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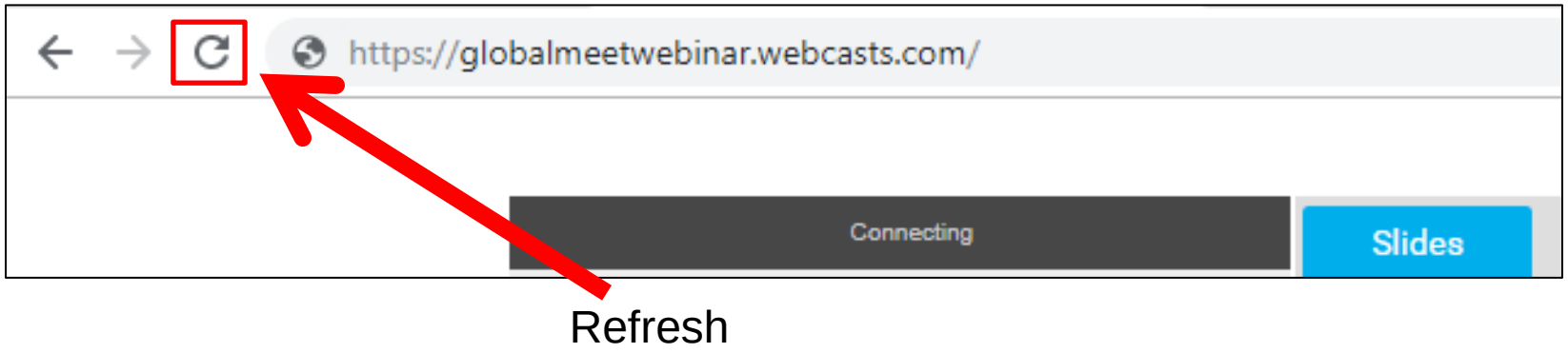

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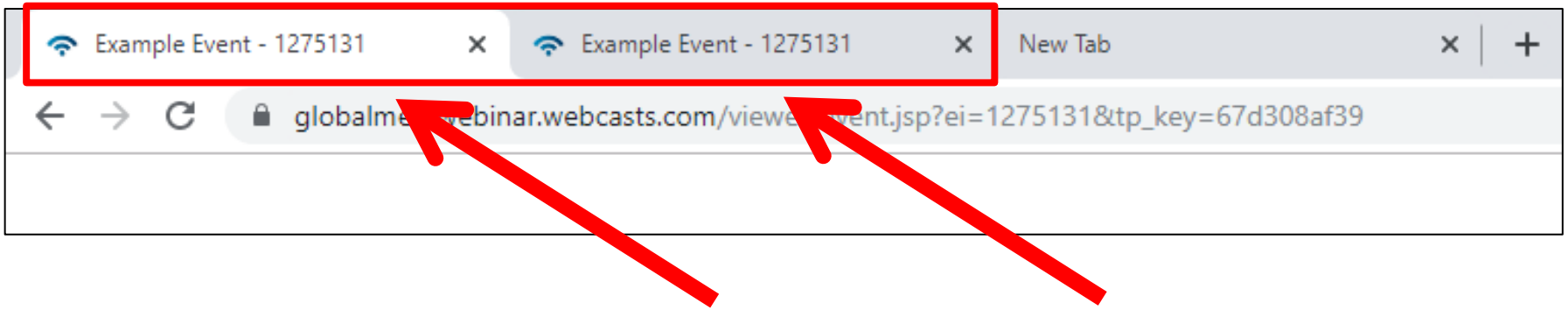

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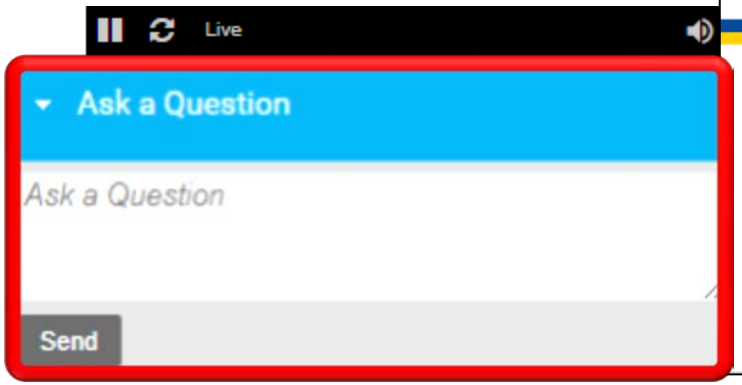

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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

Today's Presentation

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

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

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Behavioral Development and Inpatient and Outpatient
Measure Maintenance Support Contractor

June 30, 2021

Agenda

The purpose of this event is to:

- Clarify the changes and rationale behind the updates to the SEP-1 measure and guidance in version (v)5.10 of the specification manual.
- Respond to frequently asked questions.

Objective

Participants will be able to understand and interpret the updated guidance in v5.10 of the specification manual to ensure successful reporting for the SEP-1 measure.

Acronyms and Abbreviations

APN	advanced practice nurse	**kg**	kilogram	**PA**	physician assistant
CHF	Congestive Heart Failure	**L**	liter	**PO**	oral
CMS	Centers for Medicare & Medicaid Services	**MAR**	Medication Administration Record	**r/t**	related to
DNR	Do Not Resuscitate	**MD**	Medical doctor	**SEP**	sepsis
ED	emergency department	**mg**	milligram	**SIRS**	systemic inflammatory response syndrome
EMS	Emergency Medical Services	**min**	Minute	**UTI**	Urinary tract infection
ESRD	End Stage Renal Disease	**mL**	milliliter	**v**	version
GFR	Glomerular Filtration Rate	**mmol**	millimoles	**VIQR**	Value, Incentives, and Quality Reporting
hr	hour	**NS**	normal saline		
IV	intravenous	**NYHA**	New York Heart Association		

Webinar Questions

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If your question pertains to 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.

