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Troubleshooting Audio

Audio from computer speakers breaking up?

Audio suddenly stop?

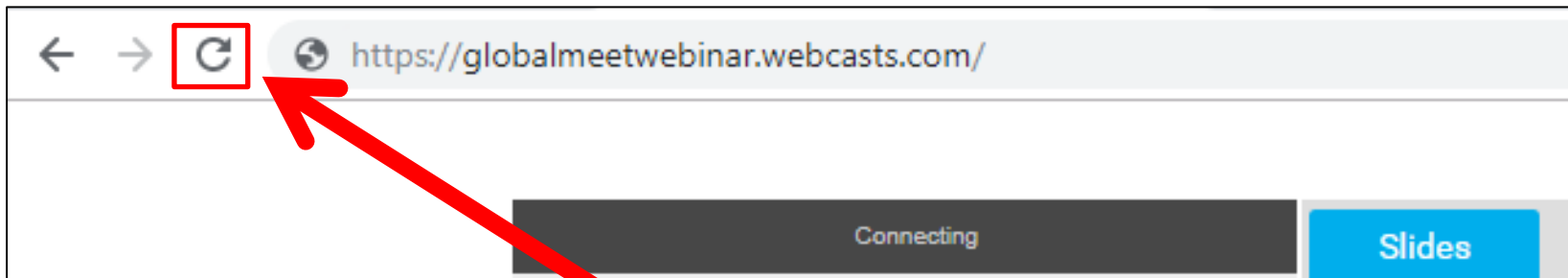
Click Refresh

– or –

Press F5



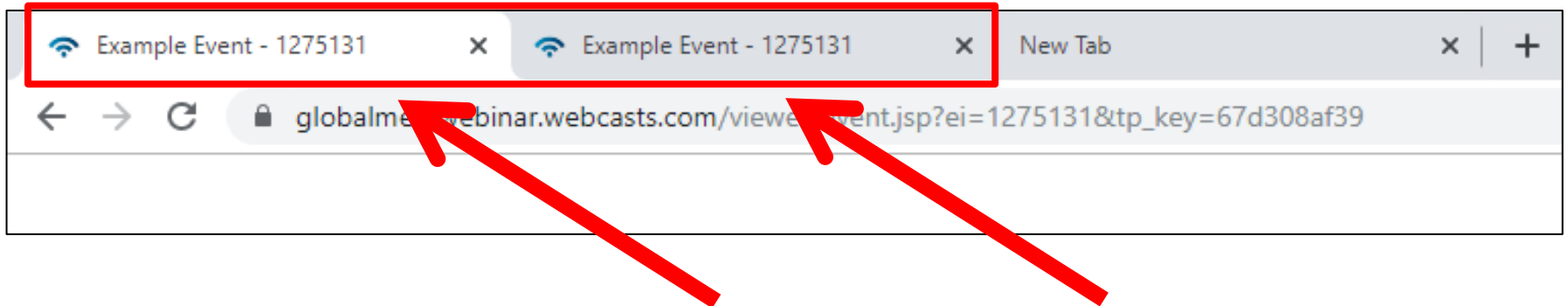
F5 Key
Top Row of Keyboard



Refresh

Troubleshooting Echo

- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event (multiple audio feeds).
- Close all but one browser/tab and the echo will clear.



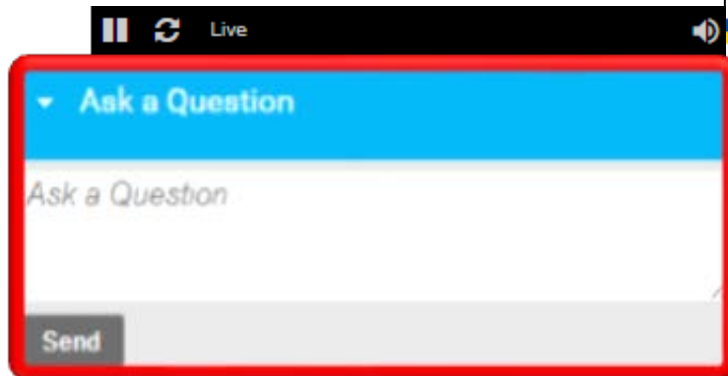
Example of Two Browsers/Tabs Open in Same Event

Submitting Questions

Type questions in the Ask a Question section, 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) v5.12 Measure Updates

June 27, 2022

Speakers

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Behavioral Development and Inpatient and Outpatient Measure
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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 version (v)5.12* of the specifications manual.
- Respond to frequently asked questions.

* Effective for 07/01/2022 through 12/31/2022 discharges.

Objective

Participants will be able to understand and interpret the updated guidance in v5.12 of the specifications manual to ensure successful reporting for the SEP-1 measure.

