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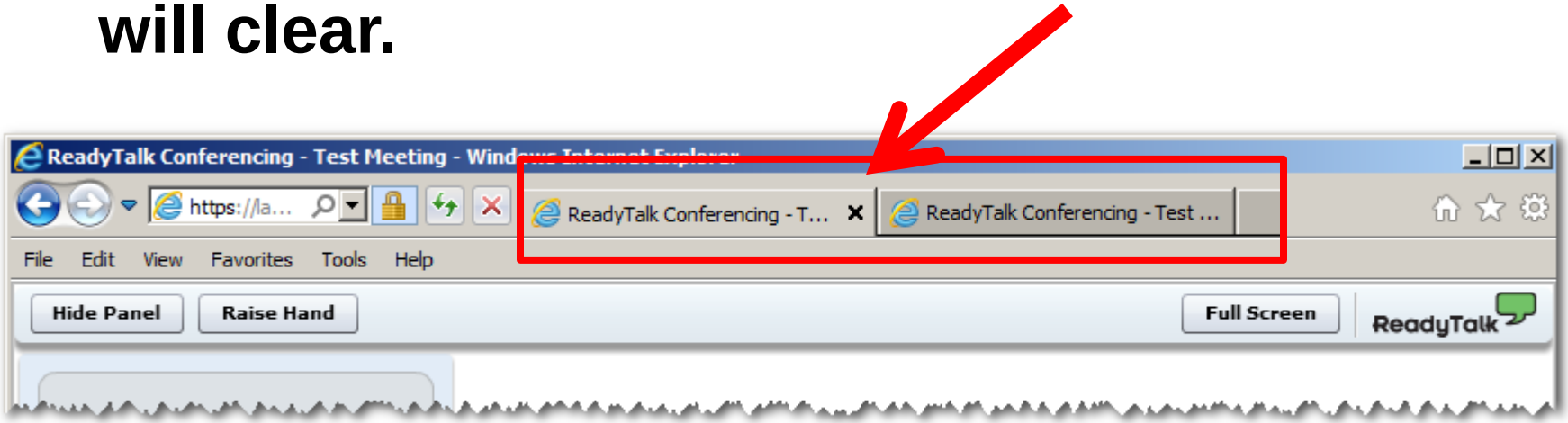

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SEP-1 Early Management Bundle, Severe Sepsis/Septic Shock: v5.5a Measure FAQs

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February 26, 2019

Objectives

At the end of the presentation, participants will be able to understand and interpret the guidance in version 5.5a of the specifications manual to ensure successful reporting for the SEP-1 measure.

Acronyms and Abbreviations

A-fib	atrial fibrillation	**HR**	heart rate	**OR**	operating room
AKI	acute kidney injury	**HSAG**	Health Services Advisory Group	**PA**	physician assistant
AMA	against medical advice	**ICU**	intensive care unit	**PO**	by mouth
APN	advanced practice nurse	**IV**	intravenous	**RN**	registered nurse
BP	Blood pressure	**kg**	kilogram	**R/O**	rule out
C. diff	*Clostridium difficile*	**L**	liter	**R/T**	related to
CKD	chronic kidney disease	**LA**	lactate		
Cr	creatinine	**MAP**	mean arterial pressure	**RVR**	rapid ventricular response
ED	emergency department	**MAR**	medication administration record	**SEP**	sepsis
ESRD	end stage renal disease	**mL**	milliliter	**SIRS**	systemic inflammatory response syndrome
FAQ	frequently asked question	**MD**	medical doctor	**v**	version
GI	gastrointestinal	**mm/Hg**	millimeters of Mercury	**WBC**	white blood count
H&P	history and physical	**NS**	normal saline		

SEP-1 Early Management Bundle, Severe Sepsis/Septic Shock: v5.5a Measure FAQs

Noel Albritton, MSN, RN and Jennifer Witt, RN
Hospital Inpatient and Outpatient Process and Structural Measure Development and Maintenance SC

Administrative Contraindication to Care Severe Sepsis v5.5a FAQ #1

Is physician/APN/PA documentation required when a patient leaves AMA?

Administrative Contraindication to Care Severe Sepsis v5.5a Guidance

- If there is a signed AMA form or documentation by a physician/APN/PA or nurse indicating the patient left AMA prior to or within 6 hours following presentation of severe sepsis, select Value “1.”

