A Community-Based Approach to Tackling Sepsis and Sepsis Readmissions

HIIN Leadership, Improvement Advisors, and Hospitals Pacing Event

July 25, 2019
Welcome!

Who’s in the Room?

Zandra Glenn, PharmD
National Content Developer
Overview

• HCA Tool to Screen Sepsis and Its Impact on Hospitals
  • Al Cardillo (Home Care Association of NY State)

• Illinois’ Implementation of a Community-Based Approach to Addressing Sepsis
  • Adam Kohlrus, MS, CPHQ, CPPS (Illinois Health and Hospital Association / Michigan HIIN)
  • Cheryl Adams, RN, BSN, MBA (Sparta Community Hospital / Michigan HIIN)

• Discussion

• Questions and Answers

• CMS Comments
Framing

• CDC estimates that over 1.5 million individuals in the U.S. have sepsis each year

• Various data sources in recent years have cited that 80% - or more - of sepsis cases originate in the community

• Who’s at risk:
  – Individuals age 65 and older
  – Individuals with chronic medical conditions
  – Individuals with weakened immune systems

See, for example:
https://www.cdc.gov/sepsis
https://www.cdc.gov/media/releases/2016/p0823-sepsis-patients.html
Questions to Run On

- How can your HIIN or hospital employ a community-based approach to addressing sepsis and sepsis readmissions?
- What partnerships outside of the hospital can you leverage to impact sepsis?
- How can your HIIN or hospital serve as a leader in educating providers across the continuum, as well as the community, about sepsis?
HCA Home Care Sepsis Screening & Intervention Tool

Al Cardillo
President and CEO
Home Care Association (HCA) of New York State
Sepsis Relevance: Why Home Health

Sepsis inherently an imperative in home and community care:

- **80-90%** sepsis related infections occur in home/community.
  - #1 cause of Medicare hospital readmissions.
  - #1 expense for potentially avoidable hospitalizations in NYS for overall Medicaid population, 2nd in national Medicaid hospital expense.
  - Locus of services increasingly shifting to home and community health.

- **Highest risks** (elderly, chronically ill, post-surgical, immunocompromised, recurrent pneumonia, UTI) prevalent in home care population or within HC capable reach (hospital or home).

- Early recognition and time-to-treatment are vital; maximize prehospital/community awareness, prevention, intervention, partner synchronization; **mortality increases 8% per hour delay**.

- Post-sepsis transition and multi-partner care critical with risk of recurrence/readmit, post-sepsis syndrome, complex need.
NYS Medicare FFS Admissions with a Diagnosis of Sepsis While Receiving Home Health Care — July 2016- June 2017
AQIN/IPRO

<table>
<thead>
<tr>
<th>Days Of Home Health Care Prior to Admission:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Less Than Seven Days</td>
<td>1,635</td>
</tr>
<tr>
<td>Eight To Thirty Days</td>
<td>3,014</td>
</tr>
<tr>
<td>More Than Thirty Days</td>
<td>3,870</td>
</tr>
</tbody>
</table>

Opportunity to positively impact through earlier recognition of sepsis

Highest Mortality Rate Occurs within first 5 days of hospital Stay

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

Hospital Utilization:
- Average Length of Stay: 11.4 days
- Total Days of Care: 97,027

Hospital Medicare FFS Expenditure:
- Average Expenditure Per Case: $23,050
- Estimated Total Expenditure: $196 Million

Source: CMS Medicare FFS Paid Claims Data
Development of HCA Home Care Sepsis Initiative

• Compelled to act, HCA researched, developed and launched (3/31/2017) the nation’s first-of-a-kind sepsis screening tool and protocol through the home and community health system; nothing prior existed for HH.

• Spearheaded by HCA sepsis workgroup, incl. QIO (IPRO).

• Further supported and informed by state/national sepsis leaders (Sepsis Alliance, Rory Staunton Foundation, CDC), clinicians, beta test providers, and a CMS-supported Sepsis Special Innovations Project implemented by IPRO.

• Guided by all-sector steering committee (home care, hospitals, EMS, MDs, health plans, government, consumers, clinicians, et al); also promote collaboration.
The comprising instruments of the tool (shown in 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 developed by IPRO.

The protocol requires the screen and requisite follow-up be conducted on every home care visit.
Development of HCA Home Care Sepsis Initiative

• Tool is designed specifically to sync/standardize with sepsis criteria in hospitals and state of art sepsis assessment.

• Targeted to home care; applicable to other settings also.

• Goal is statewide adoption by all home care and applicable settings, in collaborative role with hospitals, physicians, EMS, health plans and other partners.