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

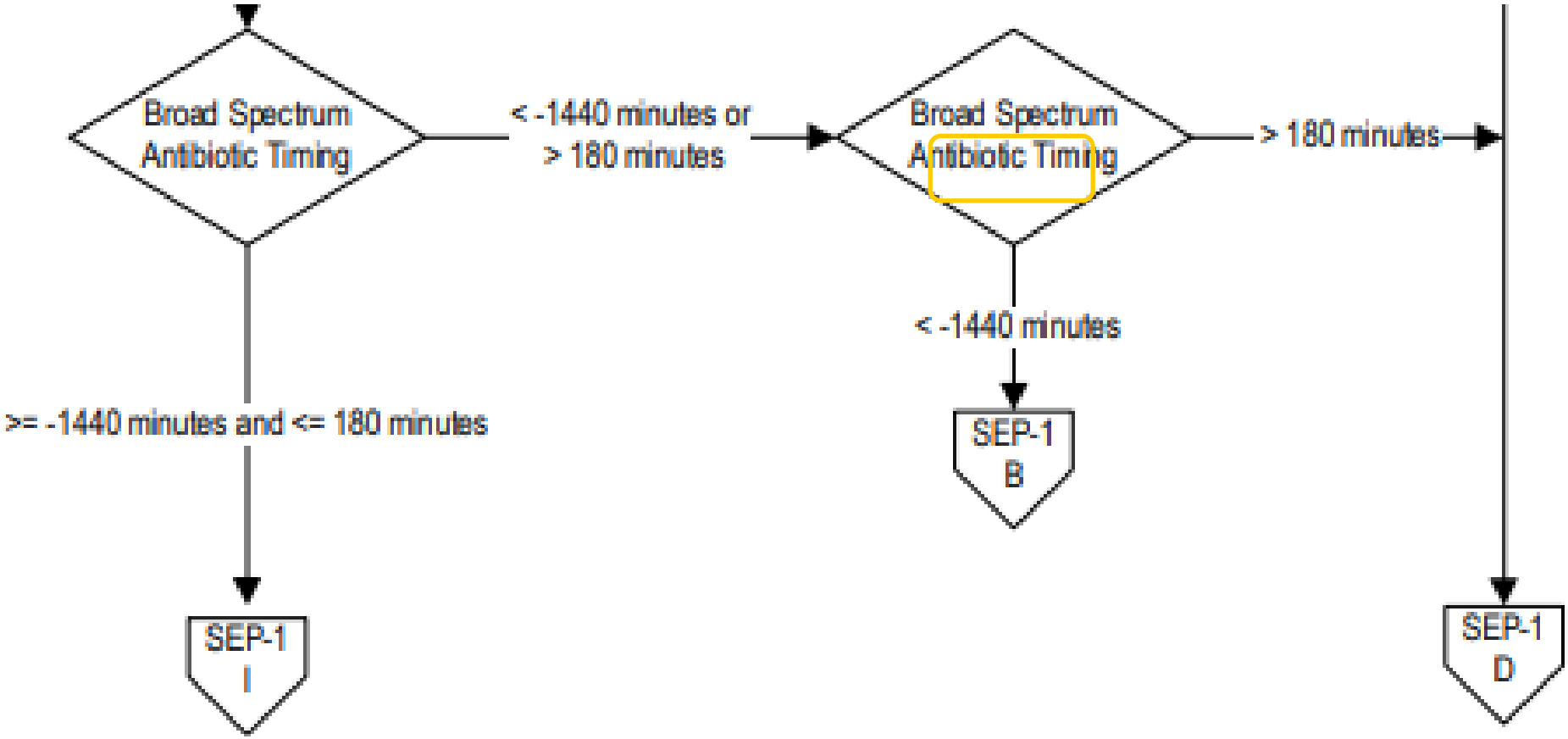
Severe Sepsis and Septic Shock: Management Bundle (Composite Measure) v5.10 Measure Updates

Alphabetical Data Dictionary

Updates were made throughout the Alphabetical Data Dictionary to meet CMS's plain language standards.

- These updates do not change the intent of the abstraction guidance
- Updates are highlighted in yellow.

SEP-1 Algorithm v5.10



Appendix C
Medication Tables v5.10

Table Index

Severe Sepsis Present
New Guidance v5.10

Criteria a Documentation of an infection.

- If physician/APN/PA documentation within six hours following the initial documentation of the infection indicates that the infection is not present, do not use documentation of that infection made prior to the documentation indicating the infection is not present.

Severe Sepsis Present Question #1

Q. Would you use the documented infection at 1300 to establish criteria a. for the *Severe Sepsis Present* data element based only on the physician documentation below?

MD note 1300: “Based on symptoms, suspect pneumonia”

MD note: 1330: “No obvious source of infection”

A. No, you would not use the infection documented at 1300 to establish severe sepsis due to the note at 1330 indicating the infection is not present.

Severe Sepsis Present Question #2

Q. Would you use the documented infection at 0900 to establish criteria a. for the *Severe Sepsis Present* data element based only on the physician documentation below?

MD note 0900: “Sepsis likely due to UTI”

MD note: 1200: “I do not suspect UTI at this time”

A. Yes, use the documentation at 0900 to establish *Severe Sepsis Present* criteria a. due to the documentation of “sepsis” because the documentation at 1200 does not indicate “sepsis” is not present.

