



**Severe Sepsis and Septic Shock:
Management Bundle (Composite Measure)
Severe Sepsis Present Data Element
Version 5.14a Questions and Answers**

December 5, 2023

Speakers

Noel Albritton, MSN, RN, Lead Solutions Specialist

Behavioral Development and Inpatient and Outpatient
Measure Maintenance Support Contractor

Jennifer Witt, RN

Senior Health Informatics Solutions Coordinator

Behavioral Development and Inpatient and Outpatient
Measure Maintenance Support Contractor

Moderator

Donna Bullock, MPH, BSN, RN

Program Lead, Hospital Inpatient Quality Reporting Program
Inpatient, Value, Incentives, and Quality Reporting
Outreach and Education Support Contractor

Purpose

The purpose of this event is to:

- Review the *Severe Sepsis Present* data element.
- Respond to frequently asked questions.

Objective

Participants will be able to understand and interpret the guidance in Version 5.14a, effective for July 1, 2023, through December 31, 2023 discharges, of the specifications manual, specific to the *Severe Sepsis Present* data element, to ensure successful reporting for the SEP-1 measure for the Hospital Inpatient Quality Reporting Program.

Acronyms and Abbreviations

A-fib	atrial fibrillation	ESRD	End-Stage Renal Disease
AM	morning	QIP	Quality Improvement Program
APN	advanced practice nurse	ET	endotracheal tube
ASC	Ambulatory surgical center	g	gram
B	Not in Measure Population	HAC	hospital-acquired condition
BFCC-QIO	Beneficiary and Family Centered Care-Quality Improvement Organization	HPI	history of present illness
BiPAP	bilevel positive airway pressure	hr	Hour
BP	blood pressure	HR	heart rate
CCN	CMS Certification Number	HRRP	Hospital Readmissions Reduction Program
CMS	Centers for Medicare & Medicaid Services	HVBP	Hospital Value-Based Purchasing
c/o	complains of	Hx	history
COPD	chronic obstructive pulmonary disease	ICU	Intensive care unit
D	in measure population	INR	international normalized ratio
DRA	Deficit Reduction Act	IO	intraosseous
ED	emergency department	IPF	inpatient psychiatric facility
EMS	emergency medical services	IQR	Inpatient Quality Reporting
		IV	intravenous

Acronyms and Abbreviations

MAR	Medication Administration Record	Pt	patient
MD	medical doctor	q	every
mg	milligram	Q&A	questions and answers
mL	milliliter	RN	Registered Nurse
O2	oxygen	r/t	related to
PA	physician assistant	RR	respiratory rate
PC	Perinatal Care	SEP	sepsis
PCH	Prospective Payment System-exempt Cancer Hospital	SIRS	systemic inflammatory response syndrome
PI	Promoting Interoperability	SNF	skilled nursing facility
PDF	Portable Data Format	T	temperature
PHI	Protected Health Information	UTD	unable to determine
PICC	peripherally inserted central catheter	UTI	urinary tract infection
PNA	Pneumonia	Vanco	Vancomycin
PO	Oral	WBC	white blood count
POA	present on arrival/present on admission	X	data are missing
POC	point of contact		

