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Troubleshooting Audio

Audio from computer speakers breaking up? Audio suddenly stop?

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- **Wait 5 seconds**
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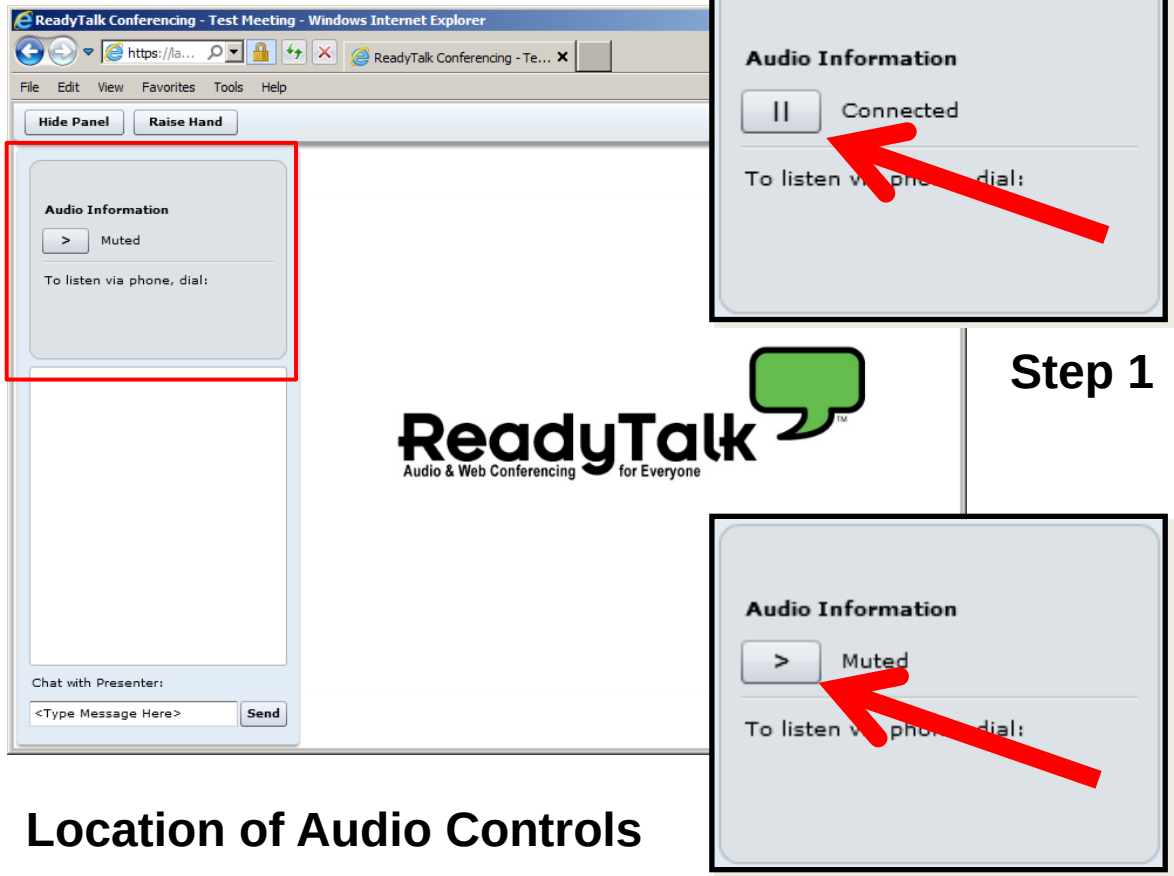
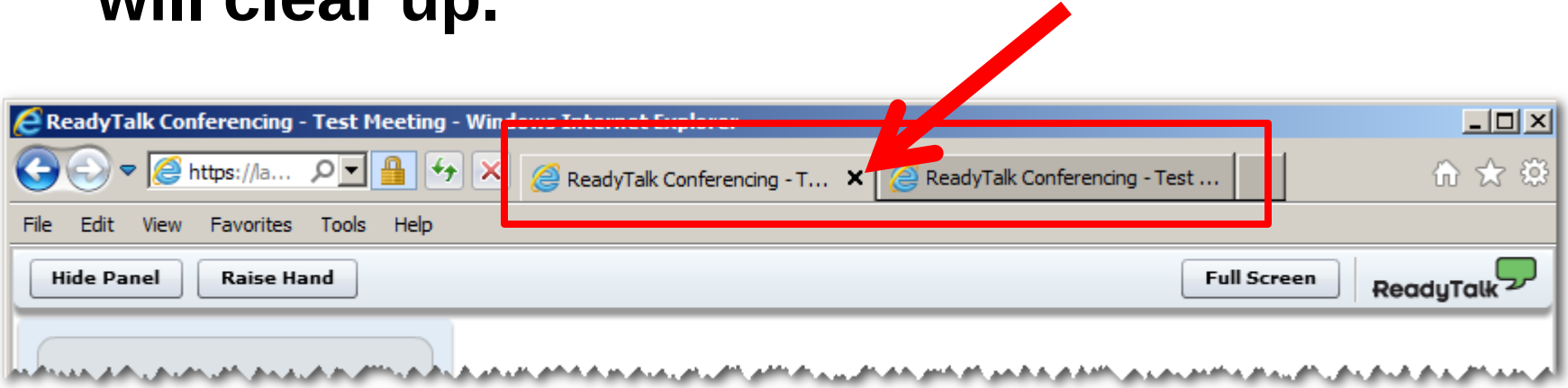


Location of Audio Controls

Troubleshooting Echo

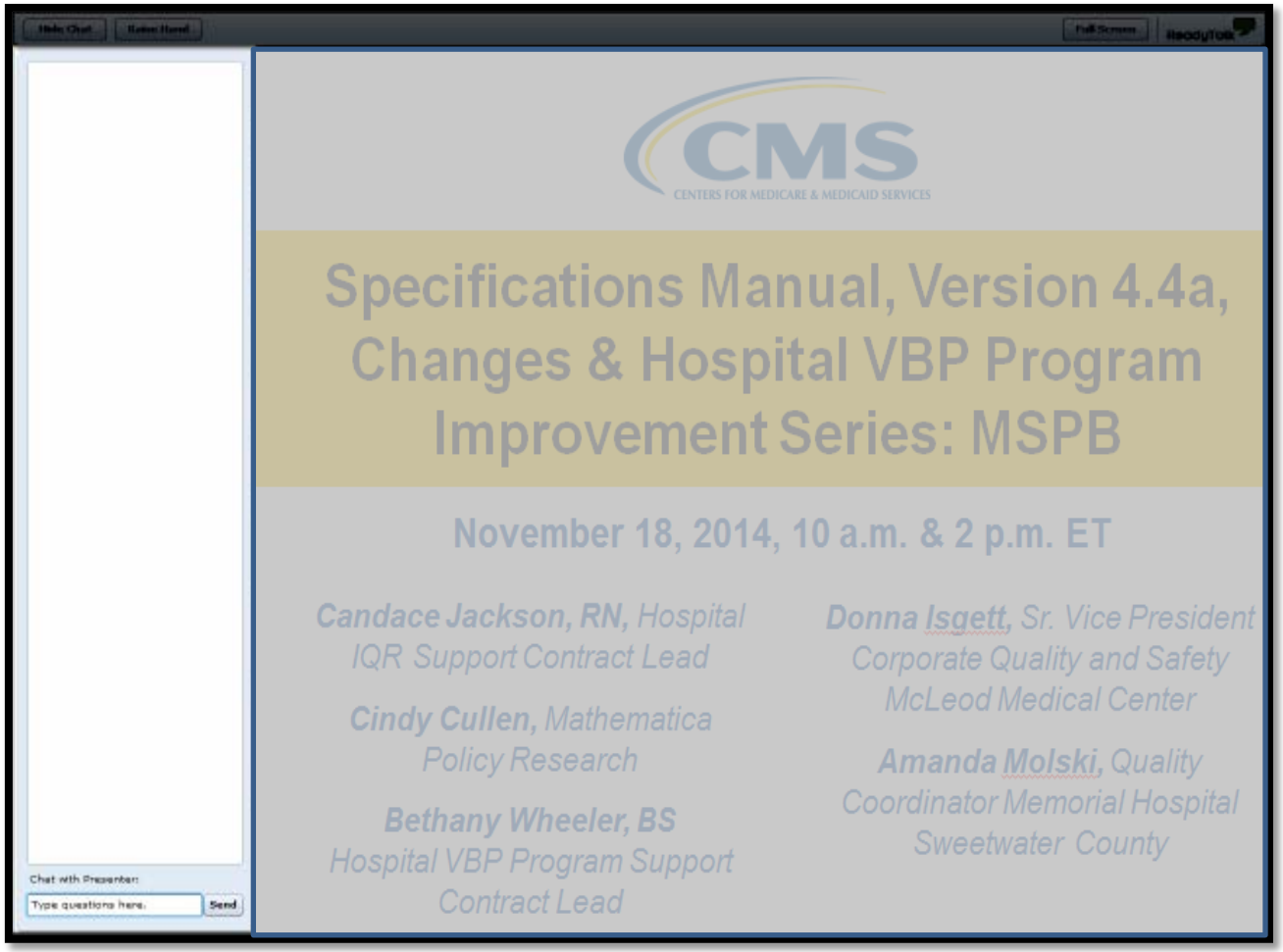
- **Hear a bad echo on the call?**
- **Echo is usually caused by multiple connections to a single event.**
- **Close all but one browser/tab and the echo will clear up.**



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.



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

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

June 29, 2016

Objectives

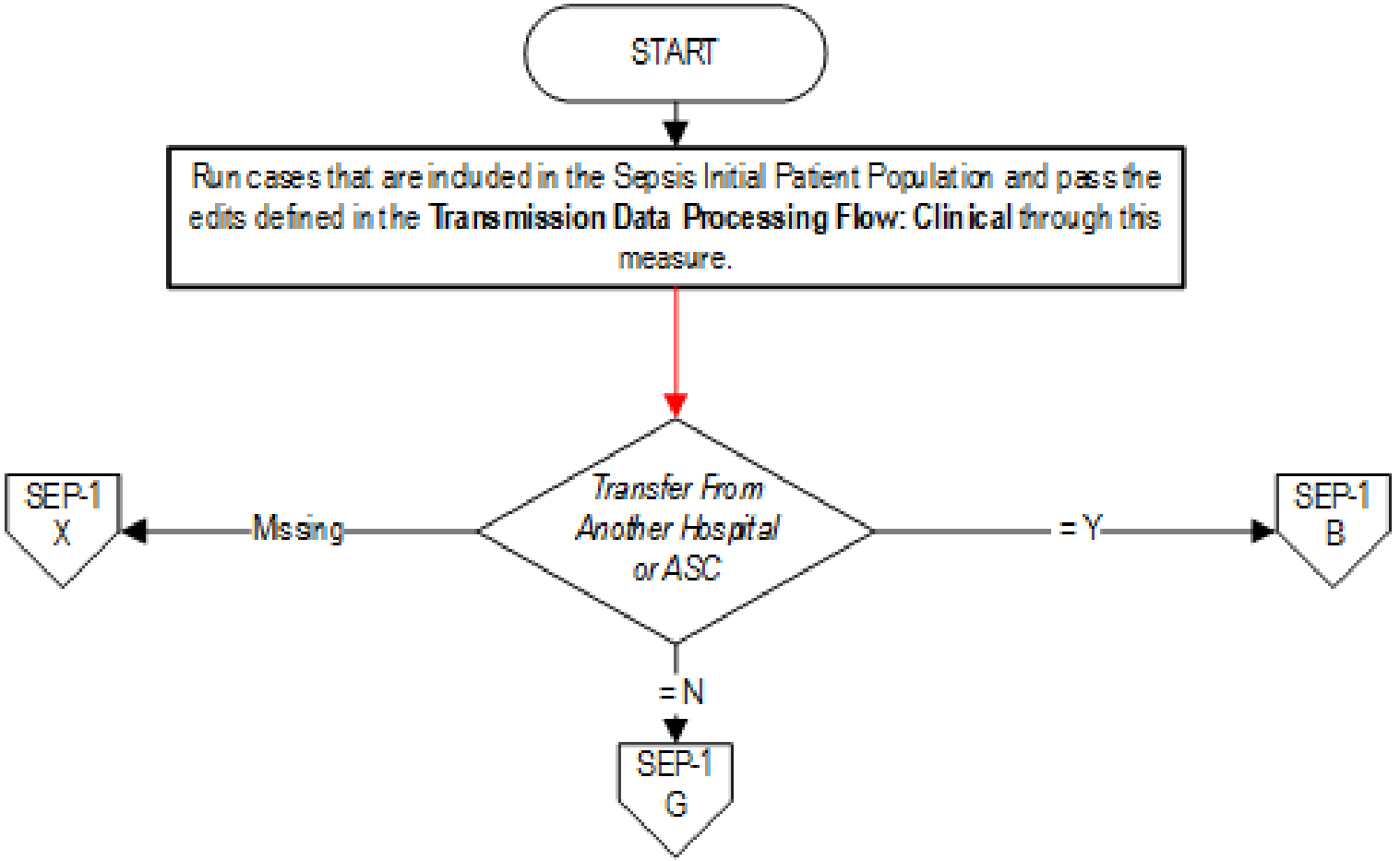
At the end of this presentation participants will be able to:

