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Audio from computer speakers breaking up? Audio suddenly stop?

- **Click <u>Pause</u> button**
- **Wait 5 seconds**
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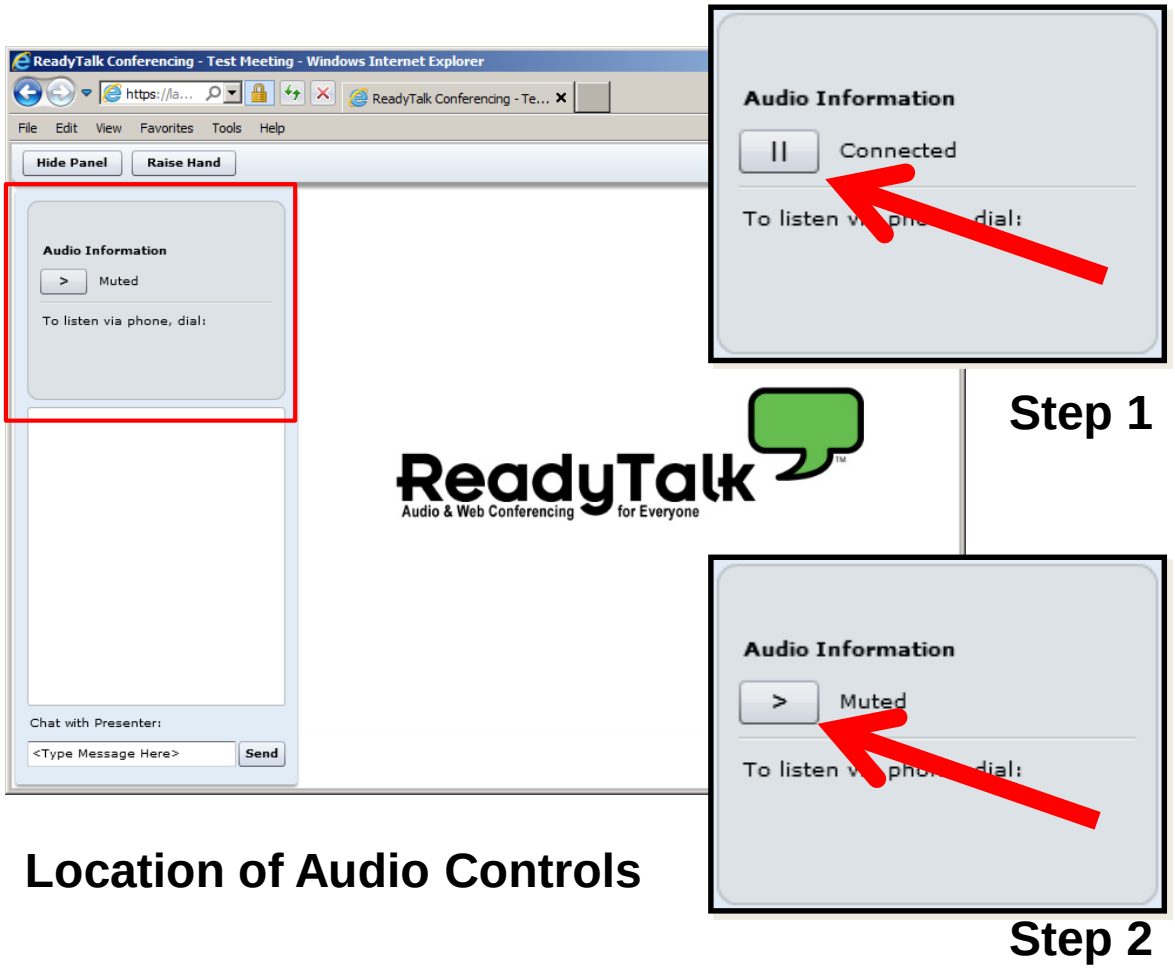
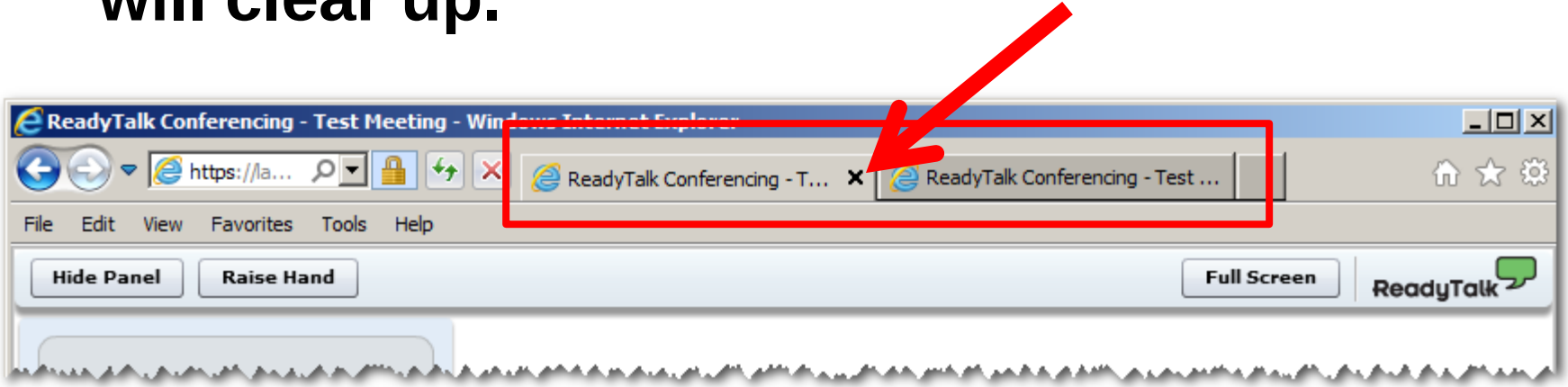