Severe Sepsis Present
New Guidance v5.10

- Abstract based on the documentation closest to the Severe Sepsis Presentation Time if there is conflicting information before the Severe Sepsis Presentation Time within two or more separate pieces of physician/APN/PA documentation indicating SIRS criteria or a 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 infection, severe sepsis, or septic shock

Severe Sepsis Present Question #3

Q. Would you use the elevated heart rate as a SIRS criterion to establish *Severe Sepsis Present* if all three severe sepsis clinical criteria were met at 0800?

PA note 0700: “Tachycardic possibly r/t infection”

MD note: 0745: “Tachycardia due to anxiety prior to chest tube placement.”

A. No, there is conflicting documentation before severe sepsis is met and the closest documentation to the severe sepsis presentation time indicates the elevated heart rate is due to an acute condition with a non-infectious source.

Administrative Contraindication to Care, Septic Shock New Guidance v5.10

Definition: Documentation of refusal of blood draw, IV fluid administration, or vasopressor administration within the specified time frame.

Suggested Data Collection Question: Is there documentation that the patient or authorized patient advocate refused either a blood draw, IV fluid administration, or vasopressor administration within the specified time frame?

Administrative Contraindication to Care, Septic Shock New Guidance v5.10

Allowable Values:

1 (Yes) There is documentation by a physician/APN/PA or nurse that the patient or authorized patient advocate has refused either blood draw, IV fluid administration, or vasopressor administration within the specified time frame.

2 (No) There is no physician/APN/PA or nurse documentation that the patient or authorized patient advocate has refused either blood draw, IV fluid administration, or vasopressor administration within the specified time frame, or unable to determine.

Administrative Contraindication to Care, Septic Shock New Guidance v5.10

- The specified time frame for physician/APN/PA or nurse documentation is before or within six hours after the Septic Shock Presentation Time.

Knowledge Check:

Administrative Contraindication to Care, Septic Shock

Which value would you select if the physician documentation within the specified time frame stated, “Patient’s spouse says the patient would not want vasopressors?”

A. Value “1” (Yes)

B. Value “2” (No)

Knowledge Check:

Administrative Contraindication to Care, Septic Shock

Which value would you select if the physician documentation within the specified time frame stated, “Patient’s spouse says the patient would not want vasopressors?”

A. Value “1” (Yes)

B. Value “2” (No)

Select Value “1” (Yes) because the physician documentation within the specified time frame includes the authorized patient advocate’s refusal of vasopressors.

Administrative Contraindication to Care, Severe Sepsis New Guidance v5.10

Definition: Documentation of refusal of blood draw, IV fluid administration, or IV antibiotic administration within the specified time frame.

Suggested Data Collection Question: Is there documentation that the patient or authorized patient advocate refused either a blood draw, IV fluid administration, or IV antibiotic administration within the specified time frame?

Administrative Contraindication to Care, Severe Sepsis New Guidance v5.10

Allowable Values:

1 (Yes) There is documentation by a physician/APN/PA or nurse that the patient or authorized patient advocate has refused either blood draw, IV fluid administration, or IV antibiotic administration within the specified time frame.

2 (No) There is no physician/APN/PA or nurse documentation that the patient or authorized patient advocate has refused either blood draw, IV fluid administration, or IV antibiotic administration within the specified time frame, or unable to determine.

Administrative Contraindication to Care, Severe Sepsis New Guidance v5.10

- The specified time frame for physician/APN/PA or nurse documentation is before or within six hours after the *Severe Sepsis Presentation Time*.

Administrative Contraindication to Care, Septic Shock and Severe Sepsis New Guidance v5.10

- For purposes of abstraction only, an authorized patient advocate is someone who is authorized to make decisions on behalf of the patient when the patient is not able to. This includes someone who is legally designated and empowered to make medical decisions on the patient's behalf when the patient is unable to themselves.

  Examples:

  - Family members
  - Medical power of attorney
  - Health care power of attorney
  - Durable power of attorney for health care
  - Someone documented as an agent for the patient
  - Attorney-in-fact

Administrative Contraindication to Care, Severe Sepsis Question #1

Q. Should you select Value “1” (Yes) or Value “2” (No) for the *Administrative Contraindication to Care, Severe Sepsis* data element based only on the documentation below within the specified time frame?

- Physician Notes: “I, as the authorized patient advocate, will not administer 30 mL/kg of IV fluids.”

A. Select Value “2” (No). Further documentation within the medical record identifying who is legally designated and empowered to make decisions on behalf of the patient must be documented.

Directive for Comfort Care and Palliative Care, Septic Shock and Severe Sepsis New Guidance v5.10

Definition: Physician/APN/PA documentation of comfort measures only, palliative care, or another acceptable inclusion term within the specified time frame.

Comfort Care refers to medical treatment of a dying person where the natural dying process is permitted to occur while assuring maximum comfort. It includes attention to the psychological and spiritual needs of the patient and support for both the dying patient and the patient's family. It is not equivalent to a physician order to withhold emergency resuscitative measures such as Do Not Resuscitate (DNR).

Palliative Care is the identification, prevention, and treatment of suffering by means of assessment of the physical, psychosocial, intellectual, and spiritual needs of the patient with a goal of supporting and optimizing the patient's quality of life. Palliative care ensures a partnership between practitioner, patient, and family to provide support in decision making at any stage in the patient's care.

Directive for Comfort Care and Palliative Care, Septic Shock and Severe Sepsis New Guidance v5.10

Allowable Values:

1 (Yes) There is physician/APN/PA documentation of an inclusion term within an acceptable context within the specified time frame.

2 (No) There is not physician/APN/PA documentation of an inclusion term within an acceptable context within the specified time frame or unable to determine from medical record documentation.

Directive for Comfort Care and Palliative Care, Septic Shock New Guidance v5.10

- The specified time frame for physician/APN/PA documentation of comfort measures only, palliative care, or another inclusion term
  is before or within six hours after the
  presentation of septic shock.

