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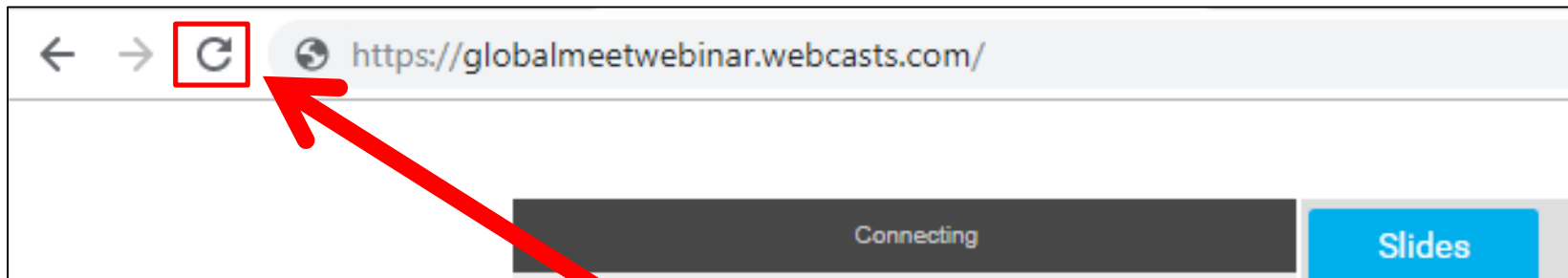**Audio from computer speakers breaking up?**
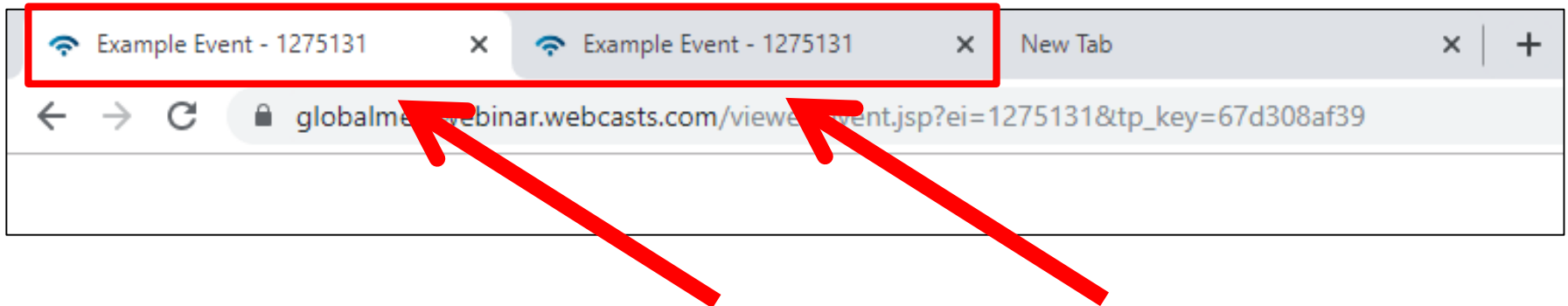
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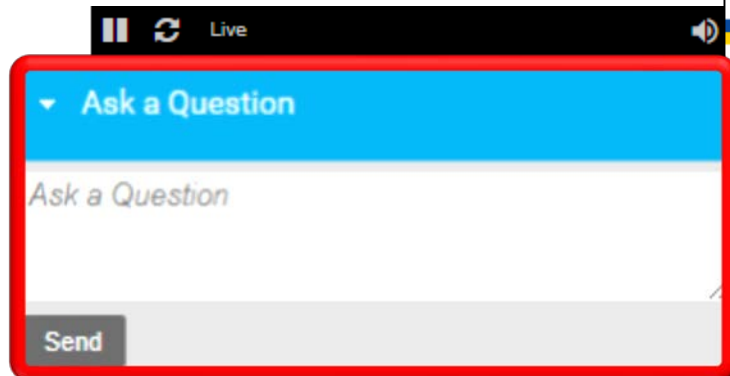Refresh

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

Today's Presentation

Early Management Bundle, Severe Sepsis and Septic Shock (Composite Measure) v5.7 Questions & Answers

Noel Albritton, MSN, RN, Lead Solutions Specialist
Inpatient and Outpatient Measure Maintenance Support Contractor

Jennifer Witt, RN, Senior Health Informatics Solutions Coordinator
Inpatient and Outpatient Measure Maintenance Support Contractor

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Agenda

This event will answer SEP-1 abstraction questions and provide rationale for the guidance in version 5.7 of the specifications manual.