Administrative Contraindication to Care Severe Sepsis v5.5a FAQ #2

If the physician documented within the specified time frame, “patient not willing to stay,” is this acceptable documentation indicating the patient left AMA?

Administrative Contraindication to Care Severe Sepsis v5.5a Guidance

- Explicit “left against medical advice” documentation is not required.

  Example:

  “Patient is refusing to stay for continued care” select Value “1.”

Administrative Contraindication to Care Severe Sepsis v5.5a Example

APN notes within specified time frame, “patient refusing to stay, explained diagnosis, but doesn’t want care.”

Select Allowable Value “1” (Yes)

Broad Spectrum or Other Antibiotic Administration Selection v5.5a FAQ

The ED APN documented, “suspected C. diff, culture sent to lab.” The ED MAR has oral Vancomycin given one hour after the *Severe Sepsis Presentation Time*. Can value “1” (Yes) be selected for the *Broad Spectrum or Other Antibiotic Administration Selection*?

Broad Spectrum or Other Antibiotic Administration Selection v5.5a Guidance

- There is physician/APN/PA documentation within 24 hours prior to the antibiotic start time identifying the presence of C. difficile.
- Any one of the treatments below is initiated within 3 hours following severe sepsis presentation:
  - Oral vancomycin with or without oral or IV metronidazole (Flagyl)
  - Rectal vancomycin with or without IV metronidazole (Flagyl)
  - IV metronidazole (Flagyl) monotherapy

Poll the Audience

MD notes at 1945 diagnosis of possible C. diff Colitis. MAR notes - Flagyl IV 2100 given within time frame. Which Allowable Value would be selected?

A. Value “1” (Yes)

B. Value “2” (No)

Crystalloid Fluid Administration v5.5a FAQ #1

How do we determine if the target ordered volume of crystalloid fluids was completely infused?

What is the time frame for the target ordered volume to be completely infused?

Crystalloid Fluid Administration v5.5a Guidance

- 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:
  - An infusion rate
  - Infusion duration or time over which to infuse
  - Infusion end or completion time

Crystalloid Fluid Administration v5.5a Guidance

- The target ordered volume must be ordered and initiated within the specified time frame if Initial Hypotension or Septic Shock is present. Additionally, in order to choose Value “1,” the target ordered volume must be documented as completely infused. The target ordered volume is NOT required to be completely infused within the specified time frame. If the target ordered volume is not completely infused, choose Value “2.”

Crystalloid Fluid Administration v5.5a

The target ordered volume is not required to be completed within a specified time frame.

Crystalloid Fluid Administration v5.5a FAQ #2

If the patient weighs 90 kg and the physician orders “NS IV 30 mL/kg over 2 hours,” will administering 2500 mL be acceptable based on the “10% rule” or do we have to administer 2700 mL?

Crystalloid Fluid Administration v5.5a Guidance

- Crystalloid fluid volumes ordered that are equivalent to 30 mL/kg or within 10% less than 30 mL/kg are considered the target ordered volume.

  Example:

  - Patient weighs 70 kg
  - 30 mL/kg x 70 kg = 2100 mL
    (10% less = 1890 mL)
  - Physician order: NS IV 2000 mL over 2 hours
- Administering 2000 mL would be acceptable.

Poll the Audience

Physician Order: NS IV 30 mL/kg over 1 hour for a 52 kg patient (30 mL/kg x 52 kg = 1560 mL).

What fluid volume must be infused?

A. 1404 mL

B. 1500 mL

C. 1560 mL

D. 1600 mL

Initial Hypotension v5.5a FAQ

What allowable value would be selected if you have multiple hypotensive readings in the six hours prior through six hours after *Severe Sepsis Presentation Time*, but there are no hypotensive readings within three hours of each other?

Initial Hypotension v5.5a Guidance

- The specified time frame for assessing Initial Hypotension is 6-hours prior to or within 6-hours following *Severe Sepsis Presentation Date and Time*.
- The criteria for determining that Initial Hypotension was present are as follows:
  - Two hypotensive blood pressure readings from measurements taken at different times within the specified time frame. The hypotensive blood pressure readings do not need to be consecutive but need to be within 3-hours of each other. Acceptable readings are:
    - Systolic blood pressures <90, or
    - Mean arterial pressures (MAP) <65 or
    - A decrease in systolic blood pressure by >40 mm/Hg

Poll the Audience

The *Severe Sepsis Presentation Time* is 1600. Which time should be abstracted for the *Initial Hypotension Time*?