• Prerequisites for agency/provider use are prescribed education and training, standard protocol, use-agreement.

• HCA and IPRO conducted joint training throughout NYS to prepare home care and partners for adoption and use; HCA awarded major grant from NYS Health Foundation to promote adoption and cross-continuum coordination. Branded: “Stop Sepsis At Home NY.”
NYS Counties with HCA Sepsis Tool User(s)

• Since 2017 launch, nearly all NYS 62 counties now served by a home care agency trained and authorized for the sepsis tool; remaining counties pursuing.

(Work-in-Progress as of June 1, 2019)
Development of HCA Home Care Sepsis Initiative

Data Collection Portal

• Data collection portal developed by IPRO for upload and analysis of sepsis tool data.

• Data on several hundred thousands of screens already becoming available.

Sepsis Website

HCA created “Stop Sepsis At Home NY” website

http://stopsepsisathomeny.org/
Review of the HCA Sepsis Screening Tool
**HCA SEPSIS SCREEN TOOL**

**Home Care Services**

**Adult Sepsis Screening Tool**

For use in conjunction with Sepsis Protocol.

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
   - Urinary tract infection
   - Acute abdominal infection
   - Septicemia
   - Immunosuppressed
   - Recent Chemotherapy
   - Endocarditis
   - Wound infection or skin 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 >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 acute mental status difficulty to arouse
   - New onset confusion or delirium
   - New onset loss of consciousness
   - New onset focal neurological changes
   - Cardiovascular
   - New onset hypotension (systolic blood pressure <80 or decreases by >40 mm Hg)
   - New onset pale/diastolic
   - New onset pain/discomfort
   - 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.

**The Patient Meets Criteria for Infection**

If the answer to #1 is a **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 answer to #1 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 #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 **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.

**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 to not 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.

**FOLLOW-UP**

**STOP**

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

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

**DOCUMENT FINDINGS**

- Document findings, educate patient on signs and symptoms of Sepsis and treatment, notify MD, and obtain order to draw CBC.

**PATIENT MEETS CRITERIA FOR SEVERE SEPSELECTION**

- Document findings, educate patient on signs and symptoms of Sepsis and treatment, notify MD and obtain order to draw CBC.

**INTERVENTIONS**

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

**REMARKS**

Note: Please note that this Sepsis Screener is the proprietary list of the Home Care Association of New York State, Inc. (HCANYS). It is not to be used, copied, or distributed without the written permission of HCANYS. HCANYS makes no warranty associated with the use of this tool with respect to obligation of separate risk, liability at any stage, clinical procedure or outcome, nor any implied warranty on behalf of any entity using this tool. Any use of this tool is subject to the terms of the license agreement between HCANYS and the authorized licensee under that agreement.
**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 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

---

If you are unable to reach your doctor or nurse, CALL 911 OR HAVE SOMEONE TAKE YOU TO THE EMERGENCY DEPARTMENT.

---

**Key Contacts:**

---

---
**Sepsis Protocol**

**PURPOSE**
This protocol provides guidance for utilizing The Home Care Association (HCA) Sepsis Screening Tool. The Sepsis screening 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 456.4 of Title 10, NYSOCR, Health, and provides a process for the community setting assessment and the assessment that is completed during an Emergency Department Stage 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 patient-specific observations, assessment, or determination of intervention.

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

**REFERENCES**
New York State Department of Health 2015 Sepsis Mandate Guidelines for Hospitals
New York State’s Regulations part 456.4 of Title 10, NYSOCR: Health

**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.

**INSTRUCTION ELEMENTS:**
The Adult Sepsis Screening Tool will guide a clinician through a Sepsis assessment screening. A clinician should follow the Sepsis Algorithm (Attachment B) when completing the Sepsis Screening 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 Screening 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 last box to describe.
     c. Examples of source or potential source of infections are:
        - Fever
        - Infection site (e.g., pericarditis)

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 the Sepsis Screening 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 pain

**IF RESPONSES TO QUESTIONS 1, 2 AND 3 ARE “NO” THEN SCREENING IS COMPLETE FOR THE VISIT**

**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 Needs Criteria for Infection:**
- If the answer to question #1 is “YES” AND the answer 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 Needs Criteria for MD Notification:**
- If the answers to question #1 and #2 or both are “YES.”
  - Educate the patient on the signs and symptoms of sepsis and notify MD of your findings and document.

**The Patient Needs 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 Needs 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.
  - Transport patient to emergency room for evaluation.
  - Contact emergency department to provide report.
  - Document.

