Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

SEP-1 Early Management Bundle, Severe Sepsis/Septic Shock: v5.4 Measure Updates

Presentation Transcript

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April 30, 2018
12:30 p.m. ET

Candace Jackson: Thank you everyone for joining today's presentation titled *SEP-1 Early Management Bundle, Severe Sepsis/Septic Shock: v5.4 Measure Update*. I am Candace Jackson, the Project Lead for the Hospital Inpatient Quality Reporting Program with the Hospital Inpatient Values, Incentives, and Quality Reporting Outreach and Education Support Contractor. I will be the moderator for today's event. Before we begin, I would like to make our first few regular announcements. This program is being recorded. A transcript of the presentation, along with the questions and answers, will be posted to the inpatient website, *www.QualityReportingCenter.com,* and to the *QualityNet* site at a later date. If you are registered for this event, a reminder email, as well as the slides, were sent out to your email about a few hours ago. If you did not receive that email, you can download the slides at our inpatient website and, again, that is *www.QualityReportingCenter.com*. If you have a question as we move through the webinar, please type your question into the chat window. We will not be using the raised hand feature for today's webinar. For presenters to best answer your questions, we request that, at the beginning of your question, please type the slide number into the chat window with it. As time allows, we will have a short answer-and-question session at the conclusion of the webinar. Applicable questions that are not answered during the question-and answer session at the end of the webinar will be posted to the *QualityReportingCenter.com* website at a later date. I would now like to welcome and introduce our guest speakers for today: Noel, who is a Lead Solutions Specialist, and Reena, who is a Senior Health Informatics Solutions Coordinator. Both are with the Hospital Inpatient and Outpatient Process and Structural Development and Maintenance Support Contractor. Noel, the floor is yours.

Noel Albritton: Thank you. Hello everyone and thank you for joining us today to review the updates for the SEP-1 measure and specification manual version 5.4. Our objectives for the presentation today are to explain the changes to the measure and the guidance in version 5.4 and identify and understand the rationale behind the version 5.4 updates. Manual version 5.4 will be abstracted for discharges beginning July 1, 2018, through December 31, 2018.

This slide provides a list of acronyms that we will use throughout the presentation today.

To begin, CMS, the measure steward, and the measure writers have been listening to feedback related to the SEP-1 measure from abstractors, facilities, and organizations. The revisions to the measure for manual version 5.4 illustrate the outcome of this evaluation. There are many factors involved in this process that potentially limit the ability to implement every change considered. However, CMS, the measure steward, and the measure writers continue to evaluate feedback and recommendations and ways to improve upon the measure. The fundamental purpose of the SEP-1 measure, as with all CMS measures, is to identify opportunities for improvement in patient care that are consistent with published evidence and best practices. This fundamental principal is the basis for consideration of all revisions to the measure, while maintaining a balance with the effort involved in abstracting information from the medical records. I also want to remind everyone that, when you're submitting questions through the online tool, please keep in mind that the words and your question are the only thing that the measure writers are evaluating. If your medical record provides additional or conflicting times or information, then you cannot base your abstraction on the answers given. As measure writers, we are not looking at the entire patient medical record. So, the answers we give are for reference knowledge rather than final fact.

As a reminder, SEP-1 will be publicly reported for the first time beginning with the July 2018 *Hospital Compare* release. The quarters that will be publicly reported for this release will be first quarter of 2017 through third quarter of 2017 which is version 5.2b of the measure. The preview period for the hospitals is anticipated to be May 4 of 2018 through June 2 of 2018, with the actual release to be July 25 of 2018. With each release, the most recent quarter is added, and older quarters are removed, so a full rolling years' worth of performance data is included, similar to other chart-abstracted measures. The first full year of data will be in October of 2018 when the full 2017 year would be reported.

To start the review of updates for version 5.4, there have been several updates to the SEP-1 algorithm. Upon abstracting Initial Hypotension, if Value 1 is selected, the case will proceed to abstract the Initial Hypotension Date and Time data elements. The Initial Hypotension Date and Time data elements are abstracted similar to other date and time data elements. This revision takes into account the guidance which states only to abstract crystalloid fluids administered within six hours prior to three hours after Initial Hypotension. Abstracting the date and time provides the ability for the algorithm to calculate that fluids were started within three hours of the Initial Hypotension Date and Time. As you can see, by entering the Initial Hypotension Date and Time, the case continues in the algorithm. If, however, the date and time is unable to be determined, UTD should be selected for the date or time and the case moved to a measure category of D, meaning the case is in the denominator population rather than the numerator. Along with Initial Hypotension, the other triggering event include an Initial Lactate Level Result greater than or equal to four and Documentation of Septic Shock. These three elements are all events that should trigger fluid resuscitation for the patient with Severe Sepsis or Septic Shock. The triggering events Initial Lactate Level Result and Documentation of Septic Shock remain the same in the version 5.4 algorithm. If Value 2 gets selected for Initial Hypotension, the case will proceed to the Initial Lactate Level Results and Documentation of Septic Shock data elements to determine if a triggering event is present. If the case has multiple triggering events, the timeframe to start crystalloid fluids should be based on the earliest triggering event. We will discuss how to abstract the new Initial Hypotension Date and Time data element in-depth later.

The new Initial Hypotension Date and Time data elements are used after abstracting Crystalloid Fluid Administration in the new Initial Hypotension Fluid Timing calculation. After abstracting the Initial Hypotension Date and Time, the Initial Hypotension Fluid Timing calculation is used to determine if the Crystalloid Fluid Administration Time is within three hours of Initial Hypotension. If the Crystalloid Fluid Administration Time is less than or equal to 180 minutes after the Initial

Hypotension Time, the case will proceed in the algorithm. If the Crystalloid Fluid Administration Time is greater than 180 minutes after the Initial Hypotension Time, the case will fail the algorithm at that point. This change has been added due to the guidance within the Crystalloid Fluid Administration data element to only abstract crystalloid fluids starting within six hours prior through three hours after initial hypotension. This is similar to the other Crystalloid Fluid Administration Time calculation that is later in the algorithm after Septic Shock, in which Crystalloid Fluid Administration Time is compared to the Septic Shock Presentation Time.

Another algorithm update for version 5.4 relates to the Repeat Volume Status and Tissue Perfusion Assessment (Performed) portion of the SEP-1 measure. For manual version 5.4, 30 data elements comprising the focused exam portion of the measure have been removed. In their place, is a single performance data element with the associated date and time data element. This change simplifies the SEP-1 algorithm, but it's also meant to decrease abstractor burden by containing all of the acceptable methods to meet the Repeat Volume Status and Tissue Perfusion Assessment (Performed) in a single simplified data element. This will allow abstractors to look at a single data element to determine if the Repeat Volume Status and Tissue Perfusion Assessment (Performed) has been met, rather than reviewing multiple other data elements to determine if each data element has been met. You will also notice that the date and time data element is used for the Repeat Volume Status and Tissue Perfusion Assessment (Performed). The date and time data elements will provide guidance for abstracting a single date and time for the overall Repeat Volume Status and Tissue Perfusion Assessment (Performed), rather than abstracting the date and time for individual components. We will also discuss the Repeat Volume Status and Tissue Perfusion Assessment Performed data element.

