



In the News...

- **HuddleforCare.org** a new website to share best practices. Health Research and Educational Trust (HRET), in partnership with the American Hospital Association (AHA), has created a website to encourage peer-to-peer sharing of best practices and programs that are transforming care transitions throughout the nation. The website is a compilation of lessons learned from actual people who are or have implemented a care transition project within their organization. Access to the stories is free, and there is a way to access the actual people who wrote the stories and are implementing system changes. The website states,

“We believe that the solutions to some of the toughest challenges you face in transitional care can come from your peers—people who are on the front line every day, working to improve the experiences of patients as they transition out of the hospital.”

- As of April 1, 2016, New York State hospitals are required to comply with the components of “The Care Act” (Article 29-CCCC: Caregiver Advise, Record, and Enable Act). The Act requires a hospital to identify at least one caregiver/legal guardian upon a patient’s admission to its facility and record the caregiver’s contact information in the patient’s record. In addition, the hospital must verify in writing that the patient agrees to share medical information with the identified caregiver/legal guardian. The hospital must notify the care giver/legal guardian of the patient’s discharge and include them in the discharge planning process as soon as they are aware; with a requirement that at least 24 hours notice be given prior to the patient’s impending discharge. The hospital must assess the caregiver’s/legal guardian’s capabilities and limitations and review with them the discharge plan that describes the patient’s post-acute care needs. If the hospital is unable to contact the caregiver/legal guardian, the patient’s hospital discharge can’t be delayed. The discharge plan shall include: name and contact information of caregiver/legal guardian, a description of all post-acute recommended tasks; and the contact information of healthcare and community resources required to carry out the patient’s discharge plan. The hospital must also offer

caregivers/legal guardians the opportunity to be provided instruction related to the required post-acute care tasks included in the discharge plan. The instruction must be in a culturally competent format and include an opportunity for the caregiver/legal guardian to ask questions. All of the above must be documented in the patient’s hospital record. The Next Step in Care website, sponsored by the United Hospital Fund, has a “Toolkit for Working with Family Caregivers”. The toolkit has tools that will assist health care providers with transitions for chronically ill people as they move between health care settings. The Toolkit can be accessed here: www.nextstepincare.org/Provider_Home.

The website has several caregiver related documents that aids the hospital in developing caregiver related activities.

Special Innovation Project: Improving Early Identification and Management of Sepsis Among the General Public and Community Based Caregivers

Studies have shown that 80% of sepsis patients acquire sepsis outside of the hospital as a result of common infections such as influenza, pneumonia, UTIs and even infected cuts and scrapes. Sepsis is largely a community-based medical condition and not limited to hospitalized patients.

Did you know that...

- A recent national survey revealed that less than half of Americans have heard of the term “sepsis.”
- Sepsis is your body’s overwhelming and life threatening response to an infection.
- SEPSIS IS A MEDICAL EMERGENCY.
- Mortality rates increase 8% for every hour that treatment is delayed.
- 18 million people die of sepsis worldwide each year, and it is the third leading cause of death in America (258,000 people/year).

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- Nationally, sepsis consumes more Medicare dollars than any other medical condition.
- Sepsis occurs in one to two percent of all hospitalizations in the U.S., affecting more than 750,000 people and costing \$17 billion per year to treat.
- The in-hospital mortality rate due to sepsis is 17% for Medicare patients; this is four times the rate of all-cause mortality!
- Sepsis is the #1 driver of 30-day hospital readmissions in NYS.
- Sepsis survivors can experience life-long complications: amputated limbs, malfunctioning organs, and psychological and cognitive impairments.
- Sepsis kills more Americans than stroke or Alzheimer's disease, but receives a quarter of the funding that is dedicated to these conditions.
- Some of the early signs of sepsis include: infection (confirmed or suspected) plus fever, chills, rapid breathing and heartrate, and changes in mental status .
- People most at risk are the very young (age one year and younger), elderly (age 65 and older), those with chronic illnesses, individuals who have recently been hospitalized or recovering from surgery. and those with a weakened immune system.

- There are ways to minimize the risk of getting sepsis: getting vaccinated for influenza and pneumococcal pneumonia, preventing infections and treating infections promptly, maintaining good overall health, and washing hands often.
- Early recognition and treatment of sepsis profoundly improve outcomes.

For more information on Sepsis and the CMS Sepsis Initiative please visit

<http://atlanticquality.org/initiatives/sepsis-initiative>
www.sepsisalliance.org

Patient/Beneficiary Engagement

The Next Step In Care website (www.nextstepincare.org), a program by the United Hospital Fund has recently released a guide, "A Family Caregiver's Guide to Electronic Organizers, Monitors, Sensors, and Apps", to assist caregivers. The guide presents questions to think about when deciding to make a purchase of an electronic product or service that assist keeping their loved on home safely. The guide includes information coordinating healthcare, organizing health information, communicating with family and friends, and home monitoring systems. The guide is available in English, Spanish, Chinese, and Russian.

The Next Step In Care website has easy-to-use guides to support family caregivers and healthcare providers in working closely together to plan and implement safe transitions for acute and chronically ill persons.

For additional information, tools and resources related to care transitions please visit the IPRO Coordination of Care Web page: <http://qio.ipro.org/care-transitions/overview>.

Contact Us

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