

Mortality in septic shock has improved since the Surviving Sepsis Campaign guidelines in 2004

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A study from Mount Sinai West concludes that the overall mortality in septic shock has improved in the decade following the introduction of the Surviving Sepsis Campaign (SSC) guidelines.

The SSC was implemented with a focus on improving outcomes in patients with sepsis and septic shock. The aim of the study was to analyze trends in percentage of survivors discharged to home versus subacute rehab or long-term [acute care facilities](#), length of [hospital](#) stay and hospital charge per admission.

The 10-year retrospective analysis used the 2004 to 2014 Nationwide Inpatient Sample databases. Patients with a primary diagnosis of septic shock at discharge were included. The outcomes of interest were trends in overall in-hospital mortality, percentage of patients discharged to home, percentage of patients discharged to either subacute rehab or long-term acute care facilities, trends in length of stay and trends in hospital charge per admission, which was adjusted for inflation based on the [consumer price index](#) (CPI).

From 2004 to 2014, in-hospital mortality decreased from 51.7 percent to 39.3 percent. When comparing the two time periods, there were no significant differences in how often patients were discharged home (17 percent in 2004 and 15 percent in 2014; $P=.55$) or differences in how often [patients](#) were discharged to long-term care facilities (62 percent in

2004 and 62 percent in 2014, $P=.1$). However, there was a shorter hospital length of stay in 2014 compared with 2004, with an annual decrease of 0.02 days (P

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