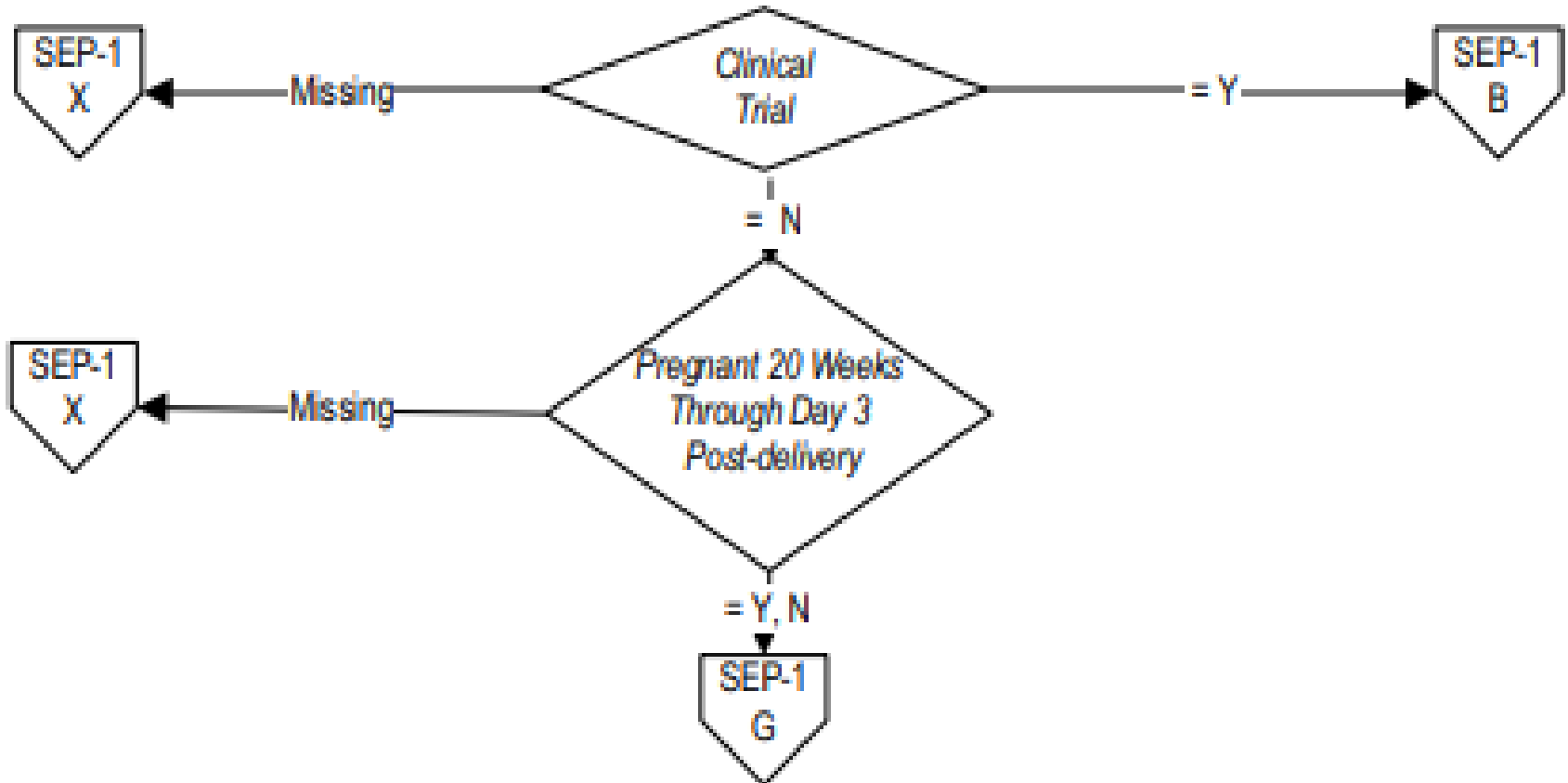
Acronyms and Abbreviations

A-fib	atrial fibrillation	MAP	mean arterial pressure
AKI	acute kidney injury	MAR	Medication Administration Record
APN	advanced practice nurse	MD	Doctor of Medicine
aPTT	activated partial thromboplastin time	mg	milligrams
B	excluded from measure denominator	mL	milliliters
BC	blood culture	mmHg	millimetre of mercury
BP	blood pressure	mmol	millimoles
C	celsius	NaCl	Sodium Chloride
cm	centimeters	NS	normal saline
CMS	Centers for Medicare & Medicaid Services	OB	obstetrics
c-section	Cesarean section	PA	physician assistant
dL	deciliter	pt	patient
ED	emergency department	PTT	partial thromboplastin time
F	fahrenheit	r/t	related to
H&P	History & Physical	RVR	rapid ventricular response
HR	heart rate	SBP	systolic blood pressure
hr	hour	SEP	sepsis
INR	international normalized ratio	SIRS	systemic inflammatory response system
IV	intravenous	UTD	unable to determine
kg	kilogram	v	version
L	liter		

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) v5.12 Measure Updates

SEP-1 Algorithm v5.12



Pregnant 20 Weeks Through Day 3 Post-delivery v5.12 Updates

Definition: Documentation the patient is at least 20 weeks pregnant or within three days after delivery at the Severe Sepsis Presentation Time.

Suggested Data Collection Question: Is there documentation the patient is at least 20 weeks pregnant or within three days after delivery at the time severe sepsis is identified?

Pregnant 20 Weeks Through Day 3 Post-delivery v5.12 Updates

Allowable Values:

- 1 (Yes) Documentation the patient is at least 20 weeks pregnant or within three days after delivery at the time severe sepsis is identified.
- 2 (No) There is no documentation that the patient is at least 20 weeks pregnant or within three days after delivery at the time severe sepsis is identified, the patient is not pregnant, or unable to determine.

