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High Volume of Severe Sepsis Patients May Result in Better Outcomes

A recent study led by Boston University School of Medicine (BUSM) shows that "practice may make perfect" when it comes to caring for patients with severe sepsis. The study showed that patients admitted to academic medical centers that care for more patients with severe sepsis have significantly lower mortality rates than patients cared for at academic medical centers with lower volumes of sepsis patients. Additionally, the superior outcomes at high volume centers were achieved at similar costs compared to the lower volume medical centers.

Published online in the *American Journal of Respiratory and Critical Care Medicine*, [American Journal of Respiratory and Critical Care Medicine](#), the study analyzed data from academic hospitals across the country, provided by the University HealthSystem Consortium. The researchers identified 56,997 patients with severe sepsis who were admitted to 124 academic hospitals in 2011. The median length of stay for patients was 12.5 days and the median direct cost for each patient was \$26,304.

The study indicates that hospitals caring for more sepsis patients had a seven percent lower mortality rate than hospitals with lower volumes. The high volume medical centers had a 22 percent mortality rate while the lower volume hospitals had a 29 percent mortality rate.

The study concluded that given the lack of new drugs to treat severe sepsis, medical professionals must look at other ways to increase patient safety and positive outcomes, including the process of how care is delivered.

The study's results demonstrate that hospitals with more experience caring for patients with severe sepsis were able to achieve better outcomes than hospitals with less experience with sepsis, possibly due to better processes of care for patients with sepsis.

Research Finds AHRQ On-Time Program Reduces Pressure Ulcers

New research found that nursing homes that implemented the AHRQ On-Time Quality Improvement for Long Term Care (On-Time) Program, a clinical decision support intervention, saw a significant reduction in pressure ulcers.

An **abstract** of findings from “Evaluation of AHRQ’s On-Time Pressure Ulcer Prevention Program: A Facilitator-Assisted Clinical Decision Support Intervention for Nursing Homes” appeared in the online issue of *Medical Care*.

On-Time’s components—including IT-enabled identification of high-risk residents, reports that profile residents with recent changes in risk, strategies to integrate reports into care planning and guided facilitation to support adoption of tools and strategies—show an incidence rate ratio of .409, which implies a 59 percent reduction in the incidence of pressure ulcers per 100 residents per month when implemented. Assuming 2.6 pressure ulcers avoided per month, this implies approximately \$20,880 per month in cost savings in nursing homes with 100 residents, according to the study.

Save the Date

Please note: While the information below is a list of planned programs for 2014, at this time not all programs can be accessed online for registration.

March 21	Improving Community Health Through Wellness and Nutrition (rescheduled from Nov, available for registration)
March 31	Statewide Perinatal Safety Learning Collaborative
April 4	Transforming Care at the Bedside
May 8	Preventing Readmissions and Improving Transitions in Care (co-provided with HQSI)
May 13	CUSP for ESRD in New Jersey
May 20	Reducing Healthcare-Acquired Infections Using a Collaborative Approach
May 29	Adverse Drug Events