



The Partnership for Sepsis and Aging (TPSA)

Protecting the Lives and Well Being of our Nation's Older Adults

February 26, 2025

Today's Agenda

- Welcome and Introduction – Greg Olsen, TPSA Chair, Acting Director NYSOFA
- The Burden of Sepsis - Tom Heymann, Sepsis Alliance
- Sepsis in the Community - Ciaran and Orlaith Staunton, EndSepsis
- Non-Clinical Sepsis Opportunities - Becky Preve, Association on Aging in New York
- Skilled Nursing Facility Data Driven Technical Support and Sepsis Train-the-Trainer Program – Melanie Rhonda and Sara Butterfield, IPRO
- Q&A, Conclusion

Sepsis.org





Greg Olsen,

TPSA Chair

Acting Director

New York State Office for the Aging
(NYSOFA)



The Partnership for Sepsis and Aging (TPSA)

Mission: To improve the health and well-being of the nation's older adults by improving sepsis awareness, prevention, early diagnosis, and treatment, including support for the millions of sepsis survivors who may face significant struggles in their recovery.

- Sepsis takes the lives of 350,000 adults each year in the U.S.
- Sepsis disproportionately impacts older adults with more than 70% of cases occurring in individuals aged 60 or older.
- Nursing home residents are 6 times more likely to present with sepsis in the emergency department.

TPSA now reaches more than 400 aging professionals from nearly 250 organizations in more than 35 states.

To sign up for information about TPSA, scan the QR below



To learn more visit:
www.AgingandSepsis.org

To learn more about Sepsis and Aging, scan the QR code below



Office for the Aging



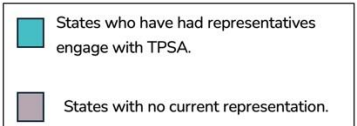
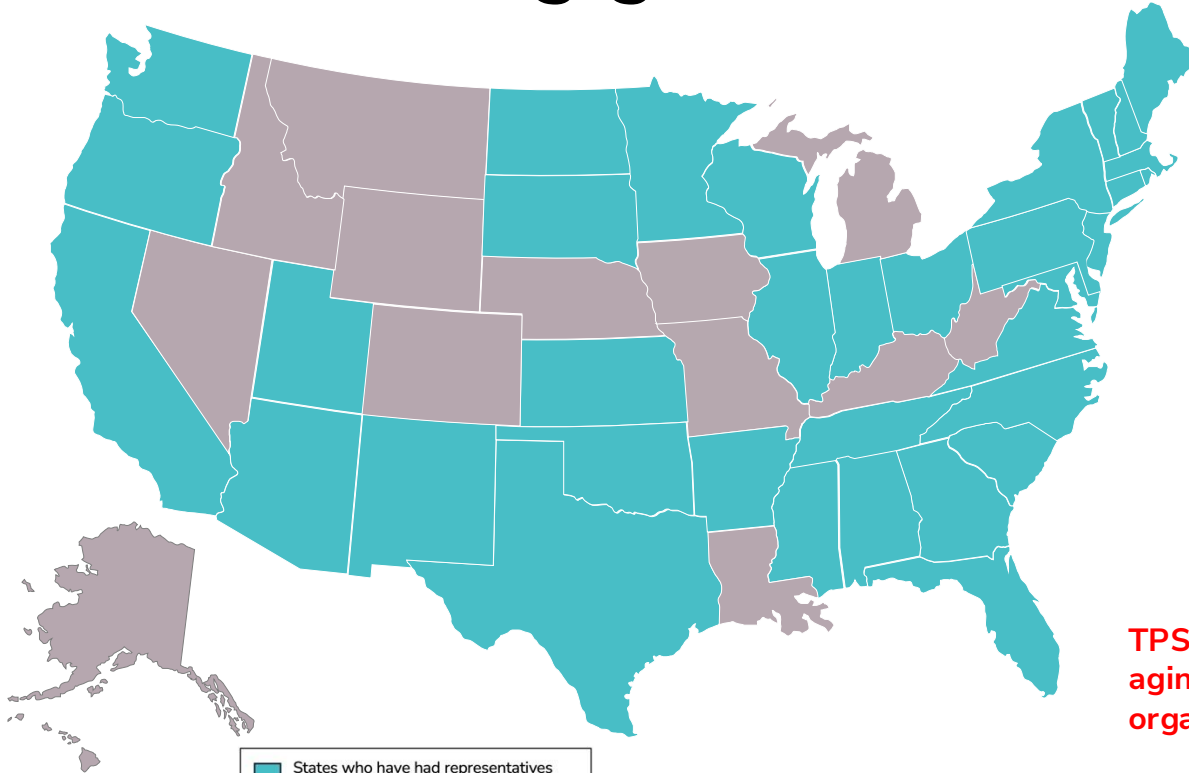
HCANYS
Home Care Association of New York State

