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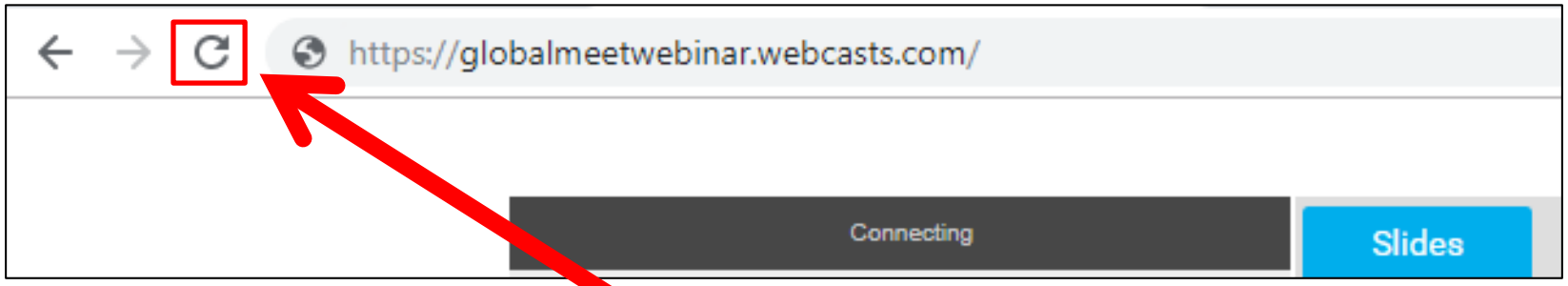

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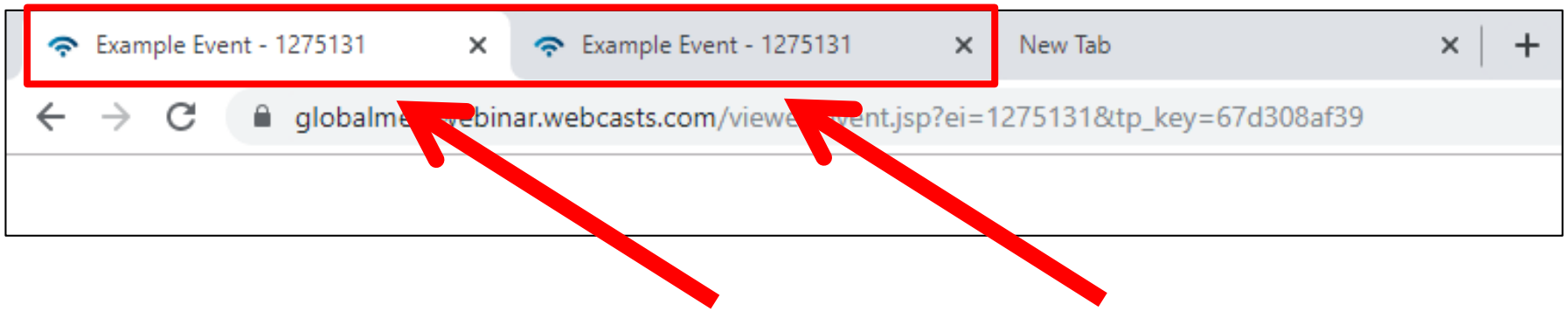

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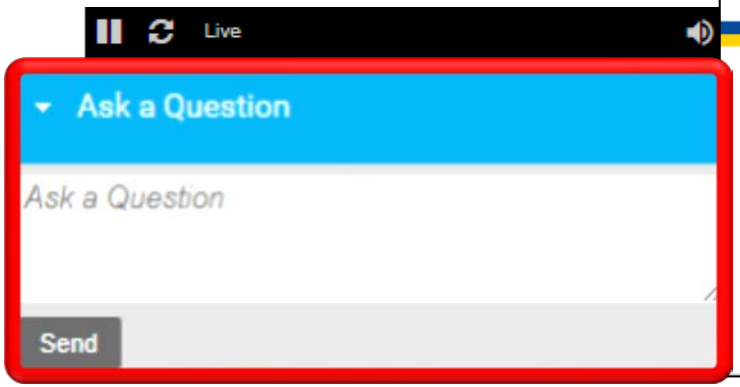

Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor (SC)

Today's Presentation

Severe Sepsis and Septic Shock: Management Bundle (Composite Measure) v5.7 Measure Updates and FAQs

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December 17, 2019

Agenda

The purpose of this event is:

1. To clarify the changes and rationale behind the updates to the SEP-1 measure and guidance in version 5.7 of the specifications manual.
2. To review frequently asked questions.

