Severe Sepsis and Septic Shock: Management Bundle (Composite Measure) v5.13 Review & Updates

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Speakers

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Purpose

The purpose of this event is to:

- Clarify the changes and outline the rationale behind the updates to the Sepsis (SEP)-1 measure and guidance in version (v) 5.13 of the specifications manual.
- Respond to frequently asked questions.

Objective

Participants will be able to understand and interpret the updated guidance in v5.13 of the specifications manual to ensure successful reporting for the SEP-1 measure.

Acronyms and Abbreviations

A-fib	atrial fibrillation	**EKG**	electrocardiogram	**mL**	milliliter
APN	Advanced Practice Nurse	**ET**	endotracheal tube	**mmHg**	millimeters of mercury
aPTT	activated Partial Thromboplastin Time	**F**	fahrenheit	**mmol**	millimole
ASC	ambulatory surgical center	**FAQ**	Frequently Asked Question	**NS**	normal saline
AVAPS	average volume-assured pressure support	**g**	gram	**O2**	oxygen
BiPAP	bilevel positive airway pressure	**H&P**	history and physical	**PA**	physician assistant
BP	blood pressure	**HR**	heart rate	**pt/Pt**	patient
bpm	beats per minute	**hr**	hour	**q**	every
C	Celsius	**ICU**	intensive care unit	**r/o**	rule out
CBC	complete blood count	**INR**	international normalized ratio	**RVR**	rapid ventricular response
CMS	Centers for Medicare & Medicaid Services	**IO**	intraosseous	**SBP**	systolic blood pressure
c/o	complains of	**IV**	intravenous	**sec**	second
CPAP	continuous positive airway pressure	**kg**	kilogram	**SEP**	sepsis
Cr	creatinine	**L**	liter	**SIRS**	systemic inflammatory response syndrome
DKA	diabetic ketoacidosis	**LTAC**	long-term Acute care	**UTD**	Unable To Determine
dL	deciliter	**MAR**	Medication Administration Record	**v**	version
DMAT	Disaster Medical Assistant Team	**MD**	medical doctor	**y.o.**	year old
ED	emergency department	**mg**	milligram		

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Webinar Questions Follow-up

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https://cmsqualitysupport.servicenowservices.com/qnet_qa

If your question is about a specific slide, please include the slide number.

If you have a question unrelated to this webinar topic, we recommend that you first search for it in the QualityNet Inpatient Questions and Answers Tool. If you do not find an answer, then submit your question to us via the same tool.

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Severe Sepsis and Septic Shock: Management Bundle (Composite Measure) v5.13 Review & Updates

Transfer From Another Hospital or ASC (v5.13 FAQ Review)

- Select “Yes” in the following types of transfers:
  - Long term acute care (LTAC): Any LTAC hospital or unit (outside or inside your hospital)
  - Acute rehabilitation: Rehab unit in outside hospital, free-standing rehab hospital/facility/pavilion outside your hospital, OR rehab hospital inside your hospital
  - Psychiatric: Psych unit in outside hospital, free-standing psych hospital/facility/pavilion outside your hospital, OR psych hospital inside your hospital
  - Cath lab, same day surgery, or other outpatient department of an outside hospital
  - Disaster Medical Assistance Team (DMAT): Provides emergency medical assistance following catastrophic disaster or other major emergency

Pregnant 20 Weeks Through Day 3 Post-Delivery (v5.13 FAQ Review)

- Select Value “1” (Yes) if there is medical record documentation that the patient is at least 20 weeks pregnant or within three days after delivery at the *Severe Sepsis Presentation Time*. Day of delivery is day 0, the day after delivery counts as day 1 post-delivery, regardless of time of delivery.

  Example:

  Delivery date: 07/01/20xx

  Severe sepsis presentation date: 07/04/20xx

  Select Value “1” because severe sepsis presentation occurred within three days after delivery.

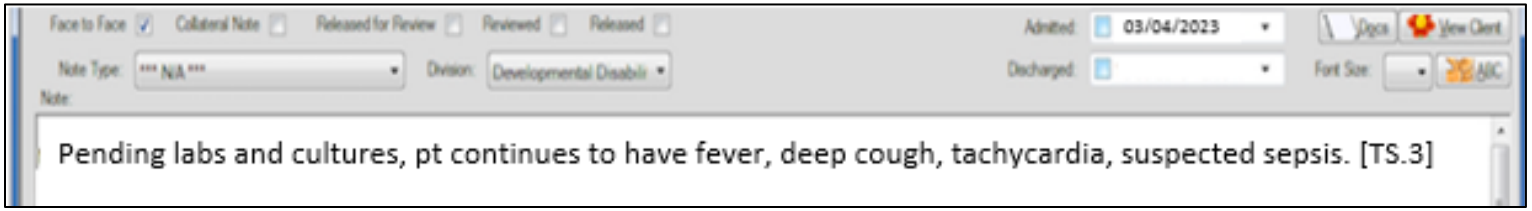
Severe Sepsis Present (New Abstraction Guidance v5.13)

- If documentation of an infection is “superscripted” or footnoted, use the specified time of the “superscript” or footnote.

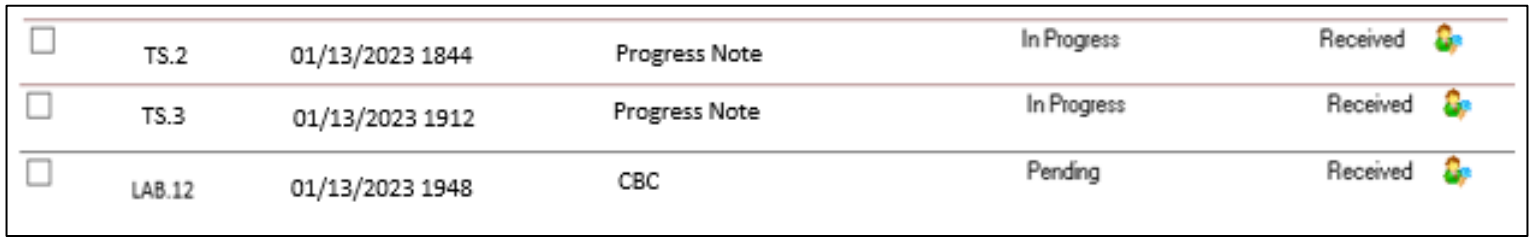
Severe Sepsis Present Question #1

Q. Which date and time would you use for the infection documentation to meet *Severe Sepsis Present* criteria a (infection) based on the below documentation?

- MD note opened 01/13/2023 1800:



- Superscript:



☐	TS.2	01/13/2023 1844	Progress Note	In Progress	Received
☐	TS.3	01/13/2023 1912	Progress Note	In Progress	Received
☐	LAB.12	01/13/2023 1948	CBC	Pending	Received

A. Use 01/13/2023 at 1912 as the specified date and time for the infection documentation because the physician's documentation of sepsis includes the superscript [TS.3].

Severe Sepsis Present (New Abstraction Guidance v5.13)

- An IV or IO antibiotic ordered for a condition that may be inflammation or a sign or symptom of an infection can be considered documentation of an infection (e.g., ceftriaxone ordered for colitis, Zosyn 3.375 g IV q6hr for cough).