**INTERVENTIONS**
Complete this section for all patients that received “Follow-Up” actions.

**Document all that apply:**
- The patient and/or caregiver has been educated on the signs and symptoms of sepsis and provided with patient information sheet: “Early Signs and Symptoms of Sepsis” (Attachment C).
- The interventions in the Sepsis Protocol are clinically contraindicated (provider determined). Education has been completed with the patient and/or caregiver on symptom recognition and management of sepsis.
- The patient has advanced directives in place which precludes any of the protocol interventions (e.g., an order in place for “comfort measures only.” Education has been completed with the patient and/or caregiver on symptom recognition and management of sepsis.
- The patient’s response declined or is unwilling to consent to protocol interventions. Provider has been notified of the decision not to receive acute intervention. Education has been completed with the patient and/or caregiver on the risks and benefits of declining intervention.
- The patient has met all criteria for Sepsis and requires immediate intervention. Patient educated, MD notified, patient transported to emergency department, and report called to the receiving emergency department.
- The patient meets sepsis criteria. Patient educated, MD notified, antibiotics initiated and most skilled nursing visit to be completed within 24 hours.
- Document any follow-up actions completed that is not listed.

**“The Adult Sepsis Screening Tool will not be used as standing MD orders.”**

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

**USER EDUCATION**
All trainers and users of the Adult Sepsis Screening Tool will complete the required education to ensure proper utilization. Refer to Adult Sepsis Screening Tool user agreement.

The screening results of this protocol applies to the proposed tool of the Home Care Association of New York State, Inc. (HCA). This protocol may not be used in whole or in part without the express written permission of HCA. The protocol is not to be used as an exclusionary tool for the diagnosis of sepsis, sepsis-related organ dysfunction, and sepsis-related organ dysfunction or outcomes, nor any implied warranty or warranty of any entity utilizing this tool. Any use of the tool is subject to the terms of the license agreement between HCA and the authorized user of this tool.
Key Points About the Sepsis Screening Tool

• Screening is to be completed at start of care and every visit.

• Interventions are recommended interventions and not a substitute for treatment, consultation or direction from an authorizing practitioner.

• Patient/public education component is significant.

• The standardization of sepsis screening and intervention in home/community health via this tool is key to effective collaborative response w/hospital, MD and EMS partners.

• Tool aligns w/sepsis criteria in hospitals and EMS; follow-up and interventions also align.
Results to Date

• Creation of primary pre-hospital layer for sepsis screening, prevention, early intervention.
  - Near statewide geographic implementation accomplished.
  - Several hundred thousand screens for risk, prevention, early treatment completed to date, and ongoing as part of system.
  - Total caseload size for screening by agencies trained and using, or readying for use, exceeds 330,000 to date.
  - Significant new sepsis trained health workforce statewide.

• Agencies achieving earlier sepsis identification and timely Tx.
  - One agency example: Over 218 cases meeting sepsis criteria identified early by the agency, leading to intervention at home by the collaborating physician and the home care agency. (Another agency reports 78 such cases of in-home identification and Tx.)
  - Same agency also identified over 253 cases meeting severe sepsis criteria, leading to corresponding intervention by the physician, agency clinician, and EMS/hospital partners.
Results to Date

• Fiscal Considerations/Modeling

  ❖ CY 2018 average Medicare FF amount billed by NYS hospitals for sepsis related inpatient care = $110,913.21 (source: IPRO, Medicare claims)

  ❖ CY 2018 average Medicare FF amount paid by Medicare to NYS hospitals for sepsis related inpatient care = $22,827.07 (source: IPRO, Medicare claims)

  ❖ By illustration, full hospital avoidance of the prior slide example of 218 cases identified by the HC agency would = potential cost avoidance of $24,179,079 Medicare average billed, or $4,976,301 paid; additional potential savings from sepsis mitigation of the 258 severe cases identified in-home via the sepsis tool.

