



## 2018 Sepsis Wave III Measures Update

## Disclosures & Disclaimer

- Centers for Medicare and Medicaid Innovation: ACEP TCPI
- Contracted with Centers for Medicare and Medicaid Services to develop hospital outcome and efficiency measures
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## Presenter



Arjun Venkatesh, MD, MBA, MHS

## 2017: Sepsis Wave II was a Success

- 382 EDs engaged in Wave II including over 16,000 clinicians
- Over 1,100 MIPS Improvement Activity Credits Earned
- 79.3% of sites showed improvement in sepsis care during 2017

## 2018: Sepsis Wave III

- Over 500 ED sites including over 20,000 emergency clinicians signed up!
- 3 Data Submission Options
  - ▶ ACEP Clinical Emergency Data Registry → No Change
  - ▶ Preliminary SEP-1 performance → No E-QUAL changes (*Beyond CMS changes*)
  - ▶ Quick Chart Review → New 2018 Denominator

## ACEP CEDR Sepsis Measure Updates

- 5 EDs successfully mapped sepsis measures to CEDR in 2017
- 2018 ACEP CEDR sepsis measures update: bundle scoring
  - ▶ Based on CMS request, the 5 ACEP CEDR Sepsis Measures will be collapsed to 3 for MIPS reporting:
    - ▶ Initial Sepsis Bundle: **Initial Lactate** AND **1L IV fluid bolus** AND **IV Antibiotics** ordered
    - ▶ Repeat Lactate: **Serum Lactate** measurement ordered following an elevated Serum Lactate
    - ▶ Lactate Clearance (outcome): **Serum Lactate** measurement following an elevated Serum Lactate (>2 mmol/L) with a **Lactate Clearance** rate of  $\geq 10\%$
- 2019: likely updates to denominator based on E-QUAL insights

## SEP-1 Option

### Severe Sepsis Bundle

- *Within 3 Hours*
  - ▶ Measure **serum lactate**
  - ▶ Obtain **blood cultures** prior to antibiotics
  - ▶ Administer **broad spectrum antibiotics**
- *Within 6 Hours*
  - ▶ Repeat measurement of **serum lactate** if initial is > 2.0 mmol/L

### Septic Shock Bundle

- *Within 3 Hours*
  - ▶ Complete the *Severe Sepsis Bundle*
  - ▶ Resuscitation with **30mL/kg of crystalloid fluids**
- *Within 6 Hours*
  - ▶ Complete the *Severe Sepsis Bundle*
  - ▶ Repeat **volume status** and **tissue perfusion assessment**
  - ▶ Administer **vasopressors**

## SEP-1 Exclusions

- Patients under the age of 18
- Patients with LOS greater than 120 days
- Directive for comfort measures within 6 hours of presentation of severe sepsis or septic shock
- Transfer in from another acute care facility
- Patients with severe sepsis / septic shock who are discharged or expire within 6 hours of presentation
- Patient/caregiver refusal for care that must be documented by provider
- Patients receiving IV antibiotics for more than 24 hours prior to presentation