ENDSEPSIS
The Legacy of Rory Staunton

AgingandSepsis.org



National TPSA Engagement



What are individuals saying their states greatest need is when it comes to sepsis and aging

- Public Awareness and Education
- Healthcare Professional (HCP) Training
- Quality Improvement

TPSA has reached more than 400 aging professionals from over 250 organizations in more than 35 states.



TPSA Resources

- Dedicated website: agingandsepsis.org/

The Partnership for Sepsis and Aging (TPSA)

Sepsis is a disproportionate threat to older adults. Sepsis is the body's overwhelming and life-threatening response to infection which can lead to tissue damage, organ failure, and death.

The Partnership for Sepsis and Aging (TPSA)
Sepsis Alliance, along with its partners, The New York State Office for the Aging, the Association on Aging, and the Home Care Association of New York State, have been working hard in New York to reduce the impact and burden of sepsis, and to raise awareness among communities of older adults and the healthcare professionals who serve them.

To help mobilize this into a national effort, Sepsis Alliance, along with state aging leaders, has established The Partnership for Sepsis and Aging (TPSA) to share resources across stakeholders, invite and encourage collaboration, and discover gaps in education and care. TPSA will be comprised of state aging office leaders who will support and coordinate their local aging services network's efforts toward sepsis education, prevention, and service system intervention for older individuals, including collaboration with health care professionals and other partner organizations in their states and communities.

Sepsis Facts:

- Sepsis impacts 1.2 U.S. each year.
- 87% of all sepsis cases occur in people aged 65 and older.
- Sepsis is the #1 cause of death in the U.S. among people aged 65 and older.

Links

- The Partnership for Sepsis and Aging (TPSA) Overview
- The Partnership for Sepsis and Aging (TPSA) Short Overview

TPSA MEETINGS:

- March 20, 2024 Inaugural Partnership for Sepsis and Aging (TPSA) PowerPoint Slides
- September 20, 2024 TPSA Meeting PowerPoint Slides

RESOURCES

- Sepsis and Aging resource page
- Sepsis 911 Community Education Kit
- Sepsis Alliance Connect (Survivor Support Community)

- Quarterly TPSA meetings with subject matter experts

- TIME badges in various languages

Sepsis: 4 Signs

- Temperature:** high or low temperature.
- Infection:** sepsis happens because of infection, even from a small cut or scrape.
- Mental change:** confusion, mental decline, tiredness, or slurred speech.
- Extreme pain or discomfort:** illness, shortness of breath.

Sepsis is a life-threatening condition. It can happen to anyone. If you have any combination of these symptoms, get medical help and say: "Could it be sepsis?"

Sepsis: 4 señales

- Temperatura:** temperatura alta o baja.
- Infección:** la sepsis se produce por una infección, ya sea por un corte pequeño o un raspon.
- Cambios a nivel mental:** confusión, deterioro mental, cansancio o dificultades en el habla.
- Dolor o incomodidad extremos:** enfermedad, dificultad para respirar.

La sepsis es una infección que supone un riesgo para la vida. Puede ocurrirle a cualquiera. Si presenta cualquier combinación de estos síntomas, busque ayuda médica y pregunte: "¿Podría ser una sepsis?"

