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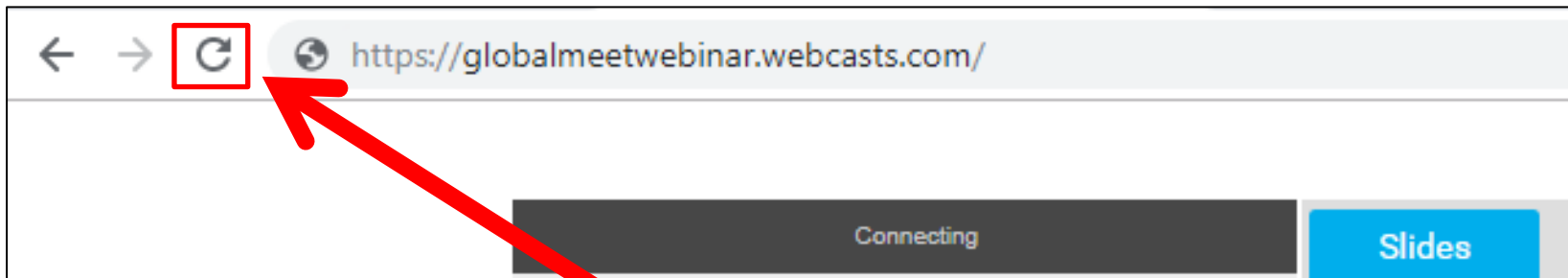
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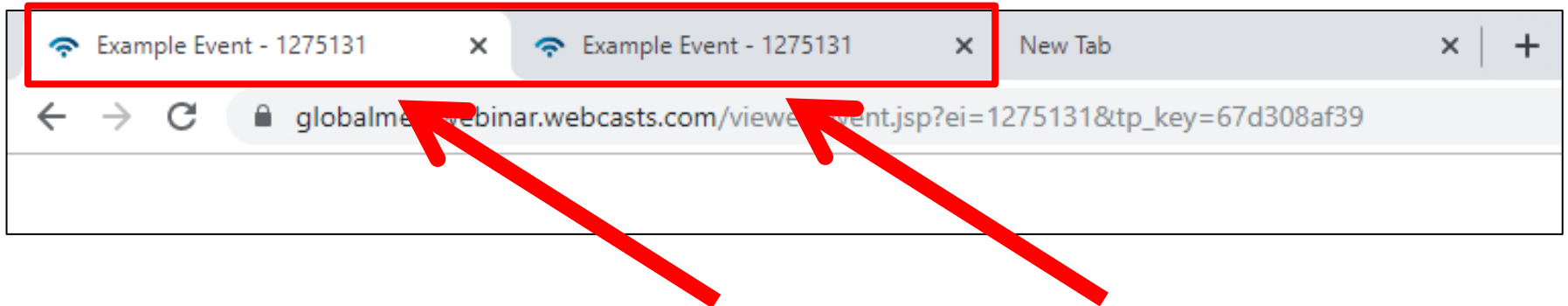
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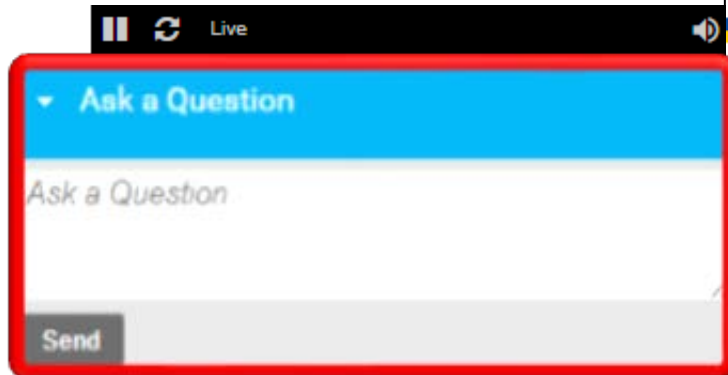
Example of Two Browsers/Tabs Open in Same Event

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Type questions in the Ask a Question section, located on the left-hand side of your screen.