Directive for Comfort Care and Palliative Care, Severe Sepsis New Guidance v5.10

- The specified time frame for physician/APN/PA documentation of comfort measures only, palliative care, or another inclusion term
  is before or within six hours after the
  presentation of severe sepsis.

Directive for Comfort Care and Palliative Care, Severe Sepsis Question #1

Q. Which value would you select for the *Directive for Comfort Care and Palliative Care, Severe Sepsis* data element based on the physician documentation below?

MD note 1520: “Discussed moving patient to hospice care with family, they request palliative care at this time.”

MD note: 1700: “Patient has severe sepsis with shock.”

A. Select value “1” (Yes) for the *Directive for Comfort Care and Palliative Care, Severe Sepsis* data element because the documentation before the *Severe Sepsis Presentation Time* indicates the family requested palliative care.

Blood Culture Collection New Guidance v5.10

- If the Broad Spectrum or Other Antibiotic Administration Time is not within the 24 hours before the Severe Sepsis Presentation Time, the specified time frame is:
  - 24 hours before the *Severe Sepsis Presentation Date* and *Time* through three hours following the *Severe Sepsis Presentation Date* and *Time*.
- If the Broad Spectrum or Other Antibiotic Administration Time is within the 24 hours before the Severe Sepsis Presentation Time, the specified time frame is:
  - 24 hours before the *Broad Spectrum or Other Antibiotic Administration Time* through three hours following the *Severe Sepsis Presentation Date* and *Time*.

Initial Lactate Level Result New Guidance v5.10

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

    AND
  - o due to or possibly due to an infection, severe sepsis, or septic shock.

Initial Lactate Level Result Question #1

Q. Would you select value “1” (<=2) or value “3” (>=4) for the *Initial Lactate Level Result* based on the documentation below if the lactate result was 4.5 and severe sepsis was met at 1300?

APN note 1130: “Lactic acidosis possibly r/t seizures initiated tramadol.”

APN note: 1230: “UTI with SIRS criteria and lactic acidosis, suspect sepsis.”

A. Select value “3” (>=4) for the *Initial Lactate Level Result* data element because the documentation closest to the *Severe Sepsis Presentation Time* indicates the elevated lactate is due to an infection.

Initial Hypotension New Guidance v5.10

- Abstract based on the documentation closest to the *Severe Sepsis Presentation Time* if there is conflicting information before the *Severe Sepsis Presentation Time* 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 infection, severe sepsis, or septic shock

Initial Hypotension Question #1

Q. Would you use the hypotensive blood pressure readings for the *Initial Hypotension* data element based on the documentation below if severe sepsis was met at 1800?

APN note 1530: “Dehydrated due to decreased PO intake causing hypotension.”

APN note: 1645: “Now suspecting systemic infection may be present based on fever, hypotension, and labs.

A. Yes, use the hypotensive blood pressure readings because the documentation closest to the *Severe Sepsis Presentation Time* indicates the hypotension is due to an infection.

Initial Hypotension
New Guidance v5.10

- To determine the presence of *Initial Hypotension*, you may use documentation in pre-hospital records (e.g., ambulance records, nursing home records) that are considered part of the medical record. Select Value “2” if the criteria for determining *Initial Hypotension* were met prior to arrival and the first blood pressure reading upon arrival to the ED or hospital was not hypotensive.

Knowledge Check: Initial Hypotension

Which value would you select for *Initial Hypotension* if two hypotensive readings were documented by EMS prior to arrival and the first blood pressure reading on arrival to the ED was 93/51?

A. Value “1” (Yes)

B. Value “2” (No)

Knowledge Check: Initial Hypotension

Which value would you select for *Initial Hypotension* if two hypotensive readings were documented by EMS prior to arrival and the first blood pressure reading on arrival to the ED was 93/51?

A. Value “1” (Yes)

B. Value “2” (No)

Select Value “2” (No) because criteria to establish *Initial Hypotension* were met prior to arrival and the first blood pressure on arrival to the ED was not hypotensive.

Crystalloid Fluid Administration New Guidance v5.10

- Select Value “1” if less than 30 mL/kg were ordered and given, and if all the following criteria were met:
  - The ordering physician/APN/PA must have documented within a single note in the medical record:
    - that administration of 30 mL/kg of crystalloid fluids would be detrimental or harmful for the patient despite having hypotension, a lactate >= 4 mmol/L, or documentation of septic shock;

Crystalloid Fluid Administration New Guidance v5.10

- AND that the patient has one of the following conditions, OR that 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);
  - advanced or end-stage heart failure (with documentation of NYHA class III or symptoms with minimal exertion, OR NYHA class IV or symptoms at rest or with any activity)
  - advanced or end-stage chronic renal disease (with documentation of stage IV or GFR 15-29 mL/min, OR stage V or GFR < 15 mL/min or ESRD)
- AND the volume of crystalloid fluids in place of 30 mL/kg the patient was to receive;

Crystalloid Fluid Administration New Guidance v5.10

- AND an order for the volume of fluids in place of 30 mL/kg to be administered;
  - All other applicable requirements for the *Crystalloid Fluid Administration* data element are met.

  Example:

  Physician documentation: Lactate 5.0, advanced CHF symptomatic with minimal exertion, concerned 30 mL/kg NS may be harmful despite significant lactate elevation, 20 mL/kg NS now, then reevaluate. 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” based on the physician documentation meeting the requirements and identifying 20 mL/kg as the target ordered volume of crystalloid fluids for this patient.

Crystalloid Fluid Administration Question #1

Q. What would you use for the target ordered volume based on the physician documentation below?

- Physician documentation: “30 mL/kg of NS may be harmful even with septic shock, advanced renal disease stage IV, begin with 10 mL/kg NS based on weight of 80 kg.

  Orders: NS 0.9% IV, 10 mL/kg (800 mL) over 2 hours.

