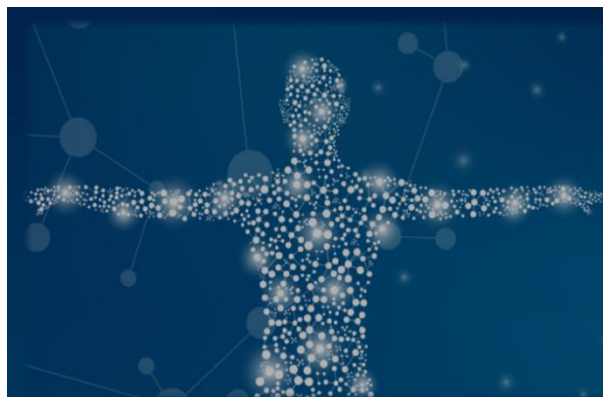




HCA Home Care Sepsis Screening & Intervention Tool



**Presented to the
Jefferson Health System Sepsis Summit
September 20, 2018**



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Project Director

HCA-NYS Health Foundation “Stop Sepsis At Home” Initiative

Member, National Sepsis Alliance Advisory Board



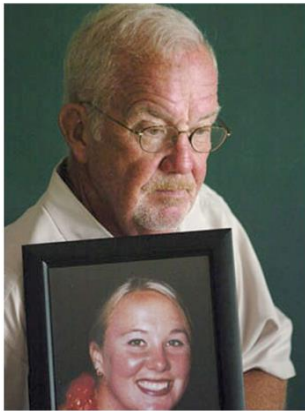
Thank you for this opportunity and privilege to join in the Jefferson Sepsis Summit.

We believe a coordinated collaboration of all sector partners – hospitals, physicians, home health care, EMS, health plans, consumers, and others – is key to sepsis response, prevention, mitigation and outcome.

A *continuum response* to sepsis.

Dedication of Purpose

In New York State and across the country, the many lives lost to or fundamentally affected by sepsis inspire our initiative.



Session Content

Today's presentation will address:

- Critical sepsis facts relevant to home health and to home health's role in sepsis .
- Development of our home care sepsis screening tool and initiative – *a first-of-a-kind* through a statewide home care system.
- A walkthrough of the tool and initiative.
- Our data collection and analysis component.
- Collaboration with system partners across the continuum.
- Next steps in the effort.

Session Content

Discussion will include:

- Why the home care population is at high risk for the development of sepsis.
- Importance of triage in primary care settings to identify sepsis.
- The value and elements of the HCA home care sepsis-screening tool and protocol in New York State.
- How community based sepsis initiatives can improve care transitions and sepsis treatment between pre-hospital and emergency rooms, as well as post-acute care after discharge.



Critical Sepsis Facts and Relevance to Home Health, Home Health Role & Health Reform

Critical Sepsis Facts and Relevance to Home Health and Health Reforms

The Big Picture – Sepsis inherently an imperative in home/community care:

- 80-90% sepsis related infections occur in home/community.
- Highest risk populations are in home care or within typical reach of home care and primary and community partners.
- Early recognition and time-to-treatment critical; maximize prevention and awareness, prehospital/community intervention and partner synchronization.
- Post-sepsis transition and care are critical, with recurrence/readmission risk, need for complex/interdisciplinary follow-up care, post-sepsis syndrome; cases prime for collaborative, follow-up by hospital, physician, home care, other partners.

Critical Sepsis Facts and Relevance to Home Health and Health Reform

(Sepsis Alliance)

Stats

- 1.7 million cases each year in the U.S.
- 270,000 deaths each year – more than breast cancer, prostate cancer and AIDS – *combined*.
- Every 2 minutes someone in the US dies of sepsis.
- Takes more children than cancer – 18 kids each day.
- #1 cost of hospitalization - \$27B/yr.
- Every 20 seconds someone is hospitalized with sepsis.
- #1 cause of death in U.S. hospitals.
- #1 driver of readmission to a hospital (30 days).

Critical Sepsis Facts and Relevance to Home Health and Health Reform

(Agency for Healthcare Research & Quality)

Table 1. The 20 most expensive conditions treated in U.S. hospitals, all payers, 2013

Rank	CCS principal diagnosis category	Aggregate hospital costs, \$ millions	National costs, %	Number of hospital stays, thousands	Hospital stays, %
1	Septicemia	23,663	6.2	1,297	3.6
2	Osteoarthritis	16,520	4.3	1,023	2.9
3	Liveborn	13,287	3.5	3,765	10.6
4	Complication of device, implant or graft	12,431	3.3	632	1.8
5	Acute myocardial infarction	12,092	3.2	602	1.7
6	Congestive heart failure	10,218	2.7	882	2.5
7	Spondylosis, intervertebral disc disorders, other back problems	10,198	2.7	555	1.6
8	Pneumonia	9,501	2.5	961	2.7
9	Coronary atherosclerosis	9,003	2.4	458	1.3
10	Acute cerebrovascular disease	8,840	2.3	585	1.6
11	Cardiac dysrhythmias	7,178	1.9	710	2.0
12	Respiratory failure, insufficiency, arrest (adult)	7,077	1.9	387	1.1
13	Complications of surgical procedures or medical care	6,079	1.6	465	1.3
14	Rehabilitation care, fitting of prostheses, and adjustment of devices	5,373	1.4	390	1.1
15	Mood disorders	5,246	1.4	836	2.3
16	Chronic obstructive pulmonary disease and bronchiectasis	5,182	1.4	645	1.8
17	Heart valve disorders	5,151	1.4	123	0.3
18	Diabetes mellitus with complications	5,142	1.3	531	1.5
19	Fracture of neck of femur (hip)	4,861	1.3	303	0.9
20	Biliary tract disease	4,722	1.2	405	1.1
Total for top 20 conditions		181,762	47.7	15,554	43.7
Total for all stays		381,439	100.0	35,598	100.0

Abbreviation: CCS, Clinical Classifications Software

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), National Inpatient Sample (NIS), 2013

Critical Sepsis Facts and Relevance to Home Health and Health Reform

(NYS DOH/KPMG VBP project, Sepsis Alliance, JAMA, AHRO)

- #1 Medicaid expense for potentially avoidable hospitalizations for general MA population in NYS hospitals (excluding schizophrenia in the MH population), and #2 in Medicaid hospital expense nationally (after Liveborns).
- 1 in 4 hospital patients treated for sepsis is readmitted in the first 30 days after discharge.
- Sepsis 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).

