

Data Pulse

November 2018

Severe Sepsis Hospitalization: Length of Stay, Charges and Payers

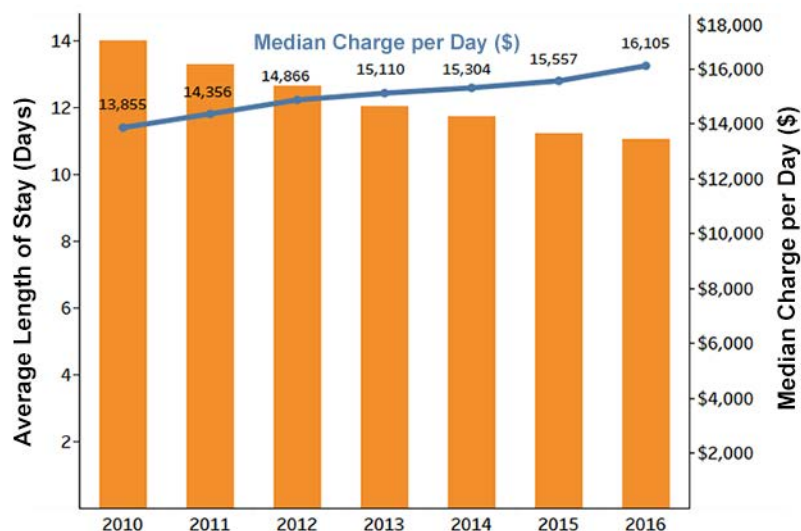
Sepsis impacts over 1.5 million people in the United States, is a leading cause of death, and is among the most expensive hospitalizations (CDC basic sepsis information, updated September 2016). In California, sepsis charges totaled \$36.8 billion in 2016 (O'Brien, 2015 CDC's Safe Healthcare Blog). Sepsis is a preventable, life threatening, medical condition for which the number of cases and deaths has increased over the past several years. If not treated properly, sepsis can result in a severe condition with multiple organ failure (severe sepsis) and death.

This Data Pulse presents the average length of stay for severe sepsis hospitalizations, the respective median charge per day, and the expected payers for severe sepsis hospitalizations from 2010 to 2016.

Key Findings:

- ◆ The average length of stay for severe sepsis hospitalizations decreased by approximately three days, from 14 days to 11 days (Figure 1).
- ◆ The median charge per day (unadjusted for inflation) for severe sepsis hospitalizations increased by 16.2 percent (Figure 1).
- ◆ Medicare was the expected payer for more hospitalized severe sepsis cases than any other payer (i.e., Medi-Cal, private coverage, uninsured, and other payer) (Figure 2).

Figure 1. Length of Stay and Median Charge per Day* of Severe Sepsis Hospitalizations, 2010-2016**



*Charges are not adjusted for inflation.

**Hospitalizations that were reported to OSHPD with \$0 charges were not included.



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Information About Sepsis

The following symptoms are signs of sepsis: shivering, fever, or very cold; extreme pain or discomfort, clammy or sweaty skin, confusion or disorientation, shortness of breath, and high heart rate (CDC: Making Healthcare Safer, updated July 2017, CDC Vital Signs 2016).

Although any person can acquire sepsis, some people are at an increased risk, including those over the age of 65, persons with chronic medical conditions, and those with weakened immune systems ([CDC sepsis webpage](#)).

Patients hospitalized for sepsis have traditionally had longer lengths of stay in the hospital than those with other conditions (*CDC's NCHS Data Brief No. 62, June 2011*).

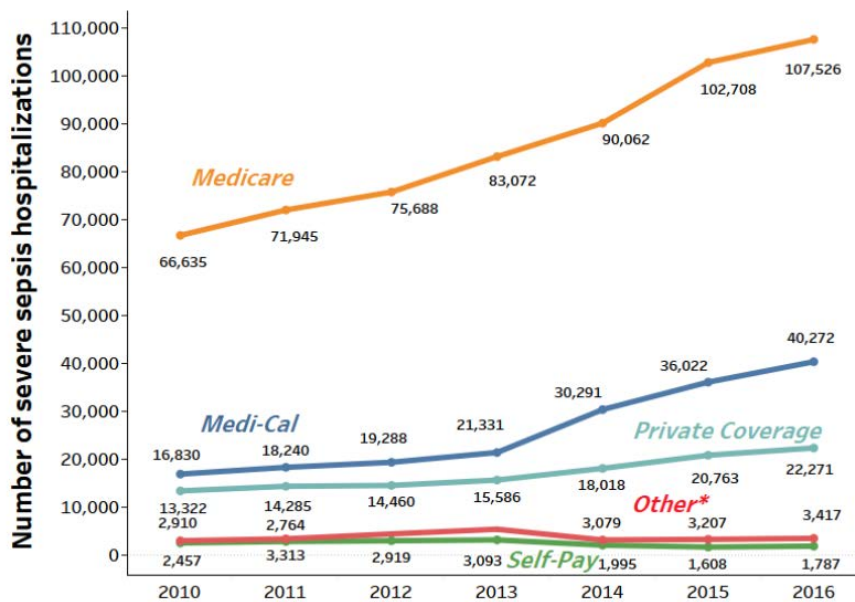
To reduce severe sepsis, the CDC recommends training healthcare providers to recognize sepsis and educating patients on the signs of sepsis.

Even though the average length of stay for severe sepsis has decreased by three days (21 percent), the median charge per day has increased by 16 percent, from \$13,855 to \$16,105 (charges are not adjusted for inflation). Hospital charges data collected by OSHPD include daily hospital services, ancillary services, and any patient care services; physician fees are excluded. Charges may not reflect the cost of a hospitalization for the patient or what a patient paid for the hospitalization.

California's Office of Statewide Health Planning and Development (OSHPD) is the leader in collecting data and disseminating information about California's healthcare infrastructure. OSHPD promotes an equitably distributed healthcare workforce, and publishes valuable information about healthcare outcomes.

OSHPD also monitors the construction, renovation, and seismic safety of hospitals and skilled nursing facilities and provides loan insurance to assist the capital needs of California's not-for-profit healthcare facilities.

Figure 2. Expected Payer for Severe Sepsis Hospitalizations, 2010-2016



*Other includes worker compensation, non-federal government, other indigent and other payer.

Medicare covered 63.5 percent of all hospitalized severe sepsis cases from 2010 to 2016. The number of severe sepsis cases increased for most expected payers (i.e., Medicare, Medi-Cal, private coverage); however, there was a 27.2 percent decrease in the number of self-pay (uninsured) patients who were hospitalized for severe sepsis.

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Data source

California Patient Discharge Data 2010-2016, Office of Statewide Health Planning and Development (OSHPD)



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