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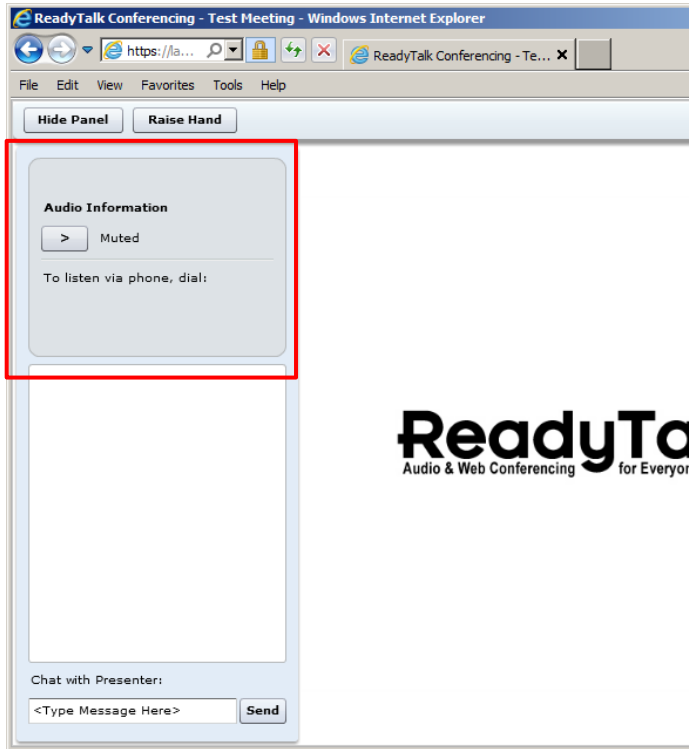
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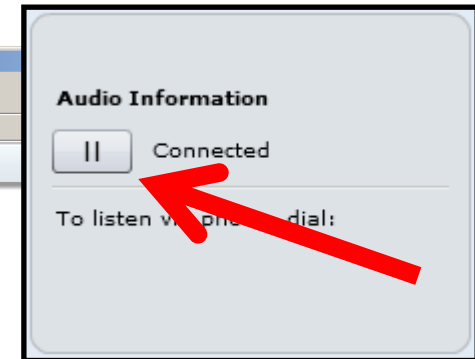
Troubleshooting Audio

Audio from computer speakers breaking up?
Audio suddenly stop?

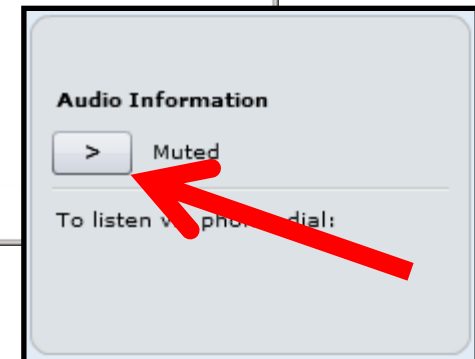
- Click Pause button
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- Click Play button



Location of Audio Controls



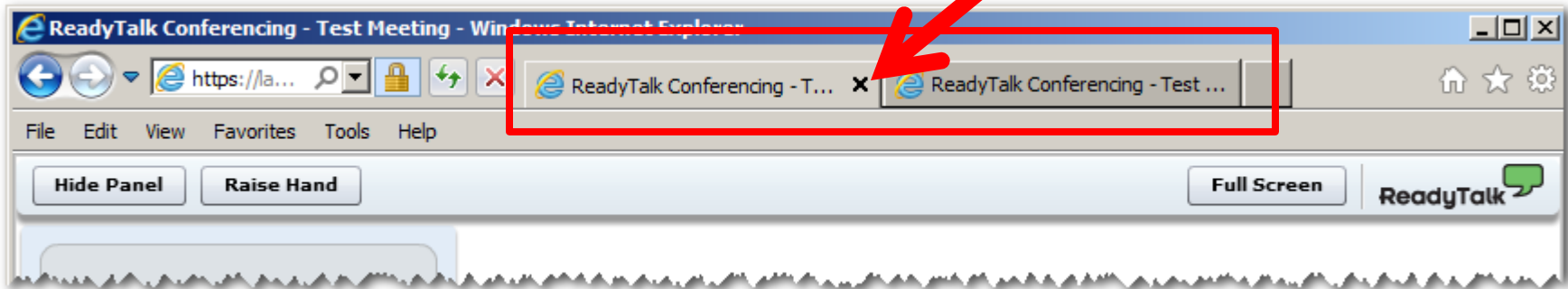
Step 1



Step 2

Troubleshooting Echo

- Hear a bad echo on the call?
- Echo is usually caused by multiple connections to a single event.
- Close all but one browser/tab and the echo will clear up.



Example of Two Connections to Same Event

Submitting Questions

Type questions in the “Chat with Presenter” section, located in the bottom-left corner of your screen.

A screenshot of the CMS interface. On the left is a chat window titled 'Chat with Presenter' with a text input field and a 'Send' button. On the right is a presentation slide with the CMS logo at the top. The slide content includes the title 'Specifications Manual, Version 4.4a, Changes & Hospital VBP Program Improvement Series: MSPB', the date 'November 18, 2014, 10 a.m. & 2 p.m. ET', and three columns of presenter names and titles: Candace Jackson, RN, Hospital IQR Support Contract Lead; Cindy Cullen, Mathematica Policy Research; Bethany Wheeler, BS, Hospital VBP Program Support Contract Lead; Donna Isgett, Sr. Vice President Corporate Quality and Safety, McLeod Medical Center; and Amanda Molski, Quality Coordinator Memorial Hospital Sweetwater County.

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CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Specifications Manual, Version 4.4a,
Changes & Hospital VBP Program
Improvement Series: MSPB

November 18, 2014, 10 a.m. & 2 p.m. ET

*Candace Jackson, RN, Hospital
IQR Support Contract Lead*

*Cindy Cullen, Mathematica
Policy Research*

*Bethany Wheeler, BS
Hospital VBP Program Support
Contract Lead*

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Coordinator Memorial Hospital
Sweetwater County*

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SEP-1 Early Management Bundle, Severe Sepsis/Septic Shock Part I: Severe Sepsis

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Lead Health Informatics Solution Coordinator

Hospital Inpatient and Outpatient Process and Structural Measure Development
and Maintenance Contractor

August 24, 2015

Purpose

The purpose of this presentation is to help abstractors and healthcare providers better understand the SEP-1 measure data elements and algorithm flow, including:

SEP-1 Discussion Topics

- Numerator
- Denominator
- Exclusions
- Algorithm review
 - Initial patient population
 - Severe Sepsis and respective data elements

Objectives

At the end of this presentation participants will be able to:

- Identify denominator and numerator criteria
- Describe how to abstract data elements relevant to the Severe Sepsis portion of the measure
- Explain the flow and interaction of various data elements for the Severe Sepsis portion of the algorithm

Please Note

- The focus and scope of this presentation is on the **Severe Sepsis** section of the SEP-1 measure **ONLY**.
- Data elements may not appear in the algorithm in the same sequence they occur clinically.
- Some algorithm images have been edited for purposes of this presentation. Refer to the SEP-1 Measure Information Form for the complete algorithm.

Denominator: Included Cases

- Inpatient discharges age 18 and over
- ICD-10-CM Principal of Other Diagnosis Codes (in Appendix A, Table 4.01)
 - Sepsis
 - Severe Sepsis
 - Septic Shock

Excluded Cases

- Directive for Comfort Care within 3 hours of severe sepsis
- Directive for Comfort Care within 6 hours of septic shock
- Administrative contraindication to care
- Length of Stay >120 days
- Transfer in from another acute care facility
- Expire within 3 hours of severe sepsis presentation
- Expire within 6 hours of septic shock presentation
- IV antibiotics for more than 24 hours prior to severe sepsis

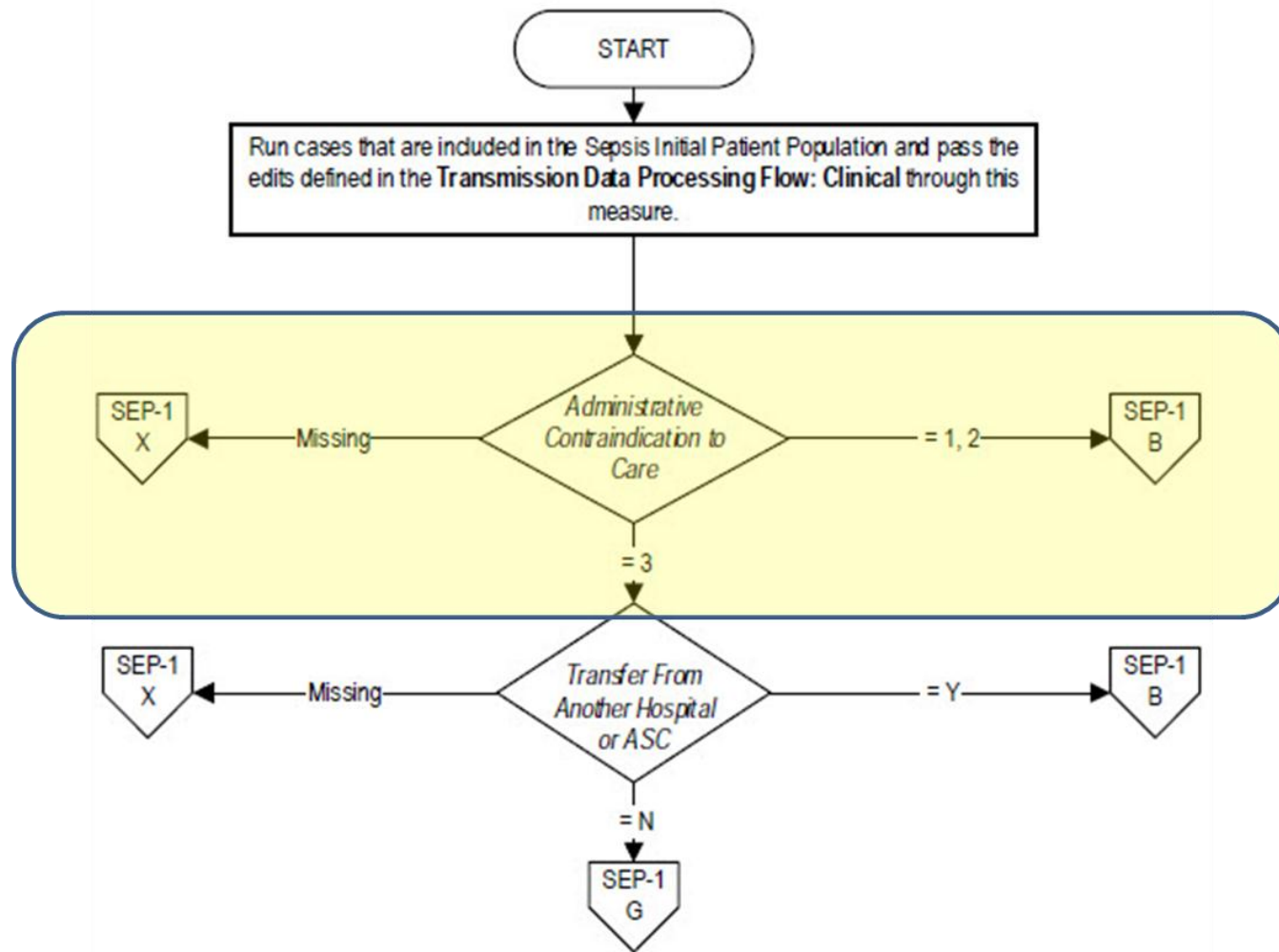
Numerator: Severe Sepsis

- Within 3 hours of presentation of severe sepsis
 - Initial lactate level measurement
 - Broad spectrum or other antibiotic administration
 - Blood cultures drawn prior to antibiotics
- AND**
- Within 6 hours of presentation of severe sepsis
 - Repeat lactate level if initial lactate is elevated

Numerator: **ONLY** if Septic Shock

- Within 3 hours of presentation of septic shock
 - Resuscitation with 30 mL/kg crystalloid fluids
 - **AND ONLY** If hypotension persists
- Within 6 hours of presentation of septic shock
 - Vasopressor administration
 - **AND ONLY** If hypotension persists after fluids
OR initial lactate ≥ 4 mmol/L
- Within 6 hours of presentation of septic shock
 - Repeat volume status and tissue perfusion assessment

Administrative Contraindication to Care (slide 1 of 3)



Administrative

Contraindication to Care (slide 2 of 3)

Documentation of patient or surrogate decision-maker refusal of blood draw, fluid administration, or antibiotic administration

Allowable Values:

- 1 Yes** Documentation by a physician/APN/PA the patient or decision-maker has refused blood draw, fluid administration, or antibiotic administration
- 2 Yes** Witnessed consent form for either blood draw, fluid administration, or antibiotic administration that is marked “refused.”
- 3 No** No physician/APN/PA documentation or witnessed consent form the patient or decision-maker refused either blood draw, fluid administration, or antibiotic administration

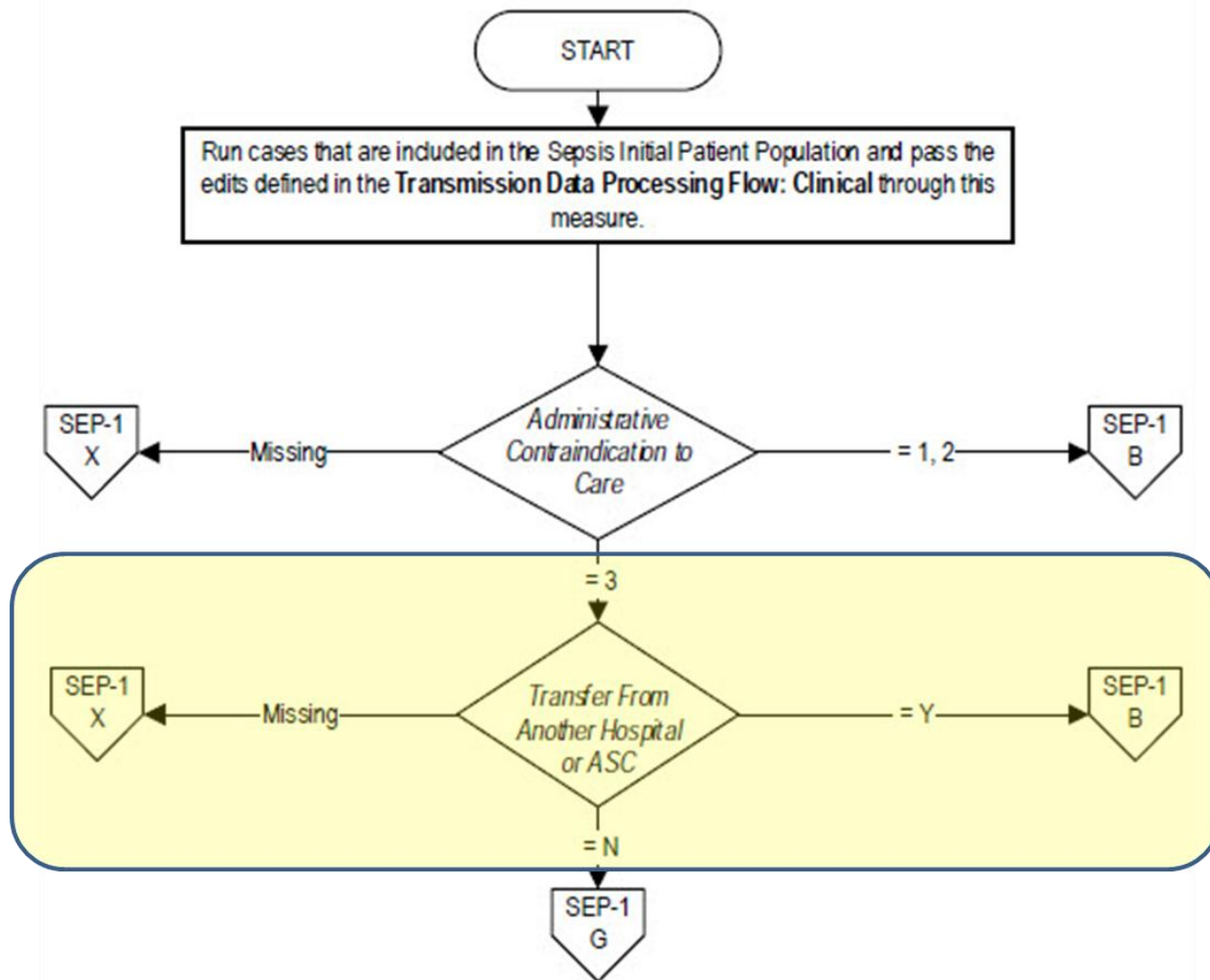
Administrative Contraindication to Care

(slide 3 of 3)

Things to Look for:

- Documentation Limited to:
 - Physician/APN/PA documentation
 - Witness-signed consent form marked refused
- No timeframe associated with data element
- Must search entire medical record
- If documented at any time during hospital stay case is excluded

Transfer From Another Hospital or ASC (slide 1 of 3)



Transfer From Another Hospital or ASC (slide 2 of 3)

