Con il patrocinio di

Conferenza delle Regioni e delle Province Autonome

Regione Lombardia

AMICI ONLUS Associazione Nazionale

MILANO

PALAZZO PIRELLI

SALA PIRELLI

Via Fabio Filzi, 22

1 OTTOBRE 2019

FOCUS

LOTTA ALLE INFEZIONI CORRELATE ALL'ASSISTENZA

2019 MOTORE SANITÀ
Gestire il Cambiamento

Sepsis – ICD9 cm criteria (AHRQ)

AHRQ

```
dx0380  =  "SETTICEMIA STREPTOCOCCICA
dx0381  =  "SETTICEMIA STAFILOCOCCICA
dx03810 =  "SETTICEMIA STAFILOCOCCICA,NON SPECIFICA
dx03811 =  "SETTICEMIA DA STAFILOCOCCO AUREO
dx03812 =  "MRSA SETTICEMIA
dx03819 =  "altra SETTICEMIA DA STAFILOCOCCO
dx0382  =  "SETTICEMIA PNEUMOCOCCICA
dx0383  =  "SETTICEMIA DA ANAEROBI
dx03840 =  "SETTICEMIA DA BATTERI GRAM-NEGATIVI,NON
dx03841 =  "SETTICEMIA DA HEMOPHILUS INFLUENZAE
dx03842 =  "SETTICEMIA DA ESCHERICHIA COLI
dx03843 =  "SETTICEMIA DA PSEUDOMONAS
dx03844 =  "SETTICEMIA DA SERRATIA
dx03849 =  "ALTRE SETTICEMIE DA MICRORGANISMI GRAM-
dx0388  =  "OTHER SPECIFIED SEPTICEMIAS
dx0389  =  "UNSPECIFIED SEPTICEMIA
dx78552 =  "SEPTIC SHOCK
dx78559 =  "SHOCK W/O TRAUMA NEC
dx99591 =  "SYSTEMIC INFLAMMATORY RESPONSE SYNDROME DUE TO INFECTIOUS      "
dx99592 =  "SYSTEMIC INFLAMMATORY RESPDROME DUE TO INFECTIOUS              "
dx9980  =  "POSTOPERATIVE SHOCK                                            "
dx99800 =  "POSTOPERATIVE SHOCK= UNSPE                                     "
dx99802 =  "SHOCK FOLLOWING TRAUMA OR SURGERY=CIFIED  SEPTIC               ";
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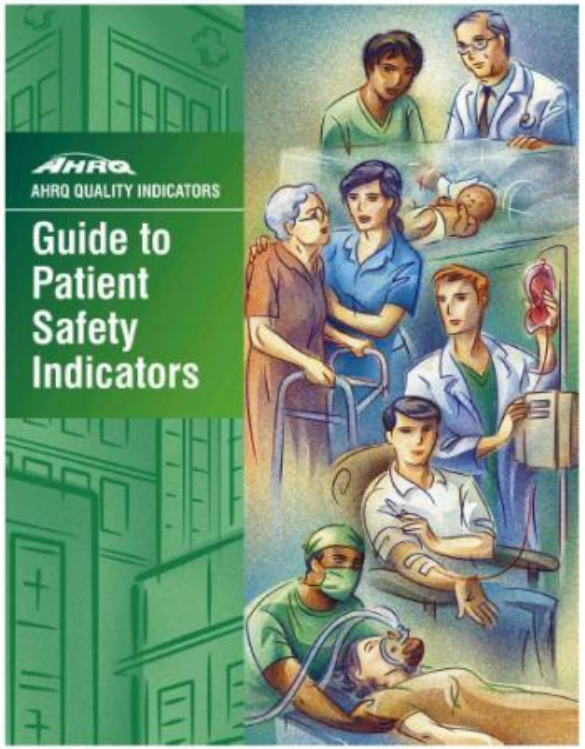


Identifying Patients With Severe Sepsis Using Administrative Claims

Patient-Level Validation of the Angus Implementation of the International Consensus Conference Definition of Severe Sepsis

Theodore J. Iwashyna, MD, PhD,† Andrew Odden, MD,* Jeffrey Rohde, MD,* Catherine Bonham, MD,* Latoya Kuhn, MPH,† Preeti Malani, MD, MSJ,*‡ Lena Chen, MD,*† and Scott Flanders, MD**

Background: Severe sepsis is a common and costly problem. Although consistently defined clinically by consensus conference since 1991, there have been several different implementations of the severe sepsis definition using ICD-9-CM codes for research. We conducted a single center, patient-level validation of 1 common implementation of the severe sepsis definition, the so-called "Angus" implementation.

Methods: Administrative claims for all hospitalizations for patients initially admitted to general medical services from an academic medical center in 2009–2010 were reviewed. On the basis of ICD-9-CM codes, hospitalizations were sampled for review by 3 internal medicine-trained hospitalists. Chart reviews were conducted with a structured instrument, and the gold standard was the hospitalists' summary clinical judgment on whether the patient had severe sepsis.

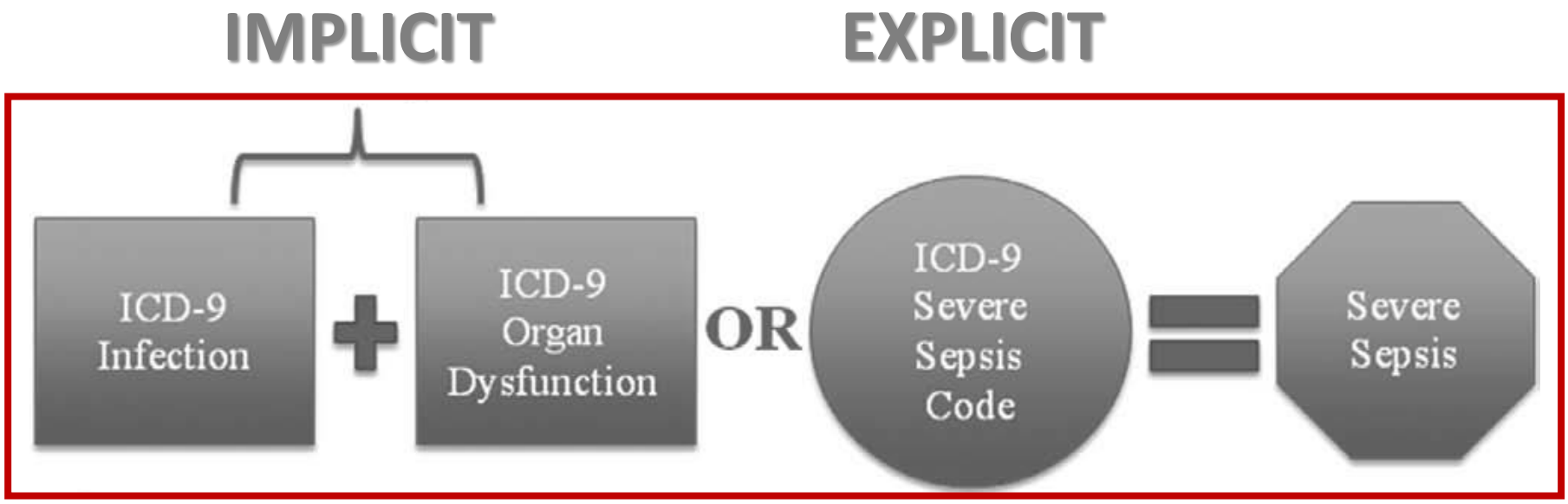
79.0%, 100%). The sensitivity was 50.4% (95% CI: 14.8%, 85.7%). Specificity was 96.3% (95% CI: 92.4%, 100%). Two alternative ICD-9-CM implementations had high positive predictive values but sensitivities of <20%.

Conclusions: The Angus implementation of the international consensus conference definition of severe sepsis offers a reasonable but imperfect approach to identifying patients with severe sepsis when compared with a gold standard of structured review of the medical chart by trained hospitalists.