مرض تعفن الدم: 4 علامات

- درجة الحرارة:** درجة حرارة مرتفعة أو منخفضة.
- العدوى:** يحدث تعفن الدم بسبب العدوى، حتى من الجروح الصغيرة أو من تلك الخدش.
- التغيير العقلي:** التذبذب أو انهيار الحالة العقلية أو الإرهاق أو نفل النسان.
- الألم الشديد أو عدم راحة:** الالتهاب وضيقه التنفسي.

- TPSA Toolkit





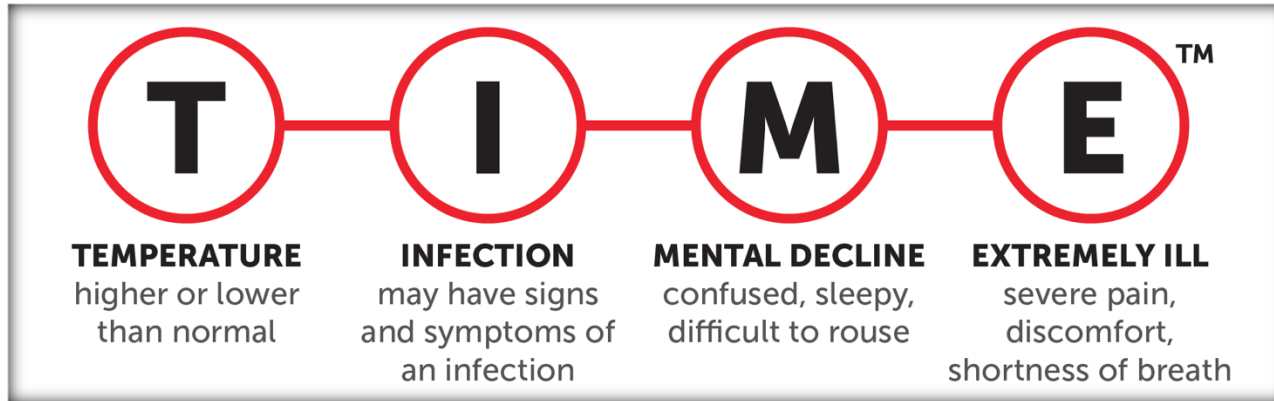
Tom Heymann,
CEO and President,
Sepsis Alliance



Sepsis

Is a life-threatening emergency that happens when your body's response to an infection damages vital organs and, often, causes death.

Some of the most common symptoms include:



Learn more at Sepsis.org

Sepsis.org

**INFECTION
PREVENTION**

**IS SEPSIS
PREVENTION™**

*THE MORE YOU DO TO PREVENT INFECTIONS,
THE MORE YOU CAN PREVENT SEPSIS.*

Learn more at [Sepsis.org](https://www.sepsis.org)

The Burden of Sepsis in the U.S.

- Sepsis is the **#1** cause of deaths in U.S. hospitals.
- Sepsis is the **#1** cost of hospital and skilled nursing care - **\$62B/year!**
- Sepsis is the **#1** cause of hospital readmissions.
- Yet, **87%** of sepsis originates in home and community, highlighting the urgency of prevention, early identification and treatment, and home health role!
- Sepsis causes **14,000** amputations annually.
- Almost **60%** of sepsis survivors experience worsened cognitive, mental, and/or physical function.
- Maternal sepsis is the **2nd leading cause** of maternal death in the U.S.
- Each day more than 200 children are diagnosed with severe sepsis – **75,000** cases per year. 18 die each day.
- Black and "other nonwhite" individuals have **nearly twice the incidence of sepsis** as white individuals.



Sepsis.org



The Burden of Sepsis on Older Adults

- Adults aged 65 and older are **13 times more likely to be hospitalized** with sepsis than people younger than 65.
- Nursing home residents are over **6 times more likely** to present with sepsis in the emergency room than non-nursing home residents.
- Adults aged 65 and older are **less likely to return home** (54%) following their hospital stay.
- Older sepsis survivors (65+) experience on average 1 to 2 **new limitations on activities of daily living** (e.g., bathing, dressing, managing money) after hospitalization.
- Sepsis survivors aged 65 and older experience **more severe long-term cognitive and physical disability**.
- In the United States, **three-fourths of all sepsis deaths** are in patients 65 years of age or older.



