Severe Sepsis and Septic Shock: Management Bundle (Composite Measure) V5.14 Review and Updates

June 27, 2023

Speakers

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Purpose

The purpose of this event is to:

- Clarify the changes and outline the rationale behind the updates to the Sepsis (SEP)-1 measure and guidance in Version (V)5.14 of the specification manual.

- Respond to frequently asked questions.

Acronyms   3

Objective

Participants will be able to understand and interpret the updated guidance in V5.14 of the specifications manual to ensure successful reporting for the SEP-1 measure.

Acronyms   4

Acronyms and Abbreviations

A-fib	atrial fibrillation	**hr**	hour	**PI**	Promoting Interoperability
APN	advanced practice nurse	**HRRP**	Hospital Readmissions Reduction Program	**POA**	present on arrival/ present on admission
ASC	ambulatory surgical center	**HVBP**	Hospital Value-Based Purchasing	**POC**	point of contact
BFCC	Beneficiary and Family Centered Care	**IBW**	ideal body weight	**Post-op**	postoperative
BMI	body mass index	**IO**	intraosseous	**PPS**	Prospective Payment System
BP	blood pressure	**IPF**	Inpatient Psychiatric Facility	**Pt**	patient
bpm	beats per minute	**IQR**	Inpatient Quality Reporting	**q**	every
cath	catheterization	**ITP**	immune thrombocytopenia	**Q&A**	question and answer
CCN	CMS Certification Number	**IV**	intravenous	**QIO**	Quality Improvement Organization
CHF	congestive heart failure	**kg**	kilogram	**QIP**	Quality Incentive Program
CI	cardiac index	**MAP**	mean arterial pressure	**r/t**	related to
CKD	chronic kidney disease	**MAR**	Medication Administration Record	**RVR**	Rapid ventricular response
CMS	Centers for Medicare & Medicaid Services	**MD**	medical doctor	**SEP**	sepsis
CO	cardiac output	**mL**	milliliter	**SIRS**	systemic inflammatory response syndrome
DRA	Deficit Reduction Act	**mmHg**	millimeters of mercury	**SNF**	skilled nursing facility
ED	emergency department	**NS**	normal saline	**SV**	stroke volume
ESRD	End Stage Renal Disease	**O2**	oxygen	**SVI**	stroke volume index
F	Fahrenheit	**OQR**	Outpatient Quality Reporting	**V**	Version
FAQ	Frequently Asked Question	**PA**	physician assistant	**VAD**	ventricular assist device
H&P	history and physical	**PC**	perinatal care	**Vanco**	vancomycin
HACRP	Hospital-Acquired Condition Reduction Program	**PCH**	PPS-Exempt Cancer Hospital	**VBP**	Value-Based Purchasing
HD	hemodialysis	**PDF**	portable document format		
HPI	history of present illness	**PHI**	protected health information		

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Acronyms   6

Noel Albritton, MSN, RN, and Jennifer Witt, RN
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**Severe Sepsis and Septic Shock:
Management Bundle (Composite Measure)
V5.14 Review and Updates**

V5.14 Review and Updates

The following data elements will be discussed:

- New abstraction guidance
  - Pregnant 20 Weeks Through Day 3 Post-Delivery
  - Crystalloid Fluid Administration
- Frequently asked questions
  - Severe Sepsis Present
  - Severe Sepsis Presentation Date and Time
  - Septic Shock Present

Acronyms 8

Pregnant 20 Weeks Through Day 3 Post- Delivery (New Abstraction Guidance V5.14)

- Select Value "2" (No) for any of the following:
  - Allowable Value "<mark>1</mark> Male" was selected for the *Sex* data element.
  - There is documentation the patient had a partial or complete hysterectomy.
  - There is documentation the patient is not pregnant.
  - There is documentation the patient is less than 20 weeks pregnant.
  - There is documentation indicating severe sepsis was identified more than three days after delivery.
  - There is no documentation confirming that the patient is at least 20 weeks pregnant or within three days after delivery at the time severe sepsis was identified.

Severe Sepsis Present
(V5.14 FAQ Review)

- If documentation of an infection within a physician/APN/PA, nursing, or pharmacist note does not have a specific date and time or is documented using the acronym POA, use the date and time the note was started or opened.

    - If a timestamp reflecting the note opened or started time is unavailable, use the following sources in priority order.

