

Newly Announced CDC Guidelines Aim to Reduce Avoidable Rehospitalizations

New York, New York—Taking effect October 1, the Centers for Disease Control and Prevention (CDC) is adding an important new diagnostic code to their annual update of the International Classification of Diseases (ICD-10) list.

The new “Encounter for Sepsis Aftercare” update came about as the result of ground-breaking research from the Center for Home Care Policy & Research at VNS Health and the University of Pennsylvania School of Nursing (Penn Nursing). The new code, z51A, supports providers in hospitals and health facilities nationwide by alerting home care clinicians and other post-acute care providers when a patient is being discharged to aftercare following hospitalization for sepsis, a life-threatening medical condition triggered by an extreme response to infection.

The need for a new ICD-10 code for sepsis survivors was spurred by findings from a VNS Health study where analysis of the records of over 165,000 sepsis survivors entering home care showed that sepsis was noted in admission assessments only 7% of the time. This alarming discovery caused the researchers to question whether home health providers were even aware that a patient had been diagnosed with sepsis.

This study also identified risk factors associated with early

readmission of sepsis survivors. The study, led by Kathryn H. Bowles, PhD, RN, Director of the VNS Health Center for Home Care Policy & Research; Professor and van Ameringen Chair in Nursing Excellence at Penn Nursing, was published in the Journal of the American Medical Directors Association, in 2020.

“Our work has shown that timely attention by home care and outpatient clinicians is highly effective for sepsis survivors. It is critically important to communicate sepsis survivorship across transitions in care because among those readmitted from home health care, one-third occur in the first seven days.” said Dr. Bowles. “We are hopeful this new ICD code will direct the necessary attention to sepsis survivors and improve outcomes for the 1.7 million Americans who encounter sepsis each year.”

In an ongoing NIH funded study (R01NR016014) also led by Dr. Bowles with VNS Health colleagues, interviews with personnel at 16 hospitals and five affiliated home health agencies across the U.S. revealed the lack of a diagnostic code to identify sepsis survivors after discharge. Home health personnel explained that because sepsis is an acute care condition treated and resolved in the hospital, they are not able to place it on the home care record. The study provided evidence that because of this communication gap, home care providers and clinicians may not be prompted to provide the timely attention and close monitoring that sepsis recovery warrants.

Between one-third and one-half of readmissions are due to sepsis recurrence and up to 50% of sepsis survivors are left with long-term physical and/or psychological effects. It is critical that post-acute care clinicians are aware they are caring for a

sepsis survivor.

Following publication of these research findings, Dr. Bowles and her team led a coordinated advocacy effort aimed at persuading the CDC of the need for a diagnostic code that defines sepsis aftercare as a separate condition. After a formal presentation by the team to a CDC committee in March of 2023, a new ICD-10 code was accepted and announced in July of this year. The code takes effect October 1, 2024.

About VNS Health and the Center for Home Care Policy & Research

VNS Health is one of the nation's largest nonprofit home- and community-based health care organizations. Innovating in health care for more than 130 years, our commitment to health and well-being is what drives us—we help people live, age, and heal where they feel most comfortable, in their own homes, connected to their family and community. The organization offers a full range of health care services, solutions and health plans designed to simplify the health care experience and meet the diverse and complex needs of those we serve in New York and beyond. These include The Center for Home Care Policy & Research, which for over 30 years has been advancing the national knowledge base underpinning home- and community-based services by conducting scientifically rigorous research and supporting informed decision-making by providers, policymakers, and consumers.

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