Noel Albritton, MSN, RN, and Jennifer Witt, RN

***Severe Sepsis Present* Data Element Version 5.14a**

SEP-1 Appendix A.2

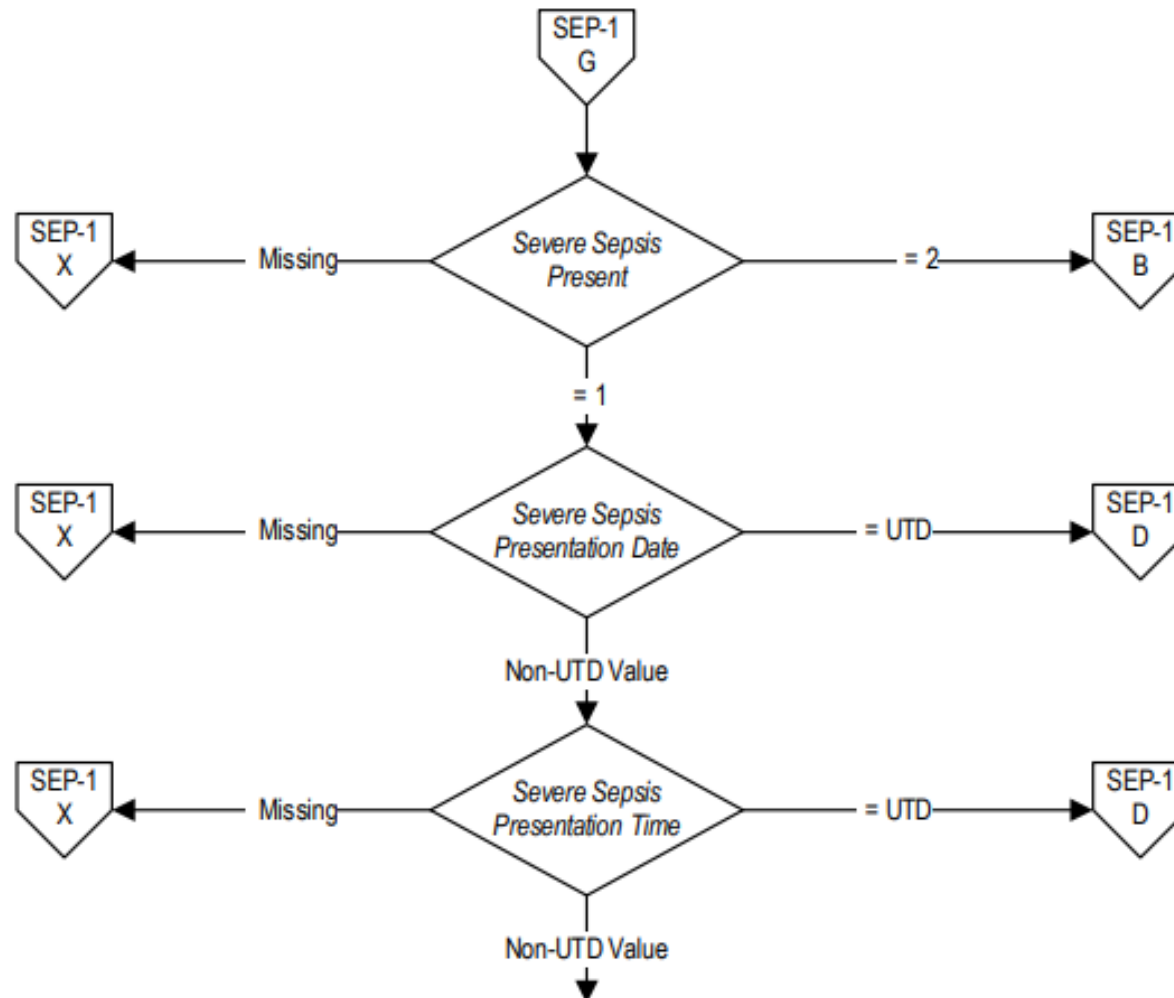
Version 5.14a Review

Table 4.01: Severe Sepsis and Septic Shock (SEP)

ICD-10-CM Code	Code Description
A021	Salmonella sepsis
A227	Anthrax sepsis
A267	Erysipelothrix sepsis
A327	Listerial sepsis
A400	Sepsis due to streptococcus, group A
A401	Sepsis due to streptococcus, group B
A403	Sepsis due to Streptococcus pneumoniae
A408	Other streptococcal sepsis
A409	Streptococcal sepsis, unspecified
A4101	Sepsis due to Methicillin susceptible Staphylococcus aureus
A4102	Sepsis due to Methicillin resistant Staphylococcus aureus
A411	Sepsis due to other specified staphylococcus
A412	Sepsis due to unspecified staphylococcus
A413	Sepsis due to Hemophilus influenzae
A414	Sepsis due to anaerobes
A4150	Gram-negative sepsis, unspecified
A4151	Sepsis due to Escherichia coli [E. coli]
A4152	Sepsis due to Pseudomonas
A4153	Sepsis due to Serratia
A4154	Sepsis due to Acinetobacter baumannii
A4159	Other Gram-negative sepsis
A4181	Sepsis due to Enterococcus
A4189	Other specified sepsis
A419	Sepsis, unspecified organism
A427	Actinomycotic sepsis
A5486	Gonococcal sepsis
R6520	Severe sepsis without septic shock
R6521	Severe sepsis with septic shock

SEP-1 Algorithm

Version 5.14a Review



Severe Sepsis Present

Clinical Criteria

- Use clinical criteria or physician/APN/PA documentation of severe sepsis to identify the presence of severe sepsis.
- To establish the presence of severe sepsis by clinical criteria, all three clinical criteria (a, b, and c) must be met within six hours of each other. The three clinical criteria do not need to be documented in any particular order.
 - a. Documentation of an infection
 - b. Two or more manifestations of systemic infection according to the Systemic Inflammatory Response Syndrome (SIRS) criteria
 - c. Organ dysfunction

Severe Sepsis Present

Criterion A, Infection

- 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 Infection Question #1

Q. Which time would you use for the infection documentation to meet *Severe Sepsis Present* criteria a (infection) based on the below documentation and meeting two SIRS criteria at 1600 (criteria b) and a sign of organ dysfunction at 1615 (criteria c)?