  MAR: NS 0.9% IV 800 mL, Start time 0600, Completed time 0800

A. Use 800 mL as the target ordered volume based on the physician documentation and the patient’s weight of 80 kg.

Crystalloid Fluid Administration Question #2

Q. Which value would you select for *Crystalloid Fluid Administration* based on the physician documentation below?

- Physician documentation: “Patient has hypotension, but a fluid volume of 30 mL/kg would be detrimental. End stage heart failure, NYHA class III. Will give 1500 mL NS.

  Orders: NS 0.9% IV, 1500 mL at 1000 mL/hr.

  MAR: NS 0.9% IV 1500 mL, Start time 1700, Completed time 1830.

A. Select Value “1” based on the physician documentation meeting the requirements and identifying 1500 mL as the target ordered volume of crystalloid fluids for this patient.

Crystalloid Fluid Administration Question #3

Q. Which value would you select for *Crystalloid Fluid Administration* based on the physician documentation below?

- Physician documentation: “Septic shock is present, 30 mL/kg IV fluid would overload and be harmful. Administering total of 1500 mL including Albumin 500 mL (colloid) and 1000 mL NS.

  Orders: Albumin 5% 500 mL IV over 30 minutes.
  NS 0.9% IV 1000 mL at 1000 mL/hr.
  MAR: Albumin 500 mL Start time 0530, End time 0600.
  NS 0.9% IV 1000 mL, Start time 0600, End time 0700.

A. Select Value “1” based on the physician documentation meeting the requirements and identifying 1500 mL as the target ordered volume of colloid and crystalloid fluids for this patient.

Crystalloid Fluid Administration New Guidance v5.10

- To determine if the target ordered volume was completely infused, one of the following must be documented along with the infusion start time. If one of the following is not documented, do not use the fluids toward the target ordered volume:
  - Infusion rate (e.g., 1000 mL/hr)
  - Infusion duration or time over which to infuse (e.g., 1000 mL over 30 minutes)
  - Infusion end or completion time (e.g., MAR documentation of 1000 mL End Time 12:00)

Knowledge Check: Crystalloid Fluid Administration

Would you determine the target ordered volume to be completely infused based off the MAR documentation "NS 1000 mL, started time 0800, continuous bolus"?

A. Yes

B. No

Knowledge Check: Crystalloid Fluid Administration

Would you determine the target ordered volume to be completely infused based off the MAR documentation "NS 1000 mL, started time 0800, continuous bolus"?

A. Yes

B. No

Select No because the MAR documentation does not include a a rate (e.g., 1000 mL/hr), duration (e.g., 1000 mL over 30 minutes), or end (e.g., End Time 12:00).

Crystalloid Fluid Administration New Guidance v5.10

- For purposes of abstraction only, an authorized patient advocate is someone who is authorized to make decisions on behalf of the patient when the patient is not able to. This includes someone who is legally designated and empowered to make medical decisions on the patient's behalf when the patient is unable to themselves.

  Examples:

  - Family members
  - Medical power of attorney
  - Health care power of attorney
  - Durable power of attorney for health care
  - Someone documented as an agent for the patient
  - Attorney-in-fact

Crystalloid Fluid Administration Date & Time New Guidance v5.10

- Crystalloid fluid volumes ordered that are equivalent to 30 mL/kg, within 10% less than 30 mL/kg, or a volume less than 30 mL/kg with the required physician/APN/PA documentation are considered the target ordered volume.
- If using multiple orders toward the target ordered volume, use the start time of the crystalloid fluid infusion that completed the target ordered volume.

Crystalloid Fluid Administration Date & Time Question #1

Q. What time would you select for the *Crystalloid Fluid Administration Time* based on the documentation below?

Target ordered volume: 2500 mL
Order 1: 2000 mL NS IV at 1000 mL/hr
Order 2: 500 mL NS IV bolus
MAR: 2000 mL NS IV over 2 hours, Start time: 0900
500 mL NS over 30 minutes, Start time 1030,
End time 1100

A. Use 1030 as the *Crystalloid Fluid Administration Time* because there are multiple orders and the infusion that completed the target ordered volume was started at 1030.

Persistent Hypotension New Guidance v5.10

- Abstract based on the documentation closest to the *Severe Sepsis Presentation Time* if there is conflicting information before the *Severe Sepsis Presentation Time* 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 infection, severe sepsis, or septic shock

Septic Shock Present
New Guidance v5.10

- Abstract based on the documentation closest to the *Severe Sepsis Presentation Time* if there is conflicting information before the *Severe Sepsis Presentation Time* 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 infection, severe sepsis, or septic shock

Septic Shock Present Question #1

Q. Would you use the hypotensive blood pressure to establish *Septic Shock Present* based on the documentation below if severe sepsis was met at 2100?

MD note 1900: “Possibly septic with hypotension.”

MD note: 2020: “Hypotension after morphine.”

A. No, do not use the hypotensive blood pressure readings because the documentation closest to the *Severe Sepsis Presentation Time* indicates the hypotension is due to a medication.