- Identify and understand updates to SEP-1 data elements in the IQR manual v5.1
- Describe how data element changes impact abstraction
- Identify and understand updates to the SEP-1 algorithm in the IQR manual v5.1

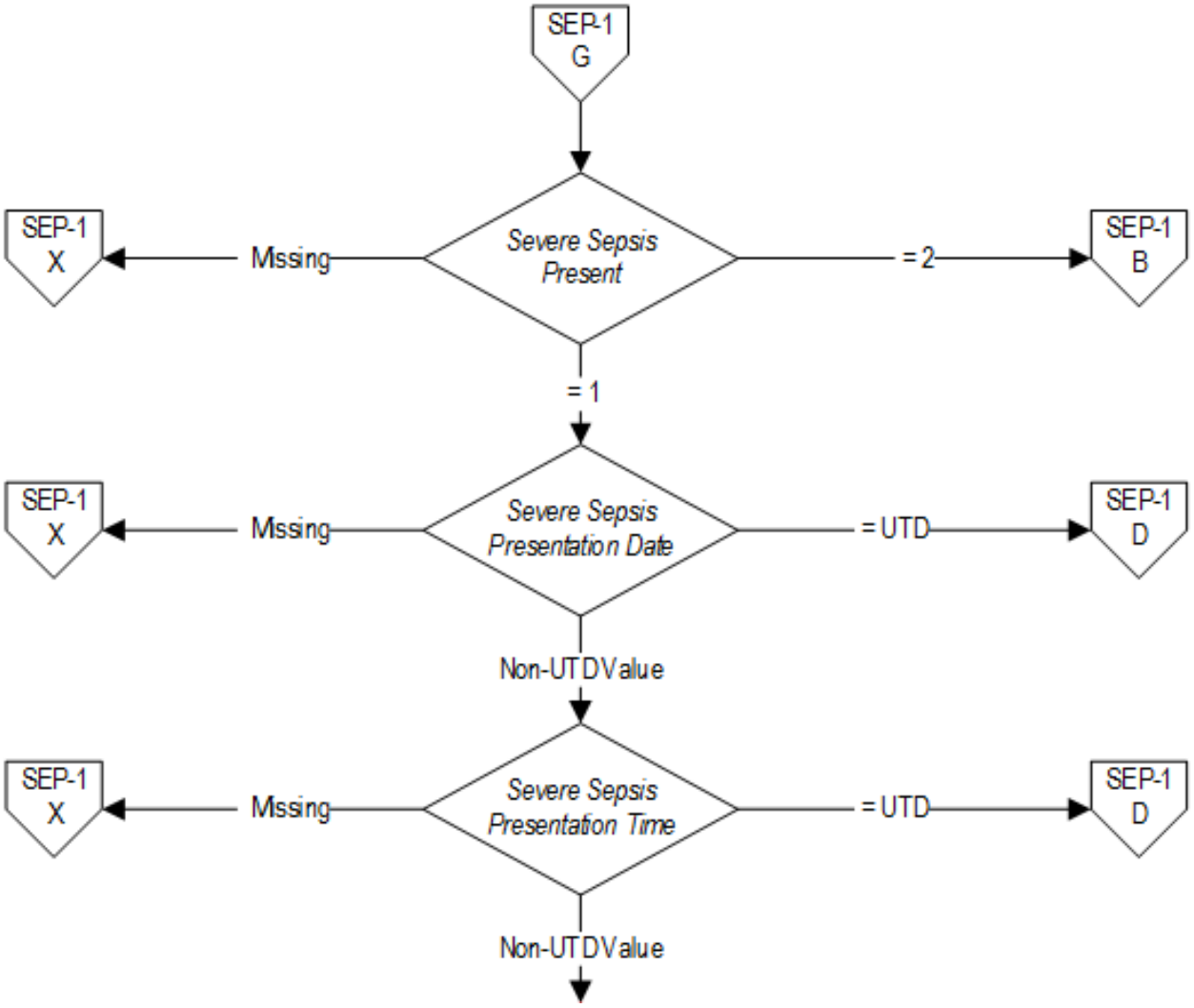
SEP-1 Updates to v5.1

- Will focus on algorithm changes and key data element changes that primarily impact abstraction
- Will not discuss all changes:
  - Changes that do not impact abstraction
  - Suggested Data Sources
  - Inclusion Guidelines for Abstraction
  - Exclusion Guidelines for Abstraction
- Refer to Release Notes, Version 5.1 on *QualityNet*
  - https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier4&cid=1228775436944

SEP-1 Algorithm Start



Algorithm: Severe Sepsis (1 of 2)



Severe Sepsis Present (1 of 2)

Notes for Abstraction (Bullet 1 Criteria "c" Edits):

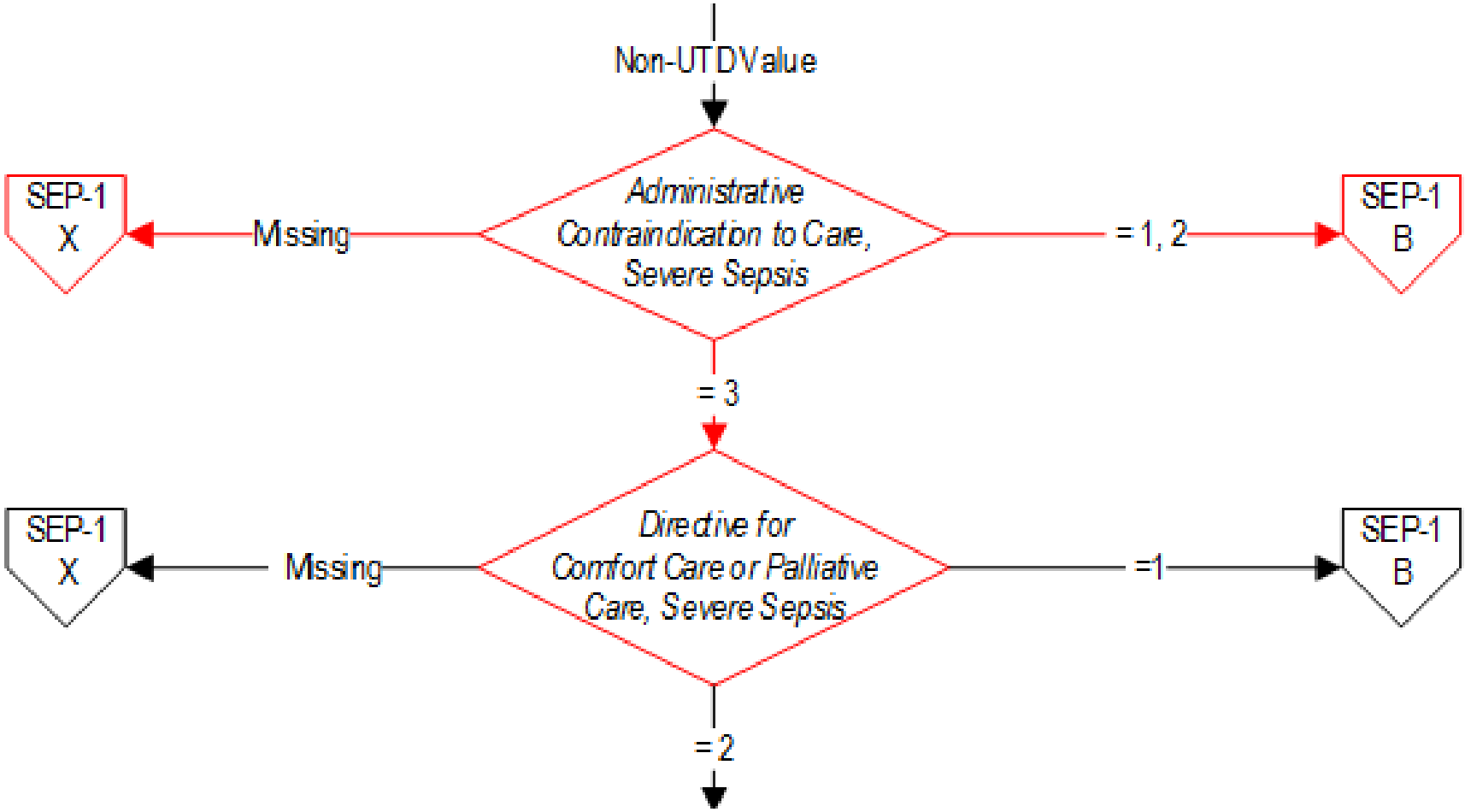
i. Systolic blood pressure (SBP) < 90, or mean arterial pressure < 65, or a systolic blood pressure decrease of more than 40 mmHg ~~from the last previously recorded SBP considered normal for that specific patient~~. Physician/APN/PA documentation must be present in the medical record indicating a > 40 mmHg decrease in SBP has occurred and is related to infection, severe sepsis or septic shock and not other causes.

Severe Sepsis Present (2 of 2)

Notes for Abstraction (Bullet 1 Criteria "c" Edits):

Do not include evidence of organ dysfunction that is considered to be due to a chronic condition or medication (e.g., Creatinine >2 for a patient with end stage renal disease, INR >1.5 for a patient on Warfarin, decrease in SBP associated with administration of a blood pressure medication).