- MD documentation:

Medical Summary | Alerts | Labs | DI | Procedures | Growth Chart | Immunization | Encounters | Pati

SF [dropdown] Rel [dropdown] Default [dropdown] En

Note Opened Time: 12/15/2023 1530

Patient is a 59 year-old male who was brought into ED via EMS from SNF due to fever, lethargy, and possible pneumonia.

Medical Summary | CDSS | Alerts | Labs | DI | Procedures | Growth Chart | Imm/T.Inj | Encounters

SF [dropdown] [dropdown]

Objective:

[Vitals:](#)

[Examination:](#)

Assessment:

[Assessment:](#)

12/15/2023 1700: Pneumonia

A. Use 1530 for the infection documentation time.

Severe Sepsis Present Infection Question #2

- Q. Which time would you use for the infection documentation to meet *Severe Sepsis Present* criteria a (infection) based on the below documentation and meeting two SIRS criteria at 1600 (criteria b) and a sign of organ dysfunction at 1615 (criteria c)?
- MD documentation:

The screenshot displays a medical record interface with two panels. The top panel shows the 'Medical Summary' tab with a dropdown menu set to 'SF', a 'Rel' dropdown set to 'Default', and a 'Patient' dropdown. The text reads: 'Note Opened Time: 12/15/2023 0900' and 'Patient is a 55 year-old female who was brought into ED via EMS from SNF due to fever, lethargy, and likely UTI.' The bottom panel shows the 'Medical Summary' tab with a dropdown menu set to 'SF' and a 'Patient' dropdown. The text reads: 'Objective:', 'Vitals:', 'Examination:', 'Assessment:', 'Assessment:', and '12/15/2023 1700: UTI'.

- A. Use 1700 for the infection documentation time.

Severe Sepsis Present

Criterion A, Infection

- 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 Infection Question #3

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

- PA note opened 09/10/2023 1145:



The screenshot shows a medical note interface. At the top, there are several checkboxes: 'Face to Face' (checked), 'Collateral Note', 'Released for Review', 'Reviewed', and 'Released'. On the right, there are fields for 'Admitted' (03/04/2023) and 'Discharged'. Below these are dropdown menus for 'Note Type' (set to 'N/A') and 'Division' (set to 'Developmental Disability'). The main text area contains the note: 'Vanco ordered for persistent fever.'

- MAR:

Medication	Administration Date/Time
Vancomycin 500 mg/100 mL	09/09/2023 1800
Vancomycin 500 mg/100 mL	09/10/2023 0600
Vancomycin 500 mg/100 mL	09/10/2023 1800

A. Use 1145 for the infection documentation time.

Severe Sepsis Present

Infection Question #4

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

- Physician note opened 10/15/23 at 1500:

HPI: [Add/Edit Note]

Patient with c/o urinary frequency, low-grade fevers, and tachycardia. Will start on Ceftriaxone and await results of urine cultures.

Problems List - Review

Problem

Current Problems

- ◆ Cystitis
- ◆ Diabetes, Type 2

A. No.

Knowledge Check:

Severe Sepsis Present – Infection

Would you use the PA's reason for ordering IV Vancomycin "cellulitis" to establish criteria a (infection) for the *Severe Sepsis Present* data element?

- A. Yes
- B. No

Knowledge Check:

Severe Sepsis Present – Infection

Would you use the PA's reason for ordering IV Vancomycin "cellulitis" to establish criteria a (infection) for the *Severe Sepsis Present* data element?

A. Yes

B. No

Severe Sepsis Present

Criterion A, Infection

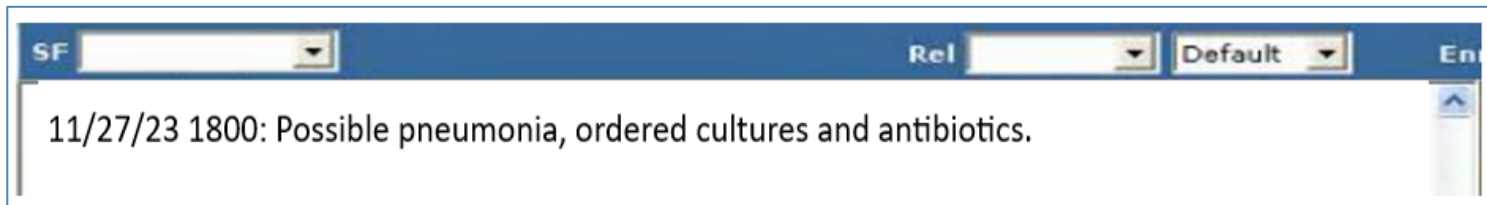
- If physician/APN/PA documentation within six hours following the initial documentation of the infection indicates that the infection is not present, do not use documentation of that infection made prior to the documentation indicating the infection is not present.

Severe Sepsis Present

Infection Question #5

Q. Would you disregard this infection documentation based on the information below?

- MD note:



SF [dropdown] Rel [dropdown] Default [dropdown] En [dropdown]

11/27/23 1800: Possible pneumonia, ordered cultures and antibiotics.