• See further fiscal example, next slide, based on illustration using hospital mean costs related to sepsis care in NYS, and conservative assumptions of partial hospital avoidance.
# Results to Date

## Model Illustrating Potential Hospital Cost Avoidance From Early Sepsis ID using HCA Sepsis Tool

### One Home Care Agency’s Data

<table>
<thead>
<tr>
<th>Example of Sepsis Cases Identified via HCA Tool in one Agency</th>
<th>Number</th>
<th>NYS Average of Hospital Mean Costs for Sepsis</th>
<th>Savings at 50% of Hospital Average</th>
<th>Illustration of Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sepsis Cases</strong></td>
<td>218</td>
<td>$40,330</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assumes hospitalization is averted for just 50%</td>
<td>109</td>
<td>$40,330</td>
<td></td>
<td>4,395,970</td>
</tr>
<tr>
<td>Assumes 50% hospitalized but that cost is mitigated to 50% of average stay due to early detection</td>
<td>109</td>
<td></td>
<td>$20,165</td>
<td>$2,197,985</td>
</tr>
<tr>
<td><strong>Severe Sepsis Cases</strong></td>
<td>258</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assumes no hospitalizations averted but that 50% have hospital mitigated to 50% of average stay due to early detection</td>
<td>129</td>
<td></td>
<td>$20,165</td>
<td>$2,602,285</td>
</tr>
<tr>
<td><strong>Illustration of Cost Savings Implications from Hospital Mitigation</strong></td>
<td></td>
<td></td>
<td></td>
<td>$9,195,240</td>
</tr>
</tbody>
</table>

(Not including potential savings from averting LTC costs associated with long term impairment and post-sepsis syndrome)
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, LTC avoidance/mitigation.

- Model being applied to other settings and populations (e.g., group homes for intellectually and developmentally disabled adults, hospice, assisted living).

- 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.
Additional Key Findings from Field

- Collaboration across clinical and continuum partners is critical to effective sepsis response.
- Identification of important challenges, gaps and goals between partners that should be addressed, include:

<table>
<thead>
<tr>
<th>Consultation/engagement of PCP (timely, informed)</th>
<th>Hospital discharge home post-sepsis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report to/response by ED (timely, informed, effective)</td>
<td>Interdisciplinary care and coverage for sepsis survivors</td>
</tr>
<tr>
<td>EMS engagement</td>
<td>Sector and cross-partner training and synchronization</td>
</tr>
<tr>
<td>EHR integration and key Information exchange across partners</td>
<td>Data sharing</td>
</tr>
</tbody>
</table>
Collaboration with Hospital Partners

Examples of current home care and hospital joint activity:

• Joint training of hospital/home care staff.
• Home health participation on hospital sepsis committees.
• Use of sepsis tool in hospital ER for home care reports.
• Hospital grants to home care agency for expanded sepsis training and collaboration; expansion of tool into assisted living and group homes; data analysis.
• Creation of “escalation protocol” to aid in care transitions.
• Joint quarterly Infection Prevention meetings.
• Use of tool in “value based purchasing” contracts.
• Creation of post-sepsis syndrome hospital/home care pathways and MD collaboration.
• Statewide All-Sector/All-Partner Summit.
HCA Sepsis Collaboration Legislation
Passed both Houses of NYS 2019 – Awaiting Gov’s Signature

Features:

1. Support for staff training.
2. Integration with EHR.
3. Health Information Exchange with critical partners (home health, physician, EMS, hospital).
5. Community outreach and public education.
Questions & Contacts

- Al Cardillo, LMSW, President and CEO of HCA
  Program Director for HCA Sepsis Screening and Intervention Initiative
  National Sepsis Alliance Advisory Board
  acardillo@hcanys.org

- Amy Bowerman, RN, Executive Director, Senior Net Health
  Quality Director, VNA of Utica and Oneida County
  Clinical Leader, HCA Sepsis Clinical Workgroup
  abowerma@mvhealthsystem.org

- Sara Butterfield, RN, Senior Director for Quality Improvement
  IPRO – AQIN/QIO
  Sara.Butterfield@area-l.hcqis.org

- Thomas Heymann, MBA, Executive Director, Sepsis Alliance
  theymann@sepsis.org

- Orlaith Staunton, Co-Founder
  Rory Staunton Foundation for Sepsis Prevention
  orlaithstaunton@rorystauntonfoundation.org
A Community-Based Approach to Addressing Sepsis in Illinois

ADAM KOHLRUS, MS, CPHQ, CPPS
ASSISTANT VICE PRESIDENT, QUALITY, SAFETY, AND HEALTH POLICY
ILLINOIS HEALTH AND HOSPITAL ASSOCIATION
HCA Sepsis Screening Tool
Illinois Implementation

Awareness
• In 2017, Illinois Homecare Hospice Council (IHHC) Board President brought the Sepsis Screening tool to IHHC’s attention and they contacted Al Cardillo of HCA-NYS to learn more

The Process
• IHHC Best Practices Committee examined the tool, heard Al’s presentation and asked many, many questions.
• IHHC Board approved association to association agreement for IHHC to become a Sub Licensee of the Home Care Sepsis Screening Tool in 2018