Documentation patient was received as a transfer from an inpatient, outpatient or emergency/observation department of an outside hospital or ambulatory surgery center (ASC)

Allowable Values:

Y (Yes) Patient was received as a transfer

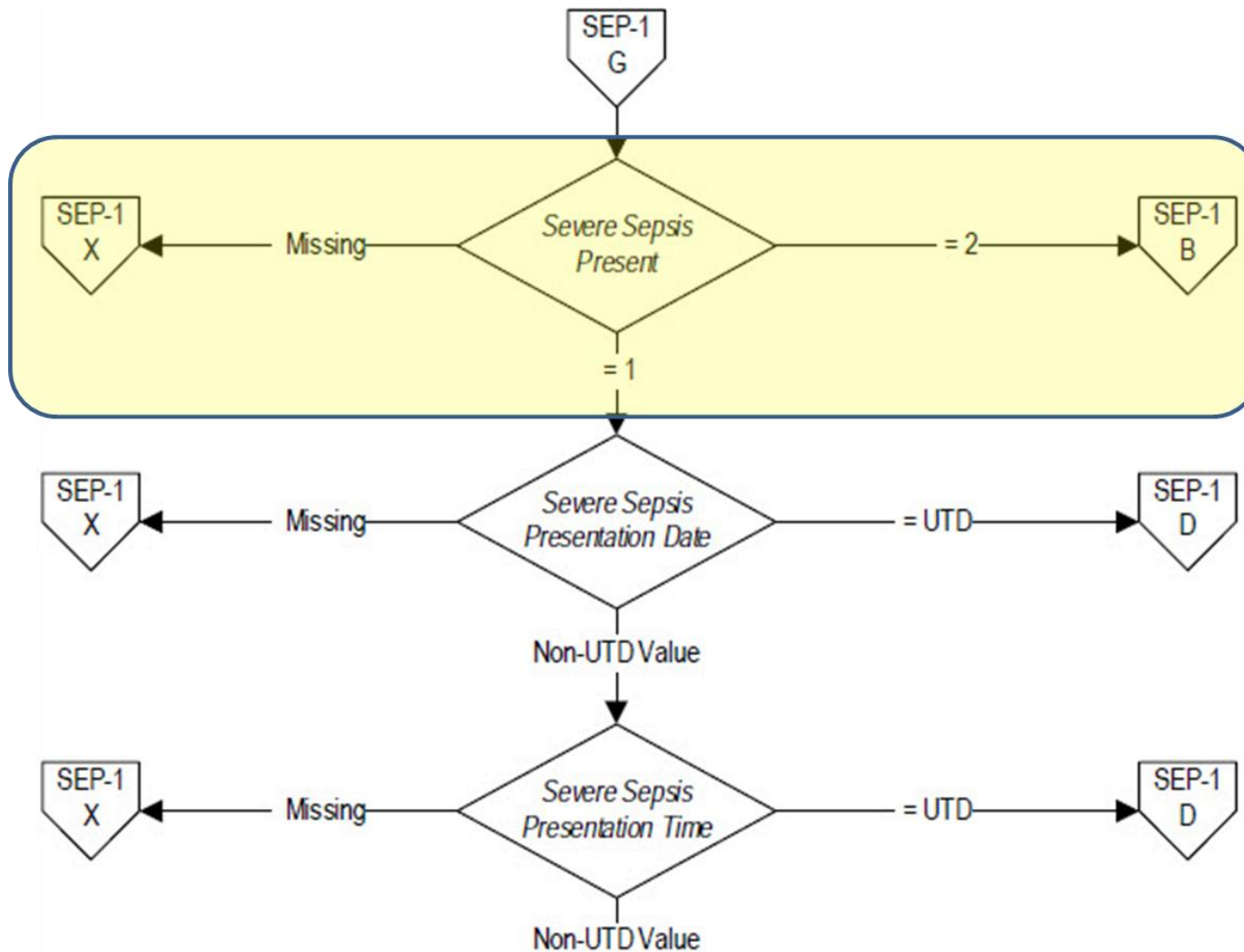
N (No) Patient was not received as a transfer

Transfer From Another Hospital or ASC (slide 3 of 3)

Things to Look for:

- Select “Yes” if transferred in from any emergency department (ED), observation unit, hospital (inpatient or outpatient) that is physically OUTSIDE your hospital

Severe Sepsis Present (slide 1 of 3)



Severe Sepsis Present (slide 2 of 3)

Documentation of presence of the first episode of severe sepsis

Allowable Values:

Y (Yes) Severe Sepsis was present

N (No) Severe Sepsis was not present, or Unable to Determine

Severe Sepsis Present (slide 3 of 3)

Things to look for:

Earliest of either

- Three criteria (all within 6 hours of each other)
 - a. Documentation of suspected source of infection
 - b. Two or more SIRS criteria
 - c. One sign of organ dysfunction

OR

- Physician, APN or PA documentation of severe sepsis or suspected/possible severe sepsis

Severe Sepsis Present: Suspected Infection

Documented suspected source of infection

- Can be confirmed, suspected, or possible
- Most likely physician/APN/PA documentation
- **NOT** looking for a diagnosis
- Nursing documentation acceptable
 - “In ED earlier today diagnosed with UTI”
 - “Currently on oral antibiotics for pneumonia”
- Sepsis, bacteremia, septicemia **NOT** acceptable

Severe Sepsis Present: SIRS Criteria

Two or more SIRS criteria:

- Temperature > 38.3 C (100.9 F) or < 36 C (96.8 F)
- Heart Rate > 90
- Respiratory Rate > 20
- White Cell count > 12,000 or < 4,000 OR > 10% bands

Documentation typically found in nursing documentation (vitals) and lab report results

Severe Sepsis Present: Organ Dysfunction (slide 1 of 2)

ANY ONE of the following:

- Lactate > 2 mmol/L
- INR > 1.5 or aPTT > 60 seconds
- Platelet count < 100,000
- Bilirubin > 2 mg/dL
- Creatinine > 2, or urine output < 0.5 mL/kg/hour for 2 hours
- Systolic blood pressure (SBP) < 90 mmHg, or mean arterial pressure < 65 mmHg, or decrease in SBP more than 40 mmHg from last previously recorded SBP “normal” for that patient

Severe Sepsis Present: Organ Dysfunction (slide 2 of 2)

Frequent Questions:

- Is an abnormal lab value due to a chronic condition appropriate to use?
- How is “normal” SBP determined?
 - Most cases of hypotension are identified based on SBP < 90 mmHg
 - Look at previous SBP readings to help establish “normal”

“Normal” SBP Examples

- Three SBP readings were 130, 132, and 128
 - Readings all consistent with one another
 - Since the last was 128, the SBP would need to drop to at least 87 to be a drop > 40
 - Patient would already meet criteria because the SBP is < 90
- Three SBP readings of 140, 142, and 138
 - SBP jumps up to 180 for one reading and back down to 138
 - This is not a decrease of > 40 from “normal”
 - The 180 reading is not “normal” for this patient
- Two SBP readings of 138 and 136
 - SBP jumps up to 178 and the next reading is 95
 - This is a decrease of > 40 from “normal”
 - 95 is > 40 below 136

Timing of Criteria

- Start looking from time of arrival
- Start looking for criteria that are “flagged” or easily identified in the medical record
- Criteria do not need to be met in any specific order
- All 3 criteria must be met within 6 hours of each other

Timing of Criteria: Example 1

- **0800** lactate = 2.3 is reported (**organ dysfunction**)
- Next review the period 6 hours prior to this (0200 - 0800) for other criteria
- **0630** vitals RR = 24 and HR = 120 (**2 SIRS criteria**)
- **0700** physician documentation of “possible UTI” (**infection criteria**)
- All three criteria were met within 6 hours of each other, Severe Sepsis Present
- Since the lactate reported time at **0800** was the last of the three criteria, Severe Sepsis Presentation Time = **0800**

Timing of Criteria: Example 2

- **1200** WBC = 14,500 is reported (**1 SIRS criteria**)
- Review the period 6 hours prior (0600–1200) for other criteria
- **0800** vitals Temp = 38.4 C (**1 SIRS criteria**)
- **0900** physician documentation of “pneumonia” (**infection criteria**)
- No sign of organ dysfunction in 0600 – 1200 time frame
- Review period 6 hours after earliest criteria met at 0800 (0800–1400)
- **1330** the patient’s BP is 88/50 (**organ dysfunction**)
- All three criteria were met within 6 hours of each other, Severe Sepsis Present
- Since time the systolic BP < 90 at **1330** was the last of the three criteria, Severe Sepsis Presentation Time = **1330**

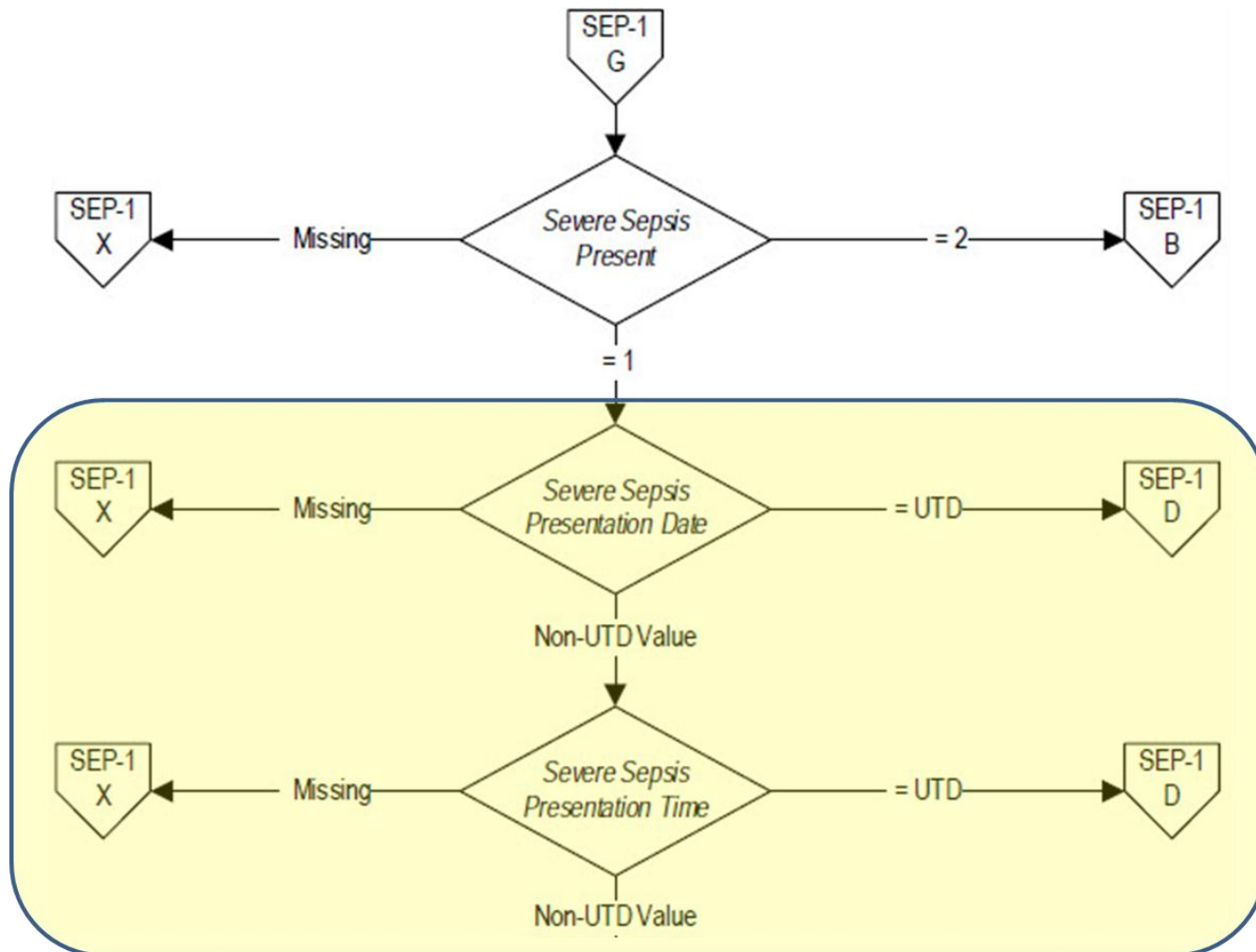
Physician/APN/PA

Documentation of Severe Sepsis

- If criteria not met, physician/APN/PA documentation of severe sepsis, suspected or possible severe sepsis is acceptable
- If criteria not met, and there is no physician/APN/PA documentation of severe sepsis, **BUT** there is physician/APN/PA documentation of septic shock, this is acceptable
- If the only documentation is septic shock, then the severe sepsis presentation date and time is the same as the septic shock presentation date and time

Severe Sepsis Present Date and Time

(slide 1 of 2)



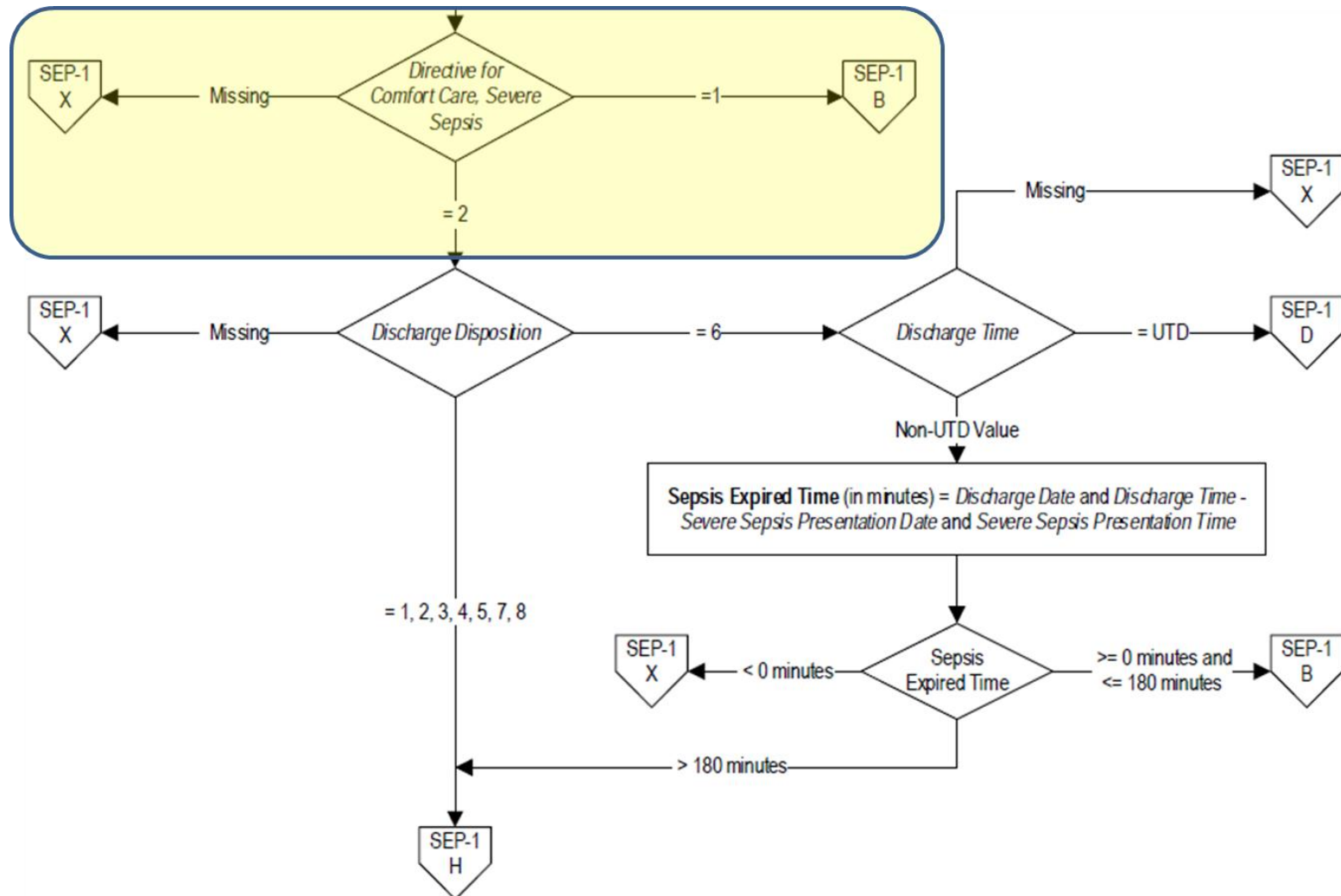
Severe Sepsis Present Date and Time

(slide 2 of 2)

- Use Triage date and time **ONLY if**:
 - Patient arrives to the ED with severe sepsis
 - Severe sepsis is identified as present or suspected during triage
- Use the Date and Time the **patient met the last criterion** for severe sepsis, **OR** the Date and Time of **physician/APN/PA documentation**:
 - For all cases presenting after triage time, including if still in the ED or admitted as Inpatients

Directive for Comfort Care, Severe Sepsis

(slide 1 of 3)



Directive for Comfort Care, Severe Sepsis

(slide 2 of 3)