A. 85/54 at 1230

B. 83/59 at 1555

C. 88/57 at 1720

D. 82/51 at 1800

Initial Hypotension & Persistent Hypotension v5.5a FAQ #1

The APN documented “BP 82/58 baseline for patient.” Should a BP of 88/56 be used?

Initial Hypotension & Persistent Hypotension v5.5a Guidance

- If a hypotensive value should not be used based on the above guidance, all instances of less severe values **should not be used**.

  Example:

  "BP 80/50 secondary to Lasix" (systolic blood pressures ≥ 80 would not be used).

Initial Hypotension & Persistent Hypotension v5.5a FAQ #2

Why are the hypotensive readings still used when documented as due to an acute condition or acute on chronic condition?

Initial Hypotension & Persistent Hypotension v5.5a Guidance

- If a hypotensive value is due to the following, the criteria value **should be used.**
  - Acute condition

    Example:

    Progress Note: “Hypotension r/t dehydration.”
  - Acute on chronic condition

    Example:

    H&P: “Hypotension due to acute exacerbation of chronic heart failure.”
  - Infection

    Example:

    Physician Note: “Sepsis, hypotensive.”

Initial Hypotension & Persistent Hypotension v5.5a Guidance

- If a hypotensive value is due to an acute condition that has a non-infectious source/process**,** it **should not be used** (Refer to *Severe Sepsis Present* criteria "a" to determine if the source of the acute condition is an infection).

  Example:

  "BP 85/50 r/t blood loss" "2 liters lost via GI bleed" (blood loss is the acute condition and GI bleed is the non-infectious source).

Initial Lactate Level Collection v5.5a FAQ #1

The *Initial Lactate Level Collection* data element says if there are multiple lactates in the specified time frame to use highest level, but the data element also says to use the priority order to determine the lactate time to use. How should the *Initial Lactate Level Collection* be determined?

Initial Lactate Level Collection v5.5a Guidance

- The specified time frame within which an initial lactate must be drawn is within 6 hours prior through 3 hours following severe sepsis presentation.
  - If multiple lactate levels are drawn within the specified time frame, use the lactate drawn PRIOR to the *Severe Sepsis Presentation Time* with the HIGHEST level.
  - If multiple lactate levels are drawn ONLY in the 3 hours after the *Severe Sepsis Presentation Time*, use the lactate drawn with the HIGHEST level within this time frame.

Initial Lactate Level Collection v5.5a Guidance

- If there is more than one time of documentation for the *Initial Lactate Level Collection,* use the following order to determine which time to abstract.
  1. Laboratory documentation indicating date and time lactate was drawn.
  2. Date and Time the lactate is documented as drawn in a non-narrative location (e.g., sepsis flowsheet, checklist, screening).
  3. Narrative note indicating lactate is drawn with an associated date and time.

Poll the Audience

The *Severe Sepsis Presentation Time* is 1640. Which lactate value would be abstracted as the *Initial Lactate Level*?

A. 1230 – Lactate Result 2.5

B. 1415 – Lactate Result 4.1

C. 1545 – Lactate Result 3.2

D. 1700 – Lactate Result 2.7

Persistent Hypotension v5.5a FAQ

How do we determine the hour to assess for *Persistent Hypotension* when multiple infusions are running at the same time?

Persistent Hypotension v5.5a Guidance

- If the completion time of the target ordered volume is not documented in the medical record use the following criteria to determine the conclusion time.
  - If the order includes a time frame over which to infuse the crystalloid fluid, identify the time the fluids are started and add to that the duration identified in the order. This will represent the conclusion of crystalloid fluids.

Persistent Hypotension v5.5a Example

Example:

Target Ordered Volume is 2000 mL

1. NS 1000 mL over 2 hrs – Start time 0800, End time 1000
2. Vancomycin in 250 mL over 1 hr – Start time 0815, End time 0915
3. NS 1000 mL over 1 hr – Start time 0830, End time 0930
4. NS 500 mL over 30 minutes – Start time 0900, End time 0930

Step 1: Determine Independent Infusion Rates.