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



Today's Presentation



Severe Sepsis and Septic Shock: Management Bundle (Composite Measure) v5.11a Measure Updates

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Purpose

The purpose of this event is to:

- Clarify the changes and rationale behind the updates to the SEP-1 measure and guidance in v5.11a of the specification manual.
- Respond to frequently asked questions.

Objective

Participants will be able to understand and interpret the updated guidance in v5.11a 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 |
| ASC | Ambulatory Surgical Center | LR | Lactated Ringers | Pt | patient |
| CMS | Centers for Medicare & Medicaid Services | MAP | mean arterial pressure | r/t | related to |
| ED | emergency department | MAR | Medication Administration Record | SEP | sepsis |
| hr | hour | MD | Medical doctor | SIRS | systemic inflammatory response syndrome |
| ICU | Intensive Care Unit | mL | milliliter | UTD | Unable to determine |
| IO | intraosseous | NS | normal saline | v | version |
| IV | intravenous | OR | Operating Room | VIQR | Value, Incentives, and Quality Reporting |

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Severe Sepsis and Septic Shock: Management Bundle (Composite Measure) v5.11a Measure Updates

Transfer From Another Hospital or ASC v5.11a Updates

- **Select “Yes”** if a patient is transferred in from any emergency department (ED) or observation unit OUTSIDE of your hospital.
 - 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.
- **Select “Yes”** if the patient is transferred to your hospital from an outside hospital where **they were** an inpatient or outpatient.
 - 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.

Administrative Contraindication to Care, Septic Shock and Severe Sepsis New Guidance v5.11a

- Select Value “1” if there is more general documentation of refusal of care or documentation of patient non-compliance with care (e.g., pulling out IV) that could result in the following not being administered. Select Value “1” if any of the following are administered but occur after the specified time window due to refusal of care or patient non-compliance.
 - Blood draws
 - IV or IO fluid administration
 - IV or IO antibiotic

Knowledge Check:

Administrative Contraindication to Care, Severe Sepsis

Which value would you select if *Severe Sepsis Presentation Time* was 1600, the PA documented at 1900 “patient disoriented and pulled out IV,” and 30 mL/kg volume was completed at 2230?

A. Value “1” (Yes)

B. Value “2” (No)

Knowledge Check:

Administrative Contraindication to Care, Severe Sepsis

Which value would you select if *Severe Sepsis Presentation Time* was 1600, the PA documented at 1900 “patient disoriented and pulled out IV,” and 30 mL/kg volume was completed at 2230?

A. Value “1” (Yes)

B. Value “2” (No)

Select A, Value “1” (Yes) because the PA documentation within the specified time frame includes the patient’s non-compliance that could result in not being able to administer IV fluids or antibiotics.

Severe Sepsis Present

New Guidance v5.11a

- If SIRS criteria or a sign of organ dysfunction is due to an acute condition that has a non-infectious source/process, **do not use it** (refer to *Severe Sepsis Present* criterion “a” to determine if the source of the acute condition is an infection).

Examples:

“Lactate 4.3 r/t seizure” “Seizure post brain injury” (seizure is the acute condition and brain injury is the non-infectious source; the lactate level is due to the brain injury and not severe sepsis).

Severe Sepsis Present

Question #1

Q. Would you use the initiation of mechanical ventilation as a sign of organ dysfunction based only on the documentation below?

MD note: “intubated in ED for airway protection following overdose, now ventilated in ICU.”

A. No, because the mechanical ventilation is attributed to the acute condition (airway protection) with a non-infectious source (overdose).

Severe Sepsis Present

New Guidance v5.11a

- If SIRS criteria or a sign of organ dysfunction is due to the following, **use** the criterion value.
 - Acute condition

Examples:

- Progress Note: “Lactate 4.3 r/t seizure.”
(there is an acute condition (seizure) but the source isn’t known. This seizure could be due to sepsis, and the lactate value should be used to indicate severe sepsis is present.)