Algorithm: Severe Sepsis (2 of 2)



Administrative Contraindication to Care: Severe Sepsis

- **Definition, Suggested Data Collection Question, and Allowable Values (Edits)**:
  - Added "prior to or within 6 hours following presentation of severe sepsis" to be specific for severe sepsis
- **Notes for Abstraction (Bullet 2 Edits, New Bullet 3):**
  - Consent forms either signed or unsigned by the patient or decision-maker that are marked "refused" and witnessed by a physician, APN, PA or other hospital personnel, are acceptable
  - Documentation of refusal of blood draw, fluid administration, or antibiotic administration that is present prior to or within 6 hours following presentation of severe sepsis can be used

Directive for Comfort Care or Palliative Care: Severe Sepsis

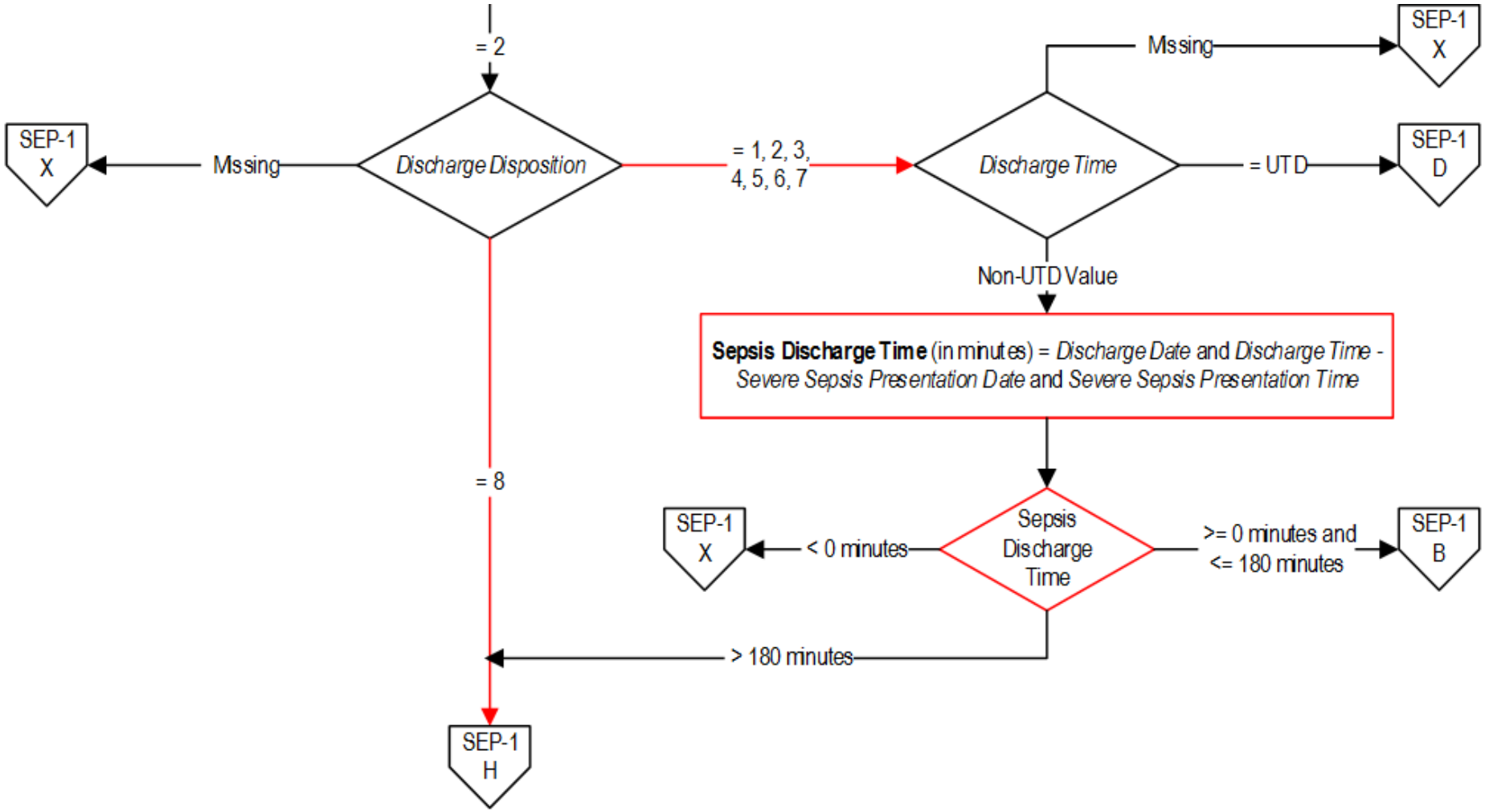
- **Definition (Edits):**

  Palliative Care is the identification, prevention, and treatment of suffering by means of assessment of the physical, psychosocial, intellectual, and spiritual needs of the patient with a goal of supporting and optimizing the patient's quality of life. Palliative care ensures a partnership between practitioner, patient, and family to provide support in decision making at any stage in the patient's care.

- **Suggested Data Collection Question, Allowable Values, and Notes for Abstraction (Edits):**

  Added "or palliative care" after "comfort measures only" to indicate data element is inclusive of palliative care.

Algorithm: Severe Sepsis Discharge



Discharge Disposition

- Algorithm flow changes ONLY
- Dispositions that go to Discharge Time
  1. Home
  2. Hospice – Home
  3. Hospice – Healthcare Facility
  4. Acute Care Facility
  5. Other Healthcare Facility
  6. Expired
  7. Left Against Medical Advice/AMA

Sepsis Discharge Time

- Formerly known as Sepsis Expired Time
  - Was a specific calculation identifying whether the patient expired within 3 hours of severe sepsis presentation
    - If so, case was excluded
- Renamed to Sepsis Discharge Time
  - Now a calculation to identify whether the patient was discharged within 3 hours of severe sepsis presentation.
    - If so, case is excluded.

Severe Sepsis: Required Elements of Care Data Collection (1 of 2)

In v5.0b, abstraction continued if a case did not meet criteria for any of the following data elements:

- Initial Lactate Level Collection, Initial Lactate Level Date, Initial Lactate Level Time
- Broad Spectrum or Other Antibiotic Administration, Broad Spectrum or Other Antibiotic Administration Date, Broad Spectrum or Other Antibiotic Administration Time, Broad Spectrum or Other Antibiotic Administration Selection
- Blood Culture Collection, Blood Culture Collection Date, Blood Culture Collection Time
- Initial Lactate Level Result
- Repeat Lactate Level Collection, Repeat Lactate Level Date, Repeat Lactate Level Time

Severe Sepsis: Required Elements of Care Data Collection (2 of 2)

In v5.1, requirement to continue abstraction removed:

- Data elements not met go directly to category “D” and fail the measure
- Decreases abstraction for cases that fail early in severe sepsis portion of algorithm
- Decreases algorithm complexity by removing counters
  - Sepsis Three Hour Counter
  - Sepsis Six Hour Counter
  - Shock Vasopressor Six Hour Counter

Initial Lactate Level Collection: Date and Time

Notes for Abstraction (Bullet 1 Edit):

If there are multiple lactate levels, only abstract the level ~~reported~~ drawn closest to the time of presentation of severe sepsis. That lactate level is the initial lactate level for purposes of this data element.

Broad Spectrum or Other Antibiotic Administration Selection (1 of 2)

Notes for Abstraction (Bullet 2 Edits):

If the administered IV antibiotics were NOT on Table 5.0, determine if the IV antibiotics are on Table 5.1 in Appendix C. Determine the class the administered IV antibiotics belong to, based on the class name in the shaded row above the antibiotic names. Next, refer to the following Combination Antibiotic Therapy Table to determine if an antibiotic from a class in both Column A and Column B were given. There must be at least one from a class in column A and at least one from a class in column B administered to select Value "1." Review the chart to see that both drugs were started or given within 3 hours of severe sepsis presentation and if so, choose Value "1." If both drugs were not started or given, choose Value "2."

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

Notes for Abstraction (New Bullet 4):

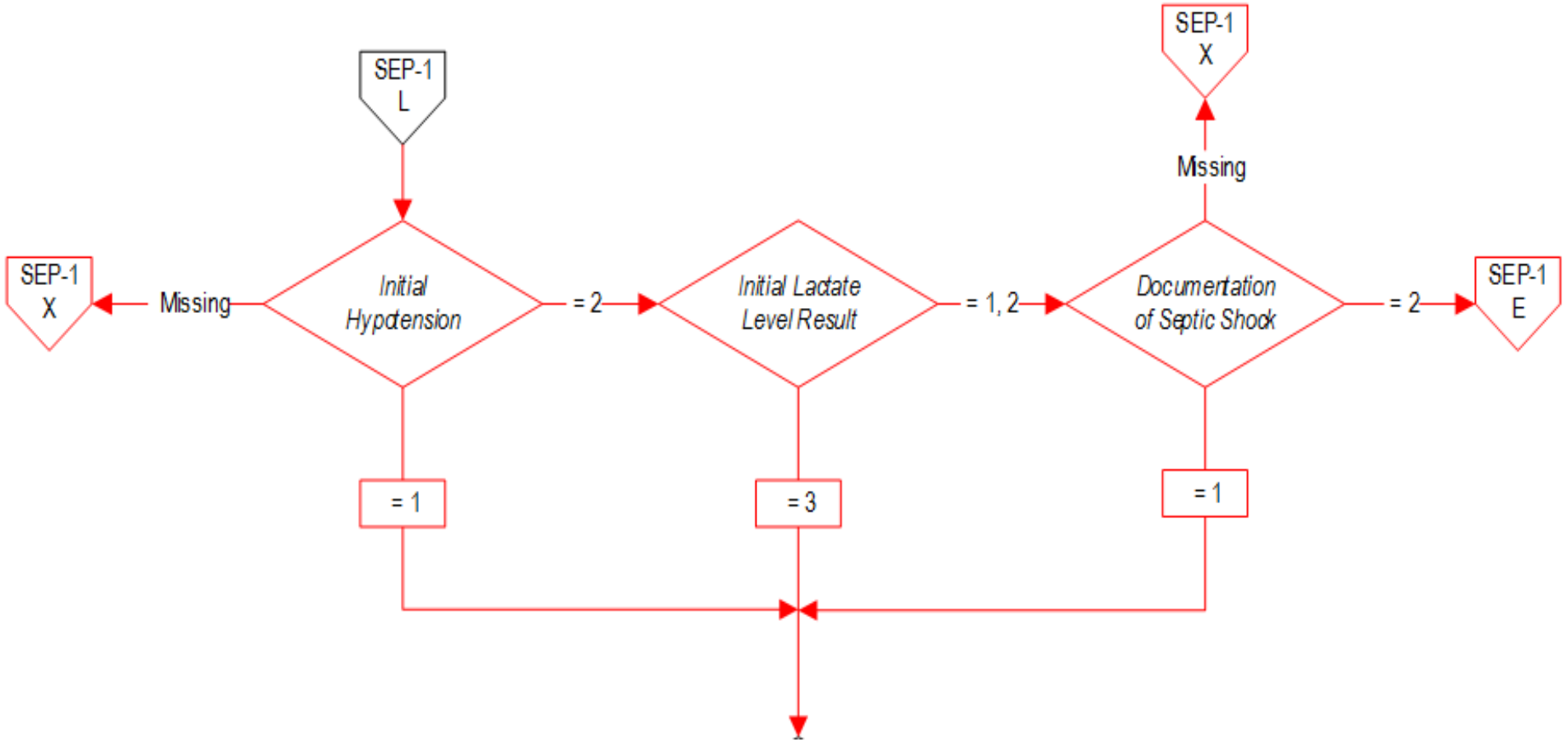
If an IV antibiotic from Table 5.0 or an appropriate combination of IV antibiotics from Table 5.1 is not started or given within the 3 hours following presentation of severe sepsis, but there is a lab report or physician/APN/PA documentation indicating the causative organism and susceptibility is known and an IV antibiotic identified as appropriate to treat the causative organism is given within 3 hours following presentation of severe sepsis, choose Value "1."