Location of Audio Controls

Troubleshooting Echo

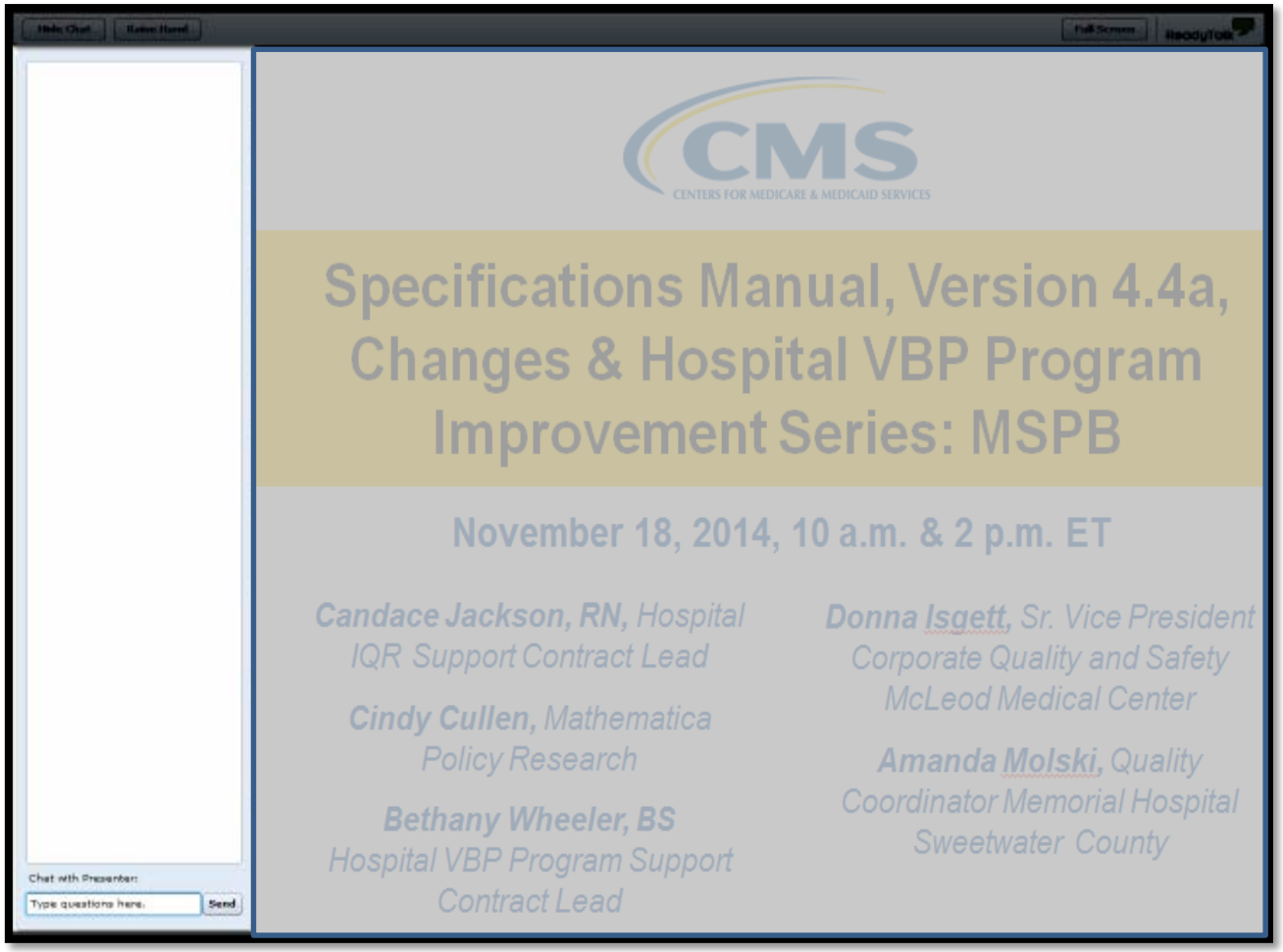
- **Hear a bad echo on the call?**
- **Echo is usually caused by multiple connections to a single event.**
- **Close all but one browser/tab and the echo will clear up.**



Example of Two Connections to Same Event

Submitting Questions

Type questions in the "Chat with Presenter" section, located in the bottom-left corner of your screen.



SEP-1 Early Management Bundle, Severe Sepsis/Septic Shock: v5.2 Measure Updates

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January 11, 2017

Objectives

At the end of this presentation participants will be able to:

- Identify updates to SEP-1 data elements in the IQR manual v5.2
- Describe how data element changes impact abstraction
- Identify updates to SEP-1 algorithm in the IQR manual v5.2

SEP-1 Updates to v5.2

- Review will focus on algorithm changes and key data element changes/updates that primarily impact abstraction
- Review will not discuss the following changes:
  - Changes that do not impact abstraction
  - Suggested Data Sources
  - Inclusion Guidelines for Abstraction
  - Exclusion Guidelines for Abstraction
- Refer to Release Notes, Version 5.2 on *QualityNet*

  https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier4&cid=1228775749207

Severe Sepsis Present (1 of 4)

Notes for Abstraction (Clinical Criteria “a” Edits):

Expanded Guidance

Additional information regarding documentation that can and cannot be used to indicate an infection is suspected or present

New Guidance

If an infection is documented as present, suspected, or possible but within 6 hours following the initial documentation of the infection, there is physician/APN/PA documentation indicating the infection is not present, disregard the documentation of the infection

Severe Sepsis Present (2 of 4)

Notes for Abstraction (Clinical Criteria “c” Edits):

Expanded Guidance:

- Respiratory failure requires documentation of acute respiratory failure AND documentation stating that the patient is on mechanical ventilation that represents a new need
- Urine output requires documentation that clearly indicates urine output is being monitored hourly

Severe Sepsis Present (3 of 4)

Notes for Abstraction (Clinical Criteria "c" Edits):

New Guidance:

- If there is physician/APN/PA documentation that SIRS criteria or a sign of organ dysfunction is normal for that patient, is due to a chronic condition, is due to an acute condition that is not an infection, or is due to a medication, it should not be used. Inferences should not be made, physician/APN/PA documentation is required
- If there is physician/APN/PA or nursing documentation that a laboratory value is invalid, erroneous or questionable, disregard that value

Severe Sepsis Present (4 of 4)

Notes for Abstraction (Clinical General Edits):

Expanded Guidance

Disregard documentation of severe sepsis in discharge summary

New Guidance:

- Use of documentation in pre-hospital records (e.g., ambulance records, nursing home records) that is considered part of the medical record is acceptable for determining presence of severe sepsis
- If there is documentation of clinical criteria being met or physician/APN/PA documentation of severe sepsis and within 6 hours there is additional physician/APN/PA documentation indicating the patient does not have severe sepsis, choose Value “2”

Severe Sepsis Presentation Date & Time

Notes for Abstraction:

Expanded Guidance

Documentation in physician note that states present on arrival or present on admission is acceptable

New Guidance:

- For patients who arrive to the ED with severe sepsis clinical criteria met or physician/APN/PA documentation of severe sepsis, that bypass triage or a triage date is not documented, use the ED arrival date
- Use of documentation in pre-hospital records (e.g., ambulance records, nursing home records) that is considered part of the medical record is acceptable for determining presence of severe sepsis

Administrative Contraindication to Care, Severe Sepsis

Allowable Values:

Removed an allowable value

2 (Yes) There is a witnessed consent form…marked “refused”…

Notes for Abstraction:

Expanded Guidance:

- Nurse documentation of patient refusal acceptable.
- Documentation of refusal of care, treatment, or medications that would result in blood draws, IV fluids, or IV antibiotics not being administered is acceptable

Removed Guidance

Witness signed consent marked refused requirement removed

Directive for Comfort Care or Palliative Care, Severe Sepsis

Notes for Abstraction:

Removed Guidance

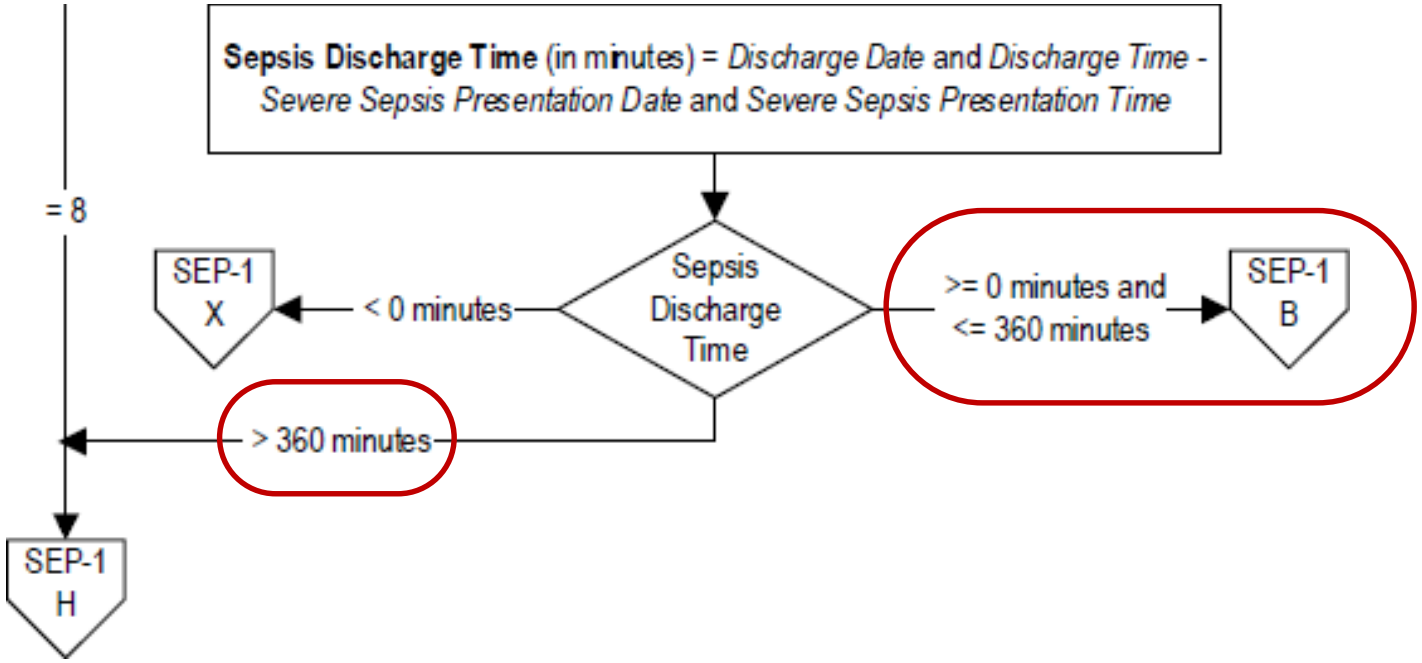
Documentation of “discussion of comfort measures” removed and no longer acceptable

Inclusion Guidelines for Abstraction:

New Terms

“Withdraw care” and “Withhold care” acceptable

Algorithm: Sepsis Discharge Time – Calculation



Algorithm Update

Time range for exclusions expanded to Discharge Date and Time that is within 6 hours of Severe Sepsis Presentation

Broad Spectrum of Other Antibiotic Administration & Date & Time

Notes for Abstraction:

Expanded Guidance

The route on the MAR cannot be used for the route of an antibiotic documented on another form

New Guidance

Use of documentation in pre-hospital records (e.g., ambulance records, nursing home records) that is considered part of the medical record is acceptable for determining presence of severe sepsis

Broad Spectrum of Other Antibiotic Administration Date & Time

Notes for Abstraction:

Expanded Guidance

Additional explanation of antibiotic date and time in relation to presentation time with new examples

New Guidance

- Do not review for antibiotic doses given more than 72 hours prior to severe sepsis presentation
- If the route of an antibiotic is missing or not documented as IV, disregard that dose

Blood Culture Collection Date & Time

Notes for Abstraction:

Expanded Guidance

If there are multiple blood cultures drawn or attempted, abstract the earliest date and time a blood culture was drawn or attempted in the time window

New Guidance

If the patient was started on antibiotics within 24 hours before presentation of severe sepsis, begin abstracting 24 hours prior to the time the first antibiotic dose was given

New Data Element: Blood Culture Collection Acceptable Delay (1 of 3)

Definition:

Documentation supporting there was an acceptable delay in the collection of a blood culture

Suggested Data Collection Question:

Is there documentation supporting an acceptable delay in collecting a blood culture?

Allowable Values:

1 (Yes) There is documentation supporting an acceptable delay in the collection of a blood culture

2 (No) There is no documentation supporting an acceptable delay in the collection of a blood culture

New Data Element: Blood Culture Collection Acceptable Delay (2 of 3)

Notes for Abstraction:

Only the following situations demonstrate an acceptable delay, resulting in the blood culture being drawn after an IV antibiotic was administered