Critical Sepsis Facts and Relevance to Home Health and Health Reform

(Sepsis Alliance, DHHS)

- Up to 50% of sepsis survivors suffer from post-sepsis syndrome, with consequences for ongoing primary and community care.
- US DHHS estimates that sepsis results in an average of 38 amputations each day.
- Commonly misunderstood as a “hospital problem,” whereas 80% - 90% of sepsis cases originate in home and community.
- Time critical; mortality increases 8% every hour that treatment is delayed.
- Early identification and treatment are the key to improved outcomes and reduced costs.
- Big opportunity lies in public awareness and primary providers’ education and training.

Significance of Home/Community Role & Response

(Sepsis Alliance)

- Among highest risk populations are:
 - The elderly
 - The 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).
- These high risk groups *ARE* the home care population; home care treats populations most vulnerable to sepsis.

Significance of Home/Community Role & Response

- Fact pattern points to the importance of patients' primary and community providers like home health keying in on sepsis risk, education, screening and immediate/emergent follow-up upon signs and symptoms.
- Standardization of sepsis criteria and protocol for use in home care are critical, and particularly to synch with physician, EMS, hospital and other continuum partners. (This underscores our approach with our NY home care sepsis tool and initiative.)
- Home care has and offers a major opportunity and obligation for sepsis collaboration with primary physician and continuum partners.
- Increases potential for early ID, early treatment, mitigation and community health education.

Significance of Home/Community Role & Response

- Home health is a required (practice and regulatory) partnership between the ordering physician and home care agency.
- In the case of sepsis prevention and mitigation goals, this partnership between home care clinicians and physicians is especially critical, and we believe can make a significant impact.
- The partnership ordinarily dictates for all patients the day-to-day patient health management and monitoring, assessment of risks and conditions, timely consultation/referral and treatment decisions - which given the nature of sepsis specifically is exponentially critical to mitigation, outcome and population health goals.

Significance of Home/Community Role & Response

- At the hospital level, we see sepsis collaboration between home health and hospitals as critical on the front and back ends.
- Time/stage of patient ID, response time in referral/transport/ER engagement, synchronization of clinicians, and information exchange, all critical factors to rapid entry into care and outcome.
- Need for synchronization with and timely report to and action by ER; includes need for timely transport and adequate/effective exchange of information of suspected sepsis cases referred to EMS and ER.
- Hospital-home care-physician collaboration on discharge, successful care transition and ensuing recovery and management is critical to post-treatment outcome, resumption of quality life, and readmission-avoidance.

Significance of Home/Community Role & Response

The nature of sepsis and these fact patterns underscore the necessity, value and potential impact of system collaboration for sepsis.

Significance of Home/Community Role & Response

- In screening for sepsis criteria, our home care screening tool also simultaneously screens for criteria associated with other high risks for avoidable hospitalizations.
- Also, significant to health care reform, all these are mandatorily tracked metrics and payment considerations under NYS's value based payment (VBP) methodology:
 - Sepsis
 - Respiratory Infections
 - Urinary Tract Infections (UTI)
 - Electrolyte imbalance
 - Anemia
 - Heart failure
- Major quality and opportunity area for home care, physician, hospital, payor collaboration.

Significance of Home/Community Role & Response

- This provides multiple benefits of the HCA sepsis tool.
- Also syncs with CMS and state reforms, e.g.:
 - Delivery System Reform Incentive Payment programs (DSRIP)
 - Value Based Payment
 - Managed care and other accountable/integrated care models
- All have goals and milestones for improved quality, reduced costs, population health, and significant reductions in avoidable hospital, ER, and readmission.
- Also, creates a overall intensified focus on infection and infection prevention, providing further benefits and synchronization with reform goals.

Significance of Home/Community Role & Response

More reasons for engaging home health *specifically* in sepsis education and intervention:

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



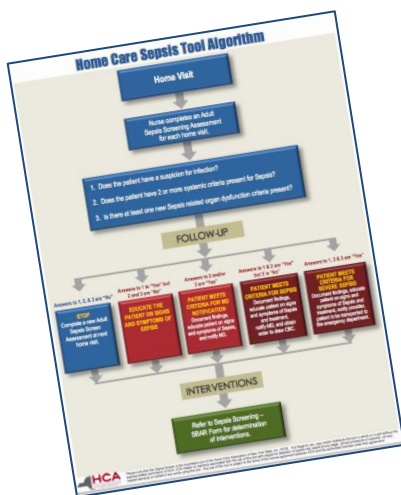
Development of the HCA Sepsis Screening Tool and Initiative

Overview of HCA Home Care Sepsis Initiative

- Starting 4-5 years ago, HCA undertook efforts to determine whether and how home care could collaborate in the prevention/intervention effort for sepsis.
- Researched across country; no models, no activity.
- HCA engaged sepsis clinical experts and state and national leaders. (Dr. Martin Doerfler, Northwell Health, Dr. Stephen Simpson, University of Kansas and Sepsis Alliance, Dr. Carl Flatley and Thomas Heymann of Sepsis Alliance, Olraith and Ciaran Staunton of the Rory Staunton Foundation for Sepsis Prevention, Dr. Raymund Dantes of CDC, and others)

Overview of HCA Home Care Sepsis Initiative

- HCA sepsis workgroup established; our clinical leader Amy Bowerman (hospital, home care, managed care system) led the drafting of the tool, corresponding algorithm and protocol. The tool was vetted, beta tested, and refined with sepsis clinical expert input.



