



# Inpatient Quality Reporting Program

---

## Support Contractor

### Early Management Bundle, Severe Sepsis/Septic Shock

#### Presentation Questions & Answers

**Moderator:**

Candace Jackson, RN  
Inpatient Quality Reporting Support Contract Lead

**Speaker(s):**

Sean Robert Townsend, MD  
Vice President of Quality and Safety at California Pacific Medical Center

**June 22, 2015**

**2 p.m. ET**

The following questions and answers are grouped and categorized according to subject matter. The sections include: HANYS - Specific Questions, Dr. Townsend - Specific Questions, CMS/SEP-1 General Program Questions, SEP-1 Measure-Level Questions, and SEP-1 Abstraction Questions.

#### **HANYS - Specific Questions**

**Question 1:** What does HANYS stand for?

**Answer 1:** Healthcare Association of New York State. We are an advocacy organization that supports the entire state for many, many things and sepsis being one of them.

**Question 2:** Will NY share their educational information with other hospitals in the states?

**Answer 2:** Yes. We are happy to share the HANYS Severe Sepsis Data Collection Tool and HANYS Hospital Sepsis Care Resource Guide.

**Question 3:** Good afternoon; when using the HANYS Data collection tool entry form for severe sepsis or septic shock, if a case meets the criteria of severe sepsis/septic shock and was only documented as sepsis, will the case still be considered/counted as severe sepsis or septic shock?

**Answer 3:** Please see NYS DOH Data Dictionary link and see pages 6, 25, 26, and 27 (<https://ny.sepsis.ipro.org/files/documents/1-44/dictionary.pdf>).

# Inpatient Quality Reporting Program

---

## Support Contractor

**Question 4:** WILL the NYSDOH data collection of ALL the data elements when CMS starts collecting data?

**Answer 4:** NYSDOH has not announced if/how New York State will change once CMS begins collecting sepsis data.

**Question 5:** Once the CMS abstracting starts in October, will NYS hospitals continue to send the Sepsis data to HANYS as well?

**Answer 5:** Yes, New York State hospitals will have to continue to send severe sepsis data to NYSDOH.

**Question 6:** So, does this mean that the NYS reporting guidelines will be following the CMS guidelines?

**Answer 6:** NYSDOH has not announced if/how New York State will change once CMS begins collecting sepsis data. We have been advocating for alignment with CMS, as much as possible.

**Question 7:** Is the NY state data 100% abstracted, and is there an external IRR or validation process for it?

**Answer 7:** NYSDOH encourages hospitals to collect sepsis data through a number of strategies, including concurrent and retrospective review. NYSDOH recently began a series of efforts to audit the data, including matching of claims and clinical data, as well as medical record reviews.  
([https://ny.sepsis.ipro.org/files/Data\\_Integrity\\_Webinar\\_May\\_11\\_2015.pptx](https://ny.sepsis.ipro.org/files/Data_Integrity_Webinar_May_11_2015.pptx))

**Question 8:** Where can we get the HANYS hospital sepsis care resource manual?

**Answer 8:** HANYS will send to CMS to post.

**Question 9:** Where can I find the pediatric sepsis guidelines used by New York State?

**Answer 9:** Please see the Pediatric Sepsis Care Chapter in the HANYS Hospital Sepsis Care Resource Guide.

**Question 10:** Is HANYS resource guide available to those on the webinar?

**Answer 10:** Yes.

## Dr. Townsend - Specific Questions

**Question 11:** What is your opinion of CVP measurement off of a PICC?

# Inpatient Quality Reporting Program

---

## Support Contractor

- Answer 11:** If the PICC is designed to handle CVP measurements, then it is acceptable. Many such devices exist on the market today.
- Question 12:** How did you get practitioners to order a lactate along with the blood cultures in patients with suspected sepsis?
- Answer 12:** Some sites that have done this have "bundled" the order so that in the lab system or electronic health record they are tied.
- Question 13:** Hello and Good Morning. Our organization is a member of the High Value Healthcare Collaborative. Our 17 healthcare systems serve 80 million Americans. Our consortium discovered that the data collection for EGDT is time consuming and highly inaccurate, specifically in regards with fluids. The resources to acquire these data are monumental. Can you discuss how you were able to overcome these challenges?
- Answer 13:** This most likely depends on what data elements of EGDT you were trying to collect. If, for example, you want to assess appropriate blood product administration, that is more detail than any version of the measures sponsored by SSC or in prior NQF or even SEP-1 would call for. SSC only asked in the past whether CVP and SCVO2 was checked, without asking for even what values were obtained, on the grounds that practitioners would do the right thing to normalize abnormal values.
- Question 14:** Please comment on the need for process improvement efforts to increase the reliability of vital sign measurements and recommendations/best practice guidelines for frequency of vital signs measurement
- Answer 14:** For any patient with severe sepsis who is not admitted to an ICU, I would prefer that vital signs were checked more frequently than q shift or twice q shift. That said, all institutions have varying policies. Most ICUs check vitals at least hourly.
- Question 15:** Have there been any trends observed from the UK experience to maximize the pre-hospital experience (MEWS)?
- Answer 15:** I believe the question is after MEWS. There is a robust literature indicating MEWS provide early warning of impending deterioration of patients. That said, MEWS scores are not specific to sepsis.
- Questions 16:** Question for Dr. Townsend - Is Sutter's EMR EPIC?
- Answer 16:** Yes.
- Question 17:** If so, would be interested in ANY Sepsis documentation workflow build you have in place.