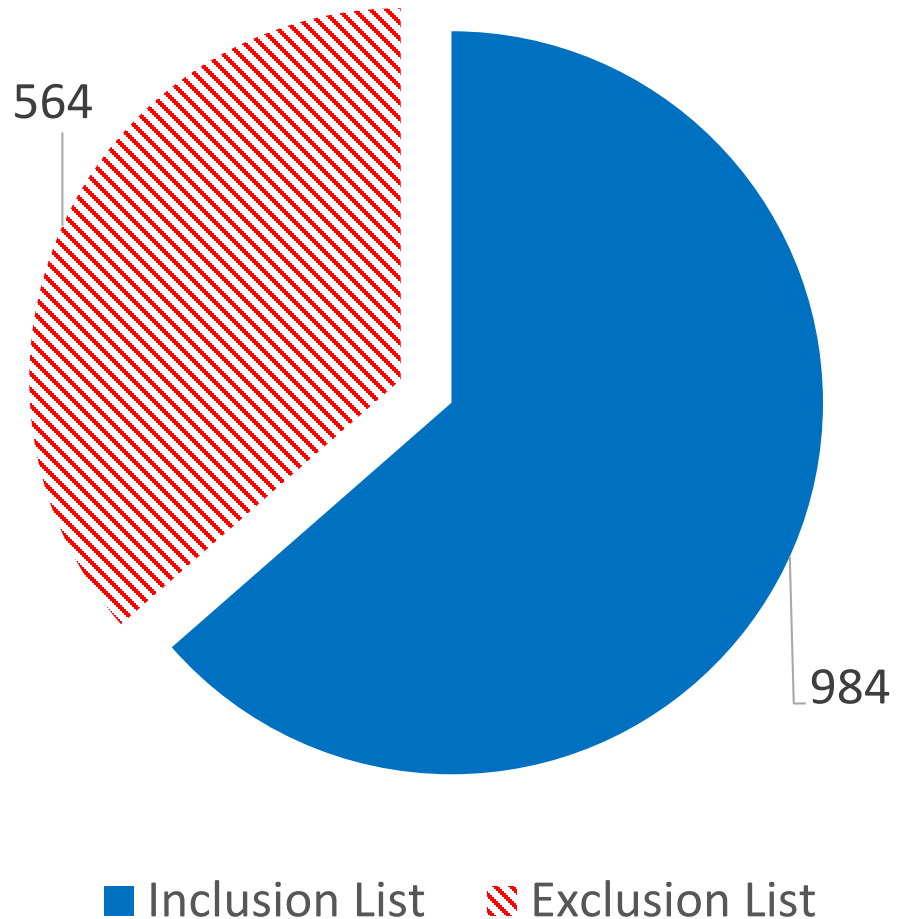
## SEP-1 Updates

- V 5.3 Updates – New Exclusions
  - ▶ Clinical trial exclusion
  - ▶ Patient refusal of IV fluid
  - ▶ Viral, Fungal and Parasitic Infections – includes Influenza
- V 5.3 new definitions
  - ▶ Antibiotics: IM/IO antibiotic administration allowed if documented IV access difficulty
  - ▶ IV Fluids
    - ▶ Ideal Body Weight (IBW) permitted for IV fluids
    - ▶ Fluid orders within 10% of 30cc/kg (i.e 2L ok for 70kg patient)
    - ▶ IV fluids used to dilute medications count
  - ▶ Initial lactate: now document that elevation NOT an infection (requires acute condition and source)
  - ▶ Severe sepsis unlikely = NOT severe sepsis
  - ▶ Screening Tests don't = sepsis



## Quick Chart Review Option

- Minimum 20 severe sepsis and septic shock charts per data collection period.
- Abstract 10 data elements per chart.
- Aligned with ACEP CEDR metrics – ***Severe Sepsis and Septic Shock Denominator***
  - ▶ Based on ED diagnosis:
    - ▶ septic shock
    - ▶ sepsis and hypotension
    - ▶ infection and hypotension
  - ▶ All ED visits for patients age 18 years older with septic shock.



## New List of ICD-10 Codes

- **Newly Removed:** chronic and unspecified infections and conditions
- Removed based on review of clinical significance leading to sepsis.
- **Current Inclusion List:** acute infections associated with an organism
- Focused list resulting in a more precise septic shock denominator.

## Example Exclusions

|  |       |
|--|-------|
| Chronic meningococemia                     | A39.3 |
| Chronic pulmonary coccidioidomycosis       | B38.1 |
| Chronic pulmonary histoplasmosis capsulati | B39.1 |

|   |         |
|---|---------|
| Unspecified enophthalmos, left eye        | H05.402 |
| Unspecified enophthalmos, bilateral       | H05.403 |
| Unspecified enophthalmos, unspecified eye | H05.409 |

## Example Inclusions

|   |       |
|---|-------|
| Pneumonia due to Streptococcus pneumoniae | J13   |
| Pneumonia due to Hemophilus influenzae    | J14   |
| Pneumonia due to Klebsiella pneumoniae    | J15.0 |

|   |         |
|---|---------|
| Urinary tract infection following incomplete spontaneous abortion | O03.38  |
| Cellulitis of right finger  | L03.011 |
| Cellulitis of left finger   | L03.012 |

## Bottom Line – For Wave III



“In God we trust, all others bring data” – W. Edwards Deming

## For More Information

- E-QUAL Website
  - ▶ [www.acep.org/equal](http://www.acep.org/equal)
  - ▶ [equal@acep.org](mailto:equal@acep.org)
- Contacts:
  - ▶ Nalani Tarrant: (Project Manager)  
[ntarrant@acep.org](mailto:ntarrant@acep.org)