Objective

At the end of the presentation, participants will be able to understand and interpret the updated guidance in version 5.7 of the specifications manual to ensure successful reporting for the SEP-1 measure.

Acronyms and Abbreviations

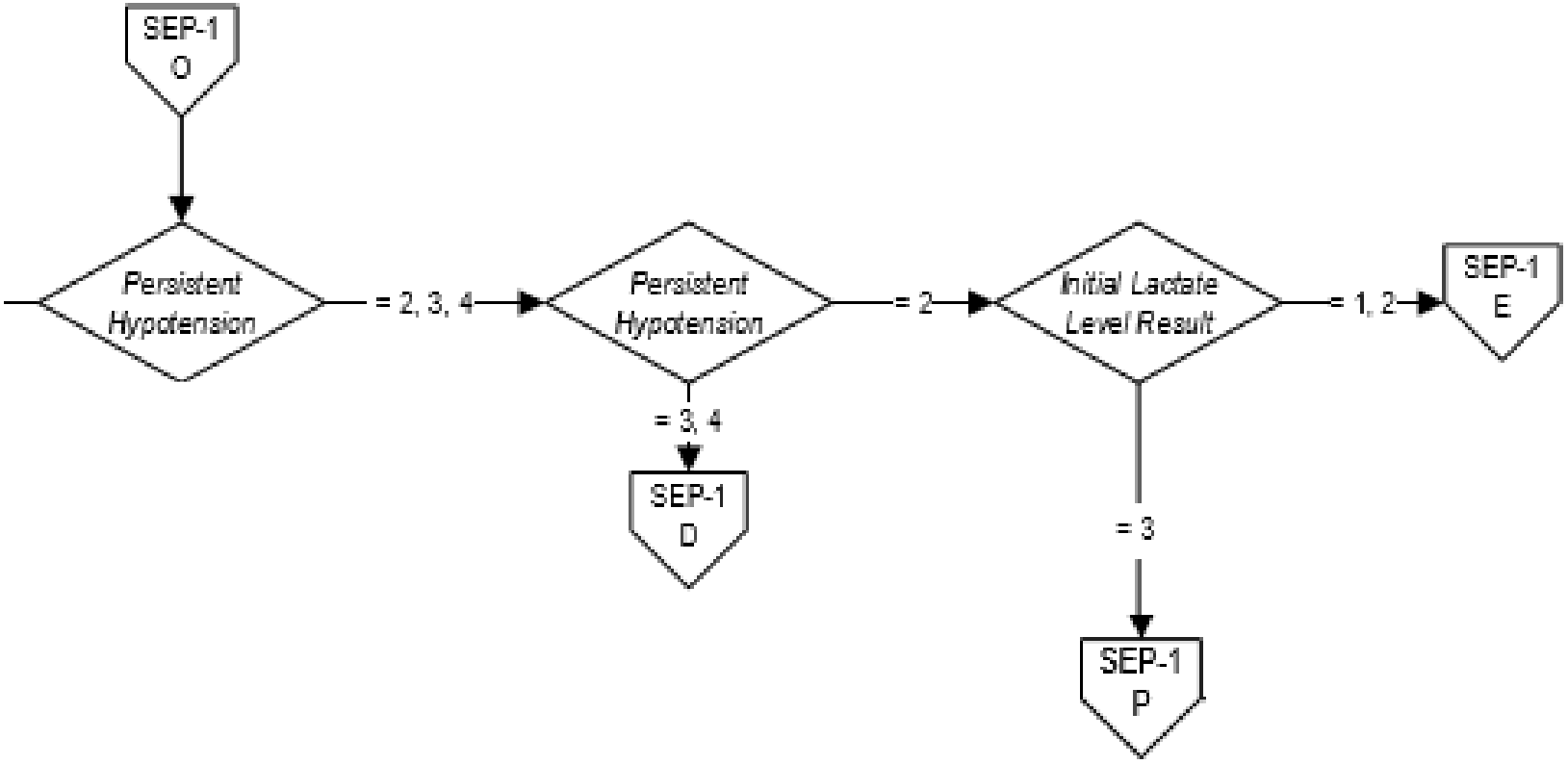
A-fib	atrial fibrillation	**Hx**	history	**PA**	physician assistant
APN	advanced practice nurse	**IV**	intravenous	**PT**	patient
BP	blood pressure	**kg**	kilogram	**RVR**	rapid ventricular response
CE	continuing education	**MD**	medical doctor	**SEP**	sepsis
ED	emergency department	**mL**	milliliter	**SIRS**	systemic inflammatory response syndrome
FAQ	frequently asked question	**NS**	normal saline	**v**	version
HR	heart rate	**OR**	operating room		