Home Care Services Adult Sepsis Screening Tool

For use in conjunction with Sepsis Protocol. Patient's Name: _____ Medical Record #: _____ Date Completed: _____

1 Does the patient's history, physical examination, or other findings suggest an infection or potential source of infection? Yes No
 If Yes, specify source or potential source of infection and select one or more below:
 Pneumonia Active treatment Implanted device infection Endocarditis Recent Chemotherapy/Immunocompromised Wound infection or skin infection Bloodstream catheter infection Other source of infection (specify): _____

2 Are any 2 (or more) of the following systemic criteria present? Yes No If Yes, check all that apply:
 Fever (oral temperature $\geq 38.3^{\circ}\text{C}$ [100.9 $^{\circ}\text{F}$] or hypothermia (core temperature $< 36.0^{\circ}\text{C}$ [96.8 $^{\circ}\text{F}$]) 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
 Cardiac: New onset hypotension (systolic blood pressure < 90 or decreases by ≥ 40 mm Hg)
 Lung: New onset saturation $< 92\%$ by pulse oximetry, on supplemental oxygen SpO_2 other than baseline New onset pale/cyanotic
 Kidney: New onset urine output decreased from the patient's baseline with adequate fluid intake (and not due to ESRD) Pain New onset pain/paresthesia/discomfort

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 resort 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: _____

EARLY SIGNS AND SYMPTOMS OF SEPSIS
 You could be at risk for SEPSIS. Know the signs!

Has your healthcare provider diagnosed you with an INFECTION?

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 confusion or sleepiness
 • No fast heart rate
 • Easy breathing
 • No increase in pain

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

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

Key Contacts: _____

HCA | RUPIN ALLIANCE | The Johns Hopkins Foundation | BID | Quality Improvement Organizations

Development of the HCA Sepsis Screening Tool and Initiative

- This home care sepsis tool and initiative that evolved are the **first of its kind nationally**, and being widely supported in our state and by nationals.
- The comprising instruments of the tool (shown in the ensuing slides) include:
 - A **patient screen** to be completed by home health clinicians;
 - An **algorithm** for clinical follow-up to the screen findings;
 - A **protocol** for standardized clinical use of the screen and algorithm; and
 - A patient **education “zone” tool**.

Overview of HCA Home Care Sepsis Initiative

- The sepsis tool was designed specifically to sync with sepsis criteria used in our hospitals and NYS hospital sepsis protocol requirements.
- “Rory’s Regulations” in NYS required all hospitals to develop and employ sepsis protocols.
- Our partnering Quality Improvement Organization state/federal contractor, “IPRO,” simultaneously piloted the tool under a CMS Special Innovations Project in sepsis, and through this effort, developed and added a patient education “zone” component.
- This tool is specifically designed for use by home care clinicians, but is also applicable to and being sought for use in broader settings, including joint models with hospitals, ambulatory care and home care partners.

Overview of HCA Home Care Sepsis Initiative

- Our goal is statewide adoption and integration of the tool and companion instruments (screen tool, algorithm, protocol, patient education tool) by all home care and applicable settings, in a collaborative role with hospitals, physicians, EMS, health plans and other partners to combat sepsis and its catastrophic effects on health, life and costs.
- 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 an HCA user agreement (sepsistool@hcanys.org) that confirms the prerequisites and the use standards, as will be further discussed in this webinar.

Overview of HCA Home Care Sepsis Initiative

- The tool was formally launched at the end of March 2017, following HCA's written notice to the State Health Commissioner and Department.
- Providers in NYS have begun using the tool; reporting extremely positive experience; additional agencies adopting the tool on an ongoing basis. Providers and associations in other state also seeking to adopt the tool. We will discuss the key experiences and several challenges as we continue.
- The NYS Health Foundation awarded HCA a major grant to promote statewide adoption through training, technical assistance, cross-continuum coordination, public education, and other components. Branded as: "Stop Sepsis At Home NY."
- As of June 1, 55 of NYS 62 counties have at least one home care agency that has trained and been authorized for the sepsis tool, as shown on the next slide.

NYS Counties with HCA Sepsis Tool User(s)



(Work-in-Progress as of June 1, 2018)

Overview of HCA Home Care Sepsis Initiative

- Thus far, agencies are reporting:
 - Early sepsis identification via the tool and treatment at home in these cases by the physician and the home care provider.
 - ❖ In one agency, over 100 cases meeting sepsis criteria treated in home w/collaborating PCP and home care agency.
 - Identification of severe sepsis and timely intervention for these cases via transport to ER.
 - ❖ Over 100 cases meeting criteria for severe sepsis delivered to ED/acute care for early treatment.

Overview of HCA Home Care Sepsis Initiative

- Broader awareness and screening of infection risk and application of education and prevention with patients and families.
 - ❖ Increased awareness and report of indications of high risk changes/conditions for acuity, instability.
 - ❖ Other beneficial findings.

Use of the HCA Sepsis Screening Tool

Data Collection Portal

- IPRO IT has established a HIPAA-compliant data collection portal for this sepsis initiative which will enable the HCA sepsis screening tool users to capture and export all sepsis screen clinical findings and follow-up through this common site.
- It allows sepsis and population health data to be shared and analyzed both by individual provider users and statewide by HCA, IPRO and the project team.
- Unique data set for sepsis and sepsis risk factors in high risk community population.
- Data on hundreds of thousands of screens becoming available.

Overview of HCA Home Care Sepsis Initiative

HCA has also created the dedicated “Stop Sepsis At Home NY” website

<http://stopsepsisathomeny.org/>



The website, which we are continuing to build, houses the project materials, resources, schedules and related resources. Will also host links to state and national sepsis leader organizations (e.g., Sepsis Alliance, Rory Staunton Foundation, CDC, State Department of Health, etc.) and their invaluable resources on sepsis.



