

# Researchers Advocate for “Sepsis Aftercare” ICD Code

On March 8th, researchers from VNS Health’s Center for Home Care Policy & Research and the University of Pennsylvania School of Nursing made a formal presentation to the Centers for Disease Control and Prevention (CDC) on the need to add a diagnostic code for “Sepsis aftercare” to the International Classification of Diseases (ICD) listing, as a way of improving outcomes for sepsis patients following hospital discharge. The CDC hearing will be followed by a public comment period later this year, after which a decision will be made regarding the proposal.

The recommendation stems from research completed at VNS Health on sepsis patients in home health care settings. Some 1.4 million sepsis survivors are discharged from U.S. hospitals each year. Within 90 days, about 40% of these patients end up back in the hospital due to reinfection or lingering effects of the sepsis episode. When the VNS Health research team analyzed records of 170,000 sepsis survivors discharged to home health care, however, they found this readmission risk dropped significantly if the survivors received timely follow-up—consisting of admission to home health care within two days of hospital discharge, plus a second visit from a home care nurse and an outpatient checkup with a physician within seven days after leaving the hospital.

The researchers’ review of home health OASIS records also uncovered a major barrier that may prevent sepsis patients from getting this intensive follow-up care. “Sepsis was noted as a diagnosis on the home health OASIS only 10% of the time,”

says Dr. Kathryn Bowles, Director of the VNS Health Research Center and Professor and van Ameringen Chair in Nursing Excellence at the University of Pennsylvania. “As a result, home health clinicians may be unaware they need to watch for sepsis-related problems, or that the patient requires the type of front-loaded medical care shown to lower readmission risk.”

One key reason for this communication failure, adds Dr. Bowles, is that there is no diagnostic code for “Sepsis aftercare” in the ICD. “Because sepsis is considered an acute condition that’s resolved by the time a patient leaves the hospital, hospital staff are reluctant to code for it at the time of discharge,” she explains, “so the patient’s sepsis history is essentially invisible to home health care clinicians and other post-acute care providers.” The Penn Nursing/VNS Health research team’s push for a new ICD code has been endorsed by a number of professional associations, including the American Medical Directors Association, the Critical Care Societies Collaborative, the American College of Family Physicians, the National Association for Home Care, the Sepsis Alliance, and the American Geriatrics Society.

“If the CDC approves a sepsis aftercare ICD code,” says Dr. Bowles, “it will not only improve the care for sepsis patients who are discharged into home care, it will also improve communication to doctors’ offices and skilled nursing facilities. Everybody involved in post-acute care will now have a better chance of understanding that this patient is a sepsis survivor.”

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