Physician/APN/PA documentation of *comfort measures only* prior to or within 3 hours of severe sepsis presentation (first episode)

Allowable Values:

- Y (Yes)** Physician/APN/PA documentation of *comfort measures only* was prior to or within 3 hours of presentation of severe sepsis
- N (No)** Physician/APN/PA documentation of *comfort measures only* was not prior to or within 3 hours of presentation of severe sepsis, or not documented, or time is unclear

Directive for Comfort Care, Severe Sepsis

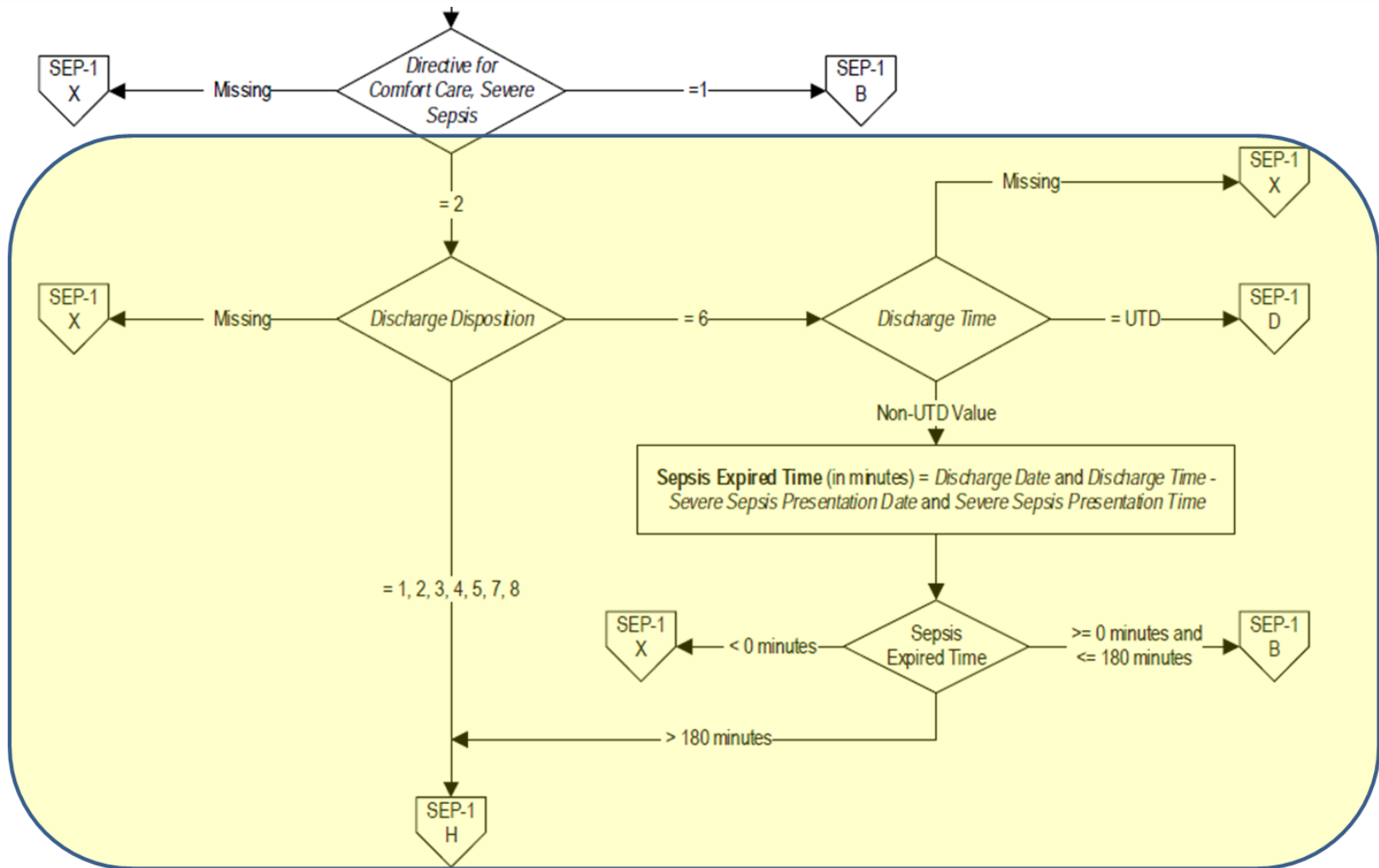
(slide 3 of 3)

Things to look for:

- Specific time frame - prior to or within 3 hours after presentation of severe sepsis
- Physician/APN/PA documentation ONLY
- Terms on Inclusion Guidelines for Abstraction
- If inclusion term referenced in the “negative,” select Allowable Value “2 (No)”

Discharge Disposition and Discharge Time

(slide 1 of 3)



Discharge Disposition and Discharge Time

(slide 2 of 3)

- Final place or setting to which the patient was discharged (on the day of discharge)
- Documented time that the patient was discharged
- Discharge Disposition Allowable Values:
 - 1 Home
 - 2 Hospice – Home
 - 3 Hospice – Health Care Facility
 - 4 Acute Care Facility
 - 5 Other Health Care Facility
 - 6 Expired
 - 7 Left Against Medical Advice (AMA)
 - 8 Not Documented or Unable to Determine (UTD)

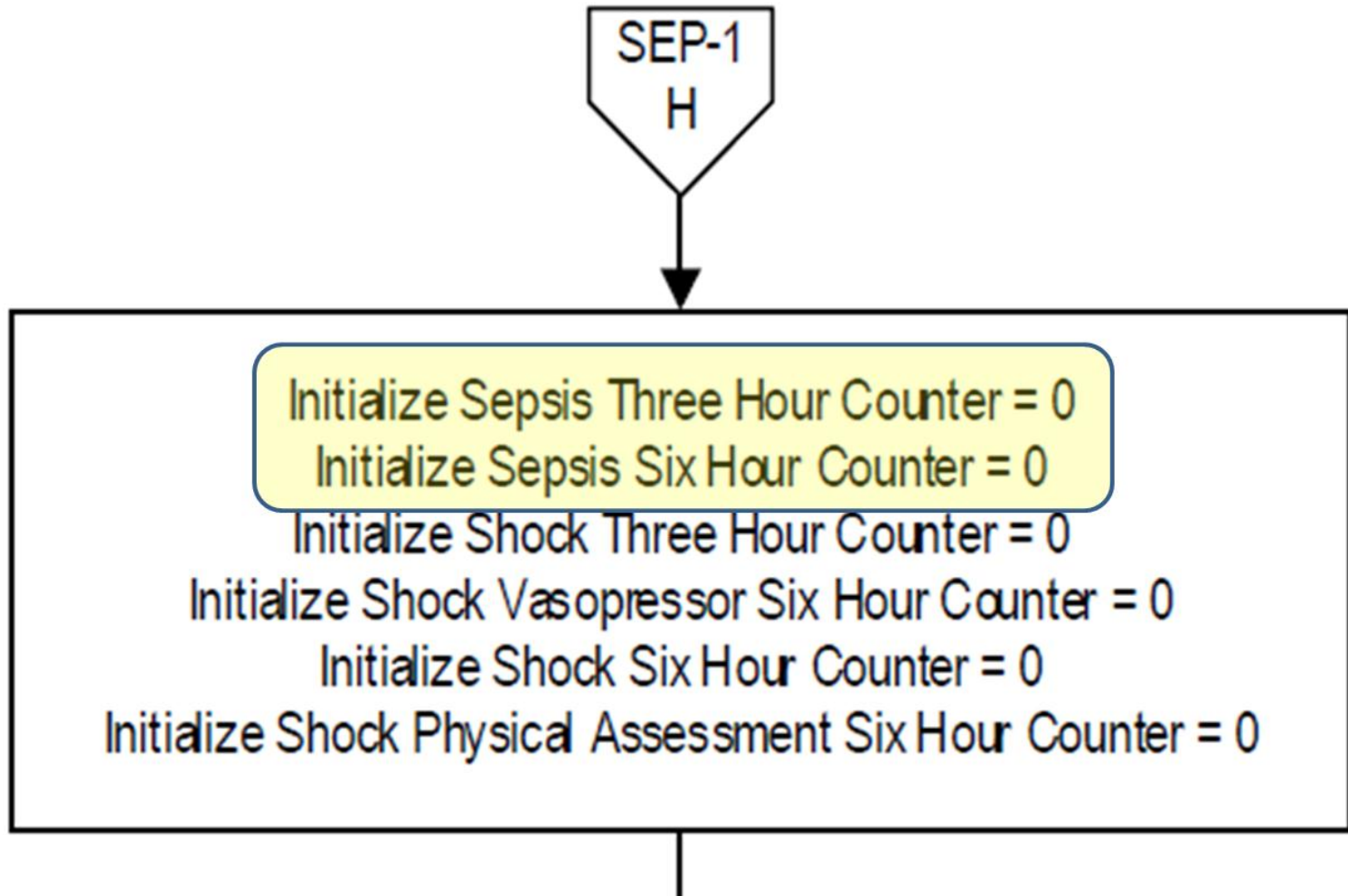
Discharge Disposition and Discharge Time

(slide 3 of 3)

Things to look for:

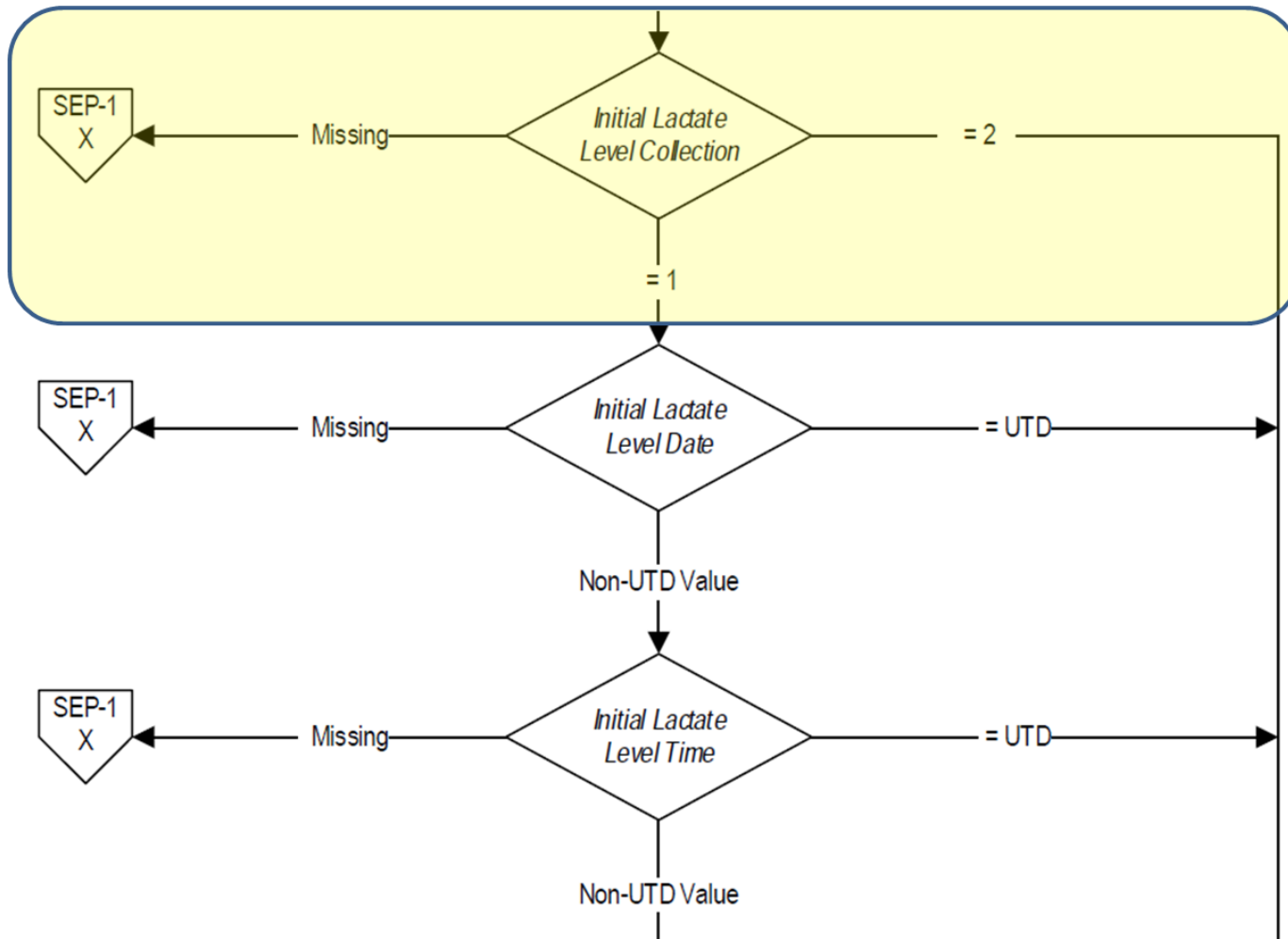
- Discharge Disposition:
 - Don't use coding documents or UB-04 forms
 - Data element includes examples and a hierarchy for contradictory documentation
- Discharge Time:
 - If patient expires, discharge time is time they expired
 - Sepsis Expire Time calculation excludes patients who expire within 3 hours after presentation

Counters



Initial Lactate Level Collection

(slide 1 of 3)



Initial Lactate Level Collection

(slide 2 of 3)

An initial lactate level drawn **between 6 hours prior to and 3 hours** after severe sepsis presentation

Allowable Values:

- 1 (Yes)** An initial lactate level was drawn in the time window between 6 hours prior to and 3 hours following presentation of severe sepsis
- 2 (No)** An initial lactate level was not drawn in the time window between 6 hours prior to and 3 hours following presentation of severe sepsis, or unable to determine

Initial Lactate Level Collection

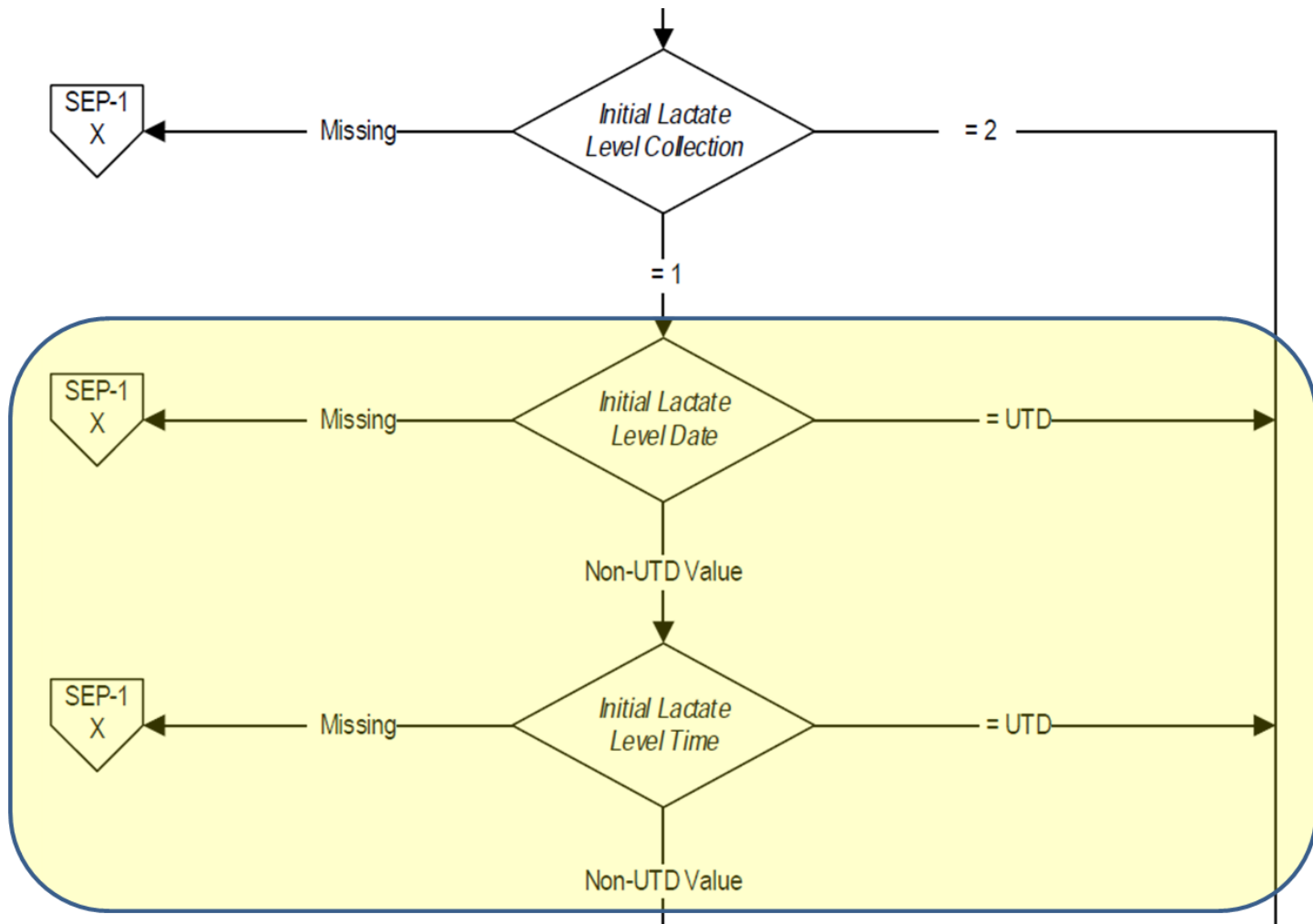
(slide 3 of 3)