Key Words: severe sepsis, infection, administrative claims, Medicare, sensitivity, positive predictive value

(*Med Care* 2012;00: 000–000)

ANGUS Criteria



INFECTIONS

Nervous	320	Bacterial meningitis
	321	Cryptococcal meningitis
	321.1	Meningitis in other fungal diseases
	324	CNS abcess
	325	Phlebitis of intracranial sinus
	360	Purulent endophthalmitis
	376	Acute inflammation of orbit
	380.14	Malignant otitis externa
	383	Acute mastoiditis
Circulatory	420.99	Acute pericarditis due to other specified organisms
	421	Acute or subacute endocarditis
Respiratory	461	Acute sinusitis
	462	Acute pharyngitis
	463	Acute tonsillitis
	464	Acute laryngitis/tracheitis
	465	Acute upper respiratory infection of multiple sites/not otherwise specified
	475	Peritonsillar abscess
	481	Pneumococcal pneumonia
	482	Other bacterial pneumonia
	485	Bronchopneumonia with organism not otherwise specified
	486	Pneumonia, organism not otherwise specified
	491.21	Acute exacerbation of obstructive chronic bronchitis
	494	Bronchiectasis
	510	Empyema
	513	Abscess of lung and mediastinum
Digestive	522.5	Periapical abscess without sinus
	522.7	Periapical abscess with sinus
	526.4	Inflammatory conditions of the jaw
	527.3	Abscess of the salivary glands
	528.3	Cellulitis and abscess of oral soft tissue
	540	Acute appendicitis
	541	Appendicitis not otherwise specified
	542	Other appendicitis
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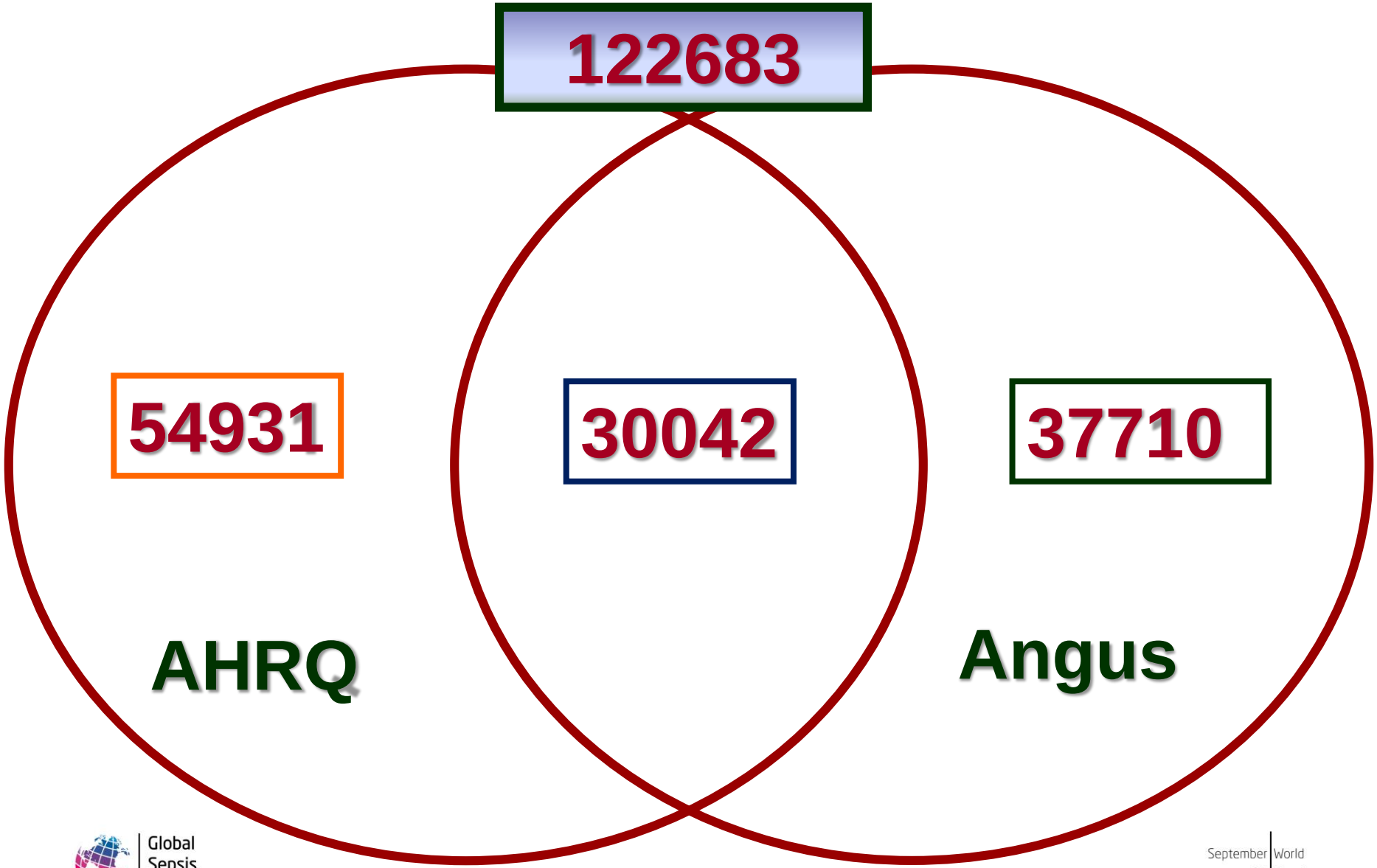
	562.03	Diverticulitis of the small intestine with hemorrhage
	562.11	Diverticulitis of colon without hemorrhage
	562.13	Diverticulitis of colon with hemorrhage
	566	Abscess of the anal and rectal regions
	567	Peritonitis
	569.5	Intestinal abscess
	569.61	Infection of colostomy or enterostomy
	569.83	Perforation of intestine
	572	Abscess of liver
	572.1	Portal pyemia
	575	Acute cholecystitis
Genitourinary	590	Kidney infection
	599	Urinary tract infection not otherwise specified
	601	Prostatic inflammation
	604	Orchitis and epididymitis
	614	Female pelvic inflammation disease