Pregnant 20 Weeks Through Day 3 Post-delivery v5.12 Updates

- Select Value “1” (Yes) if there is medical record documentation that the patient is at least 20 weeks pregnant or within three days after delivery at the Severe Sepsis Presentation Time. Day of delivery is day 0, the day after delivery counts as day 1 post-delivery, regardless of time of delivery.

Example:

Delivery date: 07/01/20xx

Severe sepsis presentation date: 07/04/20xx

Select Value “1” because severe sepsis presentation occurred within three days after delivery.

Pregnant 20 Weeks Through Day 3 Post-delivery v5.12 Updates

- Select Value “2” (No) for any of the following:
 - Allowable Value “M = Male” was selected for the Sex data element.
 - There is documentation the patient had a partial or complete hysterectomy.
 - There is documentation the patient is not pregnant.
 - There is documentation the patient is less than 20 weeks pregnant.
 - There is documentation indicating severe sepsis was identified more than three days after delivery.
 - There is no documentation confirming that the patient is at least 20 weeks pregnant or within three days after delivery at the time severe sepsis was identified.

Pregnant 20 Weeks Through Day 3 Post-delivery v5.12 Updates

Suggested Data Sources:

- Any physician/APN/PA documentation
- Entire ED record
- OB/Labor and delivery documentation
- Nurse notes

Inclusion Guidelines for Abstraction:

- Gestational age
- Post-partum

Exclusion Guidelines for Abstraction:

None

Knowledge Check:

Pregnant 20 Weeks Through Day 3 Post-delivery

Which value would you select if there is APN documentation “pt had c-section 9/15/22 at 0800” and severe sepsis presented 9/18/22 at 0500?

A. Value “1” (Yes)

B. Value “2” (No)

Knowledge Check:

Pregnant 20 Weeks Through Day 3 Post-delivery

Which value would you select if there is APN documentation “pt had c-section 9/15/22 at 0800” and severe sepsis presented 9/18/22 at 0500?

A. Value “1” (Yes)

B. Value “2” (No)

Select A, Value “1” (Yes) because the severe sepsis presentation time is within three days after delivery.

Severe Sepsis Present

New Guidance v5.12

- Select Value “2” if there is physician/APN/PA documentation that coronavirus or COVID-19 is suspected or present. Documentation of COVID-19 or coronavirus qualified with a term synonymous with possible, probable, likely, or suspected is acceptable. Do not use the positive and negative qualifier table for COVID-19 documentation.

Severe Sepsis Present

New Guidance v5.12

- For SIRS criteria, use the table below.
 - Use the Non-Pregnant criteria if Value “2” was selected for the *Pregnant 20 Weeks Through Day 3 Post-delivery* data element.
 - Use the Pregnant 20 weeks through Day 3 Post-delivery criteria if Value “1” was selected for the *Pregnant 20 Weeks Through Day 3 Post-delivery* data element.

Non-Pregnant Criteria	Pregnant 20 weeks through Day 3 Post-delivery Criteria
Temperature >38.3 C or <36.0 C (>100.9 F or <96.8 F)	Temperature ≥38 C or <36.0 C (≥100.4 or <96.8 F)
Heart rate (pulse) >90	Heart rate (pulse) >110
Respiration >20 per minute	Respiration >24 per minute
White blood cell count >12,000 or 10% bands	White blood cell count >15,000 or 10% bands

Severe Sepsis Present

Question #1

Q. Would you use the respiratory rate as a SIRS criterion based only on the information below?

- MD note: “Pt. 37 weeks pregnant”
- Vital Signs Flowsheet:

BP	110/80 mmHg	120/90 mmHg	120/90 mmHg
Temperature	98.4 °F	102.1 °F	98.7 °F
Pulse	80 bpm	82 bpm	
Respiratory rate	22 bpm	13 bpm	14 bpm
O2 Saturation	98 %	97 %	

A. No, because the patient is more than 20 weeks pregnant and the respiratory rate of 22 is not greater than 24.

Severe Sepsis Present

New Guidance v5.12

- C. Organ dysfunction, evidenced by any one of the following:
- Systolic blood pressure (SBP) <90 mmHg or mean arterial pressure <65 mmHg.
 - Use the Non-Pregnant criteria if Value “2” was selected for the *Pregnant 20 Weeks Through Day 3 Post-delivery* data element.
 - Use the Pregnant 20 weeks through Day 3 Post-delivery criteria if Value “1” was selected for the *Pregnant 20 Weeks Through Day 3 Post-delivery* data element.

Non-Pregnant Criteria	Pregnant 20 weeks through Day 3 Post-delivery Criteria
Systolic blood pressure (SBP) <90 mmHg or mean arterial pressure <65 mmHg.	Systolic blood pressure (SBP) <85 mmHg or mean arterial pressure <65 mmHg.
Systolic blood pressure decrease of more than 40 mmHg.	Systolic blood pressure decrease of more than 40 mmHg.
Acute respiratory failure as evidenced by a new need for invasive or non-invasive mechanical ventilation.	Acute respiratory failure as evidenced by a new need for invasive or non-invasive mechanical ventilation.