        1. Provider Patient Care Initiated Time
           (e.g., Seen Time, Contact Time, etc.)

        2. Scribe Time

        3. Earliest time at the beginning of the note reflecting when the note was opened or started

Severe Sepsis Present (V5.14 FAQ Review)
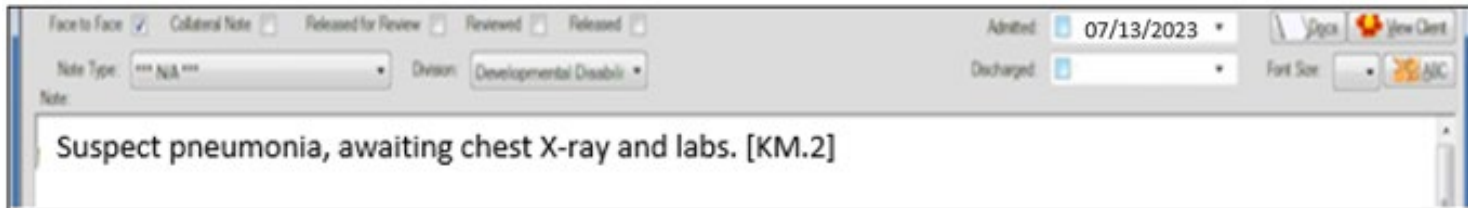
- If documentation of an infection is "superscripted" or footnoted, use the specified time of the "superscript" or footnote.
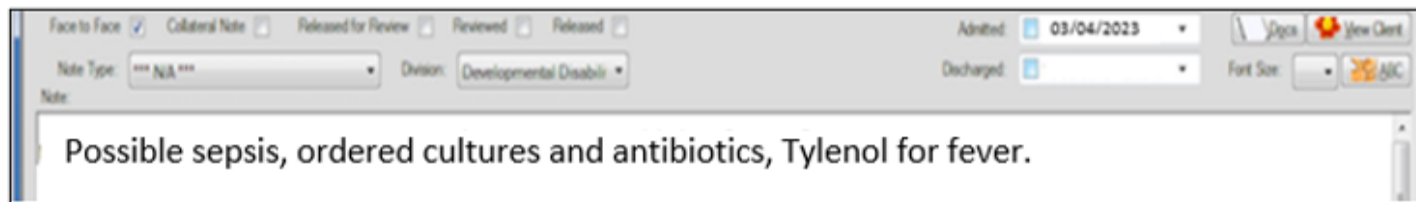
Severe Sepsis Present Question #1

Q. Which date and time would you use for the infection documentation to meet *Severe Sepsis Present* criteria a (infection) based on the below documentation?

- APN note opened 07/13/2023 1400:

- Superscript:

	KM.1	7/13/2023 1620	Progress Note	In Progress	Received
	KM.2	7/13/2023 1645	Progress Note	In Progress	Received
	XR.1	7/13/2023 1710	CXR	Pending	Received

A. Use 07/13/2023 at 1645 for the infection documentation date and time because the APN's documentation of pneumonia includes the superscript KM.2.

Severe Sepsis Present Question #2

Q. Which date and time would you use for the infection documentation to meet *Severe Sepsis Present* criteria a (infection) based on the below documentation?

- **Electronic Health Record:** MD note opened 07/10/2023 1145:
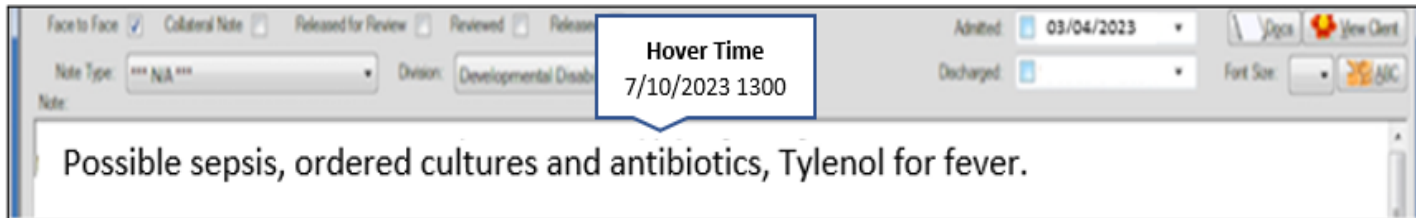
- **Exported or PDF:** MD note opened 07/10/2023 1145:

A. Use 07/10/2023 at 1145 for the infection documentation date and time because the MD's documentation of sepsis in the exported medical record does not include the hover time of 7/10/2023 at 1300.