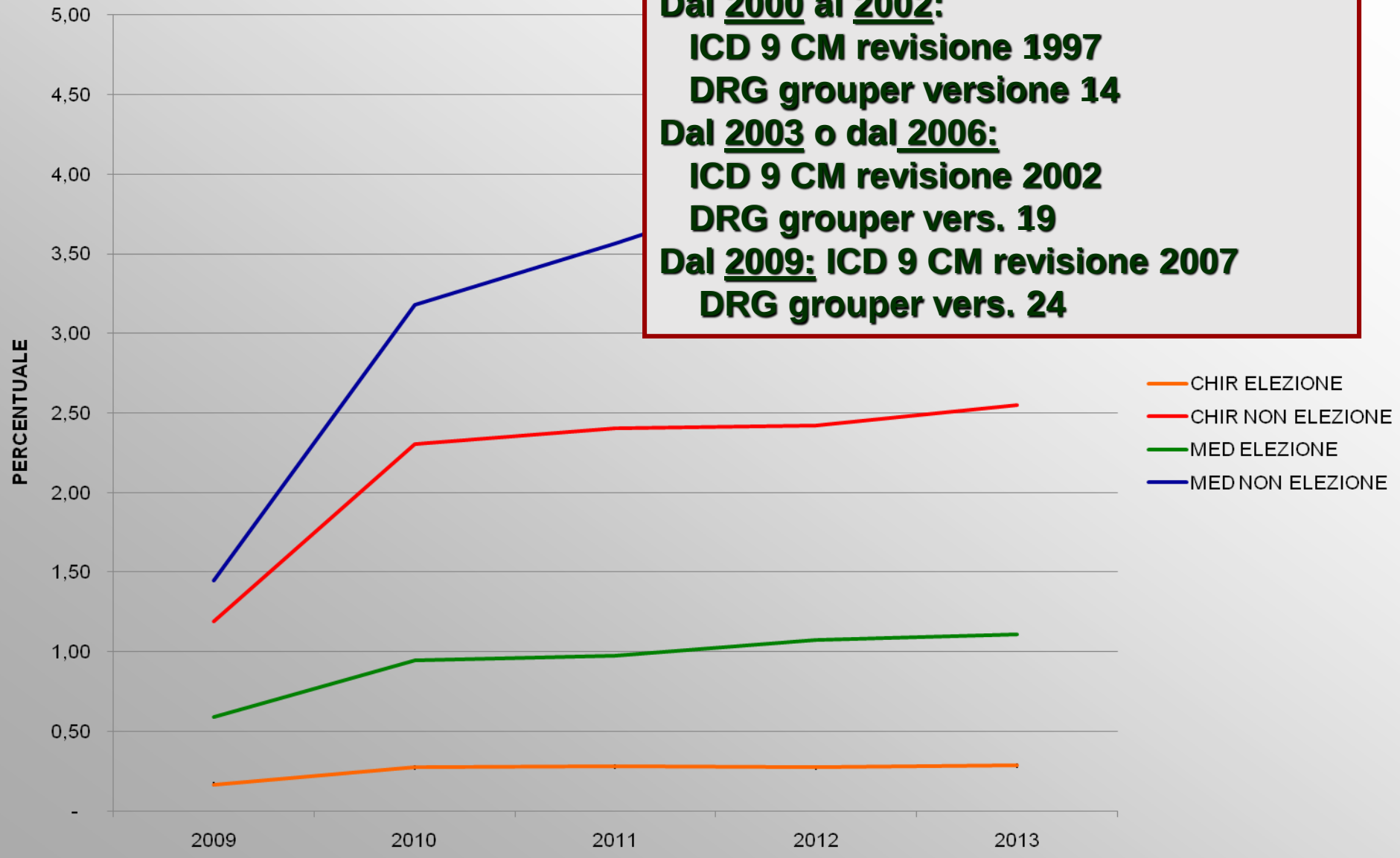
ORGAN DYSFUNCTION

Organ System Category	ICD-9-CM Code	ICD-9-CM Code Description
Cardiovascular	458	Orthostatic hypotension
	458.8	Other specified hypotension
	458.9	Hypotension, unspecified
	785.5	Shock without mention of trauma
Hematologic	286.6	Defibrination syndrome
	286.9	Other and unspecified coagulation defects
	287.4	Secondary thrombocytopenia
	287.5	Thombocytopenia, unspecified
Hepatic	570	Acute and subacute necrosis of liver
	573.4	Hepatic infarction
Neurologic	293	Transient organic psychosis
	348.1	Anoxic brain damage
	348.3	Encephalopathy
Renal	584	Acute renal failure
Respiratory	518.8	Respiratory failure
	786.03	Apnea
	799.1	Respiratory arrest

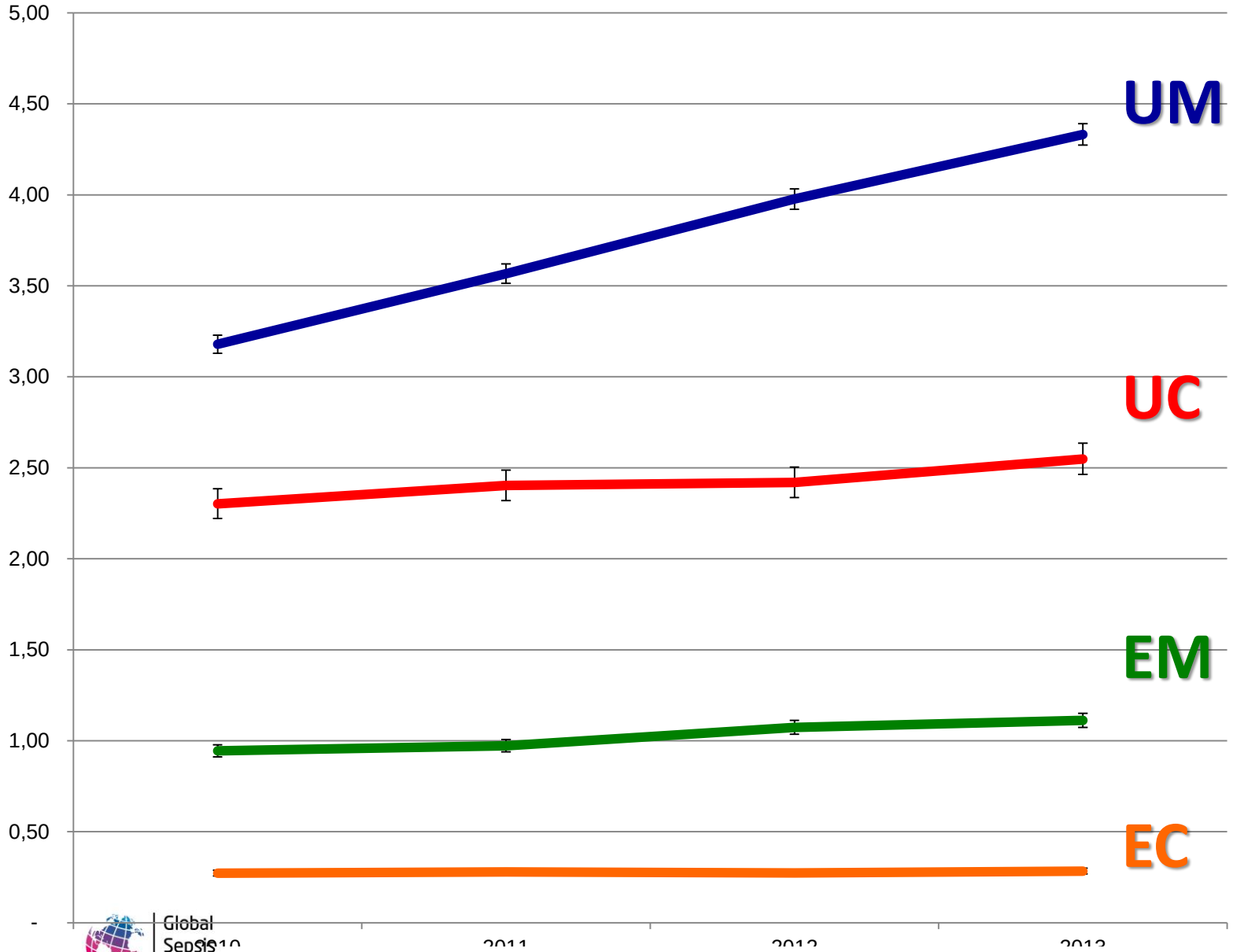
Hospital Admissions - Lombardia 2009-2013



Fino al 1999:
ICD 9 - DRG grouper versione 10
Dal 2000 al 2002:
ICD 9 CM revisione 1997
DRG grouper versione 14
Dal 2003 o dal 2006:
ICD 9 CM revisione 2002
DRG grouper vers. 19
Dal 2009: ICD 9 CM revisione 2007
DRG grouper vers. 24



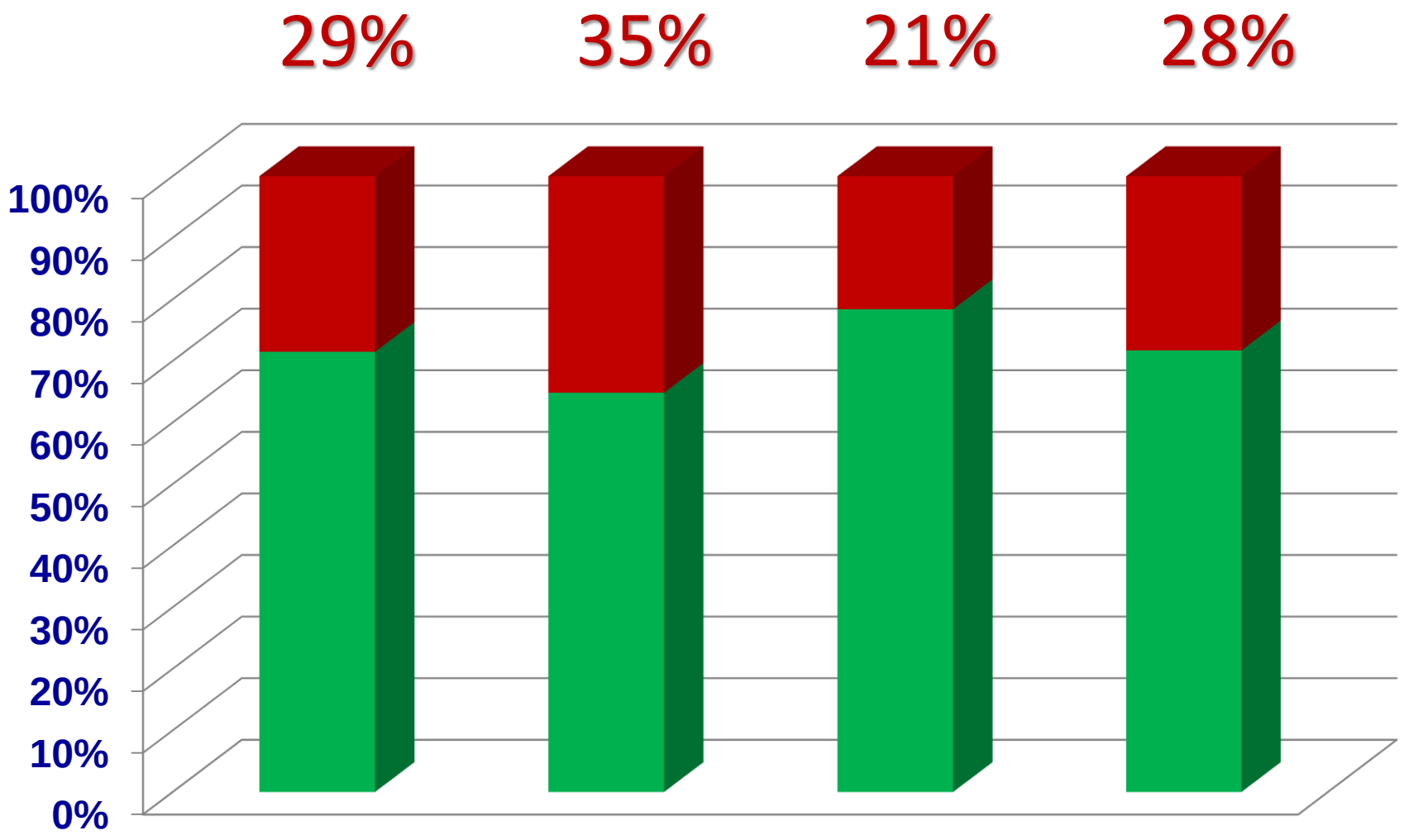
SEPSIS 2010-2013



Global Sepsis Alliance

September 13 2019 World Sepsis Day

In hospital Mortality - Sepsis
Lombardia 2010 -2013



Global Sepsis Alliance

September 13 2019 World Sepsis Day


SAS Information Delivery
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App
Anne Isabella Byron,
Nuova scheda
Regione Lombardia
PORTALE DI GOVERNO REGIONALE
E-HEALTH SISTEMA INFORMATIVO SOCIO SANITARIO (SISS)
PIETRO BARBIERI
MENÙ PRINCIPALE
VALUTAZIONE PERFORMANCE
AVVISI INFOSP
CRUSCOTTO INFOSP
ANALISI FILE F
Cruscotto Infosp
AO - Valutazione Performance
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ANALISI SENTILOMB
Isolamenti Sentinella
Isolamenti
Isolamenti per Stato
Isolamenti per Sentinella
Isolamenti per Campione
Isolamenti per Reparto
Denominatori
Tassi Isolamenti Sentinelle
ANALISI RESILOMB
ANALISI BASALOMB
DOCUMENTAZIONE
DATA AGGIORNAMENTO
15/12/2016
Specificity > 90%
Sensitivity 50 -70%
NOTE_Utilizzo_A....docx

M Singer, CS Deutschman, CW Seymour.
