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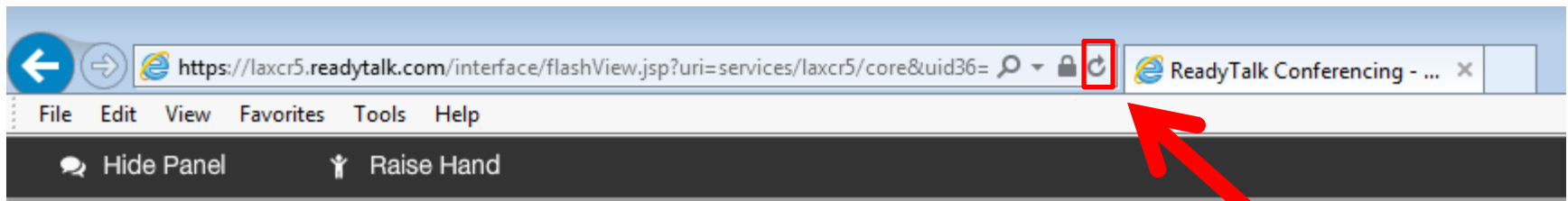
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– or –

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F5 Key
Top Row of Keyboard

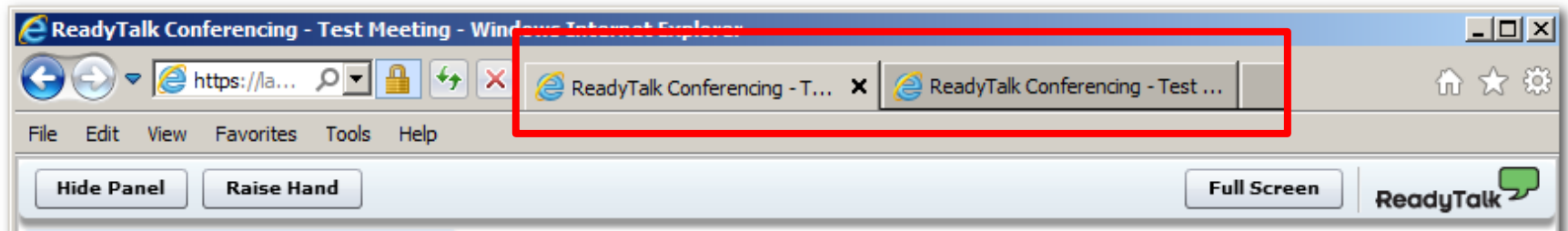


Location of Buttons

Refresh

Troubleshooting Echo

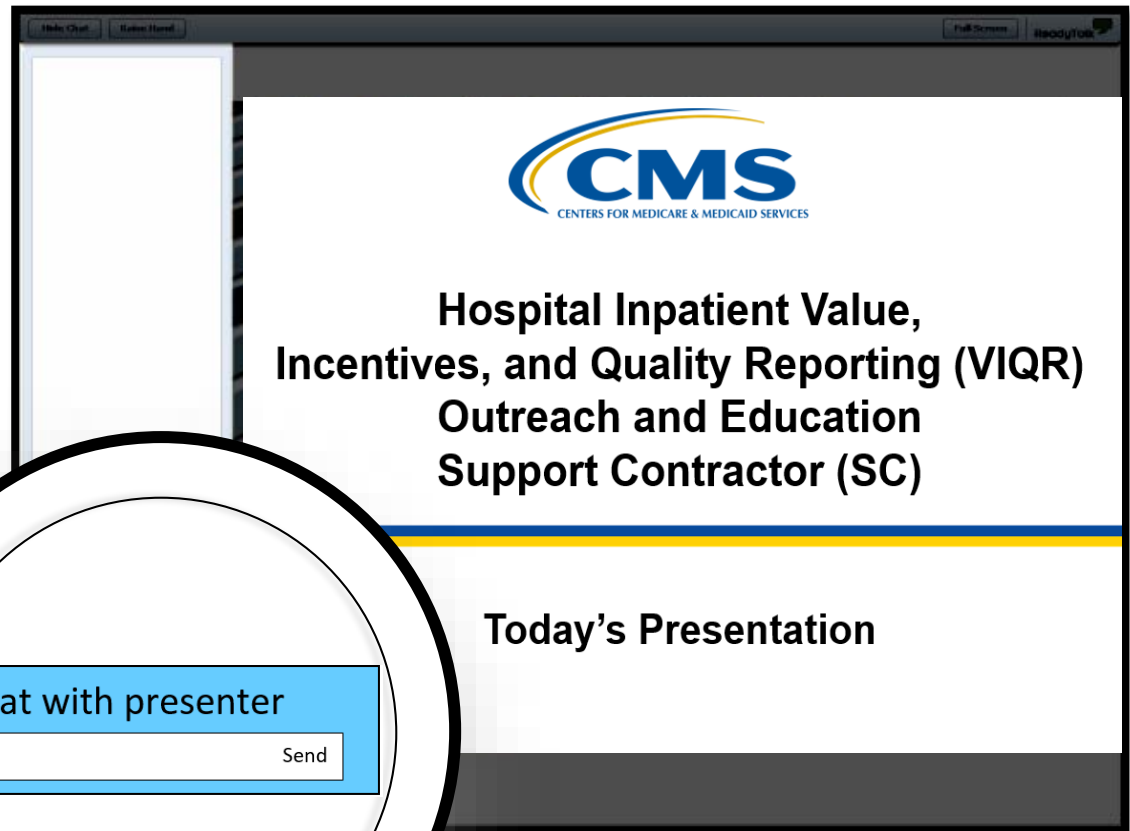
- Hear a bad echo on the call?
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Example of Two Browsers/Tabs Open in Same Event

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SEP-1 Early Management Bundle, Severe Sepsis/Septic Shock: v5.4 Measure Updates

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April 30, 2018

Objectives

At the end of the presentation, participants will be able to better understand and interpret the guidance in version 5.4 of the specifications manual to ensure successful reporting for the SEP-1 measure. Reporting in accordance with version 5.4 guidance begins with July 1, 2018 discharges.