Severe Sepsis Present

New Guidance v5.12

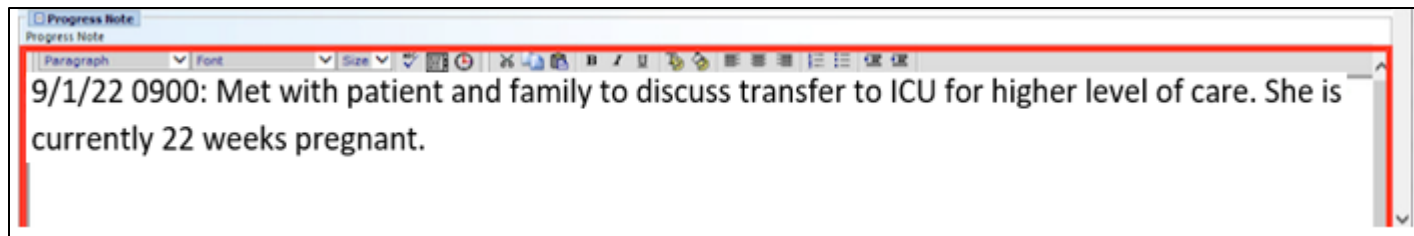
Non-Pregnant Criteria	Pregnant 20 weeks through Day 3 Post-delivery Criteria
Creatinine >2.0 mg/dL	Creatinine >1.2 mg/dL
Urine output <0.5 mL/kg/hour for two consecutive hours	Urine output <0.5 mL/kg/hour for two consecutive hours
Total Bilirubin >2 mg/dL (34.2 mmol/L)	Total Bilirubin >2 mg/dL (34.2 mmol/L)
Platelet count <100,000	Platelet count <100,000
INR >1.5 or aPTT >60 sec	INR >1.5 or PTT >60 sec
Lactate >2 mmol/L (18.0 mg/dL)	Lactate >2 mmol/L (18.0 mg/dL) NOTE: Do not use lactate obtained during active delivery defined as documentation of uterine contractions resulting in cervical change (dilation or effacement) through delivery or childbirth.

Severe Sepsis Present

Question #2

Q. Would you use the systolic blood pressure reading as a sign of organ dysfunction based only on the MD note below?

- Progress Note:



- Vital Signs Flowsheet:

BP	86/54 mmHG	90/58 mmHG	91/55 mmHG
----	------------	------------	------------

A. No, because the patient is more than 20 weeks pregnant and the systolic BP of 86 is not less than 85.

Severe Sepsis Present

Question #3

Q. Would you use the systolic blood pressure reading as a sign of organ dysfunction based only on the information below?

- Progress Note:

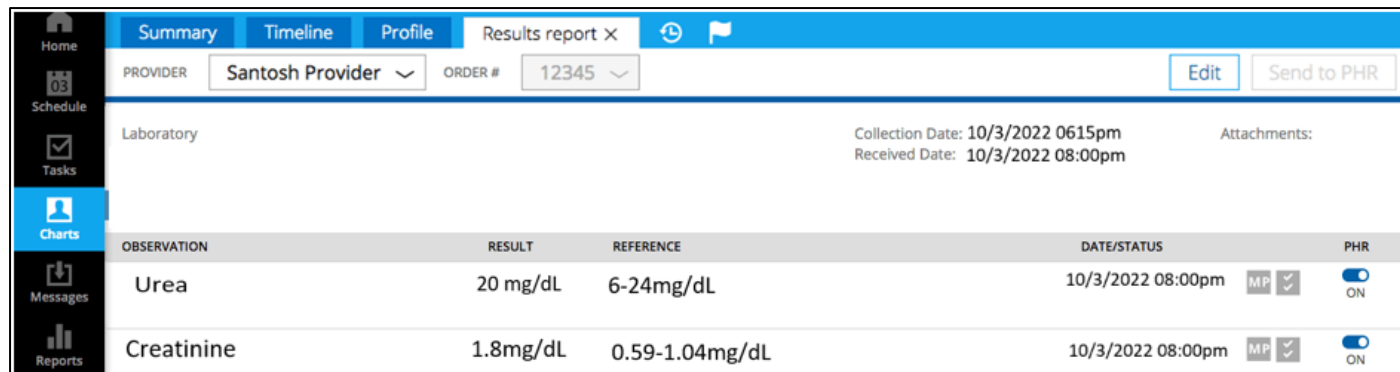


Progress Note

Paragraph Font Size [dropdown] [font icons]

Delivery 10/1/22 without complication

- Lab Results:



Summary Timeline Profile Results report x

PROVIDER: Santosh Provider ORDER #: 12345

Laboratory Collection Date: 10/3/2022 0615pm Received Date: 10/3/2022 08:00pm

OBSERVATION	RESULT	REFERENCE	DATE/STATUS	MP	PHR
Urea	20 mg/dL	6-24mg/dL	10/3/2022 08:00pm	MP	ON
Creatinine	1.8mg/dL	0.59-1.04mg/dL	10/3/2022 08:00pm	MP	ON

A. Yes, because the patient is within three days post-delivery, and the creatinine result is greater than 1.2.

Knowledge Check: Severe Sepsis Present

Would you use the lactate value as a sign of organ dysfunction based on the documentation below?

7/15/22 1600: “Contractions 5 minutes apart,
dilation 3 cm, 60% effaced.”

7/15/22 1800: Lactate collected

7/15/22 1900: Lactate result 3.5

A. Yes

B. No

Knowledge Check: Severe Sepsis Present

Would you use the lactate value as a sign of organ dysfunction based on the documentation below?

7/15/22 1600: “Contractions 5 minutes apart, dilation 3 cm, 60% effaced.”