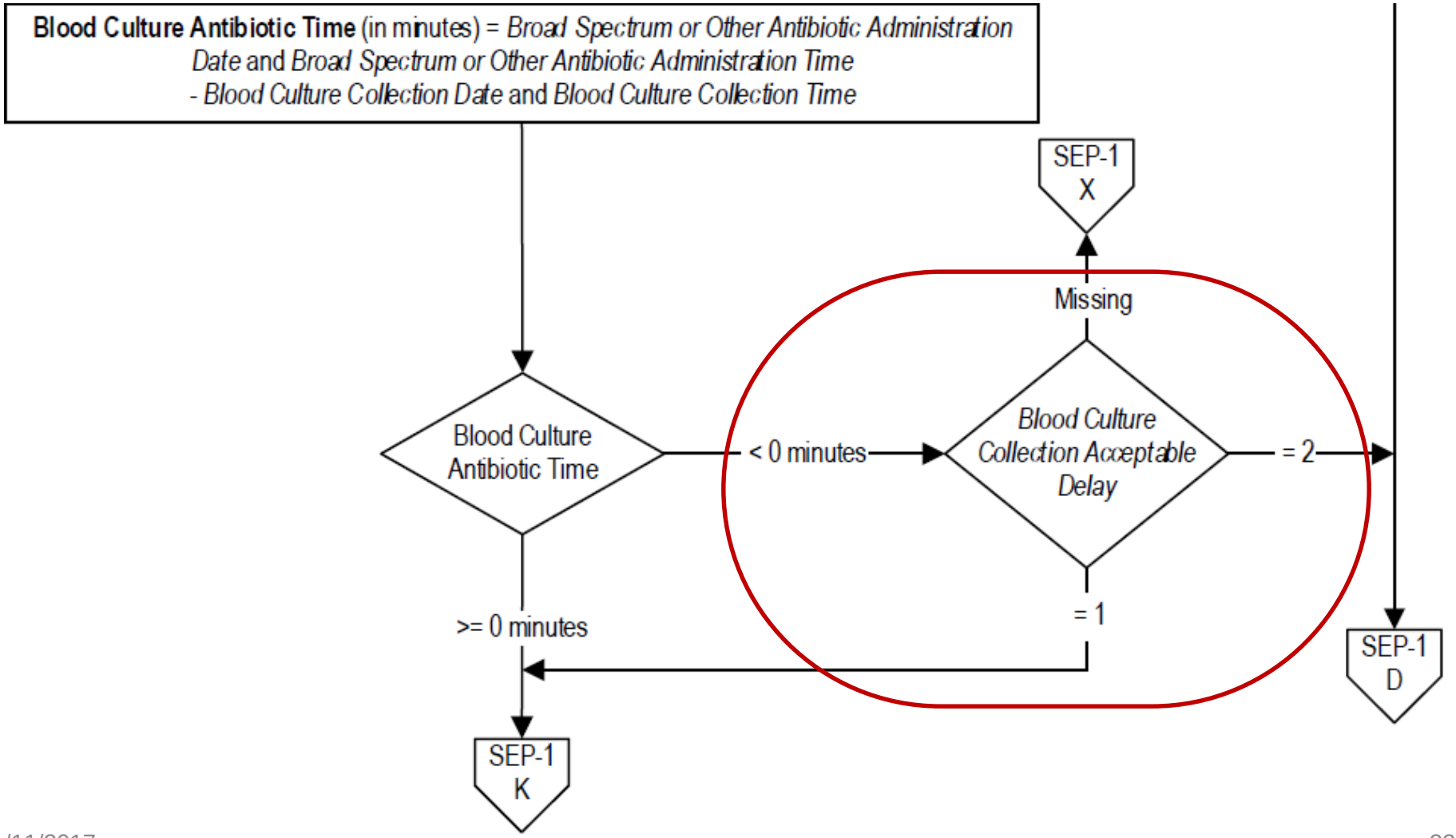
- Surgical patients who receive a pre-op prophylactic IV antibiotic and within 24 hours of that antibiotic dose develop severe sepsis then have a blood culture drawn
- Within 24 hours prior to severe sepsis presentation, IV antibiotics were started in the hospital for an infection before severe sepsis was identified as present or suspected and a blood culture was drawn after the initial IV antibiotic dose

New Data Element: Blood Culture Collection Acceptable Delay (3 of 3)

Notes for Abstraction (Continued):

- Within 24 hours prior to severe sepsis presentation IV antibiotics were started prior to arrival to the hospital and a blood culture was drawn after arrival to the hospital
- There is physician/APN/PA documentation indicating the IV antibiotic was started before the blood culture was drawn because waiting for the blood culture to be drawn would have resulted in a delay of 45 minutes or more in starting the IV antibiotic

Algorithm: Blood Culture Collection Acceptable Delay



Initial Lactate Level Result

Allowable Values:

Description changes

1 (≤ 2)	The initial lactate level was less than or equal to 2 mmol/L, or there is no result in the chart, or unable to determine the result
3 (≥ 4)	The initial lactate level was 4 mmol/L or more

Repeat Lactate Level Collection & Date & Time

Notes for Abstraction:

New Guidance

If there is no documentation indicating a repeat lactate was drawn or collected, it is acceptable to use supporting documentation indicating that a repeat lactate was drawn (e.g., lactate sent to lab, lactate received, lactate result). If there are multiple instances of supporting documentation, use the earliest

Initial Hypotension (1 of 2)

Allowable Values:

Expanded Description

2 (No) Hypotension was not present 6 hours prior to or within 6 hours following severe sepsis presentation or unable to determine from medical record documentation

Notes for Abstraction:

Expanded Guidance

A single low blood pressure value is sufficient

Initial Hypotension (2 of 2)

Notes for Abstraction:

New Guidance

If there is physician/APN/PA documentation indicating a SBP <90 mmHg or MAP <65 mmHg is normal for the patient, is due to a chronic condition, is due to an acute condition that is not an infection, or is due to a medication, it should not be used. Inferences should not be made, physician/APN/PA documentation is required

If there is physician/APN/PA or nursing documentation indicating a low blood pressure reading is invalid, erroneous, or questionable, disregard that reading when determining the presence of initial hypotension

Documentation of Septic Shock

Notes for Abstraction:

New Guidance

If there is physician/APN/PA documentation of septic shock and within 6 hours there is conflicting physician/APN/PA documentation indicating the patient does not have septic shock, choose Value “2”

Suggested Data Sources:

Expanded Guidance

ONLY use Physician/APN/PA documentation

Crystalloid Fluid Administration (1 of 5)

Allowable Values:

- Description changes
  - 1 (Yes) …and 30 mL/kg of crystalloid fluids were infused
  - 2 (No) …or less than 30 mL/kg of crystalloid fluids were infused
- New Value
  - 4 (No) There is documentation the patient has an implanted Ventricular Assist Device (VAD)

Crystalloid Fluid Administration (2 of 5)

Notes for Abstraction:

New Guidance:

- For the presence of Initial Hypotension, or an Initial Lactate Level Result ≥4 mmol/L, do not abstract crystalloid fluids given more than 6 hours prior to the presence of Initial Hypotension, or an Initial Lactate Level Result ≥4 mmol/L
- When performing volume calculations based on weight, round fractions of pounds or kilograms to the nearest whole number
- Crystalloid fluid volumes ordered that are within 10% lower than the actual volume calculated by weight are acceptable

Crystalloid Fluid Administration (3 of 5)