Sepsis.org





Ciaran Staunton
Founder,
EndSepsis

ENDSEPSIS

The Legacy of Rory Staunton endsepsis.org



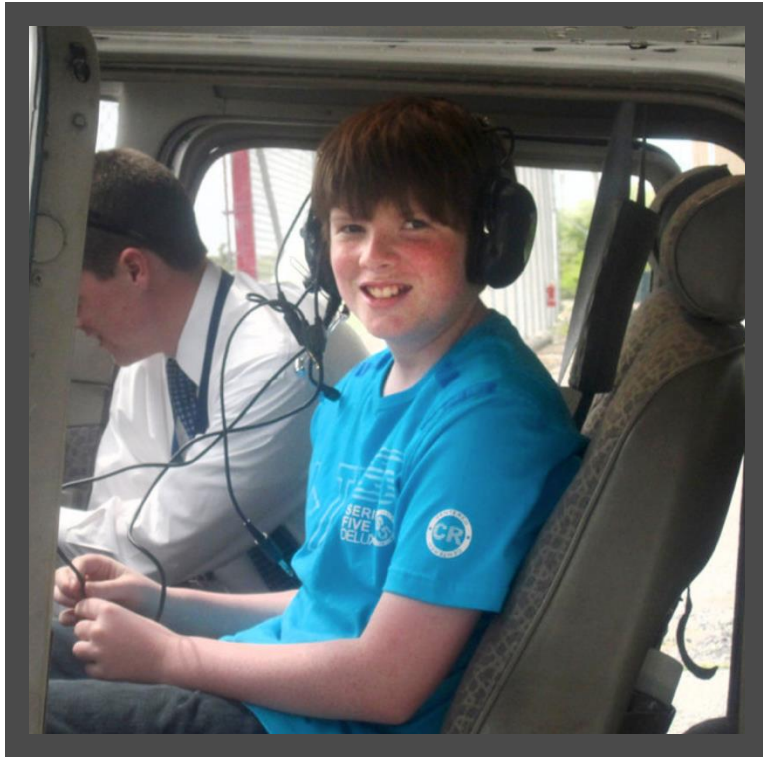
The Partnership for Sepsis and Aging

February 26, 2025

Ciaran Staunton, Founder, END SEPSIS

ENDSEPSIS

The Legacy of Rory Staunton



Rory Staunton

May 13, 1999 - April 1, 2012

**More than
80% of sepsis all cases
are community
acquired, meaning
they originate outside
a hospital setting.**

ENDSEPSIS

The Legacy of Rory Staunton

Rory's Regulations.

In 2013, Rory's Regulations were introduced in New York State.

- They require every hospital to develop evidence-based protocols for the rapid identification and treatment of sepsis
- The protocols must be submitted to the state for approval
- All relevant hospital staff must be trained on the protocols
- Hospitals are required to submit outcome data to the state



**Rory's Regulations saved
16,000 lives in the first
five years following
implementation.**

Patient Story: Emily Edwards

- 67 years old; beloved wife, mother and grandmother
- Admitted to hospital with stomach pain and vomiting
- Remained undiagnosed for five days until surgery was scheduled for further evaluation
- Complications from the surgery sent her to the ICU where she was diagnosed with an infection
- Two days later, she died from septic shock.



Emily Edwards

Hospital Sepsis Program Core Elements

- Modeled on the successful Core Elements of Hospital Antibiotic Stewardship introduced in 2021 by the CDC
- Core Elements are not mandatory
- Key components
 - Leadership Dedication
 - Accountability
 - Multi-professional Collaboration
 - Action-oriented Approach
 - Tracking and Measurement
 - Transparent Reporting
 - Education and Training



ENDSEPSIS

The Legacy of Rory Staunton

endsepsis.org



Becky Preve,
Executive Director,
Association on Aging in New York



Non Clinical Sepsis Opportunities

Becky Preve
Executive Director
Association on Aging in New York

Aging Services Network

- 59 Area Agencies on Aging
- 1,200 subcontracted community based organizations
- Partnerships with health and human services organizations across NYS