7/15/22 1800: Lactate collected

7/15/22 1900: Lactate result 3.5

A. Yes

B. No

Select B, No, because lactate was obtained during active delivery as noted by the uterine contractions resulting in dilation and effacement.

Severe Sepsis Present

New Guidance v5.12

- Do not use an elevated INR, aPTT, or PTT values as organ dysfunction if the medical record documentation shows the patient received an anticoagulant medication in Appendix C Table 5.3 before the elevated INR, aPTT, or PTT value. Physician/APN/PA documentation is not required. Use the elevated INR, aPTT, or PTT value if the patient only received the following:
Heparin flushes

Severe Sepsis Present

New Guidance v5.12

- If the SIRS criteria or a sign of organ dysfunction is due to the following, do not use it. Do not make inferences. The abnormal value or reference to the abnormal value must be in the same documentation (i.e., same sentence or paragraph).
 - Normal for that patient
 - Is due to a chronic condition
 - Is due to a medication

Examples:

“Chronic A-fib with RVR”

- Do not use the heart rate readings >90 since the chronic condition is in the same sentence.

Severe Sepsis Present

New Guidance v5.12

Examples:

ED Note: History of A-fib, chronic anticoagulation

Admit H&P: A-fib with tachycardia

- Do not use the heart rate readings >90 due to the documentation indicating A-fib is a chronic condition and the documentation of the chronic condition and term defining the abnormal value are in the same sentence.

“Postpartum 48 hours, bilirubin remains elevated at 2.5 r/t chronic liver disease.”

- Do not use value since the bilirubin and the chronic condition are in the same documentation.

Severe Sepsis Present

New Guidance v5.12

- 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:

- MD Note: “39 weeks gestation, contractions every 4 minutes, HR 125” (contractions are the acute condition and 39 weeks gestation is the non-infectious source).

Severe Sepsis Present

New Guidance v5.12

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

Examples:

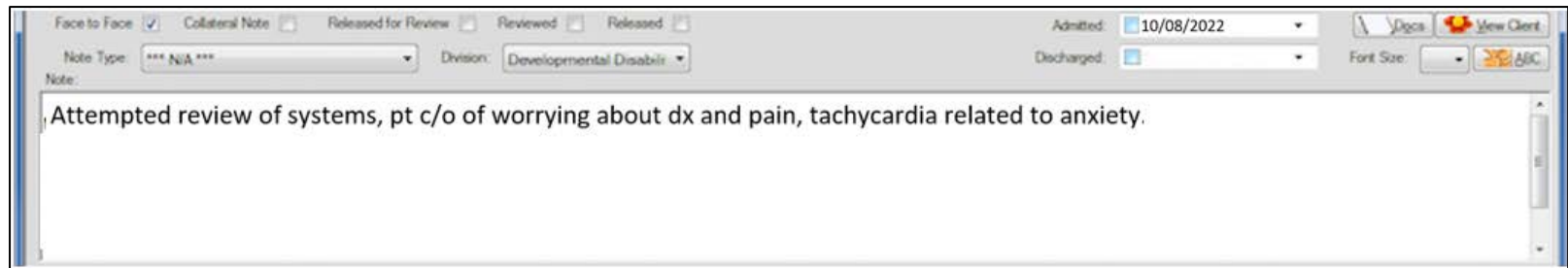
- Progress Note: “Lactate 4.3 r/t seizure.” (There is an acute condition (seizure), but the source isn’t known. This seizure could be due to sepsis, and the lactate value should be used to indicate severe sepsis is present.)
- H&P: “AKI, dehydration, creatinine 3.8.”
- Progress Note: “A-fib with heart rate 96”

Severe Sepsis Present

Question #4

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

MD note:



The screenshot shows a medical note interface with the following details:

- Face to Face:
- Collateral Note:
- Released for Review:
- Reviewed:
- Released:
- Admitted: 10/08/2022
- Discharged: [empty]
- Note Type: *** N/A ***
- Division: Developmental Disability
- Font Size: [dropdown]
- Buttons: Diga, View Client, ABC

Note:
Attempted review of systems, pt c/o of worrying about dx and pain, tachycardia related to anxiety.

A. Yes, because the elevated heart rate is attributed to the acute condition (anxiety) without further documentation of a non-infectious source.

Severe Sepsis Present

New Guidance v5.12

- Physician/APN/PA documentation of a term that is defined by a SIRS criteria or sign of organ dysfunction is acceptable in place of an abnormal value when the term is documented as normal for the patient, due to a chronic condition, a medication, acute condition, acute on chronic condition, or due to an acute condition that has a non-infectious source/process.

Examples include but are not limited to:

- Use the Non-Pregnant criteria if Value “2” was selected for the Pregnant 20 Weeks Through Day 3 Post-delivery data element.
- Use the Pregnant 20 weeks through Day 3 Post-delivery criteria if Value “1” was selected for the Pregnant 20 Weeks Through Day 3 Post-delivery data element.

