

ENDSEPSIS

It stops with us.

Commonly Asked Questions

Hospitals are already following CMS sepsis guidelines (SEP-1); why do we need more regulations?

First, only 50% of hospitals comply with CMS sepsis guidelines. In addition, the CMS guidelines differ from Rory's Regulations in a number of critical ways. This table breaks down some of the key differences:

Rory's Regulations	CMS Guidelines
Rory Regulations cover pediatric patients	CMS guidelines do not
Rory's Regulations require that all relevant hospital staff be trained in sepsis diagnosis and treatment	CMS guidelines do not
Rory's Regulations require that each hospital develop a set of written protocols, overseen by the Chief Medical Officer	CMS guidelines do not
Rory's Regulations include every sepsis case in the data submitted to the state Department of Health for measurement and review	CMS guidelines only require a sample of sepsis cases to be submitted to CMS for review
Rory's Regulations require that every patient suspected of having sepsis is treated using the hospital's sepsis protocols	CMS guidelines exclude many groups of patients, including patients that have been transferred from other facilities, from being subject to the guidelines
Rory's Regulations require data to be collection on sepsis patient outcomes and mortality rates	CMS guidelines gather data on whether the SEP-1 process is being implemented—not on whether patients live or die
Rory's Regulations require that ALL hospitals in the state adopt evidence-based protocols and submit data for every patient to the state Department of Health	A 2018 study showed that only 50% of hospitals currently follow CMS guidelines

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Putting protocols in place and measuring outcomes is expensive; we can't afford to do it.

Sepsis is the more expensive condition treated in U.S. hospitals, according to the CDC, and the most expensive condition billed to Medicare and Medicaid. In multiple studies, sepsis protocols have been shown to reduce the cost of care for sepsis patients. For example:

- A 2016 study of 5,918 sepsis patients in New York, published in the *Journal of the Society of Critical Care Medicine*, found that hospitals pursuing aggressive, protocolized sepsis treatment achieved substantial cost savings (and lower mortality rates).

- InterMountain Healthcare in Utah slashed its sepsis costs by \$38 million annually (and reduced mortality from 25% to 9%) after adopting sepsis protocols.