Repeat Lactate Level Collection: Date and Time

Notes for Abstraction (Bullet 1 Edit):

A repeat lactate level is the next lactate level drawn after the initial lactate level if the initial lactate is elevated (>2.0). This repeat level must be drawn in the time window beginning at severe sepsis presentation date and time and ending 6 hours thereafter.

Algorithm: Crystalloid Fluid Trigger Events



Initial Hypotension

New Data Element (1 of 2)

Definition (New):

Documentation of the presence of initial hypotension 6 hours prior to or within 6 hours following *Severe Sepsis Presentation Date and Time*. The criteria for determining that initial hypotension was present are as follows:

- systolic blood pressure (SBP) < 90, or
- mean arterial pressure (MAP) < 65, or
- a decrease in systolic blood pressure by > 40 mmHg. Physician/APN/PA documentation must be present in the medical record indicating a > 40 mmHg decrease in SBP has occurred and is related to infection or severe sepsis and not other causes.

Initial Hypotension
New Data Element (2 of 2)

- **Suggested Data Collection Question (New):**

  Was initial hypotension present 6 hours prior to or within 6 hours following *Severe Sepsis Presentation Date and Time?*

- **Allowable Values (New):**

1 (Yes)	Hypotension was present 6 hours prior to or within 6 hours following Severe Sepsis presentation.
2 (No)	Hypotension was not present 6 hours prior to or within 6 hours following Severe Sepsis presentation.

Documentation of Septic Shock

New Data Element (1 of 2)

- **Definition (New):**

  Physician/APN/PA documentation of septic shock within 6 hours following the presentation of severe sepsis.

- **Suggested Data Collection Question (New):**

  Was physician/APN/PA documentation of septic shock within 6 hours following the presentation of severe sepsis present in the medical record?

Documentation of Septic Shock

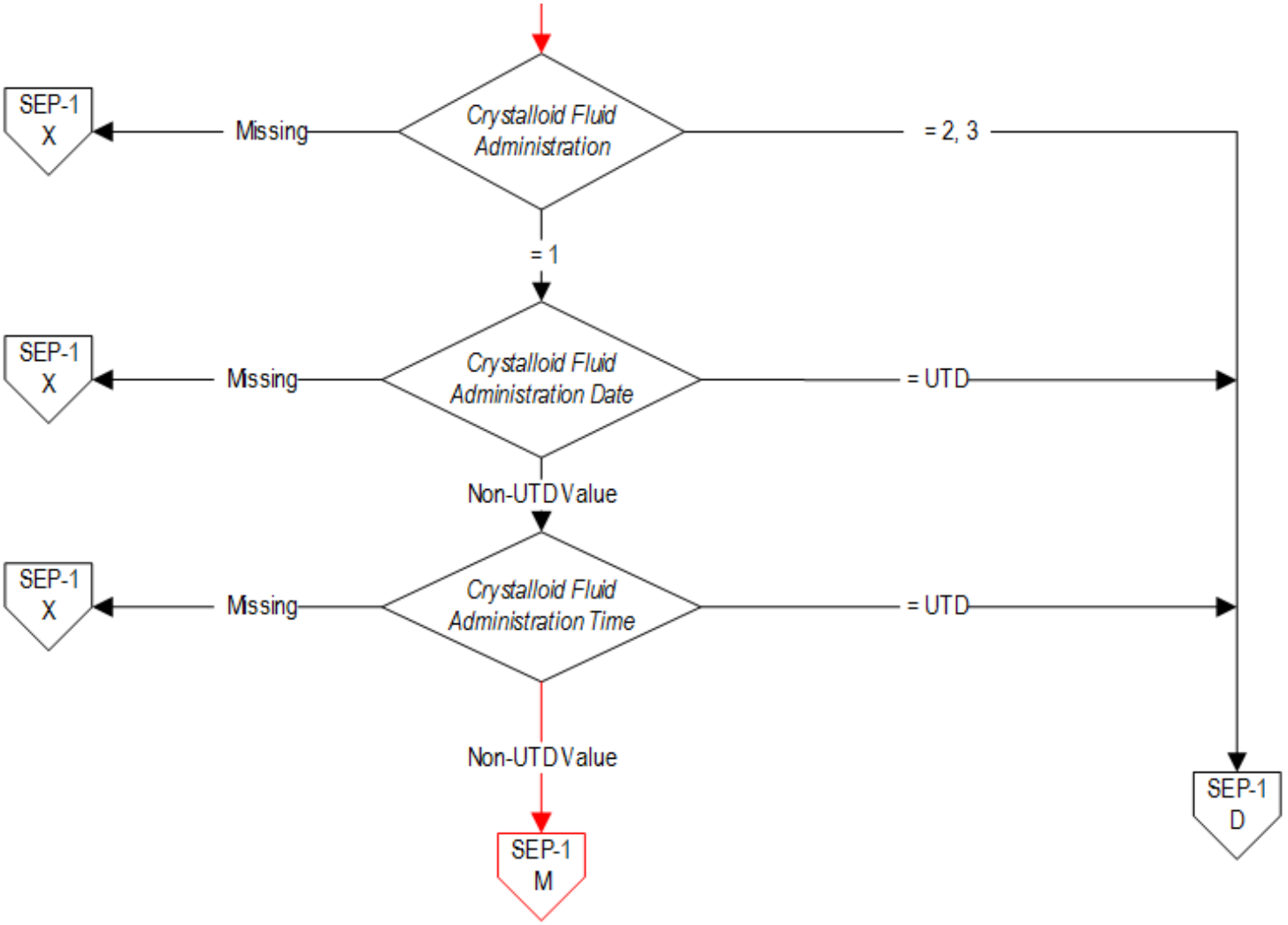
New Data Element (2 of 2)

Allowable Values (New):

1 (Yes) There was physician/APN/PA documentation of septic shock within 6 hours *Severe Sepsis Presentation Date and Time*.

2 (No) There was not physician/APN/PA documentation of septic shock within 6 hours *Severe Sepsis Presentation Date and Time*.

Algorithm: Crystalloid Fluid Administration



Crystalloid Fluid Administration (1 of 4)

Definition, Suggested Data Collection Question, and Allowable Values (Edits):

Addition of initial hypotension, initial lactate >= 4, or documentation of septic shock.

Crystalloid Fluid Administration (2 of 4)

Notes for Abstraction (Bullet 1, 2 and 3 Edits):

- The ONLY acceptable fluids are crystalloid or balanced crystalloid solutions (such as 0.9% sodium chloride solution, normal saline, Lactated Ringers Solution, PlasmaLyte, or Normosol).
- Only abstract crystalloid fluids given for the presence of severe sepsis with hypotension, OR for the presence of severe sepsis with a lactate >=4 mmol/L, OR physician/APN/PA documentation of septic shock.
- Do not abstract crystalloid solutions that are ~~given~~ used to flush IV lines or ~~other~~ give medications such as antibiotics.

Crystalloid Fluid Administration (3 of 4)

Notes for Abstraction (New Bullets 6 & 7, Bullet 8 Edits):

- Physician/APN/PA orders are required for the fluids. The order must include the type of fluid, the volume of fluid, and a rate or time over which the fluids are to be given. If the type of fluid, IV route, rate or duration over which to give the fluids is missing, choose Value “2.”
- If the crystalloid fluid order is equivalent to 30 mL/kg, the IV route is indicated, and a specific time over which the IV fluids are to be given or a rate is not in the order, but the terms "bolus" or “wide open” are included in the order, this is acceptable. The terms "bolus" and “wide open” imply the fluids will be administered rapidly and are acceptable in place of a specific rate or infusion duration.
- If crystalloid fluids are given at a usual rate, maintenance rate or at a “Keep Vein Open” (KVO) rate, which for purposes of the measure is 1000 mL over 8 hours (125 mL/hour) or less, choose Value “2.”

Crystalloid Fluid Administration (4 of 4)

Notes for Abstraction (New Bullets 9, 10, 11, and 12):

- The volume of crystalloid fluids ordered may be in a single order or a series of multiple orders. If the total volume of crystalloid fluids ordered is less than 30 mL/kg, choose Value "2."
- Use the weight documented closest to and prior to the order for crystalloid fluids. If a weight is not documented prior to the crystalloid fluid order, use the weight recorded closest to and after the crystalloid fluid order.
- Use the patient's actual weight. Use estimated weight only if actual weight is not available to determine the volume of crystalloid fluids the patient should receive. Do not use ideal weight.
- If there is documentation the infusion was stopped prior to 30 mL/kg being completely infused, select Value "2."

Crystalloid Fluid Administration Date and Time (1 of 2)

- **Definition (Edits)**:

  The date on which/earliest time at which crystalloid fluids were initiated for initial hypotension, initial lactate >= 4, or documentation of septic shock.

- **Suggested Data Collection Question (Edits)**:

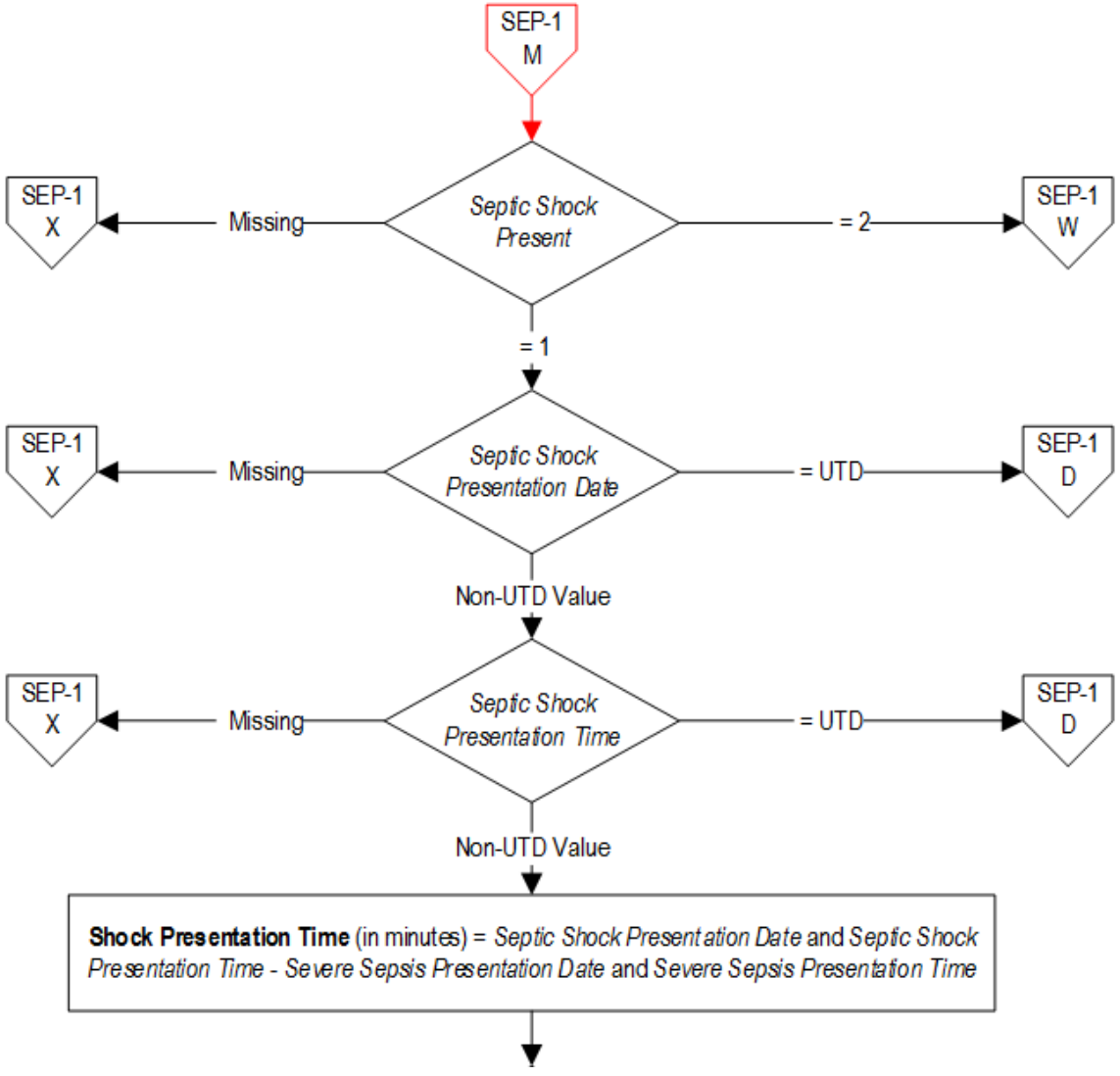
  What was the date on which/earliest time at which crystalloid ~~fluid~~ fluids were initiated for initial hypotension, initial lactate >= 4, or documentation of septic shock?