Sepsis Education in Action

- Regional trainings and education for older adults and caregivers
- Dedicated outreach via services infrastructure
- Social media and print media outreach
- Focus on signs and symptoms for non clinical staff
- Ease of implementation based on resources available

Importance of outreach

- Over 4 million older residents
- 4.1 million caregivers
- Network has in-home contact with older adults and families
- Easy to provide information, significant impact for identification
- AAA's have relationships with primary care, acute care, and skilled nursing facilities

Virtual Platforms

- ElliQ Artificial Intelligence Robotics
- GetSet Up Online Platform
- Trualta Online Caregiver Platform
- Social Media – YouTube, Facebook, LinkedIn
- Email Signature lines
- Networks via email

Impacts

- Increased identification of sepsis threat
- Increased awareness of health impacts of sepsis
- Significant impact on positive health incomes due to early identification
- Questions: becky@agingny.org



**Melanie Ronda, MSN, RN, LTC-CIP,
CPHQ**

Director, Task 1 & 3, Infection Preventionist
IPRO



Sara Butterfield, RN, BSN, CPHQ

Assistant Vice President
IPRO



Better healthcare,
realized.



IPRO.org



IPRO Quality Innovation Network-Quality Improvement Organization (QIN-QIO)

Skilled Nursing Facility Data Driven Technical Support and Sepsis Train- the-Trainer Program

The Partnership for Sepsis and Aging
February 26, 2025

This material was prepared by the IPRO QIN-QIO, a Quality Innovation Network-Quality Improvement Organization, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS.
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Nursing Home Support

- **Data Driven Technical Assistance (DDTA)**
- **Focused readmission support**
- **Antipsychotic change packet**
- **Neighborhood Enrichment Team (NET)**
- **Navigating National Healthcare Safety (NHSN) reporting issues**
- **Regular presentations on emerging issues**
 - **Infection Prevention for Infection Preventionists by an Infection Preventionist (IP3)**



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CMS Nursing Home Referrals

- **COVID-19 Outbreak Support**
 - Root cause analysis, action plans, data, and sustainability plans
- **COVID-19 Vaccine Support**
 - [Ask 'What About Vaccines?' Every Time - IPRO NQIIC](#)



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IPRO Skilled Nursing Facility Sepsis Awareness Train-the-Trainer Program Approach

Educate: Sepsis is a Medical Emergency

- Improve sepsis care transitions between pre-hospital, acute care and post-acute healthcare and community settings
- Focus education on high-risk populations and the community
- Educate all levels of staff on early recognition of sepsis in the community
- Educate residents, families and care partners on signs and symptoms of sepsis



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IPRO Sepsis Train-the Trainer Content Outline

- Sepsis Pre and Post Training Assessment
- Sepsis Alliance *SEPSIS: EMERGENCY*
- Identification of high-risk populations
- Infectious Disease Progression to Sepsis
- Prompt Recognition of Early Signs & Symptoms (SIRS, qSOFA, 2016 Sepsis-3)
- Sepsis Mortality in Long Term Care Population
- Treatment Protocols
- Post Sepsis Syndrome
- IPRO Sepsis Action Plan
- IPRO SNF Sepsis Care Pathway
- IPRO Sepsis Zone Tool
- Preventative Measures in Long-Term Care
- Resources
- Staff Training & Competency