Noel Albritton, MSN, RN and Jennifer Witt, RN
Inpatient and Outpatient Measure Maintenance SC

Severe Sepsis and Septic Shock: Management Bundle (Composite Measure) v5.7 Measure Updates and FAQs

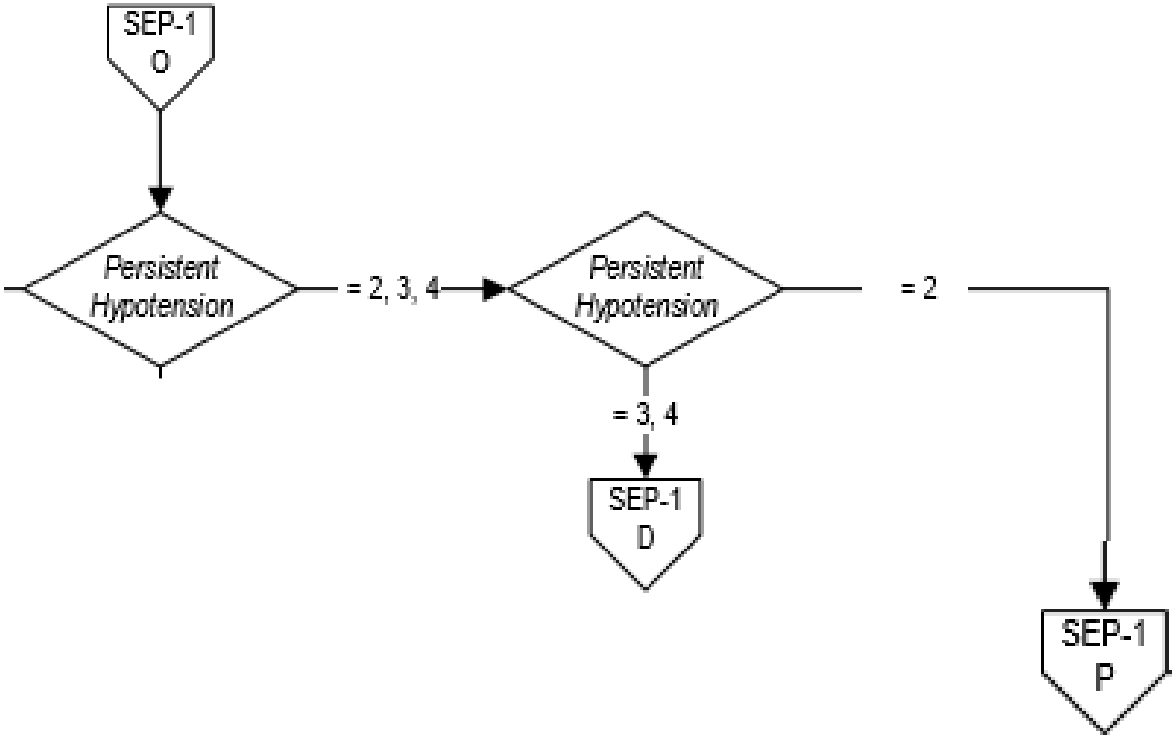
SEP-1 Algorithm Updates v5.6a to v5.7

Manual Version 5.6 Algorithm Flow:



SEP-1 Algorithm Updates v5.6a to v5.7

Manual Version 5.7 Algorithm Flow (page SEP-1-17 of Measure Information Form):



“Unable to Determine” Option for Data Elements in v5.7

“Unable to Determine” was added to Allowable Value “2” (No) for the following data elements:

- *Administrative Contraindication to Care, Septic Shock*
- *Administrative Contraindication to Care, Severe Sepsis*
- *Blood Culture Collection Acceptable Delay*
- *Broad Spectrum or Other Antibiotic Administration Selection*
- *Vasopressor Administration*

“Unable to Determine” was added to Allowable Value “3” (No) for the *Crystalloid Fluid Administration* data element.

Broad Spectrum or Other Antibiotic Administration Selection Continuing Guidance v5.7

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

Broad Spectrum or Other Antibiotic Administration Selection v5.7 Question

Q. Is the PA documentation below acceptable for selecting value “1” (Yes) for the *Broad Spectrum or Other Antibiotic Administration Selection* data element based on administration of IV Vanco within 3 hours after severe sepsis presentation?

- Severe Sepsis Presentation Date/Time: 1/5/2020 1300
- Vancomycin start date/time: 1/5/2020 1330
- ED PA Note: “Lower left leg wound culture positive MRSA, starting IV Vanco now.”

A. No, the administration of IV Vanco alone is not acceptable, because the PA documentation does not identify the date of the culture or the causative agent and its antibiotic susceptibility.

Crystalloid Fluid Administration New Guidance v5.7

- Crystalloid fluids or balanced crystalloid fluids that are given to dilute medications may be used toward the target ordered volume. If the volume infused without dilution fluids is the same as the target ordered volume, fluids used for diluting medications do not need to be counted.

Crystalloid Fluid Administration v5.7 Question #1

Q. Should the 100 mL of crystalloid fluids used to dilute the medication count towards the target ordered volume?

Orders:

1. 0.9% NS 30 mL/kg (weight 75 kg) at 1000mL/hr.
2. Zosyn 3.37 mg in 100mL 0.9% NS over 30 minutes

A. No, do not count the fluids used to dilute the Zosyn, because the crystalloid fluid volume in Order 1 equals the target ordered volume of 30 mL/kg.

Crystalloid Fluid Administration v5.7 Question #2

Q. Should the 250 mL of crystalloid fluids used to dilute the medication count towards the target ordered volume?

Orders:

1. 0.9% NS 2000 mL at 1000mL/hr.
2. Vancomycin in 250 mL 0.9%NS over 90 minutes

Weight: 75 kg (30 mL/kg = 2250 mL)

A. Yes, use the fluids given to dilute the vancomycin. The 2000 mL in order 1 is not within 10% of the target volume (2250 mL). The 2000 mL in order 1 plus the 250 mL in order 2 equals the 2250 mL target volume.

Poll the Audience: Crystalloid Fluid Administration

MD orders Zosyn in 100 mL NS over 30 minutes and NS 30 mL/kg in 1 hour. Do the fluids mixed in Zosyn need to be used toward the target ordered volume?

A. Yes

B. No

Poll the Audience: Crystalloid Fluid Administration

MD orders Zosyn in 100 mL NS over 30 minutes and NS 30 mL/kg in 1 hour. Do the fluids mixed in Zosyn need to be used toward the target ordered volume?

A. Yes

B. No

The MD ordered 30 mL/kg of normal saline, so you would not count fluids used to dilute the Zosyn towards the target ordered volume.

Crystalloid Fluid Administration Continuing Guidance v5.7

- Only those crystalloid fluids given at a rate greater than 125 mL/hour should be used towards the target ordered volume. Do not use crystalloid fluids given at 125 mL/hr or less toward the target ordered volume.