Things to look for:

- If multiple lactates were drawn, abstract the one drawn closest to severe sepsis presentation time
- Documentation must be specific to Lactate or Lactic Acid drawn
- Physician order to draw does **NOT** count
- Documented unsuccessful attempts to draw count
- If drawn but no results, select Allowable Value “1”

Initial Lactate Level Date and Time

(slide 1 of 2)



Initial Lactate Level Date and Time

(slide 2 of 2)

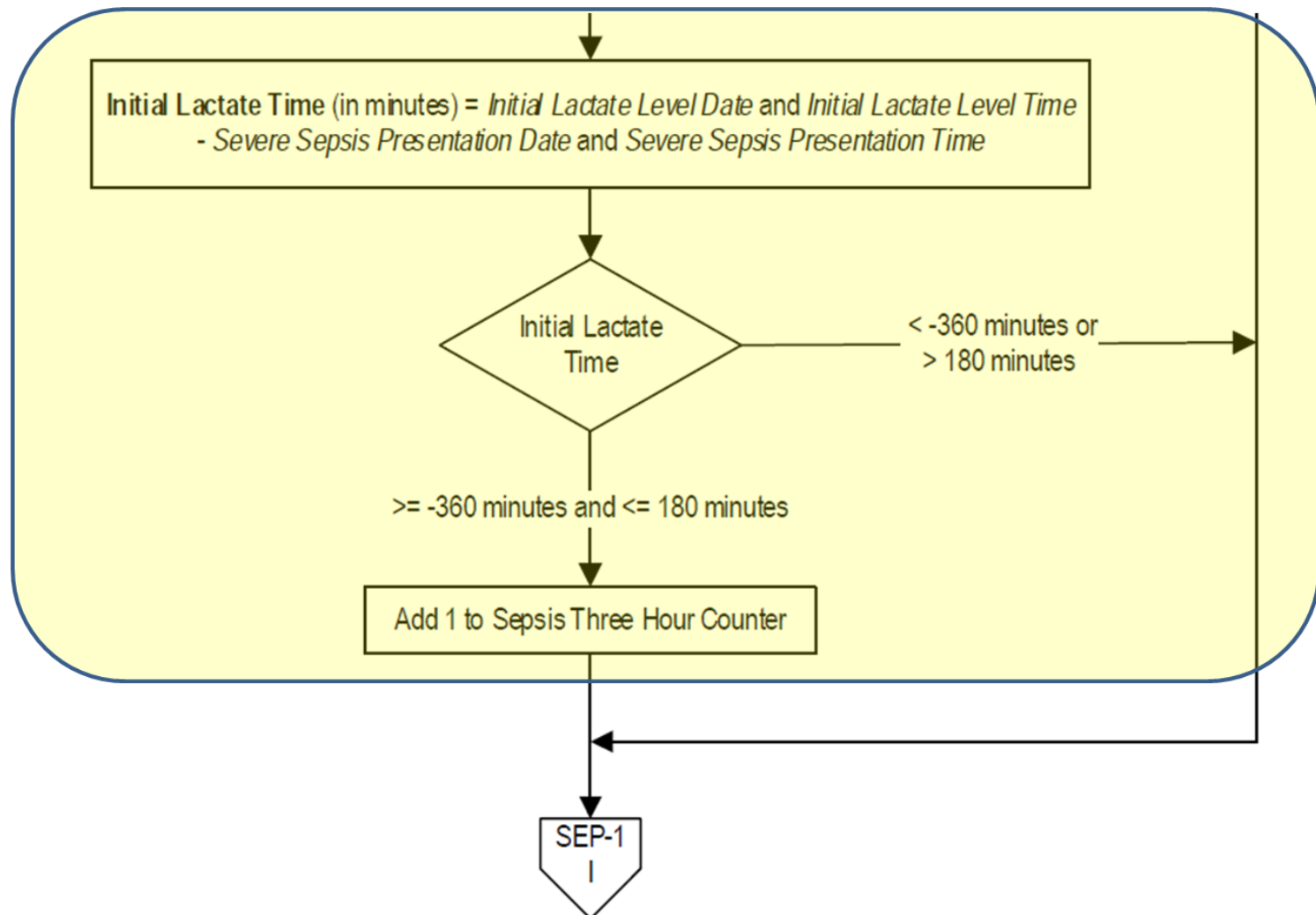
The date and time the initial lactate was drawn

Things to look for:

- Date and time “drawn” or “collected”
- NOT “reported”

Initial Lactate Time: Calculation

(slide 1 of 2)



Initial Lactate Time: Calculation

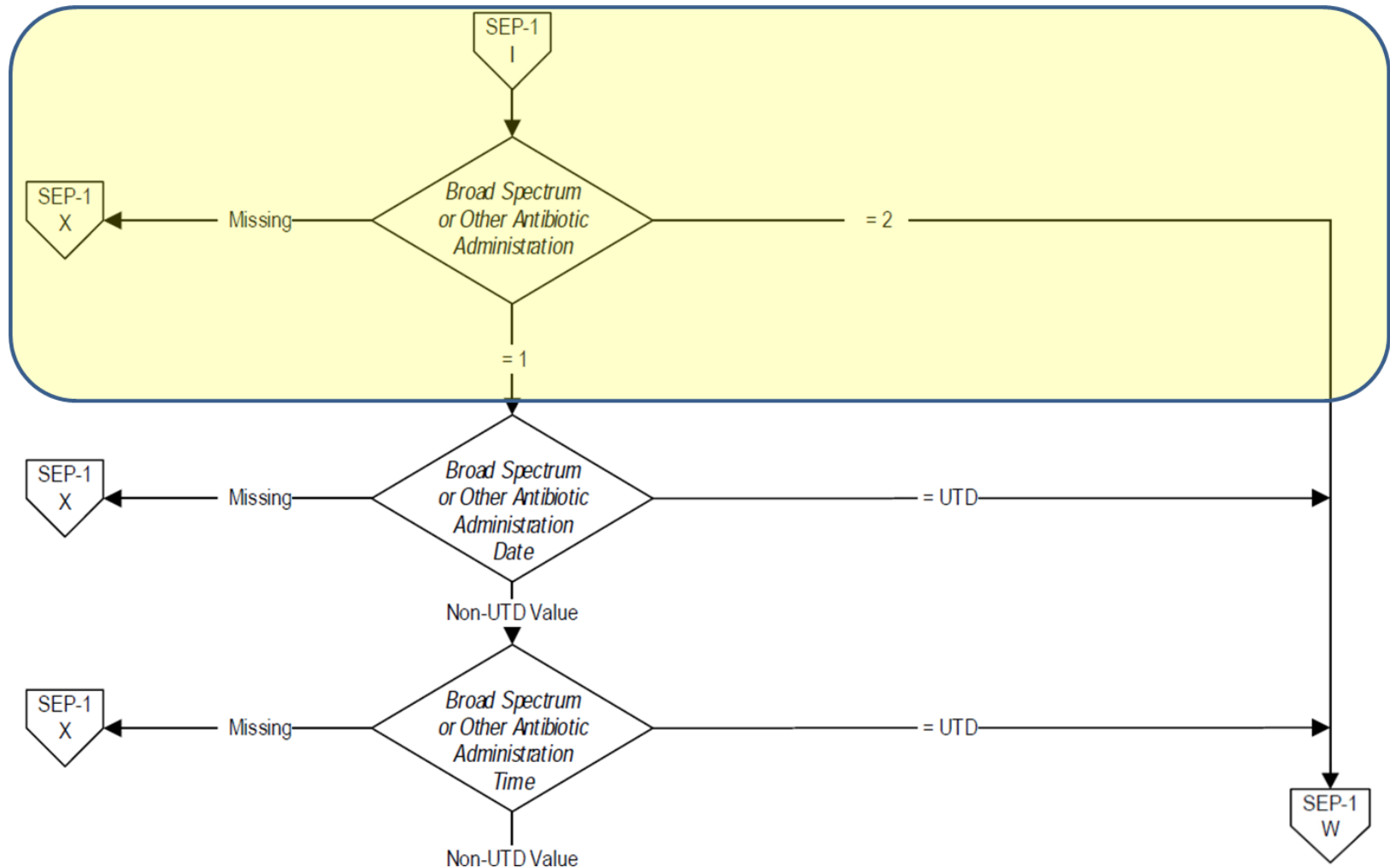
(slide 2 of 2)

- Calculation in minutes of:
 - Initial Lactate Level Date and Time – Severe Sepsis Presentation Date and Time
- Time references:
 - -360 minutes = 6 hours before presentation
 - 180 minutes = 3 hours after presentation

Initial Lactate Time: What Happens

- **If** time is ≥ -360 minutes and ≤ 180 minutes
(drawn in window 6 hours prior through 3 hours after presentation)
Then add one to Sepsis Three Hour Counter and go to next page
- **If** time is < -360 minutes or > 180 minutes
(drawn before or after time window)
Then case bypasses counter and goes to next page

Broad Spectrum or Other Antibiotic Administration (slide 1 of 3)



Broad Spectrum or Other Antibiotic Administration (slide 2 of 3)

An IV antibiotic was administered in the time window **24 hours prior to and 3 hours following** severe sepsis presentation

Allowable Values:

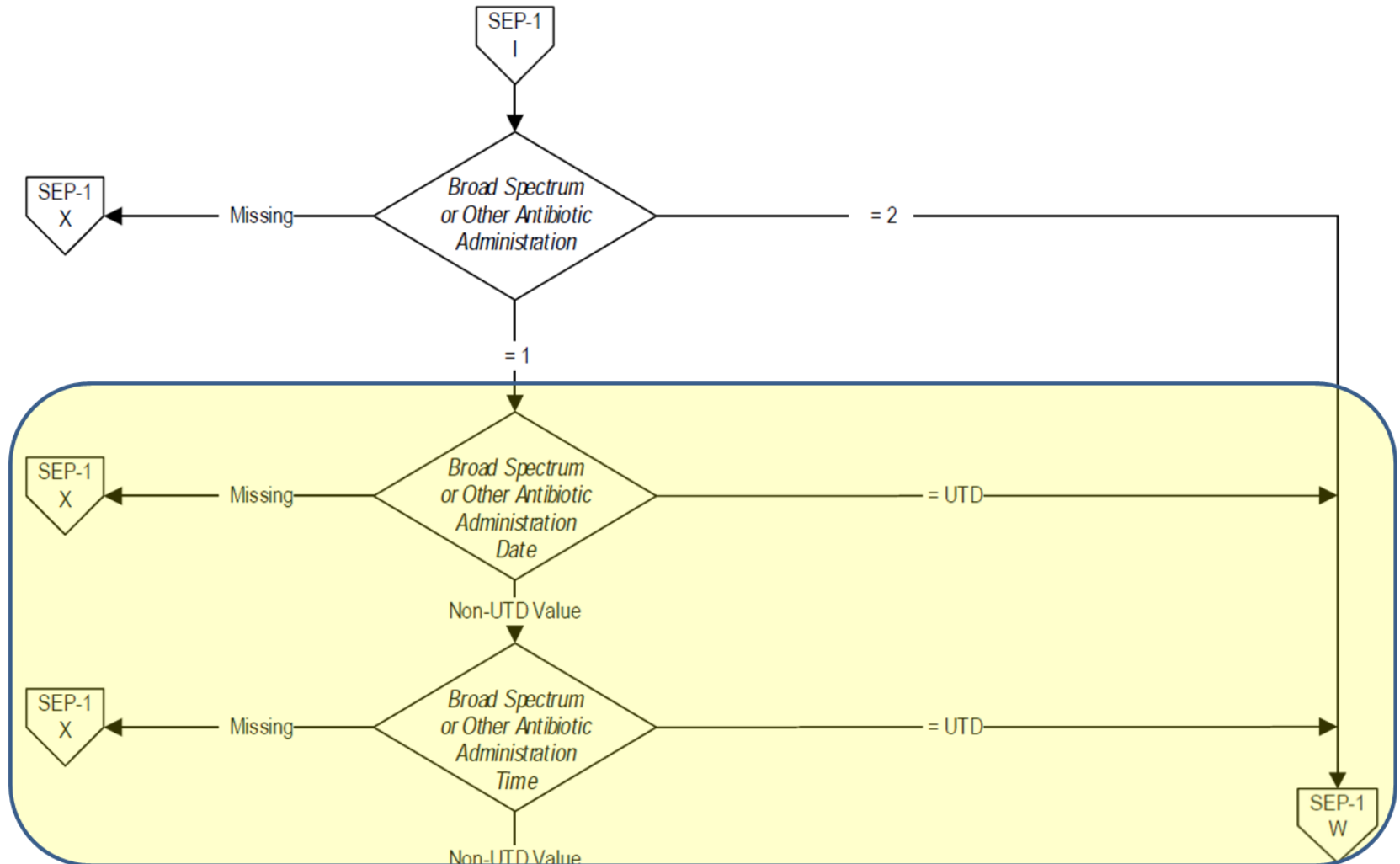
- 1 (Yes)** A broad spectrum or other antibiotic was administered intravenously in the time window 24 hours prior to and 3 hours following the presentation of severe sepsis
- 2 (No)** No antibiotic was administered intravenously in the time window 24 hours prior to and 3 hours following the presentation of severe sepsis, or unable to determine

Broad Spectrum or Other Antibiotic Administration (slide 3 of 3)

Things to look for:

- Must be at least one dose of an IV antibiotic given **24 hours prior to or 3 hours after** severe sepsis presentation
- Documentation must reflect actual administration of the IV antibiotic
- If given in the time window, and both before and after severe sepsis presentation, abstract the dose closest to and before presentation

Broad Spectrum or Other Antibiotic Administration Date and Time (slide 1 of 2)



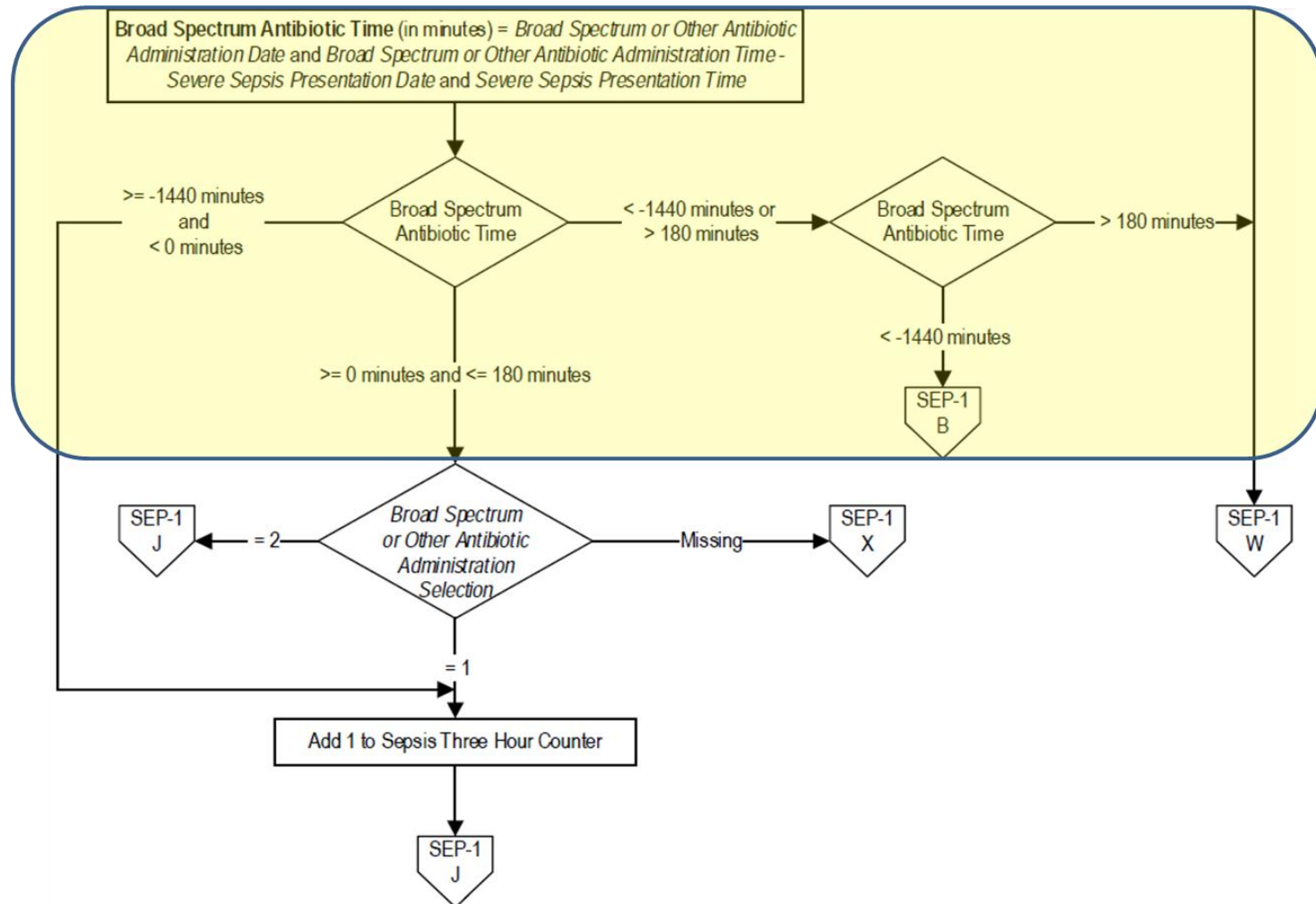
Broad Spectrum or Other Antibiotic Administration Date and Time (slide 2 of 2)