Initiative Partners



HCA gratefully acknowledges the New York State Health Foundation ([NYSHHealth](#)) for its support of this work.

The mission of [NYSHHealth](#) is to expand health insurance coverage, increase access to high-quality health care services, and improve public and community health.



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

Special acknowledgement to the HCA Quality Committee, Sepsis Workgroup, and workgroup clinical leader – Amy Bowerman, RN, Mohawk Valley Health System, HCA Member.

HCA Home Care Sepsis Initiative

Collaboration is solid, reflected in HCA Sepsis Steering Committee:

- ❖ The Home Care Association of New York State
- ❖ IPRO Quality Improvement Organization/Atlantic Quality Improvement Network
- ❖ Sepsis Alliance
- ❖ Rory Staunton Foundation for Sepsis Prevention
- ❖ US Centers for Disease Control and Prevention
- ❖ NYS Department of Health (collaborator)
- ❖ NYS Office for Aging
- ❖ Medical Society of the State of New York
- ❖ Healthcare Association of New York State
- ❖ Iroquois Healthcare Alliance
- ❖ Nassau/Suffolk Hospital Council
- ❖ Northern Metropolitan Hospital Association
- ❖ NYS Conference of Blue Cross/Blue Shield Plans
- ❖ NY Health Plan Association
- ❖ United New York Ambulance Network
- ❖ NYS Volunteer Ambulance and Rescue Association
- ❖ Statewide Senior Action Council
- ❖ National Association for Home Care and Hospice
- ❖ Visiting Nurse Association of America
- ❖ Leading State and National Physicians and Nurse Clinicians
- ❖ Individual Hospitals, Home Care Agencies, Health Plans

HCA Home Care Sepsis Initiative Core Partner IPRO/QIO



Careers Contact Us

Who We Are

What We Do

For Consumers

For Providers

News & Events



Better healthcare, realized.

Across nearly 100 state and federal programs in 30 states, IPRO makes creative use of clinical expertise, emerging technology and data solutions to make the healthcare system work better.

[LEARN MORE](#)

What We Do: Partners in Delivery

For over 30 years, IPRO has worked with government agencies, providers and consumers to implement innovative programs and bring policy ideas to life.



IPRO
Serving
New York State

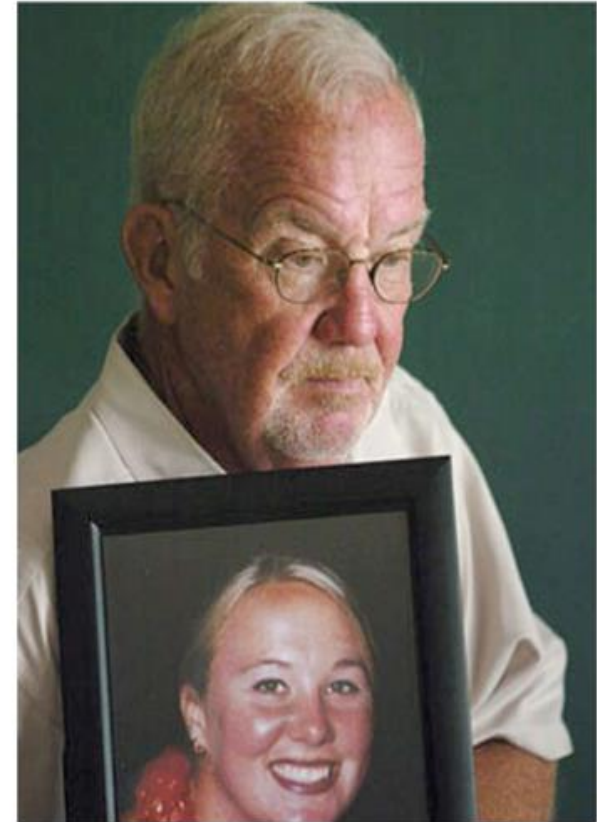
Sepsis Spotlight

Saving Lives through Increased Awareness

HCA Home Care Sepsis Initiative Core Partner & National Leader: Sepsis Alliance

Sepsis Alliance

- Founded 2007, by Dr. Carl Flatley – father of Erin Flatley, who’s loss to sepsis prompted his founding of Sepsis Alliance.
- Leading national sepsis advocacy organization in North America
- 1.5 million+ visits each year to Sepsis.org
- Awareness 19%, now 58%. Sepsis Alliance Awareness Survey
- Founded *Sepsis Awareness Month* in 2011



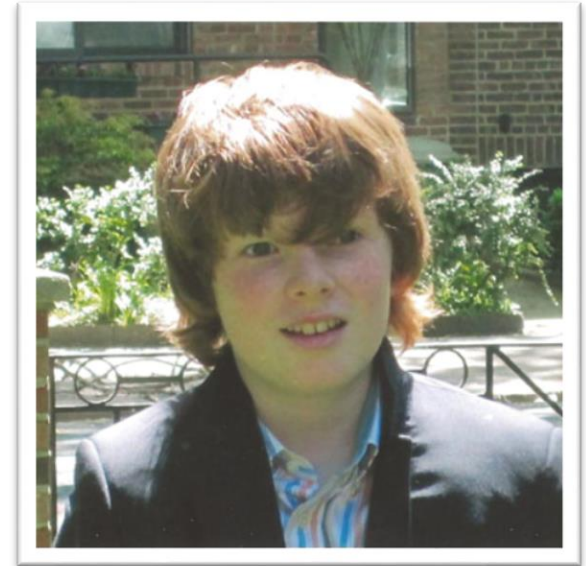
2017 | **SEPTEMBER**
SEPSIS SAY SEPSIS
SAVE LIVES
SEPSIS.AWARENESSMONTH.ORG

Suspect Sepsis, Save Lives



Sepsis.org

HCA Home Care Sepsis Initiative Core Partner & National Leader: Rory Staunton Foundation