Final Diagnosis:

- Bronchitis

MD 11/27/23 2100

A. No.

Severe Sepsis Present

Criterion C, Organ Dysfunction

- For evidence of acute respiratory failure:
 - Use the time when mechanical ventilation was started or the time when the mechanical ventilation changed from intermittent to continuous.

Example:

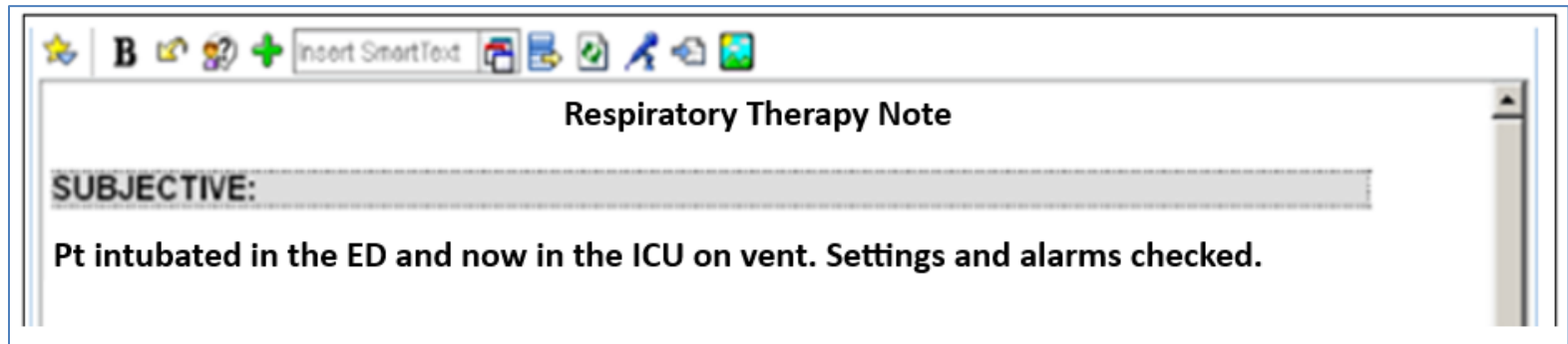
Intubation Flowsheet: ET placement at 0800. Respiratory Flowsheet: Parameters and vent settings/alarms documented at 0815. Respiratory Therapist note at 0840: “Patient intubated and placed on mechanical ventilation at 0830.”

- Use 0830 as the time when mechanical ventilation was started. The intubation time or time of the vent settings would not be used as the time mechanical ventilation was started/initiated.

Severe Sepsis Present

Organ Dysfunction Question #6

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



The image shows a screenshot of a medical note in a software interface. At the top, there is a toolbar with various icons including a star, bold (B), undo, redo, a plus sign, and a search icon. Below the toolbar is a text input field with the title "Respiratory Therapy Note". Underneath the title, there is a section labeled "SUBJECTIVE:" followed by a text area containing the following text: "Pt intubated in the ED and now in the ICU on vent. Settings and alarms checked."

A. No.

Knowledge Check: *Severe Sepsis Present* – Organ Dysfunction

Which time would you use for the mechanical ventilation to establish criteria c (organ dysfunction) for the *Severe Sepsis Present* data element?

- A. ET Placed 1730**
- B. Bag valve mask 1740**
- C. Ventilator placed 1815**

Knowledge Check: *Severe Sepsis Present* – Organ Dysfunction

Which time would you use for the mechanical ventilation to establish criteria c (organ dysfunction) for the *Severe Sepsis Present* data element?

- A. ET Placed 1730
- B. Bag valve mask 1740
- C. Ventilator placed 1815**

Severe Sepsis Present

Criterion C, Organ Dysfunction

- 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

Organ Dysfunction Question #7

- Q. Would you use the abnormal bilirubin value to establish *Severe Sepsis Present* organ dysfunction based only on the documentation below?
- Lab Report 0600: Bilirubin 2.4
 - PA Note at 0845: “Bilirubin normally runs high for patient”
- A. Yes, use the bilirubin value of 2.4 to establish organ dysfunction.

Severe Sepsis Present

Organ Dysfunction Question #8

- Q. Would you use the abnormal INR value to establish *Severe Sepsis Present* organ dysfunction based only on the documentation below?
- Lab Report 1600: INR 1.9
 - APN Note at 1645: “INR 1.9, last dose of warfarin at home this AM.”
- A. No, do not use the INR value of 1.9 to establish organ dysfunction.