Crystalloid Fluid Administration Continuing Guidance v5.7

- Crystalloid fluid volumes ordered that are equivalent to 30 mL/kg or within 10% less than 30 mL/kg are considered the target ordered volume.

Crystalloid Fluid Administration v5.7 Question #3

Q. If the MD orders “NS IV 3000 mL at 1000 mL/hr, for a patient weighing 80 kgs, what is the target ordered volume?

- 2160 mL,
- 2400 mL,
- 3000 mL

A. The target ordered volume is 2400 mL, because this is equal to 30 mL/kg. The MD ordered more than 30 mL/kg, but only 2400 mL is required for the measure.

Poll the Audience: Crystalloid Fluid Administration

Physician Order: NS IV 3000 mL at 1000 mL/hr for a 110 kg patient (30 mL/kg x 110 kg = 3300 mL). Which fluid volume should be infused for the measure?

A. 2970 mL

B. 3000 mL

C. 3250 mL

D. 3300 mL

Poll the Audience: Crystalloid Fluid Administration

Physician Order: NS IV 3000 mL at 1000 mL/hr for a 110 kg patient (30 mL/kg x 110 kg = 3300 mL). Which fluid volume should be infused for the measure?

A. 2970 mL

B. 3000 mL

C. 3250 mL

D. 3300 mL

The physician ordered 3000 mL, which is within 10% of the 30 mL/kg volume (3300 mL).

Directive for Comfort Care or Palliative Care, Severe Sepsis Continuing Guidance v5.7

- Only the earliest physician/APN/PA documentation of an inclusion term documented in the following contexts suffices:
  - Comfort measures only recommendation
  - Order for consultation or evaluation by a hospice care service
  - Patient or patient representative request for comfort measures only
  - Plan for comfort measures only
  - Referral to hospice care service

Directive for Comfort Care or Palliative Care, Severe Sepsis v5.7 Question #1

APN documentation within time frame: “Reviewed terminal care with patient’s family.”

Q. Would you choose Value “1” (Yes) or Value “2” (No) for the *Directive for Comfort Care or Palliative Care, Severe Sepsis* data element?

A. Select Value “2” (No). “Terminal care” is an acceptable inclusion term, but it is not used within one of the acceptable contexts noted in the data element.

Directive for Comfort Care or Palliative Care, Severe Sepsis v5.7 Question #2

MD notes within time frame: “Discussed plan of care with patient, recommend palliative care at this time.”

Q. Should Value “1” (Yes) or Value “2” (No) be selected?

A. Select Value “1” (Yes). “Palliative care” is an acceptable inclusion term, and it is used within an acceptable context of a recommendation.

Poll the Audience: Directive for Comfort Care or Palliative Care, Severe Sepsis

Which value would you select if the PA notes within the time frame “Discussed palliative care with family?”

A. Value “1” (Yes)

B. Value “2” (No)

Poll the Audience: Directive for Comfort Care or Palliative Care, Severe Sepsis

Which value would you select if the PA notes within the time frame “Discussed palliative care with family?”

A. Value “1” (Yes)

B. Value “2” (No)

“Palliative care” is an acceptable inclusion term, but it is not used within one of the acceptable contexts noted in the data element.

Initial Hypotension Continuing Guidance v5.7

- Hypotensive BPs obtained within the operating room (OR), interventional radiology, during active delivery, or procedural/conscious sedation **should not be used.**

Initial Hypotension v5.7 Question

Q. Would you use the hypotensive blood pressure readings below to establish *Initial Hypotension*?

- ED MD notes at 0800: “Lumbar puncture at bedside, Versed for comfort/sedation”
- ED MD notes at 0825: “LP complete without complication.”
- Vital Signs: 0815 – 87/56, 0820 – 84/53

A. No, do not use the hypotensive readings at 0815 and 0820 to establish Initial Hypotension, because the patient was receiving procedural sedation from 0800 to 0825.

