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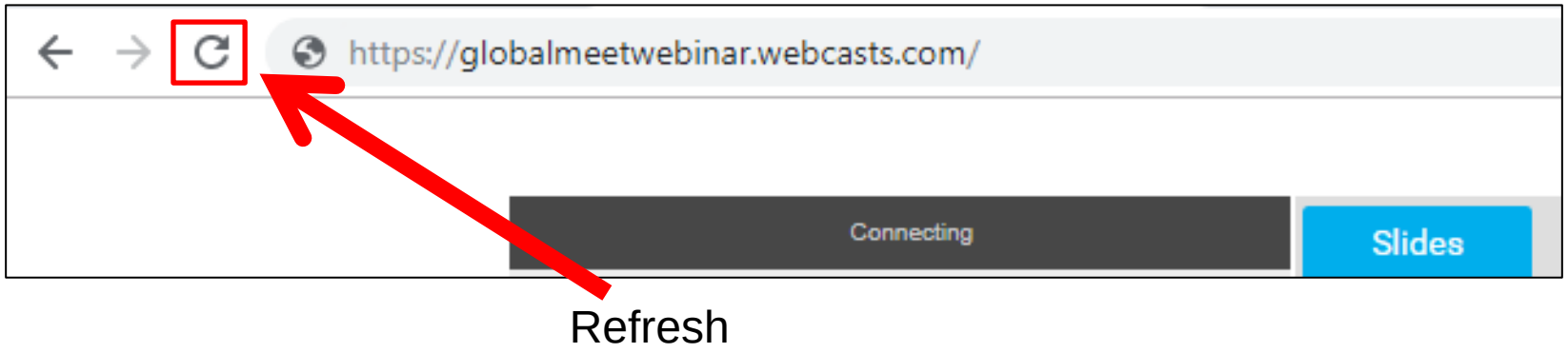

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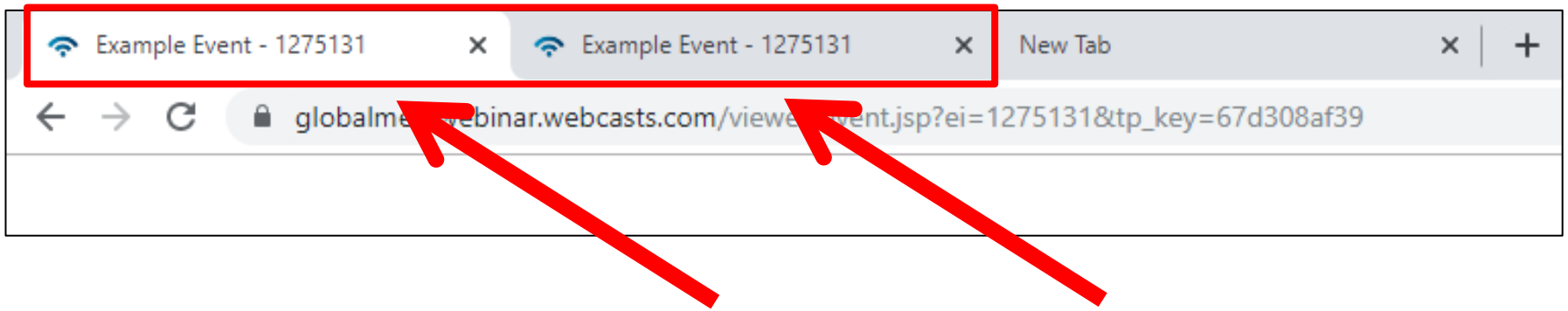

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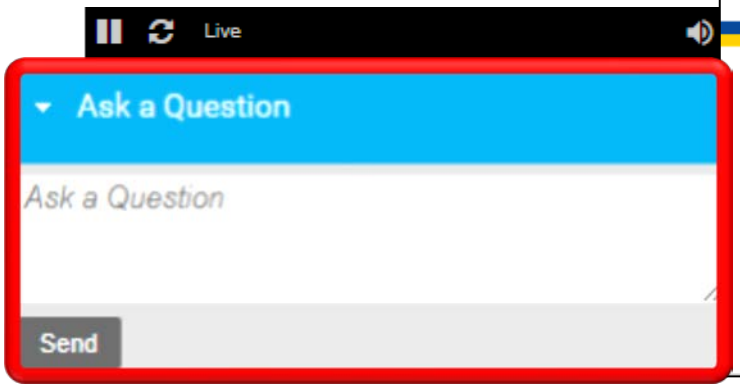

