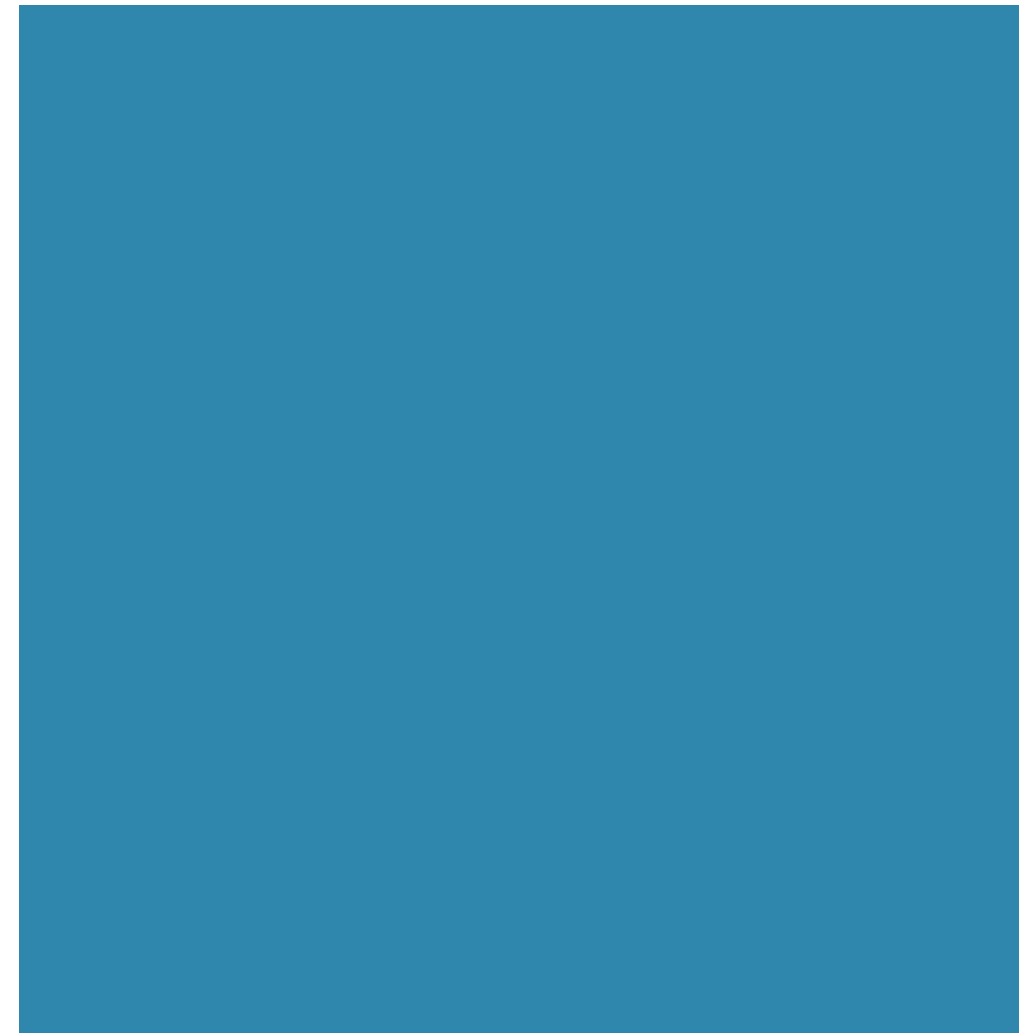


HCA Implementation Guidance to Agencies Advises:

- Adoption of sepsis tool and protocol within agency policies and procedures, including procedures to ensure completion of screen on every RN assessment and clinical visit, unless contraindicated by MD; incorporation in agency quality assurance/ improvement committee review process.
- Integration 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.
- Outreach/ training/ education of strategic clinical/ community partners (e.g., physicians, hospital, EMS, managed care orgs).
- Other