IHA Involvement
• IHHC and Illinois Hospital Association (IHA) have had a strong relationship and have actively looked for ways to partner together to improve population health and reduce hospital readmissions
• The Home Care Sepsis Screening Tool is a perfect vehicle for our associations to achieve our goals and strengthen our partnership. To date, 7 Home Health Agencies have signed on with more to follow.
Implementation of Sepsis Tool in Home Care

CHERYL ADAMS, RN, BSN, MBA
HOME HEALTH ADMINISTRATOR
SPARTA COMMUNITY HOSPITAL
Sparta Community Hospital District
At-Home Health Care

At-Home Health Care
  ◦ Hospital based agency – Sparta Community Hospital District
  ◦ Referral Sources
    ◦ 4 other critical access hospitals within a 20 mile radius of Sparta
    ◦ Multiple other tertiary facilities
    ◦ Physician offices and Long Term Care Facilities
  ◦ Service area
    ◦ < 40 mile radius of Sparta
    ◦ Counties served: Randolph, Perry, Jackson, Washington, St. Clair, and Monroe
    ◦ Average daily census of 60
    ◦ <10 % of referrals come from Sparta Community Hospital
Why?!?

Evaluating our readmissions

- Current rate for At-Home Health Care is 12.5% (national - 15.6%, and state - 15.7%)
  - COPD and CHF – 21%
  - Other reasons – 19%
  - Infection and/or Sepsis – 60%
Introduction to Medical Staff

- Tool was introduced to the Home Health Medical Director of Sparta Community Hospital (SCH)

- Medical Director presented to SCH Medical Staff
  - Approval to initiate and build order set relating to the tool

- Tool is discussed with non-SCH providers also at the time of start of care, as the plan of care is developed
EMR Integration

- Discussed with client services of MEDITECH
- Provided Sepsis Tool for integration
- Build completed
  - Revised based on staff input and monitoring the staff compliance
- MEDITECH’s Performance Management staff helping to extrapolate data
Staff Education

- Development of staff education tools based on the education pieces from HCA-NYS
  - Disease process of sepsis
  - The tool – who, what, when, where and how

- All disciplines participated in training

- Go Live: March 1, 2019
Data

- Screenings Performed: 3342 / approx. 400 patients
- Positive Screenings for Infection or Potential: 2331 (70%)
- Patients Positive for MD Notification: 7 (4.2%)
- Patients Positive for Sepsis: 2 (1.7%)
- Patients Positive for Severe Sepsis: 0
- Re-hospitalizations relating to sepsis: 0
Additional Wins

- Enhanced staff knowledge of sepsis
- Staff verbalization of a broader awareness of infection and things to report and their impact on recognition
HCA Home Care Sepsis Screening & Intervention Tool Engagement

- IHA has partnered with IHHC to deploy the screening in 34 hospital-based home health agencies in Illinois
  - The hospitals affiliated with these home health agencies are all HIIN partners
- IHA will cover the $1,000 cost of the screening and the IHHC team is working with organizations to embed the screening into the EHR

Through this partnership we are aiming to:

1. Establish strategic partnerships to deliver care across the health care continuum
2. Collaboratively join hospitals with the home care system for early sepsis recognition and intervention
3. Discuss new developments in sepsis identification & detection in the home care setting
Discussion with Presenters
Please share your questions for our presenters!

To share a question, you may enter it into the chat box or press 7# on your telephone keypad to have your line unmuted.
Questions to Run On

• How can your HIIN or hospital employ a community-based approach to addressing sepsis and sepsis readmissions?

• What partnerships outside of the hospital can you leverage to impact sepsis?

• How can your HIIN or hospital serve as a leader in educating providers across the continuum, as well as the community, about sepsis?
Key Takeaways

• Sepsis is a national-level priority. Improving its early identification and treatment, as well as providing education about signs and symptoms, will have the greatest impact if addressed across the care continuum.

• The implementation of the HCA Sepsis Screening Tool provides one example of a model for addressing sepsis with a community-based approach. Community-based approaches, such as this one, include:
  – Leveraging existing and creating new partnerships across care settings;
  – Establishing a process for communication across settings;
  – Providing education and improving awareness about sepsis across patients and health care providers; and
  – Collecting data about processes and outcomes across care settings.

• The impact on hospitals includes reduced hospital readmissions, reduced severity of patients admitted to the hospital, and cost savings!
Participant Polling

Please share your feedback!
Thank You!

Please check the weekly *HIINsider* for information about upcoming Pacing Events and PFE Learning Events!