Severe Sepsis Present

New Guidance v5.12

Non-Pregnant Patients	Pregnant 20 weeks through Day 3 Post-delivery Patients
Tachypnea (Respiration >20 per minutes)	Tachypnea (Respiration >24 per minutes)
Tachycardia, RVR (Heart rate >90)	Tachycardia, RVR (Heart rate >110)
Leukopenia (White blood cell count <4,000)	Leukopenia (White blood cell count <4,000)
Leukocytosis (White blood cell count >12,000)	Leukocytosis (White blood cell count >15,000)
Thrombocytopenia (Platelet count <100,000)	Thrombocytopenia (Platelet count <100,000)
Hypotension (Systolic blood pressure <90 mmHg)	Hypotension (Systolic blood pressure <85 mmHg)

Severe Sepsis Present

Question #5

Q. Would you use the systolic blood pressure reading for organ dysfunction based only on the documentation below and Value “1” (Yes) selected for the Pregnant 20 Weeks Through Day 3 Post-delivery data element?

- PA note:



Face to Face Collateral Note Released for Review Reviewed Released Admitted: 09/18/2022 Docs View Client
Note Type: *** N/A *** Division: Developmental Disabilr Discharged: Font Size: ABC

Note:
Hypotensive after pain meds.

- Vital Signs Flowsheet:

BP	81/49 mmHG	87/52 mmHG	90/51 mmHG
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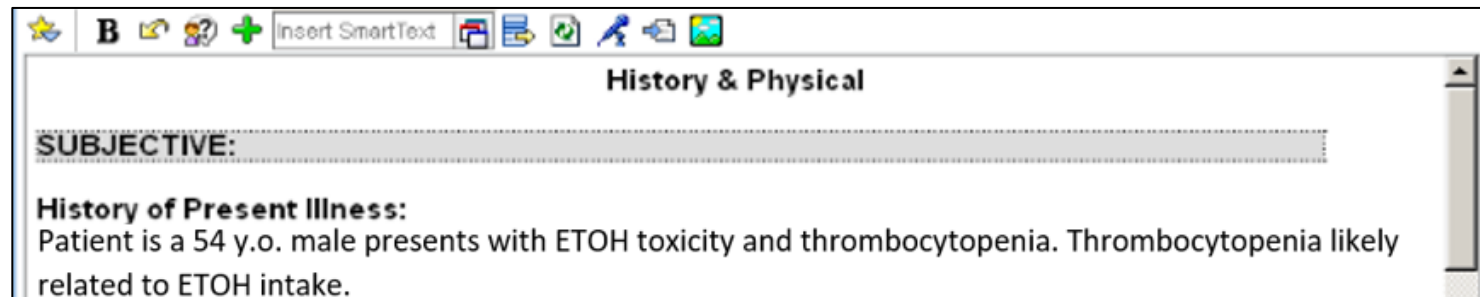
A. No, because the documentation includes the term that defines the abnormal value (hypotension) and the medication.

Severe Sepsis Present

Question #6

Q. Would you use the low platelet count as a sign of organ dysfunction based only on the documentation below?

- PA note:

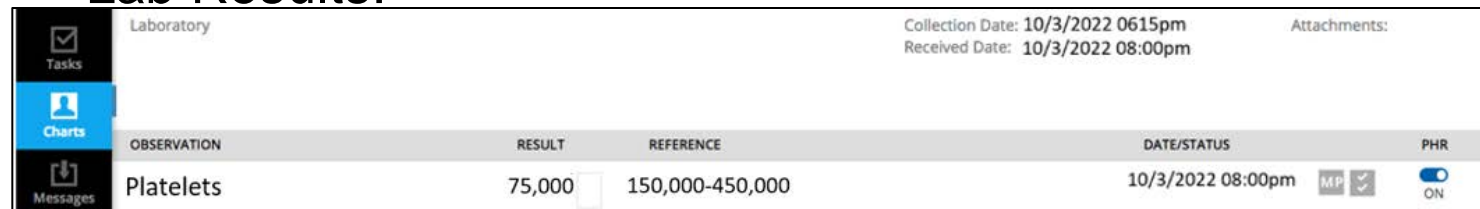


History & Physical

SUBJECTIVE:

History of Present Illness:
Patient is a 54 y.o. male presents with ETOH toxicity and thrombocytopenia. Thrombocytopenia likely related to ETOH intake.

- Lab Results:



OBSERVATION	RESULT	REFERENCE	DATE/STATUS	MP	PHR
Platelets	75,000	150,000-450,000	10/3/2022 08:00pm	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Laboratory
Collection Date: 10/3/2022 0615pm
Received Date: 10/3/2022 08:00pm
Attachments:

A. Yes, because the documentation attributes the term defining the abnormal platelet count (thrombocytopenia) to an acute condition.

Severe Sepsis Present

New Guidance v5.12

- Abstract based on the latest piece of documentation **before the Severe Sepsis Presentation Time or** within 24 hours after if there is conflicting information within two or more separate pieces of physician/APN/PA documentation indicating SIRS criteria or 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

Discharge Disposition

New Guidance v5.12

- Select Value “8” (“UTD”) if the medical record states only that the patient is being “discharged” and does not address the place or setting to which the patient was discharged.

Blood Culture Collection

New Guidance v5.12

- Select Value “1” if a blood culture was ordered and there was an attempt to collect it, but the attempt resulted in failure to collect the specimen (too dehydrated to get a vein) or the specimen was contaminated during or after the draw.

Examples:

- “Blood culture attempted”
- “Blood culture x3 attempts”
- “Unable to collect BC”
- Select Value “1” if there is a time directly associated with documentation indicating that a blood culture was collected during the specified time frame (e.g., “BC sent to lab,” “blood culture received time”). Use the earliest mention of a blood culture.