Acronyms and Abbreviations

AKI	acute kidney injury	Hep C	Hepatitis C	PA	physician assistant
AM	morning	hr	hour	PICC	peripherally inserted central catheter
AMA	against medical advice	hx	history	PO	by mouth
APN	advanced practice nurse	ICU	intensive care unit	Q	quarter
aPTT	activated partial thromboplastin time	IM	intramuscular	Q	every
BID	twice a day	INR	international normalized ratio	RN	registered nurse
BiPAP	bilevel positive airway pressure	IO	intraosseous	R/O	rule out
BUN	blood urea nitrogen	IV	intravenous	r/t	related to
C. difficile	Clostridium difficile	IVF	intravenous fluid	SBP	systolic blood pressure
CKD	chronic kidney disease	kg	kilogram	ScvO₂	central venous oxygen saturation
COPD	chronic obstructive pulmonary disease	L	liter	SEP	sepsis
Cr	creatinine	MAP	mean arterial pressure	SIRS	systemic inflammatory response syndrome
CVP	central venous pressure	MAR	medication administration record	SvO₂	mixed venous oxygen saturation
CY	calendar year	MD	medical doctor	UO	urine output
DKA	diabetic ketoacidosis	mg	milligram	UTD	unable to determine
dL	deciliter	MI	myocardial infarction	v	version
ED	emergency department	mL	milliliter	WBC	white blood count
ETOH	ethyl alcohol	mmol/L	millimoles	x	times
H&P	history and physical	NS	normal saline		



SEP-1 Early Management Bundle, Severe Sepsis/Septic Shock:
v5.4 Measure Updates

SEP-1 Updates for v5.4

SEP-1 Public Reporting

- SEP-1 overall hospital performance will be publicly reported for the first time beginning with the July 2018 *Hospital Compare* release using 1Q 2017 through 3Q 2017 data (v5.2b).
- The Preview Period for the hospitals is anticipated to be from May 4, 2018, through June 2, 2018, with the actual release on July 25, 2018.
- With each release, the most recent quarter is added and older quarters removed so a full rolling year's worth of performance data are included, similar to other chart abstracted measures.
- The first full year of data will be in the October 2018 release when the full CY 2017 will be reported.

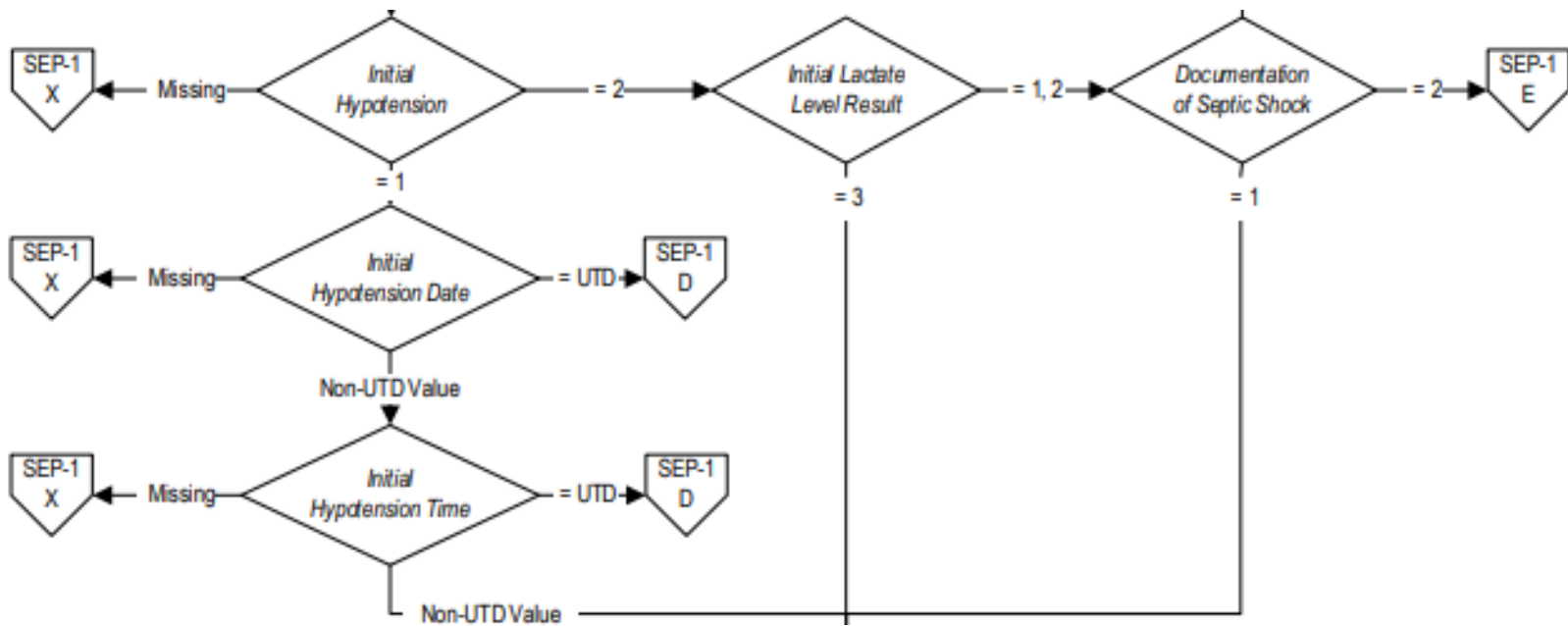
Algorithm Update v5.4

Updated algorithm flow:

Initial Hypotension = Allowable Value “1”

Initial Hypotension Date

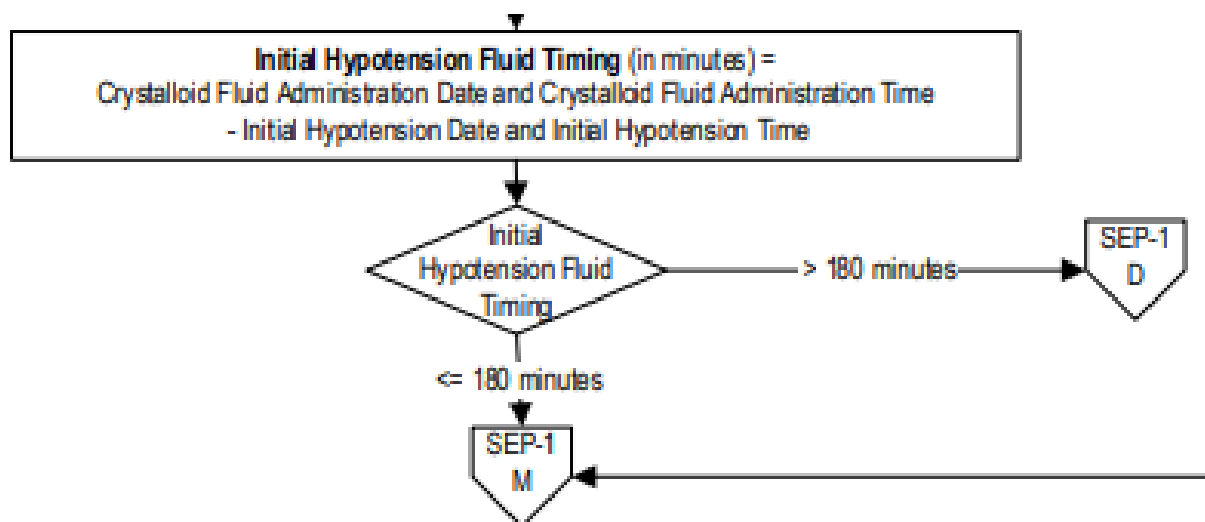
Initial Hypotension Time



Algorithm Update v5.4

Updated algorithm flow:

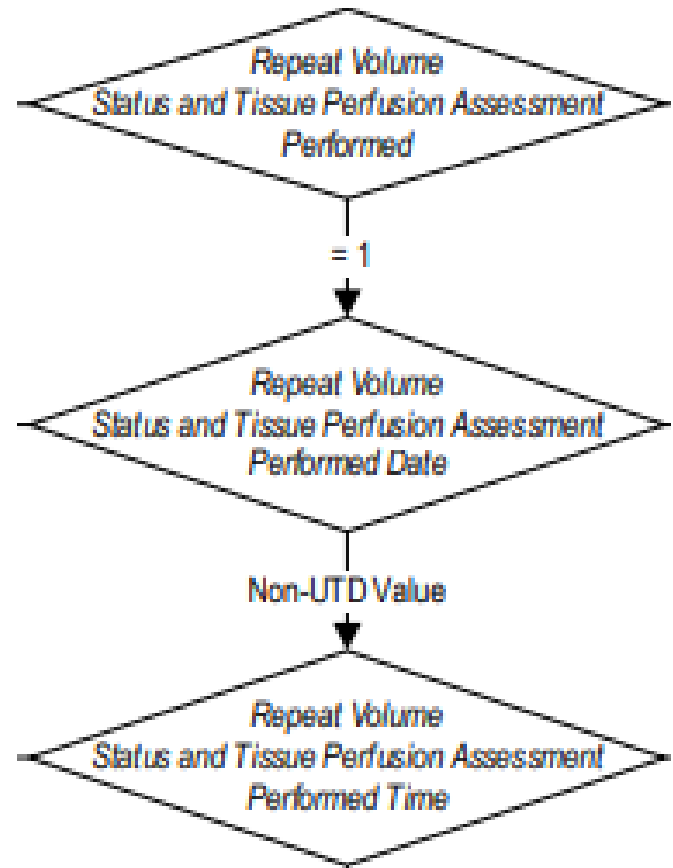
Initial Hypotension Fluid Timing



Algorithm Update v5.4

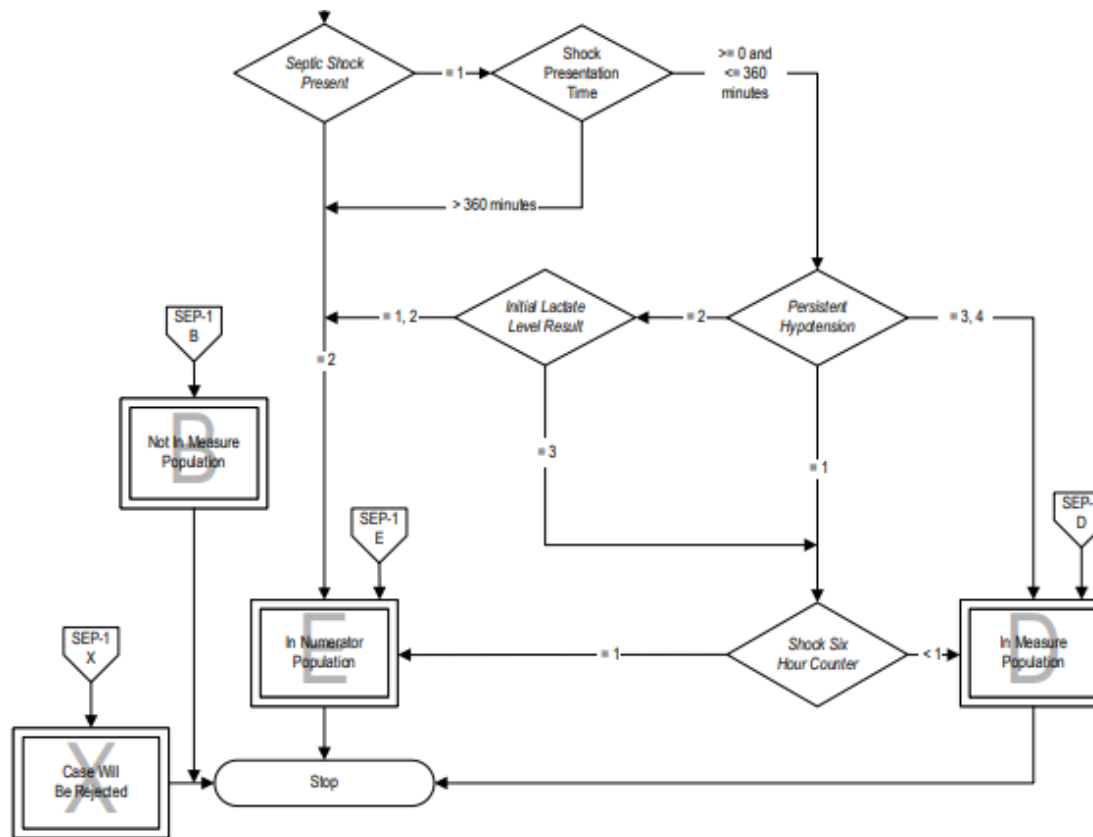
Updated algorithm flow:

Repeat Volume Status
and Tissue Perfusion
Assessment Performed



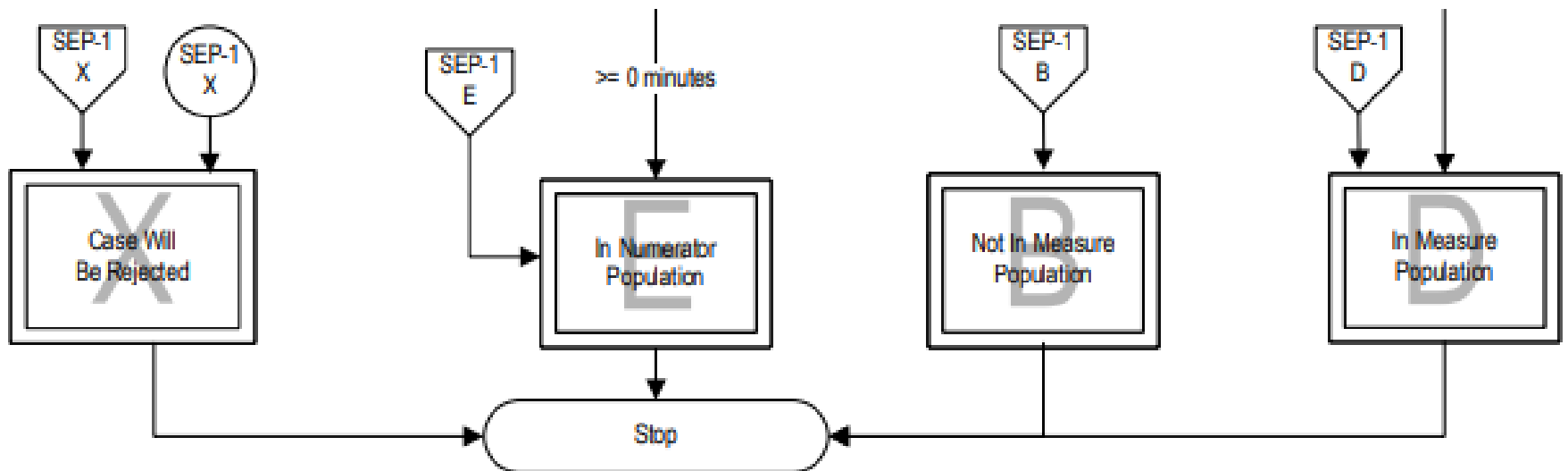
Algorithm Update v5.4

Previous algorithm flow: End of SEP-1 Algorithm



Algorithm Update v5.4

Updated algorithm flow: End of SEP-1 Algorithm



Administrative Contraindication to Care, Severe Sepsis v5.4

Specific documentation indicating patient or authorized patient advocate has refused the following can be used to select Value “1.”

- Blood draws
- IV or IO fluid administration
- IV or IO antibiotics

Example:

“Patient refused IV Vancomycin”

A **more general documentation** of refusal of care that would result in the following not being administered is acceptable.

- Blood Draws
- IV or IO fluid administration
- IV or IO antibiotics

Example:

“Patient’s husband does not want any further treatment.”

Administrative Contraindication to Care, Septic Shock v5.4

Specific documentation indicating patient or authorized patient advocate has refused the following can be used to select Value “1.”

- Blood draws
- IV or IO fluid administration
- Vasopressors

Example:

“Patient refused vasopressors.”

A **more general documentation** of refusal of care that would result in the following not being administered is acceptable.

- Blood Draws
- IV or IO fluid administration
- Vasopressors

Example:

“Patient’s husband does not want a central line placed.”

Blood Culture Collection v5.4

- If a patient **does not** receive an IV or IO antibiotic within the 24 hours before the presentation of severe sepsis, the appropriate time window to collect the blood culture is:
 - 24 hours prior to Severe Sepsis Presentation Date and Time through 3 hours following Severe Sepsis Presentation Date and Time.