Crystalloid Fluid Administration Date and Time (2 of 2)

Notes for Abstraction (New Bullets 1, 2, 3 and 4):

- If a single order is written for the entire 30 mL/kg volume, use the date/time the crystalloid solution was started as an IV infusion.
- If a single order for the equivalent of 30 mL/kg is written and the infusion is given over multiple infusions, use the start date/time of the first crystalloid infusion.
- If multiple orders are written that total 30 mL/kg or more, use the start date/time of the crystalloid fluid infusion that completes the 30 mL/kg volume.
- If a crystalloid infusion is running at a maintenance rate (125 mL/ hour or less) and the rate is increased to administer the 30 mL/kg, use the date/time the infusion rate is increased.

Algorithm: Septic Shock (1 of 2)



Septic Shock Present, Presentation Date, and Presentation Time

Notes for Abstraction (Bullet 1, b Edit):

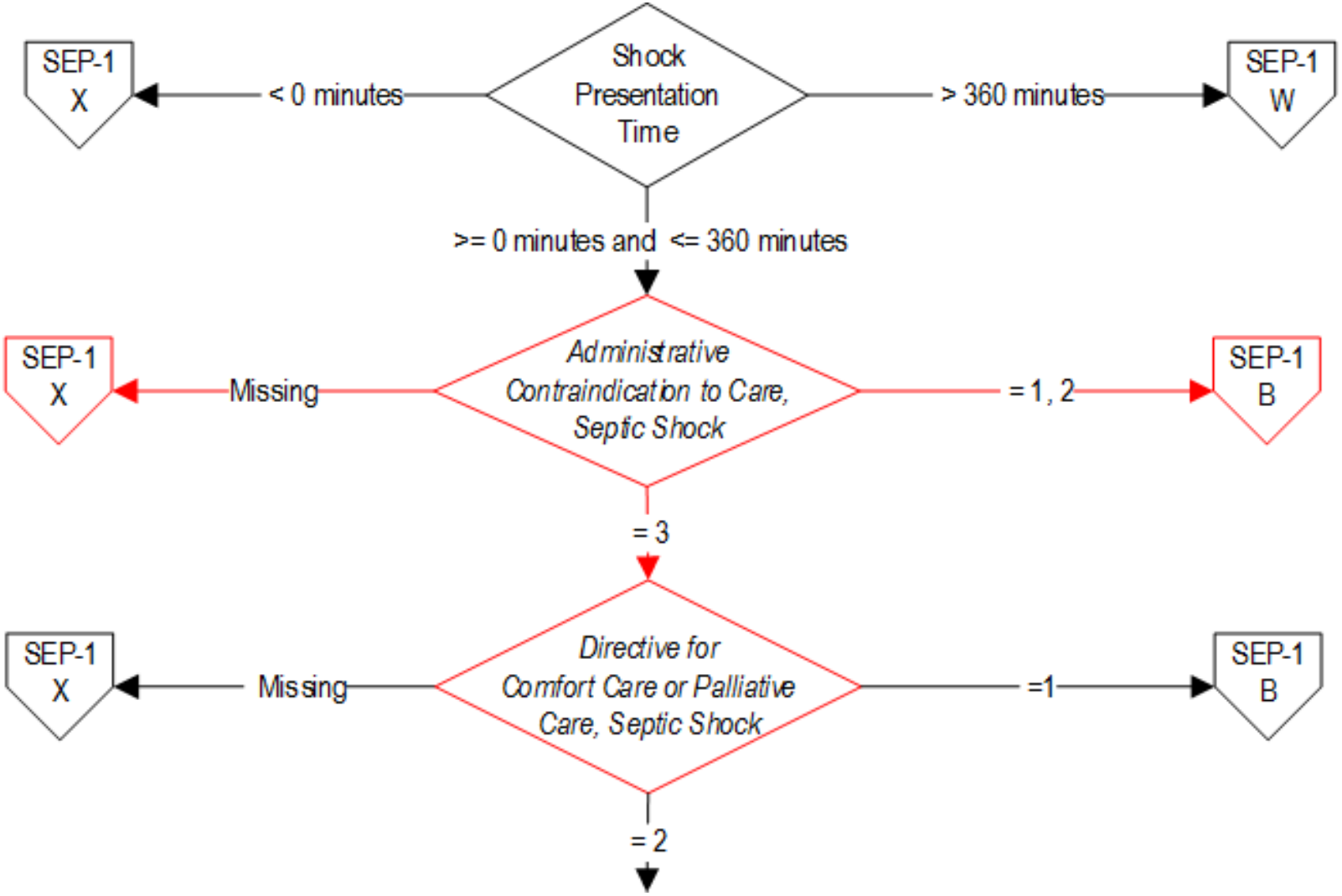
Determining a decrease in systolic blood pressure by >40 mmHg: Physician/APN/PA documentation must be present in the medical record indicating a > 40 mmHg decrease in SBP has occurred and is related to infection or severe sepsis and not other causes.

Septic Shock Present

Notes for Abstraction (Bullet 6 Removed):

- ~~If crystalloid fluids were not administered after the presentation date and time of severe sepsis, choose Value "2."~~

Algorithm: Septic Shock (2 of 2)



Administrative Contraindication to Care, Septic Shock – New (1 of 2)

- **Definition (New)**:

  Documentation of refusal of blood draw, fluid administration, or vasopressor administration prior to or within 6 hours following presentation of septic shock.

- **Suggested Data Collection Question (New)**:

  Did the patient or surrogate decision-maker decline consent for blood draw, fluid administration, or vasopressor administration prior to or within 6 hours following presentation of septic shock?

Administrative Contraindication to Care, Septic Shock – New (2 of 2)

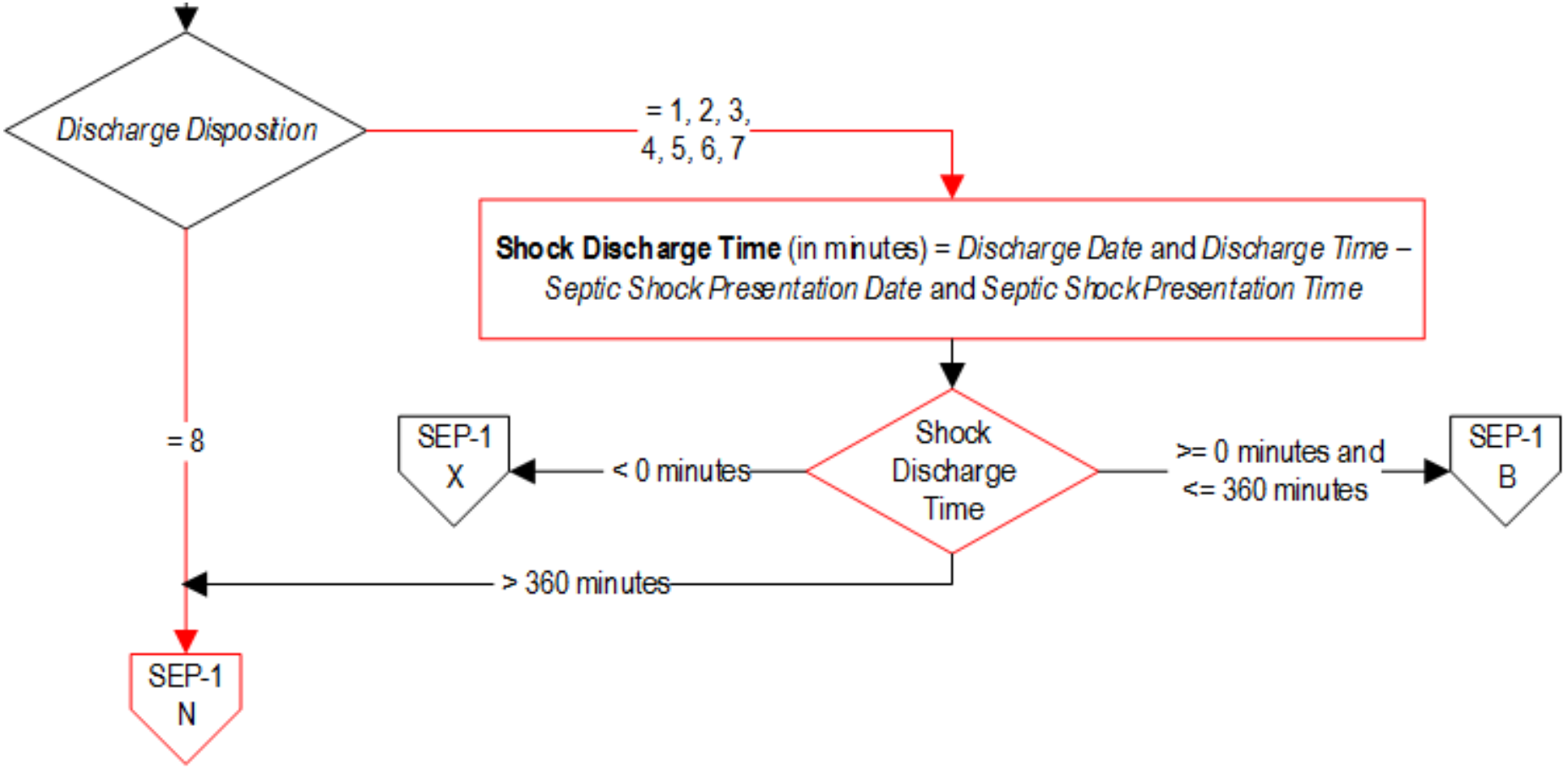
Allowable Value (New):

1 (Yes)	There is documentation by a physician/APN/PA that the patient of decision-maker has refused either blood draw, fluid administration, or vasopressor administration prior to or within 6 hours following presentation of septic shock.
2 (Yes)	There is a witnessed consent form for either blood draw, fluid administration, or vasopressor administration that is marked “refused” prior to or within 6 hours following presentation of septic shock.
3 (No)	There is no documentation by a physician/APN/PA that the patient of decision-maker has refused either blood draw, fluid administration, or vasopressor administration prior to or within 6 hours following presentation of septic shock.