Persistent Hypotension New Guidance v5.7

- Hypotensive BPs obtained within the operating room (OR), interventional radiology, during active delivery, or procedural/conscious sedation **should not be used.** If the patient is in one of these settings during the hour-long window to assess for Persistent Hypotension, select value "2."

Persistent Hypotension v5.7 Question #1

Q. Which allowable value would you select for *Persistent Hypotension*?

- Hour to assess for persistent hypotension is from 1400 – 1500.
- BP readings at 1430, SBP = 88, 1500 SBP = 84.
- Patient in OR from 1340 – 1530

A. You would select Value “2” (No), because the patient was in the OR during the hour-long window to assess for *Persistent Hypotension*.

Persistent Hypotension New Guidance v5.7

- If persistent hypotension presentation is more than six hours after the Septic Shock Presentation Time, choose Value “2.”

Persistent Hypotension v5.7 Question #2

Q. Which allowable value would you select for *Persistent Hypotension*?

- *Septic Shock Presentation Time*: 1500
- *Persistent Hypotension* presentation: 2300
- Vasopressor administration time: 2305

A. You would select value “2” (No), because *Persistent Hypotension* occurs more than 6 hours after the *Septic Shock Presentation Time*.

Persistent Hypotension Continuing Guidance v5.7

- If one or more blood pressures were documented within the time frame and persistent hypotension is unable to be determined but a vasopressor was administered, select Value “1.”

Persistent Hypotension v5.7 Question #3

Hour to assess for *Persistent Hypotension* 1330 - 1430

1340 – BP = 99/67

1400 – BP = 93/58

1425 – BP = 84/50

MAR: Vasopressin IV start time: 1430

Q. Which value would you select for *Persistent Hypotension* in the above scenario?

A. You would select Value “1” (Yes), because three BPs were documented, but persistent hypotension cannot be determined, and a vasopressor was given.

Poll the Audience: Persistent Hypotension

Which value would you select for *Persistent Hypotension* if no BPs were documented during the hour, but a vasopressor was administered?

A. Value “1” (Yes) Hypotension Present

B. Value “2” (No) Hypotension Not Present

C. Value “3” (No) Not Assessed

Poll the Audience: Persistent Hypotension

Which value would you select for *Persistent Hypotension* if no BPs were documented during the hour, but a vasopressor was administered?

A. Value “1” (Yes) Hypotension Present

B. Value “2” (No) Hypotension Not Present

C. Value “3” (No) Not Assessed

You would select Value “3” (No), because there are no BPs documented during the hour to assess for Persistent Hypotension.

Repeat Volume Status and Tissue Perfusion Assessment Performed Date and Time New Guidance v5.7

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

Repeat Volume Status and Tissue Perfusion Assessment Performed Date and Time v5.7 Question

Q. What time would you use for the *Repeat Volume Status and Tissue Perfusion Assessment Performed Time*?

- Time window for the *Repeat Volume Status and Tissue Perfusion Assessment Performed:* 1300 – 1900.
- MD note at 1400: “severe sepsis exam completed.”
- APN note at 1600: includes requirements for performing 5 of the 8 parameters: Cap refill normal; increased urine output; temperature and heart rate normal; pulses present bilaterally; skin appears normal

A. The *Repeat Volume Status and Tissue Perfusion Assessment Performed Time* is 1400, because this is the earliest assessment within the appropriate time window.

Severe Sepsis Present
New Guidance v5.7

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

Severe Sepsis Present v5.7 Question #1

Q. What value would you select for *Severe Sepsis Present* in the following scenario if there is no further documentation of severe sepsis or clinical criteria being met?

- MD documents at 0918: “Likely septic shock causing elevated lactate.”
- MD notes at 1130: “Pt with seizures x2, lactate decreasing, no further concern for septic shock.”

A. You would select Value “2” (No), because *Severe Sepsis Present* criteria was initially met by physician documentation of septic shock and further documentation within 6 hours after indicates that septic shock was not present.

Severe Sepsis Present Continuing Guidance v5.7

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

Severe Sepsis Present v5.7 Question #2

Q. Would you use an elevated heart rate to meet SIRS criteria based only on the documentation below?

- MD documented: “Chronic A-fib”

A. Yes, you would use the elevated heart rate to meet SIRS criteria, because the MD documentation does not attribute the elevated heart rate to the chronic condition.