Blood Culture Collection v5.4

Examples:

- Severe Sepsis Presentation Time: 1500
Blood Culture Collection Time: 1530
IV Levaquin started: 1545
- Blood Culture Collection Time: 1030
Severe Sepsis Presentation Time: 1200
IV Levaquin started: 1230

Blood Culture Collection v5.4

- If a patient **does** receive an IV or IO antibiotic within the 24 hours before the presentation of severe sepsis, the appropriate time window to collect the blood culture is:
 - 24 hours prior to the administration of the antibiotic through 3 hours following Severe Sepsis Presentation Date and Time.

Blood Culture Collection v5.4

Examples:

- Blood Culture Collection Time: 0600
IV Levaquin started: 0700
Severe Sepsis Presentation Time: 0900
- Blood Culture Collection Time: 3/1/18 at 1030
IV Zosyn started: 3/1/18 at 2200
Severe Sepsis Presentation Time: 3/2/18 at 1800

Broad Spectrum or Other Antibiotic Administration Selection v5.4

- If IV antibiotic(s) from Table 5.0 or an appropriate combination of IV antibiotics from Table 5.1 are not started within the 3 hours following presentation of severe sepsis, and the following conditions are met, choose value "1."
 - There is Physician/APN/PA documentation referencing the results of a culture from within 5 days prior to the antibiotic start time. The documentation must:
 - Identify the date of the culture results (must be within 5 days prior to the antibiotic start time).
 - Identify the suspected causative organism from the culture result and its antibiotic susceptibility.
 - The IV antibiotic(s) identified as appropriate per the physician/APN/PA documentation is started within 3 hours following the presentation of severe sepsis.

Broad Spectrum or Other Antibiotic Administration Selection v5.4

Example:

Acceptable physician/APN/PA documentation: “Urine culture results from 9/10/17 show enterococcus, sensitive to vancomycin.”

The patient has severe sepsis with criteria met on 9/15/17 at 15:00 and the only antibiotic started is IV vancomycin at 15:30.

Value “1” (Yes) should be selected.

Broad Spectrum or Other Antibiotic Administration Selection v5.4

- If the patient has *C. difficile*, and IV antibiotic(s) from Table 5.0 or an appropriate combination of IV antibiotics from Table 5.1 are not started within the 3 hours following presentation of severe sepsis, and the following conditions are met, choose value "1."
 - There is physician/APN/PA documentation within 24 hours prior to the antibiotic start time identifying the presence of *C. difficile*.
 - Any one of the treatments below is initiated within 3 hours following severe sepsis presentation:
 - Oral vancomycin with or without oral or IV metronidazole (Flagyl)
 - Rectal vancomycin with or without IV metronidazole (Flagyl)
 - IV metronidazole (Flagyl) monotherapy

Crystalloid Fluid Administration v5.4

- Crystalloid fluids or balanced crystalloid fluids that are given to dilute medications are acceptable to count towards the target ordered volume.

Example:

Physician Order: Vancomycin 1000 mg/250 mL NS
over 60 minutes

MAR: Vancomycin 1000 mg/250 mL NS over 60
minutes

Start time: 0800

Crystalloid Fluid Administration v5.4

Example:

Physician Order: NS 2000 mL at 1000 mL/hr

Physician Order: Vancomycin 1000 mg/250 mL NS over 60 minutes

MAR:

1. 0800 Started - NS 1000 mL at 1000 mL/hr
2. 0900 Started - Vancomycin 1000 mg/250 mL NS over 60 minutes
3. 0900 Started - NS 1000 mL at 1000 mL/hr

Target Ordered Volume – 2100 mL

0800 to 0900 – 1000 mL infused

0900 to 1000 – Infusions #2 and #3 ran simultaneously at 20.87 mL per minute (16.67 + 4.2 mL/minute) combined.

1100 mL ÷ 20.87 mL per minute = 53 minutes

2100 mL completed at 0953

Crystalloid Fluid Administration v5.4

- Use the actual or estimated weight documented **closest to and prior** to the order for crystalloid fluids.
- If an actual or estimated weight is not documented prior to the crystalloid fluid order, use the actual or estimated weight recorded **closest to and after** the crystalloid fluid order.
- If a weight is documented in a crystalloid fluid order, it should be used to determine the target ordered volume.

Crystalloid Fluid Administration v5.4

Examples:

- 0900 – PA documents – estimated weight 80 kg
1200 – Order for NS 30 mL/kg bolus
1300 – RN documents – 75 kg on bed scale
 - Use 80 kg documented closest to and prior to the order for crystalloid fluids.
- 0800 – RN documents – Weight 70 kg
0900 – Order for NS 30 mL/kg, wt. 75 kg
 - Use 75 kg documented in the order for crystalloid fluids.

Directive for Comfort Care, Severe Sepsis and Septic Shock v5.4

Palliative Consult

Example:

“Palliative consult ordered for tomorrow morning”

- With the documentation of the inclusion term, value “1” should be selected.

Reminder: Only accept terms identified in the list of inclusions. No other terminology will be accepted.

Directive for Comfort Care, Severe Sepsis and Septic Shock v5.4

Examples:

- Order for Hospice by the physician one hour after Severe Sepsis presentation time.

Physician cancels order 30 minutes later.

- Select Value 1 (Yes)

- APN documents “no comfort measures for patient” in his note at 21:00.

PA documents “comfort measures for this patient” in another note at 22:00.

- Select Value 1 (Yes)

Discharge Time v5.4

Definition: The time the patient was discharged from acute care, left against medical advice (AMA), or expired during this stay.