Acronyms

Objective

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

Acronyms and Abbreviations

A-fib	atrial fibrillation	**kg**	kilogram	**PACU**	post anesthesia care unit
APN	advanced practice nurse	**MAP**	mean arterial pressure	**POC**	point of contact
BP	blood pressure	**MAR**	medication administration record	**RN**	registered nurse
CE	Continuing education	**MAX**	maximum	**RVR**	rapid ventricular response
CMS	Centers for Medicare & Medicaid Services	**mg**	milligram	**SBP**	systolic blood pressure
ED	emergency department	**mL**	milliliter	**SEP**	sepsis
H&P	history and physical	**MRSA**	Methicillin-resistant *Staphylococcus aureus*	**SIRS**	systemic inflammatory response syndrome
hr	hour	**NS**	normal saline	**v**	version
IO	intraosseous	**OR**	operating room	**Vanco**	vancomycin
IR	interventional radiology	**PA**	physician assistant	**VIQR**	Value, Incentives, and Quality Reporting
IV	intravenous				

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

Early Management Bundle, Severe Sepsis and Septic Shock (Composite Measure) v5.7 Questions & Answers

Administrative Contraindication to Care, Severe Sepsis v5.7 Guidance

- Specific documentation indicating patient or authorized patient advocate has refused the following can be used to select Value "1."
  - o Blood draws
  - o IV or IO fluid administration
  - o IV or IO antibiotic

Acronyms   10

Administrative Contraindication to Care, Severe Sepsis v5.7 Question

Q. Should you select Value "1" (Yes) or Value "2" (No) for the *Administrative Contraindication to Care, Severe Sepsis* data element based on this scenario?

- Severe Sepsis Presentation Date/Time: 2/13/2020 1200
- RN documentation at 2/13/2020 1030: "Patient refused IV fluids"
- Physician Notes at 2/13/2020 1245: "Discussed need to comply and receive IV fluids and medications, patient agreeable at this time."

A. Select Value "1" (Yes). There is nursing documentation within the specified time frame indicating that the patient refused IV fluids.

Acronyms   11

Broad Spectrum or Other Antibiotic Administration v5.7 Guidance

- If the patient started on an antibiotic within the 24 hours preceding or 3 hours following the *Severe Sepsis Presentation Date and Time*, choose Value "1."

- If no antibiotic was started within the 24 hours preceding or 3 hours following the *Severe Sepsis Presentation Date and Time*, choose Value "2."

Broad Spectrum or Other Antibiotic Administration v5.7 Question #1

Q. Should you select Value "1" (Yes) or Value "2" (No) for the *Broad Spectrum or Other Antibiotic Administration* data element based on this scenario?

- Severe Sepsis Presentation Date/Time: 1/13/2020 1200

MAR documentation: Only IV antibiotic given was Levaquin

- Levaquin IV administered date/time: 1/9/2020 1500

    1/10/2020 1700

    1/11/2020 1800

A. Select Value "2" (No). The patient did not receive an IV antibiotic within the 24 hours prior or within 3 hours after severe sepsis presentation.

Acronyms   13

Broad Spectrum or Other Antibiotic Administration v5.7 Question #2

Q. Should you select Value "1" (Yes) or Value "2" (No) for the *Broad Spectrum or Other Antibiotic Administration* data element based on this scenario?

- Severe Sepsis Presentation Date/Time: 1/13/2020 1200

MAR documentation: Only IV antibiotic given was Levaquin

- Levaquin IV administered date/time: 1/10/2020 1500

                                                 1/11/2020 1700

                                                 1/12/2020 1800

A. Select Value "1" (Yes). The patient received an IV antibiotic within the 24 hours prior to the *Severe Sepsis Presentation Time*.

Broad Spectrum or Other Antibiotic Administration Time v5.7 Guidance

- If one or more antibiotics were administered within 24 hours prior to severe sepsis presentation, abstract the earliest date and time that antibiotic was started. This may be the same time as the time of presentation or may be a time before presentation. Do not review for antibiotic doses started more than 72 hours prior to severe sepsis presentation.

Examples:

More than 24 hours Before Presentation (Max. lookback 72 hrs.)	24 hours Before Presentation			Severe Sepsis	3 Hours After Presentation	Antibiotic Dose to Abstract
	A	A	A			First dose of A
	B	C	C			Antibiotic B
G	*A*	A	A			First dose of A
B		B	B			First dose of B
C	D	C	C			First dose of C

Acronyms

Broad Spectrum or Other Antibiotic Administration Time v5.7 Question

Q. What date and time would you use for the *Broad Spectrum or Other Antibiotic Administration Date* and *Time* based on this scenario?