Prior to manual version 5.4, this was the end of the algorithm. As many of you are familiar, this part of the algorithm was largely redundant. Previously, after abstracting the Repeat Volume Status and Tissue

Perfusion (Assessment Performed) data elements, the algorithm would then reevaluate Septic Shock Present among other data elements to determine the appropriate measure category. With the revisions to the version 5.4 algorithm, we have been able to revise the end of the SEP-1 algorithm in an effort to reduce redundancy and lessen complexity.

For version 5.4, the end of the algorithm now reflects simply the measure categories. During abstraction, a case may be assigned a measure category in the algorithm if the case failed an element or an element is missed. For example, if Value 2 was selected for a data element that requires Value 1 to be selected to continue abstraction, then the selection of Value 2 would lead to the measured category of D. At the end of the algorithm, measure Category D reflects the case is in the measure denominator population rather than numerator population. If the case completed the algorithm, a measure category of E would be assigned. Upon reaching the end of the algorithm, the case simply flows into the appropriate bucket rather than reviewing data elements previously abstracted in the algorithm.

The first data element update we will discuss is the Administrative Contraindication to Care Severe Sepsis data element. To provide further clarification for this data element, these bullet points have been reformatted to clearly address two types of acceptable documentation. First, specific physician/APN/PA or nursing documentation of the patient, or authorized patient advocates, refusal of blood draws, IV or IO fluid administration, or IV or IO antibiotic administration. The example reflects documentation from a specific refusal by the patient which would be acceptable. The second bullet point reflects a more general documentation that would indicate the refusal of blood draws, IV or IO fluid administration, or IV or IO antibiotic administration. As the example demonstrates, the authorized patient advocate, a husband in this case, indicates they do not want further treatment. The documentation, indicating they do not want further treatment, is acceptable because this reflects general documentation of a refusal that would include blood draws, IV, and IO fluid administration, or IV and IO antibiotic administration.

Similar to the previous slide, the Administrative Contraindication to Care, Septic Shock data element has been updated in an effort to clearly address these two types of acceptable documentation as well. First, the specific physician/APN/PA or nursing documentation of the patient or authorized patient advocate's refusal of blood draws, IV or IO fluid administration, or Vasopressors. The example demonstrates documentation of a specific refusal with the inclusion of the patient's need for a Vasopressor by clearly documenting the patient does not want. The second bullet point refers to more general documentation with the inclusion of the example of an authorized patient advocate, or husband, clearly refusing a central line. Since the refusal of a central line reflects the refusal of a Vasopressor, for the purposes of the measure, this documentation is acceptable to select Value 1.

Two new bullet points have been added to the Blood Culture Collection data element to clarify the appropriate timeframe to collect blood cultures. Previously, the Blood Culture Collection data element included a broad timeframe of 48 hours prior to three hours after Severe Sepsis Presentation Time. Although further guidance provided in the Blood Culture Collection Date and Time data element provided more details for this timeframe, we continued to receive questions related to the acceptable timeframe for the blood culture collection. The first bullet point in the Blood Culture Collection data element now refers to cases in which the patient does not receive an antibiotic within 24 hours prior to the Severe Sepsis Presentation Time. In this scenario, the IV antibiotic would have been administered in the three hours following the Severe Sepsis Presentation Time to be acceptable. So, the blood culture should be collected within 24 hours prior to or within three hours of the Severe Sepsis Presentation Date and Time.

With the previous bullet point in mind, referencing IV Antibiotic Administration and the three hours following the Severe Sepsis Presentation Time, we will look at these examples to determine if the blood culture was collected within the appropriate timeframe. The first scenario reflects a Severe Sepsis Presentation Time of 1500, Blood

Culture Collection Time of 1530, and IV Antibiotic Administration time of 1545. Now, you can see the patient did not receive an IV antibiotic in the 24 hours prior to the Severe Sepsis Presentation Time. So, the blood culture collection at 1530, that is prior to the antibiotic and within the specified timeframe, is acceptable to select Value 1. Secondly, if the Severe Sepsis Presentation Time is 1200 and the IV Antibiotic Administered is at 1230, we would look in the previous 24 hours through three hours after the Severe Sepsis Presentation Time. In this case, the blood cultures were collected at 1030, which is within the specified timeframe to be acceptable for the Blood Culture Collection data element.

This is the second new bullet point for the Blood Culture Collection data element to clarify the appropriate timeframe to collect the blood culture. This bullet point refers to cases where the antibiotic was administered within 24 hours before the Severe Sepsis Presentation Date and Time. In this case, the blood culture collected should be within 24 hours prior to the antibiotic administration through three hours after the Severe Sepsis Presentation Date and Time. So, the Blood Culture Collection Time for this bullet point may be greater than the Blood Culture Collection Timeframe noted on the previous slide. It is important to note that, per the algorithm, the blood culture timing is based on the antibiotic use for the Broad Spectrum or Other Antibiotic Administration data elements.

Keeping in mind the bullet point referencing an IV antibiotic received within the 24 hours before the Severe Sepsis Presentation, these examples demonstrate what cultures collected within the appropriate timeframe when an IV antibiotic is administered within 24 hours before the Severe Sepsis Presentation Time. The first example reflects a Blood Culture Collection at 0600, an IV Antibiotic Administration at 0700, and Severe Sepsis Presentation at 0900. Since the patient received an antibiotic in the 24 hours prior to the Severe Sepsis Presentation Time, the blood culture collected at 0600 - that is prior to the IV antibiotic - would be acceptable to select Value 1 since it is within the timeframe specified in the bullet point. The second example, has a Blood Culture Collection Date and Time of March 1, 2018, at 1030, IV antibiotic on March 1 at 2200, and Severe

Sepsis Presentation on March 2 at 1800. The IV antibiotic was administered within 24 hours before the Severe Sepsis Presentation Time. So, we would look for the blood culture collection within 24 hours before the IV antibiotic was administered through three hours after the Severe Sepsis Presentation Time. In this example, the blood culture was collected within 24 hours before the IV antibiotic was administered. Therefore, Value 1 should be selected for the Blood Culture Collection data element.

Guidance was previously added for the Broad Spectrum or Other Antibiotic Administration Selection data element that allowed an antibiotic to be acceptable when not on the monotherapy table or given in combination if there was documentation of a positive organism and known susceptibility. There has been confusion surrounding the documentation requirements for accepting an antibiotic based on the documentation of a causative organism and known susceptibility. Therefore, on Version 5.4 the portion of the Broad Spectrum or Other Antibiotic Administration Selection data element has been updated.