Notes for Abstraction:

New Guidance:

- To determine if 30 mL/kg was completely infused the volume ordered must be equivalent to 30 mL/kg, there must be an infusion start time, and an infusion rate (written in the order, or documented by nursing) or infusion end time must be known
- If there is documentation that the patient has an implanted ventricular assist device (VAD) prior to or at the time of identifying need for crystalloid fluids, choose Value “4” regardless of the volume and rate of crystalloid fluids ordered

Crystalloid Fluid Administration (4 of 5)

Notes for Abstraction:

Expanded Guidance:

- Weights documented prior to the order for crystalloid fluids take priority over weights documented after the order
- Use the weight documented closest to and prior to the order for crystalloid fluids
- If an actual or estimated weight is not documented prior to the crystalloid fluid order, use the weight recorded closest to and after the order
- If both actual and estimated weights are documented in the same period (before or after the order) the actual weight takes priority
- Do not use ideal weight

Crystalloid Fluid Administration (5 of 5)

Notes for Abstraction:

Expanded Guidance:

- Fluid orders using the terms “bolus” or “wide open” are acceptable without a rate or infusion duration if a rate, infusion duration, or infusion end time are documented elsewhere in the medical record
- If a rate or infusion duration are not written in the order, and a rate, infusion duration, or infusion end time is not documented elsewhere in the medical record, choose Value “2”
- Only count fluids given at a rate greater than 125 mL/hour toward the 30 mL/kg infusion requirement

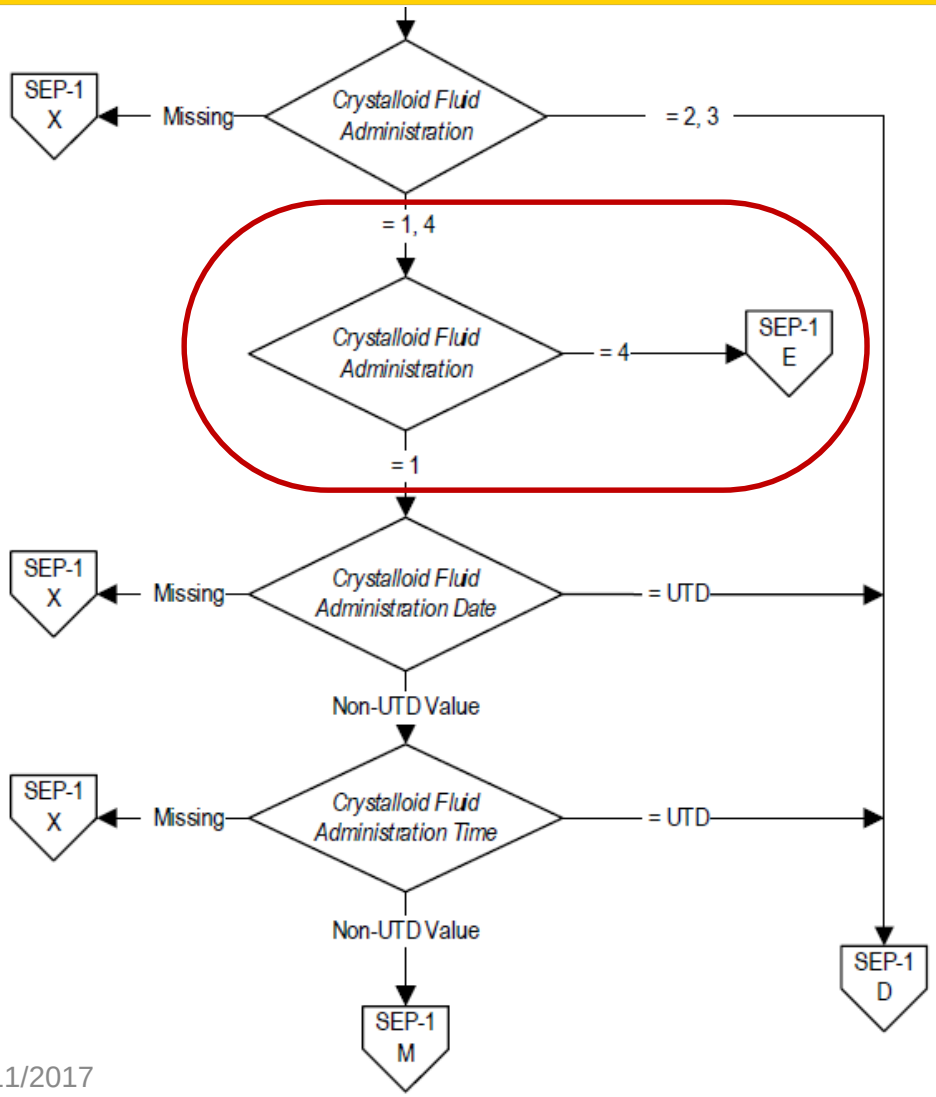
Crystalloid Fluid Administration & Date & Time

Notes for Abstraction:

New Guidance

It is acceptable to use documentation of infusion of crystalloid fluids in pre-hospital records (e.g., ambulance records, nursing home records) that are considered part of the medical record

Algorithm: Crystalloid Fluid Administration



Algorithm Update

Repeat Crystalloid Fluid Administration to allow for exclusion of cases with a VAD

Septic Shock Present (1 of 3)

Notes for Abstraction:

Expanded Guidance:

- Septic shock may be identified based on clinical criteria or physician/APN/PA documentation
- If the time vital signs are taken is not available use the time recorded or documented
- Disregard documentation of septic shock in a discharge summary

Septic Shock Present (2 of 3)

Notes for Abstraction:

New Guidance:

- If there is physician/APN/PA documentation indicating a SBP <90 mmHg or MAP <65 mmHg is normal for the patient, is due to a chronic condition, is due to an acute condition that is not an infection, or is due to a medication, it should not be used. Inferences should not be made, physician/APN/PA documentation is required
- If there is physician/APN/PA or nursing documentation that a low blood pressure reading is invalid, erroneous, or questionable, disregard that reading when determining the presence of septic shock

Septic Shock Present (3 of 3)

Notes for Abstraction:

New Guidance:

If there is documentation of clinical criteria being met or physician/APN/PA documentation of septic shock and within 6 hours there is additional physician/APN/PA documentation indicating the patient does not have septic shock, choose Value “2”

Septic Shock Present & Date & Time

Notes for Abstraction:

Expanded Guidance (Clinical Criteria “a”):

Determination of septic shock based on documentation supporting severe sepsis AND persistent hypotension requires two consecutive documented low blood pressure readings