JAMA 2016; 315 (8): 801-810

The Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3)

Mervyn Singer, MD, FRCP; Clifford S. Deutschman, MD, MS; Christopher Warren Seymour, MD, MSc; Manu Shankar-Hari, MSc, MD, FFICM; Djillali Annane, MD, PhD; Michael Bauer, MD; Rinaldo Bellomo, MD; Gordon R. Bernard, MD; Jean-Daniel Chiche, MD, PhD; Craig M. Coopersmith, MD; Richard S. Hotchkiss, MD; Mitchell M. Levy, MD; John C. Marshall, MD; Greg S. Martin, MD, MSc; Steven M. Opal, MD; Gordon D. Rubenfeld, MD, MS; Tom van der Poll, MD, PhD; Jean-Louis Vincent, MD, PhD; Derek C. Angus, MD, MPH

IMPORTANCE Definitions of sepsis and septic shock were last revised in 2001. Considerable advances have since been made into the pathobiology (changes in organ function, morphology, cell biology, biochemistry, immunology, and circulation), management, and epidemiology of sepsis, suggesting the need for reexamination.

OBJECTIVE To evaluate and, as needed, update definitions for sepsis and septic shock.

PROCESS A task force (n = 19) with expertise in sepsis pathobiology, clinical trials, and epidemiology was convened by the Society of Critical Care Medicine and the European Society of Intensive Care Medicine. Definitions and clinical criteria were generated through meetings, Delphi processes, analysis of electronic health record databases, and voting, followed by circulation to international professional societies, requesting peer review and endorsement (by 31 societies listed in the Acknowledgment).

KEY FINDINGS FROM EVIDENCE SYNTHESIS Limitations of previous definitions included an excessive focus on inflammation, the misleading model that sepsis follows a continuum through severe sepsis to shock, and inadequate specificity and sensitivity of the systemic inflammatory response syndrome (SIRS) criteria. Multiple definitions and terminologies are

Editorial page 757

Author Video Interview, Author Audio Interview, and JAMA Report Video at jama.com

Related articles pages 762 and 775

CME Quiz at jamanetworkcme.com and CME Questions page 816

Society for Obstetric Anesthesia and Perinatology

Section Editor: **Cynthia A. Wong**

Maternal Sepsis Mortality and Morbidity During Hospitalization for Delivery: Temporal Trends and Independent Associations for Severe Sepsis

Melissa E. Bauer, DO,* Brian T. Bateman, MD, MSc,†‡§ Samuel T. Bauer, MD,‖ Amy M. Shanks, MS, and Jill M. Mhyre, MD*

BACKGROUND: Sepsis is currently the leading cause of direct maternal death in the United Kingdom. In this study, we aimed to determine frequency, temporal trends, and independent associations for severe sepsis during hospitalization for delivery in the United States.

METHODS: Data were obtained from the Nationwide Inpatient Sample for the years 1998 through 2008. The presence of severe sepsis was identified by the appropriate *International Classification of Diseases, Ninth Revision, Clinical Modification* codes. Logistic regression analysis was used to assess temporal trends for sepsis, severe sepsis, and sepsis-related death and also to identify independent associations of severe sepsis.

RESULTS: Of an estimated 44,999,260 hospitalizations for delivery, sepsis complicated 1:3333 (95% confidence interval [CI], 1:3151–1:3540) deliveries, severe sepsis complicated 1:10,823 (95% CI, 1:10,000–1:11,792) deliveries, and sepsis-related death complicated 1:105,263 (95% CI, 1:83,333–1:131,579) deliveries. While the overall frequency of sepsis was stable ($P = 0.95$), the risk of severe sepsis and sepsis-related death increased during the study period, ($P < 0.001$) and ($P = 0.02$), respectively. Independent associations for severe sepsis, with an adjusted odds ratio and lower bound 95% CI higher than 3, include congestive heart failure, chronic liver disease, chronic renal disease, systemic lupus erythematous, and rescue cerclage placement.

CONCLUSIONS: Maternal severe sepsis and sepsis-related deaths are increasing in the United States. Severe sepsis often occurs in the absence of a recognized risk factor and underscores the need for developing systems of care that increase sensitivity for disease detection across the entire population. Physicians should enhance surveillance in patients with congestive heart failure, chronic liver disease, chronic renal disease, and systemic lupus erythematous and institute early treatment when signs of sepsis are emerging. (Anesth Analg 2013;117:944–50)

Appendix 1. *ICD-9-CM* Diagnosis and Procedure Codes Used to Identify Patient Hospitalization for Delivery

Inclusion criteria	
ICD-9-CM diagnosis codes	
Outcome of delivery	V27.x
Normal delivery	650.x
ICD-9-CM procedure codes	
Forceps, vacuum and breech extraction	72.x
Internal and combined version and extraction	73.22
Other manually assisted deliveries	73.59
Episiotomy	73.6
Cesarean delivery	74.0, 74.1, 74.2, 74.4, 74.9
Exclusion criteria	
ICD-9-CM diagnosis codes	
Ectopic or molar pregnancy	630.x–633.x
Pregnancy with abortive outcome	634.x–639.x
ICD-9-CM procedure codes	
Abortion	69.01, 69.51, 75.0

ICD-9-CM = International Classification of Diseases, Ninth Revision, Clinical Modification.

Appendix 2. *ICD-9-CM* Codes Used to Identify Types of Sepsis

Condition	*ICD-9-CM* diagnosis code
Streptococcal septicemia	038.0
Staphylococcal septicemia	038.1
Methicillin-susceptible *Staphylococcus aureus* septicemia	038.11
Methicillin-resistant S *aureus* septicemia	038.12
Other staphylococcal septicemia	038.19
Pneumococcal septicemia	038.2
Anaerobe septicemia	038.3
Gram-negative septicemia	038.4
Gram-negative organism, unspecified	038.40
Haemophilus influenzae septicemia	038.41
Escherichia coli septicemia	038.42
Pseudomonas septicemia	038.43
Serratia septicemia	038.44
Other Gram-negative septicemia	038.49
Other specified septicemia	038.8
Unspecified septicemia	038.9
Systemic candidiasis	112.5
Systemic inflammatory response syndrome (SIRS) without organ dysfunction	995.91
SIRS due to infectious process with organ dysfunction	995.92
Septic shock	785.52
Septicemia during labor	659.3x

ICD-9-CM = International Classification of Diseases, Ninth Revision, Clinical Modification.

Appendix 3. *ICD-9-CM* Codes Indicating Acute Organ Dysfunction with a Concurrent Diagnosis of Sepsis

Acute organ system dysfunction	*ICD-9-CM* diagnosis codes
Central nervous system	293.0, 348.1, 348.3, 780.01, 780.03, 436, 997.01, 348.1, 669.4x
Pulmonary	518.5, 518.81, 518.82, 518.84, 786.09, 799.1
Cardiovascular	427.5, 458.0, 458.8, 458.9, 796.3, 785.5, 669.1x, 415, 428.1, 428.21, 428.31, 428.41, 997.1, 410.x, 998.0
Renal	669.3x, 584.x
Hepatic	570, 572.2, 573.4, 646.7x, 674.8x
Coagulation	286.6, 286.9, 287.4, 666.3x

ICD-9-CM = International Classification of Diseases, Ninth Revision, Clinical Modification.

From 2009 to 2013: 469844 deliveries

Sepsi	n	d
Ante-partum	55	0
parto	95	3
Post-partum	64	1

Delivery and sepsis (Bauer OR Angus OR AHRQ)

Lombardia 1:2955

USA 1:3333

Maternal Sepsis Mortality (partum and post-partum)

Lombardia 0,851 per 100000

UK 0,65 – 1,13 per 100000

Global Sepsis Alliance

September 13 2019 World Sepsis Day

N Engl J Med 2014;370:1198-208

ORIGINAL ARTICLE

Multistate Point-Prevalence Survey of Health Care–Associated Infections

RESULTS

Surveys were conducted in 183 hospitals. Of 11,282 patients, 452 had 1 or more health care–associated infections (4.0%; 95% confidence interval, 3.7 to 4.4). Of 504 such infections, the most common types were pneumonia (21.8%), surgical-site infections (21.8%), and gastrointestinal infections (17.1%). *Clostridium difficile* was the most commonly reported pathogen (causing 12.1% of health care–associated infections). Device-associated infections (i.e., central-catheter–associated bloodstream infection, catheter-associated urinary tract infection, and ventilator-associated pneumonia), which have traditionally been the focus of programs to prevent health care–associated infections, accounted for 25.6% of such infections. We estimated that there were 648,000 patients with 721,800 health care–associated infections in U.S. acute care hospitals in 2011.

CONCLUSIONS

Results of this multistate prevalence survey of health care–associated infections indicate that public health surveillance and prevention activities should continue to address *C. difficile* infections. As device- and procedure-associated infections decrease, consideration should be given to expanding surveillance and prevention activities to include other health care–associated infections.

