Hospital Inpatient Quality Reporting (IQR) Program

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

Severe Sepsis and Septic Shock: Management Bundle (Composite Measure) v5.10 Measure Updates 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.

Crystalloid Fluid Administration

Question 1: **Are end-stage heart failure (HF) and end-stage renal disease the only two conditions allowed? If the physician documents another condition and feels that it is detrimental to the patient's health, is that still acceptable?**

Currently, the *Crystalloid Fluid Administration* guidance only includes advanced or end-stage HF and advanced or end-stage renal disease as acceptable conditions for which the updated guidance in manual v5.10 allows an order of less than 30 milliliters (mL)/kilogram (kg). Therefore, documentation of another condition would not be acceptable for this guidance.

Question 2: **Prior to July 1, 2021, if a physician documents the reason they did not give the full 30mL/kg due to a patient with congestive heart failure (CHF), is that a missed opportunity, or can we answer Yes to this question?**

The updated guidance in manual v5.10 only applies to discharges beginning July 1, 2021. For discharges prior to July 1, 2021, use the appropriate specifications manual per the discharge period you are abstracting.

Question 3: **Are HF with class and ESRD the only acceptable exclusionary reasons for not using 30 mL/kg for the new crystalloid exclusion? Can a provider document HF with fluid overload or pulmonary edema?**

The *Crystalloid Fluid Administration* guidance currently includes advanced or end-stage HF and advanced or end-stage renal disease as the only acceptable conditions to which the updated guidance in manual v.5.10 applies. Documentation of another condition such as fluid overload or pulmonary edema would not be acceptable for the updated guidance in v5.10.

Question 4: **Do the intravenous fluids (IVF) need to run at a specific rate if the provider uses the statement to give less than 30 mL/kg?**

Yes, all fluids used toward the target ordered volume must be infused at greater than 125 mL/hour (hr). Do not use fluids infused at 125 mL/hr or less toward the target ordered volume.

Question 5: **Does the fluid replacement need to be ordered as mL/kg?**

No, fluids can be ordered as weight-based dosing (for example, mL/kg) or volume-based dosing administered in mL or liter (L).

Question 6: **Does the physician documentation for *Crystalloid Fluid Administration* of less than 30mL/kg need to be present within a specific time frame?**

No, the updated guidance in manual v5.10 does not include a specified time frame for the required physician/advanced practice nurse (APN)/physician assistant (PA) documentation. However, the target ordered volume of fluids must be ordered and started within the time frame for acceptable fluids.

Question 7: **Is the documentation of "wide open" or "bolus x1" acceptable?**

Per the guidance in the *Crystalloid Fluid Administration* data element, terms such as "wide-open" or "bolus" are acceptable in physician/APN/PA fluid orders in place of an ordered rate or duration. However, per the guidance, to consider a fluid volume completely infused, there must be documentation of a rate, duration, or end time for an infusion. Therefore, terms such as "wide-open" or "bolus" are not acceptable for determining when the infusion was completely infused.

Question 8: **The physician documents, "I am acting as the patient's advocate. I refuse the fluid resuscitation." Would we select Value 4 for *Crystalloid Fluid Administration*?**

The *Crystalloid Fluid Administration* data element provides examples of what constitutes an authorized patient advocate. To select Value 4 in this situation, there would also need to be documentation in the medical record that the physician is serving in one of these roles or is legally designated and empowered to make medical decisions on behalf of the patient.

Question 9: **The specifications instruct that there must be physician/APN/PA documentation that the patient is obese in order to use ideal body weight (IBW) for the fluid bolus. Does that mean we cannot use IBW to order fluids if the patient is overweight, not obese?**

To use the IBW to determine the target ordered volume of crystalloid fluids, there must be physician/APN/PA documentation that the patient has obesity or a body mass index (BMI) greater than 30. Documentation

of "overweight" alone is not acceptable to use the IBW to determine the target ordered volume.

Question 10: **Will you provide a list of acceptable colloid fluids?**

No, a list of colloid fluids will not be included in the specifications manual. You may consult a medical resource, physician, or pharmacist to determine if a solution is a colloid.

COVID-19

Question 11: **Is the documentation of "COVID" and "suspect COVID" still an exclusion?**

Yes, the guidance in the *Severe Sepsis Present* data element continues to allow you to select Value 2 (No), which will result in the patient being excluded, if there is physician/APN/PA documentation that COVID-19 is present or suspected.