Knowledge Check: Severe Sepsis Present

Would you use the APN documentation “Appendicitis, ordered IV Unasyn, awaiting OR consult” to establish criteria a (infection) for the *Severe Sepsis Present* data element?

A. Yes

B. No

Knowledge Check: Severe Sepsis Present

Would you use the APN documentation "Appendicitis, ordered IV Unasyn, awaiting OR consult" to establish criteria a (infection) for the *Severe Sepsis Present* data element?

A. Yes

B. No

Select A, Yes, because the documentation states the antibiotic was ordered for the appendicitis which could be an infectious or non-infectious inflammatory condition.

Severe Sepsis Present (v5.13 FAQ Review)

- For SIRS criteria, use the table below.
  - Use the Non-Pregnant criteria if Value "2" was selected for the *Pregnant 20 Weeks Through Day 3 Post-delivery* data element.
  - Use the Pregnant 20 weeks through Day 3 Post-delivery criteria if Value "1" was selected for the *Pregnant 20 Weeks Through Day 3 Post-delivery* data element.

Non-Pregnant Criteria	Pregnant 20 weeks through Day 3 Post-Delivery Criteria
Temperature >38.3 C or <36.0 C (>100.9 F or <96.8 F)	Temperature ≥38 C or <36.0 C (≥100.4 or <96.8 F)
Heart rate (pulse) >90	Heart rate (pulse) >110
Respiration >20 per minute	Respiration >24 per minute
White blood cell count >12,000 or 10% bands	White blood cell count >15,000 or 10% bands

Severe Sepsis Present Question #2

Q. Would you use the heart rate as a SIRS criterion based only on the information below?

- MD note: “Pt. 28 weeks pregnant”
- Vital Signs Flowsheet:

BP	110/80 mmHg	120/90 mmHg
Temperature	98.4 F	102.1 °F
Pulse	122 bpm	82 bpm
Respiratory rate	21 bpm	13 bpm
O2 Saturation	99 %	97 %

A. Yes. The patient is more than 20 weeks pregnant and the heart rate of 122 is greater than 110.

Severe Sepsis Present Question #3

Q. Would you use the heart rate as a SIRS criterion based only on the information below?

- MD note: “Pt. 28 weeks pregnant”
- Vital Signs Flowsheet:

BP	110/80 mmHg	120/90 mmHg
Temperature	98.4 F	102.1 °F
Pulse	109 bpm	82 bpm
Respiratory rate	21 bpm	13 bpm
O2 Saturation	99 %	97 %

A. No. The patient is more than 20 weeks pregnant and the heart rate of 109 is less than 110.

Severe Sepsis Present (v5.13 FAQ Review)

C. Organ dysfunction, evidenced by any one of the following:

- Systolic blood pressure (SBP) <90 mmHg or mean arterial pressure <65 mmHg.
  - Use the Non-Pregnant criteria if Value "2" was selected for the *Pregnant 20 Weeks Through Day 3 Post-delivery* data element.
  - Use the Pregnant 20 weeks through Day 3 Post-delivery criteria if Value "1" was selected for the *Pregnant 20 Weeks Through Day 3 Post-delivery* data element.

Non-Pregnant Criteria	Pregnant 20 Weeks through Day 3 Post-Delivery Criteria
Systolic blood pressure (SBP) <90 mmHg or mean arterial pressure <65 mmHg.	Systolic blood pressure (SBP) <85 mmHg or mean arterial pressure <65 mmHg.
Systolic blood pressure decrease of more than 40 mmHg.	Systolic blood pressure decrease of more than 40 mmHg.
Acute respiratory failure as evidenced by a new need for invasive or non-invasive mechanical ventilation.	Acute respiratory failure as evidenced by a new need for invasive or non-invasive mechanical ventilation.

Severe Sepsis Present (v5.13 FAQ Review)

Non-Pregnant Criteria	Pregnant 20 weeks through Day 3 Post-Delivery Criteria
Creatinine >2.0 mg/dL	Creatinine >1.2 mg/dL
Urine output <0.5 mL/kg/hour for two consecutive hours	Urine output <0.5 mL/kg/hour for two consecutive hours
Total Bilirubin >2 mg/dL (34.2 mmol/L)	Total Bilirubin >2 mg/dL (34.2 mmol/L)
Platelet count <100,000	Platelet count <100,000
INR >1.5 or aPTT >60 sec	INR >1.5 or PTT >60 sec
Lactate >2 mmol/L (18.0 mg/dL)	Lactate >2 mmol/L (18.0 mg/dL) Note: Do not use lactate obtained during active delivery defined as documentation of uterine contractions resulting in cervical change (dilation or effacement) through delivery or childbirth.

Severe Sepsis Present Question #4

Q. Would you use the systolic blood pressure reading as a sign of organ dysfunction based only on the information below?

- Progress Note:

- Vital Signs Flowsheet:

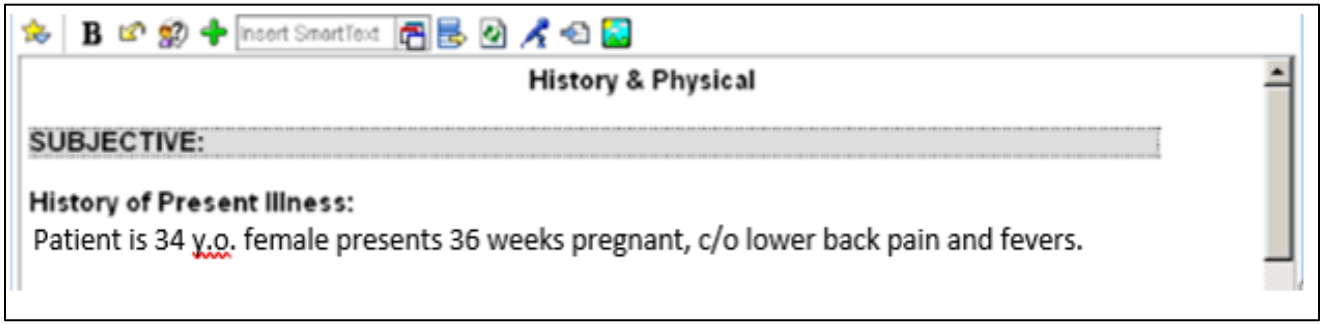
BP	87/51 mmHg	120/90 mmHg
Temperature	98.4 F	102.1 °F
Pulse	115 bpm	82 bpm
Respiratory rate	21 bpm	13 bpm
O2 Saturation	99 %	97 %