Initial Lactate Level Result New Guidance v5.12

- If the lactate >2 mmol/L (18.0 mg/dL) was obtained during active delivery, do not use it, select Value “1.”
 - For purposes of the measure, active delivery is determined by documentation of uterine contractions resulting in cervical change (dilation or effacement) through delivery or childbirth.

Initial Lactate Level Result

New Guidance v5.12

- If the elevated lactate is due to the following, do not use it, **select Value “1.”** Do not make inferences. The abnormal value or reference to the abnormal value must be in the same documentation (i.e., same sentence or paragraph).
 - Normal for that patient
 - Is due to a chronic condition
 - Is due to a medication
- If the elevated lactate is due to an acute condition that has a non-infectious source/process, do not use it, **select Value “1”** (refer to Severe Sepsis Present criterion “a” to determine if the source of the acute condition is an infection).

Initial Hypotension

New Guidance v5.12

- For *Initial Hypotension* criteria, use the table below.
 - Use the Non-Pregnant criteria if Value “2” was selected for the *Pregnant 20 Weeks Through Day 3 Post-delivery* data element.
 - Use the Pregnant 20 weeks through Day 3 Post-delivery criteria if Value “1” was selected for the *Pregnant 20 Weeks Through Day 3 Post-delivery* data element.

Non-Pregnant Criteria	Pregnant 20 weeks through Day 3 Post-delivery Criteria
Systolic blood pressure (SBP) <90 mmHg or mean arterial pressure <65 mmHg.	Systolic blood pressure (SBP) <85 mmHg or mean arterial pressure <65 mmHg.
Systolic blood pressure decrease of more than 40 mmHg.	Systolic blood pressure decrease of more than 40 mmHg.

Initial Hypotension

New Guidance v5.12

- Physician/APN/PA documentation of a term that is defined by an SBP <90 mmHg or MAP <65 mmHg is acceptable in place of an abnormal value when the term is documented as normal for the patient, due to a chronic condition, a medication, acute condition, acute on chronic condition, or due to an acute condition that has a non-infectious source/process.
 - Use the Non-Pregnant criteria if Value “2” was selected for the *Pregnant 20 Weeks Through Day 3 Post-delivery data element*.
 - Use the Pregnant 20 weeks through Day 3 Post-delivery criteria if Value “1” was selected for the *Pregnant 20 Weeks Through Day 3 Post-delivery data element*.

Example:

Non-Pregnant Patients	Pregnant 20 weeks through Day 3 Post-delivery Patients
Hypotension (Systolic blood pressure <90 mmHg)	Hypotension (Systolic blood pressure <85 mmHg)

Initial Hypotension

New Guidance v5.12

- Abstract based on the latest piece of documentation **before the Severe Sepsis Presentation Time** or within 24 hours after if there is conflicting information 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

Crystalloid Fluid Administration

New Guidance v5.12

- 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.

Example:

Time frame for acceptable crystalloid fluids 0800 through 1700.

Target ordered volume 30 mL/kg = 3750 mL

IV Fluid Orders:

12:00: NaCl 0.9% IV volume 1,000 mL bolus wide-open

13:00: NaCl 0.9% IV volume 3,750 mL, rate 999 mL/hr

MAR:

12:00: new bag 1000 mL, stop time 12:30

13:00: new bag 1000 mL at 999 mL/hr

14:00: new bag 1000 mL at 999 mL/hr

15:00: new bag 1000 mL at 999 mL/hr

- Use the crystalloid fluid infusions beginning at 12:00.

Crystalloid Fluid Administration

Question #1

Q. Would you use the infusion ordered at 08:00 toward the target ordered volume?

Time frame for acceptable crystalloid fluids 06:00 through 1700.

Target ordered volume $30 \text{ mL/kg} = 2000 \text{ mL}$

IV Fluid Orders:

08:00: NS 0.9% IV volume 1,000 mL over 1 hr

09:30: NS 0.9% IV volume 30 mL/kg, rate 999 mL/hr

MAR:

08:05: new bag 1000 mL, stop time 09:05

09:40: new bag 1000 mL at 999 mL/hr

A. Yes, use the crystalloid fluids that were ordered at 08:00 because this infusion was ordered and initiated within the specified time frame.

Crystalloid Fluid Administration

New Guidance v5.12

- Only include crystalloid fluids or colloids given at a rate greater than 125 mL/hour towards the target ordered volume. Do not use crystalloid fluids or colloids given at 125 mL/hr or less toward the target ordered volume.

Persistent Hypotension

New Guidance v5.12

- For *Persistent Hypotension* criteria, use the table below.
 - Use the Non-Pregnant criteria if Value “2” was selected for the *Pregnant 20 Weeks Through Day 3 Post-delivery* data element.
 - Use the Pregnant 20 weeks through Day 3 Post-delivery criteria if Value “1” was selected for the *Pregnant 20 Weeks Through Day 3 Post-delivery* data element.

Non-Pregnant Criteria	Pregnant 20 weeks through Day 3 Post-delivery Criteria
Systolic blood pressure (SBP) <90 mmHg or mean arterial pressure <65 mmHg.	Systolic blood pressure (SBP) <85 mmHg or mean arterial pressure <65 mmHg.
Systolic blood pressure decrease of more than 40 mmHg.	Systolic blood pressure decrease of more than 40 mmHg.