The updated guidance specifies physician/APN/PA documentation referencing the results of a blood culture from within five days prior to the antibiotic start time. The documentation must include the date of the culture results, which must be within five days prior to the antibiotic start time and include the suspected causative organism from the culture results and its antibiotic susceptibility. If the physician/APN/PA documentation includes the required documentation and the susceptible antibiotic was administered within three hours following the Severe Sepsis Presentation Time, Value 1 should be selected for the Broad Spectrum or Other Antibiotic Administration Selection data element.

To demonstrate how acceptable documentation may appear, this example demonstrates documentation including a reference to a culture and when the culture was obtained, the causative organism, and susceptibility. With the Severe Sepsis Presentation Time identified, we can see that the IV Vanco was administered within three hours of the Severe Sepsis Presentation Time. Since the clinician clearly documents the date of the culture, we can see that the culture was collected within five days. The

clinician also includes the causative organism and susceptibility, which demonstrates the antibiotic administered within three hours of the Severe Sepsis Presentation Time is acceptable. Therefore, Value 1 should be selected for the Broad Spectrum or Other Antibiotic Administration Selection data element. If the clinician documentation had not included the date of the culture, we would not be able to determine, based on this documentation, that the culture was collected within five days of the IV Antibiotic Administration. In that case, the documentation would not be acceptable, and Value 2 would be selected for the Broad Spectrum or Other Antibiotic Administration Selection data element.

The Broad Spectrum or Other Antibiotic Administration Selection data element has also received updates for the bullet points referencing the exception for C. diff. Guidance specific to the antibiotic selection and patients with C. diff has lacked specificity and, therefore, these updates are intended to clarify any confusion. If an appropriate monotherapy or combination therapy antibiotic were not administered within three hours following the Severe Sepsis Presentation Time for the C. diff patient, the following guidance can be used to meet the Broad Spectrum or Other Antibiotic Administration Selection data element. First, there must be physician/APN/PA documentation within 24 hours prior to the antibiotic start time identifying the presence of C. diff. If C. diff is documented within the timeframe by the physician/APN/PA, oral vancomycin with or without oral IV Flagyl, rectal vancomycin with or without IV Flagyl, or IV Flagyl alone, administered within three hours following a Severe Sepsis Presentation Time, are acceptable. If you will remember, previously only oral vancomycin could be used to suffice the C. diff exception provided in this data element. In version 5.4, oral vancomycin is still acceptable if the required documentation is present. Rectal vancomycin and IV Flagyl have simply been added as acceptable based on feedback we have received from the facilities.

To provide clarification regarding crystalloid fluids used to dilute medications, a new bullet point was added to the Crystalloid Fluid Administration data element. This bullet point reflects crystalloid fluids

given to dilute medications within the specified timeframe with a complete order and documentation of fluid administration should be used toward the target ordered volume of crystalloid fluids. So, if acceptable fluids are used to dilute medications within the specified timeframe, the fluids should be used toward the target ordered volume. This example demonstrates a complete order including the type of fluids, the volume and rates, and the MAR documentation demonstrating this order was administered at 0800. With this documentation, we can see the rate of fluids was greater than 125 milliliters per hour, and 250 milliliters of normal saline would be applied toward the target ordered volume of fluids.

For another example using crystalloid fluids given to dilute medications, here we have a physician order for 2,000 milliliters of normal saline. There is an order for vancomycin and 250 milliliters of normal saline. The patient needs 2100 milliliters to meet the target ordered volume. The first liter of fluid started at 0800. The second liter started at 0900, at the same time the fluids were used to dilute the medication. In this example, the first infusion is running alone. So, we can see that 1,000 milliliters infused between 0800 and 0900. Infusions 2 and 3, which include 1000 milliliters of normal saline and 250 milliliters of normal saline used to dilute the medication, are infusing at the same time. Since we know that 1100 milliliters is still needed to meet the target ordered volume, we can combine the milliliters per minute with Infusions 2 and 3. Divide 1100 milliliters by 20.87. The 1100 milliliters is the amount remaining to meet the target ordered volume, and 20.87 milliliters per minute is the combined milliliters infusing for Infusions 2 and 3. Upon dividing 1100 milliliters by 20.87 milliliters per minute, we get approximately 53 minutes. Therefore, using the fluids ordered to dilute the medication, we can determine that the target ordered volume was completed at 0953.

Also updated in the Crystalloid Fluid Administration data element are the bullet points regarding which weight to use to determine the target ordered volume of crystalloid fluids. Previously, there has been confusion regarding which weight to use when an actual and an estimated weight is documented. Questions have also centered around when the weights are

documented in relation to the order for crystalloid fluids and so forth. With that in mind, we have updated the guidance to improve clarity as to which weight should be used to determine the target ordered volume of crystalloid fluids. First, if there is a weight documented in the order for crystalloid fluids, that weight should be used. If a weight is not included in the order for crystalloid fluids, use the actual or estimated weight documented before and closest to the crystalloid fluid order. If a weight is not documented before the order for crystalloid fluids, then use the actual or estimated weight and documenting closest to and after the order for crystalloid fluid.

In these examples, we will determine which weight should be used to determine a target ordered volume of crystalloid fluids. In the first example, there is an estimated weight prior to the order for fluid and then actual weight documented after the order. Per the new guidance, you would use the weight documented prior to the crystalloid fluid order, to determine the target ordered volume was administered, which in this example is 80 kilograms documented by the PA at 0900. In the second example, there is a weight documented before the fluid order, but there is also a weight included in the order for crystalloid fluids. Per the new guidance, if the physician/APN/PA order contains a weight, use that weight to determine if the target ordered volume was completely infused. In this case, you would use the weight of 75 kilograms documented in the order for fluids.

Palliative Consult has been added to the list of inclusion guidelines for abstraction for the Directive for Comfort Care, Severe Sepsis, and Directive for Comfort Care Septic Shock data elements. The example on this slide demonstrates physician/APN/PA documentation of the inclusion term. The example states, “Palliative consult is ordered for tomorrow.” With this documentation of the inclusion term within the specified timeframe, the documentation would be acceptable for the Directive for Comfort Care, Severe Sepsis, or Septic Shock data elements. This addition was added due to questions received from the abstractors. As a reminder,

for these two data elements, only terms listed in the inclusion guidelines for abstraction are acceptable to select Value 1.

We've also received questions related to documentation that is acceptable for the Directive for Comfort Care data element when there is further contrary documentation. These examples demonstrate a couple of scenarios that have caused difficulty. Of note, this is not new guidance specific to version 5.4 alone, although it still applies to version 5.4. In the first example, the physician ordered hospice for the patient within the appropriate timeframe. The physician then cancelled the order. Since there is documentation of an inclusion term within the appropriate timeframe, selecting Yes for Value 1 for the Directive for Comfort Care would still be appropriate. In the second example, the APN documented "no comfort measures for the patient" in this note, and another source, a PA, documented comfort measures. Since you have documentation of an inclusion term and, in another source, there is documentation of no comfort measures, you would still select Value 1.

