
HANYS' Sepsis Program

Kathy Rauch, VP, Quality Advocacy, Research and Innovation

Addressing sepsis is critical to improving patient outcomes.

THE WHY

- One in three people who die in a hospital has sepsis during that hospitalization.
- Sepsis remains a leading cause of death worldwide. In the United States, sepsis contributes to at least [1.7 million adult hospitalizations and at least 350,000 deaths annually](#).
- According to the most recent DOH [public report](#), the Q4 2019 **adult** in-hospital mortality rate was **23.0%** and the **pediatric** in-hospital mortality rate was **13.2%**.

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THE HOW

An AHRQ report noted variation in sepsis care in hospitals and highlighted the need for tailored strategies to address sepsis care across diverse care settings. (2024)

To address sepsis, hospitals should re-establish quality priorities and programs post-pandemic by:

- Establishing organizational goals;
- Forming multi-disciplinary committees;
- Performing case reviews; and
- Sharing information across sectors.

S.5026 - SEPSIS Act

Key components:

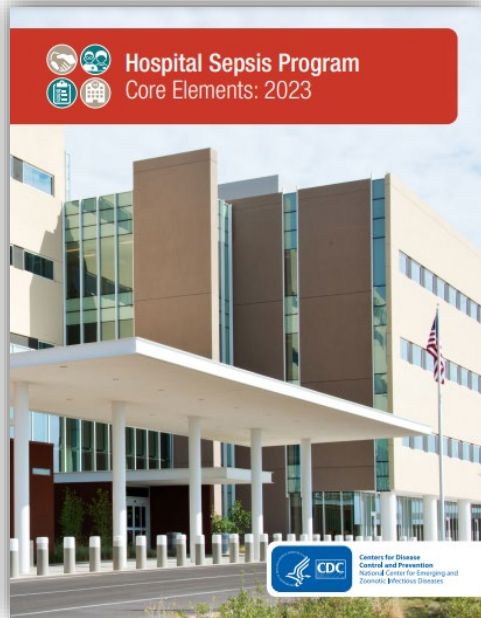
The Centers for Disease Control and Prevention will:

- *Develop an education campaign
 - *Utilization of the CDC's Hospital Sepsis Program Core Elements**
- *Improve data collection on pediatric sepsis*
- *Share information with stakeholders*
- *Develop a sepsis outcome measure*

An Honor Roll program

The Secretary may establish a voluntary program for recognizing hospitals that maintain effective sepsis programs or improve their sepsis programs over time, including in the areas of early detection, effective treatment and overall progress in the reduction of the burden of sepsis.

Hospital Sepsis Program Core Elements



1. Hospital Leadership Commitment
2. Accountability
3. Multi-professional Expertise
4. Action
5. Tracking
6. Reporting
7. Education

Source: <https://www.cdc.gov/sepsis/hcp/core-elements/index.html>

2025 Sepsis Collaborative objectives

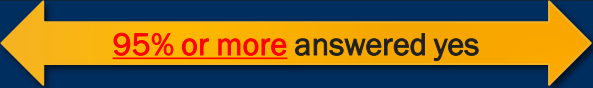
After completing the *Commitment to Quality Improvement: A Focus on Sepsis* Collaborative components, participants will be able to:

- describe the CDC Sepsis Core Elements;
- identify the Core Element(s) that require quality improvement initiative efforts within their organizations;
- develop quality improvement interventions identified as an opportunity from the CDC Sepsis Core Elements Assessment;
- discuss challenges and successes within their organizations; and
- describe innovative approaches to achieving success for each Core Element.

Program participation

- **46** hospitals performed a gap analysis using the CDC's Core Elements assessment tool.
- **179** participants registered for the kickoff meeting.
 - Registration throughout the program increased to **329**.
- On average **135** individuals participated in Core Elements sessions and **160** individuals participated in Office Hours sessions.
- Workgroups:
 - Large hospital - **72** registered
 - Small/rural/CAH - **38** registered
- **26** hospitals requested quality improvement support.

Priority examples – Survey results

High Performance Areas 	Answered Yes	Answered No
Our hospital assesses progress towards hospital sepsis goals at regular intervals and updates goals periodically (e.g., annually) to promote continual improvement.	100% (42 responses)	0% (0 responses)
Our hospital leadership supports internal training and education on sepsis for hospital staff and trainees.	98% (44 responses)	2% (1 responses)
Our hospital has order sets for the management of sepsis tailored to patient populations served.	98% (42 responses)	2% (1 responses)
Our hospital has implemented a standard process to screen for sepsis on presentation and throughout hospitalization.	98% (42 responses)	2% (1 responses)
Our hospital leadership supports participation in regional, national, and international sepsis quality improvement collaboratives and initiatives.	95% (42 responses)	5% (2 responses)

Note: 46 facilities completed the survey. The denominator used to calculate percentages is the number of facilities who answered the question.