A. No. The patient is more than 20 weeks pregnant and the systolic blood pressure (SBP) of 87 is greater than 85.

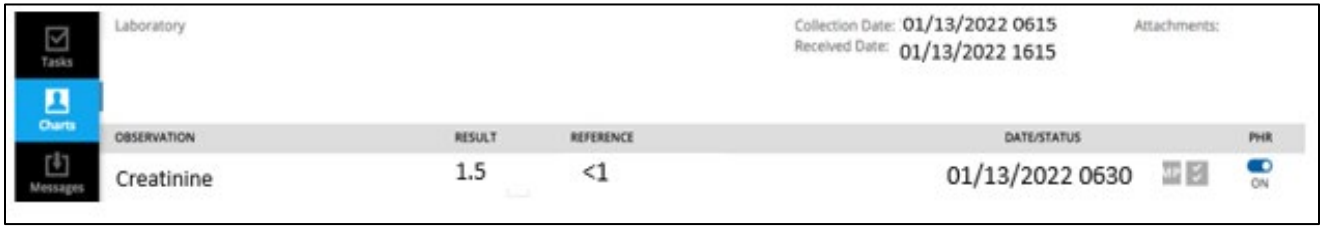
Severe Sepsis Present Question #5

Q. Would you use the creatinine value as a sign of organ dysfunction based only on the documentation below?

- PA note:



- Lab results:



A. Yes. The patient is more than 20 weeks pregnant and the creatinine of 1.5 is greater than 1.2.

Severe Sepsis Present (v5.13 FAQ Review)

- If the SIRS criteria or a sign of organ dysfunction is due to the following, do not use it. Do not make inferences. The abnormal value or reference to the abnormal value must be in the same documentation (i.e., same sentence or paragraph).
  - Normal for that patient
  - Is due to a chronic condition
  - Is due to a medication

  Example:

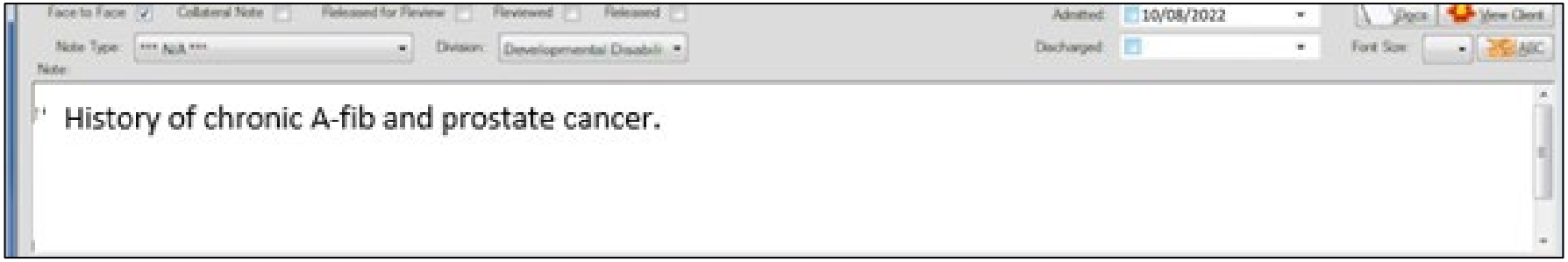
  "Chronic A-fib with RVR"

  - Do not use the heart rate readings >90 since the chronic condition is in the same sentence.

Severe Sepsis Present Question #6

Q. Would you use a heart rate of 120 documented in the vital sign flow sheet as a SIRS criterion based only on the documentation below?

MD note:



A. Yes. The elevated heart rate is not documented as due to the chronic condition.

Knowledge Check: Severe Sepsis Present

Would you use the elevated heart rate value as a SIRS criterion based only on the documentation below?

1/5/22 0500: H&P, “History of A-fib”

1/5/22 1300: Vital Signs Flowsheet, HR 137

1/5/22 1600: APN note “EKG A-fib with RVR”

A. Yes

B. No

Knowledge Check: Severe Sepsis Present

Would you use the elevated heart rate value as a SIRS criterion based only on the documentation below?

1/5/22 0500: H&P, “History of A-fib”

1/5/22 1300: Vital Signs Flowsheet, HR 137

1/5/22 1600: APN note “EKG A-fib with RVR”

A. Yes

B. No

Select B, No, because the term RVR is documented as due to A-fib and A-fib is a chronic condition for the patient.

Severe Sepsis Present (New Abstraction Guidance v5.13)

- For evidence of organ dysfunction criteria:
  - Invasive mechanical ventilation requires an endotracheal or tracheostomy tube. Non-invasive mechanical ventilation may be referred to as BiPAP, CPAP, or AVAPS.

Severe Sepsis Present (New Abstraction Guidance v5.13)

- Use the time when mechanical ventilation was started or the time when the mechanical ventilation changed from intermittent to continuous.

  Example:

  Intubation Flowsheet: ET placement at 0800. Respiratory Flowsheet: Parameters and vent settings/alarms documented at 0815. Respiratory Therapist note at 0840: "Patient intubated and placed on mechanical ventilation at 0830."

  - Use 0830 as the time when mechanical ventilation was started. The intubation time or time of the vent settings would not be used as the time mechanical ventilation was started/initiated.

Severe Sepsis Present (New Abstraction Guidance v5.13)

- If SIRS criteria or a sign of organ dysfunction is due to an acute condition that has a non-infectious source/process, do not use it. (Refer to *Severe Sepsis Present* criterion "a" to determine if the source of the acute condition is an infection.)

  Example:

  - APN Note: "Cr 2.5 secondary to dehydration post DKA." Physician Note: "DKA likely due to patient non-compliance with meds." (Dehydration is the acute condition, and DKA is the non-infectious source because it is due to medication non-compliance).

Severe Sepsis Present (v5.13 FAQ Review)

- Physician/APN/PA documentation of a term that is defined by a SIRS criteria or sign of organ dysfunction is acceptable in place of an abnormal value when the term is documented as normal for the patient, due to a chronic condition, a medication, acute condition, acute on chronic condition, or due to an acute condition that has a non-infectious source/process.

  Examples include but are not limited to:

  - Use the Non-Pregnant criteria if Value "2" was selected for the *Pregnant 20 Weeks Through Day 3 Post-delivery* data element.
  - Use the Pregnant 20 weeks through Day 3 Post-delivery criteria if Value "1" was selected for the *Pregnant 20 Weeks Through Day 3 Post-delivery* data element.

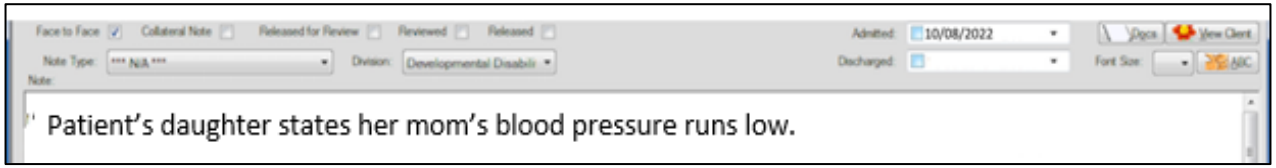
Severe Sepsis Present (v5.13 FAQ Review)

Non-Pregnant Patients	Pregnant 20 weeks through Day 3 Post-Delivery Patients
Tachypnea (Respiration >20 per minutes)	Tachypnea (Respiration >24 per minutes)
Tachycardia, RVR (Heart rate >90)	Tachycardia, RVR (Heart rate >110)
Leukopenia (White blood cell count <4,000)	Leukopenia (White blood cell count <4,000)
Leukocytosis (White blood cell count >12,000)	Leukocytosis (White blood cell count >15,000)
Thrombocytopenia (Platelet count <100,000)	Thrombocytopenia (Platelet count <100,000)
Hypotension (Systolic blood pressure <90 mmHg)	Hypotension (Systolic blood pressure <85 mmHg)

Severe Sepsis Present Question #7

Q. Would you use the systolic blood pressure reading for organ dysfunction based only on the documentation below?

- MD note:



- Vital Signs Flowsheet:

BP	: 79/43 mmHg
Temperature	98.4 F
Pulse	103 bpm
Respiratory rate	21 bpm
O2 Saturation	99 %

A. Yes. The documentation does not include the abnormal value or a term that is defined by an abnormal value (hypotension) is normal for the patient.