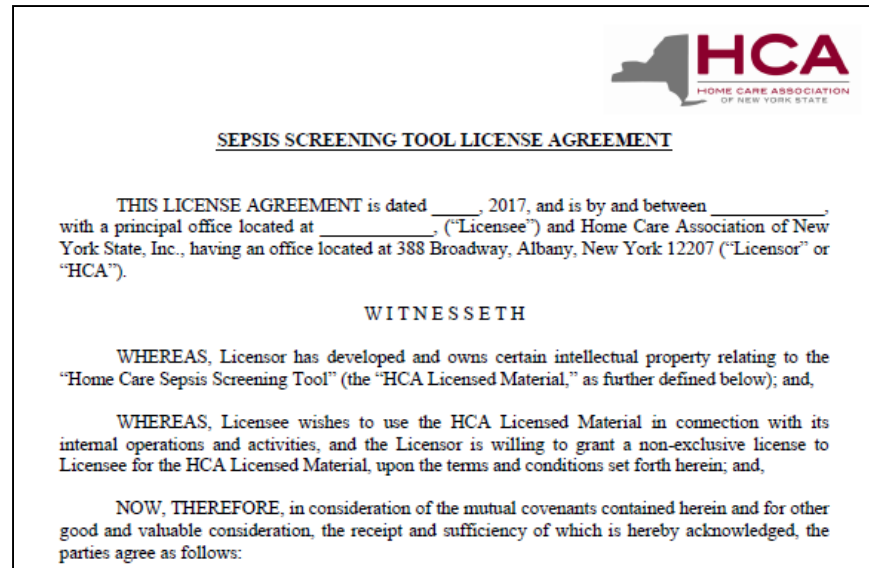
The tragic loss of Rory Staunton to sepsis in 2012 spirited the establishment of the Rory Staunton Foundation for Sepsis Prevention by Rory's parents, Ciaran and Orlaith Staunton, as well as the first in the nation (NYS) hospital protocols for sepsis in 2013 **"Rory's Regulations"**. The Foundation's work led this past October to the signing of **"Rory's Law"** in NYS, a landmark law that will provide for sepsis education in the schools and in state law requirements for health provider education/training in infection control, as well as other proactive sepsis initiatives in others states.



In-depth Review of the HCA Sepsis Screening Tool

Authorized Use

- To control for quality and use standards, the authorized access to or use of the HCA sepsis tool is to be provided via use agreement with HCA.



- The representations of the tool, methodologies, processes, courseware, images and other material contained in this webinar and the Sepsis Tool that is included therein are being provided solely in connection with this webinar to explain the use of the Sepsis Tool and for the limited purpose of participating in this webinar.

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): _____ |

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/discolor |
| <input type="checkbox"/> New onset saturation <90% by pulse oximetry, on supplemental oxygen SPO2 other than baseline | 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:

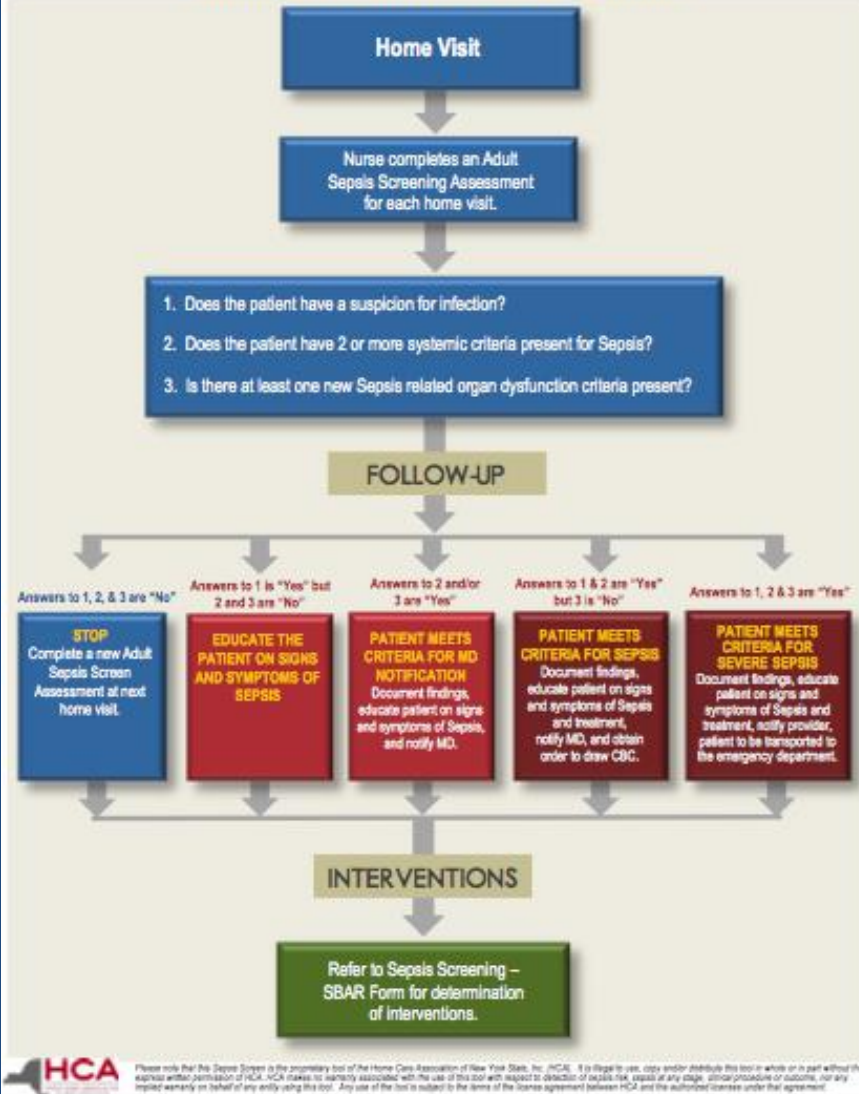
- The interventions in the Sepsis Protocol are clinically contraindicated (provider determination). The patient has been educated on the signs and symptoms of Sepsis and provided with the patient information sheet "Early Signs and Symptoms of Sepsis" (Attachment C).
- The patient has advanced directives 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: _____

FOLLOW-UP

INTERVENTIONS

Home Care Sepsis Tool Algorithm



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

Sepsis Screen Tool – Question Section

Home Care Services Adult Sepsis Screening Tool

For use in conjunction with Sepsis Protocol.