COLLABORATION ACROSS THE CONTINUUM

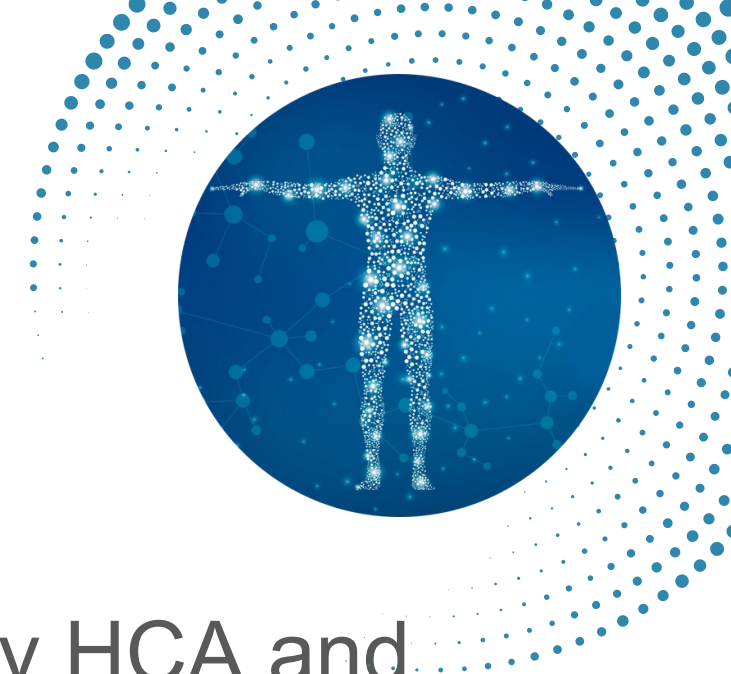


COLLABORATION ACROSS THE CONTINUUM



- Collaboration across clinical and continuum partners is critical to effective sepsis response.
- The standardization of sepsis screening and intervention in home and community health through the HCA tool is significant to the collaborative response, especially with hospital, EMS and physician partners.
- The tool is aligned with criteria for sepsis utilized in hospitals and EMS. Follow-up and interventions indicated on the tool are also aligned.

COLLABORATION ACROSS THE CONTINUUM



- Regional sepsis training and cross-sector collaboration sessions conducted by HCA and IPRO across the state revealed important challenges and opportunities to address critical gaps. These include:
 - Report to ER, consultation with MD
 - Health information exchange upon ER referral
 - Discharge information from hospital to home health
 - Clinical pathways and interdisciplinary care plans for post-sepsis discharges
 - Mutual education/awareness of tools/criteria across sectors
 - Importance of cross-sector clinician training
 - Data sharing
 - Sepsis Collaborative Care Model
 - University of Rochester Medical Center Critical Illness Recovery Program
 - HCR Physician and EMS Sepsis Collaboration

COLLABORATION ACROSS THE CONTINUUM

Mohawk Valley Health System

- Hospital staff was invited and attended Home Care Sepsis Screen Tool Training
- MVHS VP of the Medical Group and Physician Practices attended the Home Care Sepsis Screen Tool Training
- Home Care Services is represented at the Hospital's Sepsis Committee Meeting. This meeting is an opportunity to communicate and learn about all the work within MVHS regarding Sepsis
- Home Care Services and the Hospital case management team have collaborated to use the same educational materials, such as the Sepsis Zone Tool.