Due to feedback we have received from abstractors and facilities, the Discharge Time data element has been updated to include the time documented for patients that leave against medical advice. In previous versions of the manual, even with documentation that the patient left AMA, you would still abstract the Discharge Time from the hospital. In version 5.4, the time the patient is discharged from acute inpatient care, and the time the patient leaves AMA, or the time the patient expires, can be abstracted from the Discharge Time. Guidance to abstract the earliest acceptable Discharge Time documented when multiple discharge times are documented continue to apply to version 5.4. If you look at the example, the documentation at 1200 does not indicate that the patient actually was discharged. So, that documentation would not be used for the Discharge Time data element. The documentation at both 1215 and 1220 are both acceptable and indicate that the patient was actually discharged. So, we would look for the earliest time that the patient was discharged. In this case, that would be 1215.

Due to questions we have received through the online tool, we would like to provide a reminder for version 5.4. The previous updates to the Initial Hypotension data element regarding the criteria for determining Initial Hypotension remain the same in version 5.4. Initial Hypotension continues to require two hyposensitive blood pressures within the specified timeframe. The timeframe is six hours prior to Severe Sepsis Presentation through six hours after Severe Sepsis Presentation, which also has not changed, as well as the two hypotension blood pressures do not have to be consecutive. The two hypotension blood pressures need to be from different readings. So, an abnormal systolic blood pressure and an abnormal MAP from the same reading could only be used as one hypotensive reading.

Also, due to questions we have received, I would like to take a minute to review the bullet point regarding initial hypotension is hypotension present prior to the target ordered volume of crystalloid fluids being completely infused. This guidance remains unchanged in version 5.4 but, in an effort to provide further clarity, here are a couple of examples. For the first example, the Severe Sepsis Presentation Time is 1200. So, we would look for Initial Hypotension between 0600 and 1800. We can see that hypotensive blood pressure readings were documented within the timeframe, and the second hypotension blood pressure reading reflecting Initial Hypotension is at 1445. The target ordered volume is completed at 1500, which is after initial hypotension. In this example, Value 1 should be selected for Initial Hypotension because the two hypotensive blood pressure readings were documented within the timeframe, as well as prior to target ordered volume of crystalloid fluids being completely infused. The second example provides Severe Sepsis Presentation Time of 1500. So, we would look for Initial Hypotension between 0900 through 2100. Hypotensive readings are documented at 0700, 1400, and 1600. The hypotensive blood pressure at 0700 would not be used because it is greater than six hours before the Severe Sepsis Presentation Time. The hypotensive blood pressures at 1400 and 1600 are within the timeframe for Initial Hypotension. However, we can see that the target ordered volume of crystalloid fluid completely infused by 1530. Since, the target

ordered volume of crystalloid fluids completed infused before the second hypotensive blood pressure reading that would have identified Initial Hypotension, Value 2 should be selected for Initial Hypotension. Initial Hypotension can only be present prior to the target ordered volume being completely infused because, after the target ordered volume has completely infused, persistent hypotension is assessed. If the patient did not receive the complete target ordered volume, or they did not receive any fluids at all, and the hypotension blood pressures were in the appropriate timeframe the abstractor would select Yes for Initial Hypotension.

Two new data elements have been added for the abstraction of the Initial Hypotension Date and the Initial Hypotension Time. The purpose of these two data elements is to abstract the date and time of the second hypotensive blood pressure reading that occurred within six hours before through six hours after the Severe Sepsis Presentation Time. As mentioned during our earlier discussion of the algorithm changes, these data elements provide the ability for the algorithm to calculate if fluids were started within three hours of the Initial Hypotension Date and Time. It is important to note the Initial Hypotension Date and Time will always be the date and time of the second hypotensive blood pressure within the specified timeframe, regardless of how many blood pressures are documented within the timeframe. So, if there are more than two hypotensive blood pressures readings within the specified timeframe, you would still only abstract the date and time of the second hypotensive readings within the timeframe.

To help determine the Initial Hypotension Date and Time, here are some examples to demonstrate. In the first example, we can see the Severe Sepsis Presentation is at 1200. This gives us the basis for the Initial Hypotension timeframe in which we will look for the hypotensive readings, six hours prior to six hours after the Severe Sepsis Presentation Time. In this example, we have multiple blood pressures documented. The first hypotensive blood pressure is at 0900, and the second hypotensive blood pressure is at 1030. In this case, we have abstracted 1030 for the

Initial Hypotension Time data element because the second hypotensive blood pressure was documented at that time. In the second example, the Severe Sepsis Presentation Time is 1800. Therefore, we would look for Initial Hypotension between 1200 and 2400, or midnight. We can see the hypotensive blood pressures documented at 1700 and another at 1900. So, the Initial Hypotension Time would be 1900 when the second hypotensive blood pressure was documented within the timeframe. For the next part of our presentation, I will turn it over to Reena.

Reena Raveendran: Thanks, Noel. Next, we will be talking about Persistent Hypotension. Although this guidance remains under changed in version 5.4, we have also received questions regarding the abstraction of Persistent Hypotension. So, we would like to further clarify the guidance within the Persistent Hypotension data element related to evaluating the last two blood pressures within the hour. The last two consecutive blood pressures should be evaluated. Also, to clarify, the sub-bullet point regarding the selection of Value 3: If a single low blood pressure follows a normal blood pressure at the end of the hour, upon evaluating the last few blood pressures in the hour, if there is a normal blood pressure followed by a hypotensive blood pressure, Value 3 is selected. This is because another blood pressure is needed to determine if hypotension persists or if the blood pressure is normalizing. Since this cannot be determined by a single hypotensive blood pressure reading. Value 3 is selected. The example demonstrates multiple blood pressures documented within the hour to assess for Persistent Hypotension. Per the guidance and the data on it, with multiple blood pressures documented, we would look at the last two in the hour to determine if hypotension persists. However, the last two blood pressures include a normal blood pressure followed by a hypotensive blood pressure. In this scenario, Value 3 is selected because we are not able to determine by the blood pressures documented during the hour if hypotension persists, which would require a Vasopressor if the blood pressure is normalizing.

As we previously discussed, the 30 data elements comprising the previous Repeat Volume Status and Tissue Perfusion Assessment (Performed)

portion of the measure have been removed. In their place, a single performance data element, with the associated date and time data elements, have been added. This change is intended to simplify the SEP-1 algorithm and to decrease abstractor burden. This will allow abstractors to look at a single data element to determine if the Repeat Volume Status and Tissue Perfusion Assessment (Performed) has been met, rather than reviewing multiple other data elements to determine if each data element has been met.