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Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor

Today's Presentation

Severe Sepsis and Septic Shock: Management Bundle (Composite Measure) v5.9 Measure Question and Answers

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April 13, 2021

Agenda

The purpose of this event is to:

- Clarify frequently asked questions related to the SEP-1 measure and guidance in version (v) 5.9 of the specification manual.
- Discuss updates to SEP-1 for patient cases with COVID-19.

Objective

Participants will be able to understand and interpret the guidance in version 5.9 of the specifications manual to ensure successful reporting for the SEP-1 measure.

Acronyms and Abbreviations

APN	advanced practice nurse	**INR**	International Normalized Ratio	**PNA**	pneumonia
aPTT	Activated Partial Thromboplastin Time	**IO**	intraosseous	**QD**	once a day
BMI	body mass index	**IV**	intravenous	**r/t**	related to
BP	blood pressure	**kg**	kilogram	**RN**	Registered Nurse
CE	Continuing education	**LR**	Lactated ringers	**RVR**	rapid ventricular response
CM	Clinical Modification	**MAR**	Medication Administration Record	**SBP**	systolic blood pressure
CMS	Centers for Medicare & Medicaid Services	**MD**	Medical doctor	**sec**	seconds
COVID	Coronavirus	**mL**	milliliter	**SEP**	sepsis
ED	emergency department	**mmHg**	milliliter of mercury	**SIRS**	systemic inflammatory response syndrome
EMS	Emergency Medical Services	**NS**	normal saline	**UTD**	Unable to Determine
hr	hour	**OR**	Operating Room	**v**	version
IBW	ideal body weight	**PA**	physician assistant	**VIQR**	Value, Incentives, and Quality Reporting
ICD-10-CM	International Classification of Diseases, Tenth Revision, Clinical Modification	**PACU**	Post Anesthesia Care Unit	**WBC**	white blood cell

