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## STATE UPDATE: Sepsis Protocols under Review

The revised sepsis protocols adopted by the Codes, Rules, and Regulations Committee of the Public Health and Health Planning Council (PHHPC) on April 11, 2013 are intended to enhance the identification and treatment of severe sepsis and septic shock. Although the Suburban Hospital Alliance continues to be concerned about this unprecedented state involvement in the way hospital medical staffs set treatment protocols, we are pleased that our advocacy was successful in ensuring that these new protocols are implemented on a more reasonable timeline than initially proposed and that the quality reporting requirements are more compatible with existing reporting mechanisms. A call for new sepsis protocols was first issued by Governor Cuomo in January and the Department of Health (DOH) released new regulations shortly thereafter which require hospitals to develop sepsis protocols and submit them to the DOH for approval. One goal of the proposed protocols is to ensure that patients entering the emergency department are identified more quickly and receive earlier treatment, thereby increasing their chances of survival.

Sepsis is a potentially life-threatening complication of an infection and can occur when chemicals released into the bloodstream to fight the infection trigger inflammation throughout the body – effectively forcing the immune system into overdrive. This inflammation can trigger a cascade of changes that can damage multiple organ systems, causing them to fail. The elderly and those with weakened immune systems are most vulnerable. Early identification and treatment with antibiotics and intravenous fluids improves survival. A patient can quickly progress to a state of severe sepsis followed by septic shock.

The new protocols will also help raise awareness among patients and clinicians about this insidious condition. According to the Centers for Disease Control, the rate of sepsis more than doubled between 2000 and 2008. It calculates that 750,000 cases of sepsis occur each year in the United States. The CDC attributes the rise, in part, to more elderly patients with chronic diseases, more antibiotic resistance, and the use of more invasive procedures. As a result, hospitals located in the regions served by the Suburban Hospital Alliance are treating growing numbers of sepsis cases, like their state and national counterparts,

The Suburban Hospital Alliance, through its affiliation with the Healthcare Association of New York State (HANYs), offered comments to the state about the proposed regulations in an effort to ensure that the final regulations and resulting implementation plan and schedule allow for adequate staff training, nationally-aligned data collection and reporting guidelines, and hospitals' continued flexibility to develop evidence-based protocols that best meet the needs of each hospital's patient population. Further, the comments recommended that the Department of Health utilize a phased-in approach for full-hospital implementation with emergency departments first, since most patients with severe sepsis and septic shock present in the emergency room. Hospitals will continue to work with the Department of Health through the Sepsis Advisory Work Group to develop more formal guidance for hospitals.

## FEDERAL UPDATE: Deficit Reduction Influences Budgets

The negative effect of the sequestration cuts are beginning to be felt by the hospital industry, as well as defense and other government sectors. Even so, Congress and the White House continue to push for fiscal year 2014 spending plans that further gut entitlement programs and reduce Medicare/Medicaid payments to providers. Here is a quick look at the different proposals:

- **House Ryan budget** seeks millions in cuts and suggests that Medicare become a premium support program, Medicaid be block-granted to the states, the Affordable Care Act (ACA) repealed, but the ACA cuts to providers maintained.
- **Senate Murray budget** seeks \$275 billion in unspecified health care reductions, aimed at further re-aligning incentives and cutting waste and fraud. It would replace sequester cuts with \$1.85 trillion in savings over 10 years through tax increases and spending cuts. Some cuts would come from the health care sector.
- **White House budget** seeks \$374 billion in reductions, mostly from the Medicare program. Although the proposal would cancel the sequestration cuts, the cuts recommended by the White House budget would be worse.

*Since April 2010, the 51 hospitals in the Suburban Hospital Alliance began absorbing Affordable Care Act-mandated cuts - \$3.3 billion (2010-2021). Sequestration adds another \$629 million in payment reductions through 2022. \*Permission to reprint articles granted. Attribution to this publication required.*