Severe Sepsis Present

Criterion C, Organ Dysfunction

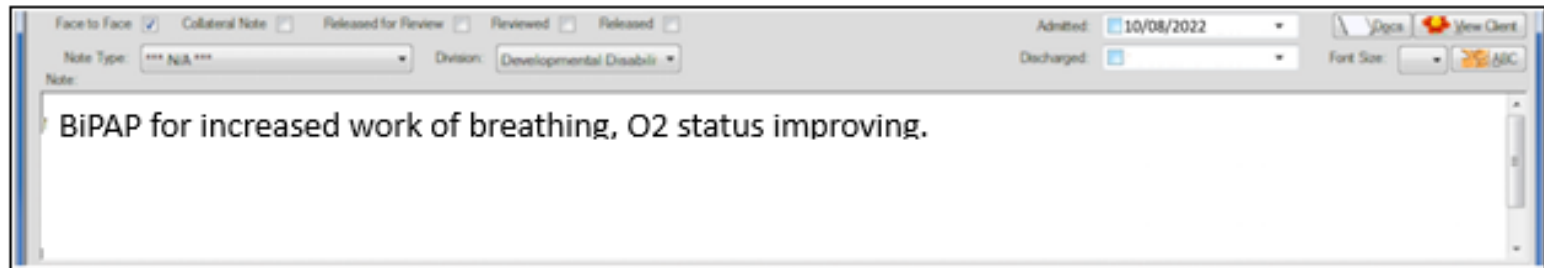
- If SIRS criteria or a sign of organ dysfunction is due to an acute condition that has a non-infectious source/process, do not use it (refer to *Severe Sepsis Present* criterion “a” to determine if the source of the acute condition is an infection).

Severe Sepsis Present

Organ Dysfunction Question #9

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

MD note:



Face to Face Collateral Note Released for Review Reviewed Released Admitted: 10/08/2022 Discharged: Font Size:

Note Type: *** N/A *** Division: Developmental Disability

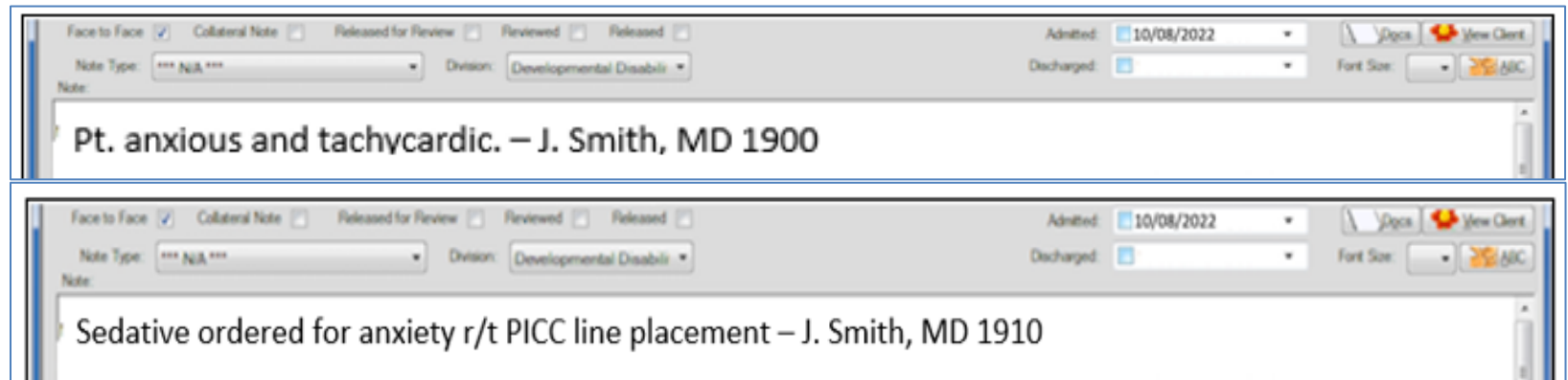
Note:
BiPAP for increased work of breathing, O2 status improving.

A. Yes.

Severe Sepsis Present

SIRS Question #10

Q. Would you use the elevated heart rate as a SIRS criterion to establish *Severe Sepsis Present* if all three severe sepsis clinical criteria were met at 1800?



The image shows two screenshots of a medical note interface. The top screenshot displays a note with the text: "Pt. anxious and tachycardic. – J. Smith, MD 1900". The bottom screenshot displays a note with the text: "Sedative ordered for anxiety r/t PICC line placement – J. Smith, MD 1910". Both screenshots show a header with various checkboxes (Face to Face, Collateral Note, Released for Review, Reviewed, Released) and dropdown menus (Admitted: 10/08/2022, Discharged, Note Type: N/A, Division: Developmental Disability). The interface also includes a "Font Size" dropdown and a "View Client" button.

A. No.

Severe Sepsis Present

Documentation

- 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:
 - Patient is not septic
 - Patient does not have sepsis or severe sepsis
 - Patient does not have septic shock, and severe sepsis was met by physician/APN/PA documentation that septic shock was present.
 - Severe sepsis or septic shock is due to a viral, fungal, or parasitic infection.

