

# Reducing Sepsis Costs

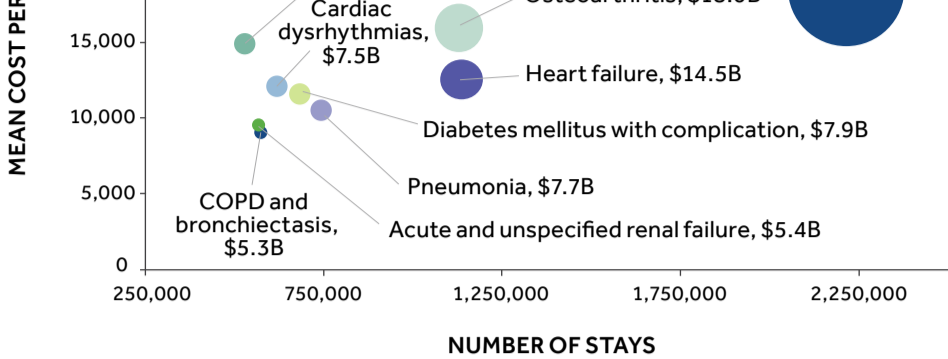
## WITH LTACH UTILIZATION

Discharge decisions may contribute to the significant healthcare challenges associated with sepsis. Though sepsis patients are often discharged to skilled nursing facilities (SNFs), recent data demonstrates that transitioning patients to long-term acute care hospitals (LTACHs), which provide continued acute care for critically complex patients, can reduce length of stay, readmissions, and overall spending.

## Understanding the Sepsis Challenge

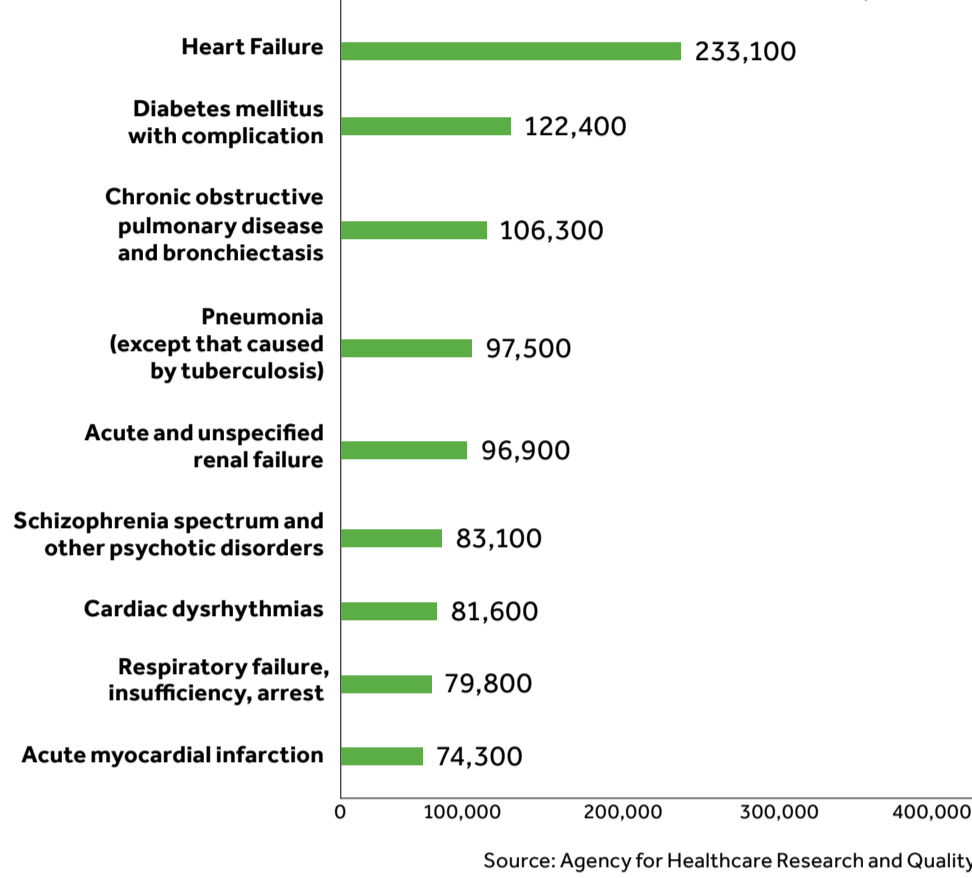
Sepsis is the costliest inpatient condition with total costs amounting to \$41.5 billion in 2018.<sup>1</sup>

### Aggregate Cost of Non-maternal, Non-neonatal Hospital Inpatient Stays, 10 Most Frequent Principal Diagnoses



One contributor to the high cost of treatment is the length of stay, which is 75% greater than for other conditions, ranging from 4.5–16.5 days.<sup>2</sup> Sepsis also has the highest number of 30-day all-cause readmissions.<sup>3</sup>

### Top 10 Principal Diagnoses with the Highest Number of Readmissions



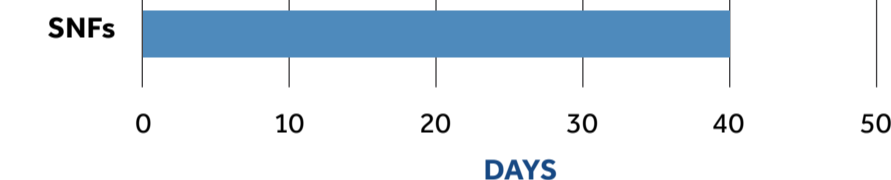
## Improving Outcomes with LTACH Utilization

The long lengths of stay (LOS) and high readmission rates of sepsis patients may have to do with recovery pathway selections, which have historically favored SNFs.<sup>4</sup>

However, recent studies comparing SNFs with long-term acute care hospitals show that LTACHs are able to reduce length of stay, readmissions, and overall spending for sepsis patients.

