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) v5.12 Measure Updates Question and Answer Summary Document

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The following document provides actual questions from audience participants. Webinar attendees submitted the following questions and subject-matter experts provided the responses during the live webinar. The questions and answers have been edited for grammar.

Pregnant 20 Weeks Through Day 3 Post-Delivery

Question 1: **If you selected "Yes" for the *Pregnant 20 Weeks Through Day 3 Post-Delivery* data element, is the case excluded?**

No. Regardless of whether you select Value "1" (Yes) or Value "2" (No) for the *Pregnant 20 Weeks Through Day 3 Post-Delivery* data element, the case will not be excluded. You will use the selection of Value "1" or Value "2" to determine which criteria values you will use for abstraction of the *Severe Sepsis Present* and *Initial Hypotension* data elements.

Question 2: **Are the International Classification of Diseases (ICD)-10 codes for the *Pregnant 20 Weeks Through Day 3 Post-Delivery* population listed anywhere? Are we able to use those codes in abstraction?**

The specifications manual does not include any ICD-10 codes related to the new pregnancy data element or criteria. The initial patient population does not use ICD-10 codes to include or exclude cases based on the patient being pregnant 20 weeks through day 3 post-delivery. To determine if Value "1" (Yes) or "2" (No) should be selected, you would look for medical record documentation and follow the guidance in the *Pregnant 20 Weeks Through Day 3 Post-Delivery* data element.

Question 3: **Are there any changes to the Sepsis (SEP)-1 initial patient population related to the new pregnancy data element and criteria? If we haven't seen many pregnant patients before, are we going to see more due to a change in the initial patient population?**

No. Prior to manual version (v)5.12, the measure did not distinguish between pregnant and non-pregnant patients, so pregnant patients could have been pulled into the initial patient population if they met the SEP-1 initial patient population criteria. The criteria to identify the initial patient population has not changed. If a patient meets the initial patient population, the case is eligible to be sampled, abstracted, and submitted to the *Hospital Quality Reporting (HQR) Secure Portal*. You will abstract the case for the *Pregnant 20 Weeks Through Day 3 Post-Delivery* data element to determine if the patient is 20 weeks pregnant through 3 days post-partum. Abstraction of this data element will not bring in new patients that were not previously included in the measure.

Severe Sepsis Present

Question 4: **Are you still looking for two criteria for the pregnant cases?**

Yes. For establishing presence of severe sepsis, all patients are still required to have an infection, have two or more systemic inflammatory response system (SIRS) criteria, and a sign of organ dysfunction. The inclusion of the *Pregnant 20 Weeks Through Day 3 Post-Delivery* data element does not change the number of criteria needed to meet or select Value "1" for the *Severe Sepsis Present* data element. Some of the individual criteria values may be slightly different depending on whether or not the patient is pregnant.

Question 5: **If you have an elevated lactate on day 2 post-delivery, do you use it to meet severe sepsis criteria?**

Yes. The elevated lactate on day 2 post-delivery would be used to meet severe sepsis criteria. The only exception to using a lactate value is if the lactate was obtained during active delivery. If it was obtained during active delivery, then you would not use that lactate value to establish severe sepsis.

Question 6: **The SIRS criteria table lists the temperature for the pregnant 20 weeks through day 3 post-delivery criteria as greater than or equal to 100.4, which is different than 100.9 in the non-pregnant criteria. Is that correct?**

Yes. Some of the values for organ dysfunction are slightly different depending on whether the patient is non-pregnant or pregnant 20 weeks through day 3 post-delivery. For example, the temperature for non-pregnant patients is greater than 38.3 degrees Celsius or 100.9 Fahrenheit, but for 20 weeks through day 3 post-delivery patients, the temperature is greater than or equal to 38 degrees Celsius or 100.4 Fahrenheit.

Question 7: **Does atrial fibrillation (A-fib) need to be chronic or can it be a new onset?**

You cannot disregard an elevate heart rate if there is only documentation of new onset A-fib. Documentation of new onset A-fib with tachycardia also does not allow you to disregard the elevated heart rate; as the tachycardia is due to an acute condition, the new onset of A-fib. If there is documentation that the A-fib is chronic and tachycardia is also documented, you can disregard the elevated heart rate. However, if there is only A-fib, the documentation of a chronic condition alone would not allow you to disregard an elevated heart rate.

Question 8: **Why does a history of A-fib indicate current A-fib?**

On slide 30, the example shows that the patient had a history of A-fib and A-fib with tachycardia. The example does not indicate the A-fib is current, but the documentation in the history and physical indicates the tachycardia is due to the A-fib. Additionally, we can see in the emergency department (ED) note that this is a chronic condition. As A-fib is chronic for the patient, the tachycardia is due to a chronic condition.

Question 9: **Is alcohol intake now considered an infectious source?**

No, alcohol intake is not considered an infectious source. The answer to the example on slide 37 clearly associates the thrombocytopenia to the acute condition of alcohol toxicity, but it does not accurately reflect that alcohol toxicity has a non-infectious source or cause (alcohol intake). Rather, it accounts for both of them as being acute conditions without reference to the source or cause. Since the documentation states that the thrombocytopenia is likely related to alcohol intake, which is a non-infectious source, the thrombocytopenia should NOT be used as a sign of organ dysfunction. This is in alignment with the guidance on page 1–136 of version 5.12 of the specifications manual. The documentation does not need to explicitly state that the condition is acute with a non-infectious source. If not explicitly stated, this can be determined based upon the manual guidance.

