

Community-, healthcare-, and hospital-acquired severe sepsis hospitalizations in the University HealthSystem Consortium.

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<https://psnet.ahrq.gov/issue/community-healthcare-and-hospital-acquired-severe-sepsis-hospitalizations-university>

Severe [sepsis](#) has been a focus of [quality efforts](#). This retrospective study contrasted community-acquired sepsis with health care–associated sepsis. In line with definitions of [health care–associated infections](#), investigators defined health care–associated severe sepsis as patients hospitalized with severe sepsis with an infection present at admission, where the patient was admitted from an inpatient nursing facility, was on hemodialysis, or was readmitted within 30 days to the same hospital. They separately considered hospital-acquired sepsis cases in which the patients did not have an infection at hospital admission. Both health care–associated and hospital-acquired sepsis, which together accounted for about one-third of cases, had a higher mortality rate and were more severe and costly than community-acquired severe sepsis. This adds to the evidence that health care–associated infections cause significant harm and costs to patients. In a related study, researchers examined [readmissions](#) following severe sepsis and found substantial variation in readmission rates, with an overall rate of about 20%, suggesting that targeting sepsis in readmission prevention efforts may be helpful.