1. 1000 mL / 120 minutes = 8.33 mL per minute
2. 250 mL / 60 minutes = 4.17 mL per minute
3. 1000 mL / 60 minutes = 16.67 mL per minute
4. 500 mL / 30 minutes = 16.67 mL per minute

Persistent Hypotension v5.5a Example Continued

Step 2: Determine volume infused from multiple overlapping infusions.

Infusion 1:
From 0800 to 0815 = 15 minutes x 8.33 mL per minute = 124.95 mL

Infusions 1 and 2:
From 0815 to 0830 = 15 minutes x (8.33 + 4.17 mL per minute) = 187.5 mL

Infusions 1, 2, and 3:
From 0830 to 0900 = 30 minutes x (8.33 + 4.17 + 16.67 mL per minute) = 875.1 mL

Infusions 1, 2, 3, and 4:
From 0900 to 0915 = 15 minutes x (8.33 + 4.17 + 16.67 + 16.67 mL per minute) = 687.6 mL

Persistent Hypotension v5.5a Example Continued

Step 3: Determine total infused volume and volume remaining.

By 0915, 124.95 mL + 187.5 mL + 875.1 mL + 687.6 mL = 1875.15 mL were infused.

2000 mL - 1875.15 mL = 124.85 mL remaining

Step 4: Determine completion time.

Infusion 1, 3, and 4 - 124.85 mL / (8.33 + 16.67 + 16.67 mL per minute) = 3 minutes

0915 + 3 minutes = 0918 completion time of the 2000 mL target ordered volume

Assess for persistent hypotension from 0918 to 1018.

Repeat Volume Status and Tissue Perfusion Assessment Performed v5.5a FAQ

The H&P is completed by the MD within the specified time frame and includes a “Physical Exam” tab which lists the physician’s findings of the exam they performed. Will this suffice for physician documentation of performing an exam?

Repeat Volume Status and Tissue Perfusion Assessment Performed v5.5a Guidance

- Physician/APN/PA documentation indicating or attesting to performing or completing a physical examination, perfusion (re-perfusion) assessment, sepsis (severe sepsis or septic shock) focused exam, or systems review.

  Examples of Physician/APN/PA documentation that is acceptable:

  - "I did the Sepsis reassessment"
  - Flowsheet question: "Sepsis focused exam performed?" and selection of "Yes"
  - "Review of systems completed"
  - "I have reassessed tissue perfusion after bolus given."
  - "Sepsis re-evaluation was performed"
  - "I have reassessed the patient's hemodynamic status"

Poll the Audience

APN Note within the specified time frame states, “Review of systems negative except as noted in H&P.” Which allowable value would be selected?

A. Value “1” (Yes)

B. Value “2” (No)

Severe Sepsis Present v5.5a FAQ #1

Does the physician/APN/PA documentation of both ESRD and hemodialysis or peritoneal dialysis have to be within the specified time frame? Is the patient required to receive dialysis within the specified time frame?

Severe Sepsis Present v5.5a Guidance

- Creatinine >2.0
  - If there is physician/APN/PA documentation prior to or within 24 hours following presentation of severe sepsis that the patient has end stage renal disease (ESRD) and is on hemodialysis or peritoneal dialysis, all reported creatinine levels should be disregarded as signs of organ dysfunction. ESRD (on hemodialysis or peritoneal dialysis) and creatinine levels or reference to elevated creatinine levels do not need to be included in the same physician/APN/PA documentation.
  - If there is physician/APN/PA documentation prior to or within 24 hours following presentation of severe sepsis of chronic renal disease (e.g., CKD I, II, or III, or “chronic renal insufficiency”) and the baseline creatinine is documented, creatinine values elevated >0.5 above baseline should be used as organ dysfunction (e.g., baseline 2.30, creatinine now 2.81).

Severe Sepsis Present v5.5a FAQ #2

Patient has blood pressure of 87/58 and heart rate of 114 on an OR flow sheet. Should these values be used?

Severe Sepsis Present v5.5a Guidance

- SIRS criteria or a sign of organ dysfunction obtained within the operating room (OR) **should not be used**.