The results on HAIs and antimicrobial use presented in this report are based on data of 231 459 patients from 947 acute care hospitals:

- On any given day, 5.7% of patients (= one in 18 patients[2]) in European hospitals have at least one HAI (95% confidence interval: 4.5–7.4%). This translates into about 80 000 hospitalised patients in Europe who have at least one HAI on any given day.
- Out of a total of 15 000 reported HAIs, the most frequently reported types were respiratory tract infections (pneumonia: 19.4%; lower respiratory tract infections: 4.1%), surgical site infections (19.6%), urinary tract infections (19.0%), bloodstream infections (10.7%), and gastro-intestinal infections (7.7%); *Clostridium difficile* infections were responsible for 48% of all gastro-intestinal infections, and for 3.6% of all HAIs.
- Less than half (45.9%) of the HAIs were reported with microbiological results on the day of the PPS. Of these, the ten most frequently isolated microorganisms were: *Escherichia coli* (15.9%), *Staphylococcus aureus* (12.3%), *Enterococcus* species (9.6%), *Pseudomonas aeruginosa* (8.9%), *Klebsiella* species (8.7%), coagulase-negative staphylococci (7.5%), *Candida* species (6.1%), *Clostridium difficile* (5.4%), *Enterobacter* species (4.2%), *Proteus* species (3.8%) and *Acinetobacter* species (3.6%).
- Other, less common microorganisms in HAIs were *Serratia* species, *Stenotrophomonas maltophilia* and *Aspergillus* species, which accounted for 1.1%, 1.0% and 0.4% of all reported microorganisms, respectively. Although less frequent, these microorganisms are important because of their epidemic potential or intrinsic resistance to antimicrobials.
- In most cases (85.0%), antimicrobial susceptibility testing (AST) results for the microorganism responsible for the HAI were available on the day of the PPS.
- Among all *Staphylococcus aureus* isolates with known AST results, 41.2% were reported to be resistant to meticillin (MRSA) (Figure 1a). Among all *Enterococcus* species isolates with known AST results, 10.2% were reported to be resistant to vancomycin (Figure 1b). Among all isolates of *Enterobacteriaceae* with known AST results, 33.4% and 7.6% were reported as non-susceptible to third-generation cephalosporins (Figure 1c) and carbapenems (Figure 1d), respectively.

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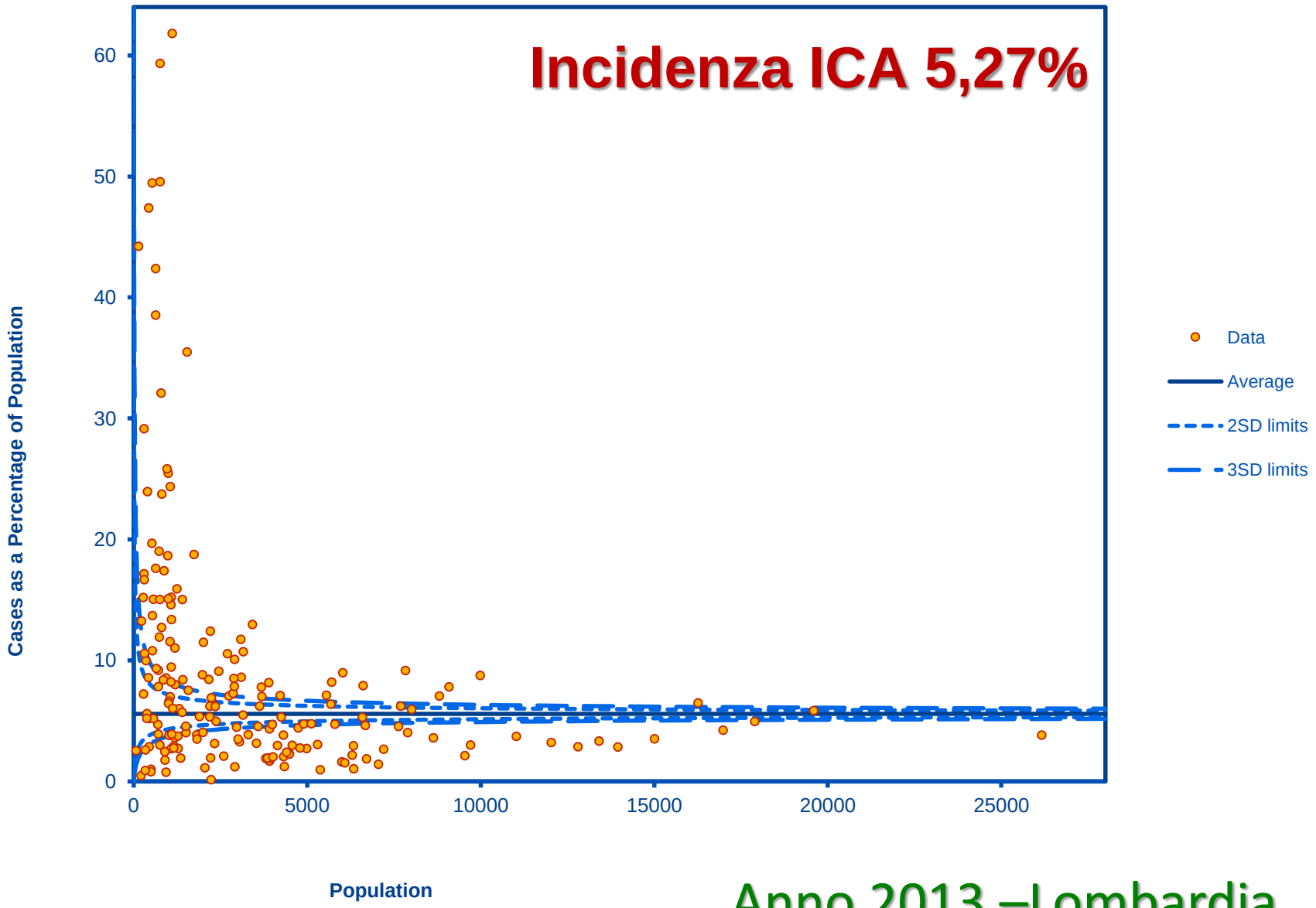

Anno 2013 –Lombardia

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https://idpcrlmain.crs.lombardia.it/mainauth/SSLAuthServlet?TARGET=https%3A%2F%2Flogindwh.servi

File Modifica Visualizza Preferiti Strumenti ?

Preferiti Google HotMail gratuita IdPC Regione Lombardia - L... Personalizzazione collegamenti R obiettivi 2012 Raccolta Web Slice Siti suggeriti

IdPC Regione Lombardia - Login

Pagina Sicurezza Strumenti

RegioneLombardia

AUTENTICAZIONE

Ulteriori Informazioni

FUNZIONI DI UTILITÀ

- Registrazione Nuovo Utente
- Ricorda Nome Utente
- Hai dimenticato la Password?
- Modifica la Password
- Modifica Preferenze

Sicurezza

I dati che inserisci e le transazioni effettuate sono protetti da crittografia a 128 bit.

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Accesso tramite altra Smartcard

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Nome Utente

Password

Accedi

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Gli Indicatori di Monitoraggio Interno sono pubblicati sul portale regionale

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Intranet locale

100%

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SAS Information Delivery P...

