



Featured VITAS Expert

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“Sepsis & Hospice Eligibility: Natural History, Prognosis & Role of Hospice”

GOAL: To educate healthcare clinicians about the history, incidence, impact and identification of sepsis in the acute-care setting. Hospice care is inadequately utilized for patients with sepsis, a serious condition that results in 250,000 US deaths each year and an annual \$3.5 billion in hospital readmission costs.

Key Takeaways:

1. Sepsis is a serious, life-threatening illness brought on by the body's response to an infection. It affects about 1.5 million Americans each year. About 30% of sepsis patients die in the hospital or soon after they are discharged, and an estimated 25%-50% of hospital deaths are sepsis-related.
2. Because of its severity, sepsis protocols call for rapid identification, standard management and timely referral to hospice care.
3. About 40% of patients with sepsis are eligible for hospice upon admission to the hospital. Sepsis-related hospice eligibility includes an underlying diagnosis (cancer, heart disease, lung disease, dementia), physical impairment or clinical complications from sepsis such as, use of vasopressors or mechanical ventilation, thrombocytopenia, or hyperlactemia.
4. Hospice is also an important post-acute care option for patients with prior functional and cognitive impairment who survive hospitalization for sepsis and are at risk for post-sepsis syndrome.
5. The majority of sepsis infections (63%) are community-acquired, 26% are associated with healthcare (e.g., nursing home stay, recent hospitalization, dialysis) and 11% are acquired in the hospital. The most common infection sites are pneumonia, abdominal, genitourinary, primary bacteremia and skin/soft tissue.
6. The ICD-10 description for sepsis includes three-step coding for the underlying infection, for the sepsis diagnosis and for organ dysfunction.

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