Severe Sepsis Present

Documentation Question #11

Q. Would you select Value “2” (No) for the *Severe Sepsis Present* data element based only on the documentation below?

MD Note:

1300: “Appearing viral at this time rather than severely septic”

1430: “Influenza negative, possible severe sepsis”

A. No.

Severe Sepsis Present

Documentation Question #12

Q. Would you select Value “2” (No) for the *Severe Sepsis Present* data element based only on the documentation below?

2130: All three severe sepsis clinical criteria met.

MD Note:

2200: “questionable severe sepsis”

A. No.

Severe Sepsis Present

Documentation Question #13

Q. Would you select Value “2” (No) for the *Severe Sepsis Present* data element based only on the documentation below?

1530: All three severe sepsis clinical criteria met.

MD Note:

1800: “severe sepsis has been ruled out”

A. Yes.

Severe Sepsis Presentation Time

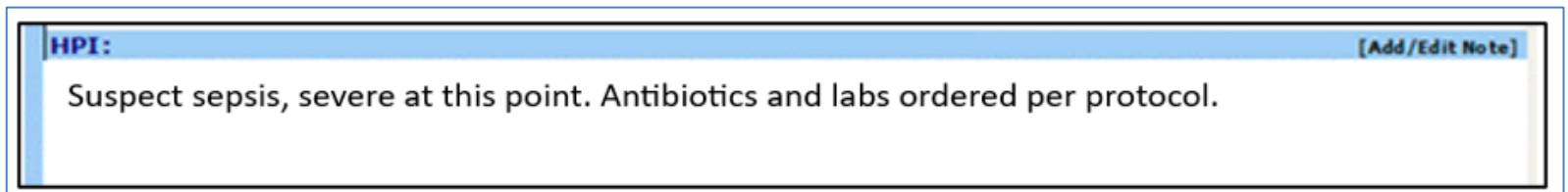
Multiple Documentation

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

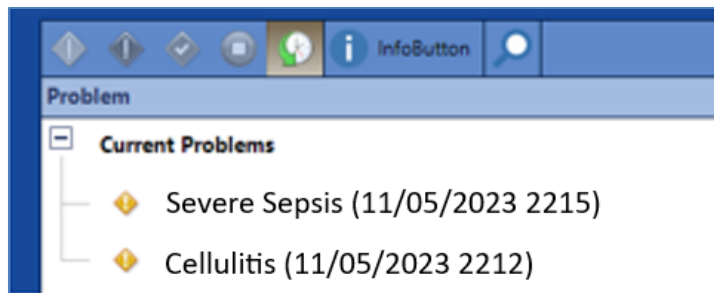
Severe Sepsis Presentation Time Clinician Documentation Question #1

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

- MD note opened 11/05/23 at 0900:



HPI: [Add/Edit Note]
Suspect sepsis, severe at this point. Antibiotics and labs ordered per protocol.



Problem

Current Problems

- Severe Sepsis (11/05/2023 2215)
- Cellulitis (11/05/2023 2212)

A. Use 11/05/2023 at 2215 for *Severe Sepsis Presentation Date and Time*.

Severe Sepsis Presentation Time Priority Order

- If severe sepsis or septic shock is documented in a physician/APN/PA note without a specific time or documented using the acronym POA, the following apply:
 - If it is the only documentation of severe sepsis or septic shock in the note, use the 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.

Knowledge Check:

Severe Sepsis Presentation Time

Which date and time would you use for *Severe Sepsis Presentation Time* if the MD note opened at 1500 and stated “severe sepsis POA”?

- A. Arrival Time**
- B. Note Opened at 1500**

Knowledge Check:

Severe Sepsis Presentation Time

Which date and time would you use for *Severe Sepsis Presentation Time* if the MD note opened at 1500 and stated “severe sepsis POA”?

A. Arrival Time

B. Note Opened at 1500

Severe Sepsis Presentation Date and Time Present On Admission

- If physician/APN/PA documentation states severe sepsis or septic shock was present on admission or indicates the patient was admitted with severe sepsis or septic shock, use the earliest time of the following for the physician/APN/PA documentation of severe sepsis or septic shock:
 - Physician/APN/PA note
 - Admit order
 - Disposition to inpatient
 - Arrival to floor or unit

Severe Sepsis Presentation Date and Time **Clinician Documentation Question #2**

Q. If the MD documented “Pt was admitted to the hospital three days ago with severe sepsis” which time would you choose for the *Severe Sepsis Presentation Time*?