dwh94.servizirl.it

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Valutazione Performance

Shared: Cruscotto Performance

AO/ASST - Direzione Generale | ASST MELEGNANO E DELLA MARTESANA

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Visualizzazione Avvisi
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EFFICACIA
ESITO
NETWORK REGIONI
NOC
MONITORAGGIO INTERNO
AHRQ
Analisi infezioni e sepsi
Incidenza per ospedale/reparto
Dettaglio ricoveri
BACINO DI UTENZA
DOCUMENTAZIONE

Analisi infezioni e SEPSI - Dettaglio ricoveri

Legenda Indicatori

* campi obbligatori

Periodo di riferimento *
2017 [Anno completo]

ATS
321 - ATS DELLA CITTA' METROPOLITAN

Ente *
708 - ASST MELEGNANO E DELLA MART

Struttura *
030072-01 - OSPEDALE DI VIZZOLO PRE

* È obbligatoria la selezione di un ente o di una singola struttura; qualora si selezioni un ente, saranno prodotte le estrazioni di tutte le strutture ad esso afferenti

RESET | CREA REPORT

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Dettaglio_SEPSI_Medico_e_urgente_0950.csv
Dettaglio_SEPSI_Medico_ed_elettivo_0950.csv

Liste di campionamento
Ricoveri con sepsi
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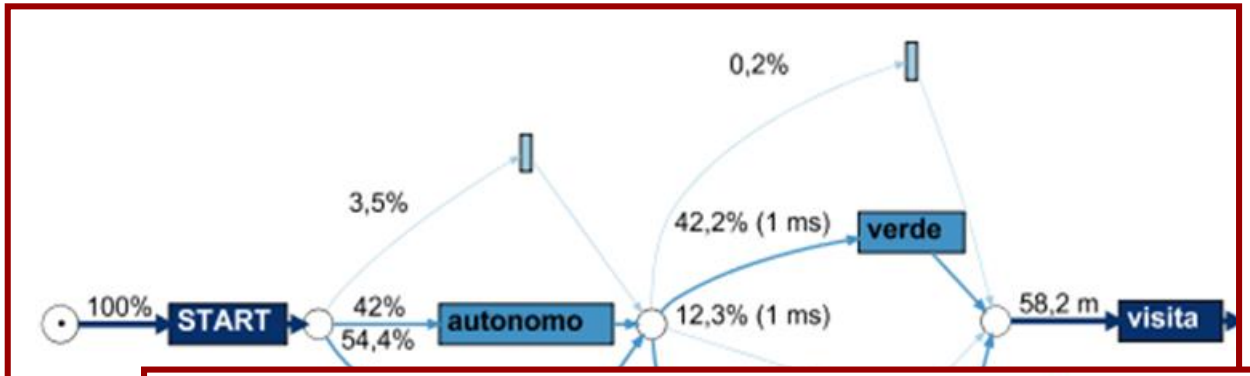
Urgente – Medico
Urgente – Chirurgico
Elettivo - Medico
Elettivo - Chirurgico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42%
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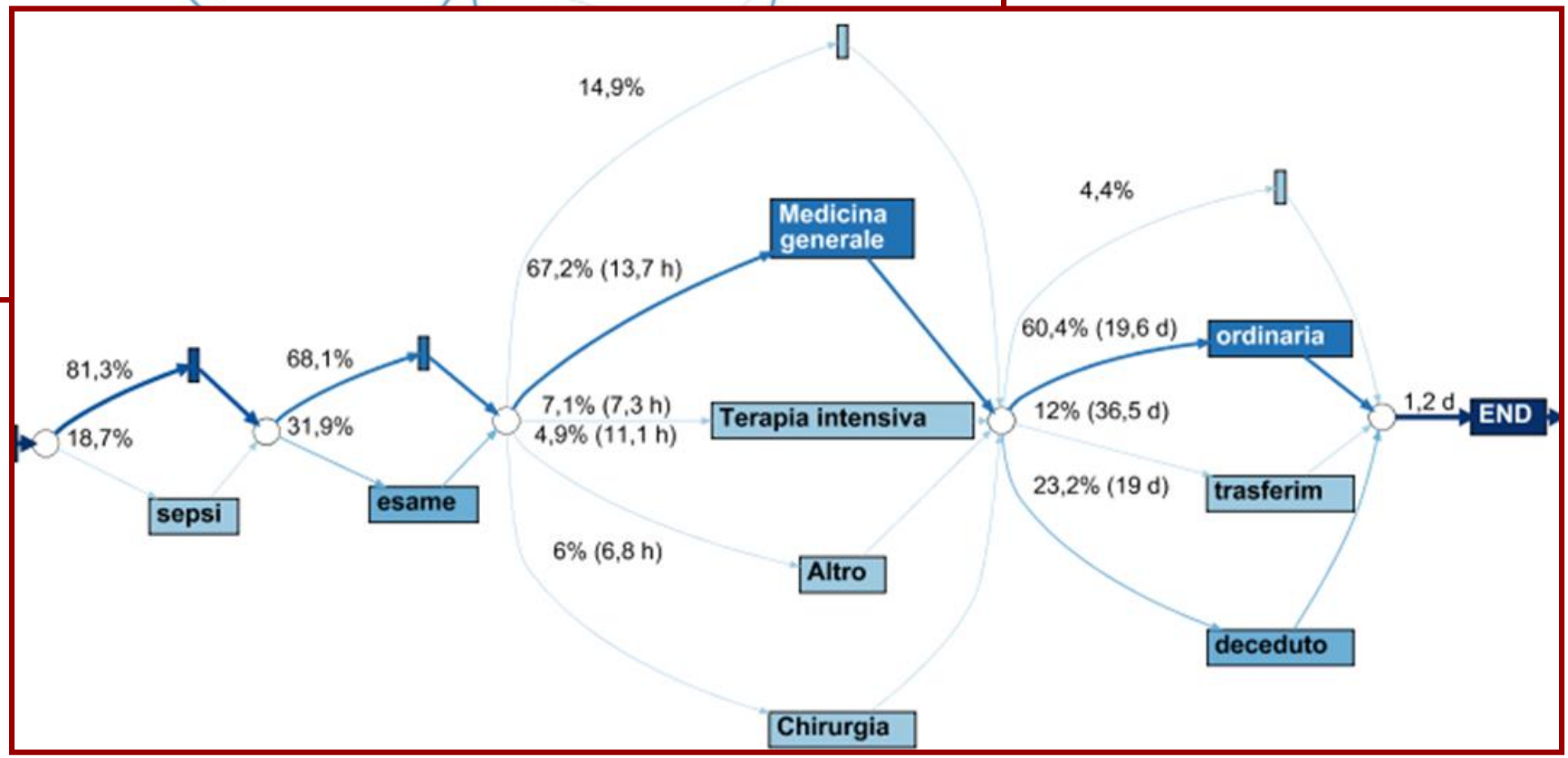
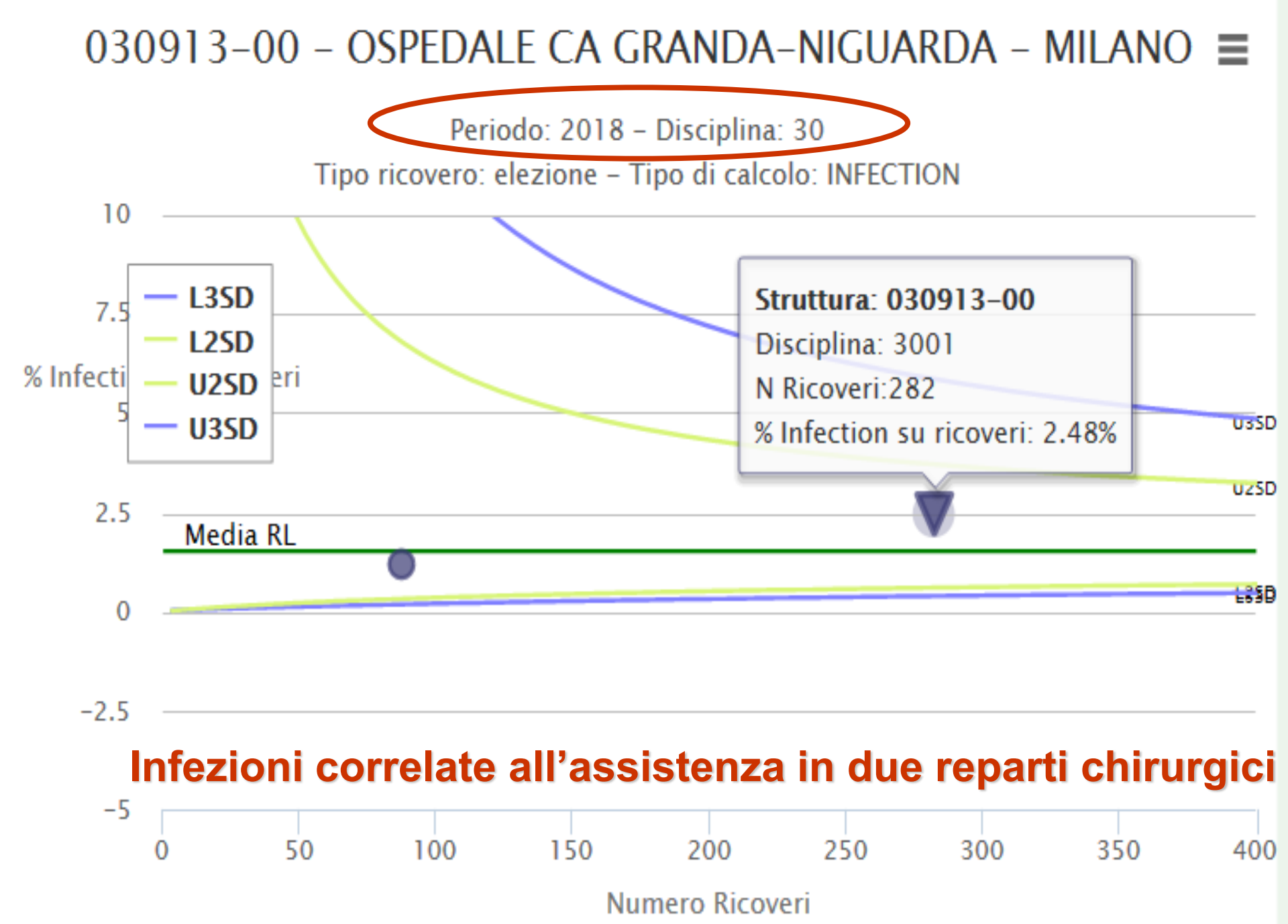
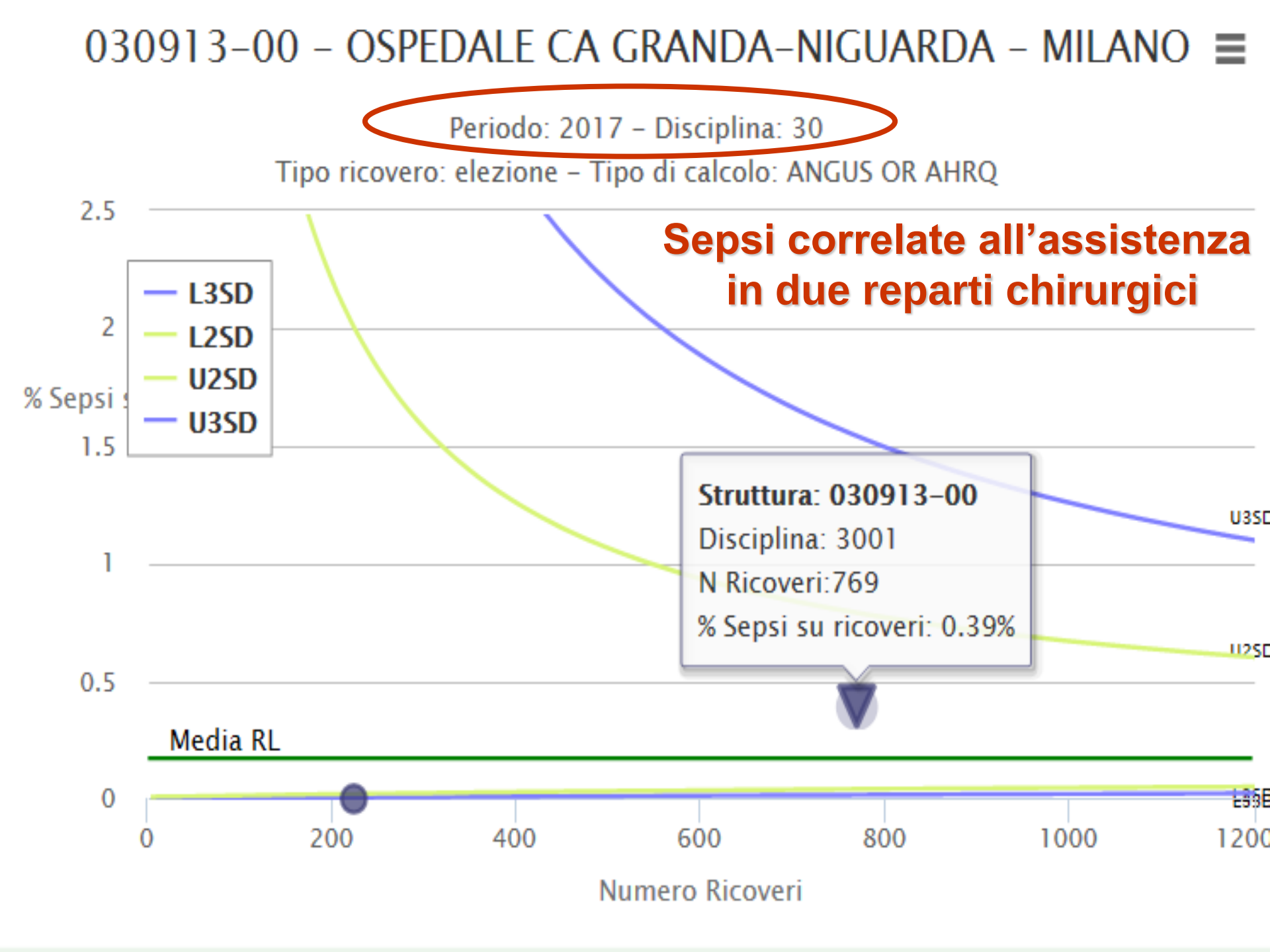
58,2 m
visita


14,9%
4,4%
Medicina generale
67,2% (13,7 h)
60,4% (19,6 d)
ordinaria
81,3%
18,7%
68,1%
31,9%
7,1% (7,3 h)
4,9% (11,1 h)
Terapia intensiva
12% (36,5 d)
1,2 d
END
sepsi
esame
23,2% (19 d)
trasferim
6% (6,8 h)
Altro
deceduto
Chirurgia



Infezioni correlate all'assistenza in due reparti chirurgici


030913-00 – OSPEDALE CA GRANDA-NIGUARDA – MILANO
Periodo: 2017 – Disciplina: 30
Tipo ricovero: elezione – Tipo di calcolo: ANGUS OR AHRQ
Sepsi correlate all'assistenza
in due reparti chirurgici
L3SD
L2SD
U2SD
U3SD
% Sepsi
2.5
2
1.5
1
0.5
0
Struttura: 030913-00
Disciplina: 3001
N Ricoveri:769
% Sepsi su ricoveri: 0.39%
Media RL
0
200
400
600
800
1000
1200
Numero Ricoveri

Sepsi in chirurgia elettiva

CC	ETA'	Sesso	DRG	Descrizione	Reparto
31077	44	M	1	Craniotomia	NCH
54659	66	F	529	Anastomosi Ventricolare	NCH
47053	61	F	541	Tracheost. temporanea	NCH
25427	55	F	541	Tracheost. temporanea	Neurol.

Chirurgia Elettiva
con successivo ricovero per sepsi

adrg	bdrg	COUNT	PERCENT
315 Altri interventi sul rene e sulle vie urinarie	576 Setticemia senza ventilazione meccanica = 96 ore	403	1,98836