Severe Sepsis Present (V5.14 FAQ Review)

- An IV or IO antibiotic ordered for a condition that may be inflammation or a sign or symptom of an infection can be considered documentation of an infection (e.g., ceftriaxone ordered for colitis, Zosyn 3.375 g IV q6hr for cough).

Severe Sepsis Present Question #3

Q. Would you use this documentation to meet *Severe Sepsis Present* criteria a (infection) based on the information below?

- MD note:

HPI:	[Add/Edit Note]
Pt. has been taking Augmentin at home for bronchitis	

A. No, because the documentation does not state an IV or IO antibiotic was ordered for the inflammatory condition (bronchitis).

Acronyms   15

Knowledge Check:
Severe Sepsis Present

Would you use the PA documentation "fever is concerning, ordering IV vanco now" to establish criteria a (infection) for the *Severe Sepsis Present* data element?

A. Yes

B. No

Knowledge Check: Severe Sepsis Present

Would you use the PA documentation "fever is concerning, ordering IV vanco now" to establish criteria a (infection) for the *Severe Sepsis Present* data element?

A. Yes

B. No

Select A, Yes, because the documentation states the IV antibiotic was ordered for the fever which could be a sign or symptom of an infection.

Acronyms

Severe Sepsis Present (V5.14 FAQ Review)

o If the SIRS criteria or a sign of organ dysfunction is due to the following, do not use it. Do not make inferences. The abnormal value or reference to the abnormal value must be in the same documentation (i.e., same sentence or paragraph).

- Normal for that patient
- Is due to a chronic condition
- Is due to a medication

Severe Sepsis Present
(V5.14 FAQ Review)

Examples:

"Chronic A-fib with RVR"

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

ED Note: History of A-fib, chronic anticoagulation

Admit H&P: A-fib with tachycardia

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

Severe Sepsis Present (V5.14 FAQ Review)

Examples:

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

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

H&P: Assessment Section

Renal Assessment

History of CKD

Creatinine 3.0 HD daily

- Do not use value since the creatinine and the chronic condition are in the same documentation and section of the H&P.

"Hypotensive after pain meds"

- Do not use the hypotensive readings since the medication is in the same sentence.

Acronyms 20

Severe Sepsis Present Question #4

Q. Would you use a heart rate of 112 documented in the vital sign flow sheet as a SIRS criterion based only on the documentation below?

MD note:

Subjective:

Chief Complaint(s):

- Chest pain

HPI:

- History of A-fib

A. Yes, because the elevated heart rate is not included in this documentation with the chronic condition.

Acronyms 21

Severe Sepsis Present Question #5

Q. Would you use the platelet value as a sign of organ dysfunction based only on the information below?

MD Note:

HPI:	[Add/Edit Note]
She has excessive bruising on both lower extremities. Denies any recent falls. History of ITP with significant thrombocytopenia.	

A. No, because the physician's documentation includes the chronic condition and thrombocytopenia in the same documentation.

Acronyms 22

Severe Sepsis Present (V5.14 FAQ Review)
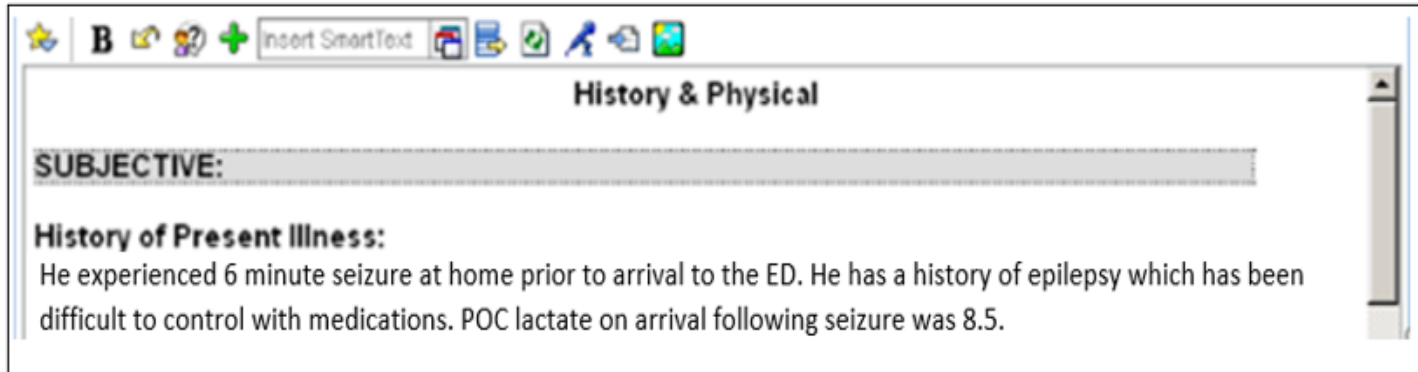
o If SIRS criteria or a sign of organ dysfunction is due to an acute condition that has a non-infectious source/process, do not use it (refer to Severe Sepsis Present criterion "a" to determine if the source of the acute condition is an infection).