The Repeat Volume Status and Tissue Perfusion Assessment Performed data element evaluates whether a repeat volume status and tissue perfusion assessment were performed to assess the patient's response to crystalloid fluid administration. The timeframe in which a repeat volume status and tissue perfusion assessment must be performed starts at the Crystalloid Fluid Administration Date and Time and ends six hours after the Septic Shock Presentation Date and Time. If a repeat volume status and tissue perfusion assessment was documented during this time, Value 1 should be selected. If a repeat volume status and tissue perfusion assessment was not performed during this timeframe, Value 2 should be selected.

The new Repeat Volume Status and Tissue Perfusion Assessment Performed data element may be met in one of three ways, which we will review. It is important to note that only one of these three is needed to suffice the data element. So, Number 1, or Number 2, or Number 3. The first way to meet the Repeat Volume Status and Tissue Perfusion Assessment Performed data element is by physician/APN/PA documentation indicating that they have performed, or attested to performing, a physical exam. The slide and data element provide examples for acceptable documentation, meeting the first way to meet the Repeat Volume Status and Tissue Perfusion Assessment Performed data element. It is important to note that acceptable documentation should be similar to these examples and not a title or heading of the section or note. All of the examples provided reflect physician/APN/PA documentation that a physical exam was performed on the patient. Therefore, if documented

within the timeframe, Value 1 should be selected for the Repeat Volume Status and Tissue Perfusion Assessment Performed data element.

The second way in which the Repeat Volume Status and Tissue Perfusion Assessment Performed data element can be met is by physician/APN/PA documentation indicating or attesting to performing or completing a review of at least five of these seven parameters. You will notice within the Repeat Volume Status and Tissue Perfusion Assessment Performed data element that each of these parameters contain guidance for which minimally acceptable documentation necessary to consider the perimeter met. If the minimally acceptable documentation identified for each parameter is not met, the parameter should not be considered for one of the five parameters needed to meet the Repeat Volume Status and Tissue Perfusion Assessment Performed data element.

The third way in which the Repeat Volume Status and Tissue Perfusion Assessment Performed data element may be met is by documentation demonstrating one of these elements have been measured or performed. If you will recall, previous versions of the manual have required two of these four elements in order to suffice the Repeat Volume Status and Tissue Perfusion Assessment Performed portion of the measure. This has been updated to include only one of these elements as sufficient for assessing the patients' response to the administration of crystalloid fluids. Therefore, if one of these elements is documented within the specified timeframe, for the Repeat Volume Status and Tissue Perfusion Assessment Performed data element, Value 1 should be selected.

Also, we previously mentioned the new Repeat Volume Status and Tissue Perfusion Assessment Performed Date and Time data element. These date and time data elements are used to abstract when the repeat volume status and tissue perfusion assessment was performed. If there are multiple repeat volume status and tissue perfusion assessments documented, the date and time of the latest acceptable assessment within the timeframe should be abstracted. If the repeat volume status and tissue perfusion assessment is documented in a physician/APN/PA note without a specified

date or time for the documentation, the date or time the note was opened should be used.

This bullet point and the Severe Sepsis Present data element remains unchanged in version 5.4. However, new examples have been added under this bullet point within the data element to provide clarity. The bullet point regarding physician/APN/PA documentation prior to, or within 24 hours after, Severe Sepsis Presentation Time that SIRS criteria or a sign of organ dysfunction is normal for the patient due to a chronic condition, or due to a medication, should not be used, as well as, the remaining guidance regarding inferences should not be made and it is required that the same physician/APN/PA documentation must also include either the abnormal value or reference the abnormal value remains unchanged. We have simply added examples to this portion of the data element to further illustrate the appropriate abstraction of this guidance.

The first example I would like to discuss include hypotension in relation to pain medication. Since the hypotension is referenced as due to the pain medication in this example, any hypotensive values would not be used as evidence of organ dysfunction. This documentation includes the general reference to hypotension rather than a specific blood pressure reading or range of blood pressures. This documentation would result in all hypotensive blood pressures to be disregarded.

The second example is not in the data element, but it is provided here to further clarify acceptable documentation. This example contains documentation of a specific low platelet count and chronic Hep C. The inclusion of the platelet count of 65 and the chronic condition in the same physician/APN/PA documentation would allow the platelet count of 65 to be disregarded. As you can see, this example contains a specific platelet value. Therefore, only the specific value is disregarded, rather than disregarding all low platelets. It is important to note that the documentation of the SIRS criteria, or sign of organ dysfunction, or reference to either, and the documentation of normal for the patient, or due to a chronic condition or medication, is required to be in the same

documentation so that an inference does not have to be made that one is due to the other.

This example demonstrates that physician/APN/PA documentation that would not be acceptable to disregard, or not use the SIRS criteria, or sign of organ dysfunction. As documented as this example is, the SIRS criteria or sign of organ dysfunction should be used. Since the elevated lactate level is not referenced in the assessment section, the lactate would still be used for criteria. Documentation in separate sections requires an inference to be made in which we must assume that SIRS criteria, or a sign of organ dysfunction, is due to a chronic condition, medication, etc. Therefore, if the documentation within the medical records requires the abstractor to infer that the SIRS criteria, or sign of organ dysfunction, in one section is due to a condition or medication listed in another section, the SIRS criteria or sign of organ dysfunction should be used.

Again, this example has been added to the data element for version 5.4 to demonstrate physician/APN/PA documentation that would not be acceptable to disregard or not use the SIRS criteria, or sign of organ dysfunction. In this example, there is a progress note identifying multiple, chronic, and acute conditions. There is also a home medication section and lab section. Neither the physician progress note, home medication section, nor lab section provide physician/APN/PA documentation that the abnormal SIRS criteria, or a sign of organ dysfunction, is due to a chronic condition or a medication. I want to point out that this example is specific to the bullet point we discussed regarding physician/APN/PA documentation that SIRS criteria, or a sign of organ dysfunction, is normal for the patient due to a chronic condition, or due to a medication. As you can see, the elevated INR in this example maybe excluded by another bullet point in the data element based on the anti-coagulant on the Home Med Rec. However, as far as the documentation specific to the primary bullet point we are discussing, this documentation would not meet the bullet point regarding physician/APN/PA documentation that SIRS criteria, or a sign of organ dysfunction, is normal for the patient due to a chronic condition, or due to a medication.

This bullet point regarding INR and aPTT values, when the patient is receiving anti-coagulant medication, have not changed for version 5.4. However, to provide further clarification, these two examples demonstrate documentation showing that the patient was given an anti-coagulant. The first example demonstrates an anti-coagulant was given in the hospital. Please note, this documentation includes an administration date and time for the anti-coagulant to demonstrate that the medication was given. The second example reflects an anti-coagulant on the Home Medication Record. With anti-coagulant documented on the Home Med Rec, the medication would be considered given, unless otherwise documented as not given.