Persistent Hypotension

New Guidance v5.12

- Determining presence of persistent hypotension:
 - If there were no blood pressures or only one blood pressure recorded within the hour:
 - Select Value “1” if the only blood pressure within the hour is 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" because there is only one blood pressure reading and it is low, but a vasopressor was administered.

Persistent Hypotension

New Guidance v5.12

- If two or more blood pressures are documented, refer to the last two consecutive blood pressures within the hour:
 - Select Value “1” if there is a low blood pressure followed by another low blood pressure.
 - Select Value “1” if there is a normal blood pressure followed by a low blood pressure and a vasopressor was administered.

Example:

One-hour time frame: 0800 to 0900

Blood pressures documented at 0830 of 95/60 and at 0845 of 86/54
MAR: Vasopressin started at 0930

- Select Value “1” because there is a normal blood pressure followed by a low blood pressure, but a vasopressor was administered.

Knowledge Check: Persistent Hypotension

Which allowable value would you select for *Persistent Hypotension* if the hour to assess for persistent hypotension is from 1800 to 1900, single MAP of 70 at 1815, Vasopressin started 1730?

- 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 1800 to 1900, single MAP of 70 at 1815, Vasopressin started 1730?

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 B, Value “2” (No or UTD) Persistent hypotension not present. There is a single normal MAP reading in the hour to assess for Persistent Hypotension.

Persistent Hypotension

New Guidance v5.12

- Physician/APN/PA documentation of a term that is defined by an SBP <90 mmHg or MAP <65 mmHg is acceptable in place of an abnormal value when the term is documented as normal for the patient, due to a chronic condition, a medication, acute condition, acute on chronic condition, or due to an acute condition that has a non-infectious source/process.
 - Use the Non-Pregnant criteria if Value “2” was selected for the *Pregnant 20 Weeks Through Day 3 Post-delivery* data element.
 - Use the Pregnant 20 weeks through Day 3 Post-delivery criteria if Value “1” was selected for the *Pregnant 20 Weeks Through Day 3 Post-delivery* data element.

Example:

Non-Pregnant Patients	Pregnant 20 weeks through Day 3 Post-delivery Patients
Hypotension (Systolic blood pressure <90 mmHg)	Hypotension (Systolic blood pressure <85 mmHg)

Persistent Hypotension

New Guidance v5.12

- Abstract based on the latest piece of documentation before the Severe Sepsis Presentation Time or within 24 hours after if there is conflicting information 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 v5.12

- Physician/APN/PA documentation of a term that is defined by an SBP <90 mmHg or MAP <65 mmHg is acceptable in place of an abnormal value when the term is documented as normal for the patient, due to a chronic condition, a medication, acute condition, acute on chronic condition, or due to an acute condition that has a non-infectious source/process.
 - Use the Non-Pregnant criteria if Value “2” was selected for the *Pregnant 20 Weeks Through Day 3 Post-delivery* data element.
 - Use the Pregnant 20 weeks through Day 3 Post-delivery criteria if Value “1” was selected for the *Pregnant 20 Weeks Through Day 3 Post-delivery* data element.

Example:

Non-Pregnant Patients	Pregnant 20 weeks through Day 3 Post-delivery Patients
Hypotension (Systolic blood pressure <90 mmHg)	Hypotension (Systolic blood pressure <85 mmHg)

Septic Shock Present

New Guidance v5.12

- Abstract based on the latest piece of documentation **before the Severe Sepsis Presentation Time** or within 24 hours after if there is conflicting information 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

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

Submitting Questions to the Inpatient Question and Answer Tool

Webinar Questions Follow-up

If we do not get to your question during the webinar, please submit your question to the [QualityNet](#) Inpatient Question and Answer tool:

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 Question and Answer 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 in 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 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

Submit a Question to Our Support Team

* Indicate required field

WARNING: Individually identifiable health information in this system is subject to the Health Information Portability and Accountability Act of 1996 and the Privacy Act of 1974. Submission of questions to the QIO and Hospital Q&A System that contains Protected Health Information (PHI) is a violation of these Acts. **Questions containing PHI will be deleted from the system and not processed.** For detailed information regarding transmitting or receiving healthcare information or data read the [QualityNet System Security Policy \(PDF\)](#).

Tell us about yourself.

First Name *

Limit 75 chars

Last Name *

Limit 75 chars

Email Address *

e.g. joe@domain.com

Confirm Email Address *

Phone Number

(xxx)xxx-xxxx(ext.)

Question Details

Program *

Select from the drop down

Submitting a Question


Question Details


Program *

Select from the drop down

- 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
- Validation

I'm not a robot


reCAPTCHA
Privacy - Terms



Submitting a Question

The image shows a web form for submitting a question. The form is partially obscured by a modal window titled "Select a topic".

Question Details

Program *
Inpatient - Measures & Data Element Ab

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
 - Arrival Date/Time
 - Decision to Admit Date/Time
 - ED Departure Date/Time
 - ED Patient
 - Hospital Inpatient - PC-01
 - Data Submission
 - General Abstraction Guidelines
 - Population and Sampling
 - 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) v5.12 Measure Updates

Questions

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
 - Board of Nursing Home Administrators
 - Board of Dietetics and Nutrition Practice Council
 - Board of Pharmacy

Note: To verify continuing education approval for any other state, license, or certification, please check with your licensing or certification board.

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