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Submitting Questions to the Inpatient Questions and Answers Tool

Webinar Questions Follow-up

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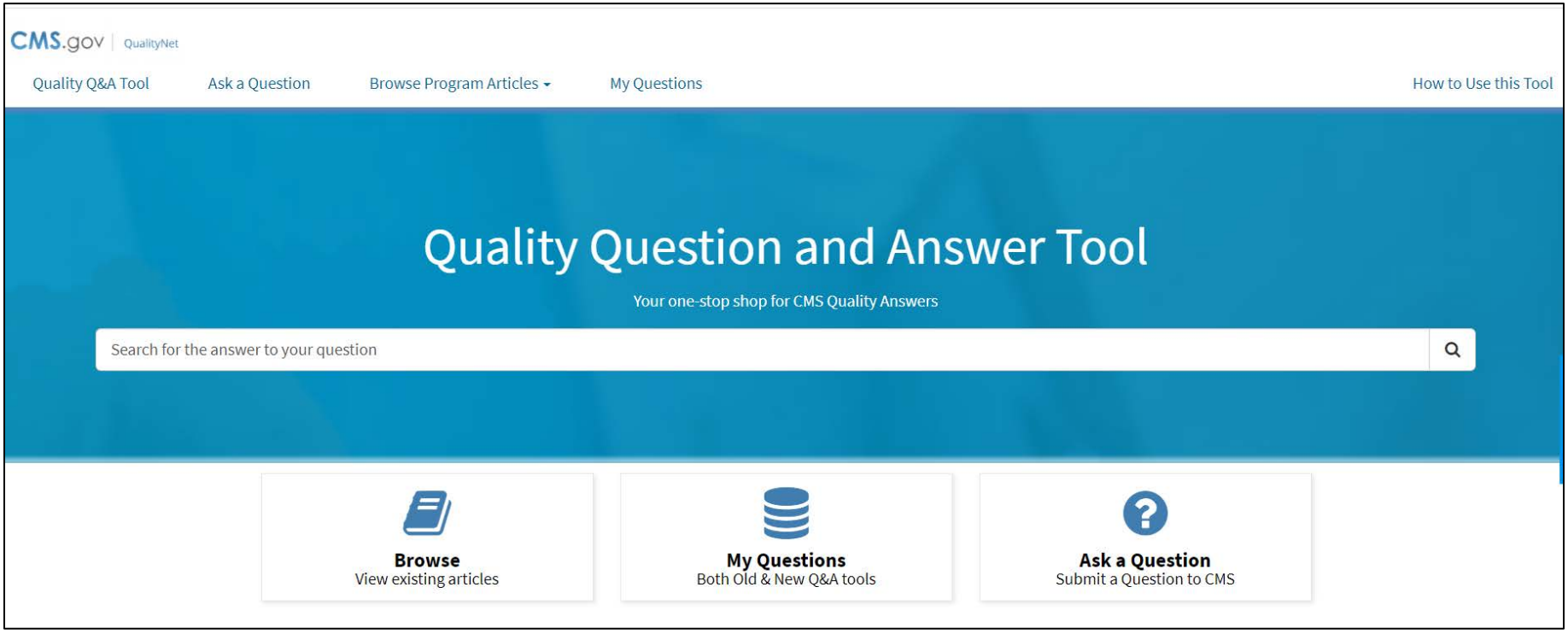
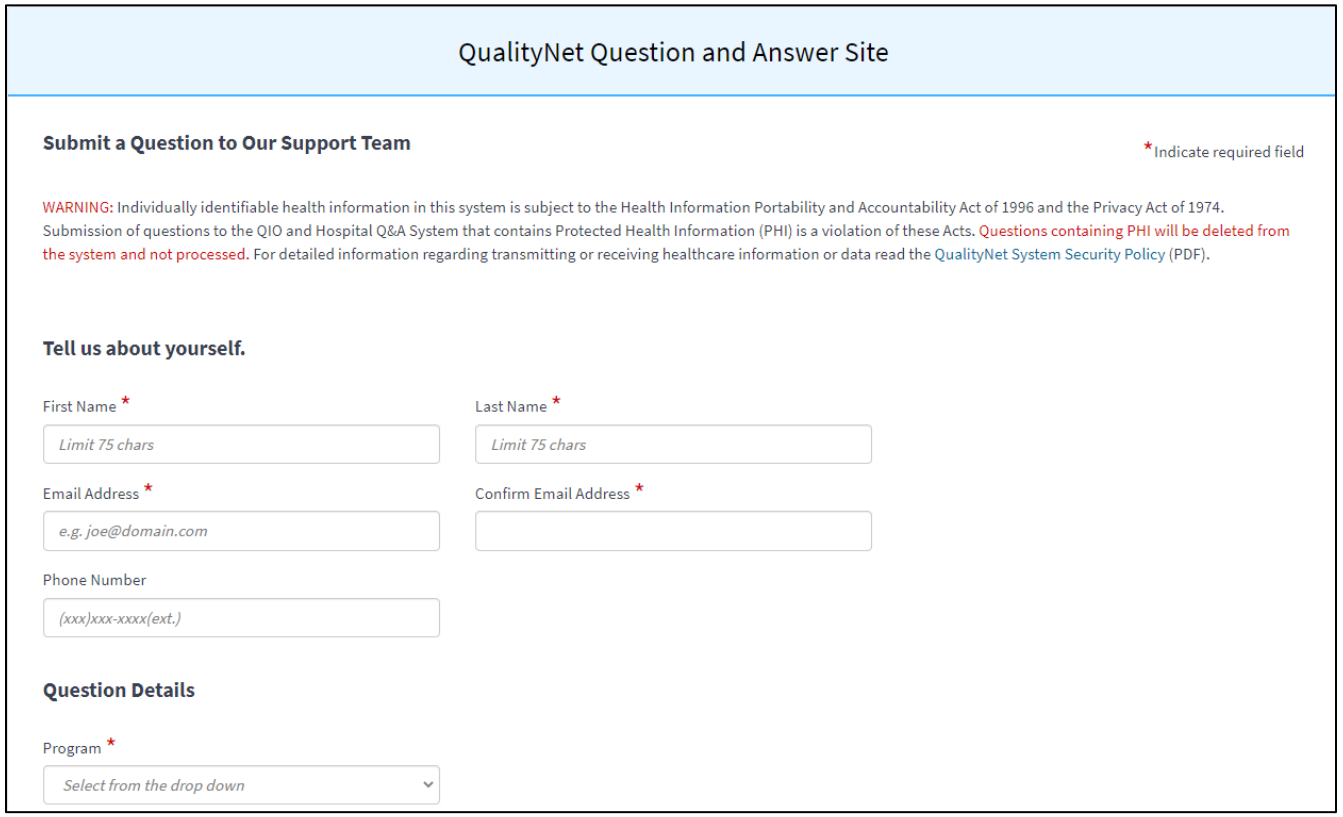
Submitting a Question