Acronyms 23

Severe Sepsis Present Question #6

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

MD note:

A. No, because the physician's documentation includes the abnormal lactate value and the acute condition (seizure) with the non-infectious source (history of epilepsy).

Knowledge Check:
Severe Sepsis Present

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

7/4/23 1500: Vital Signs Flowsheet, MAP 61

7/4/23 1700: APN note "right knee arthroplasty this AM now with post-op hypotension"

A. Yes

B. No

Knowledge Check:
Severe Sepsis Present

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

7/4/23 1500: Vital Signs Flowsheet, MAP 61

7/4/23 1700: APN note "right knee arthroplasty this AM now with post-op hypotension"

A. Yes

B. No

Select B, No, because the term hypotension is documented as due to the acute condition (post-op) condition with a non-infectious source (right knee arthroplasty).

Acronyms |

Severe Sepsis Present (V5.14 FAQ Review)

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

    Examples include but are not limited to:

    o Use the Non-Pregnant criteria if Value "2" was selected for the *Pregnant 20 Weeks Through Day 3 Post-delivery* data element.

    o Use the Pregnant 20 weeks through Day 3 Post-delivery criteria if Value "1" was selected for the *Pregnant 20 Weeks Through Day 3 Post-delivery* data element.

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Severe Sepsis Present
(V5.14 FAQ Review)

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

Severe Sepsis Present Question #7

Q. Would you use the heart rate of 118 for SIRS criteria based only on the documentation below?

- MD note:

HPI:	[Add/Edit Note]
Pt states her elevated heart rate is due to chronic anxiety.	

- Vital Signs Flowsheet:

BP	110/80 mmHg
Temperature	98.6 F
Pulse	118 bpm
Respiratory rate	17 bpm
O2 Saturation	98%

A. Yes, because the MD documentation does not include the abnormal value or a term that is defined by an abnormal value (e.g., tachycardia) as being due to the chronic condition.

Acronyms

Severe Sepsis Presentation Date and Time (V5.14 FAQ Review)

- If severe sepsis or septic shock is documented multiple times within the same note, use the earliest specified time.

Severe Sepsis Presentation Date & Time Question #1

Q. Which date and time would you use for *Severe Sepsis Presentation Date* and *Time* based only on the documentation below?

- MD note opened 8/15/23 at 1600:

Problems List - Review
InfoButton
Problem
Current Problems
Pneumonia
Severe Sepsis

