

CMS Sep-1/Sepsis Updates - 2019

Reminder: CMS SEP-1 Requirements

| Required Action | Severe Sepsis | | Septic Shock | |
|---|---------------|--|--|---|
| | 3-Hr Bundle | 6-Hr Bundle | 3-Hr Bundle | 6-Hr Bundle |
| Initial Lactate Collection | Yes | Must be completed within 3-hrs of Severe Sepsis Presentation | | |
| Blood Culture Collection | Yes | | | |
| Initial Antibiotic Started | Yes | | | |
| Repeat Lactate Collection (if Initial Lactate is > 2) | N/A | Yes | Completed within 6-hrs of Severe Sepsis presentation | |
| 30 mL/kg Crystalloid Fluids Started | N/A | N/A | Yes | Completed within 3-hrs of initial hypotension and/or septic shock |
| Vasopressor Given (if hypotension persists) | N/A | N/A | Completed within 6-hrs of septic shock | Yes |
| Repeat Volume Status Assessment | N/A | N/A | | Yes |

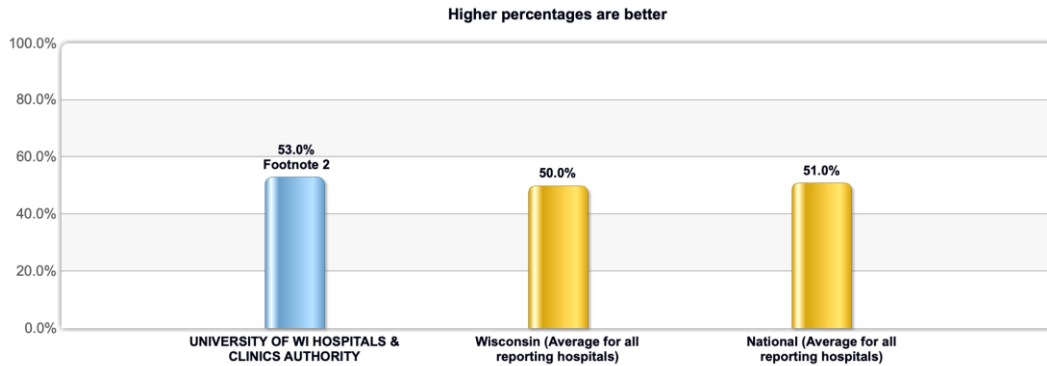
Sepsis Definitions (Ever Changing.....)

| | ESTABLISHED DEFINITIONS <i>(used by CMS)</i> | SEPSIS-3 DEFINITIONS | SSC GUIDELINES |
|--|--|---|--|
| SEPSIS | Presumed/known infection + ≥ 2 systemic inflammatory response syndrome criteria | ≥ 2 SOFA criteria (present or increased) Includes: hypotension + normal lactate (shock) | Sepsis = severe sepsis |
| SEVERE SEPSIS | Sepsis + end organ dysfunction, lactate >4 mmol/L | Not a category | "Sepsis" = established severe sepsis definition |
| SEPTIC SHOCK | Sepsis + refractory hypotension (\pm lactate) | Vasopressors and lactate >2 mmol/L | Sepsis + refractory hypotension (\pm lactate) |
| MORTALITY RATIO = OBSERVED MORTALITY EXPECTED MORTALITY | Sepsis = low acuity <u>Observed mortality low</u> Expected mortality low | Sepsis = higher acuity <u>Observed mortality higher</u> Expected mortality low | NA |

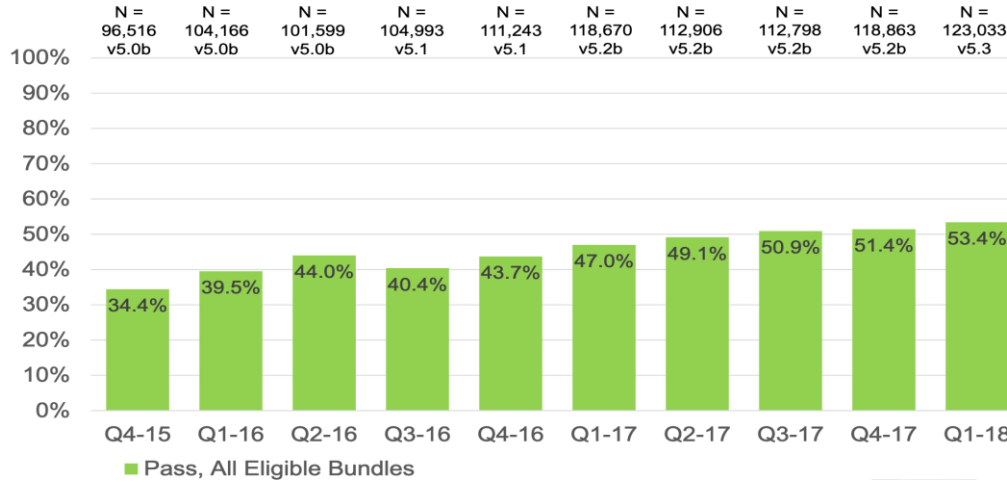
- **SEP-1 and 'Sepsis-3'**
 - 'Sepsis 3' definition: CMS will **NOT** be using or transitioning to the new Sep-3 definitions at this point due to "significant" lack of evidence

CMS SEP-1 Reporting

- **Public Reporting**
 - SEP-1 overall hospital performance began being publicly reported with the July 2018 *Hospital Compare* release
 - Beginning in July, there will be the overall measure + breakdown by 3 and 6 hour bundle compliance



For this measure, the rate for the top 10% of hospitals was 76%.

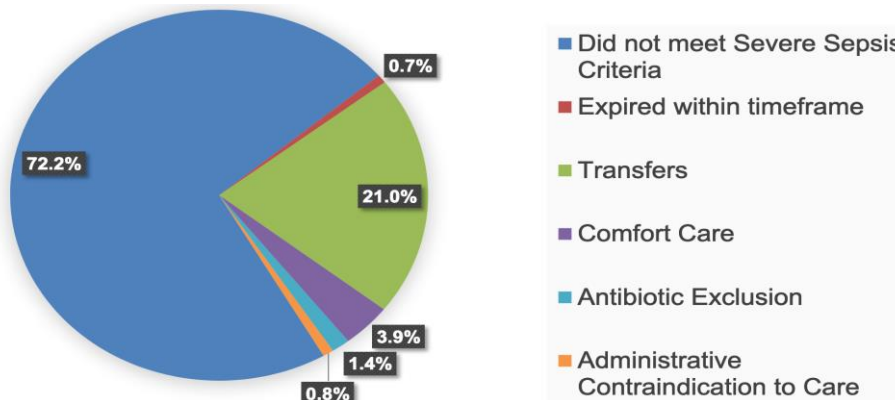


Miscellaneous:

- **Lactate/Key Reminders**

- Prior to January 2019, for “**Initial Lactate**” data element, the lactate drawn closest to severe sepsis presentation time (SSPT). Beginning in January, use **highest level drawn before severe sepsis presentation time** (6-hours prior to 3-hours s/p severe sepsis)
- Other Acute Cause: If medical record=source of the condition is **NOT** an **infection** and **NOT** caused by an infection, the SIRS criteria or sign of organ dysfunction should not be used—i.e. physician documented “**AKI** (acute cause) due to **dehydration** (source)” or Lactate of 4.3 d/t **Seizure** (acute cause) post **brain injury** (source)
- IBW:

- **Exceptions**



Note: Data from January 2017–December 2017 (444,489 total exclusions for cases)