Directive for Comfort Care or Palliative Care, Septic Shock

- **Definition (Edits):**
  Added Palliative Care definition (see slide on Directive for Comfort or Palliative Care, Severe Sepsis data element).
- **Suggested Data Collection Question (Edits):**
  Addition of "…or palliative care…"
- **Allowable Values (Edits):**
  Addition of "…or palliative care…"
- **Notes for Abstraction (Edits):**
  Addition of "…or palliative care…"

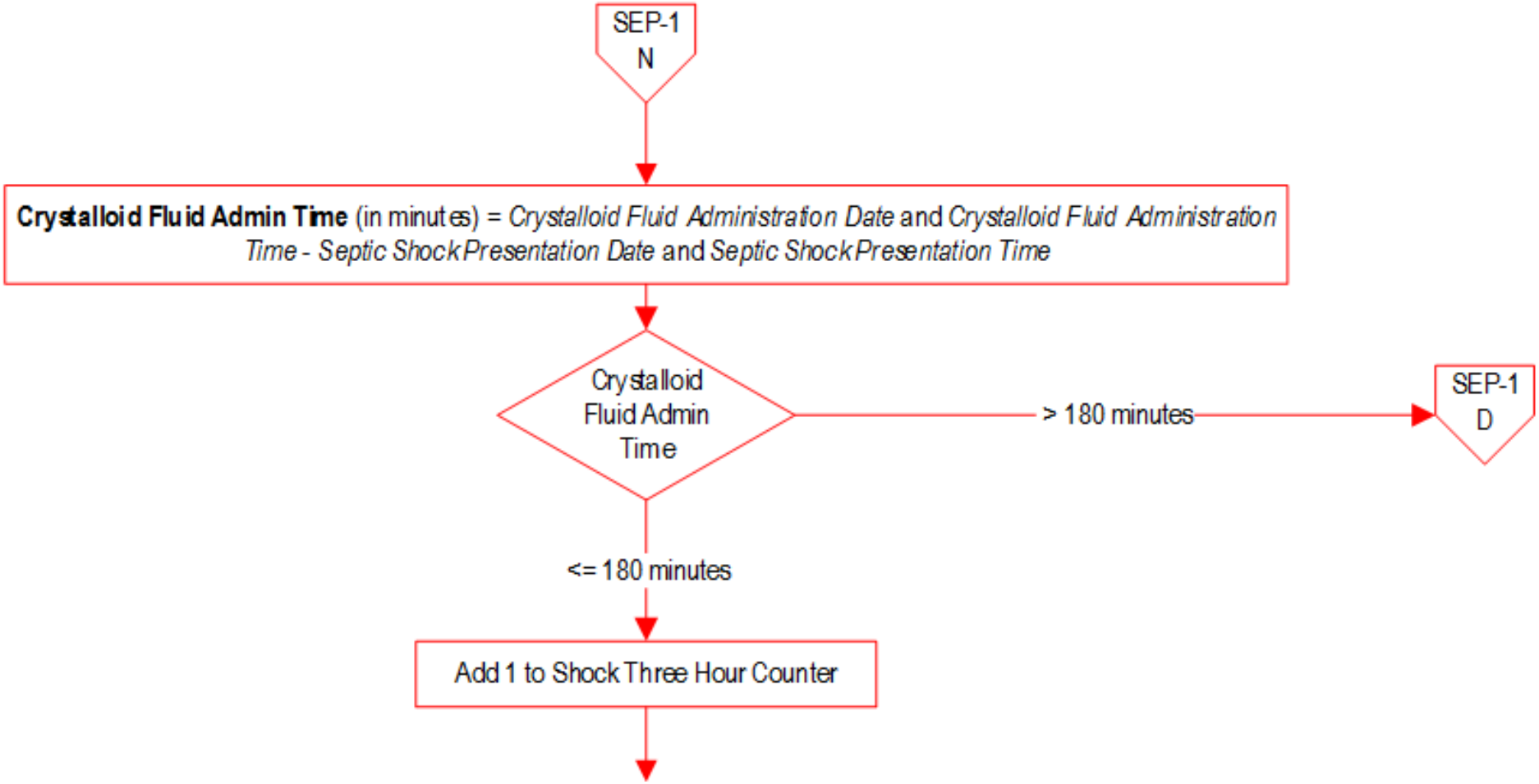
Algorithm: Septic Shock Discharge



Shock Discharge Time

- **Formerly known as Shock Expired Time**
  - Was a specific calculation identifying whether the patient expired within 6 hours of septic shock presentation
    - If so, case was excluded
- **Renamed to Shock Discharge Time**
  - Now a calculation to identify whether the patient was discharged within 6 hours of septic shock presentation
    - If so, case is excluded

Algorithm: Crystalloid Fluid Admin Time



Persistent Hypotension

- **Definition (Edits):**
  - Documentation of the presence of persistent hypotension or new hypotension following the administration of 30 mL/kg of crystalloid fluids in septic shock
  - Determining a decrease in systolic blood pressure by >40 mmHg: Physician/APN/PA documentation must be present in the medical record indicating a >40 mmHg decrease in SBP has occurred and is related to infection, severe sepsis or septic shock and not other causes
- **Suggested Data Collection Question, Allowable Values, and Notes for Abstraction (Edits):**
  - Added "or new hypotension" was present within one hour of conclusion of the crystalloid fluids

Vasopressor Administration (1 of 2)

Definition, Suggested Data Collection Question, and Allowable Values (Edits):

Documentation of administration of an intravenous vasopressor:

"in the time window beginning at septic shock presentation and ending 6 hours after the presentation of septic shock, demonstrated by persistent hypotension after crystalloid fluid administration."

Vasopressor Administration (2 of 2)

Notes for Abstraction (Bullet 3 & 4 Edits, New Bullet 5):

- Vasopressor administration information should only be abstracted from documentation that demonstrates actual administration of the vasopressor.
  - Do not abstract doses from a physician order unless they are clearly designated as given on the physician order form.
  - Acceptable examples of administration include: “vasopressor running” and “vasopressor given.”
- If a vasopressor was infusing at the time of presentation of septic shock, demonstrated by persistent hypotension after crystalloid fluid administration, choose Value “1.”
- If a vasopressor was not started within the acceptable time frame, select Value “2.”

Vasopressor Administration Date and Time

- **Definition, Suggested Data Collection Question, and Notes for Abstraction (Edits):**
  - To identify when an intravenous vasopressor was administered: "within 6 hours following the presentation of septic shock, demonstrated by persistent hypotension after crystalloid fluid administration."
- **Notes for Abstraction (Bullet 3 Edits):**
  - Vasopressor administration information should only be abstracted from documentation that demonstrates actual administration of the vasopressor.
    - Do not abstract doses from a physician order unless they are clearly designated as given on the physician order form.
    - Acceptable examples of administration include: "vasopressor running" and "vasopressor given."

Repeat Volume Status and Tissue Perfusion Assessment (1 of 2)

Focused Exam Data Elements:

- Vital Signs Review
- Cardiopulmonary Evaluation
- Capillary Refill Examination
- Peripheral Pulse Evaluation
- Skin Examination

Change from Performed to Documented

- **Effective for Data Elements:**
  - Capillary Refill Examination
  - Peripheral Pulse Evaluation
  - Skin Examination
- **Change "theme" of performed to documented:**
  - From: "…~~performed~~ by a physician/APN/PA…"
  - To: "…documented by a physician/APN/PA…"
  - Edits to:
    - Definitions
    - Suggested Data Collection Questions
    - Allowable Values
    - Notes for Abstraction

Change Theme Variances

Data Element Variances to Change Theme

- Vital Signs Review
  - No changes
  - Already "…documented by a physician/APN/PA…"
- Cardiopulmonary Evaluation
  - Changed from "…performed by a physician/APN/PA…"
  - To "…performed and documented by a physician/APN/PA…"
  - Only data element that must be both performed by and documented by a physician/APN/PA

Capillary Refill Examination Performed

Notes for Abstraction (Bullet 3 Edits):

The assessment of circulatory adequacy may include such terms as “capillary refill,” “capillary fill,” “nail bed refill,” “mottled,” or similar terms, or make reference to peripheral perfusion.

Skin Examination Date and Time

Notes for Abstraction (Bullet 2 Edits, New Bullet 3):

- Skin examination is done to assess superficial circulatory status and must include reference to ~~both~~ skin color. ~~and circulatory status. These references may include such terms as "nail beds pink with good capillary refill" or "skin over kneecaps purple and mottled."~~
- The assessment of skin color may include such terms as "flushed," "mottled," "pale," "pallor," "pink," or similar terminology.

Repeat Volume Status and Tissue Perfusion Assessment (2 of 2)

Any Two of the Following Four:

- Central Venous Pressure Measurement
- Central Venous Oxygen Measurement
- Bedside Cardiovascular Ultrasound
- Passive Leg Raise OR Fluid Challenge

Any Two of the Following Four

- **Consistent with Focused Exam "change theme"**
  - Passive Leg Raise
    - From: "…~~performed~~ by a physician/APN/PA…"
    - To: "…documented by a physician/APN/PA…"
- **No changes to:**
  - Central Venous Pressure Measurement
  - Bedside Cardiovascular Ultrasound
  - Fluid Challenge

Central Venous Oxygen Measurement

- **Definition, Suggested Data Collection Question, and Allowable Values (Edits):**
  - Added time frame of within 6 hours after presentation of septic shock.
- **Notes for Abstraction (New Bullet 1, Bullet 3 Edits):**
  - If there are multiple central venous oxygen measurements, abstract the first one that occurs after the time and date of septic shock presentation.
  - There must be ~~an indication that~~ documentation reflecting the oxygen reading was obtained via central venous catheter. A notation such as via “central catheter” or “CVP catheter” or “central venous oximetry catheter” with an oxygen reading or the oxygen reading recorded on a flow sheet in an area designated for central venous catheter readings is acceptable.