Severe Sepsis Present (New Abstraction Guidance v5.13)

- Abstract based on the latest piece of documentation before the *Severe Sepsis Presentation Time* or within 24 hours after if there is conflicting information within two or more separate pieces of physician/APN/PA documentation indicating SIRS criteria or sign of organ dysfunction is:
  - normal for the patient, due to a chronic condition or medication, or due to an acute condition with a non-infectious source

    AND
  - due to or possibly due to an acute condition, acute on chronic condition, infection, severe sepsis, or septic shock

Severe Sepsis Present Question #8

Q. Would you use the blood pressure of 82/57 documented at 1500 to establish organ dysfunction based on the physician documentation below that is within 24 hours after the *Severe Sepsis Presentation Time*?

H&P at 1700:

"Chronic hypotension"

Consult Note at 1930:

"Upon arrival to the ICU, she was hypotensive with systolic readings in the 80's. Impression is acute on chronic hypotension."

A. Yes. There is conflicting documentation in separate sources and the latest documentation attributes the hypotensive readings to an acute on chronic condition.

Severe Sepsis Present (New Abstraction Guidance v5.13)

- To determine the laboratory test value time for severe sepsis criteria, use the following sources in order of priority.
  - Primary source:
    1. Laboratory test value result time from lab (Other time stamps intended to identify the result time from the lab are acceptable with a terminology reference such as a policy, key, or legend).
  - Supporting sources if primary source not available in order of priority:
    1. Time within a narrative note that is directly associated with the laboratory test value
    2. Time the laboratory test value is documented in a non-narrative location (e.g., sepsis flowsheet)
    3. Laboratory test sample draw or collected time
    4. Physician/APN/PA or nursing narrative note open time

Severe Sepsis Present (New Abstraction Guidance v5.13)

- Do not use physician/APN/PA documentation of a severe sepsis or septic shock exam or assessment being performed.

  Examples:

  "Severe sepsis exam completed"

  "Septic shock reassessment done"

Severe Sepsis Present (New Abstraction Guidance v5.13)

- For documentation of an infection, severe sepsis, or septic shock accompanied by a qualifier, use the table below. Use documentation containing a positive qualifier to meet criteria. Do not use documentation containing a negative qualifier to meet criteria. Do not use documentation containing both a positive and negative qualifier to meet criteria.

Positive Qualifiers	Negative Qualifiers
Possible	Impending
Rule out (r/o)	Unlikely
Suspected	Doubt
Likely	Risk for
Probable	Ruled out
Differential Diagnosis	Evolving
Suspicious for	Questionable
Concern for	Monitor
Suggestive of	Query
Presumed	Less likely

Severe Sepsis Present (New Abstraction Guidance v5.13)

Guidelines for Abstraction: severe sepsis

Inclusions

- Documentation that is acceptable for severe sepsis.
- PHYSICIAN/APN/PA DOCUMENTATION ONLY
- Severe sepsis
- Septic shock
- Severe sepsis with shock
- Sepsis with shock

Severe Sepsis Presentation Date and Time (New Abstraction Guidance v5.13)

Severe Sepsis Presentation Date

- If documentation of severe sepsis or septic shock is “superscripted” or footnoted, use the specified date of the “superscript” or footnote.

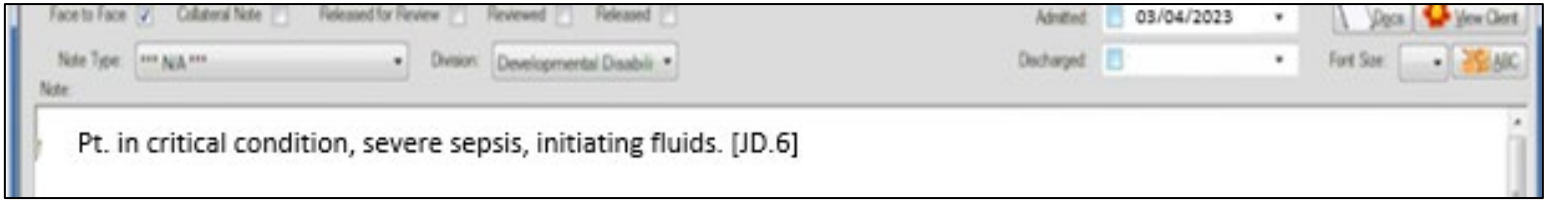
Severe Sepsis Presentation Time

- If documentation of severe sepsis or septic shock is “superscripted” or footnoted, use the specified time of the “superscript” or footnote.

Severe Sepsis Presentation Date and Time Question #1

Q. Which date and time would you use for the *Severe Sepsis Presentation Date* and *Time* data elements based on the below documentation?

- MD note opened 03/04/2023 0600:



- Superscript:

☐	JD.5	03/04/2023 0730	Medium	Patient Summary	In Progress	Received
☐	JD.6	03/04/2023 0845	Medium	Patient Summary	In Progress	Received
☐	LAB.12	03/04/2023 0930	Medium	CBC	Pending	Received

A. Use 03/04/2023 at 0845 as the specified date and time because the physician's documentation of severe sepsis includes the superscript [JD.6].

Initial Lactate Level Result (New Abstraction Guidance v5.13)

- Abstract based on the latest piece of documentation before the *Severe Sepsis Presentation Time* or within 24 hours after if there is conflicting information within **two or more separate** pieces of physician/APN/PA documentation indicating the elevated lactate is:
  - normal for the patient, due to a chronic condition or medication, or due to an acute condition with a non-infectious source

    And
  - due to or possibly due to an acute condition, acute on chronic condition, infection, severe sepsis, or septic shock

Initial Hypotension (New Abstraction Guidance v5.13)

- The specified time frame for assessing *Initial Hypotension* is six hours before to six hours following the *Severe Sepsis Presentation Date* and *Time*, and prior to the completion of the target ordered volume of crystalloid fluids.

Initial Hypotension Question #1

Q. Would you use the blood pressure readings to establish *Initial Hypotension* based only on the scenario below?

- Severe sepsis presentation time: 0600
- Assess for initial hypotension from: 0000 to 1200
- Target volume: 1800 mL
  - 1800 mL start time 0500, completion time 0645
- Blood pressures:
  - 0430: 95/68
  - 0530: 88/55
  - 0700: 83/49

A. No. The second hypotensive reading at 0700 is after the completion time of the target ordered volume of crystalloid fluids.