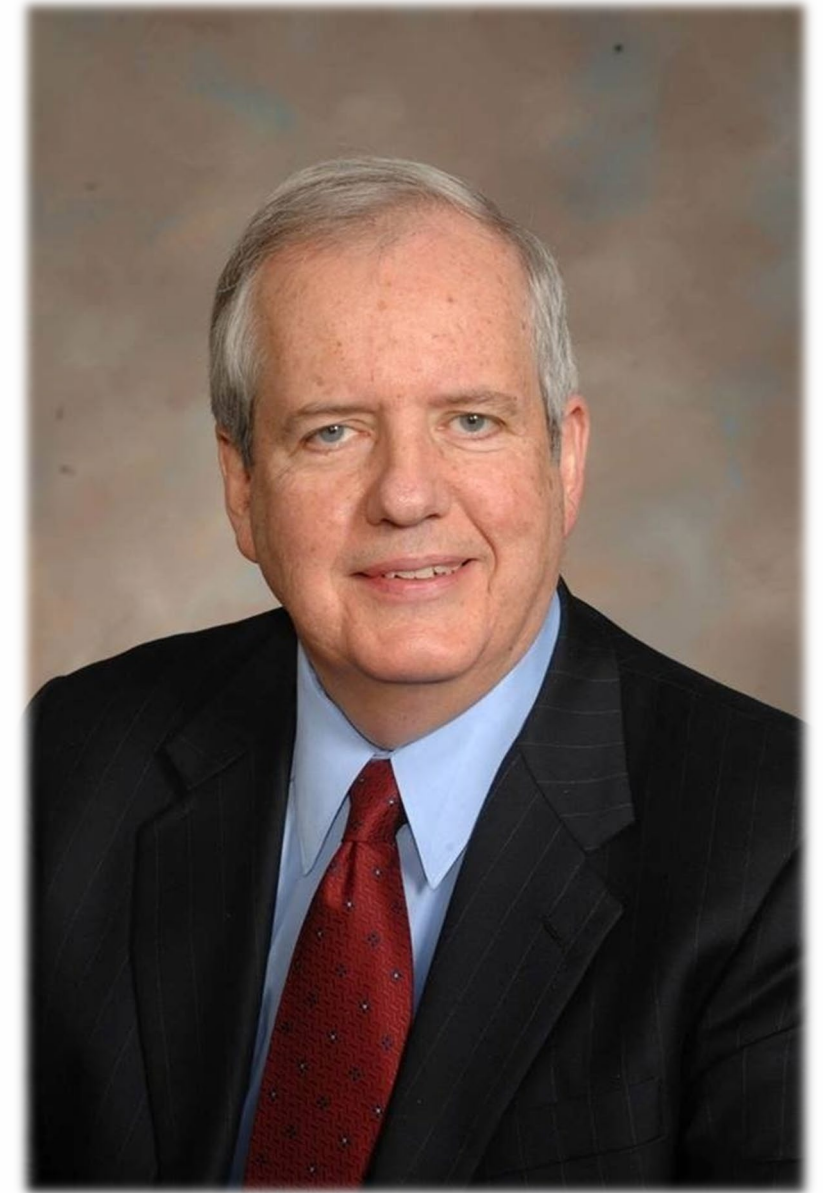
Community Partners

- Group homes
- Assisted living facilities
- Lifespan



Physician Collaboration

- HCR Medical Director
- In-person meetings with local physicians
 - Build awareness
 - Learn from providers
 - Discuss challenges



EMS & ED Collaboration

- 4 critical alerts
 - Major trauma
 - Cardiac
 - Stroke
 - **Sepsis**
- ED & response team prepared in advance
- Average treatment care time for sepsis= 14:04
- 911 call vs. transport via family member
 - Treatment initiated during transport
 - Transportation expenses
- *"I'm concerned about sepsis"*



Tim Czapranski
Administrator
Monroe County EMS



ELECTRONIC HEALTH RECORD INTEGRATION



EHR INTEGRATION



Wherever possible, integration of the sepsis tool with agency electronic health records (EHRs) is vital.

- Makes the entire process seamless within the context of all other assessment and clinical activity in the visit.
 - Enables the information to be automatically integrated with key patient information and follow-up.
 - Enables the information to be bulk exported to the IPRO REDCap sepsis data collection portal.
 - Provides additional data profile benefit to the agency on key health/ population health indicators.
-
- Important to note that there are providers successfully utilizing the tool in hardcopy/ paper form.



PROGRAM RESULTS TO DATE

HOSPITAL PROTOCOL RESULTS TO DATE



Over 16,000 Lives Saved in New York State Following Implementation of Mandatory Sepsis Protocols. Sepsis is the leading cause of hospital deaths in the United States; New York was the first state to require the adoption of evidence-based protocols for the rapid identification and treatment of sepsis.

- NEW YORK, April 18, 2022: According to the NYS Department of Health, the implementation of mandatory sepsis protocols by all hospitals in New York State is estimated to have saved more than 16,000 lives between 2015 and 2019.*
- The protocol requirements were precipitated by the death of 12-year-old Queens boy, Rory Staunton, from undiagnosed, untreated sepsis in a New York City Hospital in 2012. The regulations are known as Rory's Regulations in honor of Staunton. "Because of these regulations, there are 16,011 New Yorker families that have been spared the unspeakable pain that we have endured," said Ciaran and Orlaith Staunton, Rory Staunton's parents and the founders of END SEPSIS, the Legacy of Rory Staunton. "If they had been in place when we brought Rory to the hospital, he would be alive today. Sepsis protocols save lives. The federal government and other states need to follow New York's lead."*
- [Link to Press Release](#)

H O M E C A R E S E P S I S I N I T I A T I V E R E S U L T S T O D A T E



Agencies achieving **earlier sepsis identification and timely treatment.**

- A study of cases served by HCR Home Care in Rochester, NY, of **over 7,000** cases regularly screened with the HCA home care sepsis tool, showed that, of those identified as meeting sepsis criteria, **69.2% were successfully treated** in collaboration by the patient's physician and the home care clinicians, **avoiding hospitalization completely.**

HOME CARE SEPSIS INITIATIVE RESULTS TO DATE



A study by the Visiting Nurse Service of New York showed similar patterns in avoidance of rehospitalizations.