- Severe Sepsis Presentation Date/Time: 1/13/2020 1200

- MAR documentation: Only IV antibiotic given was Levaquin
  - Levaquin IV administered date/time: 1/10/2020 1500
    1/11/2020 1700
    1/12/2020 1800

A. Use 1/10/2020 at 1500. One dose of the IV antibiotic was administered within 24 hours prior to the *Severe Sepsis Presentation Time* and two doses were given more than 24 hours prior. The earliest dose within 72 hours before the *Severe Sepsis Presentation Time* was administered on 1/10/2020 at 1500.

Acronyms |

Broad Spectrum or Other Antibiotic Administration Selection v5.7 Guidance

- 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 #1

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

- Severe Sepsis Presentation Date/Time: 2/4/2020 1400
- PA Note 2/4/2020 1410: "Abdominal wound cultured on 2/2/2020, starting IV Vanco now."
- Vancomycin start date/time: 2/4/2020 1430

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

Acronyms

Broad Spectrum or Other Antibiotic Administration Selection v5.7 Question #2

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 three hours after severe sepsis presentation?

- Severe Sepsis Presentation Date/Time: 2/4/2020 1400
- PA Note 2/4/2020 1410: "Abdominal wound culture results from 2/2/2020 show MRSA, susceptibility clindamycin or vancomycin, starting IV Vanco now."
- Vancomycin start date/time: 2/4/2020 1430

A. Yes, selected Value "1" (Yes). The PA documentation identifies the date of the culture results, the causative organism from the culture result, the antibiotic susceptibility and the MAR demonstrates the susceptible antibiotic was administered within three hours after severe sepsis presentation.

Crystalloid Fluid Administration v5.7 Guidance

- 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.

Acronyms

Crystalloid Fluid Administration v5.7 Question #1

Q. Should the 200 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. Cipro 400 mg in 200 mL 0.9% NS over 30 minutes

A. No, do not count the fluids used to dilute the Cipro, 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 100 mL of crystalloid fluids used to dilute the medication count towards the target ordered volume?

Patient weight 75 kg (75 kg x 30 mL/kg = 2250 mL)

Orders:

1. 0.9% NS 1000 mL over 1hr

2. 0.9% NS 1000 mL over 1hr

3. 0.9% NS 500 mL over 1hr

4. Zosyn 3.37 g in 100mL 0.9% NS over 30 minutes

R. No, do not count the fluids used to dilute the Zosyn, because the crystalloid fluid volume in Orders 1, 2, and 3 satisfy the target ordered volume.

Acronyms

Crystalloid Fluid Administration v5.7 Question #3

Q. Should the 500 mL of crystalloid fluids used to dilute the medication count towards the target ordered volume?

Weight: 100 kg (30 mL/kg = 3000 mL)

Orders:

1. 0.9% NS 2500 mL at 1000mL/hr

2. Vancomycin in 500 mL 0.9% NS over 120 minutes

A. Yes, count the fluids given to dilute the vancomycin. The 2500 mL in Order 1 is not within 10 percent of the target volume (3000 mL). The 2500 mL in Order 1 plus the 500 mL in Order 2 equals the 3000 mL target volume.

Poll the Audience: Crystalloid Fluid Administration

Physician orders Clindamycin in 100 mL NS over 30 minutes and NS 1800 mL in two hours (weight is 60 kg, 30 mL/kg x 60 kg = 1800 mL). Would you count the fluids mixed in Clindamycin toward the target ordered volume?

A. Yes

B. No

Poll the Audience: Crystalloid Fluid Administration

Physician orders Clindamycin in 100 mL NS over 30 minutes and NS 1800 mL in two hours (weight is 60 kg, 30 mL/kg x 60 kg = 1800 mL). Would you count the fluids mixed in Clindamycin toward the target ordered volume?

A. Yes

B. No

Do not count fluids used to dilute the Clindamycin towards the target ordered volume because the physician ordered 30 mL/kg of normal saline.

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

- Only the earliest physician/APN/PA documentation of an inclusion term documented in the following contexts suffices:

  o Comfort measures only recommendation

  o Order for consultation or evaluation by a hospice care service

  o Patient or patient representative request for comfort measures only

  o Plan for comfort measures only

  o Referral to hospice care service

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

Q. Would you choose allowable Value "1" (Yes) or Value "2" (No) for the *Directive for Comfort Care or Palliative Care, Severe Sepsis* data element based on the documentation below?