The earliest date and time an IV antibiotic was administered within the time window **24 hours prior to and 3 hours after Severe Sepsis Presentation**

- If any IV antibiotic was given within 24 hours prior to Severe Sepsis Presentation, abstract the date and time of the earliest dose
- If IV antibiotics were started within 3 hours following Severe Sepsis Presentation, abstract the date and time of the earliest dose

Broad Spectrum Antibiotic Time: Calculation

(slide 1 of 2)



Broad Spectrum Antibiotic Time: Calculation

(slide 2 of 2)

- Calculation in minutes of:
 - Broad Spectrum or Other Antibiotic Administration Date and Time – Severe Sepsis Presentation Date and Time
- Time references:
 - 0 minutes = same time as presentation
 - -1440 minutes = 24 hours before presentation
 - 180 minutes = 3 hours after presentation

Broad Spectrum Antibiotic Time: What Happens

(slide 2 of 2)

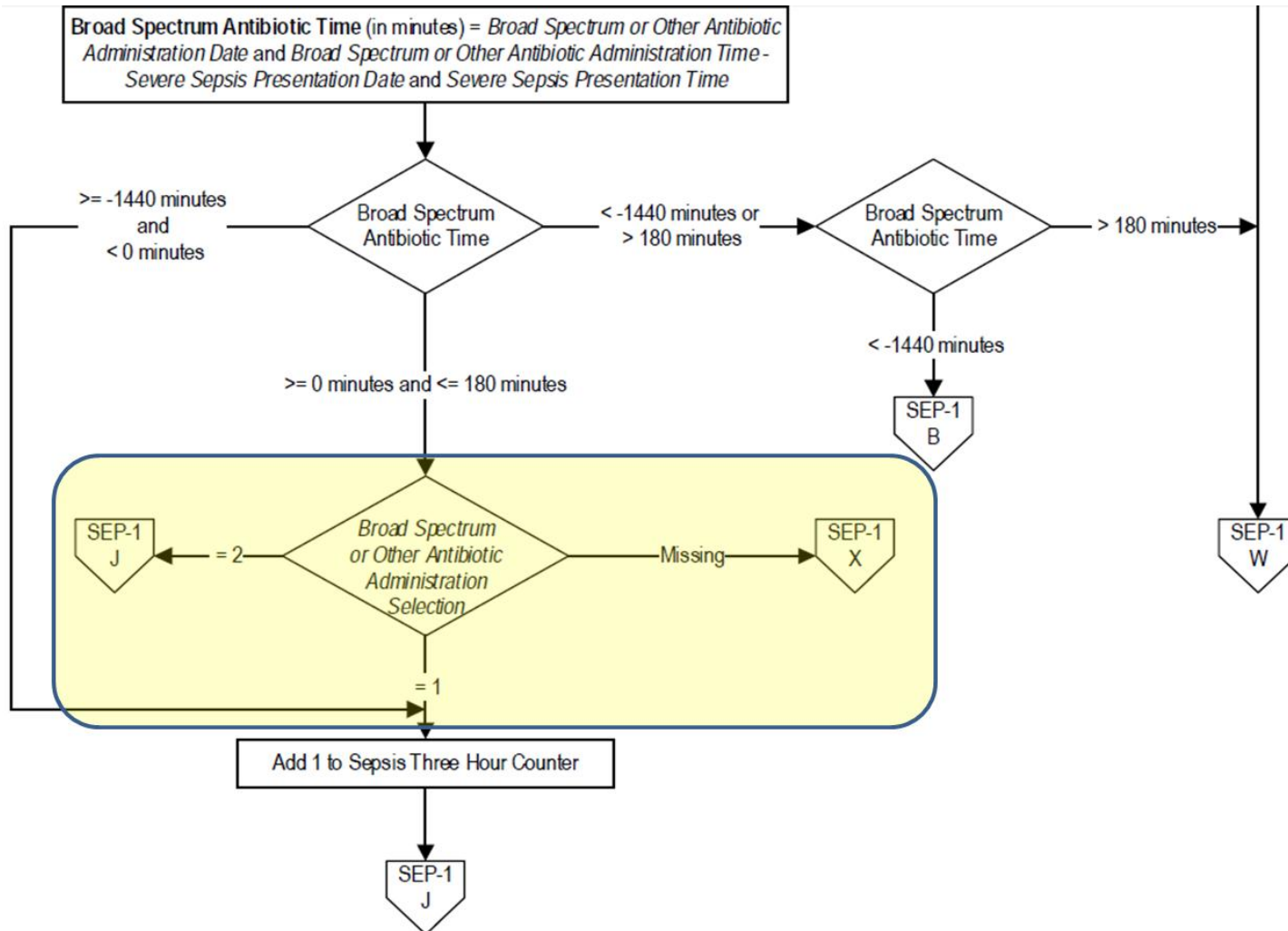
- **If time is < -1440 minutes**
(given earlier than 24 hours before presentation)
Then case is assigned category “B” and excluded from measure
- **If time is > 180 minutes**
(given more than 3 hours after presentation)
Then case is assigned category “W” and goes directly to last page of algorithm

Broad Spectrum Antibiotic Time: What Happens

(slide 2 of 2)

- **If** time is ≥ -1440 minutes and < 0 minutes
(given within 24 hours prior to presentation)
Then case bypasses the *Broad Spectrum or Other Antibiotic Administration Selection* and one is added to the Sepsis Three Hour Counter
- **If** time is ≥ 0 minutes and ≤ 180 minutes
(given within 3 hours after presentation)
Then case goes to *Broad Spectrum or Other Antibiotic Administration Selection*

Broad Spectrum or Other Antibiotic Administration Selection (slide 1 of 5)



Broad Spectrum or Other Antibiotic Administration Selection (slide 2 of 5)

Consistency with selection guidelines of IV antibiotics administered within 3 hours following severe sepsis presentation

Allowable Values:

- 1 (Yes)** The IV antibiotic that was given within 3 hours following the presentation of severe sepsis is consistent with antibiotic selection guidelines
- 2 (No)** The IV antibiotic that was given within 3 hours following the presentation of severe sepsis is not consistent with antibiotic selection guidelines

Broad Spectrum or Other Antibiotic Administration Selection (slide 3 of 5)

What to look for:

- Scope is **broad spectrum antibiotics**
- Must be given or started within time frame
- Monotherapy:
 - One IV antibiotic given or started listed in Appendix C, Table 5.0 (Antibiotic Monotherapy, Sepsis) within 3 hours after severe sepsis presentation
 - Multiple antibiotics can be given as long as **one is from Table 5.0**

Broad Spectrum or Other Antibiotic Administration Selection (slide 4 of 5)

What to look for:

- Combination therapy
 - If at least one antibiotic from Table 5.0 was not given, refer to Table 5.1 (Antibiotic Generic/Trade name Crosswalk, Sepsis)
 - When you find antibiotics the patient was given on Table 5.1, refer to the shaded rows above each for the antibiotic classes
 - Refer to the Combination Antibiotic Therapy Table located in the *Broad Spectrum of Other Antibiotic Administration Selection* data element

Broad Spectrum or Other Antibiotic Administration Selection (slide 5 of 5)

What to look for:

- Combination therapy (cont.)
 - If the classes are in either Column A or Column B, look to the other column for a corresponding antibiotic class that must be given in combination
 - Additional antibiotics can be given as long as **at least two from the appropriate classes** are given

Antibiotic Abstraction: Combination Therapy (slide 1 of 4)

- Patient was given Gentamicin
- Table 5.1 indicates this is an Aminoglycoside

Table 5.1 Antibiotic Generic/Trade Name Crosswalk, Sepsis

Antibiotic Selection Options (includes trade & generic name)	Generic Name Crosswalk
Aminoglycosides	
Amikacin	Amikacin
Garamycin	Gentamicin
Gentamicin	Gentamicin
Kanamycin	Kanamycin
Kantrex	Kanamycin
Nebcin	Tobramycin
Tobramycin	Tobramycin
Aztreonam	
Azactam	Aztreonam
Aztreonam	Aztreonam
Cephalosporins (1st and 2nd Generation)	

Antibiotic Abstraction: Combination Therapy (slide 3 of 4)

- Patient was also given Vancomycin
- Table 5.1 indicates this is a Glycopeptide

Clindamycin IV	
Cleocin	Clindamycin
Clindamycin	Clindamycin
Daptomycin	
Cubicin	Daptomycin
Daptomycin	Daptomycin
Glycopeptides	
Targocid	Teicoplanin
Teicoplanin	Teicoplanin
Telavancin	Telavancin
Vancocin	Vancomycin
Vancomycin	Vancomycin
Vibativ	Telavancin

Antibiotic Abstraction: Combination Therapy (slide 4 of 4)

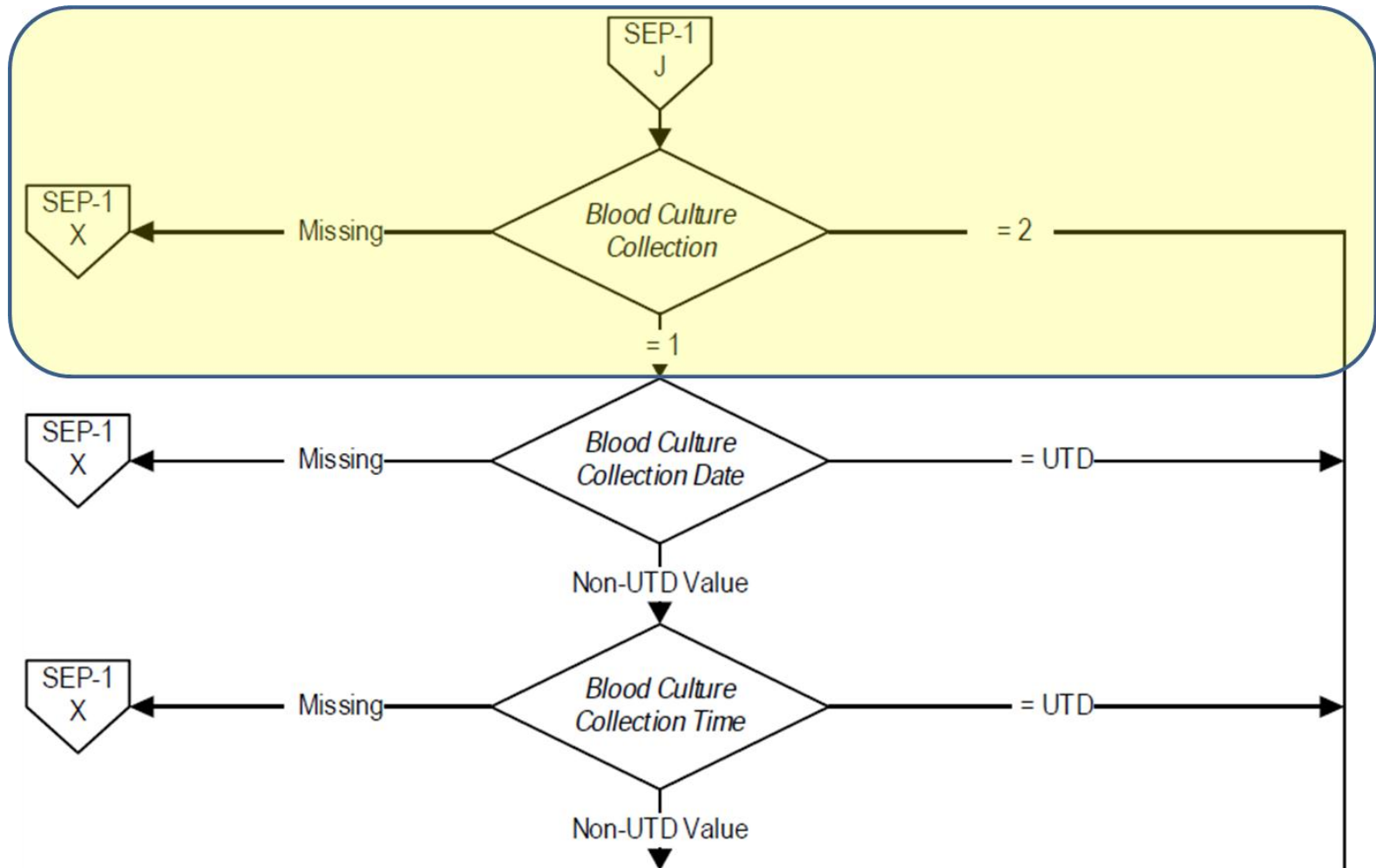
Combination Antibiotic Therapy Table

- Must be an antibiotic from a class in Column A and Column B
- Gentamicin an Aminoglycoside is in Column A
- Vancomycin a Glycopeptide is in Column B

Combination Antibiotic Therapy Table

Column A		Column B
Aminoglycosides OR Aztreonam OR Ciprofloxacin	+	Cephalosporins (1st and 2nd Generation) OR Clindamycin IV OR Daptomycin OR Glycopeptides OR Linezolid OR Macrolides OR Penicillins

Blood Culture Collection (slide 1 of 4)



Blood Culture Collection (slide 2 of 4)

Was a blood culture collected in the time window **48 hours prior to and 3 hours following** severe sepsis presentation?

Allowable Values:

- 1 (Yes)** A blood culture was collected in the time window 48 hours prior to and 3 hours following the presentation of severe sepsis
- 2 (No)** A blood culture was not collected in the time window 48 hours prior to and 3 hours following the presentation of severe sepsis or unable to determine

Blood Culture Collection (slide 3 of 4)

Things to look for:

- Must be documentation supporting a blood culture was drawn
- Physician order to draw does NOT count
- Documented unsuccessful attempts to draw count

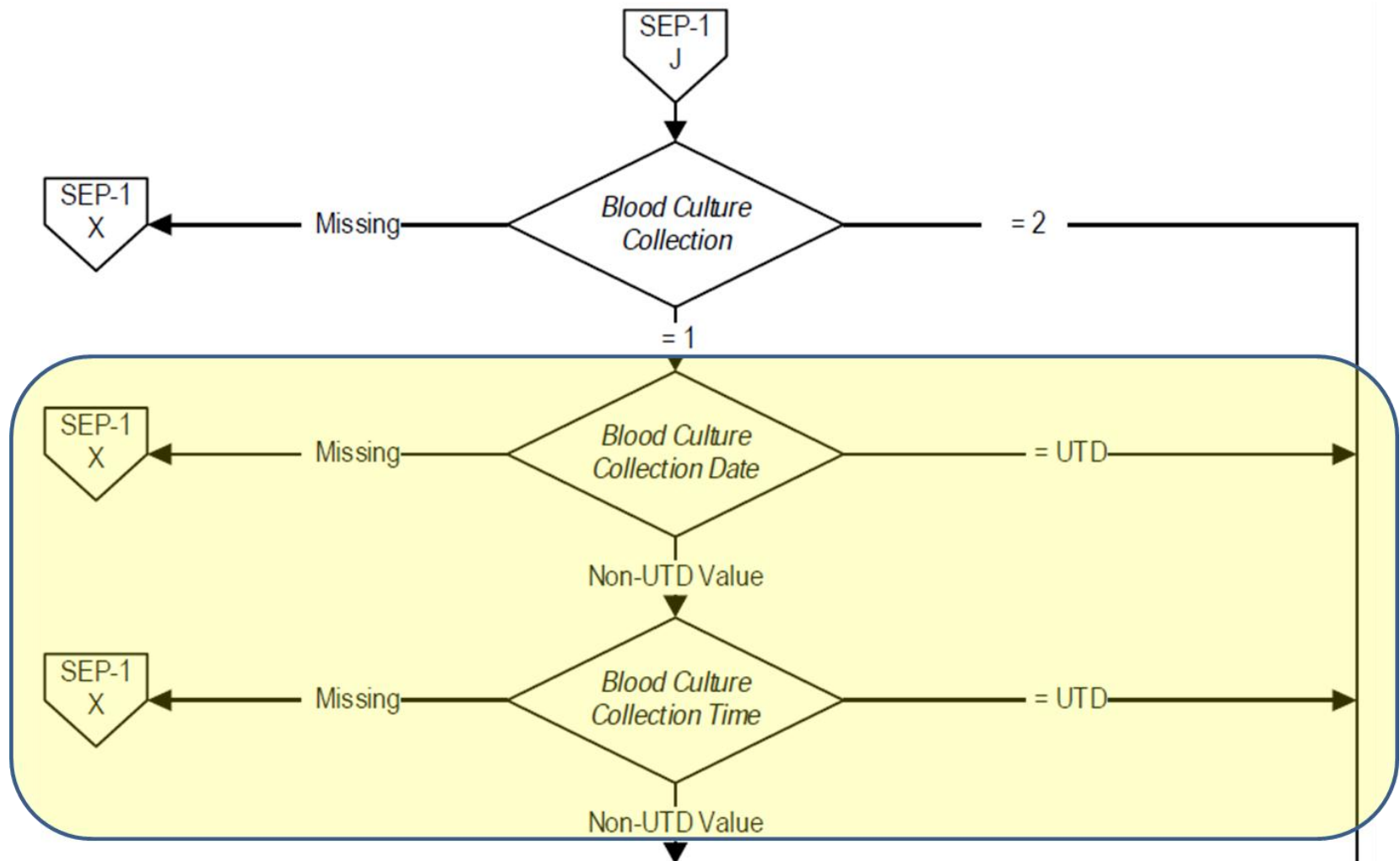
Blood Culture Collection (slide 4 of 4)

