



March 16, 2017

Hon. Howard A. Zucker, MD, JD
Commissioner of Health
NYS Department of Health
14th Floor, Corning Tower - Empire State Plaza
Albany, New York 12237

Dear Commissioner Zucker:

HCA is pleased to provide you and the Department with this *first-in-the nation* sepsis prevention, early recognition and intervention initiative through the home care system.

HCA has worked extremely hard over the past two and a half years to create, beta test, vet and refine the instruments that comprise this initiative. We have also conducted statewide preparatory training for provider implementation. Under our initiative, NY will be a national first – following the Governor’s initiative in hospitals – to harness the home care system against this pervasive, swift moving and too often catastrophic condition. While profoundly misunderstood by the public and many professionals as a problem primarily of hospital origin, in actuality, a reported 80 - 90% of sepsis cases *originate in home and community*.

Throughout, we have kept the Department apprised of our progress, have been joined by Departmental representatives in our presentations, and have engaged the Legislature. We are preparing now to imminently launch these new sepsis tools within the home care system, and are pleased to provide you with them and our planned next steps.

Enclosed is our sepsis protocol, screening tool and algorithm. Also enclosed is an adjunctive patient education tool developed for this initiative by our project partners IPRO and the National Sepsis Alliance. Together, these instruments form a community based screening, education and intervention system to combat this deadly condition at its roots – *the community*. We are shortly releasing this system statewide for incorporation within home care agencies’ basic clinical screening policies and practice, and integration into their electronic health records.

After developing and readying this initiative for implementation, we devoted the past six months to assisting providers in ramp-up. Our webinar training has included: sepsis orientation, clinical application of the screen and algorithm, electronic health record integration, protocol training, “train-the-trainer,” and adoption in agency clinical policy and practice.

The protocol HCA created for the sepsis tool and algorithm ensures that this system is clinically implemented and standardized as intended across all users. We have also fashioned a licensed-user agreement for release to providers that is also intended to promote standardization and quality. To be a licensed user, a provider must attest to adhere to the required training, unaltered structure and use of the instruments, participation with us and fellow providers in data sharing (for evaluation and quality improvement), and additional criteria we have established.

HCA designed these instruments to specifically sync with the criteria used in New York’s hospitals and emergency departments under “Rory’s Regulations.” This is to promote ready translation and coordination of patient assessment information and intervention needs between home care, physicians, EMS and hospitals. The Rory Staunton Foundation has also been a supporting partner in our effort.

Why home care?

As noted, 80 - 90% of sepsis cases originate in home and community. Sepsis is the number 1 all-cause for Medicare and Medicaid 30 day hospital readmission in NYS. A recent CMS study shows sepsis as significantly above acute MI, heart failure, COPD and pneumonia, as the highest among these in hospital readmission, hospital length of stay, and cost.

Last August, the CDC published a national “Vital Signs” document declaring sepsis a health emergency, and emphasizing its community origin. The Sepsis Alliance reports: 1.6 million sepsis cases each year in the US; 258,000 deaths each year, more than breast cancer, prostate cancer and AIDS *combined*; the number 1 cause of death in US hospitals; the number 1 cost of hospitalization at over \$24B per year; an average of 12 children each day lost to sepsis; and up to 50% of sepsis survivors suffering from post-sepsis syndrome (PSS).

The home care population inherently embodies the high risks for sepsis: the elderly, persons with disabilities, medically fragile children, individuals with compromised immune systems, individuals with major source sites and conditions for infections, recurrent UTI and pneumonia, and other. Home care staff practice in homes and communities closer to where the condition originates, work extensively and intimately with patients and families, and are clinically expert in comprehensive screening, assessment, care management, patient teaching, broader public health education and, where necessary, navigation of critical health system partners for patient care.

Home care is impeccably positioned and expertly resourced to serve as a major new contributor in the sepsis prevention and intervention effort. By focusing clinical presence and intervention in the home care milieu – closest to the origins, risk, preventable steps and earliest signs of sepsis – we can aim resources at reaching patients *before* the crisis arriving at the hospital ER and ICU doors, by which time patients frequently face devastating morbidity and loss of life. Home care through this initiative may be a game-changer.

This tool is a product of the work of the HCA Quality Committee and Sepsis Workgroup over the past two-years plus, which has included all of the partnering organizations and offices noted, particularly IPRO and the National Sepsis Alliance. Our clinical leader, Ms. Amy Bowerman, RN, whose roles and work in sepsis across the acute care, home care and managed care levels, extensively informed the development process and outcome. Our work has been further guided by the input of state and national physician experts in sepsis, with whom the tool has been vetted and refined.

This screening tool and algorithm have received significant affirmation.

The tool is currently being used in the CMS sepsis pilots being run in NYS under IPRO. In addition, the CDC has linked our initiative to its clinical sepsis resource webpage and is exploring further possibilities of support. We are honored that CDC, the Governor’s Office (Health Secretary Paul Francis), the leaders of the Rory Staunton Foundation, the Department of Health’s Office of Quality

and Division of Home and Community Based Services, the National Sepsis Alliance and others participated in our statewide webinar introduction of this initiative to providers and encouraged their adoption. We are fielding inquires continually from other states, major hospital and health systems, technology companies, medical practices, home care agencies and associations, and others interested in adopting and utilizing this tool. We have been asked to present this initiative at national leadership conferences as a national blueprint in sepsis intervention, including the Staunton Foundation national sepsis forum last September.

As the state's chief public health officer, we ask your support in working with us to educate the public and health partners about this new resource, as we move next to official launch. We also would welcome your support in helping us further deepen the training and use-effectiveness at the provider level, which has highly correlated with sepsis mortality reduction at the hospital level. We have implementation ideas to share with you which could immeasurably assist our outcomes for New Yorkers and provide significant ROI to the state.

HCA appreciates this opportunity to share this initiative with you. We would like to extend an offer to conduct a walkthrough webinar for your central and regional office staff administering home care, public health, managed care, value based payment and DSRIP, with which this innovation very significantly aligns. We also would be honored to work with you and the Governor's office as we take next steps to further announce this initiative to broader public.

Thank you for your support.

Sincerely,



Al Cardillo
Executive Vice President



Joanne E. Cunningham
President

Enclosure

cc:

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