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

Submitting a Question



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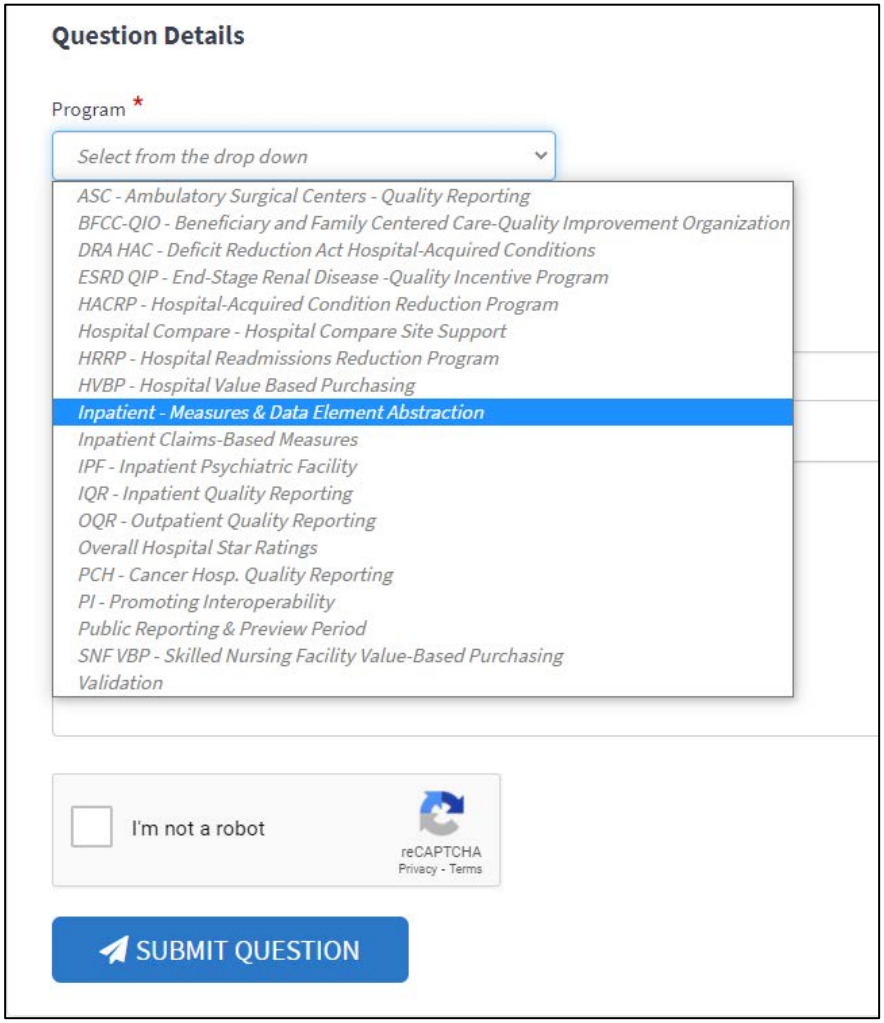

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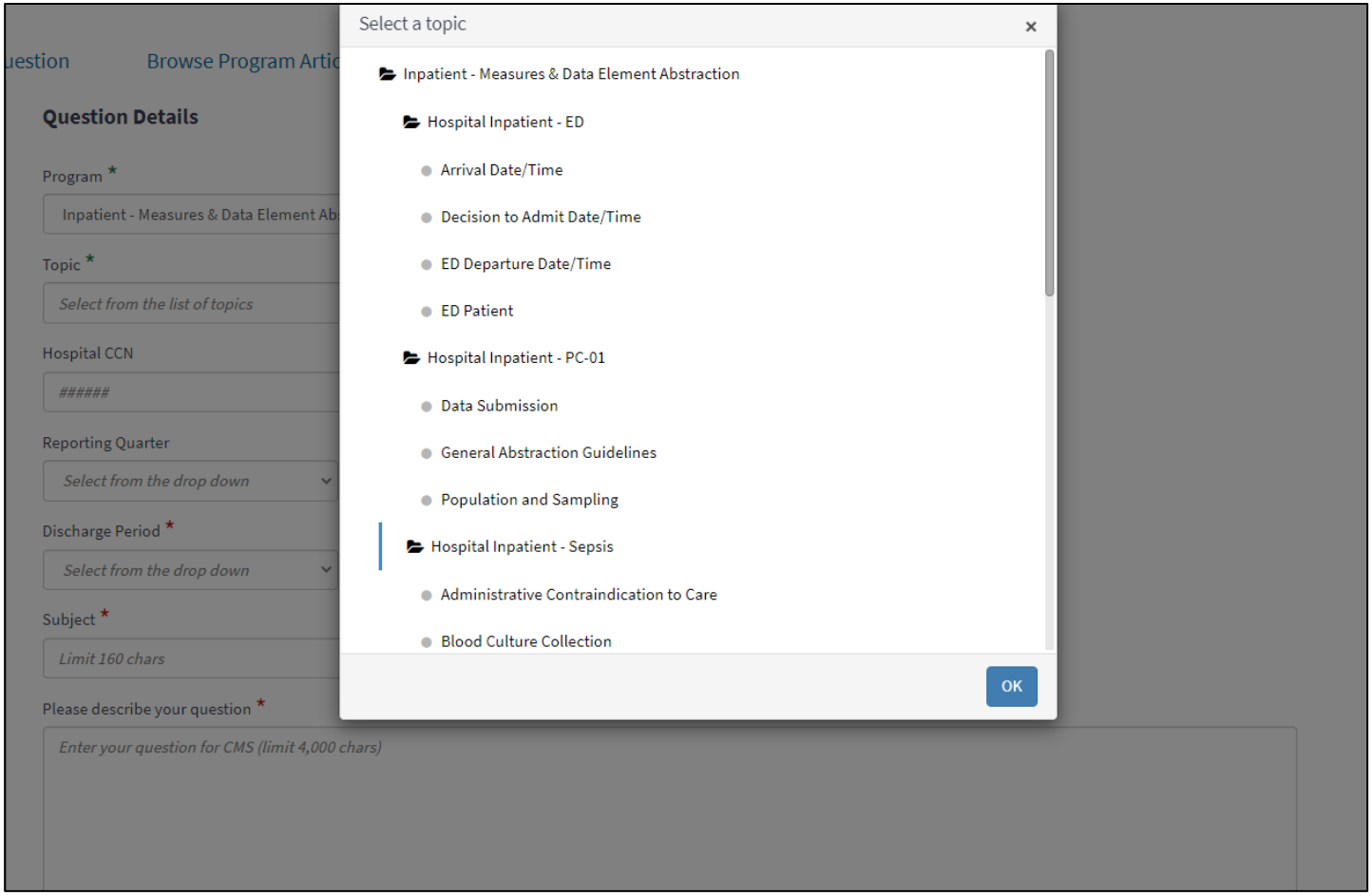