HPI: [Add/Edit Note]
Pt met criteria for severe sepsis 8/15/23 at 2100. Blood cultures pending, antibiotics and repeat lactate ordered.
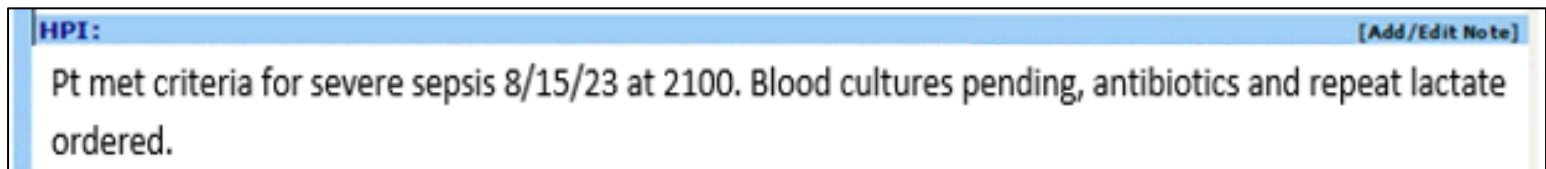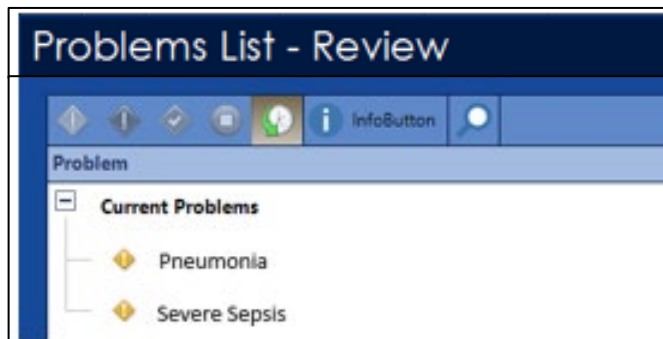
A. Use 8/15/2023 at 2100 for *Severe Sepsis Presentation Date* and *Time* because this is the earliest specified time severe sepsis is documented within the note.

Crystalloid Fluid Administration (New Abstraction Guidance V5.14)

Allowable Values:

1 (Yes) Target volume of crystalloid fluids were ordered AND initiated within the specified time frame. Additionally, the target ordered volume was completely infused.

2 (No)   Less than the target volume of crystalloid fluids were ordered OR initiated within the specified time frame. The target ordered volume was not completely infused.

3 (No)   The target volume of crystalloid fluids was NOT initiated within the specified time frame, or unable to determine.

4 (No)   There is documentation the patient has an implanted Ventricular Assist Device (VAD), documentation of the patient or authorized patient advocate refusal of IV fluids, or documentation no fluids were ordered because the patient was not volume or fluid responsive by clinical evidence.

Crystalloid Fluid Administration (New Abstraction Guidance V5.14)

- Select Value "4" if:

  - There is documentation that the patient has an implanted ventricular assist device (VAD) prior to or at the time of identifying the need for crystalloid fluids, regardless of the volume and rate of crystalloid fluids ordered.

  - Physician/APN/PA or nursing documentation indicates patient or authorized patient advocate has refused IV fluid administration prior to or within six hours following presentation of septic shock.

  - Physician/APN/PA or nursing documentation indicates no crystalloid fluids were ordered because the patient was not volume or not fluid responsive. Documentation must indicate that invasive or noninvasive measurements of cardiac output (CO), cardiac index (CI), stroke volume (SV), or stroke volume index (SVI) were used to determine the patient was not volume or fluid responsive.

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Crystalloid Fluid Administration Question #1

Q. Which allowable value would you select based only on the documentation below?

MD Progress Note:

"Stroke volume significantly decreased this visit suspect due to worsening CHF. BP will not respond to IV fluids, so no fluids ordered at this time."

A. Select Value "4" (No) because there is physician documentation indicating no crystalloid fluids were ordered because the patient was not fluid responsive based on the stroke volume.

Acronyms 34

Crystalloid Fluid Administration Question #2

Q. Which allowable value would you select based only on the documentation below?

Nurse Note:

"Pt went to cath lab this AM due to chest pain and shortness of breath. Per Dr. Smith, not giving IV fluids because cardiac output was too low for patient to respond to IV fluids."

A. Select Value "4" (No) because there is nursing documentation indicating no crystalloid fluids were ordered because the patient was not fluid responsive based on the cardiac output.

Acronyms 35

Crystalloid Fluid Administration (V5.14 FAQ Review)

- A physician/APN/PA order for less than 30 mL/kg of crystalloid fluids is acceptable for the target ordered volume if all of the following criteria were met:
  - There is a physician/APN/PA order for the lesser volume of crystalloid fluids as either a specific volume (e.g., 1500 mL) or a weight-based volume (e.g., 25 mL/kg).

Crystalloid Fluid Administration (V5.14 FAQ Review)

- o The ordering physician/APN/PA documented within a single source (e.g., note or order) in the medical record all of the following:

  - The volume of fluids to be administered as either a specific volume (e.g., 1500 mL) or a weight-based volume (e.g., 25 mL/kg).