Severe Sepsis Present v5.7 Question #3

Q. Would you use the elevated heart rate to meet SIRS criteria based only on the documentation below?

- MD documented: “A-fib with tachycardia, Hx of A-fib”

A. No, you would not use the elevated heart rate, because the MD documentation attributes the elevated heart rate to the chronic condition.

Poll the Audience: Severe Sepsis Present

ED MD notes “chronic A-fib,” APN notes “A-fib with RVR.” Would you use the elevated heart rate to meet SIRS criteria?

A. Yes

B. No

Poll the Audience: Severe Sepsis Present

ED MD notes “chronic A-fib,” APN notes “A-fib with RVR.” Would you use the elevated heart rate to meet SIRS criteria?

A. Yes

B. No

No, you would not use the elevated heart rate, because RVR is due to A-fib and A-fib is a chronic condition for this patient.

Severe Sepsis Presentation Date and Time New Guidance v5.7

- If the only documentation of severe sepsis being present is in a physician/APN/PA note that severe sepsis was present on admission, use the earliest time of the following:
  - Physician/APN/PA note
  - Admit order
  - Disposition to inpatient
  - Arrival to floor or unit

Septic Shock Presentation Date and Time New Guidance v5.7

- Septic Shock identified by severe sepsis present and initial lactate >=4 (Septic Shock Present criteria b):
  - Use the later time of either severe sepsis presentation or the initial lactate level result.
  - To determine the time of the Initial Lactate Level Result for Septic Shock Present criteria, use the following sources in priority order.

    1. Primary source: Lactate result time from lab
  - Supporting sources in priority order if primary source not available:

    1. Time within a narrative note that is directly associated with the lactate result
    2. Time the lactate result is documented in a non-narrative location (e.g., sepsis flowsheet)
    3. Initial Lactate Level Collection Time
    4. Physician/APN/PA or nursing narrative note open time

Septic Shock Presentation Date and Time New Guidance v5.7

- If the only documentation of septic shock being present is in a physician/APN/PA note that septic shock was present on admission, use the earliest time of the following:
  - Physician/APN/PA note
  - Admit order
  - Disposition to inpatient
  - Arrival to floor or unit

Poll the Audience: Septic Shock Presentation Time

If the following lactate result times are documented, which time would you choose for the initial lactate level result?

A. Flowsheet – Lactate 4.5 at 1915

B. PA notes – Lactate 4.5 at 1820

C. Lab Results – Lactate 4.5 at 1830

D. Initial Lactate Collection Time – 1730

Poll the Audience: Septic Shock Presentation Time

If the following lactate result times are documented, which time would you choose for the initial lactate level result?

A. Flowsheet – Lactate 4.5 at 1915

B. PA notes – Lactate 4.5 at 1820

C. Lab Results – Lactate 4.5 at 1830

D. Initial Lactate Collection Time – 1730

The laboratory result time is the primary source for the Initial Lactate Level Result time.

Transfer From Another Hospital or ASC Continuing Guidance v5.7

- If a patient is transferred in from any emergency department (ED) or observation unit OUTSIDE of your hospital, select “Yes.” This applies even if the emergency department or observation unit is part of your hospital’s system (e.g., your hospital’s free-standing or satellite emergency department), has a shared medical record or provider number, or is in close proximity.
- If the patient is transferred to your hospital from an outside hospital where he was an inpatient or outpatient, select “Yes.” This applies even if the two hospitals are close in proximity, part of the same hospital system, have the same provider number, and/or there is one medical record.

Transfer From Another Hospital or ASC v5.7 Question

Q. Patient was transferred from a free-standing inpatient drug and alcohol rehab facility. Is this considered a transfer from another hospital?