Severe Sepsis Present

Question #2

Q. Would you use the elevated heart rate as a SIRS criterion based only on the documentation below?

MD note: “tachycardia related to shortness of breath.”

A. No, because the elevated heart rate is attributed to the acute condition (shortness of breath) without further documentation of a non-infectious source.

Severe Sepsis Presentation Date/Time

New Guidance v5.11a

- If physician/APN/PA documentation states severe sepsis or septic shock was present on admission or indicates the patient was admitted with severe sepsis or septic shock, use the earliest date of the following for the physician/APN/PA documentation of severe sepsis or septic shock:
 - Physician/APN/PA note
 - Admit order
 - Disposition to inpatient
 - Arrival to floor or unit

Severe Sepsis Presentation Time

Question #1

- Q. Which time would you use as the *Severe Sepsis Presentation Time* based only on the documentation below?
- 0600: Admit order
 - 0700: All three severe sepsis clinical criteria met.
 - 0930: MD note: “Pt admitted with septic shock.”
- A. Use 0600 as the *Severe Sepsis Presentation Time* because the documentation indicates the patient was admitted with septic shock and the admit order reflects the earliest presentation time available.

Repeat Lactate Level Collection

New Guidance v5.11a

- Select Value “2” if a repeat lactate level was not drawn within the specified time frame.
- Use supportive documentation that indicates a repeat lactate was drawn if there is no documentation indicating a repeat lactate was drawn or collected (e.g., lactate sent to lab, lactate received, lactate result). Use the earliest supportive documentation if there are multiple instances of supportive documentation.
- Select Value “1” if a repeat lactate level is ordered and there is an attempt to collect it, but the attempt results in failure to collect the specimen (too dehydrated to get a vein) or the specimen was contaminated during or after the draw.

Initial Hypotension Date & Time

New Guidance v5.11a

v5.10a:

Definition: The date of the documentation of initial hypotension in the six hours prior to or within six hours following Severe Sepsis Presentation Date and Time and prior to the completion of the target ordered volume (30 mL/kg or up to 10% less than 30 mL/kg) of crystalloid fluids.

v5.11a:

Definition: The date of the documentation of initial hypotension in the six hours prior to or within six hours following Severe Sepsis Presentation Date and Time and prior to the completion of the target ordered volume of crystalloid fluids.

Crystalloid Fluid Administration

New Guidance v5.11a

- Crystalloid fluid volumes ordered that are equivalent to 30 mL/kg or a lesser volume with a reason for the lesser volume specifically documented by the physician/APN/PA are the target ordered volume.
- A physician/APN/PA order for a volume of crystalloid fluids that is within 10% less than 30 mL/kg is acceptable for the target ordered volume. Documentation of a reason for a volume that is within 10% less than 30 mL/kg is not required.

Crystalloid Fluid Administration

Question #1

- Q. The patient weighs 90 kg ($90 \text{ kg} \times 30 \text{ mL/kg} = 2700 \text{ mL}$) and the physician only ordered 2,500 mL of NS over two hours. What is the target ordered volume of crystalloid fluids for this patient?
- A. Use 2500 mL as the target ordered volume. The physician only ordered 2500 mL of crystalloid fluid. Since 2500 mL is within 10% less than the 30 mL/kg volume, the target ordered volume would be 2500 mL.

Crystalloid Fluid Administration

New Guidance v5.11a

- A physician/APN/PA order for less than 30 mL/kg of crystalloid fluids is acceptable for the target ordered volume if all of the following criteria were met:
 - There is a physician/APN/PA order for the lesser volume of crystalloid fluids as either a specific volume (e.g., 1500 mL) or a weight-based volume (e.g., 25 mL/kg).

