

## **Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Sepsis Hospitalization**

### **Evidence of Performance Gap**

Sepsis is a life-threatening condition characterized by a dysregulated response to infection or injury. It occurs unpredictably and progresses rapidly.<sup>1</sup> According to the Centers for Disease Control and Prevention (CDC), at least 1.7 million adults in the U.S. develop sepsis, and at least 350,000 die as a result each year.<sup>2,3</sup> Sepsis is also a main reason why people are readmitted to the hospital and has been reported to be associated with higher costs compared to other diagnoses required for CMS reporting. The financial burden of sepsis in the United States was estimated to be between \$15 and \$24 billion dollars.<sup>4</sup> Research indicates that 30-day readmission rates for sepsis range from 17% to 26%, contributing to substantial excess costs,<sup>5,6</sup> and highlighting significant variation in hospital performance. Lower readmission may indicate higher-quality hospitals with effective care coordination, comprehensive discharge planning, and strong post-discharge support, reducing the likelihood of avoidable readmissions. In contrast, hospitals with higher readmission rates may face challenges such as gaps in care transitions, inadequate follow-up, or disparities in resource allocation.

Sepsis is a leading cause of both mortality and hospital readmission.<sup>7</sup> Advances in care and increased recognition have led to improved in-hospital mortality rates. However, the incidence of sepsis continues to rise, due to an aging population, with more comorbidities, and with increasing use of device technology and invasive procedures which may introduce infections. Consequently, the decline in short-term mortality along with the increasing incidence of sepsis has resulted in a growing number of sepsis survivors.<sup>8</sup> Research shows that the 5-year mortality rate for sepsis survivors is nearly five times higher than that for patients surviving other conditions.<sup>9</sup> Sepsis survivors are readmitted to the hospital within 30 days, most often due to an unresolved or new life-threatening infection.<sup>10,11,12</sup> This frequent readmission rate underscores the importance of a readmission measure. The sepsis readmission measure will support hospital efforts to further optimize quality of care for patients with sepsis, particularly the quality of transitional care, by providing a more comprehensive assessment of post-discharge events. The measure can help reduce this variation in readmission rates by identifying hospitals with higher-than-expected readmission rates, encouraging targeted quality improvement initiatives, comprehensive and easy to understand discharge summary, improved coordination with primary care and outpatient services post-discharge, medication reconciliation, and promoting best practices in transitional care.<sup>13</sup> By holding hospitals accountable and incentivizing improvements, the sepsis readmission measure fosters a more consistent standard of care across facilities, leading to better patient outcomes and reduced unnecessary hospitalizations.

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