Central Venous Oxygen Measurement Date and Time

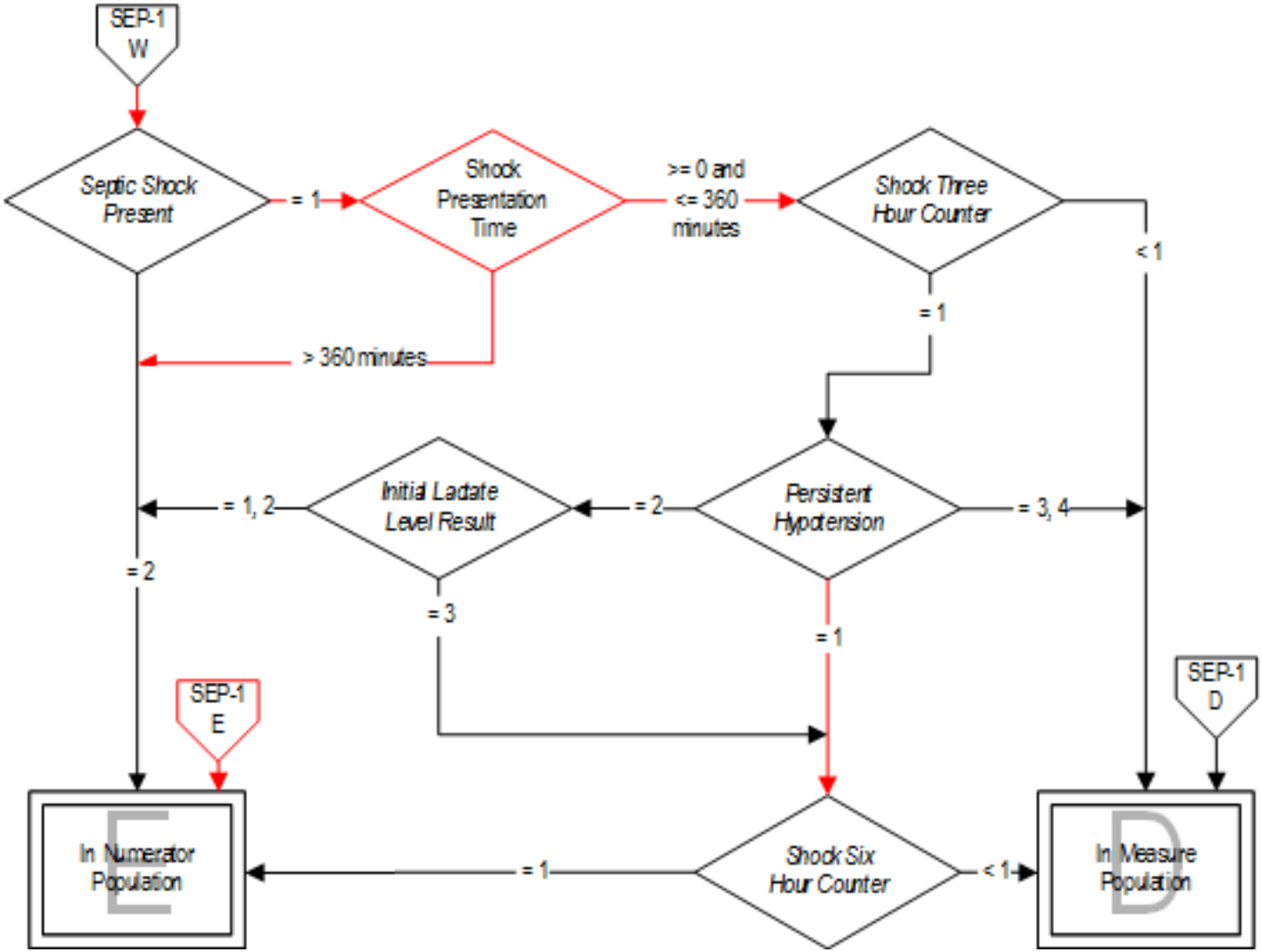
- **Definition, Suggested Data Collection Question, and Notes for Abstraction (Edits):**

  Added time frame of within 6 hours after presentation of septic shock.

- **Notes for Abstraction (Bullet 1 & 3 Edits):**

  There must be ~~an indication that~~ documentation reflecting the oxygen reading was obtained via central venous catheter. A notation such as via “central catheter” or “CVP catheter” or “central venous oximetry catheter” with an oxygen reading or the oxygen reading recorded on a flow sheet in an area designated for central venous catheter readings is acceptable.

SEP-1 Algorithm End



Resources

- SEP-1 Fact Sheet on *QualityNet*
  https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228772869636
- Hospital Inpatient Questions & Answers Tool on *QualityNet*
  https://cms-ip.custhelp.com/
- Specifications Manual Resources on *QualityNet*
  - Specifications Manual, Version 5.1
  - Release Notes, Version 5.1
  - Summary of Changes to SEP-1 for Version 5.1
  - Sepsis (SEP-1) Additional Notes for Abstraction Version 5.1

  https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier4&cid=1228775436944

Summary of SEP-1 Changes in Manual version 5.1 (1 of 9)

Data Element(s)	Brief Summary of Changes
Administrative Contraindication to Care, Septic Shock, Administrative Contraindication to Care, Severe Sepsis	• Renamed Administrative Contraindication to Care data element to account for administrative contraindication to care related only to severe sepsis • Added new data element to account for administrative contraindication to care related only to septic shock • Clarified time frame for administrative contraindication is prior to or within 6 hours following presentation

Summary of SEP-1 Changes in Manual version 5.1 (2 of 9)

Data Element	Brief Summary of Changes
Broad Spectrum or Other Antibiotic Administration Selection	• Clarified guidance for treating with antibiotics for a known causative organism and susceptibility within 3 hours following presentation of severe sepsis
Cardiopulmonary Evaluation Performed, Cardiopulmonary Evaluation Date, and *Cardiopulmonary Evaluation Time*	• Clarified that this be performed and documented by a Physician/APN/PA
Central Venous Oxygen Measurement	• Clarified guidance for multiple measurements
Central Venous Oxygen Measurement, Central Venous Oxygen Measurement Date, and Central Venous Oxygen Measurement Time	• Clarified that measurement must be obtained within 6 hours after presentation of septic shock. • Clarified acceptable documentation terms (e.g. via “central catheter” or “CVP catheter”)

Summary of SEP-1 Changes in Manual version 5.1 (slide 3 of 9)

Data Element	Brief Summary of Changes
Capillary Refill Examination Performed, Capillary Refill Examination Date, Capillary Refill Examination Time, Passive Leg Raise Exam Performed, Passive Leg Raise Exam Date, Passive Leg Raise Exam Time, Peripheral Pulse Evaluation Performed, Peripheral Pulse Evaluation Date, Peripheral Pulse Evaluation Time, Skin Examination Performed, Skin Examination Date, and Skin Examination Time	• Clarified that focused exam and reassessment data elements do not need to be performed by a physician/APN/PA • Clarified that focused exam and reassessment data elements must be documented by a physician/APN/PA

Summary of SEP-1 Changes in Manual version 5.1 (4 of 9)

Data Element	Brief Summary of Changes
Crystalloid Fluid Administration	• Clarified that crystalloid fluids need to be ordered and administered • Added PlasmaLyte and Normosol as acceptable fluids • Clarified what is required for Physician/APN/PA orders of fluids • Clarified that fluids may be a single or multiple orders • Clarified that the terms “bolus” and “wide open” are acceptable if equivalent to 30 mL/kg with an IV route • Clarified that the infusion cannot be stopped prior to 30 mL/kg being completely infused

Summary of SEP-1 Changes in Manual version 5.1 (slide 5 of 9)

Data Element	Brief Summary of Changes
Crystalloid Fluid Administration (cont.)	• Clarified the weight to use for crystalloid fluid order • Clarified that the patient's actual weight should be used and that estimated weight should only be used if actual weight is not available. • Clarified that ideal weight should not be used
Crystalloid Fluid Administration Date and Crystalloid Fluid Administration Time	• Clarified that the date (time) to use for a single order is written for the entire 30 mL/kg volume • Clarified the date (time) to use when infusion rate increases from maintenance rate to infusion rate

Summary of SEP-1 Changes in Manual version 5.1 (6 of 9)

Data Element	Brief Summary of Changes
Crystalloid Fluid Administration Date and Crystalloid Fluid Administration Time (cont.)	• Clarified the fluids may be ordered in a single order or a series of multiple orders • Clarified the date (time) to use if a single order given over multiple infusions • Clarified the date (time) to use if multiple orders are written
Directive for Comfort Care or Palliative Care, Severe Sepsis and Directive for Comfort Care or Palliative Care, Septic Shock	• Clarified that physician/APN/PA documentation of comfort measure or palliative care is acceptable • Added palliative care to data element name and guidance

Summary of SEP-1 Changes in Manual version 5.1 (7 of 9)

Data Element	Brief Summary of Changes
Initial Hypotension and *Documentation of Septic Shock*	• Added new data elements Initial Hypotension and Documentation of Septic Shock to close an algorithm loophole
Initial Lactate Level Collection, Initial Lactate Level Date, Initial Lactate Level Time, Initial Lactate Level Result, Repeat Lactate Level Collection, Repeat Lactate Level Date, and *Repeat Lactate Level Time*	• Clarified that lactic acid is acceptable
Persistent Hypotension	• Clarified that crystalloid fluids must be administered at a volume of 30 mL/kg in the presence of persistent hypotension or new hypotension

Summary of SEP-1 Changes in Manual version 5.1 (8 of 9)

Data Element	Brief Summary of Changes
Persistent Hypotension, Septic Shock Present, Septic Shock Presentation Date, Septic Shock Presentation Time, and *Severe Sepsis Present*	• Clarified the guidance for determining a decrease in SBP by >40 mmHg
Repeat Lactate Level Collection, Repeat Lactate Level Date, and *Repeat Lactate Level Time*	• Clarified that a repeat lactate level is drawn only if initial lactate is elevated (>2.0)
Severe Sepsis Present	• Clarified that decrease in SBP associated with blood pressure medication should not be used as evidence of organ dysfunction
Vasopressor Administration, Vasopressor Administration Date, and *Vasopressor Administration Time*	• Clarified the time fare for intravenous vasopressor administration

Summary of SEP-1 Changes in Manual version 5.1 (9 of 9)

Data Element	Brief Summary of Changes
Vital Signs Review Performed	• Clarified that actual values are no longer required for this data element

Thank You

Your questions and feedback resulted in:

- Important revisions
- Updates posted on *QualityNet* in version 5.1
- Continuing to look at data elements and measure design 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.