Initial Hypotension (New Abstraction Guidance v5.13)

- Abstract based on the latest piece of documentation before the *Severe Sepsis Presentation Time* or within 24 hours after if there is conflicting information within **two or more separate** pieces of physician/APN/PA documentation indicating hypotension is:
  - normal for the patient, due to a chronic condition or medication, or due to an acute condition with a non-infectious source

    AND
  - due to or possibly due to an acute condition, acute on chronic condition, infection, severe sepsis, or septic shock

Crystalloid Fluid Administration (New Abstraction Guidance v5.13)

- A physician/APN/PA order for less than 30 mL/kg of crystalloid fluids is acceptable for the target ordered volume if all of the following criteria were met:
  - There is a physician/APN/PA order for the lesser volume of crystalloid fluids as either a specific volume (e.g., 1500 mL) or a weight-based volume (e.g., 25 mL/kg).
  - The ordering physician/APN/PA documented within a single source (e.g., note or order) in the medical record all of the following:
    - The volume of fluids to be administered as either a specific volume (e.g., 1500 mL) or a weight-based volume (e.g., 25 mL/kg).
    - AND a reason for ordering a volume less than 30 mL/kg of crystalloid fluids. Reasons include and are not limited to the following:
      - Concern for fluid overload
      - Heart failure
      - Renal failure
      - Blood pressure responded to lesser volume
      - A portion of the crystalloid fluid volume was administered as colloids (if a portion consisted of colloids, there must be an order and documentation that colloids were started or noted as given)

Crystalloid Fluid Administration (New Abstraction Guidance v5.13)

Example:

- Physician documentation:
  Heart failure concerns, 20 mL/kg NS start now.

  Orders: NS 0.9% IV, 20 mL/kg over 2 hours.

  MAR: NS 0.9% IV 20 mL/kg, Start time 1500, Completed time 1700

  - Select Value "1" because the physician documented a reason for ordering less than 30 mL/kg (heart failure) and identified 20 mL/kg as the target ordered volume of crystalloid fluids for this patient.

Crystalloid Fluid Administration (New Abstraction Guidance v5.13)

Example:

- Physician documentation:
  Renal failure, give 1500 mL NS.

  Orders: 1500 mL NS IV at 1000 mL/hr

  MAR: IV NS 1500 mL at 1000 mL/hr start time 0800

  Patient weight is 74 kg, 30 mL/kg is 2220 mL

  - Select Value "1" because the physician documented a reason for ordering less than 30 mL/kg (renal failure) and identified 1500 mL as the target ordered volume of crystalloid fluids for this patient rather than 2220 mL.

Crystalloid Fluid Administration Question #1

Q. Which volume would you use as the target ordered volume?

Patient weight 70kg

30 mL/kg = 2100 mL

IV Fluid Orders:

08:00: NS 0.9% IV volume 1,000 mL over 1 hr

Order Comments: Fluid overloaded

MAR:

08:05: new bag 1000 mL, stop time 09:05

A. Use 1000 mL as the target ordered volume of crystalloid fluids because the fluid order includes the lesser volume (1000 mL) and the reason (fluid overloaded).

Crystalloid Fluid Administration (v5.13 Review)

- To determine the target ordered volume, if a specific volume of fluid is not ordered and a volume per unit of body weight is ordered (e.g., 30 mL/kg, 20 mL/kg):
  - Use the patient weight in kilograms (kg) if documented.
  - If not documented in kg, divide the weight in pounds by 2.2; that yields the weight in kg. Round the weight to the nearest whole number.
  - Multiply the weight in kg by 30 mL, or a lesser volume if specified by a physician/APN/PA; the result is the number of mL of IV fluid that should be specified in the physician/APN/PA order(s).
  - Round the volume of IV fluid (mL) to the nearest whole number.

Crystalloid Fluid Administration (New Abstraction Guidance v5.13)

Example:

- Patient weight is 72.72 kg. 72.72 kg x 30 mL/kg = 2181.6 mL. Round 2181.6 mL to the nearest whole number for the target ordered volume of 2182 mL.

Crystalloid Fluid Administration (New Abstraction Guidance v5.13)

Examples:

Patient weight is 160 pounds. 160/2.2 = 72.72 kg.
Round to 73 kg. 73 kg x 30 mL/kg = 2190 mL.
The target ordered volume is 2190 mL.

- Physician order is “Infuse 2400 mL 0.9% Normal Saline over the next two hours.” The target ordered volume of 2190 mL would be met by the 2400 mL in this fluid order.

Patient weight is 160 pounds. 160/2.2 = 72.72 kg.
Round to 73 kg. 73 kg x 30 mL/kg = 2190 mL.

- Physician order is “Give 1000 mL Lactated Ringers over the next 4 hours.” The target ordered volume of 2190 mL would not be met by this fluid order.

Persistent Hypotension (New Abstraction Guidance v5.13)

- Abstract based on the latest piece of documentation before the *Severe Sepsis Presentation Time* or within 24 hours after if there is conflicting information within **two or more separate** pieces of physician/APN/PA documentation indicating hypotension is:
  - normal for the patient due to a chronic condition or medication, or due to an acute condition with a non-infectious source

    AND
  - due to or possibly due to an acute condition, acute on chronic condition, infection, severe sepsis, or septic shock

    Example:

    Note 1200: "Antihypertensive discontinued due to hypotension."

    Note 1600: "Sepsis with hypotension and SIRS criteria."
    - In this example, use the hypotensive readings.

Persistent Hypotension (v5.13 FAQ Review)

- Select Value “1” if the only blood pressure within the hour is low and a vasopressor was administered.

  Example:

  One-hour time frame: 1300 to 1400

  Blood pressure (only one documented) at 1325 was 87/53
  MAR: Levophed started at 1500

  - Select Value “1” because there is only one blood pressure reading and it is low, but a vasopressor was administered.
- Select Value “2” if the only blood pressure within the hour is normal.
- Select Value “3” if there is no blood pressure or the only blood pressure within the hour is low.

Knowledge Check: Persistent Hypotension

Which allowable value would you select for *Persistent Hypotension* if the hour to assess for persistent hypotension is from 1500 to 1600, no blood pressure readings were documented during the one-hour time frame, but Vasopressin was started at 1730?

A. Value "1" (Yes) Persistent hypotension present.

B. Value "2" (No or UTD) Persistent hypotension not present.

C. Value "3" (No) Persistent hypotension not assessed.

Knowledge Check: Persistent Hypotension

Which allowable value would you select for *Persistent Hypotension* if the hour to assess for persistent hypotension is from 1500 to 1600, no blood pressure readings were documented during the one-hour time frame, but Vasopressin was started at 1730?

A. Value "1" (Yes) Persistent hypotension present.

B. Value "2" (No or UTD) Persistent hypotension not present.

C. Value "3" (No) Persistent hypotension not assessed.

Select C, Value "3" (No) Persistent hypotension not assessed, because there were no blood pressure readings documented in the hour to assess for *Persistent Hypotension*.

