

# Required Provider Documentation for the New CMS Sepsis Core Measure

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# Significance and Relevance

- October 1<sup>st</sup> 2015: Sepsis Management is a CMA Core Measure
  - Reimbursement related to documentation
- UCHealth has Sepsis Coordinators.
  - Goals are formal system collaboration to improved sepsis mortality outcomes.
  - Metro Denver Sepsis Coordinator is Nicole Huntley, MS, ACCNS-AG, RN.
  - Abstractions for this new Core Measure beginning October, 2015.
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# Sepsis “Time Zero” per CMS

## ED

- ED\*: Time Zero is noted as the time of triage

\*Patients admitted from Out Side Hospital (OSH) are not included in our CMS reporting\*

## Inpatient

- Time Zero is noted as the time of provider documentation of Severe Sepsis and/or Septic Shock

## OR

- If it is noted “suspect infection from \_\_\_\_”, then within 6 hours documentation must include:
  - 2 or more SIRS criteria
  - AND
  - Evidence of organ dysfunction

## After documentation of Time Zero the Clock starts!

- Severe Sepsis: Three Hour and Six Hour Counters
- Septic Shock: Three Hour and Six Hour Counters

### SEP-1

TO BE COMPLETED WITHIN **3 HOURS** OF TIME OF PRESENTATION † :

1. Measure lactate level
2. Obtain blood cultures prior to administration of antibiotics
3. Administer broad spectrum antibiotics
4. Administer 30ml/kg crystalloid for hypotension or lactate  $\geq 4$ mmol/L

† *“time of presentation” is defined as the time of earliest chart annotation consistent with all elements severe sepsis or septic shock ascertained through chart review.*

### SEP-1

TO BE COMPLETED WITHIN **6 HOURS** OF TIME OF PRESENTATION:

5. Apply vasopressors (for hypotension that does not respond to initial fluid resuscitation) to maintain a mean arterial pressure (MAP)  $\geq 65$ mmHg
6. In the event of persistent hypotension after initial fluid administration (MAP < 65 mm Hg) or if initial lactate was  $\geq 4$  mmol/L, re-assess volume status and tissue perfusion and document findings according to table 1.
7. Re-measure lactate if initial lactate elevated.

† ‘time zero’ as described on previous slide

*(Table 1 content is on next two slides)*

# TABLE ONE: Repeat Volume Status and Tissue Perfusion Assessment must consist of **EITHER**:

- A focused exam including:
  - Vital signs, AND
  - Cardiopulmonary exam, AND
  - Capillary refill evaluation, AND
  - Peripheral pulse evaluation, AND
  - Skin examination
- Any two of the following four:
  - Central venous pressure measurement
  - Central venous oxygen measurement
  - Bedside Cardiovascular Ultrasound
  - Passive Leg Raise or Fluid Challenge

**OR:**

Charting Requirements for each element are on the following slide

# Documented Repeat Physical Exam Requirements:

## Criteria for Data Abstraction

- Expected response: yes/no (“yes” meaning a complete exam is recorded)
- Requirements: Clinical exam components within 6 hours of the presentation of septic shock and must include each of the following:
  - **Vital signs** (including temperature, heart rate, blood pressure, respiratory rate: all four must be present)
- and
- Presence of a **cardiopulmonary exam**: typically documented as “HEART:” and “LUNGS:”
- Documentation examples: HEART- “RRR,” “Irregular,” “S1, S2, S3, S4”, “murmur;” or other LUNG - “clear,” “crackles,” “diminished,” “dull,” or other language
- and
- Presence of **peripheral pulses** examination typically “PULSES:” with findings
- Documentation examples: “1+,” or “2+,” or “absent,” or other language
- and
- Presence of documentation of **capillary refill**
- Documentation examples: “brisk,” “< 2 seconds,” “> 2 seconds,” or other language
- and
- Presence of a **skin examination**
- Documentation examples: “mottled,” “not mottled,” “knee caps clear/mottled,” or other language

Document this exam OR 2 of the 4 elements on the next slide

**\*TWO of the these 4 clinical elements must be documented within 6 hours of severe sepsis or septic shock presentation\***

• **Measure CVP**

**Criteria for Data Abstraction**

- Expected response: yes/no (yes meaning CVP was checked)
- Requirements:
  - CVC placed in superior vena cava; OR
  - Right heart (Swan-Ganz) catheter placement
  - Measurement occurs within six hours of the presentation of septic shock
- Cannot be from a PICC or midline

• **Measure SvO2 or ScvO2**

**Criteria for Data Abstraction**

- Expected response: yes/no (“yes” meaning ScvO2 was measured and documented)
- Requirements:
  - CVC placed in superior vena cava (ScvO2); OR
  - Right heart catheter (Swan-Ganz) Catheter placement (SvO2)
  - Measurement occurs within six hours of the presentation of septic shock

• **Perform Bedside CV Ultrasound**

**Criteria for Data Abstraction**

- Expected response: yes/no (“yes” meaning an appropriate ultrasound was done)
- Requirements – Ultrasound occurs within six hours of the presentation of septic shock
- Appropriate exams to qualify for a “yes” include:
  - TTE (trans-thoracic echocardiogram)
  - TEE (trans-esophageal echocardiogram)
  - IVC US (Inferior Vena Cava ultrasound)
  - Esophageal Doppler monitoring

• **Perform Passive Leg Raise**

**Criteria for Data Abstraction**

- Expected response: yes/no (“yes” meaning a passive leg raise is documented or administration of a fluid challenge is documented)
- Requirements:
  - Passive leg raise or fluid challenge occurs within six hours of the presentation of septic shock
  - No documentation of lower extremity amputation in the case of passive leg raise
  - Presence of a passive leg raise test typically documented as “PASSIVE LEG RAISE (PLR):” with findings “positive,” “negative,” “fluid responsive,” “not fluid responsive,” or other language