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Behavioral Development and Inpatient and Outpatient
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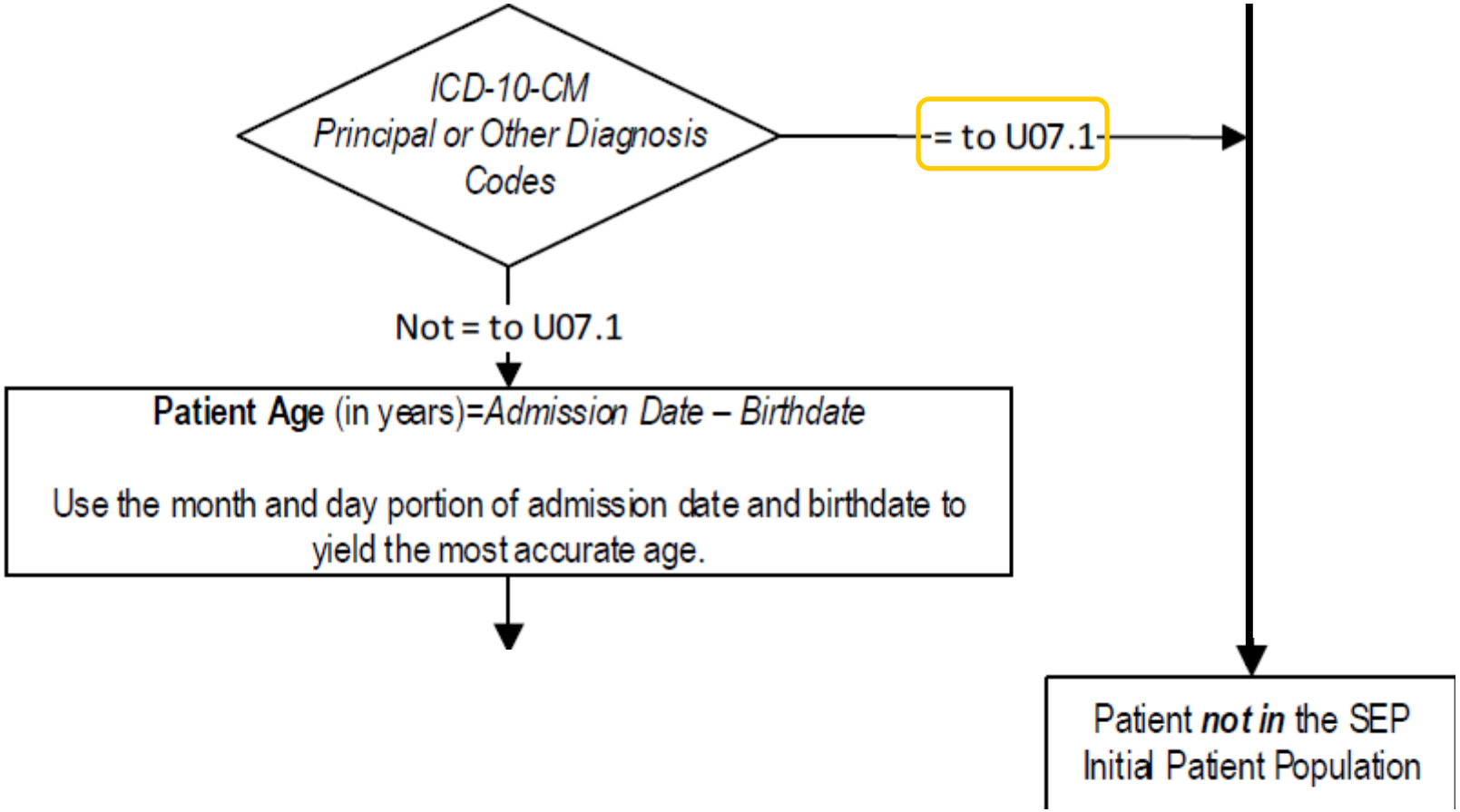
Severe Sepsis and Septic Shock: Management Bundle (Composite Measure) v5.9 Measure Questions and Answers

Severe Sepsis Present v5.9 Question #1

Q. There is physician documentation that states, "patient positive for COVID-19." However, this medical record does not include ICD-10-CM code U07.1. Which allowable value would you select for *Severe Sepsis Present*?

A. Select Value "2" (No) because there is physician/APN/PA documentation that COVID-19 is present.

Sepsis Initial Patient Population Algorithm v5.9



Severe Sepsis Present COVID-19 Guidance v5.9

- Select Value “2” if there is physician/APN/PA documentation that coronavirus or COVID- 19 is suspected or present.

Severe Sepsis Present v5.9 Question #2

Q. Would you use the infection documentation at 0800 to establish *Severe Sepsis Present* criteria a?

ED APN Note at 0800: “possible pneumonia.”

Hospitalist Note at 0930: “PNA r/t influenza.”

A. No, disregard the documentation of pneumonia at 0800 because physician documentation within six hours after 0800 attributes the pneumonia to a viral infection.

Severe Sepsis Present Guidance v5.9

- If physician/APN/PA documentation within six hours following the initial documentation of an infection indicates that the infection is due to a viral, fungal, or parasitic source, do not use the initial documentation of the infection.

Severe Sepsis Present v5.9 Question #3

Q. Would you use the elevated INR value based on the below physician documentation to establish *Severe Sepsis Present* organ dysfunction?

Lab Report 1/12/2021 at 1500

- INR 2.5

MAR: Coumadin 2.5 QD

- Last dose 1/13/2021 at 0700

A. Yes, use the INR of 2.5 to establish organ dysfunction because the documentation reflects that the patient received an anticoagulant from Table 5.3 **after** the elevated INR.