As introduced in a previous version of the manual, and remains the same for version 5.4, physician/APN/PA documentation prior to or within 24 hours after Severe Sepsis Presentation Time indicating SIRS criteria, or a sign of organ dysfunction, is due to an acute condition or acute on chronic condition should be used. Although this bullet point also remains unchanged in version 5.4, we continue to receive questions and would like to take this opportunity to further clarify. So, a SIRS criteria, or a sign of organ dysfunction, that is documented as due to an acute condition, or acute on chronic condition, should be used unless there is further documentation in the medical record considering the acute condition, or acute on chronic condition, is due to a non-infectious source. If the abstractor encounters physician/APN/PA documentation that SIRS criteria, or a sign of organ dysfunction, is due to an acute condition, or an acute on chronic condition, you should continue looking up to 24 hours after the Severe Sepsis Presentation Time to determine if documentation exists attributing the acute condition to a non-infectious source. The rationale for this revision is based on the number of acute issues Severe Sepsis in general has the potential to cause. Therefore, SIRS criteria, or a sign of organ dysfunction, related to an acute condition may be used because the acute condition is potentially the result of severe sepsis.

Here are a few examples to help clarify. First, the documentation of seizures twice overnight and an elevated lactate of 5.5 should be used as a

sign of organ dysfunction. Also, if the APN documents creatinine 2.8 and AKI, the elevated creatinine should be used as a sign of organ dysfunction. The third example includes acute respiratory failure with BiPAP placed continuously, which may be due to a medication or may be caused by an acute COPD exacerbation. Although the sign of organ dysfunction can still be disregarded, if documented by the physician/APN/PA as due to a medication, this documentation also includes an acute condition that is possibly causing the acute respiratory failure. Therefore, the initiation of the mechanical ventilation, which is BiPAP in this case, should be used as a sign of organ dysfunction.

A new bullet point has been added to the Severe Sepsis Present data element to provide guidance for determining whether to use SIRS criteria, or a sign of organ dysfunction, documented as due to acute condition. If a medical resource indicates that the source of an acute condition might be infectious, there must be explicit physician/APN/PA documentation in the medical record indicating that the acute condition has a non-infectious source or process. If documented this way, the SIRS criteria, or sign of organ dysfunction, should not be used. The example demonstrates APN documentation that an elevated creatinine is due to dehydration following DKA. The source of the dehydration, DKA, is stated in a medical resource as potentially having an infectious clot. Later physician documentation specifically reflects that DKA was due to a non-infectious source. So, the elevated creatinine would not be used as evidence of organ dysfunction.

To provide further clarity, we will go through more examples to further illustrate. This example provides an elevated lactate of 2.9 in the lab results. At 2148, the physician documents lactate acidosis is likely from poor perfusion. Upon consulting a medical resource, poor perfusion might have an infectious source. After reviewing further physician/APN/PA documentation, no additional documentation is found regarding poor perfusion. Therefore, the lactate should be used as evidence of organ dysfunction since there is no physician/APN/PA documentation attributing the acute condition to a non-infectious source.

This example provides another scenario in which we are looking for a non-infectious source of the acute condition. In this example, the creatinine of 2.95 is reported by the lab. The physician includes the elevated creatinine and possible DKA. Upon referencing a medical resource, DKA might be caused by an infectious source. In this example, there is no further physician/APN/PA documentation considering the acute condition, which is DKA, to a non-infectious source. So, the elevated creatinine would be used as evidence of organ dysfunction since there is no further documentation attributing the acute condition to a non-infectious source.

The bullet point has been updated for the Severe Sepsis Present data element to provide further direction for the abstraction of vital signs. This first part regarding “use the time vital signs were taken or obtained. If the time taken or obtained is not available, use the recorded or documented time” has not changed. The guidance to “not abstract vital signs from narrative charting unless there is not any other documentation that reflects the time that the same vital sign was obtained” has been added. Therefore, if vital signs are documented on a vital sign flow sheet when they are obtained and documented in a narrative documentation, use the time to document on the flow sheet for when the vitals were obtained.

Due to abstractor questions we have received, I would like to clarify guidance that remains in the Severe Sepsis Present data element for version 5.4. This is in regard to the bullet point regarding documentation of Severe Sepsis that is due to a viral, fungal, or parasitic cause. This particular bullet point only relates to cases where Severe Sepsis is only met by physician/APN/PA documentation, and that physician/APN/PA documentation considers Severe Sepsis to be a viral, fungal, or parasitic infection. As the example demonstrates, the documentation for Severe Sepsis due to influenza is simply disregarded and not used for Severe Sepsis Present data elements. In the scenario the physician/APN/PA documentation of Severe Sepsis is simply disregarded, and the abstraction continues. Therefore, you will look for the next physician/APN/PA documentation of Severe Sepsis Present that is not due to a viral, or fungal

or parasitic cause. This would allow the abstractor to select Yes for Severe Sepsis Present and use the date and time of the second documentation as presentation date and time.

Also, to provide further clarification due to questions we have received, remaining unchanged in version 5.4 is Severe Sepsis clinical criteria are met, and there is physician/APN/PA documentation of Severe Sepsis, and within six hours there is additional physician/APN/PA documentation indicating that the patient is not septic or does not have Sepsis, or there is further documentation that Severe Sepsis is due to a viral, fungal, or parasitic infection, Value 2 may be selected for Severe Sepsis Present. It is important to note the differences in this bullet point versus the previous slide. In this scenario, Severe Sepsis has presented either by meeting the clinical criteria or by physician/APN/PA documentation of Severe Sepsis. In within six hours after the Severe Sepsis Presentation Time, there is physician/APN/PA documentation meeting this bullet point, and Value 2 is selected for Severe Sepsis Present. In this scenario, upon collecting Value 2 for Severe Sepsis Present, the case will be excluded from the measure because only the first presentation of Severe Sepsis is abstracted.

This guidance remains unchanged in version 5.4. However, I would like to further clarify the appropriate time to abstract when Severe Sepsis or Septic Shock is documented at present on admission. To clarify, the guidance of “use the earliest hospital observation, or inpatient admission times,” the time documented that reflects when the patient arrives to the inpatient floor or unit should be used. For example, if the physician documentation Severe Sepsis was present on admission and the following times are available – an ED arrival time of 0730, an admission order at 0900, status changed to inpatient at 0920, and documentation of the patient’s arrival to the ICU at 0945 - 0945 would be abstracted for the Severe Sepsis Presentation Time.

The time of arrival to a floor or unit for admission is used because admission orders and other admission documentation maybe documented earlier. Therefore, with specific documentation that a diagnosis was present on admission, the actual admission time to the floor or unit is

abstracted. It's also important to remember that this table is not all inclusive. Other synonymous positive and negative qualifiers could be abstracted in the same way.