Expanded Guidance (Clinical Criteria “b”):

Determination of septic shock based on documentation supporting severe sepsis being present AND Initial Lactate Level Result ≥ 4 mmol/L meets criteria “b”

Septic Shock Presentation Date & Time (1 of 2)

Notes for Abstraction:

Expanded Guidance:

All clinical criteria must be met prior to or documented during triage to use triage time for *Septic Shock Presentation Date/Time*

Use the earliest date/time if there is a different date/time when the last clinical criterion were met and physician/APN/PA documentation occurred

New Guidance:

If more than one triage time is documented (e.g., “Triage started” and “Triage completed”), use the later time reflecting triage is completed

Septic Shock Presentation Date & Time (2 of 2)

Notes for Abstraction:

New Guidance:

- For patients who arrive to the ED with septic shock clinical criteria met or physician/APN/PA documentation of septic shock that bypass triage or a triage time is not documented, use the ED arrival time
- If septic shock is in a physician note without a specific time documented within the note, use the time the note was started or opened. If the note states septic shock was present on arrival, refer to Notes for Abstraction that address septic shock present on arrival. If the note states septic shock was present on admission, use the earliest documented admission time

Administrative Contraindication to Care, Septic Shock

Changes Consistent with:

Administrative Contraindication to Care, Severe Sepsis:

- Removed need for witnessed consent form marked refused
- Nurse documentation of patient refusal now acceptable

Notes for Abstraction:

Expanded Guidance

Documentation of refusal of care, treatment, or medications that would result in blood draws, IV fluids or vasopressors not being administered is acceptable

New Guidance

If placement of a central line is refused, consider this refusal of vasopressors

Persistent Hypotension (1 of 3)

Notes for Abstraction:

Expanded Guidance:

- If more than 30 mL/kg is ordered, the 30 mL/kg volume will be completely infused before the entire volume ordered is infused. Example added to manual to help determine when 30 mL/kg was completely infused
- An infusion rate, or fluid completed time documented by nurse can be used to determine when 30 mL/kg infusion ended if ordered as “bolus” or “wide-open”
- Refer to *Crystalloid Fluid Administration* for acceptable fluids
- Fractions of pounds or kilograms can be rounded to nearest whole number for volume calculations

Persistent Hypotension (2 of 3)

Notes for Abstraction:

Expanded Guidance:

- Weights documented prior to the order for crystalloid fluids take priority over weights documented after the order
- Use the weight documented closest to and prior to the order for crystalloid fluids
- If an actual or estimated weight is not documented prior to the crystalloid fluid order, use the weight recorded closest to and after the order
- If both actual and estimated weights are documented in the same period (before or after the order) the actual weight takes priority
- Do not use ideal weight

Persistent Hypotension (2 of 4)

Notes for Abstraction:

Expanded Guidance

Choose Value “3 (No) or UTD”

- If there was no blood pressure or mean arterial pressure recorded within the one hour after crystalloid fluid conclusion time
- If there is only one blood pressure or mean arterial pressure documented within the one hour after the 30 mL/kg crystalloid fluid conclusion time that is low. This is not sufficient to determine whether persistent hypotension is present

Persistent Hypotension (3 of 4)

Notes for Abstraction:

Expanded Guidance

Choose Value “2 (No)”

- If there is only one blood pressure or mean arterial pressure documented within the one hour after the 30 mL/kg crystalloid fluid conclusion time and it is not low
- If more than one blood pressure or mean arterial pressure is documented within the one hour after the 30 mL/kg of crystalloid fluids but only one is low

Persistent Hypotension (4 of 4)

Notes for Abstraction:

New Guidance

- Use of documentation in pre-hospital records (e.g., ambulance records, nursing home records) that are considered part of the medical record is acceptable for determining the presence of persistent hypotension
- If there is physician/APN/PA documentation indicating a SBP <90 mmHg or MAP <65 mmHg is normal for the patient, is due to a chronic condition, is due to an acute condition that is not an infection, or is due to a medication, it should not be used. Inferences should not be made, physician/APN/PA documentation is required

Vasopressor Administration & Date & Time

Definition, Suggested Data Collection Question, Allowable Values, and Notes for Abstraction

Expanded Guidance

Intraosseous is an acceptable route in addition to IV

Notes for Abstraction

New Guidance

Use of documentation in pre-hospital records (e.g., ambulance records, nursing home records) that are considered part of the medical record is acceptable

Repeat Volume Status and Tissue Perfusion Assessment

Focused Exam Data Elements:

- Vital Signs Review Performed
- Cardiopulmonary Evaluation Performed
- Capillary Refill Examination Performed
- Peripheral Pulse Evaluation Performed
- Skin Examination Performed

Exceptions for Focused Exam "Performed" Data Elements

Notes for Abstraction:

New Guidance

- Documentation indicating a physician/APN/PA has reviewed, performed, or attested to reviewing or performing [the performed data element] is acceptable

  OR

- Documentation indicating a physician/APN/PA has performed, or attested to performing a physical examination, perfusion (re-perfusion) assessment, or sepsis (severe sepsis or septic shock) focused exam is acceptable

Focused Exam “Date & Time” Data Elements

Notes for Abstraction:

Expanded Guidance:

Documentation of what constitutes or is acceptable for any Focused Exam data element is defined within the “Performed” data element

New Guidance:

If the [Focused Exam data element] is in a physician note without a specific time documented within the note, use the time the note was started or opened

Vital Signs Review Performed

Notes for Abstraction:

Expanded Guidance (data element specific):

- A vital signs review is a single physician/APN/PA entry. It may make use of information recorded in the medical record in different locations at different times. It must include all four vital signs specified
- Clarification on the time window in which documentation must be present

Skin Exam Performed

Notes for Abstraction:

Expanded Guidance (data element specific):

- Must include reference to skin color, appearance, or condition
- List of terms that may represent assessment of skin condition

Inclusion Guidelines for Abstraction:

Expanded Guidance (data element specific):

Additional terms that may represent assessment of skin color, appearance, or condition

Repeat Volume Status and Tissue Perfusion Assessment

Any Two of the Following Four:

- Central Venous Pressure Measurement
- Central Venous Oxygen Measurement
- Bedside Cardiovascular Ultrasound
- Passive Leg Raise OR Fluid Challenge

Central Venous Pressure & Oxygen Measurement

Notes for Abstraction:

Expanded Guidance:

- Start abstracting at the crystalloid fluid administration date and time and stop abstracting 6 hours after the presentation of septic shock date and time
- If there are no measurements documented in the time window choose Value “2”

New Guidance:

- If there are multiple measurements documented in the time window…abstract the date and time of the measurement that was documented latest within the time window
- Measurements from PICC lines (peripherally inserted central catheters) are acceptable

Central Venous Pressure & Oxygen Measurement Date & Time

Notes for Abstraction:

New Guidance:

If there are multiple measurements documented in the time window…abstract the date and time of the measurement that was documented latest within the time window

Fluid Challenge Performed & Date & Time

Suggested Data Collection Question, Allowable Values, and Notes for Abstraction:

New Guidance (performance time window):

- Changed to "…beginning at the completion of the crystalloid fluid administration and ending 6 hours after presentation of septic shock date and time"
- If multiple fluid challenges in time window abstract date and time of the latest done within the time window

Resources

SEP-1 Fact Sheet on *QualityNet*

https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228772869636

Hospital Inpatient Questions & Answers Tool on *QualityNet*

https://cms-ip.custhelp.com/

Specifications Manual Resources on *QualityNet*

- Specifications Manual, Version 5.2
- Release Notes, Version 5.2
- Sepsis (SEP-1) Additional Notes for Abstraction Version 5.2

https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier4&cid=1228775436944

Thank You

Your questions and feedback

- Result in important revisions
- Drive updates, such as those posted on *QualityNet* in version 5.2
- Encourage a continual look at data elements and measure design based on your questions and feedback

SEP-1 EARLY MANAGEMENT BUNDLE, SEVERE SEPSIS/SEPTIC SHOCK: V5.2 MEASURE UPDATES

QUESTIONS?

Continuing Education Approval

- This program has been approved for 1.0 continuing education (CE) unit for the following professional boards:
  - Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling
  - Florida Board of Nursing Home Administrators
  - Florida Council of Dietetics
  - Florida Board of Pharmacy
  - Board of Registered Nursing (Provider #16578)
    - It is your responsibility to submit this form to your accrediting body for credit.

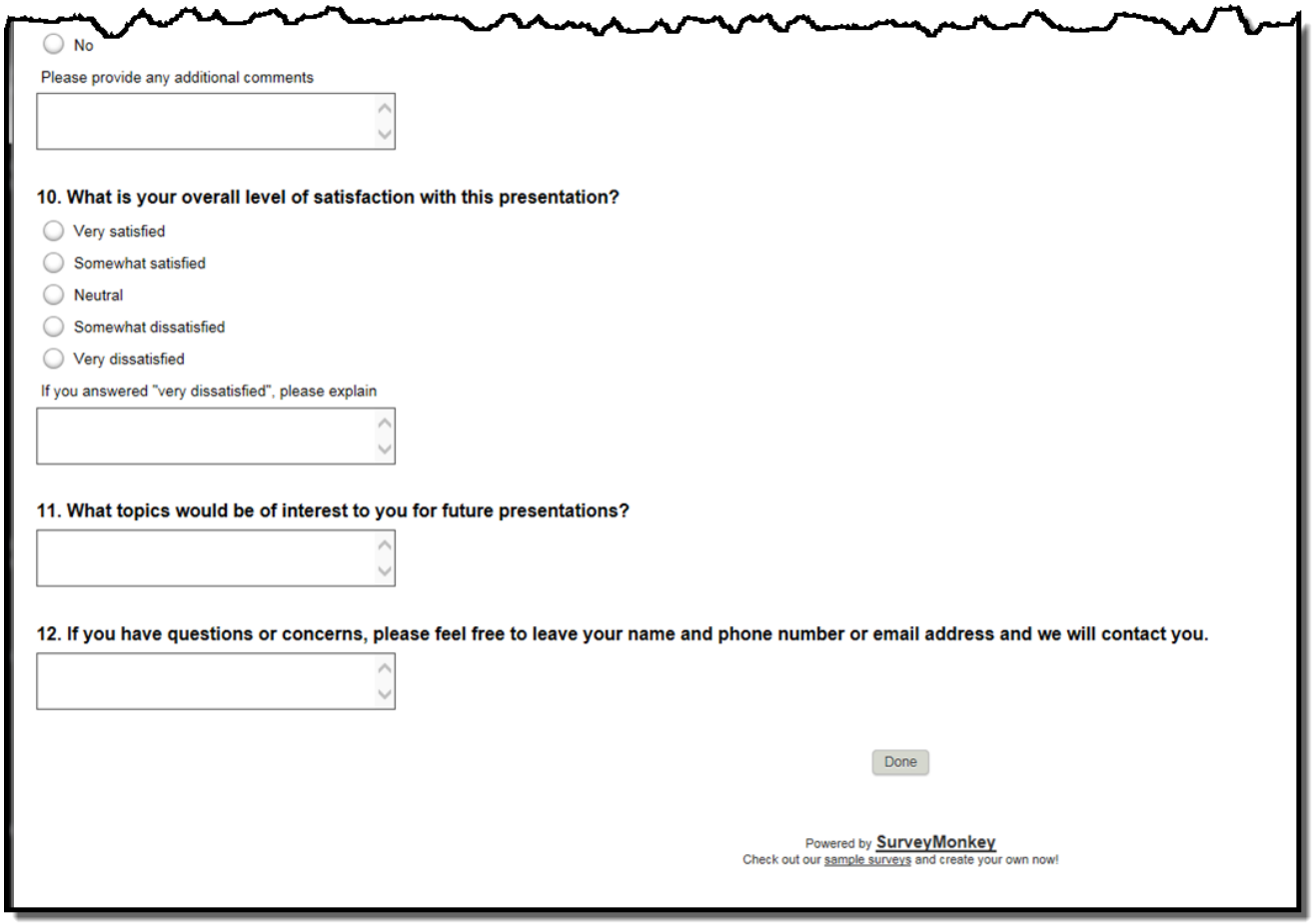
CE Credit Process

- Complete the ReadyTalk® survey that will pop up after the webinar, or wait for the survey that will be sent to all registrants within the next 48 hours.
- After completion of the survey, click “done” at the bottom of the screen.
- Another page will open that asks you to register in HSAG’s Learning Management Center.
  - This is a separate registration from ReadyTalk
  - Please use your PERSONAL email so you can receive your certificate
  - Healthcare facilities have firewalls up that block our certificates

CE Certificate Problems?

- If you do not immediately receive a response to the email that you signed up with in the Learning Management Center, you have a firewall up that is blocking the link that is sent out
- Please go back to the **New User** link and register your personal email account
  - Personal emails do not have firewalls

CE Credit Process: Survey



No

Please provide any additional comments

10. What is your overall level of satisfaction with this presentation?

- Very satisfied
- Somewhat satisfied
- Neutral
- Somewhat dissatisfied
- Very dissatisfied

If you answered "very dissatisfied", please explain

11. What topics would be of interest to you for future presentations?

12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.