- Abstract the **earliest** documented time of the following:
 - Discharge from acute inpatient care
 - Left against medical advice (AMA)
 - Expired

Example:

1200 RN wrote "patient being discharged today"

1215 Timeline: patient discharged

1220 RN note "Took out patient's IV and provided discharge instructions. Patient discharged."

- 1215 should be abstracted as this reflects the earliest time the patient was discharged.

Initial Hypotension v5.4

Initial hypotension requires **TWO** hypotensive blood pressures.

Criteria initial hypotension:

- Two hypotensive blood pressures:
 - Within the timeframe of six hours prior to or within six hours following severe sepsis presentation
 - From different measurements – measurements from two different times. (e.g., MAP 60 at 0800 and SBP 85 at 0830)

Does **not** require consecutive hypotensive blood pressures.

Initial Hypotension v5.4

- Initial hypotension is hypotension that is present prior to the target ordered volume of crystalloid fluids being completely infused.

Examples:

- Severe Sepsis Presentation Time: 1200
0600 92/61, 1130 85/60, 1300 91/63, 1445 86/59, 1600 88/58
Target ordered volume of crystalloid fluids completed: 1500
 - Select Value “1” for Initial Hypotension
- Severe Sepsis Presentation Time: 1500
0700 81/50, 0930 91/54, 1200 92/55, 1400 85/51, 1600 87/55
Target ordered volume of crystalloid fluids completed: 1530
 - Select Value “2” for Initial Hypotension

Initial Hypotension Date and Time v5.4

New Data Elements

- Initial Hypotension Date
- Initial Hypotension Time

Use the earliest date and time of the **second** hypotensive blood pressure documented within the specified timeframe.

If more than two hypotensive blood pressures are documented within the specified timeframe, abstract the date and time of the second hypotensive blood pressure within the specified timeframe.

Initial Hypotension Date and Time v5.4

Examples:

- Severe Sepsis Presentation Time: 1200

Blood Pressures documented:

0900 85/50, 0930 93/55, 1000 91/56, 1030 88/60

Initial Hypotension Time - 1030

- Severe Sepsis Presentation Time: 1800

Blood Pressures documented:

1500 95/55, 1700 87/63, 1800 92/60, 1900 85/51

Initial Hypotension Time - 1900

Persistent Hypotension v5.4

- If there are more than two blood pressures documented, refer to the last two consecutive blood pressures within the hour:
 - If there is a normal blood pressure followed by a low blood pressure, select Value “3.”

Example:

Blood pressures in the hour:

87/55, 89/60, 90/58, 83/54, 91/59, 84/51

- Select Value “3” for Persistent Hypotension

Repeat Volume Status and Tissue Perfusion Assessment Performed v5.4

New Data Elements

- Repeat Volume Status and Tissue Perfusion Assessment Performed
- Repeat Volume Status and Tissue Perfusion Assessment Performed Date
- Repeat Volume Status and Tissue Perfusion Assessment Performed Time

Repeat Volume Status and Tissue Perfusion Assessment Performed v5.4

Definition: Documentation indicating that a repeat volume status and tissue perfusion assessment was performed to assess the patient's response to the administration of crystalloid fluids.

- Start abstracting at the crystalloid fluid administration date and time and stop abstracting six hours after the presentation of septic shock date and time. This is the appropriate time window.

Repeat Volume Status and Tissue Perfusion Assessment Performed v5.4

A repeat volume status and tissue perfusion assessment may consist of **any one of the following three** (#1, or #2, or #3):

1. Physician/APN/PA documentation indicating or attesting to performing or completing a physical examination, perfusion (re-perfusion) assessment, sepsis (severe sepsis or septic shock) focused exam, or systems review.

Examples:

- “Review of systems completed”
- “I have reassessed tissue perfusion after bolus given. “
- “Sepsis re-evaluation was performed”

Repeat Volume Status and Tissue Perfusion Assessment Performed v5.4

2. Physician/APN/PA documentation indicating or attesting to performing or *completing a review* of at least FIVE of the following:

Arterial Oxygen Saturation

Capillary Refill

Cardiopulmonary Assessment

Peripheral Pulses

Skin Color or Condition

Urine Output (UO)

Vital Signs

Repeat Volume Status and Tissue Perfusion Assessment Performed v5.4

3. Documentation demonstrating **ONE** of the following was measured or performed.

Central Venous Pressure (CVP)

Central Venous Oxygen Saturation (ScvO₂ or SvO₂)

Echocardiogram (Cardiac echo or cardiac ultrasound)

Fluid Challenge or Passive Leg Raise

Repeat Volume Status and Tissue Perfusion Assessment Performed Date and Time v5.4

Documentation of the date and time identifying when repeat volume status and tissue perfusion assessment was performed.

- If there are multiple repeat volume status and tissue perfusion assessments performed, abstract the date and time of the latest assessment documented within the appropriate time window.

Severe Sepsis Present v5.4

- If there is physician/APN/PA documentation prior to or within 24 hours after Severe Sepsis Presentation Time that SIRS criteria or a sign of organ dysfunction is due to the following, it should not be used. Inferences should not be made.
 - It is required the same physician/APN/PA documentation must also include either the abnormal value or reference the abnormal value.
 - Normal for that patient
 - Is due to a chronic condition
 - Is due to a medication

Severe Sepsis Present v5.4

Examples of **acceptable** physician/APN/PA documentation to not use SIRS criteria or a sign of organ dysfunction:

- “Hypotensive after pain meds”
 - **Do not use** the hypotensive readings since the medication is in the same sentence in the documentation.
- “Platelets 65 r/t Chronic Hep C”
 - **Do not use** value since the platelets and the chronic condition are in the same documentation.

Severe Sepsis Present v5.4

Example of **unacceptable** physician/APN/PA documentation:

H&P: Labs Section: Lactate 5.5 mmol/L

H&P: Assessment Section: Seizures x 2 today

- Elevated lactate level **should be used** since the documentation is in separate sections.