Lastly, I also want to review ways in which Septic Shock Present data element may be met. We have received questions regarding which Allowable Value should be selected due to apparent confusion with the wording of Septic Shock Present Allowable Value. So, this guidance has not changed in version 5.4, but rather simply to clarify. Allowable Value 1, which is Yes, can be selected for Septic Shock Present if there is physician/APN/PA documentation of Septic Shock, or if Yes is selected for Severe Sepsis Present and the Initial Lactate Level result is greater than or equal to four, or if Yes is selected for Severe Sepsis Present and Persistent Hypertension is present. It's also important to note that the documentation of Septic Shock data element is not the sole criteria used to determine Septic Shock Present. Septic Shock can also be present in situations where patient has Initial Hypotension, was given the target ordered volume and then had Persistent Hypotension, or if the patient had a lactate greater than or equal to four. Upon abstracting Septic Shock Present, the earliest presentation date and time, whether met by physician/APN/PA documentation of Septic Shock or by Septic Shock clinical criteria, would be used to abstract Septic Shock Present.

That concludes our review of version 5.4 updates. We hope this has been helpful. Thanks again to everyone for joining us today.

Candace, I will turn this back over to you.

Candace Jackson: Thank you, Reena, and thank you, Noel. That was a lot of information that was provided, and I know everybody has questions. We have had a large number of questions come into the chat box, and we will go over a few of the questions that were submitted. Just please keep in mind that, typically, there are over 500 questions that are normally submitted during one of our sepsis webinars. So, we are in no way going to be able to address all your questions, but the questions will all be addressed in responses provided at a later date on our *QualityReportingCenter.com* website.

So, we will go ahead and get started with a few of the Q&As. Our first question is on slide 10. So, we could go to Slide 10.

For Initial Hypotension, are we using the time of the second hypotension prior to the completion of the fluids or the first time?

Noel Albritton: Hi Candace, this is Noel. For the Initial Hypotension Date and Time data elements, we are using the time of the second hypotensive reading that is within a timeframe for Initial Hypotension. The timeframe for Initial Hypotension will be six hours prior through six hours after the Severe Sepsis Presentation. Then, you'll abstract the time of that second hypotension reading within that timeframe.

Candace Jackson: Thank you, Noel.

Our next question is on slide 9. I don't understand why this measure is being publicly reported when there have been so many major changes. I am going to go over that again. I don't understand why this measure is being publicly reported when there have been so many measure changes during the reporting period.

Bob Dickerson: Hi Candace, this is Bob Dickerson. I can take that question. Yes, that's a great question and we acknowledge there have been a number of changes and changes with each version of the manual with this measure. Those changes have been targeted more at the guidance clarification and trying to simplify some of the guidance. They've not been changes that have been substantive in nature. In other words, they've not impacted which patients are eligible for the measure, and we have been monitoring the measure's performance over time. We've noted the performance has been gradually increasing over time. So, the changes have not had an adverse impact on performance. Now, the other thing to keep in mind, based upon that, the measure is reaching more of a point of stabilization. The other thing is to keep in mind, the public reporting of a measure itself, particularly when we're talking about SEP-1, doesn't mean that it puts the measure into the CMS value-based purchasing pay-for-performance

program. It is just being publicly reported, is what will be happening. So, I hope that answers that question.

Candace Jackson: Okay. Thank you very much, Bob.

Our next question is on slide 12. Does this mean that we will not have to look for the individual components of tissue perfusion reassessment? We just need to look for documentation that a tissue perfusion reassessment was done?

Bob Dickerson: Yes. This is Bob again. I can take that question, Candace. This is in reference to the Repeat Volume Status and Tissue Perfusion Assessment Performed data element, and that is correct. Adding this data element resulted in removing a number of other data elements and essentially simplifying for the abstractor and for data entry what needs to be done for the Repeat Volume Status and Tissue Perfusion Assessment (Performed). There are more options that count toward that now with this simplification - physician/APN/PA documentation that they performed a physical exam, a perfusion, re-perfusion, tissue perfusion assessment, a sepsis exam, a sepsis reassessment, sepsis evaluation, systems review. Those are just some of the things. There are other ways that can be worded that are noted in the data, where that is acceptable, and any of those alone is sufficient. That documentation can be in a narrative note. It could be, for example, if your medical record has a reassessment exam checkbox that the provider has checked, indicating they have performed a reassessment exam, and they've signed and dated and timed that, so you know when it occurred. Something like that is also acceptable. If you don't have that type of documentation, the documentation of clinical exam findings is also acceptable. I think Reena went through the other options that are available for this in the slide presentation, or tests that are listed in the data element are also acceptable. So, lots more options and flexibility for completing that now.

Candace Jackson: Thank you. Our next question I believe is in reference to the Administrative Contraindication to Care data element, which would be around slide 15. Is there a timeline for refusing further treatment?

Noel Albritton: Hi Candace. This is Noel again. So, the timeframes listed in the Administrative Contraindication to Care, Severe Sepsis, and the Administrative Contraindication to Care, Septic Shock, data elements, or the Administrative Contraindication to Care, Severe Sepsis, data element, the timeframe would be prior to, or within six hours of, Severe Sepsis presentation, there would need to be documentation of the refusal, and then, similarly, for the Administrative Contraindication to Care, Septic Shock, data element, the documentation will need to be prior to, or within six hours of, the Septic Shock presentation time.

Candace Jackson: Thank you, Noel. Our next question: We have been told in the past that we cannot include fluid from IV antibiotics unless they run at a rate greater than 125 milliliters per hour. Has this changed?

Noel Albritton: This is Noel again. No, this has not changed. So, if crystalloid fluids are used to dilute medications, they would need to be ran at greater than 125 milliliters per hour, and then you would also need to meet the other requirements within the data elements, such as an order, documentation the fluids were infused, all of the same requirements as any other crystalloid fluids used to meet the data element.

Candace Jackson: Thank you, Noel. Can a normal saline 10 cc IV push to flush a line also be used to count towards the crystalloid fluid volume?

Bob Dickerson: Hi, this is Bob. I can take that question. Thank you for asking. No, it cannot. The Crystalloid Fluid Administration data element still excludes fluids that are given to flush IV lines. So, as Noel pointed out and I think in the previous question, we've been referencing that fluids used to dilute medications can count, but fluids that are used to flush the lines do not count.

Candace Jackson: Thank you, Bob. The next question is in reference to slide 32. So, does Initial Hypotension require two readings again? I thought that changed to one reading in the current manual.

Noel Albritton: This is Noel again. Initial Hypotension does require two readings within the timeframe of six hours prior to six hours after the Severe Sepsis

Presentation Time. So, yes, you would always look for the second hypotensive reading within that timeframe to consider the Initial Hypotension to be present.

Candace Jackson: Thank you. Noel, and I believe this is related again to the Administrative Contraindication of Care elements which I think was back around slide 22 or something. Can we consider "allow natural death" an inclusion term for comfort measures?