Severe Sepsis Present Guidance v5.9

- INR >1.5 or aPTT >60 sec
  - If the medical record documentation before an elevated INR or aPTT value shows the patient received an anticoagulant medication in Appendix C Table 5.3, **do not use** the elevated INR or aPTT level as organ dysfunction. Physician/APN/PA documentation is not required. Use the elevated INR or aPTT level if the patient only received the following:
    - Heparin flushes

Severe Sepsis Present v5.9 Question #4

Q. Would you use the abnormal platelet value to establish *Severe Sepsis Present* organ dysfunction based only on the physician documentation below?

- Lab Report 0600: Platelet 87
- APN Note at 0845: “Platelets run low for patient”

A. Yes, use the platelet value of 87 to establish organ dysfunction because the APN documentation does not include a term that defines the abnormal value.

Severe Sepsis Present v5.9 Question #5

Q. Would you use the abnormal platelet value to establish *Severe Sepsis Present* organ dysfunction based only on the physician documentation below?

- Lab Report 0600: Platelet 87
- APN Note at 0845: “Thrombocytopenia normal for patient”

A. No, do not use the platelet value of 87 to establish organ dysfunction because the APN documentation includes a term that defines the abnormal value which indicates the abnormal value is normal for the patient.

Severe Sepsis Present Guidance v5.9

- 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, due to a medication, or due to an acute condition that has a non-infectious source/process.
  - **Examples** include but are not limited to:
    - Tachypnea (Respiration >20 per minutes)
    - Tachycardia, RVR (Heart rate >90)
    - Leukopenia (White blood cell count <4,000)
    - Leukocytosis (White blood cell count >12,000)
    - Thrombocytopenia (Platelet count <100,000)
    - Hypotension (Systolic blood pressure <90 mmHg)

Knowledge Check: Severe Sepsis Present

Would you use the white blood cell count of 3.5 as SIRS criteria based only on the MD documentation “low WBC’s likely r/t recent chemo?”

A. Yes

B. No

Knowledge Check: Severe Sepsis Present

Would you use the white blood cell count of 3.5 as SIRS criteria based only on the MD documentation “low WBC’s likely r/t recent chemo?”

A. Yes

B. No

Yes, use the WBC value of 3.5 because the MD documentation does not include the abnormal value or a term that defines the WBC value of 3.5 as being due to the medication.

Severe Sepsis Present v5.9 Question #6

Q. Would you use a hypotensive blood pressure reading below to establish *Severe Sepsis Present* organ dysfunction?

- Code Sheet – Code start time 1315, Code stop time 1325
- Code Vital Signs:

  1315: BP = 51/34

  1320: BP = 55/37

  1325: BP = 72/51

  1330: BP = 83/52

A. Do **not use** the hypotensive readings at 1315, 1320, and 1325 because these readings were obtained during the code. You would **use** the hypotensive reading at 1330 because this reading was not obtained during the code.

Severe Sepsis Present Guidance v5.9

- **Do not use** SIRS criteria or a sign of organ dysfunction obtained in the operating room (OR), in interventional radiology, during active delivery, during cardiopulmonary arrest (code), or during procedural/conscious sedation.

Severe Sepsis Present v5.9 Question #7

Q. Which allowable value would you select for *Severe Sepsis Present* based only on the documentation below?

- PA Note at 1630: “Septic shock present, fluids running, monitor closely.”
- Severe sepsis clinical criteria met at 1715

A. Select Value “1” (Yes) for *Severe Sepsis Present* and use 1630 as the *Severe Sepsis Presentation Time* because septic shock is documented by the PA before severe sepsis clinical criteria were met.

Severe Sepsis Present Guidance v5.9

- Select Value “1” if there is physician/APN/PA documentation of septic shock before or instead of clinical criteria or physician/APN/PA documentation of severe sepsis.

Severe Sepsis Presentation Date & Time v5.9 Question #1

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

MD Note: “severe sepsis on admit.”