Question 10: **If the physician noted a patient has coronavirus and a possible bacterial component in the same documentation, can you review the case for organ disfunction since there is a possible qualifier for bacterial infection?**

In this case, with the physician documentation of coronavirus, you would select Value "2" (No) for the *Severe Sepsis Present* data element regardless of the documentation of the bacterial infection. The measure excludes patients with COVID-19 because the treatment required to treat COVID-19 can conflict with the treatment for sepsis and septic shock.

Question 11: **Is "COVID" acceptable documentation, or does it have to say "COVID-19"? Is it acceptable to have documentation of a positive COVID test only and no physician documentation of COVID?**

Both terms are acceptable as COVID is synonymous with COVID-19. If there is a positive COVID lab test but no physician documentation that COVID is present or suspected, select Value "1" (Yes) for severe sepsis.

Do not select Value "2" (No) for the *Severe Sepsis Present* data element based only on the positive lab test because the guidance requires physician/advanced practice nurse (APN)/physician assistant (PA) documentation that COVID-19 is present or suspected.

Crystalloid Fluid Administration

Question 12: What determines the acceptable time frame for crystalloid fluid?

Guidance for the *Crystalloid Fluid Administration* data element notes the specified time frame as being six hours before to three hours after the triggering event. The triggering event would either be *Initial Hypotension Date* and *Time* or the *Severe Sepsis Presentation Date* and *Time*. If both are present, use the earliest of those two triggers to determine the time frame for the *Crystalloid Fluid Administration* data element.

Question 13: A physician/APN/PA can order less than 30 milliliters (mL)/kilogram (kg) of crystalloid fluid if the ordering physician documented an acceptable reason and in the same note there is a physician order for the lesser volume. Does the order for the lesser volume need to be the exact volume documented in the note? Can it be greater?

The guidance does not require that the ordered volume is the same volume documented in the physician note. If the physician note states that they were administering 500 mL due to an acceptable reason that is also documented, and the same physician ordered 1,000 mL, the 500 mL is acceptable based on the documented reason.

Question 14: For the documentation associated with less than 30 mL/kg of crystalloid fluid, is a statement like "less than 30 mL/kg given because the patient condition warrants" acceptable?

There are two potential ways to address in this question.

First, it would not be acceptable if the physician documents "less than 30 mL/kg given" with a documented reason since the guidance requires that a physician document a specific volume in mL or a weight-based volume in mL/kg. The volume needs to be specific because it is used to determine the target ordered volume for the patient. Second, it would be acceptable if the physician orders a specific volume of crystalloid fluids with the documented reason of "because the patient condition warrants."

This is acceptable because the guidance states: "Reasons include and are not limited to…" Acceptable reasons and examples are provided, but there could be other clinical reasons for ordering a specific volume that is less than 30 mL/kg.

Question 15: **If the fluid is ordered at a rate less than the 30 mL/kg, with the reason documented, but it is running at a rate less than 125 mL/hour (hr), does that pass the fluid measure?**

No. All fluids need to be infused at greater than 125 mL/hr to count toward the target volume for the patient. If the fluids are running at 125 mL/hr or less, you would disregard those fluids regardless of whether other documentation requirements are met. The fluids must run at greater than 125 mL/hr to count toward the target volume.

Question 16: **Since many emergency management system (EMS) records are no longer printed out and scanned into a patient's chart/medical record, is there any guidance on ways a hospital can receive credit for the fluid bolus given by EMS prior to the patient's arrival?**

The *Crystalloid Fluid Administration* data element provides guidance for fluid administered prior to arrival, including fluids administered by EMS. Those fluids would be allowed, as per the General Abstraction Guidelines, if EMS documentation is considered part of the current medical record and if the EMS documentation met the guidance provided in the data element.

Question 17: **What are the minimum requirements for EMS fluid documentation?**

The *Crystalloid Fluid Administration* data element provides guidance for fluid administered by EMS, stating that the documentation would need to include the type of fluid, volume, the start time and either a rate, duration, or end time for the fluid administered by EMS.

Hypotension

Question 18: **Is mean arterial pressure (MAP) and blood pressure (BP) synonymous?**

The guidance within several of the data elements does refer to MAP or BP to meet the criteria. MAP is the average pressure in a patient's arteries during a cardiac cycle. BP may refer to a single blood pressure value, such as systolic or diastolic pressure. These terms are not synonymous and have different threshold values.

Question 19: **Are there criteria for MAPs for pregnant cases?**

Yes. Several of the data elements include guidance regarding systolic blood pressure (SBP) and MAP readings for patients that are pregnant 20 weeks through day 3 post-delivery. The SBP is slightly different for the pregnant patients, while the MAP value of less than 65 is the same for non-pregnant and pregnant patients.

Question 20: **What is the allowable time frame for vasopressor administration?**

The time frame specified for abstraction of vasopressor administration is addressed in the *Vasopressor Administration* data element. It starts at *Septic Shock Presentation Time* and ends six hours after *Septic Shock Presentation Time*.

Question 21: **If there are four BPs in the time frame for *Persistent Hypotension* and the last two BPs in the hour were normal, does the patient have *Persistent Hypotension*?**

No. If the patient has multiple BP readings, such as four documented during the hour, you would refer to the last two BPs obtained during the hour. If both of those BPs were normal, you would select Value "2" (No) for the *Persistent Hypotension* data element.

Discharge Disposition

Question 22: **Does the *Discharge Disposition* need to be documented by a physician?**

For the *Discharge Disposition* data element, you can use any documentation within the medical record. It does not have to be physician documentation.

Blood Culture Collection

Question 23: **Can lab personnel document the attempt and failure to collect the blood culture?**

Yes. The guidance within the *Blood Culture Collection* data element does not specify who must document the attempt and failure to collect. It could be lab, nursing, physician, or other staff documentation.