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## Example of a Health System Consensus Statement on Sepsis

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A health system task force developed this statement to support a system-wide definition of sepsis and assist with fighting denials from managed care insurers. According to the health system, “The Task Force strongly encourages the use of standardized criteria within and across the Health System. Additionally, the Task Force recognizes that definitions or guidelines will not always apply to every patient encounter and therefore, each physician/provider is expected to use appropriate professional judgment when applying these guidelines. Consensus Statement recommendations are likely to change with new information.”

### **CONSENSUS STATEMENT on Sepsis (SEPSIS-2) – Adults**

#### **Background**

Currently, there is variability in diagnostic criteria for the definition of Sepsis (SEPSIS-2 vs. SEPSIS-3). Despite the call for early and accurate identification of sepsis to drive treatment modalities that prevent organ failure and death, the published revised definition of SEPSIS-3, instead, focuses on the specificity of risk of mortality and prolonged ICU stay. Additionally, at this time, the SEPSIS-3 definition has only been validated by retrospective data from two U.S. hospital systems (University of Chicago and University of Pittsburgh Medical Center). Therefore, the Health System defines Sepsis as the Systemic Inflammatory Response Syndrome (SIRS criteria) specifically due to infection, also known as SEPSIS-2. This definition has resulted in a declining mortality rate across the world in centers that use it and is aligned with the definition used by Centers for Medicare & Medicaid Services (CMS) and International Classification of Diseases 10th Revision (ICD-10) Clinical Modification (ICD-10-CM) nomenclature. Screening for sepsis with SEPSIS-2 is more likely to capture patients earlier, before organ failure takes place, prompting more rapid initiation of life-saving interventions. Early initiation of appropriate antibiotics, source control of the infection, and supportive treatments such as IV fluid resuscitation remains the foundation of sepsis care.

#### **Purpose**

- Defining baseline system-wide criteria for diagnosing Sepsis (SEPSIS-2) provides an evidence-based strategy for quickly identifying and treating patients presenting with sepsis or severe sepsis criteria.
- Treatment strategies are in compliance with CMS requirements and the Surviving Sepsis Campaign (SSC) 2012.
- Sepsis related organ dysfunction variables as defined by SEPSIS-2, correlate with sequential (sepsis-related) organ failure assessment (SOFA) scores in SEPSIS-3.

#### **Procedure**

Key stakeholders of the Clinical Documentation Integrity (CDI) Task Force, which includes members from Quality, Hospitalists, Chief Medical Officers, Intensive Care physicians, Emergency Department physicians,

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infection control and prevention, Infectious Disease physician, respiratory therapy, clinical documentation and coding experts, have standardized SEPSIS-2 as the clinical working definition of Sepsis going forward. SIRS criteria will serve as the “clinical screen” and laboratory findings from the Sepsis bundle will serve as the “lab screen” to identify patients with sepsis, severe sepsis, and septic shock. **Providers are encouraged to initiate the Sepsis Power Plan as it contains all necessary components for screening and treatment of sepsis. The sepsis power plans are updated to remain in compliance with CMS standards and SSC guidelines.**

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