Patient's Name: _____

Medical Record #: _____

Date Completed: _____

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

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

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

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

- | | |
|--|---|
| <input type="checkbox"/> Fever (oral temperature $>38.3^{\circ}\text{C}$ [100.9°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

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

The Patient Meets Criteria for MD Notification

If the answers to question #2 and/or #3 are “Yes,” then educate the patient on signs and symptoms of Sepsis and notify MD of your findings and document.

The Patient Meets Criteria for Sepsis

If the answer to questions #1 and #2 are “Yes,” but the answer to question #3 is “No,” then the patient meets criteria for Sepsis. Document your findings, educate the patient on signs and symptoms of Sepsis and treatment, and notify the provider and obtain MD order to draw CBC.

The Patient Meets Criteria for SEVERE Sepsis

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

Note:

Sepsis Screen Tool – Intervention Section

INTERVENTIONS

Check all that apply:

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

Note:

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

Home Care Sepsis Tool Algorithm

Home Visit

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

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

FOLLOW-UP

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

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

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

EDUCATE THE PATIENT ON SIGNS AND SYMPTOMS OF SEPSIS

Answers to 2 and/or 3 are "Yes"

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

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

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

Answers to 1, 2 & 3 are "Yes"

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

INTERVENTIONS

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

Patient Education “Zone Tool”

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:



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

(Organization's Name)

1 PURPOSE

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

2 SCOPE

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

3 REFERENCES

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

4 DEFINITIONS / ABBREVIATIONS:

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

SEVERE SEPSIS: Sepsis plus organ dysfunction.

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

5 INSTRUCTION ELEMENTS:

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

SCREENING QUESTIONS

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

1 Determine Infection:

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

2 Identify Systemic Criteria:

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

3 Identify New Onset Organ Dysfunction:

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

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

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

(Organization's Name)

FOLLOW-UP

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

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

The Patient Meets Criteria for Infection:

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

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

The Patient Meets Criteria for MD Notification:

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

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

The Patient Meets Criteria for Sepsis:

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

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

The Patient Meets Criteria for SEVERE Sepsis:

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

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

INTERVENTIONS

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

Document all that apply:

- The patient and/or caregiver has been educated on the signs and symptoms of Sepsis and provided with patient information sheet: "Early Signs and Symptoms of Sepsis" (Attachment C).
- The interventions in the Sepsis Protocol are clinically contraindicated (provider determined). Education has been completed with the patient and/or caregiver on symptom recognition and management of sepsis.
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- Document any follow-up actions completed that is not listed.

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

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

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Page 1 of 2	

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

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

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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.

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- Obtain MD order to draw CBC
- Document

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- Have patient transported to emergency department for evaluation
- Contact receiving emergency department to provide report
- Document

INTERVENTIONS

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

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- Document any follow-up actions completed that is not listed.

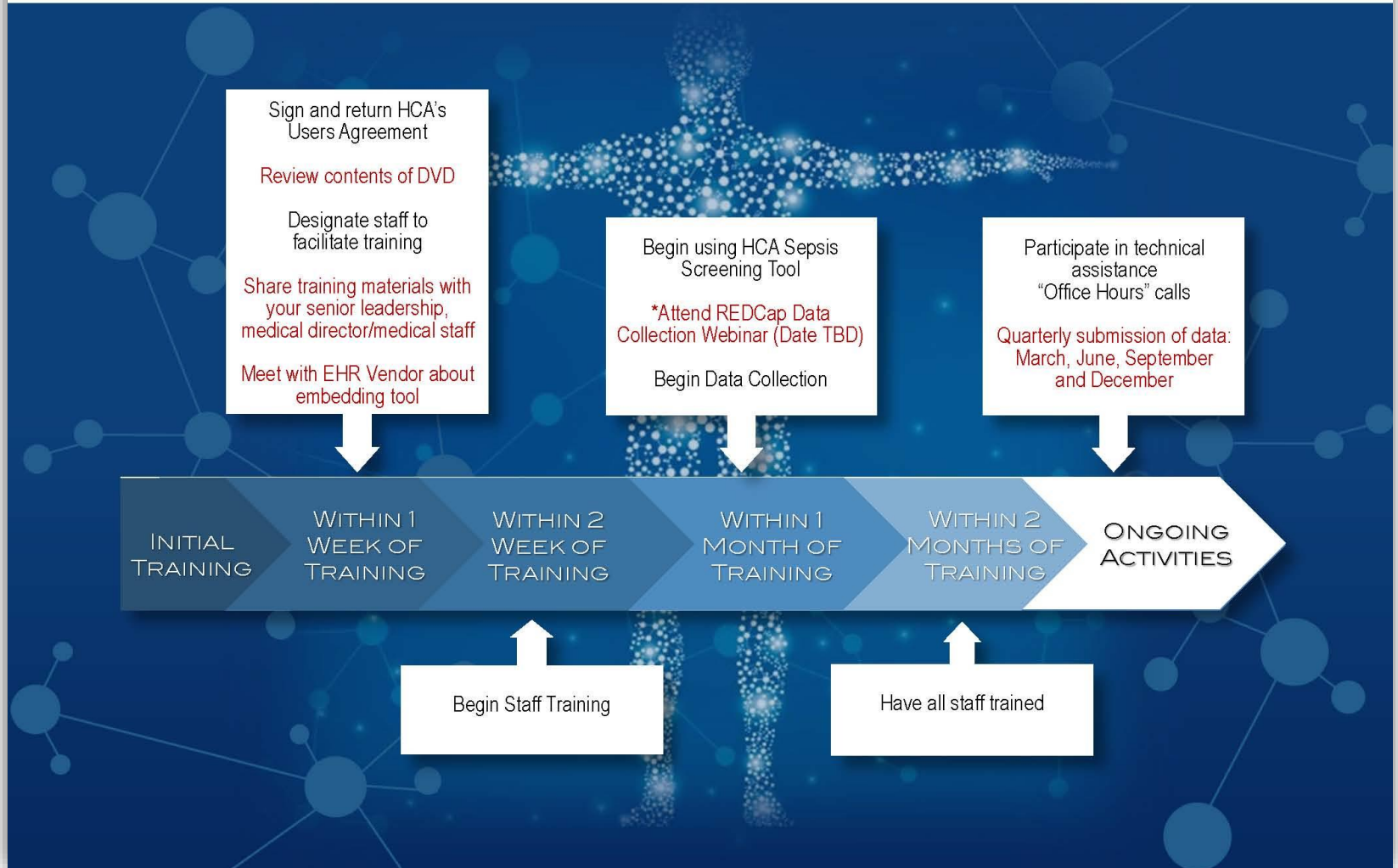
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USER EDUCATION