Crystalloid Fluid Administration

New Guidance v5.11a

- The ordering physician/APN/PA documented within a single note in the medical record **all of the following:**
 - **The volume of fluids to be administered as either a specific volume (e.g., 1500 mL) or a weight-based volume (e.g., 25 mL/kg).**

Crystalloid Fluid Administration

New Guidance v5.11a

- AND a reason for ordering a volume less than 30 mL/kg of crystalloid fluids. Reasons include and are not limited to:
 - concern for fluid overload
 - heart failure
 - renal failure
 - blood pressure responded to lesser volume
 - 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)

Crystalloid Fluid Administration

New Guidance v5.11a

- All other applicable requirements for the Crystalloid Fluid Administration data element are met.

Examples:

- Physician documentation: Lactate 5.0, heart failure concerns, 20 mL/kg NS start 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

New Guidance v5.11a

Examples:

- Physician documentation: septic shock, renal failure, 1500 mL NS evaluate for response

Orders: 1500 mL NS IV at 1000 mL/hr

MAR: IV NS 1500 mL at 1000 mL/hr start time 0800

Patient weight is 74 kg, 30 mL/kg is 2220 mL

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

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 concerned for fluid overload. Will give 15 mL/kg of NS.”
Orders: NS 0.9% IV, 15 mL/kg over 2 hours.
MAR: NS 0.9% IV 1200 mL (15 mL/kg), Start time 1500, Completed time 1700.

A. Select Value “1” based on the physician documentation that includes a reason for the volume less than 30 mL/kg, the specific volume, and the order, as well as the further documentation of fluid administration on the MAR.

Crystalloid Fluid Administration

Question #3

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

- Physician documentation: “Patient has heart failure, will give 0 mL of fluids at this time.”

A. Select Value “2” because the guidance states a physician/APN/PA order for a lesser volume of crystalloid fluids is acceptable and the documentation above including “0 mL” would not suffice as an order for a lesser volume.

Crystalloid Fluid Administration

Question #4

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

Physician documentation: “Ordering 1000 mL with Albumin 500 mL (colloid) and 500 mL NS.”

Orders: Albumin 5% 500 mL IV over 30 minutes.
NS 0.9% IV 500 mL at 1000 mL/hr.

MAR: Albumin 500 mL Start time 0800, End time 0830.
NS 0.9% IV 500 mL, Start time 0830, End time 0900.

A. Select Value “1” based on the physician documentation meeting the requirements and identifying 1000 mL as the target ordered volume of colloid and crystalloid fluids for this patient.

Knowledge Check:

Crystalloid Fluid Administration

What is the target ordered volume of crystalloid fluids for this patient who weighs 80 kg ($80 \text{ kg} \times 30 \text{ mL/kg} = 2400 \text{ mL}$), physician ordered 1500 mL and documented “patient’s hypotension responded to 1500 mL of LR?”

- A. 2400 mL**
- B. 1500 mL**
- C. 2160 mL**
- D. 2300 mL**

Knowledge Check:

Crystalloid Fluid Administration

What is the target ordered volume of crystalloid fluids for this patient who weighs 80 kg ($80 \text{ kg} \times 30 \text{ mL/kg} = 2400 \text{ mL}$), physician ordered 1500 mL and documented “patient’s hypotension responded to 1500 mL of LR?”

A. 2400 mL

B. 1500 mL

C. 2160 mL

D. 2300 mL

Select B, 1500 mL because the physician documentation includes a reason for the target ordered volume of 1500 mL.

Crystalloid Fluid Administration

New Guidance v5.11a

- To determine the target ordered volume, if a specific volume of fluid is not ordered and a volume per unit of body weight is ordered (e.g., 30 mL/kg, 20 mL/kg):
 - Use the patient weight in kilograms (kg) if documented.
 - If not documented in kg, divide the weight in pounds by 2.2; that yields the weight in kg. Round the weight to the nearest whole number.
 - Multiply the weight in kg by 30 mL, or a lesser volume if specified by a physician/APN/PA; the result is the number of mL of IV fluid that should be specified in the physician/APN/PA order(s).