Noel Albritton: Hi, Candace. This is Noel again. I think this may be in reference to the Directive for Comfort Care data elements since it mentions comfort measures, and so, the Directive for Comfort Care data elements have the only acceptable inclusion terms listed in each data element. So, "allow natural death" is not included in one of the only inclusions terms at this point, but that is something we can consider for the future.

Candace Jackson: Thank you, Noel. Our next question is for slide 37. Start abstracting at the Crystalloid Fluid Administration Date and Time. Does that mean start at the initial fluid time, or the start time of the second bag that meets the target fluid volume?

Noel Albritton: This is Noel again. So, for this timeframe, the Crystalloid Fluid Administration Date and Time that is referred to at the start of the timeframe is actually going to be the date and time that you abstract for the Crystalloid Fluid Administration Date and Crystalloid Fluid Administration Time data element. So, those data elements will, you know, explain how to determine the Crystalloid Fluid Administration Date and Time, and it'll vary depending on how the order is written and fluids are administered. So, the important thing to know, it's those date and times that you have abstracted for those Crystalloid Fluid Administration Date and Time data elements.

Candace Jackson: Thank you, Noel. Our next question is in regard to slide 46. So, just the patient having the anticoagulant is enough for the sign of organ to be disregarded? The MD doesn't have to state anything specific?

Noel Albritton: Hi, this Noel again. Okay, as far as documentation of an anticoagulant being given to the patient, as long as the anticoagulant is on the Home Med Rec, or there is documentation an anticoagulant was given in the hospital, such as on the MAR, then you could disregard any elevated INRs or aPTT values. There would not to be further position documentation that would consider the INR or aPTT to be due to the medication. Yes. So, as long as you just had the medication on the Home Med Rec or documented given in the hospital. that will be acceptable.

Candace Jackson: Thank you, Noel. Next question: On documentation of atrial fibrillation, if the physician documents AFib with rapid ventricular response, can we disregard all of the heart rates, or does the physician have to specifically list the heart rates?

Noel Albritton: This is Noel again. So, the physician documentation AFib with RVR would allow all the heart rates to be disregarded, as long as the documentation was prior to or within 24 hours of the Severe Sepsis Presentation Time. The physician would not be required to document the specific heart rates. In that case, just AFib with RVR, you disregard the elevated heart rates.

Candace Jackson: Thank you, Noel. Our next question is with slide 45. It says INR 2.2 and home medication section list Warfarin as unacceptable documentation for organ dysfunction, but slide 46 says that it is.

Noel Albritton: This is Noel again. Similar to what I said in a previous question a few minutes ago, if there is an anticoagulant documented on the Home Med Rec, or is given in the hospital, then you can go ahead and disregard the elevated INR. This example is more or less demonstrating physician documentation that's unacceptable to disregard certain organ dysfunctions, when they're not specifically related or documented as due to current condition or medication, etc. So, if you do have the medication, yes, the medication documented on the MAR is given, or Home Med Rec, then you can disregard the INR values.

Candace Jackson: Thank you, Noel and our next question. What if the MD documents Severe Sepsis as viral, but there is also documentation of bacterial infection? Would this be used?

Noel Albritton: This is Noel again. So, the physician documentation for Severe Sepsis due to a viral condition or infection would be disregarded. Then, there was further documentation that there was a bacterial infection that documentation could be used to meet Severe Sepsis Present criteria A, but it wouldn't necessarily impact the physician documentation of Severe Sepsis due to viral infection.

Candace Jackson: Thank you, Noel. Our next question: How is the focused exam taken out and replaced with Repeat Volume Status and Tissue Perfusion Assessment Performed?

Bob Dickerson: Hi, this is Bob. I can take that question. So, the new data element replaces having all the data elements that were part of the focused exam, as well as all of those data elements that were a part of the two of the other four. Now, the findings from some of those data elements are still present in this new data element, as options. But, for all practical purposes, there really isn't a focused exam any longer. Now, that said, if you have programmed in your EHR, or have a clinician that is used to that terminology of a focused exam, and they document that, or you have that as part of your record of sepsis focused exam was completed and a clinician checks that, that will still meet the requirements of the reperfusion assessment. I hope that helps clarify that. There is not a focused exam as was once present. It's been modified and there are numerous other ways to meet the intent of that data element.

Candace Jackson: Thank you, Bob. Our last question for today: We are a critical access hospital and have more than five cases per month, so we are not excluded, but our sample size is tiny. Are we compared to similar-sized facilities? How is this described in *Hospital Compare*?

Bob Dickerson: This is Bob again, I can respond to some of that question. In terms of how facilities are compared on *Hospital Compare*, *Hospital Compare* doesn't

really compare the facilities it has to performance rates and a user can select up to three hospitals that they can compare to. Now, there is a minimum number of cases before results will actually be reported on *Hospital Compare*. There is a footnote reflecting that if a hospital does not have a minimum number of cases.

Candace, is there anything? I think you have some knowledge of the *Hospital Compare* also. Is there anything you'd like to add to that? I'm not trying to put you on the spot or anything.

Candace Jackson: Not at this time. Yes, that's right. That's okay, Bob. No, I don't have anything to add at this time. Again, we'd like to thank you all for joining our presentation today. As I stated earlier, there was an awful lot of information provided and I know you all still have questions, and we will get any questions and responses posted to the quality reporting website as soon as possible. I'd like to now turn the presentation over to Dr. Debra Price who will go over our CEU Process. Deb?

Dr. Debra Price: Well, hello and thank you for allowing me time to go over these credits. Today's webinar has been approved for 1.5 continuing education credits by the boards listed on his slide. We are now a nationally accredited nursing provider and, as such, all nurses report their own credits to the board using the national provider number, 16578.

We now have an online CE certificate process. You can receive your certificate two different ways. First way, if you registered for the webinar through ReadyTalk, a survey will automatically pop up when the webinar closes. The survey will allow you to get your certificate. The second way to receive your certificate is, within 48 hours, your host will be sending out another survey link. If there are other people in the room who are listening to this event, this is the time that you can send the link to them.

If you do not immediately receive a response to the email that you signed up with in our Learning Management Center, that means you probably have a firewall that's blocking our automatic link. If that's the case, please

go back and use a New User link and use your personal email as well as your personal phone number.

This is what the survey will look like at the end of this event. It will pop up and will be sent to all attendees within 48 hours. In the bottom, you noticed the little gray done box. Click that. This is the page that's going to pop up. You notice that there are two links in this page, the New User link and Existing User link. If you've been having certificates all along, and haven't had any problems, please click on the Existing User link. If you have had problems, that's when we'd like you to use the New User link and input your personal email as well as a personal phone number.

This is what the New User slide will look like. You put in your first name, your last name, and your personal email, and personal phone number.

This is what the Existing User slide will look like. Your user name is your complete email address, including what's after the @ sign. Your password is whatever you used to sign up. If you forgot your password, it's okay, just click in that box and you will be prompted what to do next.

Now, I thank you for attending the webinar. I hope that you learned something and please enjoy the rest of your day.