A. No, this is not an acceptable transfer from another hospital.

Robert Dickerson, RRT, MSHSA
Inpatient and Outpatient Measure Maintenance Support Contractor

SEP-1 *Hospital Compare* Results

SEP-1 Bundle-level Results on *Hospital Compare*

- Bundle-level results available with January 2020 release
  - Includes 1st quarter 2019 data only
  - Additional quarters added with each release until four quarters are available
- Hospital Compare datasets
  - Timely and Effective Care - Hospital
  - Timely and Effective Care - National
  - Timely and Effective Care - State
- Files will continue to display SEP-1 four-quarter roll-up composite score

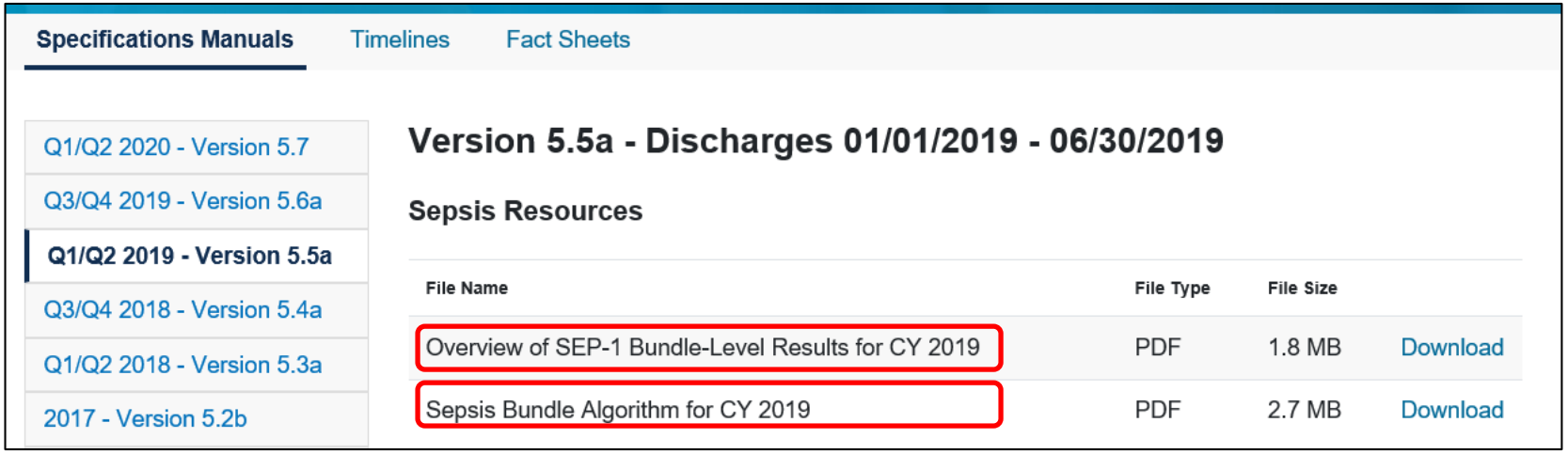
SEP-1 Bundles on *Hospital Compare*

- Sep-1 composite score
- Severe sepsis 3-hr bundle score
  - o Broad spectrum and other antibiotic administration
  - o Blood culture collection
  - o Initial lactate
- Severe sepsis 6-hr bundle score
  - o Repeat lactate
- Septic shock 3-hr bundle score
  - o Crystalloid fluid administration
- Septic shock 6-hr bundle score
  - o Vasopressor administration
  - o Repeat volume status and tissue perfusion assessment

SEP-1 Bundle-level Overview and Algorithm on *QualityNet*

- Bundle-level results for January 2020 release includes data from 1st quarter 2019 only, which is for v5.5a.
- Two documents posted on *QualityNet* provide information on how the bundle level results were derived.

https://www.qualitynet.org/inpatient/specifications-manuals#tab3



Questions

Severe Sepsis and Septic Shock: Management Bundle (Composite Measure) v5.7 Measure Updates and FAQs

Continuing Education (CE) Approval

This program has been approved for CE 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 CE approval for any other state, license, or certification, please check with your licensing or certification board.

Thank You

Severe Sepsis and Septic Shock: Management Bundle (Composite Measure) v5.7 Measure Updates and FAQs

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