



THE PROBLEM: SEPSIS CARE IS BECOMING INCREASINGLY UNSUSTAINABLE

Sepsis is the **#1 cause of death** in U.S. hospitals¹—and it **costs more than 2x as much to treat** as any other condition.²

Hospitals spend:

\$44,969

per sepsis case, based on an average length of stay (LOS) of between 7.7 and 12.6 days.²

But diagnosis-related group (DRG) payments for sepsis fall considerably short of that mark:

\$9,218

weighted average DRG for all septic patients³

This amounts to a staggering average loss of

-\$35,751

PER PATIENT*

Because sepsis is serious and can be difficult to risk-stratify, clinicians typically exhibit an abundance of caution and send patients to the intensive care unit (ICU).



Certain patients diagnosed with sepsis and sent to the ICU may not need ICU-level care.



AS MANY AS

43%

DO NOT REQUIRE ICU CARE^{4,5}

\$4.4 billion[†]

May be spent on cases where patients did not need to be in the ICU—an unsustainable care model.

**REDUCING UNNECESSARY ICU ADMISSIONS
CAN PRESERVE YOUR RESOURCES**

^{*}\$44,969 weighted average cost for each septic patient, minus \$9,218 weighted average DRG per septic patient
[†]Estimated annual healthcare cost for the approximately 125,000 admitted to the ICU



THE SOLUTION: ADD THE VALUE OF POINT OF CARE LACTATE TESTING TO YOUR CURRENT SEPSIS MANAGEMENT PROTOCOL






A simple approach to improve current standards

Compliance with the Surviving Sepsis* Hour-1 Bundle† is growing, but when a patient’s initial lactate level is elevated, **the recommendation that a second lactate test be administered is not always followed.**

The result: Many patients are unnecessarily transferred to the ICU.

Improve adherence to guidelines and assist with risk stratification in sepsis cases with a second POC lactate test in the emergency department, before ICU admission.

POC lactate testing can:

	FIT INTO EXISTING WORKFLOWS		REDUCE THE TESTING BURDEN		INCREASE THE SPEED OF RESULTS‡
	PROVIDE MORE CLARITY FOR RISK STRATIFICATION		MITIGATE COSTLY ICU ADMISSIONS		

SEE HOW MUCH YOU CAN SAVE PER SEPTIC PATIENT

The cost of sepsis, per patient

ICU LOS ^{§,2,6}	ICU cost per day ^{7,8}	General ward LOS for septic patients ²	General ward cost per day ^{8,9}	HAI cost for septic patients (weighted average) ⁹⁻¹¹	Average DRG for septic patients	Money lost per patient

Potential cumulative cost savings when diverting patients from the ICU

Number of septic patients sent to ICU ^{¶12}	Percentage diverted to general ward	ICU LOS	ICU cost per day	Potential cost savings

To learn more about the significant opportunity to **free your resources when assessing septic patients**, contact your Abbott Point of Care representative.

*The Surviving Sepsis Campaign (SSC) is a joint collaboration of the Society of Critical Care Medicine (SCCM) and the European Society of Intensive Care Medicine (ESICM) committed to reducing mortality and morbidity from sepsis and septic shock worldwide.
 †The hour-1 bundle encourages clinicians to act as quickly as possible to obtain blood cultures, administer broad spectrum antibiotics, start appropriate fluid resuscitation, measure lactate, and begin vasopressors if clinically indicated. Ideally, these interventions would all begin in the first hour from sepsis recognition but may not necessarily be completed in the first hour. Minimizing the time to treatment acknowledges the urgency that exists for patients with sepsis and septic shock.
 ‡Compared with lab testing
 §Based on the average LOS for severe sepsis, the most common sepsis DRG (comprising 70% of all sepsis cases)
 ¶Based on 500 bed hospital; 33.91% of patients diagnosed with sepsis in ED are admitted to ICU

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Measuring lactate levels can be used in the risk stratification of patients diagnosed with sepsis, but cannot be used to diagnose sepsis.

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