Crystalloid Fluid Administration

New Guidance v5.11a

- Round the volume of IV fluid (mL) to the nearest whole number.

Examples:

- Patient weight is 160 pounds. $160/2.2 = 72.72$ kg. Round to 73 kg. $73 \times 30 = 2190$ (mL). Physician order is “Give 1000 mL Lactated Ringers over the next 4 hours.” This is not acceptable because 1000 mL is less than 2190 and a reason for ordering less than 30 mL/kg was not documented.

Crystalloid Fluid Administration

New Guidance v5.11a

- Crystalloid fluid orders:
 - If crystalloid fluids are initiated via multiple physician/APN/PA orders, begin with abstracting the earliest crystalloid fluids ordered that are initiated within the specified time frame. Evaluate all crystalloid fluids ordered and include the fluids if they contribute to the target ordered volume and are initiated within the specified time frame.

Crystalloid Fluid Administration

Question #5

Q. Would you use the fluids ordered in both orders below toward the target ordered volume if the below orders and infusion start times were within the specified time frame?

Orders:

1300: NS IV 1000 mL bolus

1500: NS IV 30 mL/kg (weight 90 kg) 999 mL/hr

MAR:

NS IV 1000 mL bolus, Start time 1315, End time 1415.

NS IV 2700 mL (30 mL/kg), Start time 1510, End time 1745.

A. Yes, use the fluids ordered in both orders toward the target ordered volume because both were ordered and initiated within the specified time frame.

Crystalloid Fluid Administration

New Guidance v5.11a

- Exception for Operating Room (OR):
Crystalloid fluids administered in the OR by a physician/APN/PA are acceptable without an order if a fluid type, **volume**, an infusion start time, and an infusion rate or infusion end time is documented.

Persistent Hypotension

New Guidance v5.11a

- Select Value “1” if only one blood pressure was documented within the time frame that was low and a vasopressor was administered.

Example:

One-hour time frame: 1300 to 1400

Blood pressure (only one documented) at 1325 was 87/53

MAR: Levophed started at 1500

Select Value "1"

Knowledge Check:

Persistent Hypotension

Which allowable value would you select for *Persistent Hypotension* if the hour to assess for persistent hypotension is from 1400 to 1500, single MAP of 60 at 1415, Vasopressin started 1500?

- A. Value “1” (Yes) Persistent hypotension present.**
- B. Value “2” (No or UTD) Persistent hypotension not present.**
- C. Value “3” (No) Persistent hypotension not assessed.**

Knowledge Check:

Persistent Hypotension

Which allowable value would you select for *Persistent Hypotension* if the hour to assess for persistent hypotension is from 1400 to 1500, single MAP of 60 at 1415, Vasopressin started 1500?

- A. Value “1” (Yes) Persistent hypotension present.**
- B. Value “2” (No or UTD) Persistent hypotension not present.**
- C. Value “3” (No) Persistent hypotension not assessed.**

Select A, Value “1” (Yes) Persistent hypotension present because there is a single hypotensive blood pressure in the hour to assess for *Persistent Hypotension* and a vasopressor was administered.

Repeat Volume Status and Tissue Perfusion Assessment Performed v5.11a Updated

- The specified time frame for the repeat volume status and tissue perfusion assessment begins at the *Crystalloid Fluid Administration Date* and the *Crystalloid Fluid Administration Time* and ends six hours after the *Septic Shock Presentation Date* and *Septic Shock Presentation Time*.
- Select Value “2” if there are no repeat volume status and tissue perfusion assessment performed within the appropriate time window.

Repeat Volume Status and Tissue Perfusion Assessment Performed Question #1

Q. Which allowable value would you select based on the below documentation?

Crystalloid Fluid Administration Time: 0300

Septic Shock Presentation Time: 0300

APN note at 0930: “reassessed pt at 0430 after fluid resuscitation.”