Severe Sepsis Present v5.5a FAQ #3

Patient discharged 1/13/19, ED RN addendum on 1/15/19 states “had pneumonia.” What time would be used for this infection?

Severe Sepsis Present v5.5a Guidance

- Disregard any documentation of SIRS criteria, organ dysfunction, an infection, Severe Sepsis, or Septic Shock in a discharge note, discharge summary, or documented after the time of discharge.

Severe Sepsis Present v5.5a FAQ #4

If there is nursing documentation stating the creatinine is 2.8 at 1600 and documentation on the lab report with a result of 2.8 at 1630, which time should be used?

Severe Sepsis Present v5.5a Guidance

- To determine the laboratory test value time for severe sepsis criteria, use the following sources in priority order.
  - Primary source:
    1. Laboratory test value result time from lab
  - Supporting sources in priority order if primary source not available:
    1. Time within a narrative note that is directly associated with the laboratory test value
    2. Time the laboratory test value is documented in a non-narrative location (e.g., sepsis flowsheet)
    3. Laboratory test sample draw or collected time
    4. Physician/APN/PA or nursing narrative note open time

Poll the Audience

If the following lactate (LA) result times are documented, which should be used for the time of the elevated lactate?

A. Lactate drawn 0700

B. PA notes – LA 2.5 at 0750

C. RN notes – LA 2.5 untimed

D. Sepsis Flowsheet – LA 2.5 at 0815

Severe Sepsis Present v5.5a FAQ #5

In the H&P the physician documented “CKD stage III.” The lab results were pulled into the H&P and show the patient’s creatinine level is 2.9. Can we disregard the creatinine of 2.9 since the physician documented CKD?

Severe Sepsis Present v5.5a Guidance

- For the following, physician/APN/PA documentation prior to or within 24 hours after *Severe Sepsis Presentation Time* **is required**.
  - If the SIRS criteria or a sign of organ dysfunction is due to the following, it **should not be used**. Inferences should not be made. The abnormal value or reference to the abnormal value must be in the same documentation.
    - Normal for that patient
    - Is due to a chronic condition
    - Is due to a medication

Poll the Audience

If the physician documented “Cirrhosis” on the “Active Problem List,” would an elevated bilirubin not be used?

A. Yes

B. No

Severe Sepsis Present v5.5a FAQ #6

Why are SIRS criteria or evidence of organ dysfunction used when documented by the physician/APN/PA as due to an acute condition or acute on chronic condition?

Severe Sepsis Present v5.5a Guidance

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

    Examples:
    - Progress Note: “Lactate 4.3 r/t seizure.”
    - H&P: “AKI, dehydration, creatinine 3.8.”
  - Acute on chronic condition

    Examples:
    - H&P: “Acute on chronic renal failure, creatinine 2.8.”
    - Progress Note: “Hypotension due to acute exacerbation of chronic heart failure.”
  - Infection

    Example:

    Physician Note: “Cholecystitis with Hyperbilirubinemia.”

    Antibiotic Order Indication: “Cholecystitis”
    (The antibiotic indication confirms cholecystitis is an infection).

Severe Sepsis Present v5.5a Guidance

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

  Example:

  PA notes: “AKI with creatinine 3.8”

  MD notes: “Poor PO intake x 3 days leading to AKI at this point.”

Severe Sepsis Present v5.5a FAQ #7

If the PA notes, “WBC 1.9 2/2 chemo.” Should we use another WBC result of 2.2 for SIRS criteria?

Severe Sepsis Present v5.5a Guidance

- If SIRS criteria or a sign of organ dysfunction should not be used based on the above guidance, all instances of less severe values **should not be used**.

  Examples:

  - "Platelet count 75 r/t chemo" (platelet counts ≥ 75 would not be used).
  - "Cr 2.8, CKD" (creatinine values ≤ 2.8 would not be used).

Poll the Audience

If the APN states “HR 110 r/t meds,” which HR would be used?

A. HR 100

B. HR 105

C. HR 110

D. HR 115

Severe Sepsis Present v5.5a FAQ #8

If the physician documents “tachycardia,” can this documentation be used as SIRS criteria?

Severe Sepsis Present v5.5a Guidance

- Documentation of a term that represents or is defined by a SIRS criteria or sign of organ dysfunction is acceptable in place of an abnormal value.