APN documentation within time frame: "comfort care discussed with family."

A. Select Value "2" (No). "Comfort 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

Q. Would you choose Value "1" (Yes) or Value "2" (No) for the *Directive for Comfort Care or Palliative Care, Severe Sepsis* data element based on the documentation below within the specified time frame?

Physician notes: " Consider comfort care"

Consult Order: "Hospice to evaluate"

A. Select Value "1" (Yes). "Hospice is an acceptable inclusion term and it is used within an acceptable context of an evaluation.

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

Which allowable value would you select if the physician notes within the time frame "Referring to hospice?"

A. Value "1" (Yes)

B. Value "2" (No)

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

Which allowable value would you select if the physician notes within the time frame "Referring to hospice?"

A. <mark>Value "1" (Yes)</mark>

B. Value "2" (No)

"Hospice" is an acceptable inclusion term and it is used within one of the acceptable contexts noted in the data element.

Initial Hypotension
v5.7 Guidance

- 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 #1

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

- OR notes at 1400: "to PACU"
- PACU Vital Signs Flow Sheet:

    1415: BP = 83/51

    1430: BP = 85/54

A. Yes, use the hypotensive readings at 1415 and 1430 to establish *Initial Hypotension*, because the hypotensive readings were not obtained in the OR.

Initial Hypotension
v5.7 Question #2

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

- ED physician notes at 1800: "Chest tube at bedside, site prepped, added propofol for sedation due to patient discomfort."

- ED physician notes at 1825: "chest tube insertion complete without complication."

- Vital Signs: 1825: BP = 87/56

A. No, do not use the hypotensive reading at 1825 to establish *Initial Hypotension* because the patient was receiving procedural sedation from 1800 to 1825.

Persistent Hypotension
v5.7 Guidance

- 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*?

- Patient in interventional radiology (IR) from 0730 to 0930

- Hour to assess for persistent hypotension is from 0750 to 0850

- BP readings at 0800 is SBP = 88 and 0815 SBP = 84

A. Select Value "2" (No). The patient was in IR during the hour-long window to assess for *Persistent Hypotension*.

Persistent Hypotension v5.7 Guidance

- 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*: 1200

- Target ordered volume of fluids completed at 1800

- Hour to assess for *Persistent Hypotension* 1800 to 1900.

- Only BP's documented within the hour: 1815 = 81/49, 1830 = 84/53

- *Persistent Hypotension* presentation: 1830

- *Vasopressor Administration Time*: 1835

A. Select Value "2" (No). *Persistent Hypotension* occurred more than 6 hours after the *Septic Shock Presentation Time*.

Persistent Hypotension
v5.7 Guidance

- 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

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

 Septic Shock Presentation Time: 1700

 Hour to assess for *Persistent Hypotension* 1930 to 2030

   1940: BP = 99/67

   2000: BP = 93/58

   2025: BP = 84/50

 MAR: Levophed IV start time: 2330

A. Select Value "1" (Yes)*. Persistent Hypotension* cannot be determined based on the single hypotensive reading at the end of the hour, but a vasopressor was given.

Acronyms 39

Poll the Audience: Persistent Hypotension

Which allowable value would you select for *Persistent Hypotension* if the only reading documented during the hour is a MAP of 61 and no 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 allowable value would you select for *Persistent Hypotension* if the only reading documented during the hour is a MAP of 61 and no vasopressor was administered?

A. Value "1" (Yes) Hypotension Present

B. Value "2" (No) Hypotension Not Present

C. Value "3" (No) Not Assessed

Select Value "3" (No) because there is only one BP documented during the hour to assess for *Persistent Hypotension* and it is lower than 65.

Acronyms

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

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

Examples of Physician/APN/PA documentation that is acceptable:

- "I did the Sepsis reassessment"
- Flowsheet question: "Sepsis focused exam performed?" and selection of "Yes"
- "Review of systems completed"
- "I have reassessed tissue perfusion after bolus given"
- "Sepsis re-evaluation was performed"
- "I have reassessed the patient's hemodynamic status"

Repeat Volume Status and Tissue Perfusion Assessment Performed v5.7 Question #1

Q. Which allowable value would you select for the *Repeat Volume Status and Tissue Perfusion Assessment Performed* data element based only on the below documentation within the time frame?

- Physician notes at 1245: "RN admission assessment and exam reviewed."

A. Select Value "2" (No). Documentation must indicate that a physician, APN, or PA performed and documented a physical exam or assessment.