- The study found that sepsis survivors who received a first nursing visit within two days of hospital discharge plus at least one additional home visit in their first post-hospital week, and who also saw a doctor in that first week, **reduced their probability of 30 -day all-cause readmissions by seven percentage points.**

- [Link to study](#)

H O M E C A R E S E P S I S I N I T I A T I V E R E S U L T S T O D A T E



Creation of **primary pre-hospital layer for sepsis** screening, prevention, early intervention.


- Near statewide geographic implementation accomplished.
- Hundreds of thousands of screens being conducted for risk, prevention, early treatment, and ongoing as part of system.
- Significant new sepsis trained health workforce statewide.
 - Goal is for every home care agency and every community health setting in the continuum to adopt the screening and intervention tool.

CASE EXAMPLE

ILLUSTRATION OF POTENTIAL
COST SAVINGS

One Home Care Agency. Millions (\$) in
Potential Cost Savings Through Hospital
Avoidance/Early Detection



TYPE OF SEPSIS CASE & ASSUMPTIONS <i>(for purposes of illustration)</i>	NO. OF CASES	100% of AVG. MEDIAN COST SEPSIS CARE IN NYS HOSPITAL	50% of AVG. MEDIAN COST SEPSIS CARE IN NYS HOSPITAL	Potential COST SAVINGS
ASSUMPTION 1 If hospitalization were to be averted for 50% of sepsis cases where in- home screening indicated sepsis-risk but NOT 'severe-sepsis' (218 cases).	109 (218/2)	X \$40,330		\$4.39M
ASSUMPTION 2 If hospitalization were to have occurred, but LOS* reduced by half (due to early detection) for 50% of cases where in-home screening indicated sepsis- risk (218 cases).	109 (218/2)		X \$20,165	\$2.2M
ASSUMPTION 3 Hospitalization unavoidable for 'severe-sepsis,' but if LOS* costs could be cut by 50% for half of these cases due to early detection (258 cases).	129 (258/2)		X \$20,165	\$2.6M
 <p>*Length of Stay All information based on a home care agency in upstate New York that has identified 218 cases meeting the criteria for sepsis and an additional 258 cases meeting the criteria for 'severe-sepsis' using the HCA screening tool.</p>				\$9,193,240

HOME CARE SEPSIS INITIATIVE RESULTS TO DATE



- Agencies report additional cost avoidance and improved outcome potential through overall **greater awareness and screening for infection risk via tool**, increased preventive education with patients/families, **increased identification of associated high risk conditions** (e.g., UTI, fever), **focus on sepsis readmission avoidance**, and **TC avoidance/mitigation**.
- Model being **applied to other settings and populations** (e.g., group homes for intellectually and developmentally disabled adults, hospice, assisted living, etc.)
- Model being **replicated in other states** by associations, health systems, agencies, organizations (incl. EMRs).
- Sepsis Alliance **national education** and level I training video documentary produced on tool; being finalized and soon promoted to all applicable providers in US.
- Initiative recognized with **statewide quality awards** (2017, 2018) and with national “Sepsis Heroes” distinction (2019) by Sepsis Alliance, and with statewide grant awards (2019, 2021, 2022)

ADDITIONAL KEY FINDINGS FROM FIELD



- Collaboration across clinical and continuum partners **critical to effective sepsis response**
- Identification of important challenges, gaps and goals between partners that should be addressed, include:
 - Consultation / engagement of PCP (timely, informed)
 - Hospital discharge home post-sepsis
 - Report to/ response by ED (timely, informed, effective)
 - Interdisciplinary care and coverage for sepsis survivors
 - EMS engagement
 - Sector and cross-partner training and synchronization
 - EHR integration and key information exchange across partners
 - Data sharing

LIFE AFTER SEPSIS



[Click Here to Access this Video and to Learn More About Life After Sepsis.](#)