  - AND a reason for ordering a volume less than 30 mL/kg of crystalloid fluids. Reasons include and are not limited to the following:

    - Concern for fluid overload
    - Heart failure
    - Renal failure
    - Blood pressure responded to lesser volume
    - A portion of the crystalloid fluid volume was administered as colloids (if a portion consisted of colloids, there must be an order and documentation that colloids were started or noted as given)

Crystalloid Fluid Administration Question #3

Q. Which volume would you use as the target ordered volume?

Patient weight: 85 kg, 30 mL/kg = 2550 mL

IV Fluid Orders:

15:30: NS 0.9% IV volume 500 mL over 1 hr

Order Comments: CHF

MAR:

500 mL start time 1545, stop time 1645

A. Use 500 mL as the crystalloid fluid target ordered volume because the fluid order includes a volume less than 30 mL/kg (500 mL) and the reason for the lesser volume (CHF).

Acronyms 38

Crystalloid Fluid Administration Question #4

Q. Which volume would you use as the target ordered volume?

Patient weight: 75kg, 30 mL/kg = 2250 mL

IV Fluid Orders: 09:30: NS 0.9% IV volume 500 mL at 999 mL/hr

10:15: NS 0.9% IV volume 500 mL at 999 mL/hr

MD Note: "Minimize volume due to overload, gave 500 mL still hypotensive, giving 2nd 500 mL for total of 1000 mL.

MAR: 500 mL start time 0935, stop time 1005

500 mL start time 1020, stop time 1050

A. Use 1000 mL as the crystalloid fluid target ordered volume because the MD note includes a volume less than 30 mL/kg (1000 mL) and a reason (overload).

Acronyms 39

Crystalloid Fluid Administration Question #5

Q. Which volume would you use as the target ordered volume?

Patient weight: 115 kg, 30 mL/kg = 3450 mL

IV Fluid Orders: 17:30: NS 0.9% IV volume 2000 mL at 999 mL/hr

19:45: NS 0.9% IV volume 1500 mL at 999 mL/hr

MD Note: "Initial volume was 2000 mL due to ESRD but increasing to sepsis 30 mL/kg volume."

MAR: 2000 mL start time 1730, stop time 1930

1500 mL start time 1945 at 999 mL/hr

A. Use 3450 mL as the crystalloid fluid target ordered volume because the MD note states the target ordered volume is 30 mL/kg.

Crystalloid Fluid Administration (V5.14 FAQ Review)

- Physician/APN/PA can use ideal body weight (IBW) to determine the target ordered volume if all of the following conditions are met. Other acceptable weight terms include predicted weight, dosing weight, and adjusted body weight.

    o Physician/APN/PA documents the patient is obese (defined as BMI >30).

    o Physician/APN/PA documents IBW is used to determine target ordered volume.

    o IBW is present in the medical record, abstractors should not calculate the IBW.

Crystalloid Fluid Administration Question #6

Q. Which weight would you use to determine the target ordered volume?

Patient weight: 105 kg, 30 mL/kg = 3150 mL

MD Note:

"Ordering 30 mL/kg NS based on dosing weight 85 kg, BMI is 28"

A. Use 105 kg to determine the 30 mL/kg target ordered volume of crystalloid fluids because the MD note states the patient's BMI is 28.

Knowledge Check:
Crystalloid Fluid Administration

Which weight would you use to determine the target ordered volume based on the APN documentation "weighs 102 kg with BMI 33, giving sepsis fluids per adjusted body weight of 83 kg?

A. **102 kg**

B. **83 kg**

C. **71 kg**

Knowledge Check:
Crystalloid Fluid Administration

Which weight would you use to determine the target ordered volume based on the APN documentation "weighs 102 kg with BMI 33, giving sepsis fluids per adjusted body weight of 83 kg?

A. **102 kg**

B. **83 kg**

C. **71 kg**

Select B, 83 kg, because the APN documented the adjusted body weight was being used to determine the target ordered volume and the patient's BMI >30.

Acronyms   44

Septic Shock Present (V5.14 FAQ Review)

- Select Value "2" if at the same time or within six hours after meeting clinical criteria or physician/APN/PA documentation of severe sepsis there is additional physician/APN/PA documentation indicating:

  o Patient is not septic

  o Patient does not have sepsis or severe sepsis

  o Severe sepsis or septic shock is due to a viral, fungal, or parasitic infection.

Septic Shock Present Question #1

Q. Would you select Value "1" (Yes) or Value "2" (No) for the *Septic Shock Present* data element based only on the documentation below?

