Hospital Inpatient Quality Reporting (IQR) Program

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

Severe Sepsis and Septic Shock: Management Bundle (Composite Measure) v5.9 Measure Question and Answers

Questions and Answers

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Subject-matter experts researched and answered the following questions after the live webinar. The questions may have been edited for grammar.

Question 1: **Is COVID-19, documented as positive or present anytime during the hospitalization, an acceptable reason to say "No" to severe sepsis?**

Yes. Select Value 2 (No) if there is Physician/Advanced Practice Nurse (APN)/Physician Assistant (PA) documentation at any time during the episode of care indicating COVID-19 is suspected or present.

Question 2: **Where can I find version (v)5.10 of the IQR specifications manual?**

You can find v5.10 of the *Specifications Manual for National Hospital Inpatient Quality Measures* on *QualityNet* (https://qualitynet.cms.gov/) on the Hospitals - Inpatient page (https://qualitynet.cms.gov/inpatient) at https://qualitynet.cms.gov/inpatient/specifications-manuals.

Question 3: **Is the requirement for using only selective antibiotics going away with the quarter (Q)3 2021 specification changes?**

Yes. In v5.10 of the specifications manual (effective with discharges starting July 1, 2021), the *Broad Spectrum or Other Antibiotic Administration Selection* data element was removed. Also, in v5.10 of the specifications manual, CMS removed the requirement that antibiotics ordered in the three hours after *Severe Sepsis Presentation* are consistent with antibiotics in Tables 5.0 and 5.1 in Appendix C.

Question 4: **Is an order for a palliative care consult enough to answer "Yes" to the comfort care question?**

Yes, an order for a palliative care consult is acceptable for selecting Value 1 (Yes) for the *Directive for Comfort Care or Palliative Care* data elements.

Question 5: **For the focal exam for septic shock, is the documentation of "No dysuria, trouble voiding or hematuria" acceptable for urine output?**

Documentation of "No dysuria, trouble voiding or hematuria" is not acceptable for the urine output parameter of the *Repeat Volume Status and Tissue Perfusion Assessment Performed* data element. The intent of this parameter is to quantify urine output. While terms that quantify or describe urine output, such as oliguria or anuria, are acceptable, dysuria is "painful or difficult urination." This does not describe urine output and is therefore not acceptable.

Question 6: **Why is bacteremia an exclusion?**

Bacteremia is the presence of bacteria in the bloodstream and does not reflect that the patient has sepsis, severe sepsis, or septic shock. Bacteremia is therefore listed as an exclusion in the *Septic Shock Present and Severe Sepsis Present* guidelines for abstraction, in reference to the presence of severe sepsis.

Question 7: **Are there going to be exclusions in the fluid bolus for medical exceptions, such as congestive heart failure (CHF), end-stage renal disease (ESRD), and fluid overload?**

In v5.10 of the *Specifications Manual for National Hospital Inpatient Quality Measures* (effective with discharges starting July 1, 2021), exceptions to the 30 milliliter (mL)/kilogram (kg) crystalloid fluid requirement were added for patients with end stage heart failure and ESRD. Please refer to the *Crystalloid Fluid Administration* data element in v5.10 of the specifications manual for details.

Question 8: **When determining organ dysfunction, to meet severe sepsis, do you need to use the second hypotensive blood pressure (BP) or is that just for *Initial Hypotension*?**

Hypotension as a sign of organ dysfunction only requires a single hypotensive BP and it must be within six hours of documentation of a suspected infection and the systemic inflammatory response syndrome (SIRS) criteria. To meet criteria for *Initial Hypotension*, two hypotensive blood pressure readings are required, and you would use the time of the second hypotensive BP for *Initial Hypotension Time*.

Question 9: **Is the bundle required if COVID-19 was initially suspected but ruled out?**

If there is physician/APN/PA documentation that COVID-19 was suspected, even if COVID-19 was eventually ruled out, you may select allowable value 2 (No) for the *Severe Sepsis Present* data element. The case is excluded from the measure.