Priority examples – Survey results

<u>Opportunities for Improvement</u> 	Answered Yes	Answered No
• Our hospital completes peri-discharge evaluations of patients after sepsis to screen for new or worsening functional limitations, cognitive impairment, posttraumatic stress disorder/anxiety symptoms, and chronic health conditions.	27% (11 responses)	73% (30 responses)
• Sepsis program-related activities and outcomes are included in annual performance reviews for our sepsis program leaders.	39% (16 responses)	61% (25 responses)
• Our hospital provides post-discharge care coordination and anticipatory guidance designed to optimize recovery from sepsis. • Our hospital has and maintains a live dashboard to report sepsis treatment and outcomes in real-time. • Our hospital holds lectures (e.g., grand rounds) or an annual meeting focused on sepsis.	44% (17 responses)	56% (22 responses)

Note: 46 facilities completed the survey. The denominator used to calculate percentages is the number of facilities who answered the question.

Outcomes

- Participation in the Collaborative increased leadership engagement and reinvigorated multiprofessional sepsis teams.
- Workgroup forums provided a means for networking and information sharing.
- Participants are eager to continue the work!

Participant feedback

“We made changes to our new EMR based on information shared.”

“This program helped us re-establish a sepsis QI team.”

“Resources provided were used for the first post-pandemic sepsis education to be rolled out house wide.”

“The workgroups were great. I made connections and picked up a few good ideas.”

“We developed a new front-line handoff tool using tips provided by workgroup participants.”

HANYS' Sepsis Virtual Showcase

Lessons learned from applying the CDC Hospital Sepsis Program Core Elements

Presentations by:

- Arnot Ogden Medical Center
- Catholic Health (Long Island)
- Ellis Medicine
- Northwell Health
- St. John's Episcopal Hospital
- St. Lawrence Health - Rochester Regional Health
- Stony Brook Medicine
- SUNY Upstate University Hospital



Sepsis Collaborative 2026

Priority areas – Survey results

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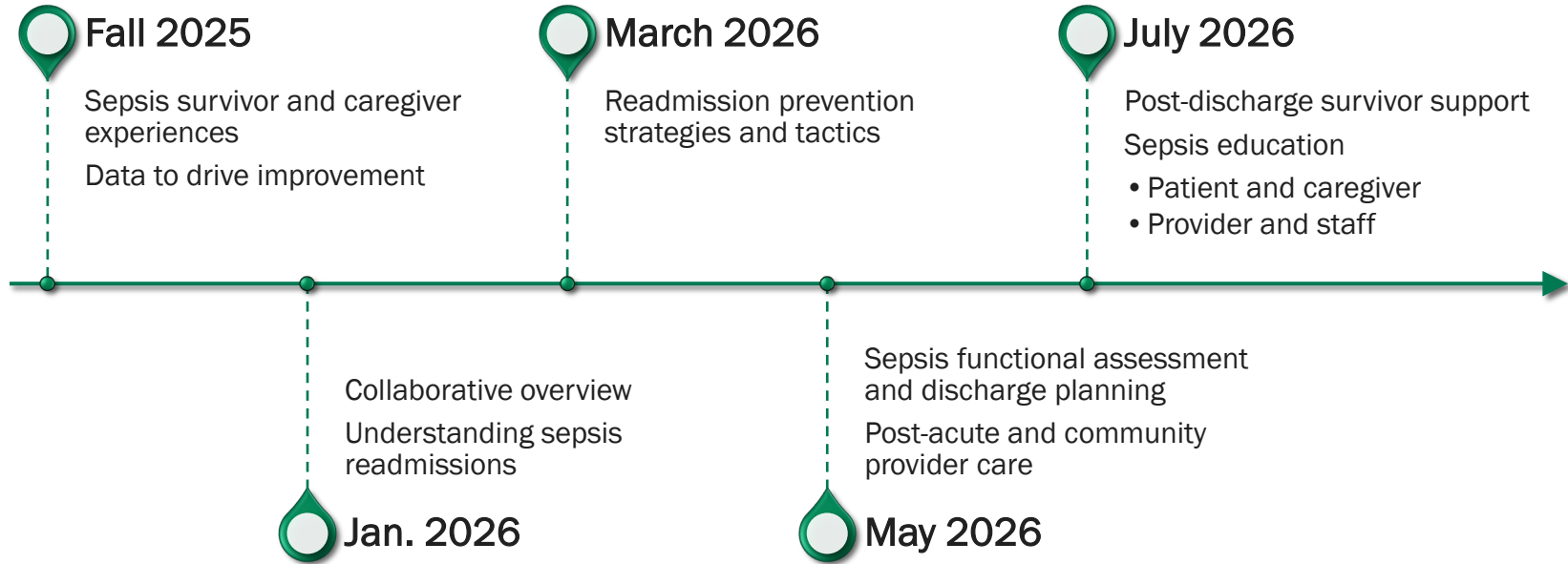
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Readmission reduction

- Sepsis is a top reason for readmission.
 - 1 in 21 survivors are readmitted within 30 days.
 - Infection or sepsis are the most common diagnosis.
- Significant predictors:
 - Diabetes
 - Chronic kidney disease
 - Congestive heart failure
 - Discharge to a short/long-term facility

Source: Epidemiology and Predictors of 30-Day Readmission in Patients With Sepsis; Gadre, Shruti K. et al; .CHEST, Volume 155, Issue 3, 483 – 490

Program timeline



Thank you.

Kathy Rauch
krauch@hanys.org
518.431.7718

The Statewide Voice for New York's Hospitals and Health Systems