Things to look for:

- If patient is on antibiotics in the **24 hours prior to severe sepsis presentation**, start abstracting **24 hours prior to the first antibiotic dose**
- If patient is not on antibiotics at time of presentation, start abstracting 24 hours prior to severe sepsis presentation
- If patient received first dose of antibiotics more than 24 hours prior to severe sepsis presentation, select Allowable Value “2”

Blood Culture Collection Date and Time

(slide 1 of 2)



Blood Culture Collection

Date and Time

(slide 2 of 2)

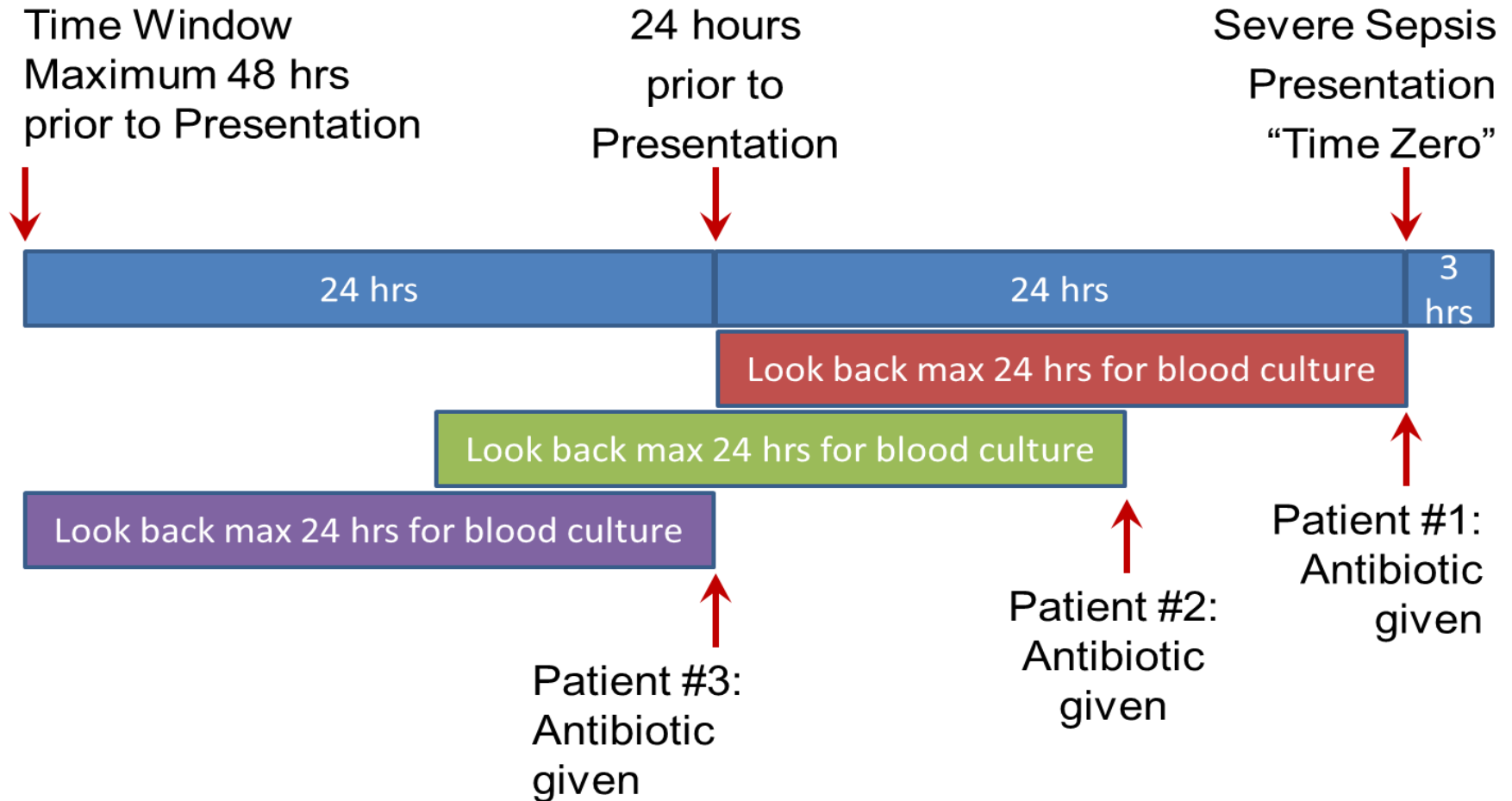
Time Window

- Limit abstraction to the time window 48 hours prior to and 3 hours after Severe Sepsis Presentation
- If multiple blood cultures, abstract the earliest date and time indicating a blood culture was drawn in the time window 48 hours prior to and 3 hours after Severe Sepsis Presentation

Time Window Rationale

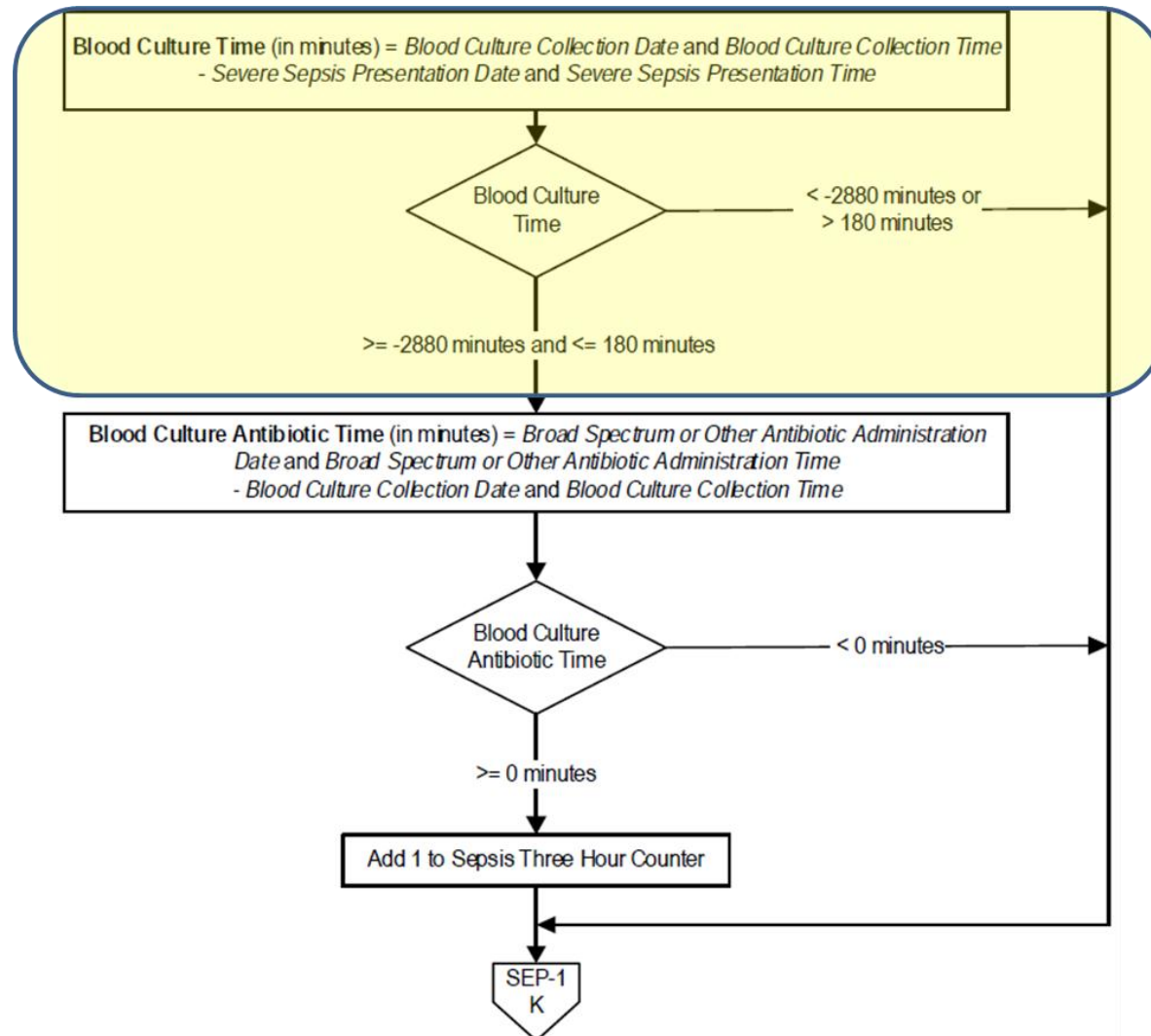
- 48 hours represents the oldest acceptable blood culture if the antibiotic is started 24 hours prior to severe sepsis presentation
- Blood cultures older than 48 hours prior to severe sepsis presentation, for purposes of the measure, are too old and considered irrelevant

Blood Culture Collection: A Closer Look



Blood Culture Time: Calculation

(slide 1 of 2)



Blood Culture Time: Calculation

(slide 2 of 2)

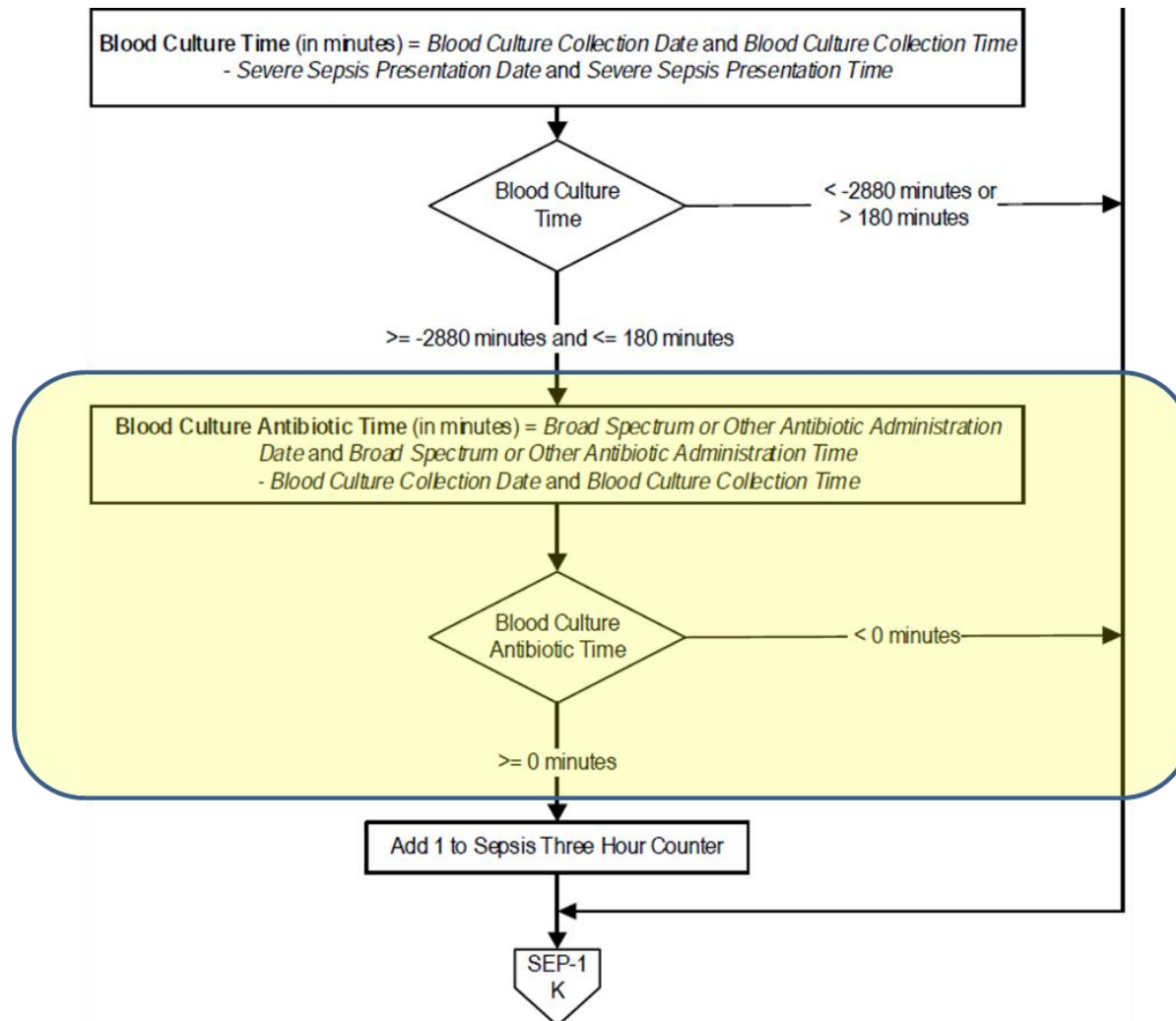
- Calculation in minutes of:
 - Blood Culture Collection Date and Time – Severe Sepsis Presentation Date and Time
- Time references:
 - -2880 minutes = 48 hours before presentation
 - 180 minutes = 3 hours after presentation

Blood Culture Time: What Happens

- **If** time is < -2880 minutes or > 180 minutes
(drawn earlier than 48 hours before presentation or later than 3 hours after presentation)
Then case bypasses the Sepsis Three Hour Counter and continues on the algorithm
- **If** time is ≥ -2880 minutes or ≤ 180 minutes
(given within 48 hours prior to presentation or within than 3 hours after presentation)
Then case goes on to the Blood Culture Antibiotic Time calculation

Blood Culture Antibiotic Time: Calculation

(slide 1 of 2)



Blood Culture Antibiotic Time: Calculation

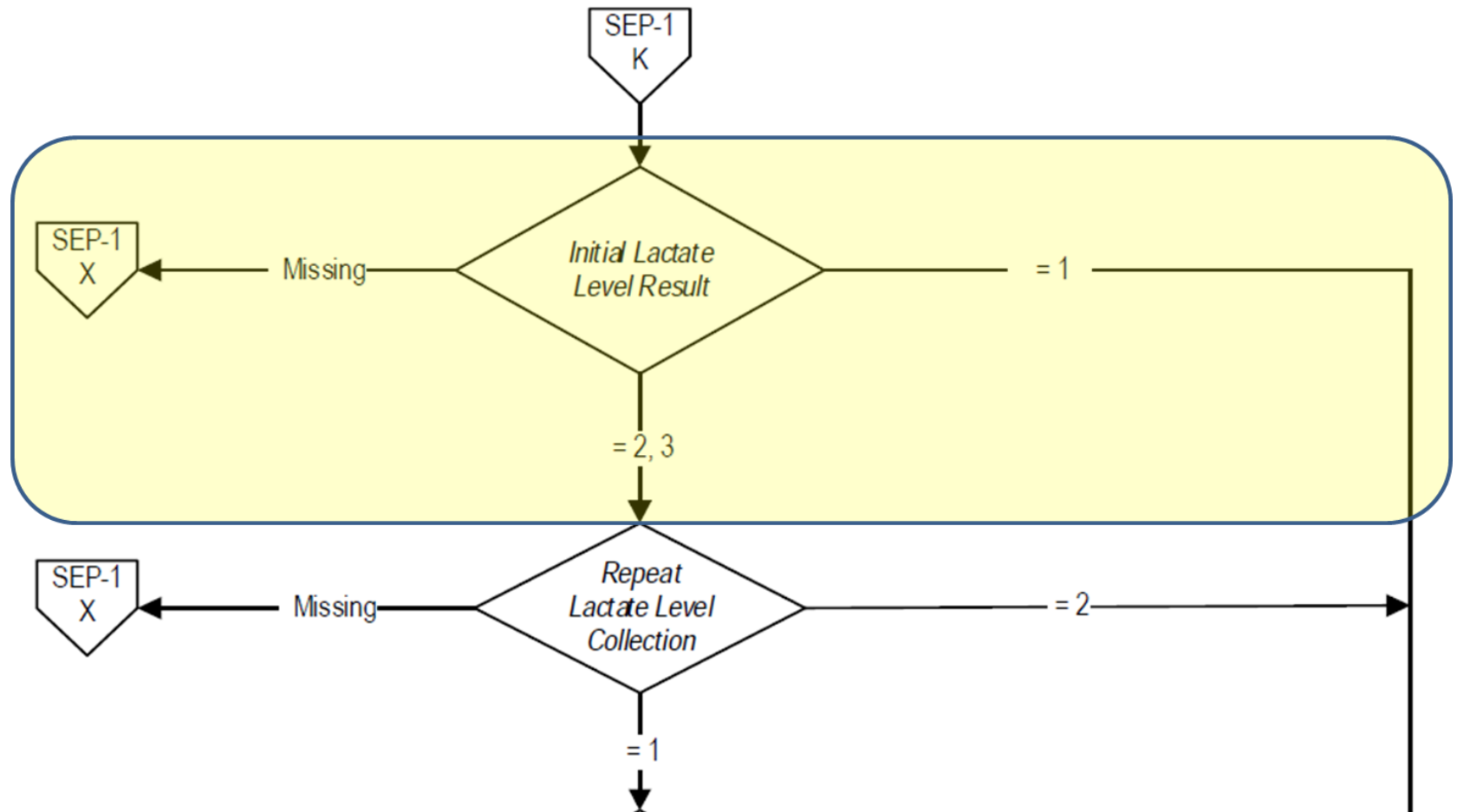
(slide 2 of 2)