Septic Shock Present (New Abstraction Guidance v5.13)

- Do not use physician/APN/PA documentation of a severe sepsis or septic shock exam or assessment being performed.

  Examples:

  - "Severe sepsis exam completed"
  - "Septic shock assessment completed"

Septic Shock Present (New Abstraction Guidance v5.13)

- For documentation of septic shock accompanied by a qualifier, use the table below.
  Use documentation containing a positive qualifier to meet criteria.
  Do not use documentation containing a negative qualifier to meet criteria.
  Do not use documentation containing both a positive and negative qualifier to meet criteria.

Positive Qualifiers	Negative Qualifiers
Possible	Impending
Rule out (r/o)	Unlikely
Suspected	Doubt
Likely	Risk for
Probable	Ruled out
Differential Diagnosis	Evolving
Suspicious for	Questionable
Concern for	Monitor
Suggestive of	Query
Presumed	Less likely

Septic Shock Present (New Abstraction Guidance v5.13)

Inclusion Guidelines for Abstraction:

- Septic shock
- Severe sepsis with shock
- Sepsis with shock

Septic Shock Presentation Date and Time (New Abstraction Guidance v5.13)

Septic Shock Presentation Date

- If documentation of septic shock is “superscripted” or footnoted, use the specified date of the “superscript” or footnote.

Septic Shock Presentation Time

- If documentation of septic shock is “superscripted” or footnoted, use the specified time of the “superscript” or footnote.

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Behavioral Development and Inpatient and Outpatient
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Submitting Questions to the QualityNet Inpatient Question and Answer Tool

Webinar Questions Follow-up

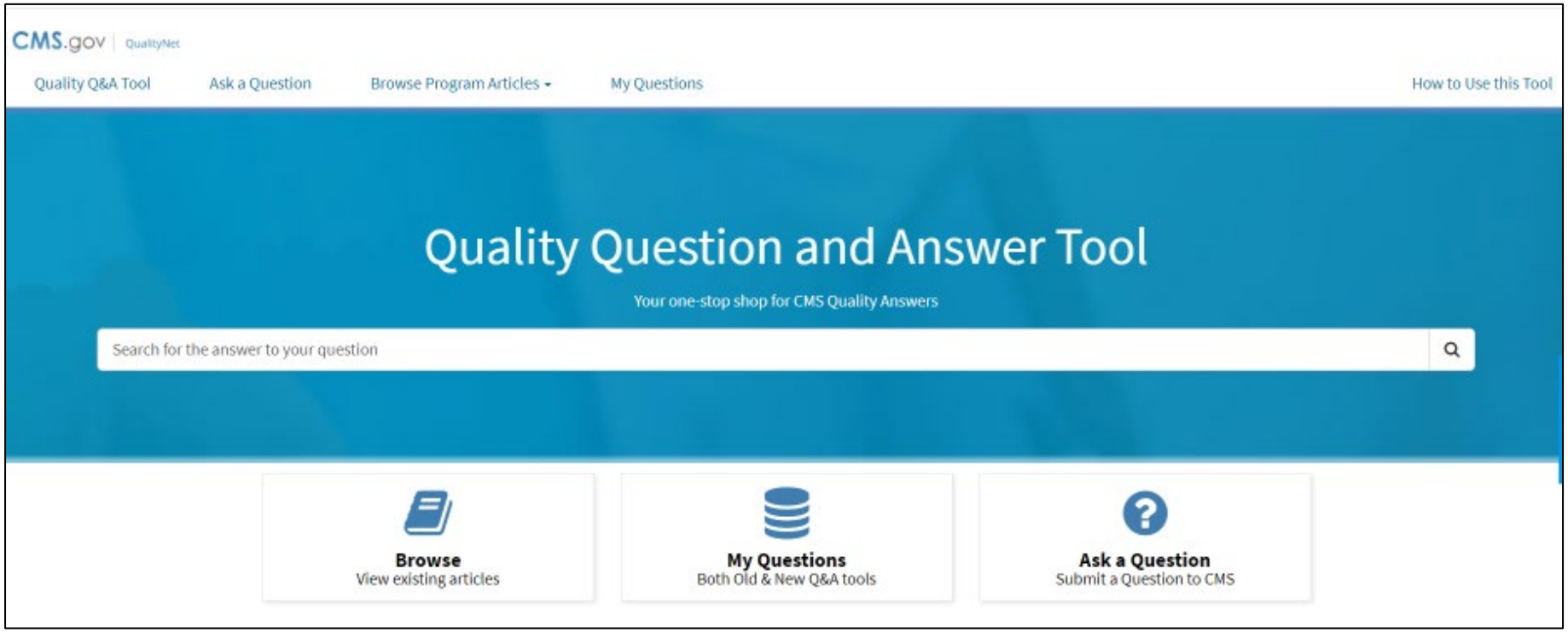
If we do not answer your question during the webinar, please submit your question to the QualityNet Inpatient Questions and Answers Tool at this link:

https://cmsqualitysupport.servicenowservices.com/qnet_qa

If your question is about a specific slide, please include the slide number.