  Examples include but are not limited to:

  - Tachypnea (Respiration >20 per minutes)
  - A-fib with tachycardia, A-fib with RVR, or tachycardia (Heart rate >100)
  - Leukopenia (White blood cell count <4,000)
  - Leukocytosis (White blood cell count >12,000)
  - Thrombocytopenia (Platelet count <100,000)
  - Hypotension (Systolic blood pressure <90 mmHg)

Poll the Audience

Which physician documentation would exclude the elevated heart rates from SIRS criteria?

A. “A-fib with RVR”

B. “A-fib with tachycardia”

C. “A-fib, now presenting with RVR”

D. “History of A-fib,” “A-fib with tachycardia”

Severe Sepsis Present v5.5a FAQ #9

Is the documentation of a positive qualifier and a negative qualifier required to be in the same documentation to not use the infection or documentation of severe sepsis?

Severe Sepsis Present v5.5a Guidance

- For documentation of an infection, Severe Sepsis, or Septic Shock accompanied by a qualifier, the table below should be used. Documentation containing a positive qualifier should be used to meet criteria, documentation containing a negative qualifier should not be used to meet criteria. Documentation containing both a positive and negative qualifier should not be used to meet criteria.

Positive Qualifiers	Negative Qualifiers
Possible	Impending
Rule out (r/o)	Unlikely
Suspected	Doubt
Likely	Risk for
Probable	Ruled out
Differential Diagnosis	Evolving
Suspicious for	Questionable
Concern for	

Severe Sepsis Presentation Date & Time v5.5a FAQ

The patient met all three Severe Sepsis clinical criteria at 1330. However, the physician noted “Severe Sepsis present on admission” and the patient arrived to the floor for admission at 1500. Which time should be abstracted for the *Severe Sepsis Presentation Time*?

Severe Sepsis Presentation Date & Time v5.5a Guidance

- For patients with multiple severe sepsis presentation times, only abstract the earliest presentation time.

- Use the earliest documented time patient arrives to floor or unit for admission for patients who are admitted with the following:
  - Severe sepsis clinical criteria met in pre-hospital records and patient is a direct admit
  - Physician/APN/PA documentation of severe sepsis in pre-hospital records and patient is a direct admit
  - Physician/APN/PA documentation that severe sepsis was present on admission

Poll the Audience

The PA notes at 0900, “severe sepsis present on admission.” Which time should be abstracted as the *Severe Sepsis Presentation Time*?