- Calculation in minutes of:
 - Broad Spectrum or Other Antibiotic Administration Date and Time – Blood Culture Collection Date and Time
- Time references:
 - 0 minutes = blood culture was drawn same time antibiotic was given

Blood Culture Antibiotic Time: What Happens

- **If time is < 0 minutes**
(blood culture was drawn after antibiotic was given)
Then case bypasses the Sepsis Three Hour Counter and continues to the next page
- **If time is ≥ 0 minutes**
(blood culture was drawn before antibiotic was given)
Then add one to Sepsis Three Hour Counter and go on to next page

Initial Lactate Level Result (slide 1 of 3)



Initial Lactate Level Result (slide 2 of 3)

The results of the initial lactate level

Allowable Values:

- 1 (≤ 2)** The initial lactate level was less than or equal to 2.0, or there was no initial lactate level collected
- 2 (> 2 and < 4)** The initial lactate level was greater than 2.0 and less than 4.0
- 3 (≥ 4)** The initial lactate level was 4.0 or more, or there is no result in the chart, or unable to determine the result

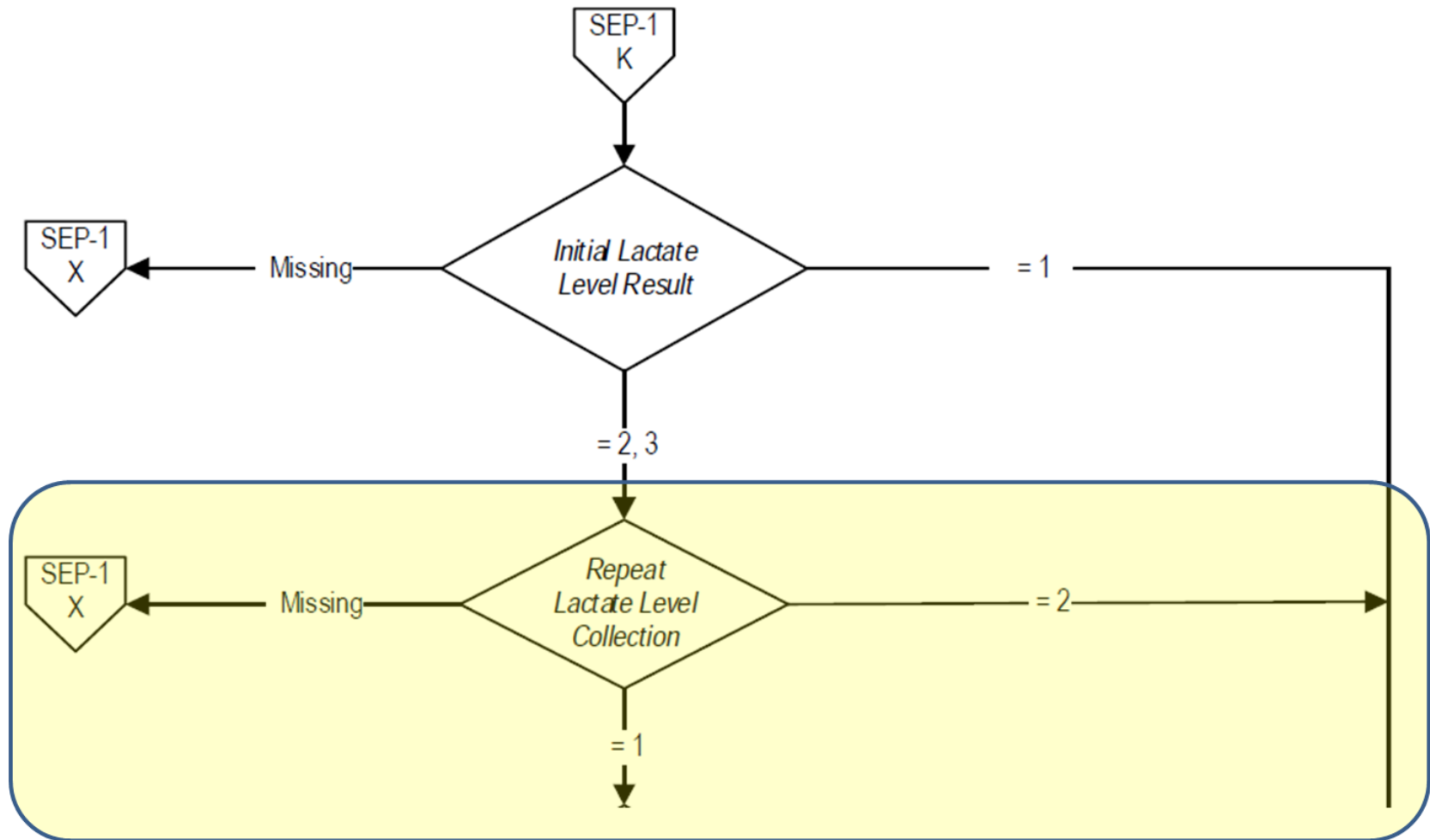
Initial Lactate Level Result (slide 3 of 3)

What to look for:

- The result of the lactate level that was abstracted for *Initial Lactate Level Collection*
- If an initial lactate was drawn but there are not results, select Value “3”

Repeat Lactate Level Collection

(slide 1 of 3)



Repeat Lactate Level Collection

(slide 2 of 3)

Documentation that a repeat lactate level was drawn within 6 hours following presentation of severe sepsis

Allowable Values:

- 1 (Yes)** A repeat lactate level was drawn in the time window beginning at severe sepsis presentation date and time and ending 6 hours thereafter
- 2 (No)** A repeat lactate level was not drawn in the time window beginning at severe sepsis presentation date and time and ending 6 hours thereafter, or unable to determine, or there was no repeat lactate level drawn because there was no initial lactate level drawn

Repeat Lactate Level Collection

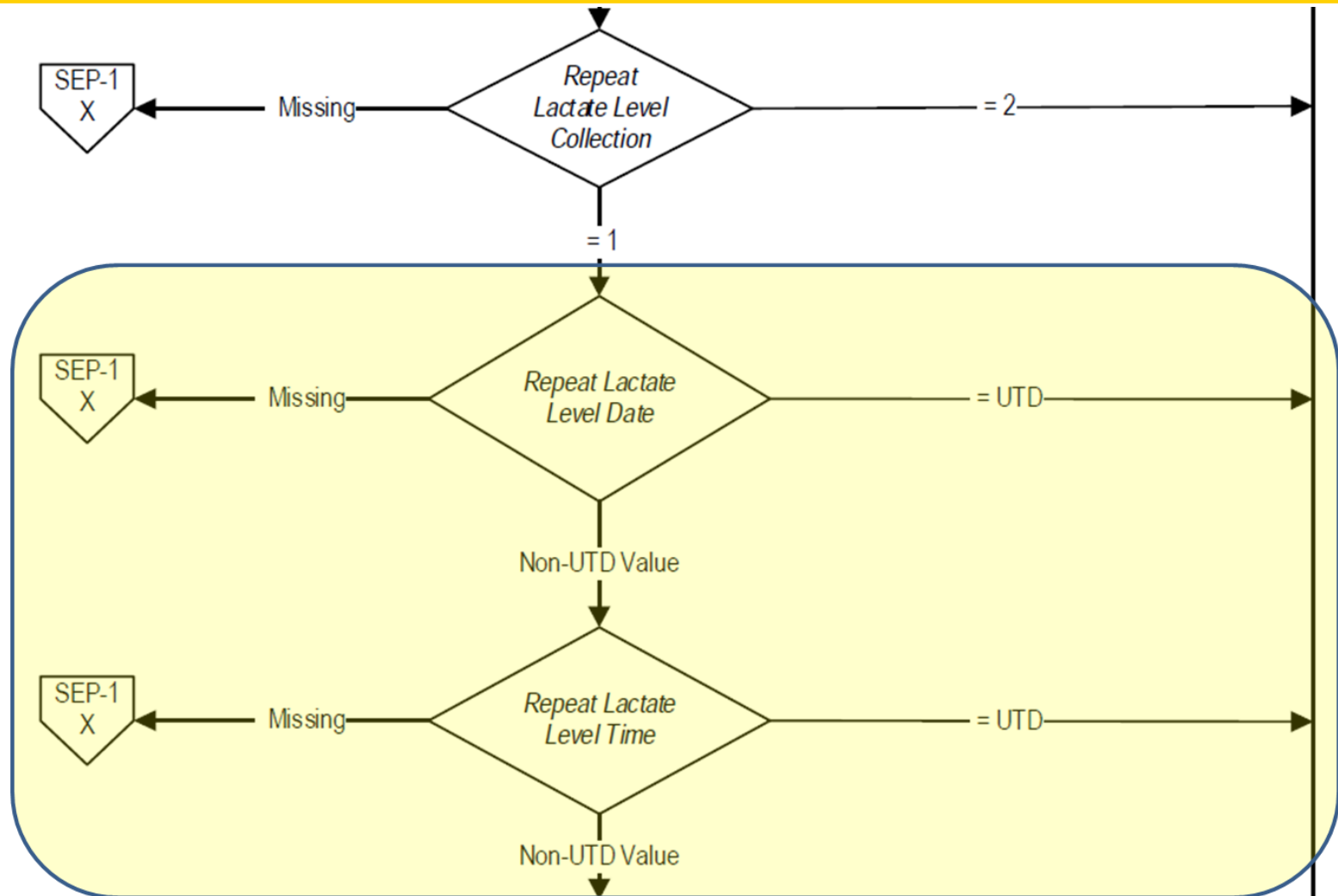
(slide 3 of 3)

What to look for:

- Required if initial lactate results are elevated (> 2)
- If multiple repeat lactates have been drawn, abstract the one drawn closest to initial lactate level time that is within 6 hours of severe sepsis presentation
- Documentation must be specific to Lactate or Lactic Acid drawn
- Physician order to draw does **NOT** count
- Documented unsuccessful attempts to draw do count

Repeat Lactate Level Date and Time

(slide 2 of 2)



Repeat Lactate Level Date and Time

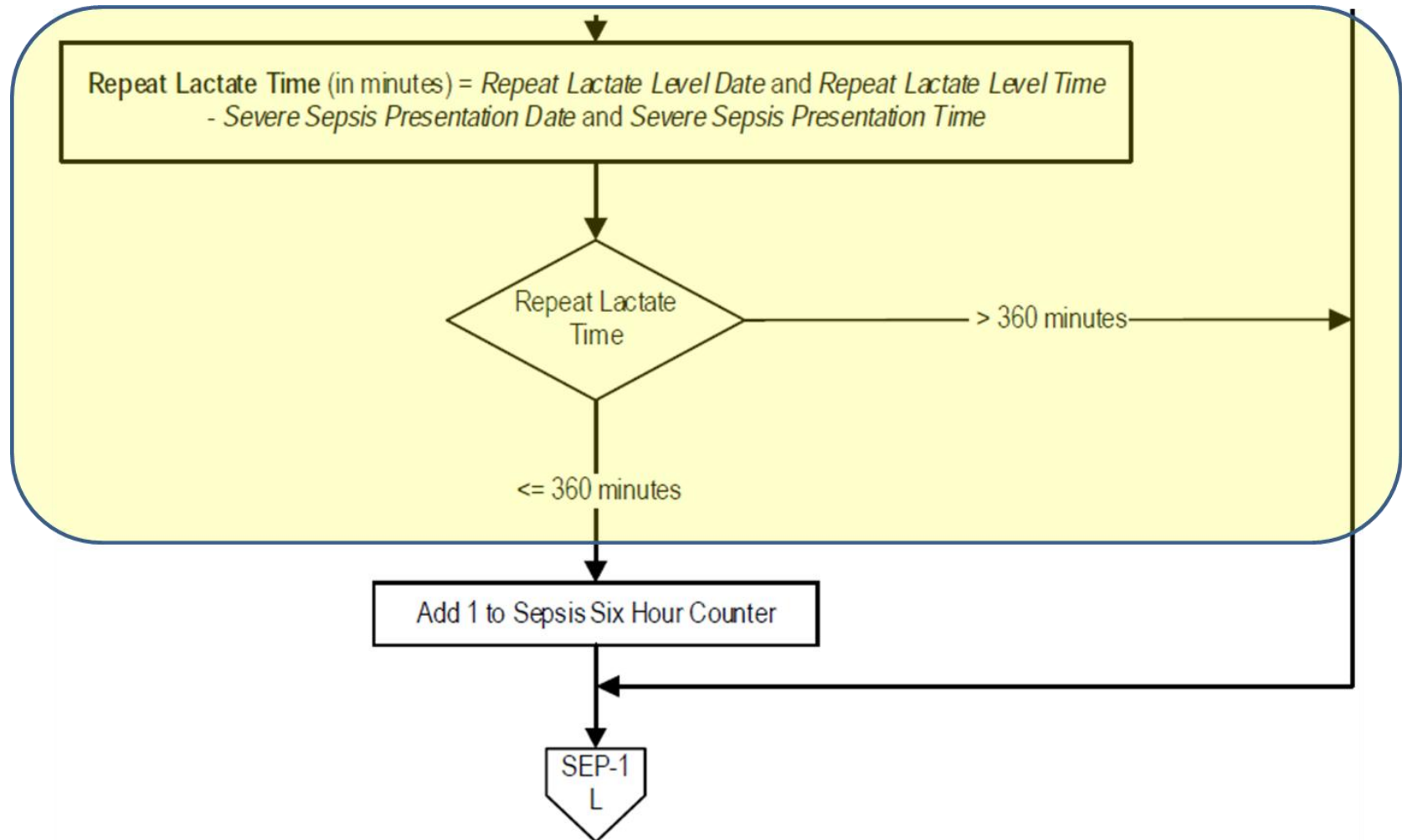
(slide 2 of 2)

The date and time the repeat lactate was drawn

- Time window
 - **6 hours following** severe sepsis presentation time
- Things to look for:
 - Date and time “drawn” or “collected”
 - **NOT** “reported”

Repeat Lactate Time: Calculation

(slide 1 of 2)



Repeat Lactate Time: Calculation

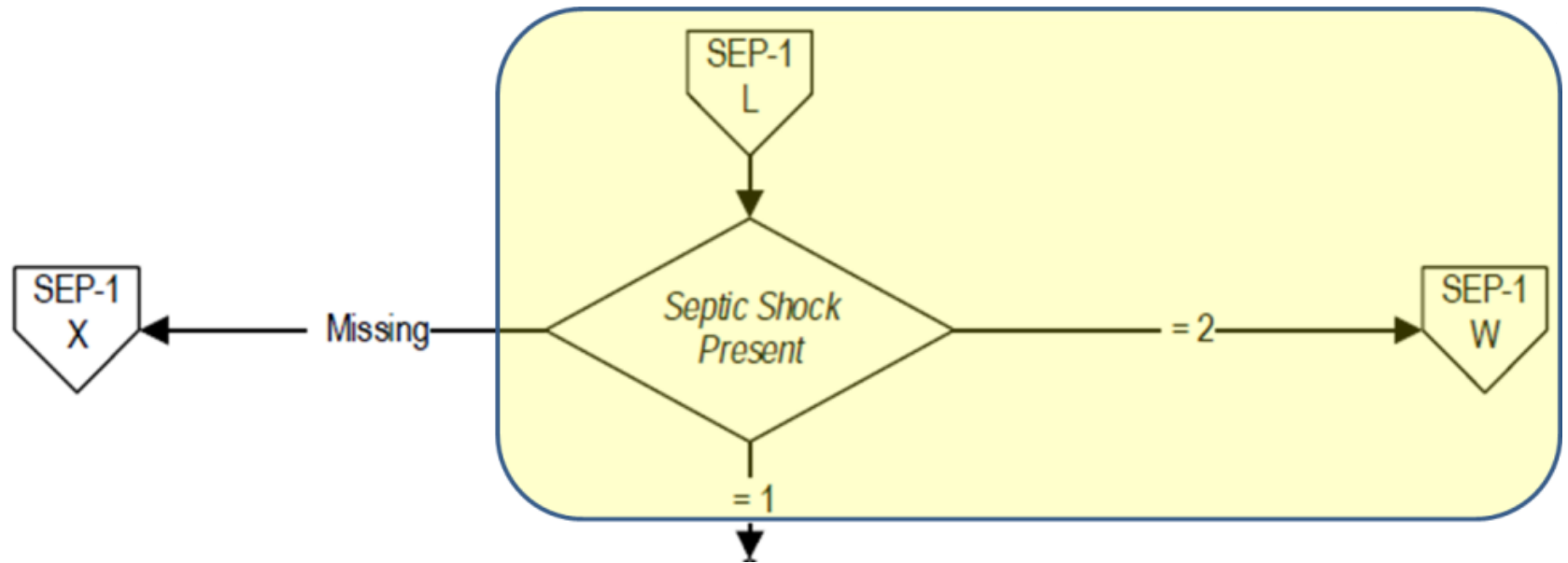
(slide 2 of 2)