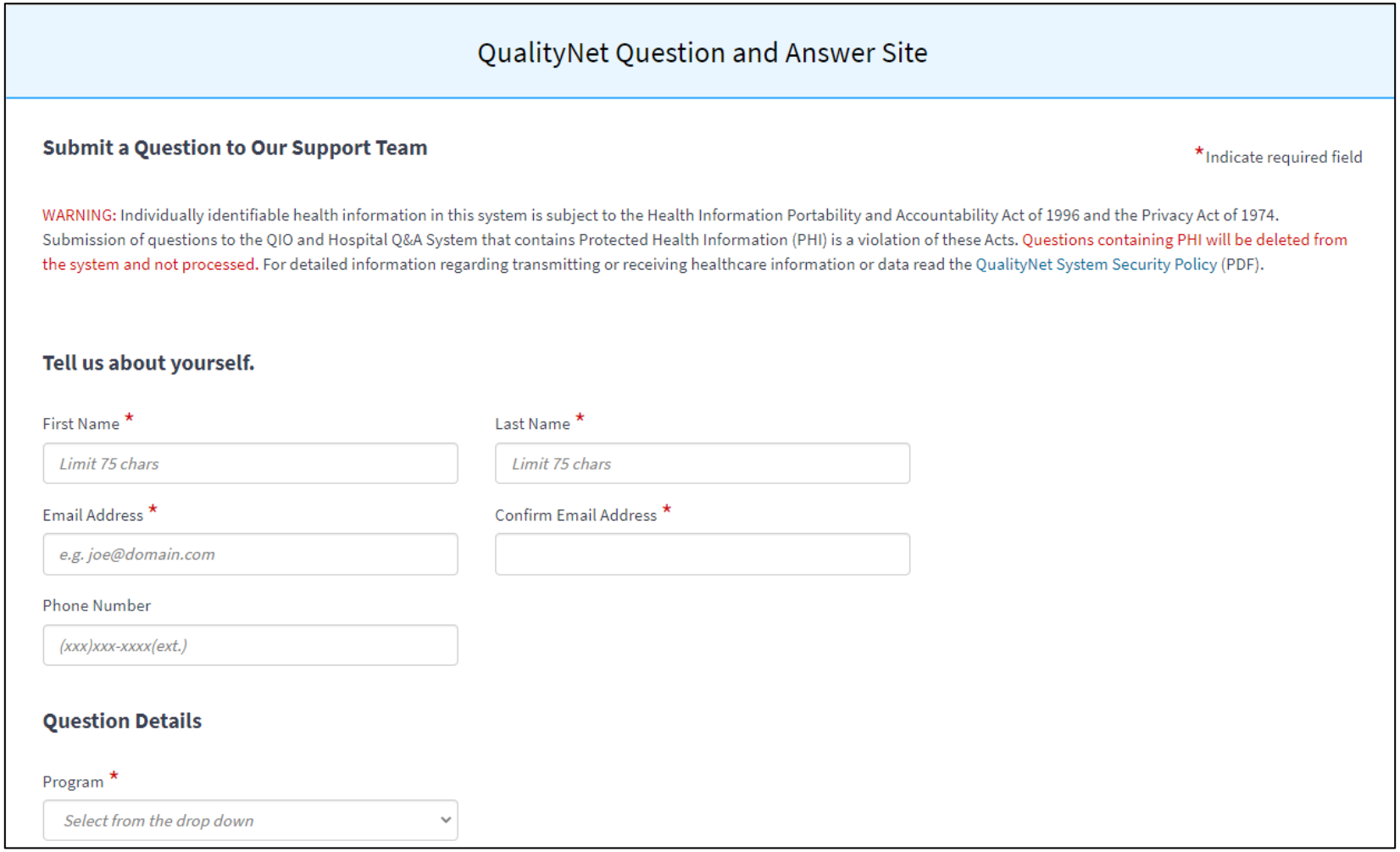
If you have a question unrelated to this webinar topic, we recommend that you first search for it in the QualityNet Inpatient Questions and Answers Tool. If you do not find an answer, then submit your question to us via the same tool.

Submitting a Question



- Click **Browse** to search for existing questions and answers.
- Click **Ask a Question** to submit a new question.

Submitting a Question


QualityNet Question and Answer Site

Submit a Question to Our Support Team

*Indicate required field

WARNING: Individually identifiable health information in this system is subject to the Health Information Portability and Accountability Act of 1996 and the Privacy Act of 1974. Submission of questions to the QIO and Hospital Q&A System that contains Protected Health Information (PHI) is a violation of these Acts. Questions containing PHI will be deleted from the system and not processed. For detailed information regarding transmitting or receiving healthcare information or data read the QualityNet System Security Policy (PDF).

Tell us about yourself.

First Name *
Limit 75 chars

Last Name *
Limit 75 chars

Email Address *
e.g. joe@domain.com

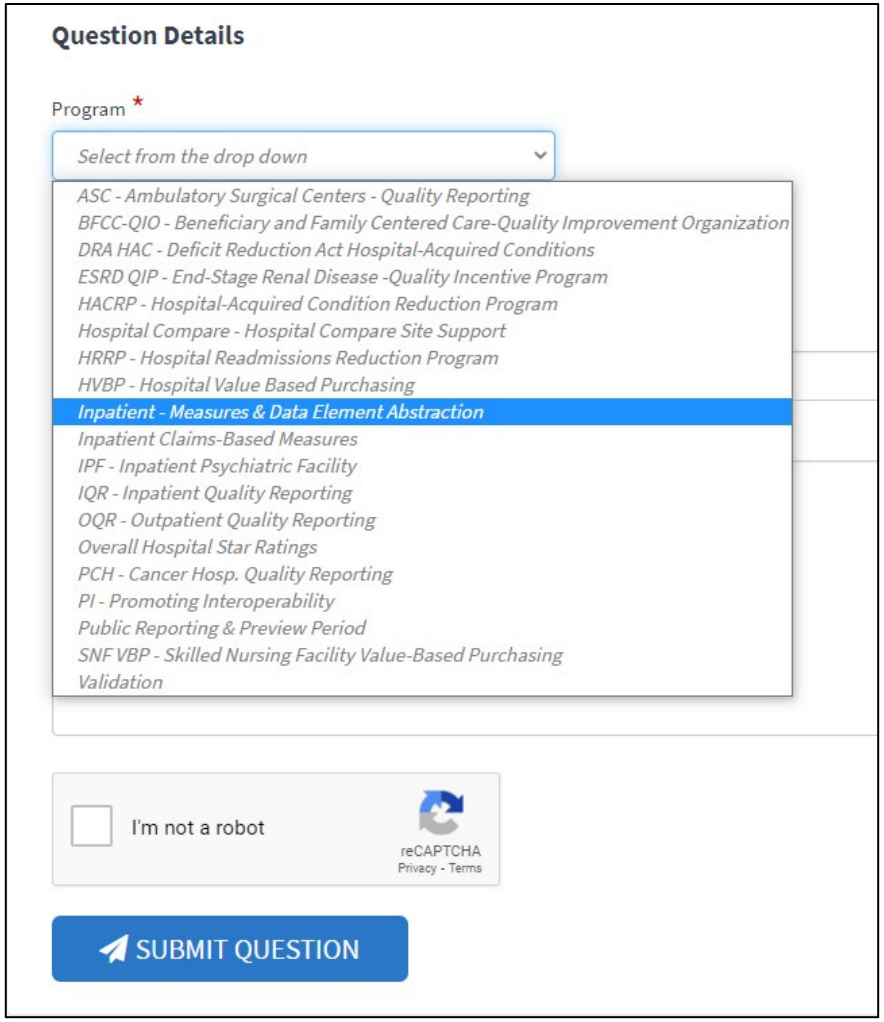
Confirm Email Address *

Phone Number
(xxx)xxx-xxxx(ext.)