Repeat Volume Status and Tissue Perfusion Assessment Performed v5.7 Question #2

Q. Which allowable value would you select for the *Repeat Volume Status and Tissue Perfusion Assessment Performed* data element based only on the below documentation within the acceptable time frame?

- PA notes at 0900: "Review of Systems negative except where noted in H&P."

A. Select Value "1" (Yes). The PA documentation attesting to performing a Review of Systems is acceptable.

Severe Sepsis Present v5.7 Guidance

- 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. Which allowable value would you select for *Severe Sepsis Present* in the following scenario if there is no further physician/APN/PA documentation of severe sepsis and clinical criteria were not met?

- Physician documents at 0715: "septic shock."

- Physician notes at 1130: "no septic shock."

A. Select Value "2" (No). *Severe Sepsis Present* was met by physician documentation of septic shock and further documentation within six hours after *Severe Sepsis Presentation Time* indicates that septic shock was not present.

Severe Sepsis Present
v5.7 Question #2

Q. Which allowable value would you select for *Severe Sepsis Present* in the following scenario if there is no further documentation of severe sepsis and clinical criteria were not met?

- Physician documents at 1500: "severe sepsis."
- Physician notes at 1630: "no septic shock."

A. Select Value "1" (Yes). *Severe Sepsis Present* was met by physician documentation of severe sepsis and further documentation within 6 hours after **does not** indicate that severe sepsis was not present.

Severe Sepsis Present v5.7 Guidance

- For the following, physician/APN/PA documentation prior to or within 24 hours after *Severe Sepsis Presentation Time* **is required**.

  o 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 #3

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

- Physician documented: "chronic kidney disease"

A. Yes, you would use the elevated creatinine value as a sign of organ dysfunction because the physician documentation does not attribute the elevated creatinine to the chronic condition.

Acronyms 49

Severe Sepsis Present
v5.7 Question #4

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

- APN notes "A-fib with RVR."
- Physician documented: "chronic A-fib,"

A. No, do not use the elevated heart rate because the physician documentation attributes the elevated heart rate to the chronic condition.

Poll the Audience:
Severe Sepsis Present

ED physician notes "chronic kidney disease, creatinine 3.2." Would you use the elevated creatinine to meet organ dysfunction criteria?

A. Yes

B. No

Poll the Audience:
Severe Sepsis Present

ED physician notes "chronic kidney disease, creatinine 3.2." Would you use the elevated creatinine to meet organ dysfunction criteria?

A. Yes

B. No

No, do not use the elevated creatinine to meet organ dysfunction criteria because the ED physician attributes the elevated creatinine level to the patient's chronic condition.

Severe Sepsis Presentation Time v5.7 Guidance

- 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

Severe Sepsis Presentation Time v5.7 Question # 5

Q. If the physician documented "severe sepsis present on admission," which time would you choose for the *Severe Sepsis Presentation Time*?

Admit Order at 1300

Disposition changed to inpatient at 1240

Arrival time to the inpatient floor at 1330

A. Select 1240 for the *Severe Sepsis Presentation Time* because severe sepsis is documented as present on admission and the disposition to inpatient at 1240 is the earliest of the acceptable times documented.

Septic Shock Presentation Time v5.7 Guidance

- Septic Shock identified by severe sepsis present and initial lactate >=4 (*Septic Shock Present* criteria b):

  o Use the later time of either severe sepsis presentation or the initial lactate level result.

  o 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

  o 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

Poll the Audience:
Septic Shock Presentation Time

If the following point of care (POC) lactate result times are documented, which time would you choose for the initial lactate level result?

A. **RN Note: POC lactate 4.5, 1530 Note Opened Time**

B. **Initial Lactate Collection Time: 1730**

C. **Physician Note: POC lactate 4.5 at 1830**

D. **Flowsheet: Lactate 4.5 at 1915**

Poll the Audience:
Septic Shock Presentation Time

If the following point of care (POC) lactate result times are documented, which time would you choose for the initial lactate level result?

A. **RN Note: POC lactate 4.5, 1530 Note Opened Time**

B. **Initial Lactate Collection Time: 1730**

C. **Physician Note: POC lactate 4.5 at 1830**

D. **Flowsheet: Lactate 4.5 at 1915**

Use the time from the physician note (1830) for the *Initial Lactate Level Result* time to establish the *Septic Shock Presentation Time* based on the priority order listed in the data element.

Questions

Early Management Bundle, Severe Sepsis and Septic Shock (Composite Measure) v5.7 Questions & Answers

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- **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
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Thank You

Early Management Bundle, Severe Sepsis and Septic Shock (Composite Measure) v5.7 Questions & Answers

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