



SEPSIS ALLIANCE®

Suspect Sepsis. Save Lives.™

August 14, 2017

Cathleen D. Bennett
Commissioner, Department of Health
NJ Department of Health

RE: Proposed New Rule: N.J.A.C. 8:43G-14.9

Dear Commissioner Bennett,

As the nation's leading sepsis advocacy organization representing families, patients and sepsis survivors in all 50 states, Sepsis Alliance welcomes and applauds the state of New Jersey Department of Health's commitment to saving lives and preventing serious injury from sepsis.

We want to also recognize the tremendous work already done in the state by the New Jersey Hospital Association (NJHA). NJHA has achieved an 11% reduction in sepsis mortality and generated impressive increases in the use of hospital-wide screening tools and adoption of hospital-wide sepsis protocols. The challenge will be to secure 100% participation across the state, provide necessary resources and support to ensure that all state hospitals can enjoy sustainable success, ensure that new rules do not create unintended negative consequences, and make the state's residents aware of sepsis as a medical emergency so they know to seek treatment as early as possible (a critical component for successful sepsis treatment).

Sepsis Alliance supports the promulgation of N.J.A.C. 8:43G-14.9 that would require all state hospitals to institute a sepsis protocol and require training of hospital personnel among other things.

In addition, however, we believe that there are several critical success factors to driving dramatic and sustainable reductions in sepsis mortality and morbidity. We encourage the state to work with New Jersey's health constituencies to properly address the following:

- 1). The implementation of sepsis protocols at all hospitals and the regular reporting of outcomes so progress can be tracked across the state, and poorer performing hospitals can be identified and supported.
- 2). The training (and regular re-training) of all hospital staff on protocols and the identification and treatment of sepsis.
- 3). The education of primary care providers in identification and treatment of sepsis (70% of sepsis patients have chronic ailments or recently were treated by a medical provider, making primary care a critical opportunity for patient education and early identification of sepsis).

- 4). The training of first responders to identify sepsis (nearly one half of sepsis cases travel in an ambulance, creating a life-saving opportunity for early diagnosis and expedited transition to the hospital emergency team).
- 5). The education of care transition providers (home health, skilled nursing, rehabilitation and others) to identify and treat or refer sepsis patients to urgent medical care..
- 6). The education of the general public to identify sepsis as a medical emergency (as many as 92% of sepsis cases originate in the community making early patient identification a key to rapid treatment).

This rule is an important step toward leveraging the good work that has been done already to make sepsis a rare cause of death and disability in the state of New Jersey. Sepsis Alliance looks forward to working with the state, the New Jersey Hospital Association, New Jersey's hospitals, state-wide community leaders, and the general public to ensure that New Jersey becomes a national leader in sepsis prevention, early identification and treatment.

With my best regards,

A handwritten signature in black ink, appearing to read "Thomas Heymann". The signature is fluid and cursive, with the first name being more prominent than the last.

Thomas Heymann
Executive Director
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