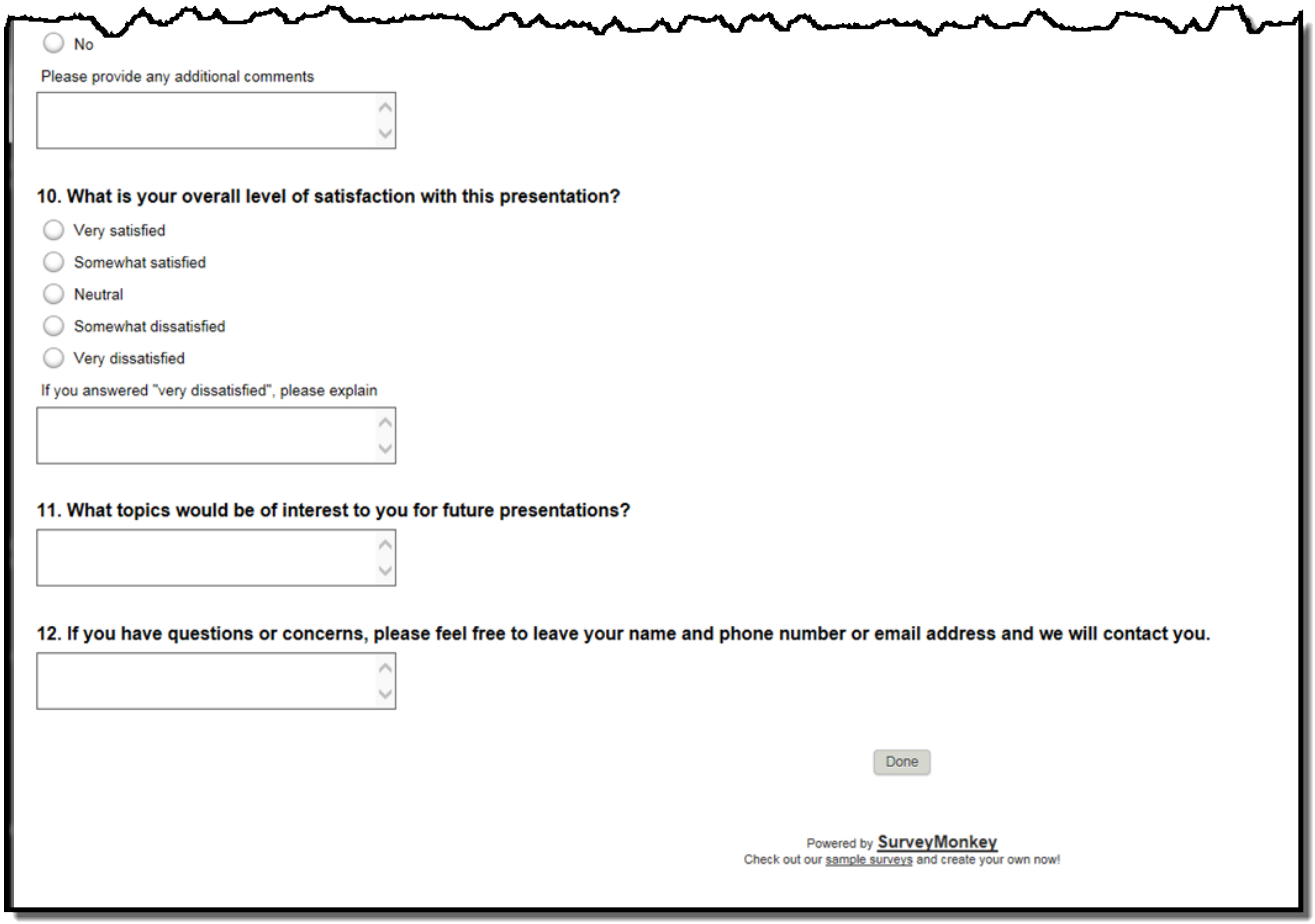
CE Credit Process

- 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 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 is sent out
- 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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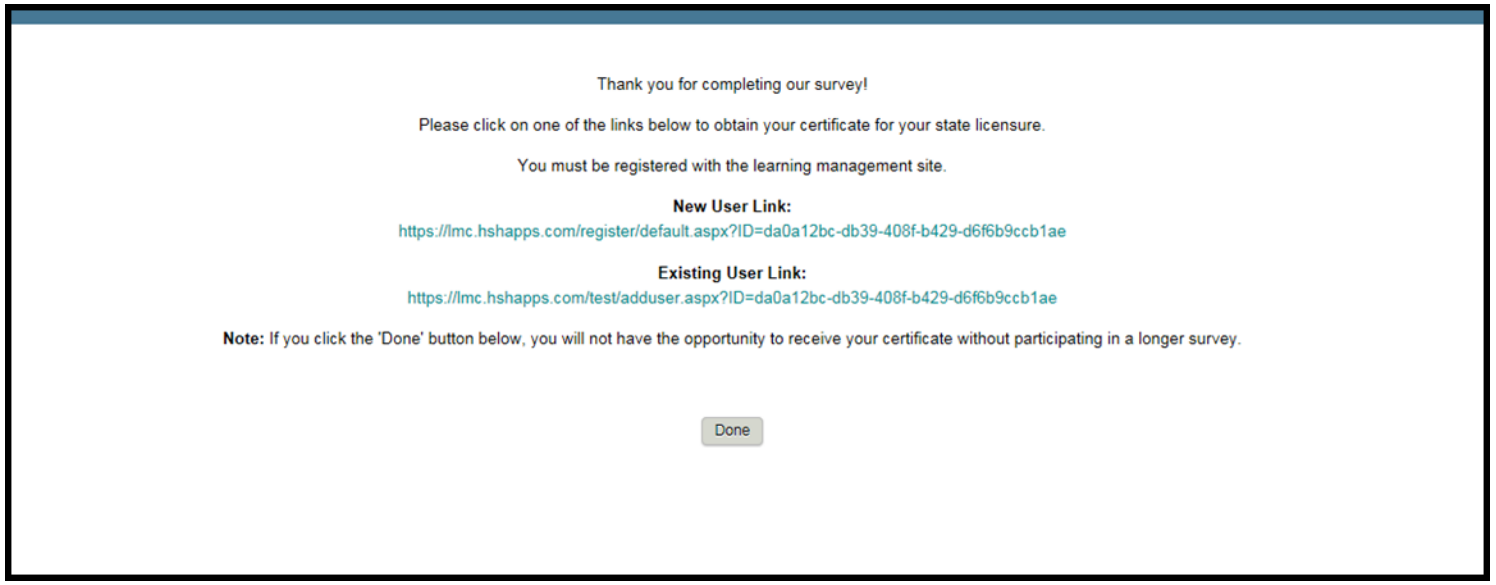
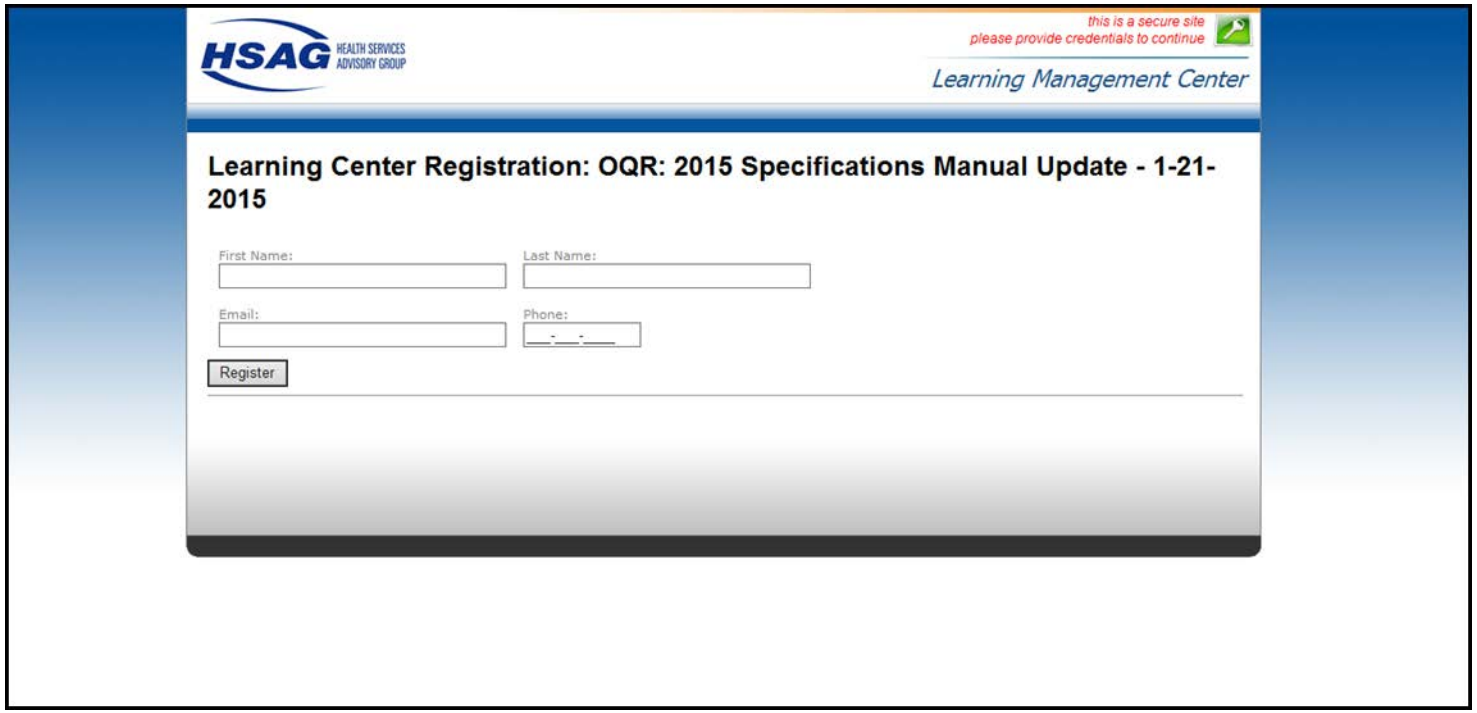
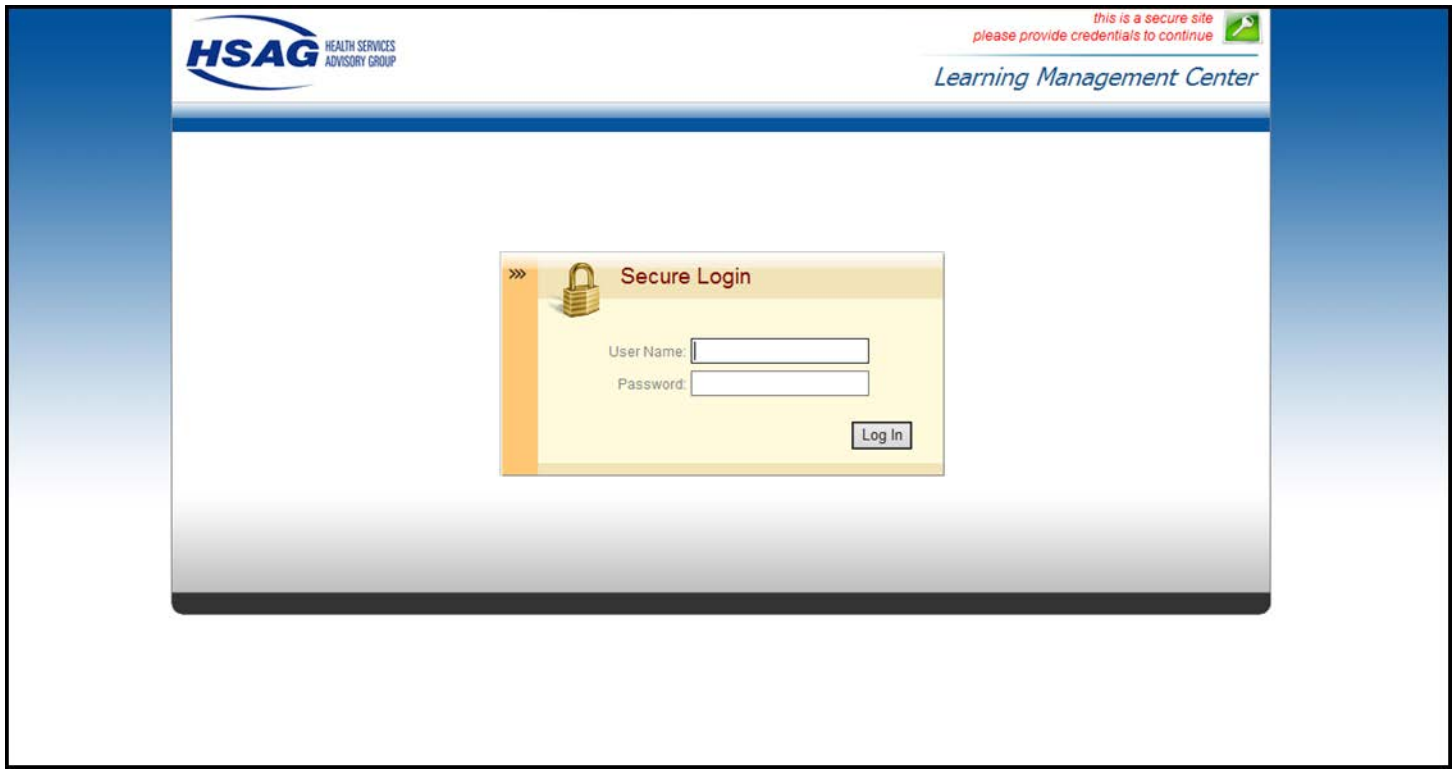
CE Credit Process



CE Credit Process: New User



CE Credit Process: Existing User



QUESTIONS?