# IT-4.8: Sepsis Mortality

| **Measure Title** | **IT-4.8 Sepsis Mortality Rate** |
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| **Description** | In-hospital deaths per 1,000 hospital discharges with Sepsis or septic shock as a principal diagnosis for patients ages 18 years and older. Excludes obstetric discharges and transfers to another hospital. |
| **NQF Number** | 231 |
| **Measure Steward** | Agency for Healthcare Research and Quality |
| **Link to measure citation** | <https://www.qualityforum.org/QPS/0231> |
| **Measure type** | Stand-alone (SA) |
| **Performance and Achievement Type** | Pay-for-Reporting: Prior Authorization |
| **DSRIP-specific modifications to Measure Steward’s specification** | The Measure Steward’s specification has been modified as follows:   * Replaced pneumonia criteria with Sepsis diagnosis |
| **Denominator Description** | Discharges, for patients ages 18 years and older, with a principal ICD-9-CM diagnosis code for Sepsis or septic shock. |
| **Denominator Inclusions** | The Measure Steward does not identify specific denominator inclusions beyond what is described in the denominator description. |
| **Denominator Exclusions** | Excludes obstetric discharges and transfers to another hospital. |
| **Denominator Size** | Providers must report a minimum of 30 cases per measure during a 12-month measurement period (15 cases for a 6-month measurement period)   * For a measurement period (either 6 or 12 months) where the denominator size is less than or equal to 75, providers must report on all cases. No sampling is allowed. * For a measurement period (either 6 or 12 months) where the denominator size is less than or equal to 380 but greater than 75, providers must report on all cases (preferred, particularly for providers using an electronic health record) or a random sample of not less than 76 cases. * For a measurement period (either 6 or 12-months) where the denominator size is greater than 380, providers must report on all cases (preferred, particularly for providers using an electronic health record) or a random sample of cases that is not less than 20% of all cases; however, providers may cap the total sample size at 300 cases. |
| **Numerator Description** | Number of deaths (DISP=20) among cases meeting the inclusion and exclusion rules for the denominator. |
| **Numerator Inclusions** | The Measure Steward does not identify specific numerator inclusions beyond what is described in the numerator description |
| **Numerator Exclusions** | The Measure Steward does not identify specific numerator exclusions beyond what is described in the numerator description. |
| **Setting** | Inpatient |
| **Data Source** | Administrative/Clinical data sources |
| **Allowable Denominator Sub-sets** | All denominator subsets are permissible for this outcome |