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

Key Points About the Sepsis Screening Tool

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



Guidance for Agency Adoption and Use

- A toolkit has been developed to assist all agencies in staff training and education on sepsis and the sepsis tool.
- The toolkit is being made available to users in electronic format.





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 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.
- Regional sepsis training and cross-sector collaboration sessions conducted by HCA and IPRO across the state have revealed important challenges and opportunities to address critical gaps.

These include:

Collaboration Across the Continuum

- 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
- Cross-sector clinician training
- Data sharing
- Sepsis Collaborative Care Model

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.

All Sector Statewide Sepsis Summit



**ALL-SECTOR SEPSIS SUMMIT:
A Statewide Call to Action**

**October 3, 2018
Albany Hilton Hotel
Albany, New York**

Who Should Attend:
Hospitals, home care agencies, physicians/physician practices, nurse practitioners, EMS, health plans, nursing homes, ID/DD providers, local aging network services agencies, and other partners.

Sponsored by:

This program is co-sponsored by the following organizations:



Next Steps

Next Steps

- Continued in-depth training in home care on tool and initiative; further build home health aide training; conduct ongoing sepsis education for agencies and staff including new depth and developments.
- Continued promotion of cross-sector coordination of clinical partners. Goal = coordinated *continuum-response to sepsis*.
- Develop cross-sector protocols/best practices for effective collaboration and continuum-response.
- All-Partner Sepsis Summit.
- Working with partners on joint education, collaboration and buy-in; e.g., joint work w/state hospital association, EMS association, Health Plan Association, Medical Society, Developmental Disabilities Community.

HCA Sepsis Legislation

Features:

1. Support for staff training.
2. Integration with EHR.
3. Health Information Exchange with critical partners (physician, EMS, hospital).
4. Sepsis collaboratives (home care-hospital-physician) for sepsis prevention/mitigation/timely response, and for transition and interdisciplinary care for sepsis survivors.
5. Community outreach and public education.

STATE OF NEW YORK

8669

IN SENATE

May 10, 2018

Introduced by Sen. HANNON -- read twice and ordered printed, and when printed to be committed to the Committee on Health

AN ACT to amend the public health law in relation to home care and community based sepsis prevention, screening, intervention and education

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. The public health law is amended by adding a new section
2 3620-a to read as follows:
3 § 3620-a. Sepsis. 1. The department may provide support for the
4 following objectives and activities to promote community based sepsis
5 prevention, screening, intervention and education in the state, which
6 may include, within available funds and upon the approval of the state
7 director of the budget, grants or supplementation of reimbursement rates
8 to providers. Such supported objectives and activities may include, but
9 are not limited to, on a voluntary home care agency basis:
10 (a) home care agency integration into electronic health records
11 systems of a standardized sepsis screening and intervention tool for
12 home care that meets adopted industry standards and synchronizes to
13 sepsis criteria utilized in hospitals according to departmental protocol
14 requirements for hospitals;
15 (b) timely and synchronized exchange of health information on behalf
16 of patients meeting or suspected to meet sepsis criteria, with such
17 exchange between home care agencies integrating the standardized sepsis
18 tool, and emergency medical services providers, hospitals, patients'
19 primary care practitioners, and other clinical partners, as applicable;
20 (c) establishment and implementation of sepsis collaboratives under
21 the hospital-home care-physician collaboration program under section
22 twenty-eight hundred five-x of this chapter, the purpose of which shall
23 be to pilot test the effectiveness of collaboratives in promoting the
24 goals of this section, as well as to pilot the development of clinical
25 pathways and interdisciplinary care plans for sepsis care transition,
26 post-hospital discharge care, and subsequent sepsis prevention and read-
27 mission avoidance for sepsis survivors;

EXPLANATION--Matter in *italics* (underscored) is new; matter in brackets
[-] is old law to be omitted.

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1 (d) home care agency sepsis education and training of home health
2 aides, personal care aides, and family caregivers;
3 (e) community outreach and public and provider education conducted by
4 home care agencies, and by home care in conjunction with continuum part-
5 ners, including hospitals, physicians, emergency medical services,
6 health plans, nursing homes and others, as well as with state and
7 national sepsis public education organizations, including the Rory
8 Staunton Foundation for Sepsis Prevention and Sepsis Alliance. The
9 purpose of such education shall be to foster directly, and in partner-
10 ship with providers, an effective sepsis response across the continuum
11 of care, as well as increased public awareness and education about
12 sepsis and sepsis prevention.
13 2. The department shall issue guidance to home care and other applica-
14 ble providers on the implementation of this section.
15 § 2. The commissioner shall, within eighteen months of the effective
16 date of this act, provide information to the legislature and governor on
17 the activities supported by and outcomes achieved by this act in
18 relation to sepsis awareness, prevention, intervention and mitigation.
19 § 3. This act shall take effect immediately.