A. ED arrival – 0730
B. ED MD note opened time – 0745
C. Admit to ICU Rm 4 – 0945
D. Admission Order – 0905

Questions

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- **Florida-only credit**
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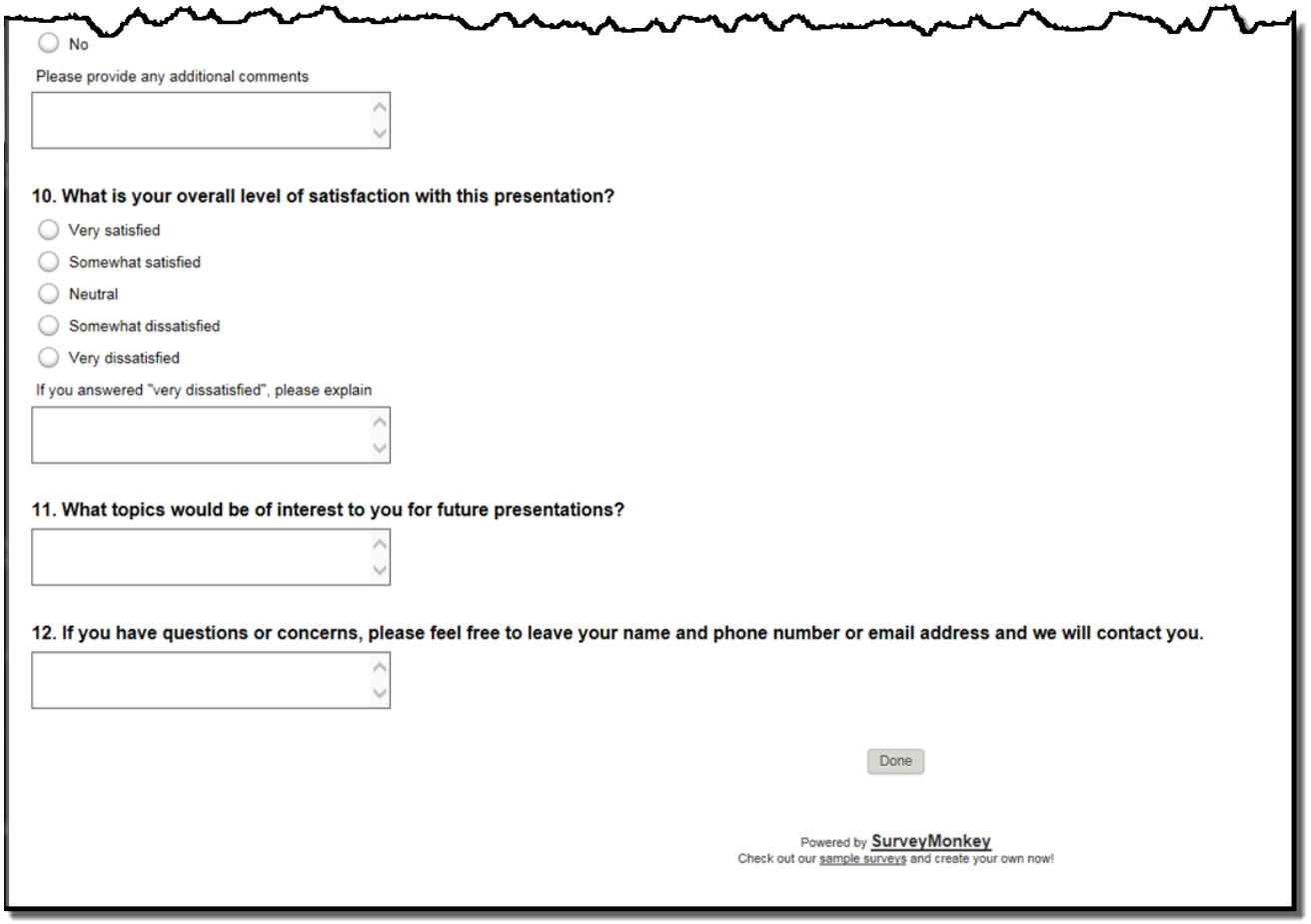

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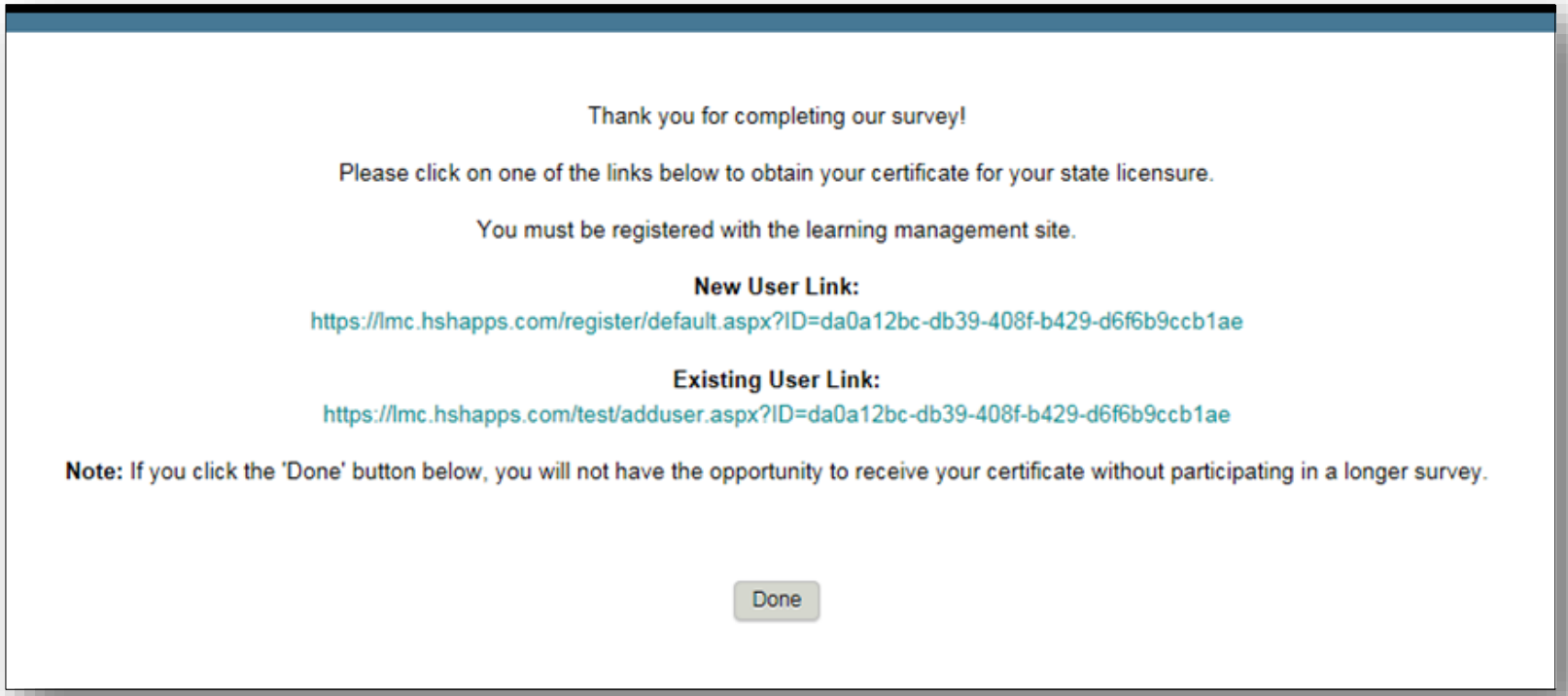