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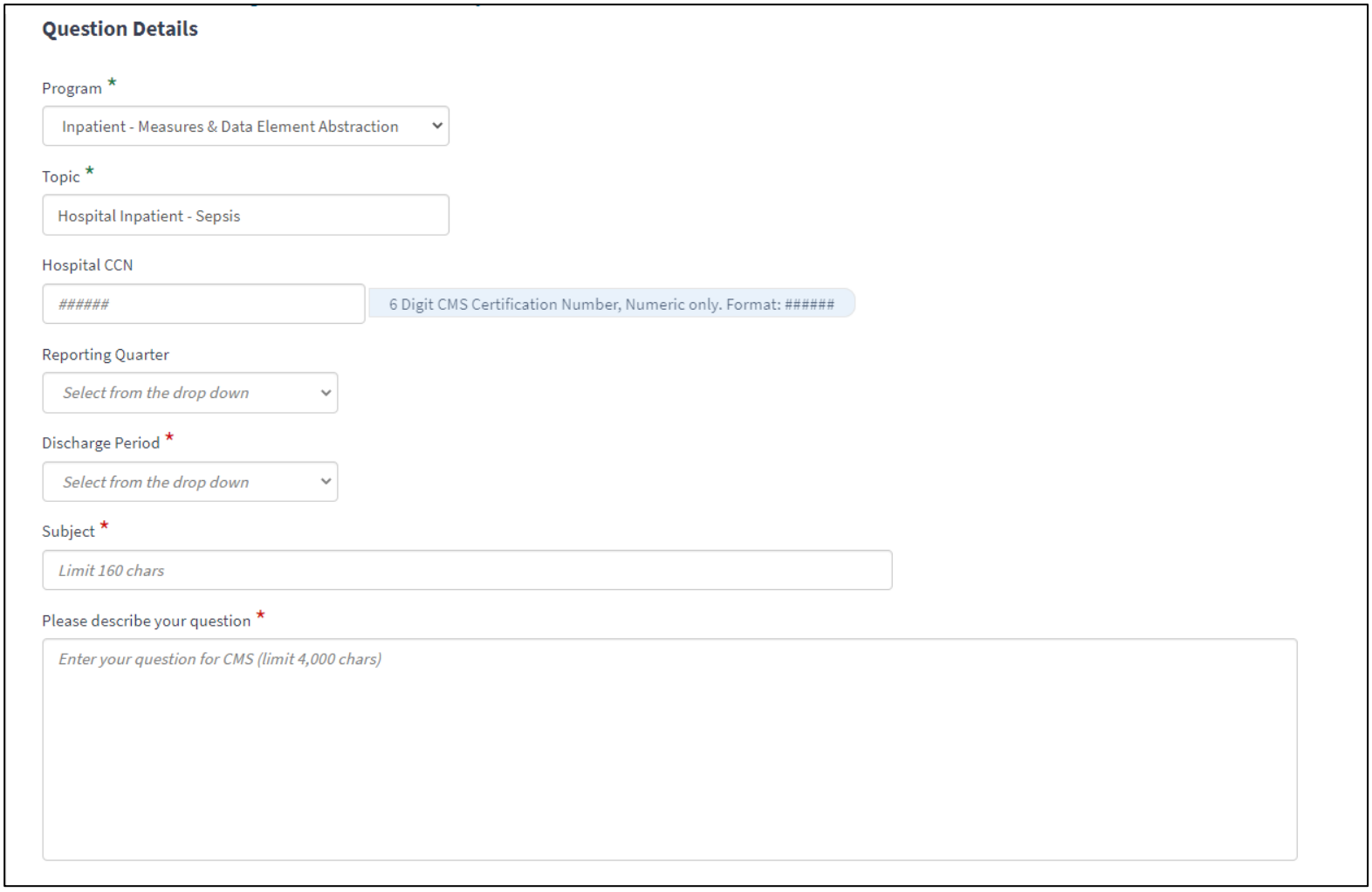

Severe Sepsis and Septic Shock: Management Bundle (Composite Measure) v5.10 Measure Updates

Question & Answer Session

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
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