**IPRO SEPSIS AWARENESS FOR LONG TERM CARE
FACILITIES TRAIN-THE-TRAINER PROGRAM:
WHAT YOU DON'T KNOW COULD KILL YOU!**

VIRTUAL SESSION
April 30, 2024
9:30 AM – 12:30 PM

TRAIN-THE-TRAINER SESSION AGENDA

9:30 AM – 9:35 AM	Welcome & Introductions
9:35 AM – 9:40 AM	Introduction to the IPRO Sepsis Train-the-Trainer Program
9:40 AM – 10:00 AM	Review of IPRO Sepsis Train-the-Trainer Training Resources
10:00 AM – 10:45 AM	Sepsis Clinical Staff Training Program: Overview
10:45 AM – 11:00 AM	Sepsis Non-Clinical Staff Training Program
11:00 AM – 11:15 AM	Break
11:15 AM – 11:30 AM	Sepsis Web-Based Training & Education Resources
11:30 AM – 11:35 AM	New York State Sepsis Initiatives
11:35 AM – 11:50 AM	Review of IPRO Sepsis Action Plan for Skilled Nursing Facilities
11:50 AM – 12:10 PM	Discussion & Sharing <ul style="list-style-type: none">▪ Staff Engagement, Anticipated Challenges & Training Opportunities▪ Sepsis Practices Within Your Facility▪ Cross-Setting Collaboration
12:10 PM – 12:30 PM	Next Steps



Please Go Forth & Train !



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IPRO Stop Sepsis Now Campaign



<https://qi.ipro.org/sepsis/>

Notification of Change in Condition Form for Suspected Infection

A tool to help staff provide relevant information to physicians, nurse practitioners, physician assistants, or other health healthcare practitioners about a patient/resident with a suspected infection.

BEFORE CALLING THE PHYSICIAN, NURSE PRACTITIONER, PHYSICIAN ASSISTANT, OR OTHER HEALTHCARE PROFESSIONAL:

- Examine the patient/resident and complete this form.
- Check vital signs, search for the early warning signs of infection or sepsis.
- Review the patient/resident's current source(s) of infection, lab values, medications, and progress notes.
- Note any allergies.
- Be aware of the patient/resident's advance care wishes.
- Be aware of current or past HCAHPS and/or NPS.

Provide the following information:

SITUATION

- My name is _____ (your name).
- I'm the/a _____ (your role).
- at _____ (facility name).
- I need to speak with you about patient/resident. (I/Ma) (T/Ma) (T/Ma) (Ma) (take one)

Patient/Resident Information:

- Patient/resident birthdate: _____
- Medical record number: _____

SEPSIS EARLY WARNING SIGNS

If available, report these findings:

- Temperature > 38.3 C (101.3 F) or < 36 C (96.8 F)
- Heart rate > 100 bpm
- Respiratory rate > 20 bpm
- White blood cell count (WBC) > 12,000 per microliter or < 4,000 per microliter or equal to 3-20% immature bands
- Altered mental status (AMS) > 50%
- Decreased urine output from recently drawn (AKI, creatinine > 4 mg/dL)
- Lactate > 2 mg/dL
- Fluid intake < 1000 mL
- Fluid output > 3000 mL
- Coagulopathy (INR > 1.5 or a PTT > 10 secs)

THE RESIDENT IS NOW SHOWING THE FOLLOWING CHANGES FROM BASELINE.

- The patient/resident was admitted on _____ (date) with the diagnosis of _____ (original condition).
- The patient/resident is now showing these signs of possible infection _____

(Describe the signs and potential source of infection):

Sign of possible infection	Potential source
1. _____	_____
2. _____	_____
3. _____	_____

Sepsis Training Tools and Resources

Patient-Facing Resources: English

- Sepsis Brochure: Every Minute Counts! Tri-Fold Brochure
- Self-Management Zone Tool
- Sepsis and Antibiotics: What You Need to Know Tri-Fold Brochure

Patient-Facing Resources: Spanish

- Tri-Fold Brochure
- Self-Management Zone Tool

Quick References for Staff: All Care Settings

- Rapid Assessment for Early Recognition of Sepsis: Quick Reference Guide
- An Overview of HQIC Sepsis Resources Presentation

Sepsis Action Plan and Change in Condition Notification

- Quality Improvement Action Plan for Sepsis
- Notification of Change in Condition Form for Suspected Infection

Provider Training Materials: All Care Settings

- Training Flyer
- Instructions for Training
- Training Sign-In Sheet
- Training Evaluation
- Pre & Post Learning Assessment - Clinical
- Pre & Post Learning Assessment - Non-Clinical
- Sepsis Awareness Post-Test - Long Term Care Setting
- Sepsis Awareness Post-Test Answer Key - Long Term Care Setting
- NEW! AHRQ's Portrait of Sepsis Reveals Its Alarming Human Toll

Nursing Home Training Materials

- Skilled Nursing Facility Care Pathway
- Seeing Sepsis Cards for LTC - Minnesota Hospital Association
- Sepsis Clinical Staff Training Presentation
- Sepsis Non-Clinical Staff Training Presentation
- Sepsis Care Pathway

Infection Prevention and Control



Adult Sepsis Zone Tool: Early Signs & 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!