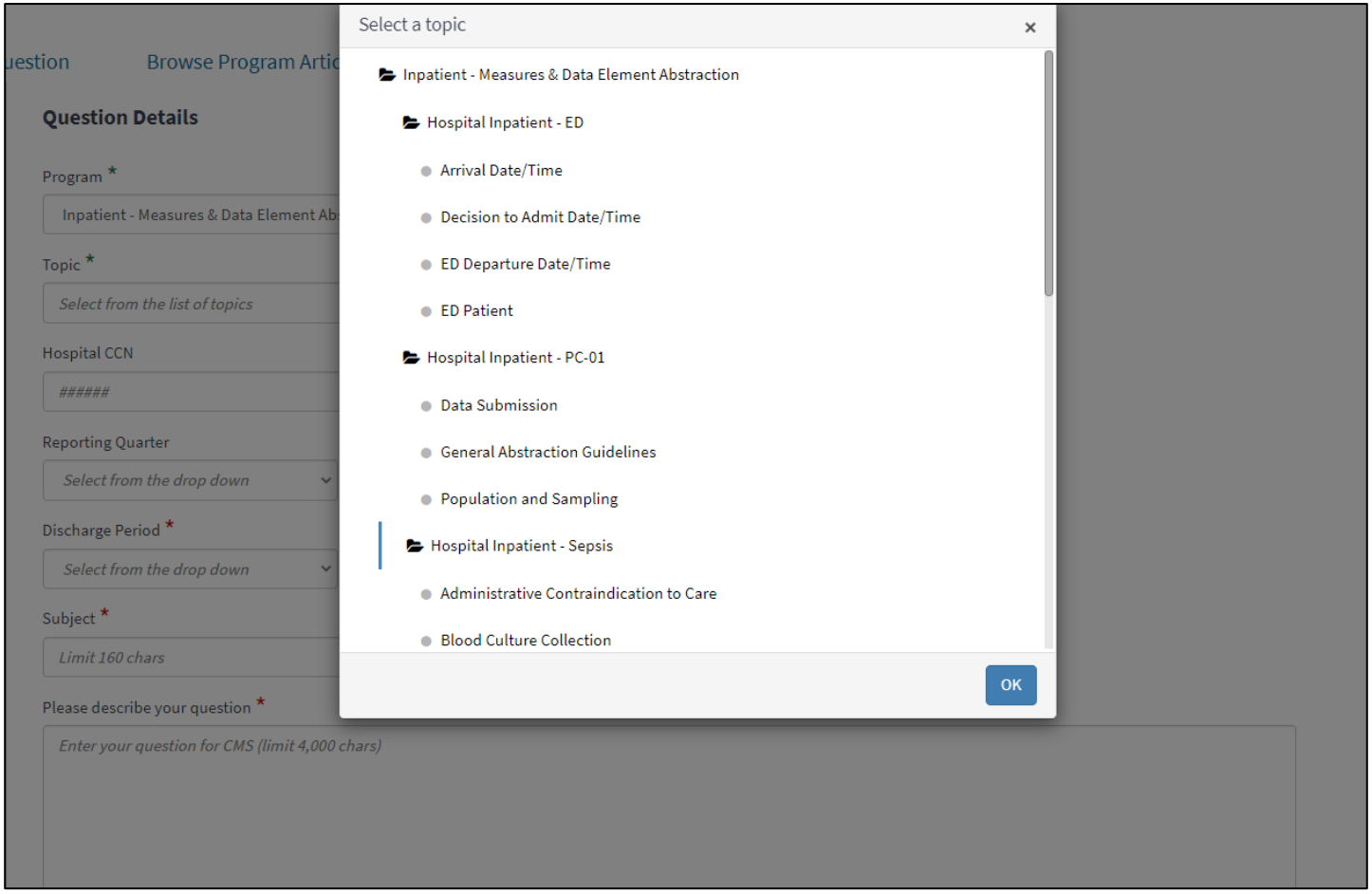
Question Details

Program *
Select from the drop down

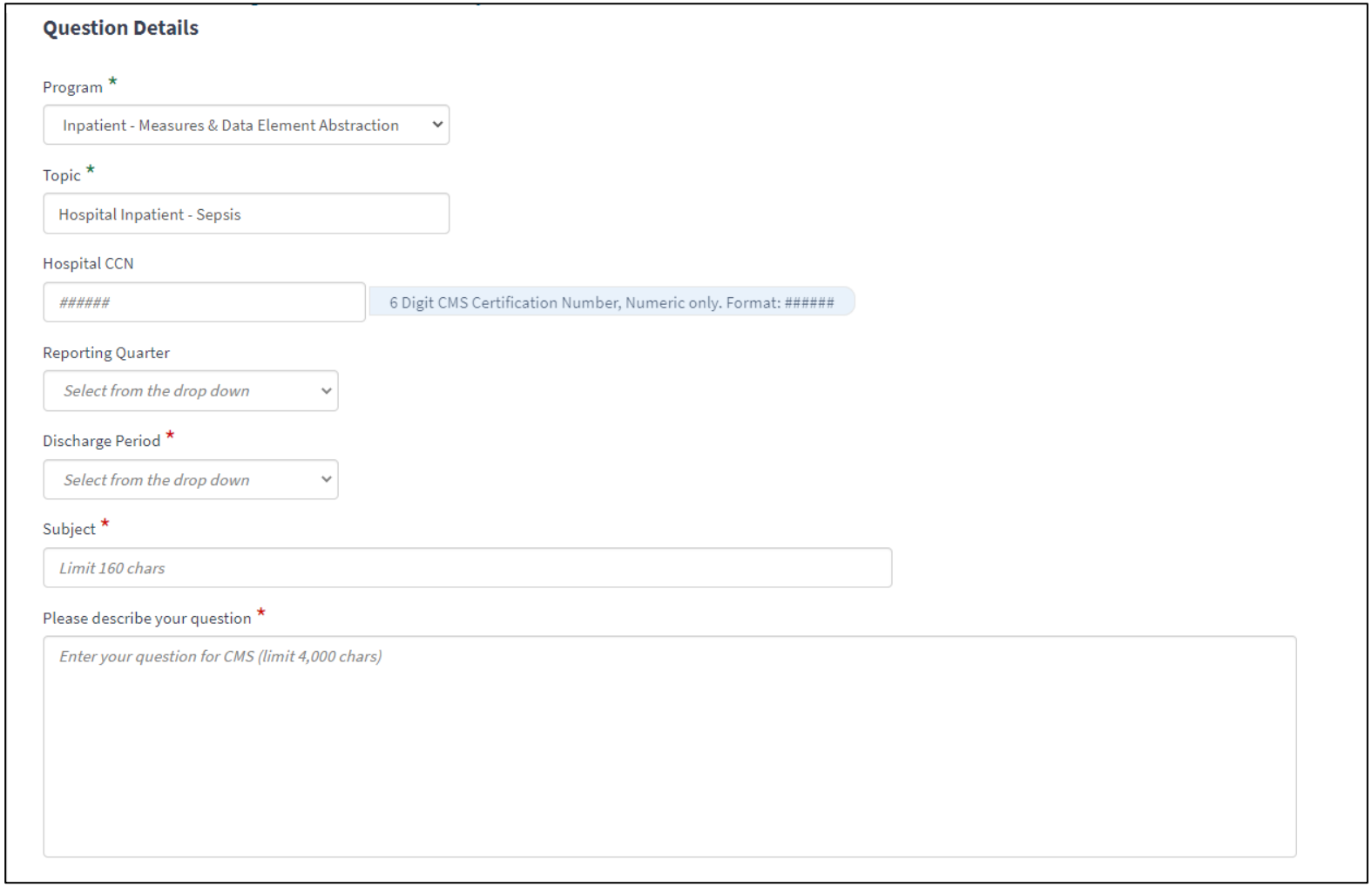
Submitting a Question



Submitting a Question



Submitting a Question



Questions

Continuing Education Approval

This program has been approved for continuing education credit for the following boards:

- **National credit**
  - Board of Registered Nursing (Provider #16578)
- **Florida-only credit**
  - Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
  - Board of Registered Nursing
  - Board of Nursing Home Administrators
  - Board of Dietetics and Nutrition Practice Council
  - Board of Pharmacy

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

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