

Sepsis Collaborative Meeting

DECEMBER 4TH, 2024

AGENDA

- Welcome and Introduction
- 2021 New York State Report on the Sepsis Care Improvement Initiative
 - Overview
 - Data Considerations
 - Demonstration
- Questions and Answers



Overview:

- This is the first NYSDOH sepsis report published using data collected from hospitals using electronic abstraction (i.e. billing and EHR data)
- This is the first NYSDOH sepsis report issued since the COVID-19 Pandemic. As a reminder:
 - Reporting was suspended in 2020
 - 2021 represents the first full calendar year of the COVID-19 Pandemic in NYS
- This report contains data on patients who had severe sepsis/septic shock with and without COVID-19. <u>This report does not include patients who only had severe</u> <u>COVID-19 or MIS-C.</u>



DATA CONSIDERATIONS



The 2021 Public Report should not be directly compared to prior years' reports:

- This report only includes hospital encounters with ICD-10-CM codes for severe sepsis or septic shock among the 25 diagnoses submitted with the encounter
- COVID-19 impact on case volume and mortality rates

Pediatric counts, incidence, and mortality rates should be interpreted with caution:

 Severe sepsis/septic shock that occurred during a birth hospitalization is not reported



- The 2021 Public Report includes all reported Severe Sepsis/Septic Shock events, both with and without COVID-19
- Statewide volume, incidence, and mortality rates is reported for four cohorts
 - Severe Sepsis/Septic Shock without COVID-19
 - Severe Sepsis/Septic Shock with COVID-19
 - Severe Sepsis/Septic Shock with MIS-C (Pediatric Only)
 - All Severe Sepsis/Septic Shock
- Risk adjusted mortality does not include Severe Sepsis/Septic Shock Cases with COVID-19



The 2021 Public Report includes two different units of analysis:

1. Event:

- An individual hospital encounter with a reported diagnosis of severe sepsis or septic shock
- Used in describing hospitalization characteristics of severe sepsis/septic shock

2. Case:

- A single instance of severe sepsis/septic shock, even if reported across more than one hospital (i.e., transfers).
- Used in describing patient demographics, incidence rates, and risk adjusted mortality



- Risk Adjusted Mortality: What is the same?
 - Objective: Estimate the probability of mortality in patients with severe sepsis or septic shock based on demographics, comorbidities, severity of illness and other risk factors
 - Estimation Methodology: Multivariable mixed effect logistic regression model
 - Output: Hospital-level Risk Adjusted Mortality Rates (RAMR)
 - Exclusions:
 - Transfers
 - Out-of-State Patients
 - Sepsis Readmissions (Prior Sepsis Admission Within 30days)
 - Admissions from hospice
 - Patients born prior to 1905
 - Hospital arrivals prior to Dec 2, 2020



- Risk Adjusted Mortality: What is different?
 - Population: Adult (21+) Severe Sepsis and Septic Shock present on admission
 cases identified and submitted to the Department
 - Outcome: All Cause 30-day post-arrival mortality
 - Exclusions:
 - Severe Sepsis/Septic Shock Cases with COVID-19
 - Severe Sepsis/Septic Shock not Present on Admission
 - Facilities submitting partial data



DEMONSTRATION



QUESTIONS?