SEPSIS IS A MEDICAL EMERGENCY

GREEN Zone: ALL CLEAR - Feeling well

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

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

- Fever or feeling chilled
- Fast breathing or shortness of breath
- Confusion/Unpleasant (recognized by others)
- Extreme pain
- Fast heart rate
- 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:

HCA, HealthCentric Advisors, ENDSEPSIS, IPRO QIN-QIO

Skilled Nursing Facility Care Pathway - Symptoms of Sepsis and Septic Shock

Sepsis: Infection + life-threatening organ dysfunction

Septic Shock: Sepsis + prolonged hypotension despite fluid resuscitation and need for vasopressor to keep MAP > 65 mmHg

Anyone with an infection is at high risk for sepsis.

Potential causes of infection that can lead to sepsis include the following:

- Urinary Tract Infection
- Pneumonia
- Pressure Ulcers
- Catheter-Associated Urinary Tract Infection
- Primary Tract Infection

Recognized by: Confusion, Altered mental status, Prolonged time of colorless, Chills, Fever

Early Signs & Symptoms of Infection:

- Continued wound or pain
- New onset chills or weakness
- Change in drinking fluids
- Change in appetite
- Falling or dizziness
- Agitation
- Other behavioral changes
- New pain

Notify Staff and Escalate to Leadership: Notify staff and leadership. Notify the patient/resident. Review resident's wishes for the returning treatment.

Symptoms or Signs of Sepsis:

- Infection confirmed or suspected
- Fever or feeling very cold
- Rapid heart rate
- Rapid breathing
- Shortness of breath
- Confusion or difficulty to converse
- Complicated or unstable pain

Take vital signs and draw WBC

YES: Notify MD/NP/PA

NO: Evaluate Results

- WBC > 12,000 or < 4,000 or > 20% bands
- Lactate > 2 mg/dL
- Prothrombin Time (PT) > 18.0 sec
- Seven Coagulation > 2.0 mg/dL
- APTT > 40.0 sec or INR > 1.5
- Urea Nitrogen > 20 mg/dL
- Hypoxemia (last 24 hours)

Consider Contacting State NP/PA for orders for further evaluation and management:

- WBC
- Blood cultures (2 prior to antibiotics)
- LACTATE
- Coagulation tests (aPTT/INR)
- Seven Coagulation
- Urea Nitrogen
- Blood gases

Manage the quality:

- Monitor vital signs, fluid intake/output
- Obtain or recalibrate blood glucose for feedback
- Update advance care plan and decisions if appropriate

Monitor Response:

- Sepsis criteria met
- Worsening condition

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**Discuss with Medical Director
& Physicians**

**Share Sepsis Zone Tool with
residents, families and all
facility discharges**



What are you going to do by next Tuesday?



**Schedule clinical & non-
clinical staff training**

**Encourage staff to discuss with
their family & friends to
increase sepsis awareness**

**Add “History of Sepsis” to intake
screening process**



Contact Information

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Ways to be involved

Register

Register for the next meeting on May 21 at 1pm ET/10am PT

Share

Share the next TPSA meeting and resources with your peer organizations

Give

Give to TPSA



Sponsor

Sponsor TPSA

Q & A



The Partnership For Sepsis and Aging (TPSA)

Thank you!

For more information or learn about sponsorship opportunities,
contact Info@Sepsis.org

To join TPSA's mailing list visit: AgingandSepsis.org/

To learn more about Sepsis and Aging visit: SepsisandAging.org