- Admit Order at 0800
- Disposition changed to inpatient at 0840
- Arrival time to the inpatient floor at 0930

A. Select 0800 for the *Severe Sepsis Presentation Time*.

Severe Sepsis Presentation Date and Time **Clinician Documentation Question #3**

Q. Which time would you use as the *Severe Sepsis Presentation Time* based only on the documentation below?

1800: Disposition changed to inpatient

1830: All three severe sepsis clinical criteria met

1845: Admit order

2230: MD note: "Pt admitted with septic shock"

A. Use 1800 as the *Severe Sepsis Presentation Time*.

Severe Sepsis Presentation Date and Time **Clinician Documentation Question #4**

Q. Which time would you use as the *Severe Sepsis Presentation Time* based only on the documentation below?

0445: Admit order

0500: Hospitalist note opened: “likely severe sepsis”

0520: Hospitalist states: “impending severe sepsis”

0530: All three severe sepsis clinical criteria met

0630: MD note: “Pt has a previous admission last year due to severe sepsis.”

A. Use 0500 as the *Severe Sepsis Presentation Time*.

Severe Sepsis Presentation Date and Time **Clinician Documentation Question #5**

Q. What time would you use for the *Severe Sepsis Presentation Date and Time* based on this information?

Nurse note 12/10/2023 1500: “possible sepsis pt.”

Vital Signs Flowsheet 12/10/2023 1600:

T: 101.5 RR: 25

HR: 112 BP: 84/51

A. Use 12/10/2023 at 1600 as the *Severe Sepsis Presentation Date and Time*.

Severe Sepsis Presentation Date and Time Clinician Documentation Question #6

Q. What time would you use for the *Severe Sepsis Presentation Date and Time* based on this information?

PA note 09/10/2023 0700: “rule out PNA”

Vital Signs Flowsheet 09/10/2023 0600:

T: 101.1 RR: 23 HR: 88 BP: 84/48

POC Lactate Result 09/10/2023 0730: 2.5

Hospitalist note 09/10/2023 2100: “hypotension related to dehydration due to poor PO intake.”

A. Use 09/10/2023 at 0730 as the *Severe Sepsis Presentation Date and Time*.

Severe Sepsis Presentation Date and Time **Clinician Documentation Question #7**

Q. If the following POC lactate result times are documented, which time would you choose for the lactate result?

RN Note: POC lactate 2.5, 0645 Note Opened Time

POC Lactate Collection Time: 0720

Physician Note: POC lactate 2.5 at 0730

Flowsheet: Lactate 2.5 at 0715

A. Use the time from the physician note (0730).

Severe Sepsis Presentation Date and Time Clinician Documentation Question #8

Q. What time would you use for the *Severe Sepsis Presentation Date and Time* based on this information?

ED MD note 11/20/2023 1800: “Hx COPD, A-fib.”

RN note 11/20/2023 2030:

“likely infectious source causing symptoms”

EMS Flowsheet 11/20/2023 1745:

T: 99.5 RR: 26 HR: 111 BP: 109/70

Lab Results 11/20/2023 2130: WBC 15, Creatinine 2.5

Cardiologist note: 11/21/2023 0800: “A-fib with tachycardia”

A. Use 11/20/2023 at 2130 as the *Severe Sepsis Presentation Date and Time*.

Noel Albritton, MSN, RN

Submitting Questions to the QualityNet Inpatient Question & Answer Tool

Webinar Questions Follow-Up

If we do not answer your question during the webinar, please submit your question to the [QualityNet](#) Inpatient Questions and Answers Tool at this link:

https://cmsqualitysupport.servicenowservices.com/qnet_ga

If your question is about a specific slide, please include the slide number.

If you have a question unrelated to this webinar topic, we recommend that you first search for it in the QualityNet Inpatient Questions and Answers Tool. If you do not find an answer, then submit your question to us via the same tool.

Submitting a Question

The screenshot shows the CMS.gov Quality Question and Answer Tool interface. At the top left, the CMS.gov logo and QualityNet are displayed. Navigation links include "Quality Q&A Tool", "Ask a Question", "Browse Program Articles", and "My Questions". A "How to Use this Tool" link is located at the top right. The main heading is "Quality Question and Answer Tool" with the subtitle "Your one-stop shop for CMS Quality Answers". A search bar contains the placeholder text "Search for the answer to your question" and a search icon. Below the search bar are three main action buttons: "Browse" (with a document icon and subtitle "View existing articles"), "My Questions" (with a database icon and subtitle "Both Old & New Q&A tools"), and "Ask a Question" (with a question mark icon and subtitle "Submit a Question to CMS").

- Click **Browse** to search for existing questions and answers.
- Click **Ask a Question** to submit a new question.

Submitting a Question

QualityNet Question and Answer Site

Submit a Question to Our Support Team

* Indicate required field

WARNING: Individually identifiable health information in this system is subject to the Health Information Portability and Accountability Act of 1996 and the Privacy Act of 1974. Submission of questions to the QIO and Hospital Q&A System that contains Protected Health Information (PHI) is a violation of these Acts. **Questions containing PHI will be deleted from the system and not processed.** For detailed information regarding transmitting or receiving healthcare information or data read the [QualityNet System Security Policy \(PDF\)](#).