LIFE AFTER SEPSIS



Critical Facts

- Severe sepsis survivors remain at **elevated risk** of a future sepsis episode.¹
- ~**60 %** of sepsis survivors over the age of 50 experience worsened **cognitive and/ or physical function**.²
- ~ **1/ 3** of all sepsis survivors, and more than 40 % of older sepsis survivors, have another hospitalization within three months of the initial sepsis, most commonly due to a repeat episode of sepsis or another infection.³
- **Black, Hispanic, and Native American** adult sepsis survivors are more likely than white survivors to be readmitted after hospital discharge (**1.3-1.5** times the risk for Blacks, **1.3** times the risk for Hispanics, and **2.4** times the risk for Native Americans).^{4,5,6}
- Up to **50 %** of sepsis survivors are left with physical and/ or psychological long-term effects a condition known as **post-sepsis syndrome**.^{2,3,7,8}

1. Shen H-N, et al. Risk of Recurrence After Surviving Severe Sepsis: A Matched Cohort Study. Critical Care Medicine 2016;44(10):1833-1841. https://journals.lww.com/ccmjournal/Abstract/2016/10000/Risk_of_Recurrence_After_Surviving_Severe_Sepsis_5.aspx

2. Iwashyna TJ, et al. Long-term Cognitive Impairment and Functional Disability Among Survivors of Severe Sepsis. JAMA Network 2016;304(16):1787-1794. <https://jamanetwork.com/journals/jama/fullarticle/186769>

3. Prescott HC and Angus DC. Enhancing Recovery From Sepsis: A Review. JAMA 2018;319(1):62-75. <https://jamanetwork.com/journals/jama/article-abstract/2667727?redirect=true>

4. Lizza BD, et al. Racial Disparities in Readmissions Following Initial Hospitalization for Sepsis. Critical Care Medicine. 2021; 49(3):e258-e268. https://journals.lww.com/ccmjournal/Abstract/9000/Racial_Disparities_in_Readmissions_Following_9538.aspx

5. Reddy AR, et al. Investigating Racial and Socioeconomic Characteristics in Pediatric Sepsis Using Electronic Health Data. Hospital Pediatrics 2023;13(2):138-146. <https://pubmed.ncbi.nlm.nih.gov/36691761/>

6. Chang DW, et al. Rehospitalizations Following Sepsis: Common and Costly. Critical Care Medicine. 2015; 43(10): 2085-93. <https://pubmed.ncbi.nlm.nih.gov/26131597/>

7. Prescott HC and Angus DC. Postsepsis Morbidity. JAMA 2018;319(1):91. <https://jamanetwork.com/journals/jama/fullarticle/2667724>

8. Mostel Z, et al. Post-sepsis syndrome—an evolving entity that afflicts survivors of sepsis. Molecular Medicine 2019;26(1):1-4. <https://molmed.biomedcentral.com/articles/10.1186/s10020-019-0132-z>

LIFE AFTER SEPSIS: POST SEPSIS SYNDROME



Physical Symptoms^{1,2}

- Fatigue, lethargy, insomnia
- Shortness of breath, difficulty breathing
- Swelling in the limbs
- Reduced organ function
- Repeat infections, particularly in the first few weeks post initial bout
- Poor appetite, taste changes
- Hair loss
- Skin rash, dry skin
- Change in vision
- Muscle or joint pain

Psychological Symptoms^{1,2}

- Anxiety and fear of experiencing sepsis again
- Panic attacks
- Depression
- Hallucinations
- Flashbacks
- Decreased cognitive function
- PTSD
- Mood swings
- Memory loss
- Difficulty concentrating
- Loss of self-esteem

1. [Post Sepsis Syndrome - End Sepsis](#)
2. [Post-Sepsis Syndrome | Sepsis Alliance](#)

WHAT CAN YOU DO ?