# Inpatient Quality Reporting Program

---

## Support Contractor

- Answer 17:** We are in process of building and refining multiple aspects of the EHR as regards sepsis.
- Question 18:** Interested to know if Sutter Health relies on a SIRS/Sepsis alert system to enhance early identification and delegate tasks.
- Answer 18:** We have adopted screening of all patients within four hours of the start of every nursing shift for inpatients. For ER patients, we screen at triage. The screen is standardized, and a number of risk factors are also taken into consideration. Positive screens for sepsis result in an alert to bring additional resources to the bedside.
- Question 19:** Dr. Townsend, do you have pointers to engage physicians for this new measure?
- Answer 19:** MD engagement is always a challenge, but collaboration with your hospitalists, intensivists, and emergency physicians through an initiative sponsored by the quality department is the usual approach.
- Question 20:** For Dr. Townsend, can you cover the requirement for Passive Leg or Fluid challenge again? I heard you say, “It’s not just simply as easy as documenting the fluid challenge, but must have a baseline cardiac output.” [I] would just like clarification – if I heard correctly.
- Answer 20:** A dynamic assessment of fluid responsiveness requires more than simply passive leg raising or a fluid challenge. Cardiac output or stroke volume must be known in advance and after the maneuver to calculate the percent volume responsiveness.

## CMS/SEP-1 General Program Questions

- Question 21:** Is there any effort to align NYS requirements with CMS requirements to ease the reporting burden?
- Answer 21:** HANYS is in discussion with NYS DOH.
- Question 22:** Does CMS have any plans to modify the Specifications Manual again, prior to October 2015?
- Answer 22:** There are no plans to modify the sepsis measure in the Specifications Manual for discharges prior to October 2015.
- Question 23:** What are the major differences between NYS and CMS requirements?
- Answer 23:** NYS collects multiple times zero, collects data on children, includes Transfers, does not permit sampling, just to name a few.

# Inpatient Quality Reporting Program

---

## Support Contractor

- Question 24:** Do you have any standard education available that we could use at our institutions to educate/train our employees on the new CMS measures/reporting requirements? Do you have specific physician education? Thanks!
- Answer 24:** At this time, there are no standard education materials available other than the measure specifications that are published in the Specifications Manual.
- Question 25:** Are the changes in the SEP-1 specifications posted on QNet yet? If not, when can we expect the update? Thanks!
- Answer 25:** The SEP-1 specifications are posted on *QualityNet* within the Specifications Manual for October 1, 2015 discharges.
- Question 26:** May we use these slides in our education activities on SEP-1 for our providers & staff?
- Answer 26:** Yes.
- Question 27:** Will there be additional webinars before 10/1/15 to go more in depth with the actual abstraction?
- Answer 27:** Further education regarding the Sepsis Measure, algorithm, and abstraction guidance will be provided during the August, September, and October National Provider calls.
- Question 28:** Looking for a paper worksheet with all the requirements for data collection.
- Answer 28:** The Sepsis paper tool will be available on *QualityNet* in late September.
- Question 29:** When will the questions be downloaded in the paper tool for CART?
- Answer 29:** Yes. The Sepsis measure will be available in CART.
- Question 30:** Are Critical Access Hospitals going to have to abstract on this measure as well?
- Answer 30:** No, Critical Access Hospitals can voluntarily submit the Sepsis measure, but it is not required since they are not part of the IQR Program.
- Question 31:** Can you provide link for the measure specifications?
- Answer 31:** The measure specifications link is:  
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier4&cid=1228774725171>.

# Inpatient Quality Reporting Program

---

## Support Contractor

### SEP-1 Measure-Level Questions

**Question 32:** Is the CMS measure going to be based on final discharge dx of severe sepsis or septic shock?

**Answer 32:** The sepsis measure includes those patients that have an ICD-10-CM Principal or Other Diagnosis code for Sepsis as defined in Appendix A, Table 4.01 of the Specifications Manual.

**Question 33:** The diagnosis codes for the new CMS sepsis measure are ICD-10 codes. Is there a crosswalk list available anywhere that documents the equivalent ICD-9 sepsis codes so that organizations can start reviewing the patients that will potentially fall into our sepsis samples?

**Answer 33:** No, there is no crosswalk available at this time.

**Question 34:** Also, do the bundles apply to pediatric patients?

**Answer 34:** For CMS, the sepsis bundle does not apply to pediatric patients. Patients must be greater or equal to 18 years of age.

**Question 35:** Question: If a hospital has less than 5 cases per quarter, will they have the option to not abstract cases & submit (less than or equal to 5 rule) to QualityNet?

**Answer 35:** The Fiver or Fewer rule applies to the Sepsis measure for CMS.

**Please Note:** Additional questions related to the Sepsis measure have been forwarded to the Measure Development and Maintenance (MDM) Contractor for review. Further guidance related to the Sepsis Measure will be provided in the Sepsis education series that will occur during August through October.

### SEP-1 Abstraction Questions

Questions related to the abstraction of the Sepsis measure and data elements have been forwarded to the Measure Development and Maintenance (MDM) Contractor for review. Further guidance related to the Sepsis Measure and abstraction guidance will be provided in the Sepsis education series that will occur during August through October.

This material was prepared by the Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. HHSM-500-2013-130071, FL-IQR-Ch8-07082015-02