

Clinical Minute

The Cost of Sepsis

What

Sepsis is a Medical Emergency

When sepsis is identified and treated early, most patients have positive outcomes.

Impact

Human Cost of Sepsis in the U.S.



- People diagnosed with sepsis Deaths per year - more than each year (and rising)¹ prostate cancer, breast cancer,



and AIDS combined¹

prevented with rapid

Sepsis deaths that could be

identification and treatment¹

Increase in mortality for each hour that treatment is delayed¹

Requirement

The Centers for Medicare and Medicaid Services (CMS) implemented specific treatment measures (SEP-1) for patients meeting sepsis criteria within the first three and six hours of presentation.

Action

Pathway to Excellence

ENGAGE

- Involve all healthcare providers in the sepsis care process
- Identify physician champions who are willing to speak up about sepsis
- Share outcomes data with all healthcare providers

2 EDUCATE

- Implement educational requirements for all healthcare providers regarding sepsis
- IRe-educate yearly

Economic Cost of Sepsis in the U.S.



 Cost of sepsis hospitalization vs. the average hospital stay¹





- Sepsis patients readmitted within 30 days1
- If a hospital participates in the Hospital Inpatient Quality Reporting Program, sepsis outcomes data must be provided to CMS through the Sepsis CMS Core (SEP-1) Measure.²



How Does Your Program Compare?

Sepsis program assessments by Crowe Healthcare have found sepsis frequently goes undiagnosed or undertreated. This is usually due to lack of comprehensive processes, education, and communication between healthcare providers.



3

EXECUTE

- Implement evidence-based processes for the identification and treatment of all patients meeting sepsis criteria, including protocols, checklists, etc.
- Develop a sepsis committee that meets regularly to oversee processes, protocols, and outcomes
- Implement system tools such as triggers and alerts to help direct care delivery

EVALUATE 4

- Compare processes and protocols with current guidelines
- Track and trend sepsis outcomes
- Determine the root cause when guidelines are not met

Crowe Clinical Risk Services: Linking the dimensions of healthcare delivery to achieve excellence. To learn how a clinical assessment or clinical risk project can support your performance excellence efforts, please contact: Rebecca Welker +1 314 802 2055 rebecca.welker@crowehrc.com Kelly Smith +1 205 706 7021 kelly.smith@crowehrc.com

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¹ "Sepsis Fact Sheet 2018," Sepsis Alliance, 2018, www.sepsis.org/faq/

ations Manual for National Hospital Inpatient Quality Measures v5.3, The Joint Commission, 2017, www.iointcommission.org/specifications manual for national hospital inpatient quality measures.