![Washington State Hospital Association logo]

## (New) Sepsis: Sepsis and Diagnostic Excellence

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| **Measure eligibility:** | All hospitals that participate in MQI are eligible to complete this metric except free-standing psychiatric and rehabilitation hospitals |
| **Clinical Rationale:** | Sepsis is the body's extreme response to an infection. It is a life-threatening medical emergency.  Sepsis happens when an infection you already have triggers a chain reaction throughout your body.  Infections that lead to sepsis most often start in the lung, urinary tract, skin, or gastrointestinal tract. Without timely treatment, sepsis can rapidly lead to tissue damage, organ failure, and death.  Delaying recognition and treatment of sepsis has a significant impact on mortality.<br><br>Incorrect or delayed diagnoses are common, expensive, and harmful in healthcare.  According to the National Academies of Sciences, Engineering, and Medicine (2015), diagnostic errors account for 6-17% of hospital adverse events.  In addition, Newman-Toker, et. Al (2020) found that of patients who experience sepsis, the estimated number with missed or delayed diagnosis is between 8.2-20.8%.<br><br>Missed or delayed diagnosis in sepsis has a huge impact on mortality.  According to Kumar (2006) for every hour of delay in initiation of antibiotics, survival decreases by 7.6%.<br><br>In 2023, the CDC published Hospital Sepsis Program Core Elements.  This comprehensive guide provides hospitals with a roadmap to build or optimize multi-disciplinary hospital sepsis programs and includes a needs assessment for hospitals to determine their current state.  Part of the recommendations in this toolkit are to track and monitor sepsis-specific metrics and to review sepsis cases for improvement opportunities. |
| **Definition:** | There are three parts of the sepsis/diagnostic excellence measure:<br>1. Needs Assessment- Completion of CDC Core Elements Sepsis Program Needs Assessment in Qualtrics by each hospital<br>2. Dashboard Engagement-  WSHA will monitor hospital access of the sepsis dashboard on the DASH platform.  The expectation is at least one view of the dashboard monthly by each hospital<br>3. Sepsis case reviews- To receive full points for this measure, hospitals will review 30 random cases for improvement opportunities in sepsis care including missed or delayed diagnosis. WSHA will provide guidance including suggested template for these case reviews. Hospitals should review 30 random cases from the following populations (baseline period for cases July 1, 2023-June 30 2024 discharges):<br>    a. Sepsis mortality (patients whose discharge disposition was expired, and had a sepsis diagnosis during their hospitalization). See methodology below. |

|  | b. SEP-1 "fallout" case reviews (patients who were eligible for the SEP-1 bundle and did not meet the bundle requirements). See methodology below.<br><br>General Definitions<br>• Sepsis Definition – A diagnosis code of the following ('A40%', 'A41%', 'A021', 'A227', 'A267', 'A327', 'A5486', 'B377', 'T8144XA', 'P36%', 'O0337', 'O0387', 'O0487', 'O0737', 'O0882', 'O85', 'O8604') and not Severe Sepsis or Septic Shock<br>• Severe Sepsis Definition – A diagnosis code of 'R6250' and not Septic Shock<br>• Septic Shock Definition – A diagnosis code of the following ('R6521', 'T8112XA')<br><br>1. Methodology for Sepsis mortality: Patient has any code of Sepsis on the claim and the patient has an Expired discharge status<br>2. Methodology for SEP-1 fallout- any abstracted case for the SEP-1 measure that was a "fallout" where the bundle elements were not met for the particular case<br><br>Hospitals should compile a list of the patients who meet the criteria above and randomly select 30 cases for review from this list.  If there are not 30 total cases for a given hospital, all cases should be reviewed. |
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| **Included Populations:**<br><br>**Exclusions:** | See criteria above in 3 (a,b,c)<br><br>No exclusions. |
| **Fields to be reported:** | 1. **Needs Assessment**-Completion of CDC Core Elements Sepsis Program Needs Assessment in Qualtrics here<br>2. **Dashboard Engagement**- Tracking Sepsis Dashboard Engagement, Data captured through Dash Server (Site Status: Traffic to Views - Tableau Server (wsha.org)<br>3. **Sepsis case reviews**- After case reviews are completed, enter into QBS number of cases where:<br>    a. There was an opportunity for improvement in sepsis care<br>    b. There was a missed, delayed, or incorrect diagnosis |
| **Data Collection period:** | Baseline period for cases: July 1, 2023 - June 30, 2024, discharges<br>Reporting period for cases: July 1, 2024 - December 31, 2024 |
| **Reporting deadline:** | 1. Needs Assessment: completed survey in Qualtrics by September 1, 2024.<br>2. Case review - 30 days after the close of the performance period or by December 31, 2024. |
| **Audits and validation: Do not change** | Data are subject to audit by the state. WSHA will not audit but will complete a few basic validity checks. |

| Submission Frequency: | Needs assessment - submitted once in Qualtrics by September 1, 2024. |
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| | Hospital Sepsis Program Core Elements: Assessment Tool: Qualtrics Survey |
| | Dashboard engagement- dashboard to be accessed at least once per month from July 1, 2024, to December 31, 2024 (no submission required, this will be monitored and calculated by WSHA) |
| | Sepsis case reviews- submitted at least once during the performance period from July 1, 2024-December 31, 2024 |
| | Sepsis MQI Measure ppt |
| **Data collection system:** | Qualtrics and Washington State Hospital Association Quality Benchmarking System, QBS. |
| **Data Scoring:** | Needs Assessment (1 point) Full survey must be completed by September 1, 2024 for 1 point. If not completed by this date or partially completed, no points will be awarded. |
| | Dashboard Engagement (2 points) Must access dashboard each month for 2 points. If dashboard is accessed 4 or 5 of the 6 months, hospital receives 1 point. If accessed 3 or fewer months during submission period, no points will be awarded. |
| | Sepsis Case Reviews (7 points) Hospitals must submit data on case reviews of 30 random cases from the populations specified above (except for smaller hospitals that may not have 30 cases). If a hospital has less than 30 cases total for these 2 populations for a 1 year period, they should complete case reviews and submit data on 100% of cases. Hospitals must submit data on 30 cases (or 100% of cases if less than 30 are part of the population) to receive the 7 points. |

| Thresholds | Needs Assessment completed | Dashboard Engagement and Access | Sepsis Case Reviews completed |
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| Point Awards 2024 | 1 point | 1 point = ≤ 4 or 5 months<br><br>2 points = ≥ 6 months | 7 points = 30 cases or 100% of cases if less than 30 of pt. population |