When comparing post-acute LOS, sepsis patients discharged to LTACHs have shorter post-acute stays than those discharged to SNFs.<sup>5</sup>

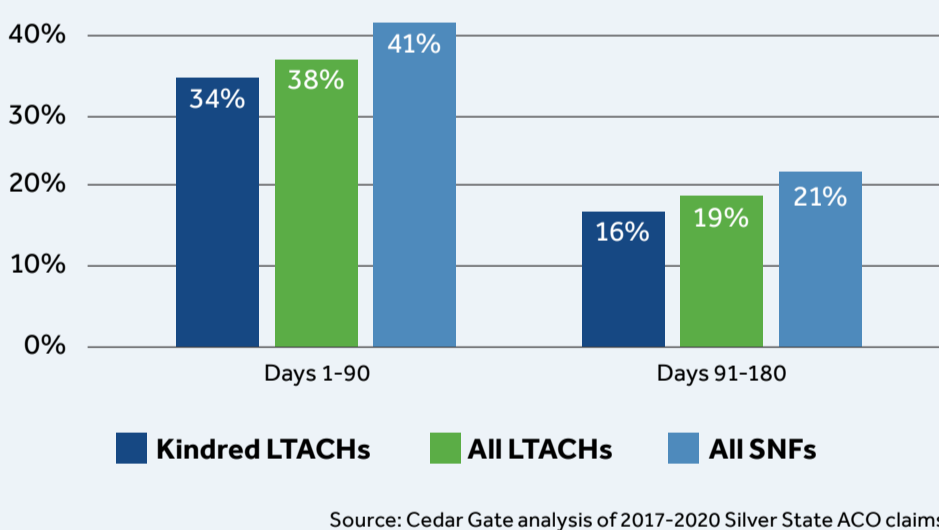
### Average Sepsis Length of Stay by Post-Acute Setting



Source: ATS Journals

Additionally, a recent case study of sepsis episodes at LTACHs and SNFs in Las Vegas found that utilization of LTACHs yielded cost savings, primarily through reduced readmissions. Cost savings were even greater at Kindred LTACHs.

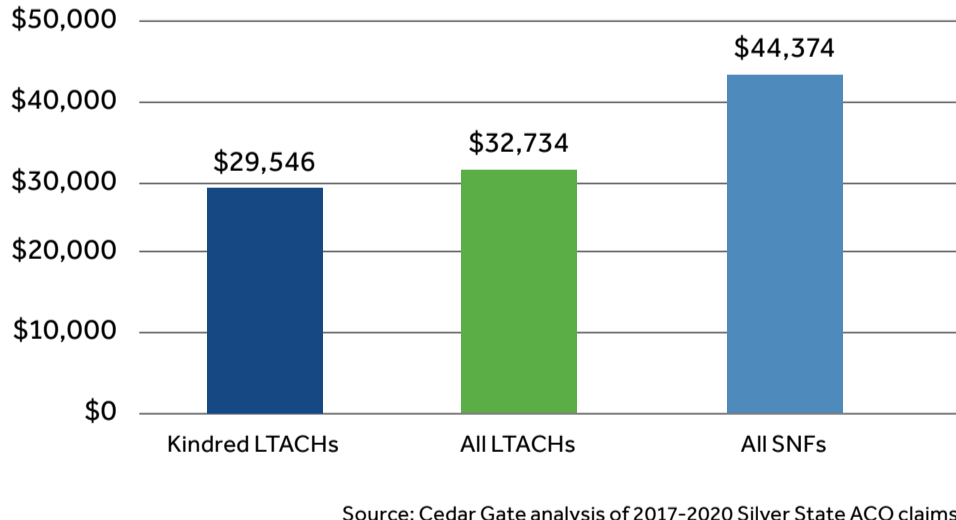
### Sepsis Readmission Rates Following Post-Acute Discharge



Source: Cedar Gate analysis of 2017-2020 Silver State ACO claims

Looking at risk-adjusted spending, they found that transferring sepsis patients to an LTACH resulted in savings of \$11,640 and in savings of \$14,828 when discharging sepsis patients to a Kindred LTACH specifically.

### Risk-Adjusted Spending for Episodes Following Discharge from Initial Post-Acute Care Setting



Source: Cedar Gate analysis of 2017-2020 Silver State ACO claims

It is important for sepsis patients to continue to receive an acute level of care after the initial hospital stay. At LTACHs, teams of physicians, critical care clinicians, and rehabilitation therapists specialize in treating critically ill patients with complex conditions who require extended recovery times.

#### LTACHs offer:

- IV antibiotic therapy
- Onsite labs and pharmacies
- CMS-compliant infection prevention standards

Ensuring sepsis patients have access to a setting with this level of acuity in a timely manner can help reduce length of stay, readmissions, and overall spending.

## How Kindred Hospitals Can Help

Kindred Hospitals, the nation's largest provider of LTACH care, offers high-quality, innovative care to medically complex patients. With disease-specific care certifications in Sepsis from The Joint Commission, as well as an established treatment protocol, Kindred can play a key role in reducing costs.



To learn more about how Kindred Hospitals can reduce sepsis costs, visit [kindredmanagedcare.com](http://kindredmanagedcare.com).



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#### References

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