Severe Sepsis Present v5.4

Example of **unacceptable** physician/APN/PA documentation:

Physician Progress Note:

History section: Patient with an hx of CKD, ETOH abuse, COPD, MI 2years ago, presenting to ED complaint of low back pain, weakness, fever.

Home Medications Section

Lisinopril

Warfarin

Advair

Lab Section

WBC –18

Creatinine 3.5

INR 2.2

Severe Sepsis Present v5.4

INR >1.5 or aPTT >60 sec

If the suggested data source shows the patient was given an anticoagulant medication in Appendix C Table 5.3, an elevated INR or aPTT level **should not be used** as organ dysfunction.

Examples:

- Hospital MAR: Warfarin 5 mg PO Q AM
Administered 1/15/18 @ 0700 by RN
- Home Medication Record: Xarelto 15 mg PO BID

Severe Sepsis Present v5.4

- If there is physician/APN/PA documentation prior to or within 24 hours after *Severe Sepsis Presentation Time* indicating a SIRS criterion or sign of organ dysfunction is due to the following, the criteria value should be used:
 - Acute condition
 - Acute on chronic condition

Severe Sepsis Present v5.4

Examples:

- Physician documents “seizures x2 overnight, lactate 5.5.”
 - Lactate **should be used** as organ dysfunction.
- APN documents “Cr 2.8, AKI”
 - Creatinine **should be used** as organ dysfunction.
- PA documents “acute respiratory failure, placed on continuous BiPAP, medication versus acute COPD exacerbation.”
 - Mechanical ventilation (BiPAP) **should be used** as organ dysfunction.

Severe Sepsis Present v5.4

- If the medical resource indicates the source of the acute condition might be infectious, there must be explicit physician/APN/PA documentation in the medical record indicating that the acute condition has a non-infectious source or process. If documented in this way, do not use the SIRS criteria or sign of organ dysfunction.

Example:

APN documents “Elevated Cr secondary to dehydration post DKA.”

Medical resource indicates the DKA might have an infectious source

Physician notes, “DKA likely due to non-infectious source.”

- **Do not use** the creatinine since there is explicit physician/APN/PA documentation indicating the DKA has a non-infectious source.

Severe Sepsis Present v5.4

Example:

Lab results section states Lactate 2.9 mmol/L - 2/6/18 at 1616

MD note: Lactic acidosis: likely from poor perfusion. We'll recheck after fluid resuscitation – 2/6/18 at 2148

Medical resource indicates that poor perfusion might have an infectious source.

There is no additional physician/APN/PA documentation addressing the acute condition in the specified timeframe.

- **You should use** the lactate since there isn't physician/APN/PA documentation attributing it to a non-infectious source.

Severe Sepsis Present v5.4

Example:

Lab results section states Creatinine 2.95 mg/dL –
2/6/18 at 1616

MD note: AKI: Cr 2.95, BUN 77; baseline Cr 0.8-1.0.
Suspect DKA. Given 1L IVF bolus in ED, continue IVF
Medical resource indicates that DKA might have an
infectious source.

There is no additional physician/APN/PA documentation
addressing the source of the DKA in the specified timeframe.

- **You should use** the creatinine since there isn't
physician/APN/PA documentation attributing the acute
condition to a non-infectious source.

Severe Sepsis Present v5.4

Use the time vital signs were taken or obtained. If time taken or obtained is not available, use recorded or documented time.

Do not abstract vital signs from narrative charting unless there is no other documentation that reflects the time that the same vital sign was obtained.

Severe Sepsis Present v5.4

- If Severe Sepsis is met by physician/APN/PA documentation only, and is documented as due to a viral, fungal, or parasitic infection, the documentation of Severe Sepsis **should not be used**.

Example:

- Physician documentation – “Severe sepsis due to influenza”

Severe Sepsis Present v5.4

- Choose Value “2” if within 6 hours after documentation meeting clinical criteria or physician/APN/PA documentation of Severe Sepsis there is additional physician/APN/PA documentation indicating:
 - Patient is not septic.
 - Patient does not have Sepsis, Severe Sepsis, or Septic Shock.
 - Severe Sepsis or Septic Shock is due to a viral, fungal, or parasitic infection.

Severe Sepsis and Septic Shock Presentation Date and Time v5.4

- If the physician/APN/PA note states severe sepsis was present on admission, use the earliest documented hospital observation/inpatient admission time.

Example:

Arrival to ED - 0730

Order for Admission to ICU – 0900

Status changed to inpatient – 0920

Arrived to ICU bed 4 – 0945

ICU MD note “severe sepsis present on admission” – 1030

- Severe Sepsis Presentation Time abstracted – 0945

Septic Shock Present v5.4

Septic Shock Present, Allowable Value “1” (Yes)

Physician/APN/PA documentation of septic shock

OR

Severe sepsis present AND initial lactate level ≥ 4 mmol/L

OR

Severe sepsis present AND persistent hypotension

SEP-1 Early Management Bundle, Severe Sepsis/Septic Shock:
v5.4 Measure Updates

Questions

Continuing Education Approval

This program has been pre-approved for 1.0 continuing education (CE) unit for the following professional boards:

- **National**

- Board of Registered Nursing (Provider #16578)

- **Florida**

- Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
- Board of Nursing Home Administrators
- Board of Dietetics and Nutrition Practice Council
- Board of Pharmacy

Note: To verify CE approval for any other state, license or certification, please check with your licensing or certification board.

