

Greater nurse staffing tied to better sepsis outcomes

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Hospitals that provide more registered nurse hours of care could likely

improve outcomes for Medicare beneficiaries with sepsis, according to a study published online May 27 in *JAMA Health Forum*.

Jeannie P. Cimiotti, Ph.D., from Emory University in Atlanta, and colleagues assessed whether registered nurse workload was associated with mortality in Medicare beneficiaries admitted to an [acute care hospital](#) with [sepsis](#). Analysis included 2018 data from the American Hospital Association Annual Survey, CMS Hospital Compare, and Medicare claims on Medicare beneficiaries.

The researchers identified 702,140 Medicare beneficiaries (mean age, 78.2 years; 51 percent women) with a diagnosis of sepsis. The mean Severe Sepsis and Septic Shock Management Bundle (SEP-1) score was 56.1, and registered nurse hours per patient day (HPPD) was 6.2. Each additional registered nurse HPPD was associated with a 3 percent decrease in the odds of 60-day mortality (odds ratio, 0.97) when adjusting for SEP-1 score and [hospital](#) and patient characteristics.

"As we redefine the sepsis bundle, it is imperative that we include the workload of nurses and other clinicians and promote a care environment that fosters interprofessional communication," the authors write. "Not doing so will place patients at increased risk of sepsis-related mortality and nonmortality adverse events."

More information: Jeannie P. Cimiotti et al, Association of Registered Nurse Staffing With Mortality Risk of Medicare Beneficiaries Hospitalized With Sepsis, *JAMA Health Forum* (2022). [DOI: 10.1001/jamahealthforum.2022.1173](https://doi.org/10.1001/jamahealthforum.2022.1173)

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