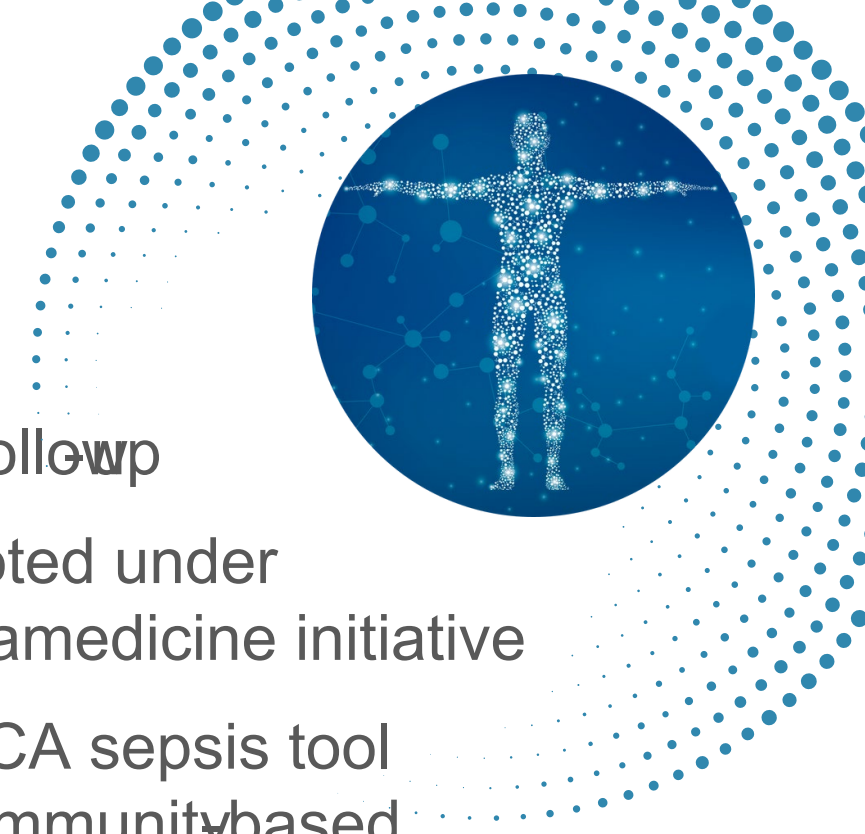
What can YOU do as a AAA, Home Care Agency, Health Plan, LDSS or other HCBS Organization?

- Adopt the HCA Sepsis Screening and Intervention Tool
 - Contact HCA at sepsistool@hcanys.org to request use, training, and other assistance to adopt the HCA Sepsis tool.
- Tap HCA special training modules for direct service staff (home health aides, personal care aides, CNAs), including for meeting in-service education requirements for infection control training, by also contacting sepsistool@hcanys.org.
- Reach out to the community with sepsis awareness education.
- Reach out essential partners across the continuum -- hospital, home care, physicians, EMS, health plans, other -- to develop mutual collaborative protocols in handling sepsis cases.
- **If you are a health plan or an Area Agency on Aging, or a Local Social Services Department, encourage or require service organizations in your network to adopt the HCA sepsis tool.**
- Access and utilize the sepsis education and resources offered by sepsis leaders Sepsis Alliance (www.sepsis.org) and by the END SEPSIS Legacy of Rory Staunton (www.endsepsis.org) and support these philanthropic sources that rely on community funding to support their resources.
- Talk to others about sepsis.

FUTURE ACTION



- June 25 Sepsis Summit Follow-up
- New component being piloted under Community Medicine /Paramedicine initiative
- Continued promotion of HCA sepsis tool adoption in home care, communitybased services, health plans, nursing homes, and specialty care settings, in NYS and other states
- Join [The Partnership for Sepsis and Aging](#)
- Sepsis coordination and collaboration across the continuum of care
- Ensure coverage for comprehensive and interdisciplinary care are postsepsis patients
- Current health plan-hospital-homecare-physician collaboration pilot in NYC
- Hospital Core Elements & Sep 1
- ICD-1- Aftercare for Sepsis in Home Care
- Research and data initiatives
- More, more and more



RESOURCES

- HCANYS [Stop Sepsis At Home](#) page
- Sepsis Alliance www.sepsis.org
- END SEPSIS - Legacy of Rory Staunton www.endsepsis.org
- IPRO <https://ipro.org/>
- NYS Office for Aging <https://aging.ny.gov/sepsis-awareness-and-prevention>
- The Partnership for Sepsis & Aging <https://www.sepsis.org/the-partnership-for-sepsis-and-aging-tpsa/>
- CDC <https://www.cdc.gov/sepsis/index.html>





QUESTIONS / COMMENTS ?

Email HCA for Sepsis at: sepsistool@hcanys.org

Call HCA at: HCA 518-426-8764