A. Select Value “1” due to the APN documentation attesting to performing a reassessment within the specified time frame.

Vasopressor Administration v5.11a Updated

- The specified time frame for administration of a vasopressor starts at *Septic Shock Presentation Time* and ends six hours after the *Septic Shock Presentation Time*.
- Acceptable vasopressors are provided in Appendix C, Table 5.2. These are the only medications that can be abstracted.

Vasopressor Administration

Question #1

Q. Which allowable value would you select based on the below documentation?

MAR: Levophed Infusion: Start Time 0800,
End Time 1300

Septic Shock Presentation Time: 0915

A. Select Value “1” because the vasopressor was infusing at time of septic shock presentation.

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Submitting Questions to the Inpatient Questions and Answers Tool

Webinar Questions Follow-up

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https://cmsqualitysupport.servicenowservices.com/qnet_qa

If your question is about 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.

Submitting a Question

The screenshot shows the CMS.gov Quality Question and Answer Tool interface. At the top left, the CMS.gov logo and QualityNet are displayed. Navigation links include "Quality Q&A Tool", "Ask a Question", "Browse Program Articles", and "My Questions". A "How to Use this Tool" link is located at the top right. The main heading is "Quality Question and Answer Tool" with the subtitle "Your one-stop shop for CMS Quality Answers". A search bar contains the placeholder text "Search for the answer to your question" and a search icon. Below the search bar are three main action buttons: "Browse" (with a document icon and subtitle "View existing articles"), "My Questions" (with a database icon and subtitle "Both Old & New Q&A tools"), and "Ask a Question" (with a question mark icon and subtitle "Submit a Question to CMS").

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

Submitting a Question

QualityNet Question and Answer Site

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Question Details

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Submitting a Question


Question Details


Program *

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- ASC - Ambulatory Surgical Centers - Quality Reporting
- BFCC-QIO - Beneficiary and Family Centered Care-Quality Improvement Organization
- DRA HAC - Deficit Reduction Act Hospital-Acquired Conditions
- ESRD QIP - End-Stage Renal Disease -Quality Incentive Program
- HACRP - Hospital-Acquired Condition Reduction Program
- Hospital Compare - Hospital Compare Site Support
- HRRP - Hospital Readmissions Reduction Program
- HVBP - Hospital Value Based Purchasing
- Inpatient - Measures & Data Element Abstraction**
- Inpatient Claims-Based Measures
- IPF - Inpatient Psychiatric Facility
- IQR - Inpatient Quality Reporting
- OQR - Outpatient Quality Reporting
- Overall Hospital Star Ratings
- PCH - Cancer Hosp. Quality Reporting
- PI - Promoting Interoperability
- Public Reporting & Preview Period
- SNF VBP - Skilled Nursing Facility Value-Based Purchasing
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Submitting a Question

The image shows a web interface for submitting a question. A modal window titled "Select a topic" is open, displaying a list of topics. The background form is partially visible and dimmed.

Question Details

Program *
Inpatient - Measures & Data Element Abstraction

Topic *
Select from the list of topics

Hospital CCN
#####

Reporting Quarter
Select from the drop down

Discharge Period *
Select from the drop down

Subject *
Limit 160 chars

Please describe your question *
Enter your question for CMS (limit 4,000 chars)

Select a topic

- Inpatient - Measures & Data Element Abstraction
 - Hospital Inpatient - ED
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 - Decision to Admit Date/Time
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 - Hospital Inpatient - PC-01
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 - Hospital Inpatient - Sepsis
 - Administrative Contraindication to Care
 - Blood Culture Collection

OK

Submitting a Question

Question Details

Program *

Topic *

Hospital CCN
 6 Digit CMS Certification Number, Numeric only. Format: #####

Reporting Quarter

Discharge Period *

Subject *

Please describe your question *

Severe Sepsis and Septic Shock: Management Bundle (Composite Measure) v5.11 Measure Updates

Questions

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