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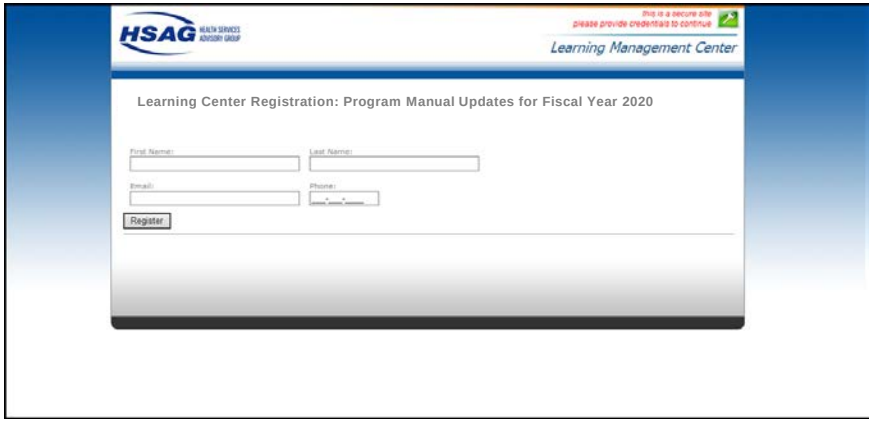

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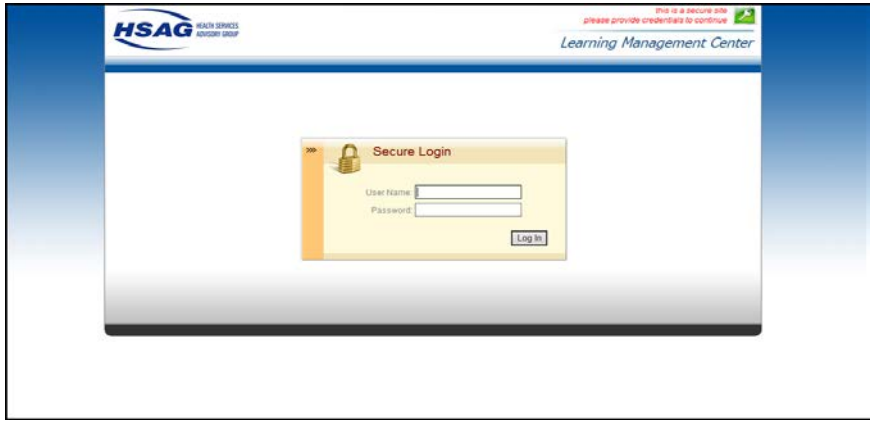

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