- Calculation in minutes of:
 - Repeat Lactate Date and Time – Severe Sepsis Date and Time
- Time references:
 - 360 minutes = 6 hours after presentation

Repeat Lactate Time: What Happens

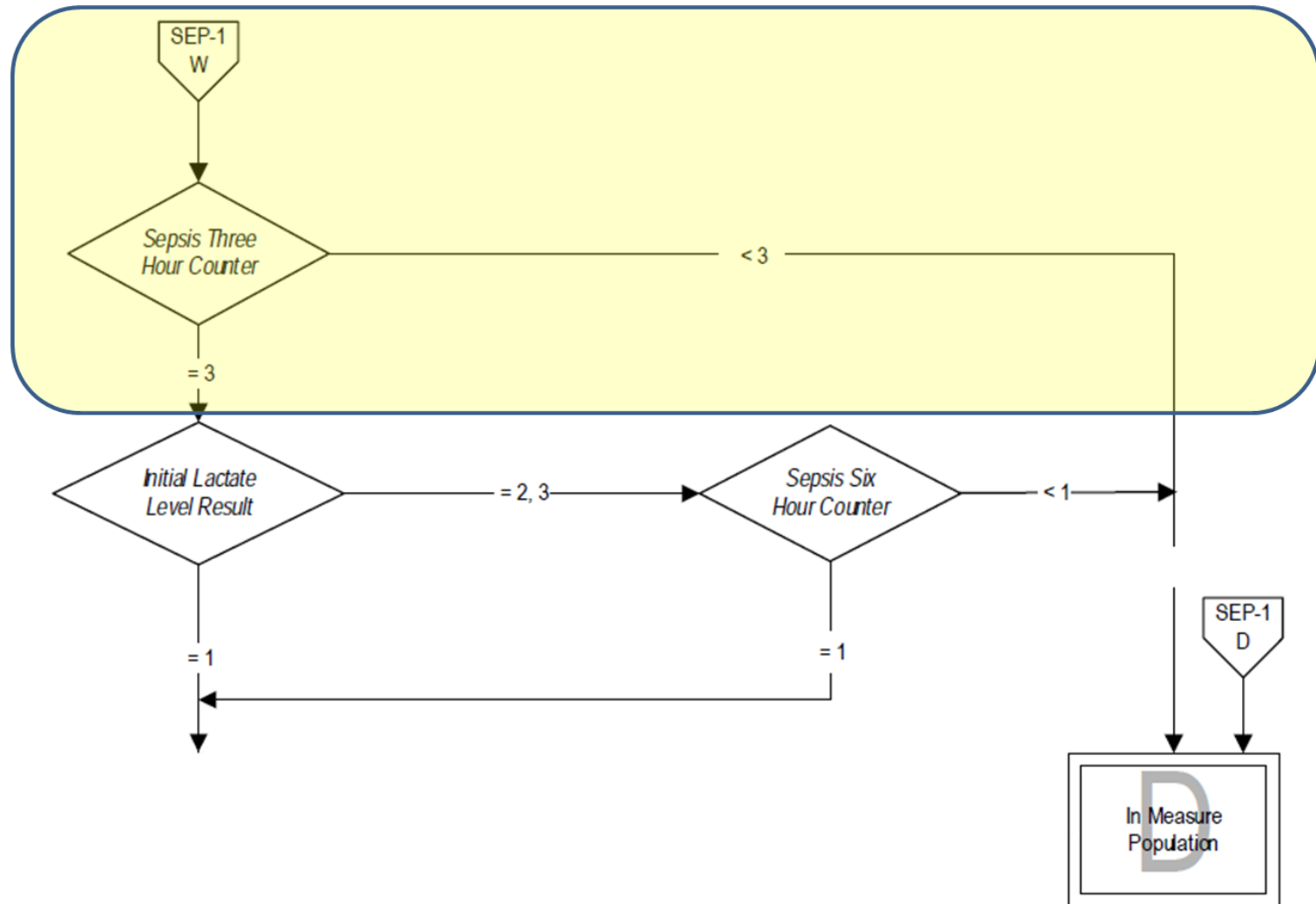
- **If time is > 360** minutes
(repeat lactate was drawn > 6 hrs after presentation)
Then case bypasses the Sepsis Six Hour Counter and continues to the next page
- **If time is <= 360** minutes
(repeat lactate was drawn within 6 hrs following presentation)
Then add one to Sepsis Six Hour Counter and go on to next page

Septic Shock Present



For purposes of this presentation, focused on the Severe Sepsis portion of the measure, assume Septic Shock is not present, Value “2”

“W” Counting the Counters: Sepsis Three Hour Counter (slide 1 of 3)



“W” Counting the Counters: Sepsis Three Hour Counter (slide 2 of 3)

If < 3

(one or more of the following **NOT** done within 3 hours of severe sepsis presentation)

- Initial lactate drawn
- Antibiotic started
- Blood cultures drawn

Then the case goes to category “**D**” and **fails** measure

“W” Counting the Counters: Sepsis Three Hour Counter (slide 3 of 3)

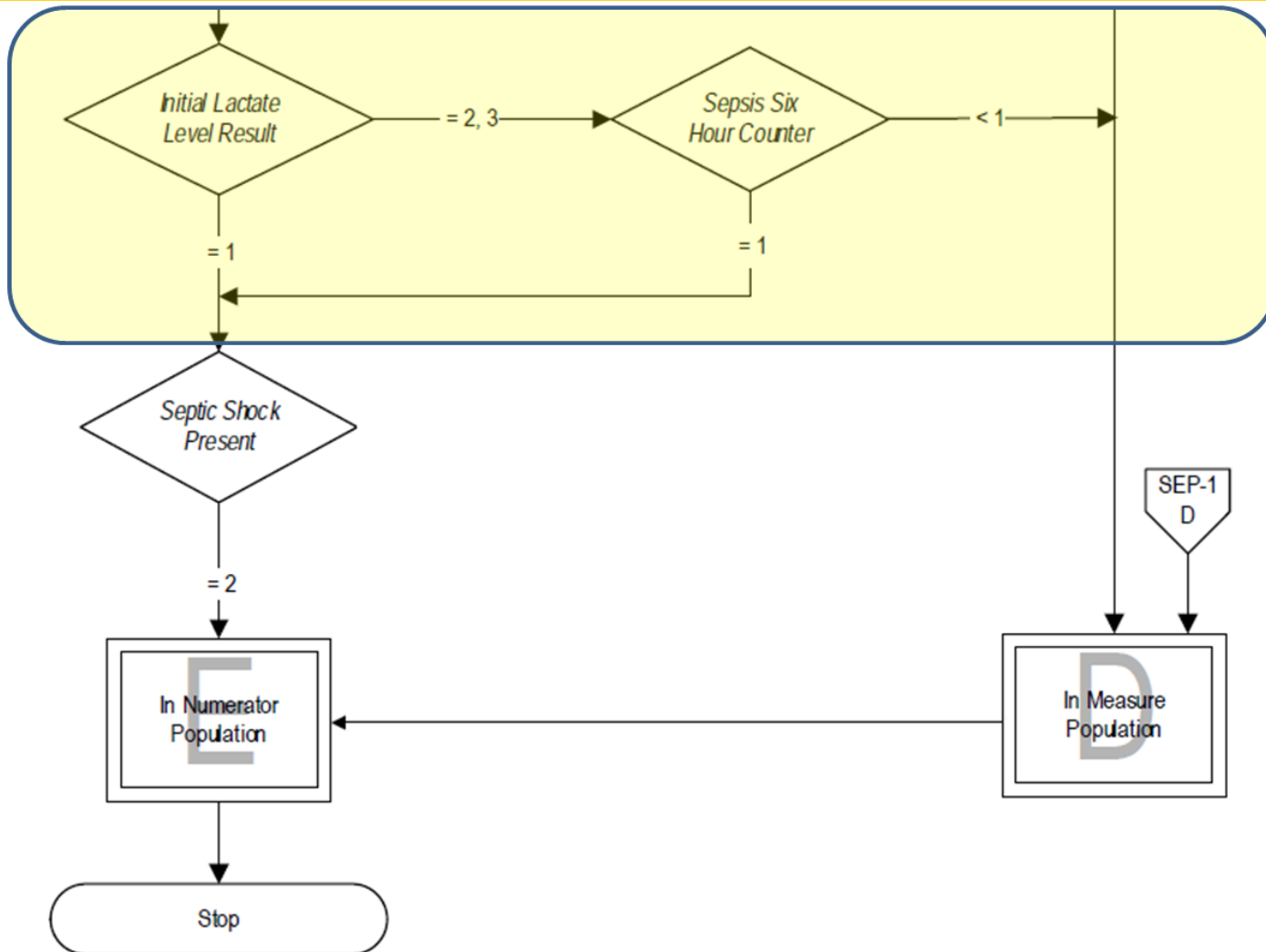
If = 3

(**ALL** three are done within 3 hours of severe sepsis presentation)

- Initial lactate drawn
- Antibiotic started
- Blood cultures drawn

Then case continues

“W” Counting the Counters: Sepsis Six Hour Counter (slide 1 of 3)



“W” Counting the Counters: Sepsis Six Hour Counter (slide 2 of 3)

If Initial Lactate Level Result is elevated (= 2, 3) the **Sepsis Six Hour Counter** is evaluated:

- **If < 1**

(Repeat Lactate not drawn within 6 hours of severe sepsis presentation)

Then case goes to category “**D**” and **fails** measure

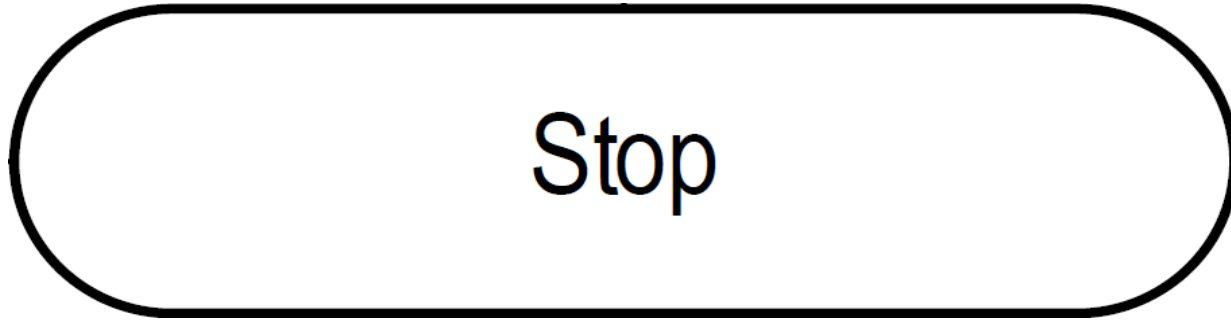
- **If = 1**

(Repeat Lactate was drawn within 6 hours of severe sepsis presentation)

Then case goes to category “**E**” and **passes** measure

Note: For purposes of presentation septic shock is not present.

The End



Once category “D” or “E” is assigned
abstraction stops

Congratulations! You Made It!

Resources

- SEP-1 Fact Sheet and FAQs on QualityNet
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228772869636>
- Hospital Inpatient Questions and Answers Tool on QualityNet
<https://cms-ip.custhelp.com/>

Thank You

- Your questions and feedback
 - Resulted in important revisions
 - Updates posted on QualityNet on May 29, 2015 as version 5.0a
 - Continuing to look at data elements based on your questions and feedback

Continuing Education Approval

- This program has been approved for 1.0 continuing education (CE) unit for the following professional boards:
 - Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling
 - Florida Board of Nursing Home Administrators
 - Florida Council of Dietetics
 - Florida Board of Pharmacy
 - Board of Registered Nursing (Provider #16578)
 - It is your responsibility to submit this form to your accrediting body for credit.

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 HSAG’s 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 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](#)
Check out our [sample surveys](#) and create your own now!

CE Credit Process

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 notice on the right: "this is a secure site please provide credentials to continue" with a lock icon. Below the header, the page title is "Learning Management Center" and the main heading is "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 page is framed by a blue border on the left and right sides.

HSAG HEALTH SERVICES ADVISORY GROUP

this is a secure site
please provide credentials to continue

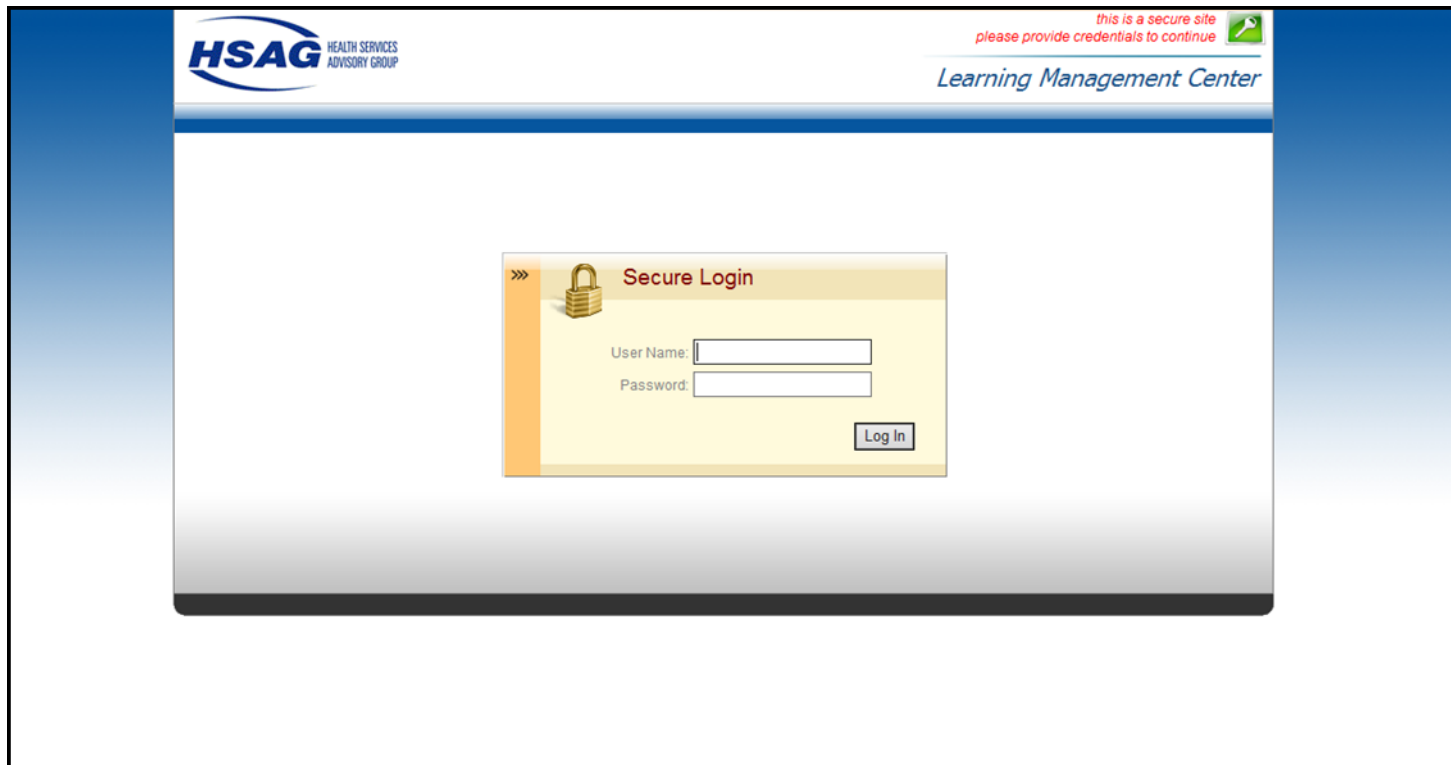
Learning Management Center

Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015

First Name: Last Name:

Email: Phone:

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 with the text "HEALTH SERVICES ADVISORY GROUP". At the top right, a red security notice reads "this is a secure site please provide credentials to continue" next to a small icon. Below this is the text "Learning Management Center". The central focus is a "Secure Login" box with a yellow background and a lock icon. It contains two input fields: "User Name:" and "Password:". A "Log In" button is positioned at the bottom right of the login box.

QUESTIONS?