Next Steps

- Statewide data collection and sharing by all users, and project analysis. Explore collaborative contribution with system partners.
- Continued work state and national officials to promote, including work w/Legislature and Administration on proposals to support.
- Support and align with implementation of new Sepsis Education Law in NYS (*see next slide for "Rory's Law."*)
- Public Education and Outreach with state and national Sepsis partners; plans for PSAs, and other extensive promotion with State Office for Aging and with local aging network organizations, including senior and caregiver training pairing home care agencies and local aging organizations; other.

Next Steps

- Application of tool to other sectors/provider types, as well as to pediatrics and other populations.
- Continued assistance to other states (including other state hospital and home care systems) looking to adopt the tool.
- Tailoring Care for Sepsis Survivors - development of patient-centered post-treatment transition (e.g., hospital to home) clinical pathways and home/community care plans for sepsis survivors.
 - Interdisciplinary care plan – medical, rehab, mental/psychosocial, vocational, family, short-longterm needs.
 - Coordination.
 - Payor coverage; bundle pilots; long term needs.

“Rory’s Law”

**Passed by NYS Legislature June 2017 and
Signed into Law October 23, 2017**

Sepsis Education Programming

- S.4971-A and A.6053-A
- Establishes a sepsis awareness, prevention and education program within the NYS Education Department.
- Requires the NYS Commissioner of Education to collaborate with the NYS 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 NYS Education Law.

Resources

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

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Case Studies:

Application of the HCA Sepsis Screening Tool

Home Care Sepsis Screen Tool Patient Scenarios

Scenario #1

- A 49 year old female admitted for nursing care for a diabetic foot infection. She is receiving IV antibiotics via PICC line. She is seen 3 times a week for dressing changes to her foot wound, assessment of her wound and assessment and maintenance of her PICC line. The patient's wound has been progressively healing with improvement in appearance, and decrease in the size of the wound. Her vital signs are: Temp 98.4 , Pulse 72, Respirations 18 and BP 116/70. The patient is alert and oriented x3, breathing is easy, denies any pain. Her skin is warm, pink and dry. Denies any complaints with bowel or bladder function.

Sepsis screen indicates:

- Question 1 - YES Patient has an active infection (wound infection). Patient also has a source site for a potential infection (PICC line).
- Question 2 – NO Patient has no systemic criteria.
- Question 3 – NO Patient has no signs and symptoms of new onset organ dysfunction.

Follow – up:

- Question #1 was YES but #2, #3 are NO. Patient educated on the signs and symptoms of sepsis and provided Early Signs and Symptoms of Sepsis patient education tool.

Home Care Sepsis Screen Tool Patient Scenarios

Scenario #2

- A 91 year old female admitted with COPD, a history of frequent pneumonia with possible aspiration and confusion related to dementia. The Patient has a history of urinary incontinence. The patient has a supportive daughter in the home who is her primary caregiver. Upon assessment the nurse determines that the patient has a Temp 96.6, Pulse 110, Resp 26 and BP 101/60. The patient is holding her stomach and stating her stomach hurts. The daughter reports that her mother has been more confused over the last day and that her urine seems to have a strong odor to it when she is caring for her.

Sepsis screen indicates:

- Question 1 - YES Patient has a potential source site of infection with incontinence and history of potential aspiration pneumonia.
- Question 2 – YES Patient has 2 systemic criteria.
- Question 3 – YES Patient has signs and symptoms of new onset organ dysfunction.

Follow-up:

- Question #1, #2 and #3 are YES. The patient meets criteria for severe sepsis. Patient educated on the signs and symptoms of sepsis and provided Early Signs and Symptoms of Sepsis patient education tool.

Intervention:

- The patient requires immediate treatment, the MD is notified, the patient is transported to the emergency department (ED) and report is called to the receiving ED.

Home Care Sepsis Screen Tool Patient Scenarios

Scenario #3

- 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 supportive wife in the home who is supportive. 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

Sepsis screen indicates:

- Question 1 - YES Patient has a potential source site of infection with a reddened area to his lower right leg.
- Question 2 – YES Patient has 2 systemic criteria.
- Question 3 – NO Patient has no signs and symptoms of new onset organ dysfunction.

Follow – up:

- Question #1, #2 are YES and #3 is NO. The patient meets criteria for sepsis. Patient educated on the signs and symptoms of sepsis and provided Early Signs and Symptoms of Sepsis patient education tool.

Intervention:

- The patient meets Sepsis criteria, MD notified, antibiotics initiated, and the next skilled nursing visit will be completed within 24 hours.

Home Care Sepsis Screen Tool Patient Scenarios

Scenario #4

- A 88 year old female admitted with new onset of CHF. The patient has a baseline mentation of being alert and oriented. The nurse has been completing CHF teaching with the patient over the last few visits and the patient has been completing all the follow up the nurse has instructed her to do such as monitoring her daily weights. At today's visit the nurse's assessment is as follows: Temp 98.6, pulse 76, resp 18, SPO2 98% and BP 134/78. Bilateral lungs sounds clear, does not appear to be in any type of discomfort. When the nurse asks the patient if she has any pain she appears to be confused and is unable to answer the question. As the nurse continues with her assessment the nurse notes that the patient has a new onset of confusion with no facial droop or unilateral weakness.

Sepsis screen indicates:

- Question 1 - NO Patient has no noted infection or potential source site of infection.
- Question 2 – NO Patient has no systemic criteria.
- Question 3 – YES Patient has signs and symptoms of new onset organ dysfunction.

Follow – up:

- Question #1, #2 are NO and #3 is YES. The patient meets criteria for MD notification. Patient educated on the signs and symptoms of sepsis and provided Early Signs and Symptoms of Sepsis patient education tool.

Intervention:

- The MD was notified and requested to see patient in his office. Transportation arrangements made with a family member.