Done

Powered by SurveyMonkey
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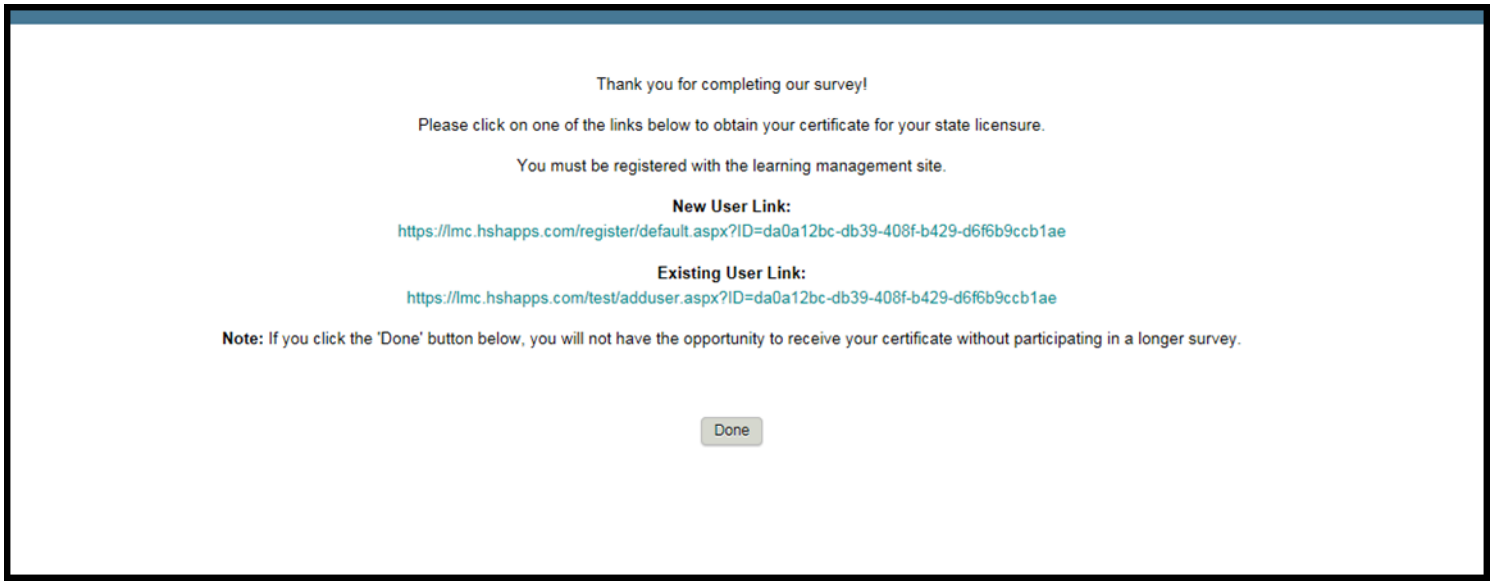
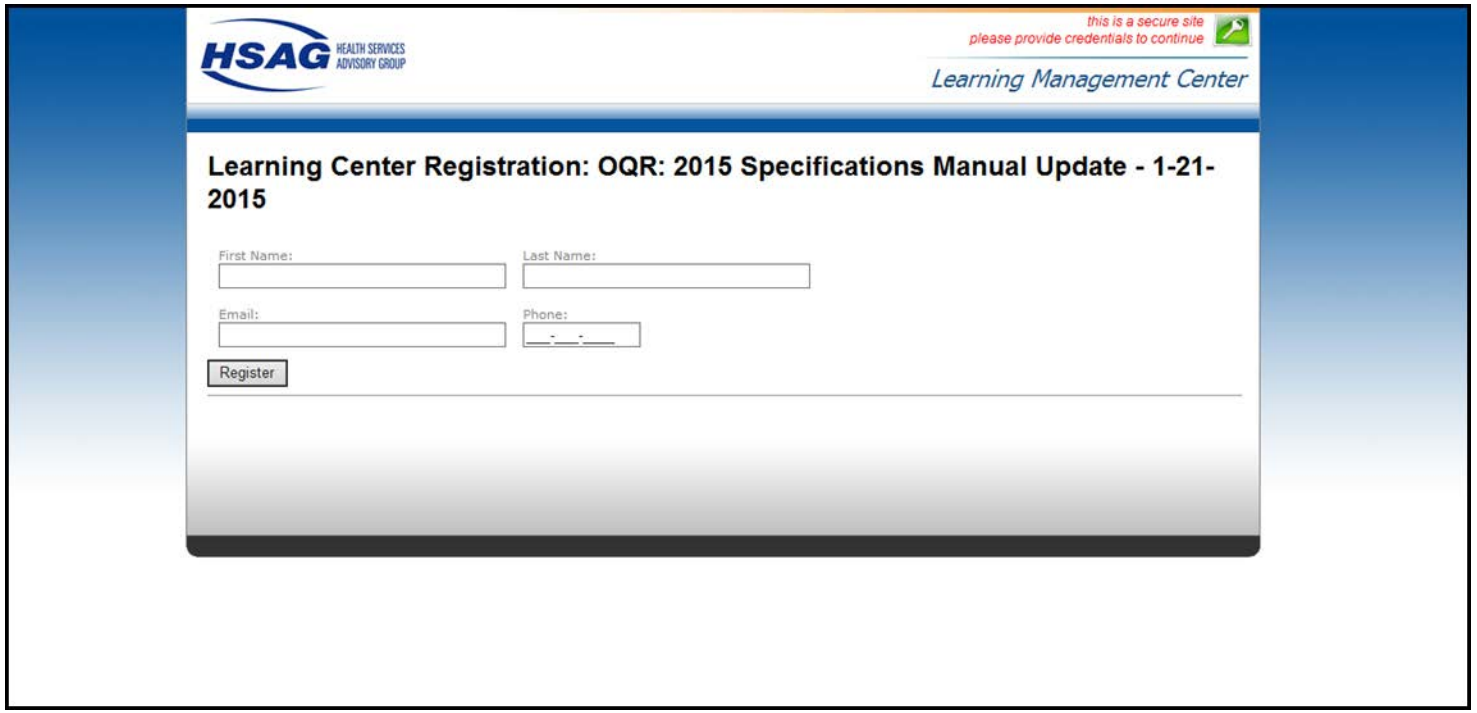
CE Credit Process



CE Credit Process: New User



CE Credit Process: Existing User