CE Credit Process

- Complete the ReadyTalk[®] survey that will pop up after the webinar, or wait for the survey that will be sent to all registrants within the next 48 hours.
- After completion of the survey, click “Done” at the bottom of the screen.
- Another page will open that asks you to register in the HSAG Learning Management Center.
 - This is a separate registration from ReadyTalk[®].
 - Please use your **personal** email so you can receive your certificate.
 - Healthcare facilities have firewalls up that block our certificates.

CE Certificate Problems

- If you do not **immediately** receive a response to the email that you signed up with in the Learning Management Center, you have a firewall up that is blocking the link that was sent.
- Please go back to the **New User** link and register your personal email account.
 - Personal emails do not have firewalls.

CE Credit Process: Survey

No

Please provide any additional comments

10. What is your overall level of satisfaction with this presentation?

Very satisfied

Somewhat satisfied

Neutral

Somewhat dissatisfied

Very dissatisfied

If you answered "very dissatisfied", please explain

11. What topics would be of interest to you for future presentations?

12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.

Done

Powered by [SurveyMonkey](#)
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CE Credit Process: Certificate

Thank you for completing our survey!

Please click on one of the links below to obtain your certificate for your state licensure.

You must be registered with the learning management site.

New User Link:
<https://lmc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

Existing User Link:
<https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

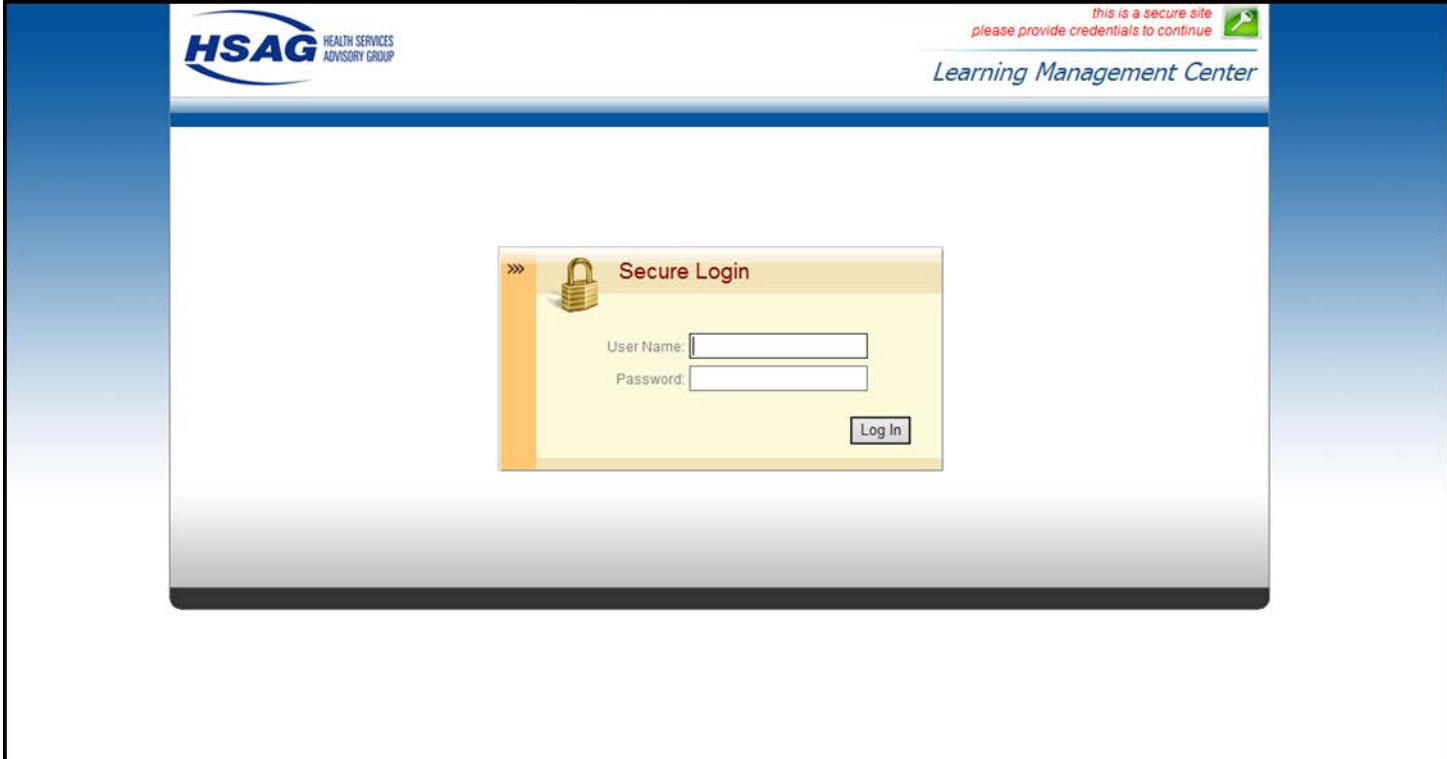
Note: If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

CE Credit Process: New User

The screenshot shows a web browser window displaying the registration page for a new user. The page header includes the HSAG logo (Health Services Advisory Group) on the left and a security warning on the right: "this is a secure site please provide credentials to continue" with a lock icon. Below the header, the text "Learning Management Center" is displayed. The main content area is titled "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015". The registration form contains four input fields: "First Name:", "Last Name:", "Email:", and "Phone:". The "Phone:" field has a small icon of a telephone handset. Below the input fields is a "Register" button. The entire form is enclosed in a white box with a blue border.

CE Credit Process: Existing User



The screenshot displays the login interface for the HSAG Learning Management Center. At the top left is the HSAG logo (Health Services Advisory Group). At the top right, a security notice reads "this is a secure site please provide credentials to continue" with a lock icon. Below this is the text "Learning Management Center". The central focus is a "Secure Login" box containing a padlock icon, a "User Name:" field, a "Password:" field, and a "Log In" button.

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