311 Interventi per via transuretrale senza CC	576 Setticemia senza ventilazione meccanica = 96 ore	373	1,84034
479 Altri interventi sul sistema cardiovascolare senza CC	576 Setticemia senza ventilazione meccanica = 96 ore	242	1,194
481 Trapianto di midollo osseo	481 Trapianto di midollo osseo	236	1,1644
120 Altri interventi sull'apparato circolatorio	576 Setticemia senza ventilazione meccanica = 96 ore	214	1,05585
573 Interventi maggiori sulla vescica	576 Setticemia senza ventilazione meccanica = 96 ore	165	0,81409
544 Sostituzione di articolazioni maggiori o reimpianto degli arti inferiori	576 Setticemia senza ventilazione meccanica = 96 ore	157	0,77462
554 Altri interventi vascolari con CC senza diagnosi cardiovascolare maggio	576 Setticemia senza ventilazione meccanica = 96 ore	157	0,77462
402 Linfoma e leucemia non acuta con altri interventi chirurgici senza CC	576 Setticemia senza ventilazione meccanica = 96 ore	145	0,71541
266 Trapianti di pelle e/o sbrigliamenti eccetto per ulcere della pelle/cellulite	576 Setticemia senza ventilazione meccanica = 96 ore	125	0,61674
570 Interventi maggiori su intestino crasso e tenue con CC senza diagnosi	576 Setticemia senza ventilazione meccanica = 96 ore	120	0,59207
481 Trapianto di midollo osseo	576 Setticemia senza ventilazione meccanica = 96 ore	119	0,58713
191 Interventi su pancreas, fegato e di shunt con CC	576 Setticemia senza ventilazione meccanica = 96 ore	104	0,51312
162 Interventi per ernia inguinale e femorale, età > 17 anni senza CC	576 Setticemia senza ventilazione meccanica = 96 ore	103	0,50819
104 Interventi sulle valvole cardiache e altri interventi maggiori cardiotoracic	576 Setticemia senza ventilazione meccanica = 96 ore	99	0,48845
104 Interventi sulle valvole cardiache e altri interventi maggiori cardiotoracic	144 Altre diagnosi relative all'apparato circolatorio con	98	0,48352
461 Intervento con diagnosi di altro contatto con i servizi sanitari	576 Setticemia senza ventilazione meccanica = 96 ore	96	0,47365
408 Alterazioni mieloproliferative o neoplasie poco differenziate con altri int	576 Setticemia senza ventilazione meccanica = 96 ore	93	0,45885
113 Amputazione per disturbi circolatori eccetto amputazione arto superiore	576 Setticemia senza ventilazione meccanica = 96 ore	92	0,45392
075 Interventi maggiori sul torace	576 Setticemia senza ventilazione meccanica = 96 ore	90	0,44405
552 Altro impianto di pacemaker cardiaco permanente senza diagnosi cardi	576 Setticemia senza ventilazione meccanica = 96 ore	88	0,43418
310 Interventi per via transuretrale con CC	576 Setticemia senza ventilazione meccanica = 96 ore	85	0,41938