PA Note:

0600: "septic shock ruled out"

0730: "Pt meets septic shock based on lactate 4.5"

A. Select Value "1" (Yes) because the documentation indicating septic shock was ruled out is before septic shock was met.

Septic Shock Present Question #2

Q. Would you select Value "1" (Yes) or Value "2" (No) for the *Septic Shock Present* data element based only on the documentation below?

PA Note: 0600: "septic shock ruled out"

0730: "Pt meets septic shock based on lactate 4.5"

MD Note: 0800: "lactic acidosis r/t liver failure, does not appear to have septic shock"

A. Select Value "2" (No) because there is physician documentation indicating septic shock was not present within six hours after the *Septic Shock Presentation Time.*

Acronyms 47

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Submitting a Question
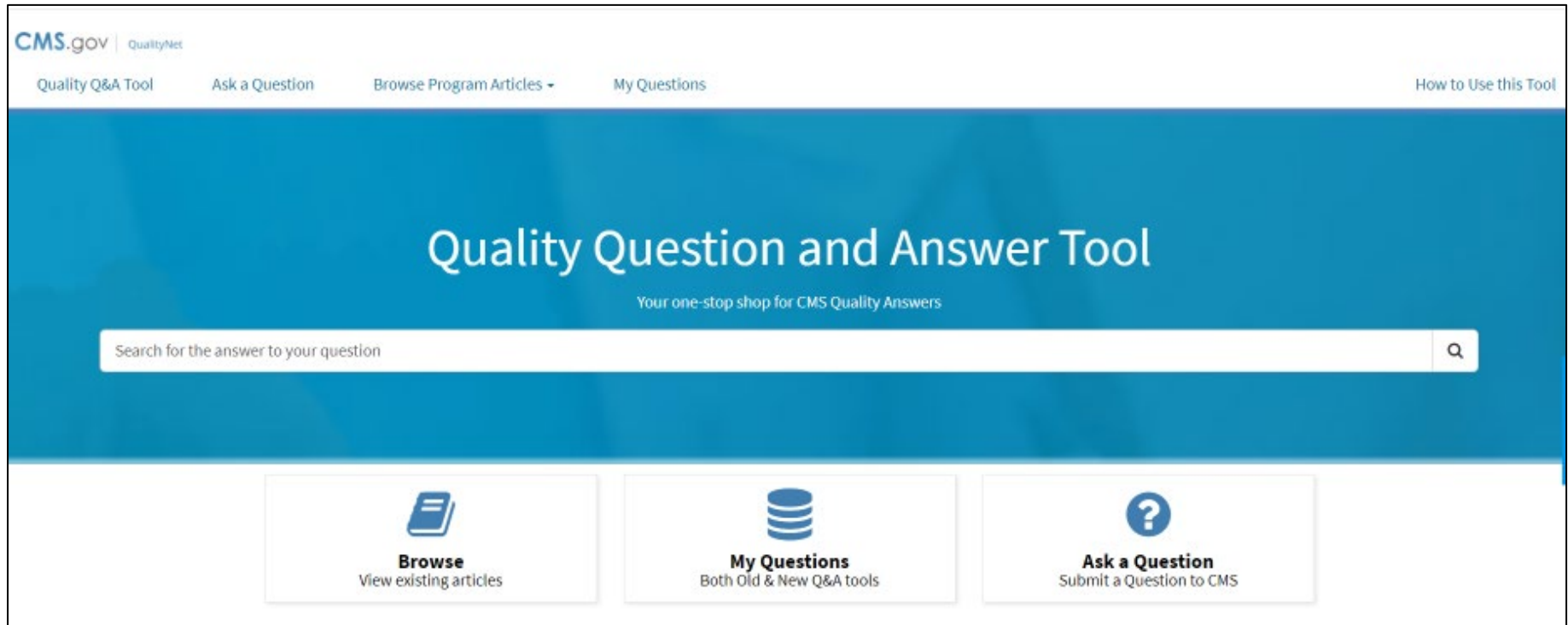
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Submitting a Question

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Submitting a Question

Acronyms 53

Submitting a Question

Acronyms

Severe Sepsis and Septic Shock: Management Bundle (Composite Measure) V5.13 Review & Updates

Questions

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- **Florida-only credit**
  - o Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
  - o Board of Registered Nursing
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