Tell us about yourself.

First Name *

Limit 75 chars

Last Name *

Limit 75 chars

Email Address *

e.g. joe@domain.com

Confirm Email Address *

Phone Number

(xxx)xxx-xxxx(ext.)

Question Details

Program *

Select from the drop down

Submitting a Question


Question Details


Program *

Select from the drop down

- ASC - Ambulatory Surgical Centers - Quality Reporting
- BFCC-QIO - Beneficiary and Family Centered Care-Quality Improvement Organization
- DRA HAC - Deficit Reduction Act Hospital-Acquired Conditions
- ESRD QIP - End-Stage Renal Disease -Quality Incentive Program
- HACRP - Hospital-Acquired Condition Reduction Program
- Hospital Compare - Hospital Compare Site Support
- HRRP - Hospital Readmissions Reduction Program
- HVBP - Hospital Value Based Purchasing
- Inpatient - Measures & Data Element Abstraction**
- Inpatient Claims-Based Measures
- IPF - Inpatient Psychiatric Facility
- IQR - Inpatient Quality Reporting
- OQR - Outpatient Quality Reporting
- Overall Hospital Star Ratings
- PCH - Cancer Hosp. Quality Reporting
- PI - Promoting Interoperability
- Public Reporting & Preview Period
- SNF VBP - Skilled Nursing Facility Value-Based Purchasing
- Validation

I'm not a robot


reCAPTCHA
Privacy - Terms

 SUBMIT QUESTION

Submitting a Question

The image shows a web form for submitting a question. The form is titled "Question" and "Browse Program Article". It has several fields: "Program" (with a dropdown menu), "Topic" (with a dropdown menu), "Hospital CCN" (with a text input field), "Reporting Quarter" (with a dropdown menu), "Discharge Period" (with a dropdown menu), "Subject" (with a text input field), and "Please describe your question" (with a text area). A dialog box titled "Select a topic" is open, showing a list of topics. The topics are grouped into folders: "Inpatient - Measures & Data Element Abstraction", "Hospital Inpatient - ED", "Hospital Inpatient - PC-01", and "Hospital Inpatient - Sepsis". Each folder contains a list of sub-topics. The "Hospital Inpatient - Sepsis" folder is currently selected, and its sub-topics are: "Administrative Contraindication to Care" and "Blood Culture Collection". An "OK" button is visible at the bottom right of the dialog box.

Question [Browse Program Article](#)

Question Details

Program *
Inpatient - Measures & Data Element Ab

Topic *
Select from the list of topics

Hospital CCN
#####

Reporting Quarter
Select from the drop down

Discharge Period *
Select from the drop down

Subject *
Limit 160 chars

Please describe your question *
Enter your question for CMS (limit 4,000 chars)

Select a topic

- Inpatient - Measures & Data Element Abstraction
 - Hospital Inpatient - ED
 - Arrival Date/Time
 - Decision to Admit Date/Time
 - ED Departure Date/Time
 - ED Patient
 - Hospital Inpatient - PC-01
 - Data Submission
 - General Abstraction Guidelines
 - Population and Sampling
 - Hospital Inpatient - Sepsis
 - Administrative Contraindication to Care
 - Blood Culture Collection

OK

Submitting a Question

Question Details

Program *

Topic *

Hospital CCN
 6 Digit CMS Certification Number, Numeric only. Format: #####

Reporting Quarter

Discharge Period *

Subject *

Please describe your question *

Noel Albritton, MSN, RN, and Jennifer Witt, RN

Questions and Answers

Continuing Education Approval

This program has been approved for [continuing education credit](#) for the following boards:

- **National credit**
 - Board of Registered Nursing (Provider #16578)
- **Florida-only credit**
 - Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
 - Board of Registered Nursing
 - Board of Nursing Home Administrators
 - Board of Dietetics and Nutrition Practice Council
 - Board of Pharmacy

Note: To verify approval for any other state, license, or certification, please check with your licensing or certification board.

Disclaimer

This presentation was current at the time of publication and/or upload onto the Quality Reporting Center and QualityNet websites. Medicare policy changes frequently. Any links to Medicare online source documents are for reference use only. In the case that Medicare policy, requirements, or guidance related to this presentation change following the date of posting, this presentation will not necessarily reflect those changes; given that it will remain as an archived copy, it will not be updated.

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. Any references or links to statutes, regulations, and/or other policy materials included in the presentation are provided as summary information. No material contained therein is intended to take the place of either written laws or regulations. In the event of any conflict between the information provided by the presentation and any information included in any Medicare rules and/or regulations, the rules and regulations shall govern. The specific statutes, regulations, and other interpretive materials should be reviewed independently for a full and accurate statement of their contents.