544 Sostituzione di articolazioni maggiori o reimpianto degli arti inferiori	256 Altre diagnosi del sistema muscolo-scheletrico e d	83	0,40951
481 Trapianto di midollo osseo	473 Leucemia acuta senza interventi chirurgici maggio	80	0,39471

Quality Improvement Programs and Text Mining

ANAMNESI

Storia di ipertensione arteriosa
Da due mesi dispnea da sforzo
e dispnea notturna con ortopnea
Giunge in PS in edema polmonare acuto

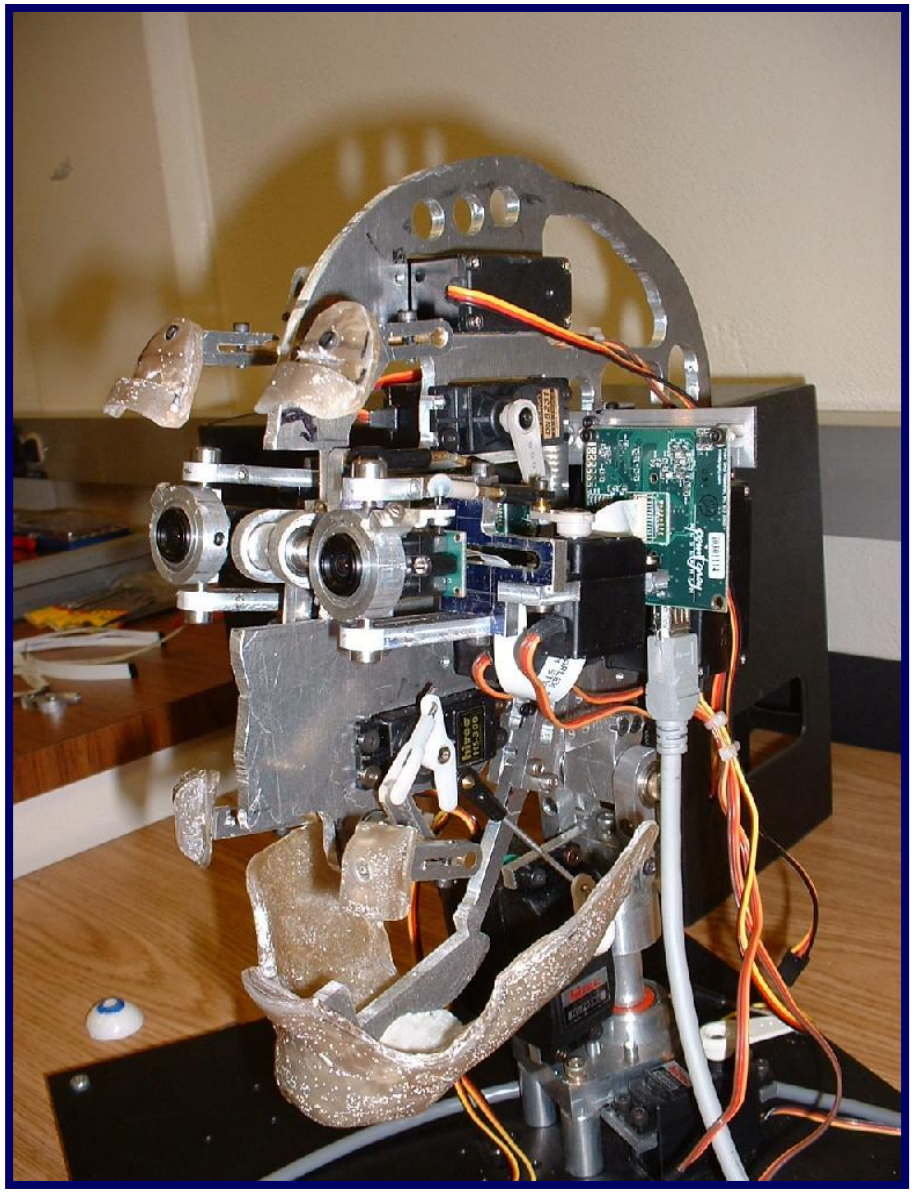
ESAMI ECG: FA rapida
Ecocardiogramma: FE 28%
Rx torace: congestione polmonare
e cardiomegalia

DECORSO

Graduale miglioramento con
Furosemide ev e ACE-inibitore

TERAPIA CONSIGLIATA

Furosemide, ACE-inibitore,
Dicumarolo, beta-bloccante
Controllo del peso e della diuresi



SAS Information Delivery

https://dwh94.servizirl.it/SASPortal/navigate.do?PortalPage=PortalPage%2Bomi%3A%2F%2FMETASERVER.Foundation%2

App Anne Isabella Byron, Nuova scheda

Regione Lombardia

PORTALE DI GOVERNO REGIONALE

E-HEALTH SISTEMA INFORMATIVO SOCIO SANITARIO (SISS)

PIETRO BARBIERI

MENÙ PRINCIPALE | VALUTAZIONE PERFORMANCE | AVVISI INFOSP | CRUSCOTTO INFOSP | ANALISI FILE F

Cruscotto Infosp

AO - Valutazione Performance

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  - Stato Aggiornamento Dati
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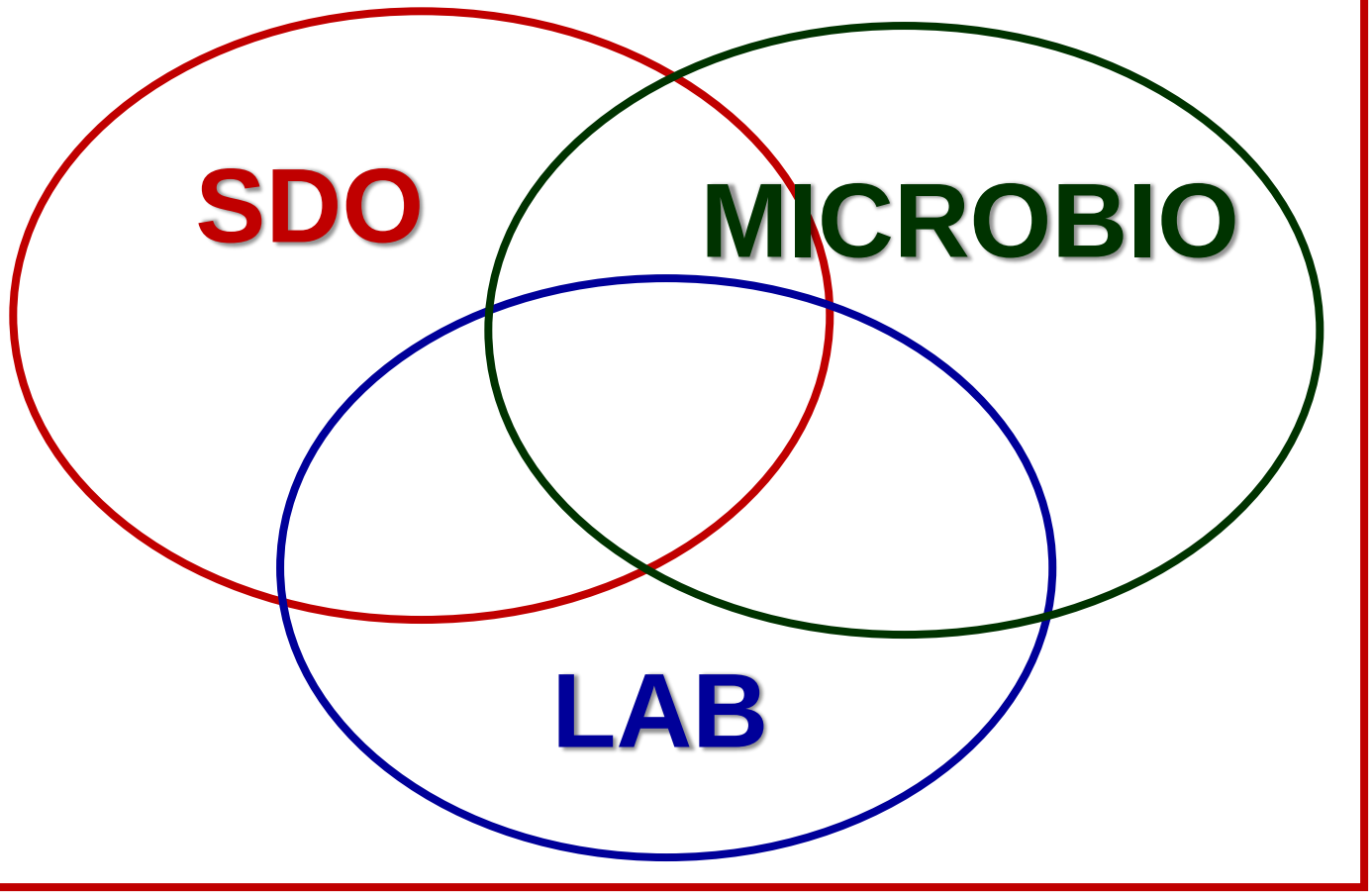
    - Isolamenti per Stato
    - Isolamenti per Sentinella
    - Isolamenti per Campione
    - Isolamenti per Reparto
    - Denominatori
  - Tassi Isolamenti Sentinelle
- ANALISI RESILOMB
- ANALISI BASALOMB
- DOCUMENTAZIONE

NOTE_Utilizzo_A....docx



WHONET www.whonet.org

WHONET is a free Windows-based database software developed for the management and analysis of microbiology laboratory data with a special focus on the analysis of

Global Sepsis Alliance

September 13 2019 World Sepsis Day

Insediamento Osservatorio nazionale delle buone pratiche sulla sicurezza nella sanità

22 marzo 2018

Si è insediato questa mattina presso la sede dell'AGENAS l'Osservatorio nazionale delle buone pratiche sulla sicurezza nella sanità, previsto all'art. 3 della Legge 24/2017, con il compito di raccolta e sistematizzazione di tutti i dati relativi agli eventi avversi e ai rischi sanitari per comprenderne le cause ed evitare che si ripetano, nonché individuazione di linee di indirizzo, in collaborazione con le società scientifiche e le associazioni tecnico-scientifiche delle professioni sanitarie, e formazione del personale sanitario.

Approvazione del Regolamento, individuazione e costituzione di Gruppi di lavoro sulle priorità da affrontare in tema di sicurezza delle cure: questi i temi all'ordine del giorno

ATTUALITÀ

Comunicati

Dicono di noi

Newsletter

Brochure AGENAS