Hypotension

Question 12: **If the initial hypotension for emergency medical services (EMS) and the first blood pressure (BP) in the emergency department (ED) was 93/52, should we keep looking for *Initial Hypotension*, or should we select Value 2 (No)?**

If *Initial Hypotension* was met prior to arrival to the ED and the first blood pressure on arrival to the ED was 93/52, you would select Value 2 (No) for the *Initial Hypotension* data element. To establish *Initial Hypotension* and if the only BP documented by EMS and/or in the ED was 93/52, you would continue reviewing the medical record for two hypotensive readings (systolic BP less than 90 or mean arterial pressure less than 65) within the specified time frame and within three hours of each other.

Question 13: **There are two low BPs documented by EMS, and the next documented BP in the ED is also low. What time do I use for low BP? Would I use the time of low BP in the ED for *Initial Hypotension*?**

Use the earliest documented time of ED arrival for the *Initial Hypotension Time* if *Initial Hypotension* was met prior to arrival to the ED and the first BP on arrival was hypotensive.

Question 14: **If my target ordered volume of crystalloid fluids completed at 12:20, what would be my time frame to abstract *Persistent Hypotension*?**

With the target ordered volume of crystalloid fluids completed at 12:20, assess for *Persistent Hypotension* from 12:20 to 13:20.

Directive for Comfort or Palliative Care

Question 15: **Since a "Do Not Resuscitate" order (DNR) is different from comfort care or palliative care, is a DNR Comfort Care (DNRCC) acceptable?**

Since DNRCC incorporates the term "comfort care," which is in the Inclusion Guidelines for Abstraction list, it is acceptable for selecting Value 1 (Yes) in the *Directive for Comfort Care and Palliative Care, Severe Sepsis* or *Septic Shock* data elements, if documented by a physician/APN/PA within the specified time frame and within an acceptable context provided in the data element.

Question 16: **The physician documented "Patient is made DNR/Do Not Intubate (DNI) and the primary goals of care will be centered towards comfort measures only." Is it acceptable to select Value 1?**

No, this documentation would not be acceptable to select Value 1 (Yes) for the *Directive for Comfort Care and Palliative Care, Severe Sepsis* or *Septic Shock* data elements because the inclusion term (comfort measures only) must be documented within an acceptable context as noted in the Notes for Abstraction.

Broad Spectrum Antibiotics

Question 17: **With the removal of the broad-spectrum antibiotic tables, are the providers still expected to utilize antibiotics that were listed in those tables? For example, would we still need to use a combination therapy using an antibiotic from column A and B?**

With the removal of the *Broad Spectrum or Other Antibiotic Administration Selection* data element in v5.10 of the manual, these data are no longer collected and the measure no longer utilizes the antibiotic tables that were in Appendix C. Beginning with manual v5.10, abstractors will only determine if an intravenous (IV) or intraosseous (IO) antibiotic was administered within the specified time frame for the *Broad Spectrum or Other Antibiotic Administration* data element.

Blood Culture

Question 18: **Can we select Value 1 (Yes) for the *Blood Culture Collection* data element if the blood culture was drawn after the antibiotic was given? For example, was a blood culture collected in the appropriate time window if Presentation Time was 1600, Antibiotic Time was 1600, and the blood culture was drawn at 1700?**

Yes, select Value 1 (Yes) for the *Blood Culture Collection* data element since the blood culture collection at 1700 occurred within the specified time frame. Due to the blood culture collection at 1700 occurring after the *Broad Spectrum or Other Antibiotic Administration Time*, the case will proceed to the *Blood Culture Collection Acceptable Delay* data element. If an acceptable delay for the blood culture collection as noted in the Notes for Abstraction is present in the medical record, select Yes for the *Blood Culture Collection Acceptable Delay* data element and continue abstracting. If an acceptable delay for the blood culture collection was not present, select No for the *Blood Culture Collection Acceptable Delay* data element.

Initial Lactate Level Result

Question 19: **For the *Initial Lactate Level Result* data element, when looking for the closest, do we only look before severe sepsis is met and not after severe sepsis, even though the time after the severe sepsis may be a closer time?**

To determine which lactate result is the *Initial Lactate Level Result*, refer to the *Initial Lactate Level Collection* data element. Per the guidance in the *Initial Lactate Level Collection* data element, if multiple lactate levels are drawn within the specified time frame, use the highest lactate level drawn from the *Severe Sepsis Presentation Time* to six hours before. If multiple lactate levels are drawn only in the three hours after the *Severe Sepsis Presentation Time*, use the lactate drawn with the highest level within this time frame.