- Arrival time to unit: 4/1/2021 0345
- MD Note date/time: 4/1/2021 0700
- Admit Order date/time: 4/1/2021 0230
- ED Disposition to Admit: 4/1/2021 0235

A. Use the date/time of the admit order 4/1/2021 at 0230 because the MD documentation indicates the patient was admitted with severe sepsis and the admit order has the earliest date/time of the available timestamps.

Severe Sepsis Presentation Date and Time Guidance v5.9

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

Administrative Contraindication to Care, Severe Sepsis v5.9 Question #1

Q. Should you select Value “1” (Yes) or Value “2” (No) for the *Administrative Contraindication to Care, Severe Sepsis* data element based on this scenario?

- Severe Sepsis Presentation Date/Time: 3/4/2021 1400
- RN documentation at 3/4/2021 1430: “Patient agitated and states he does not like hospitals.”

A. Select Value “2” (No) because the nursing documentation does not reflect patient refusal or noncompliance with care that could result in not being able to administer blood draws, IV antibiotics, or IV fluids.

Administrative Contraindication to Care, Severe Sepsis Guidance v5.9

- A more general documentation of refusal of care or documentation of patient noncompliance with care (e.g., pulling out IV) that could result in the following not being administered within the specified time frame is acceptable. Refusal or patient non-compliance is not required to actually result in one of the following not being administered.
  - Blood draws
  - IV or IO fluid administration
  - IV or IO antibiotic

Directive for Comfort Care and Palliative Care, Severe Sepsis v5.9 Question #1

Q. Should Value “1” (Yes) be selected for the *Directive for Comfort Care and Palliative Care, Severe Sepsis* data element if the physician documented “poor prognosis, plan to discuss hospice care with family” within the specified time frame?

A. No, select Value “2” (No) based on this documentation. While the inclusion term “hospice” is included in the physician documentation, the inclusion term is not documented within an acceptable context.

Directive for Comfort Care and Palliative Care, Severe Sepsis Guidance v5.9

- Do not use documentation of an inclusion term if it is not documented in one of the acceptable contexts.

  Examples of unacceptable contexts:

  - “Discussion of comfort measures”
  - “Consider palliative care”

Initial Lactate Level Collection v5.9 Question #1

Q. Which lactate collection would you select for the *Initial Lactate Level Collection*?

- *Severe Sepsis Presentation Time*: 1200
  - Lactate draw time 1020, result 3.5
  - Lactate draw time 1200, result 3.0
  - Lactate draw time 1420, result 4.0

A. Use the lactate drawn at 1020 with the result of 3.5 as the *Initial Lactate Level Collection* because this is the highest lactate level collected within the six hours before the *Severe Sepsis Presentation Time.*

Initial Lactate Level Collection v5.9 Question #2

Q. Which lactate collection would you select for the *Initial Lactate Level Collection*?

- *Severe Sepsis Presentation Time*: 1200
  - Lactate draw time 1020, result 3.0
  - Lactate draw time 1200, result 4.0
  - Lactate draw time 1420, result 4.5

A. Use the lactate drawn at 1200 with the result of 4.0 as the *Initial Lactate Level Collection* because this draw time is the same as the *Severe Sepsis Presentation Time* and is the highest lactate level within the six hours before the *Severe Sepsis Presentation Time.*

Initial Lactate Level Collection Guidance v5.9

- The specified time frame within which an initial lactate must be drawn is within six hours prior through three hours following severe sepsis presentation.
  - If multiple lactate levels are drawn within the specified time frame, use the highest lactate level drawn from the *Severe Sepsis Presentation Time* to six hours before. Use a lactate level drawn at the same time as the *Severe Sepsis Presentation Time* if it has the highest level.
  - If multiple lactate levels are drawn ONLY in the three hours after the *Severe Sepsis Presentation Time*, use the lactate drawn with the HIGHEST level within this time frame.

Knowledge Check: Initial Lactate Level Collection

Which lactate collection would you select for the *Initial Lactate Level Collection* if the *Severe Sepsis Presentation Time* was 1800?

A. Lactate draw time 1600, result 2.2
B. Lactate draw time 1800, result 2.9
C. Lactate draw time 1900, result 3.3

Knowledge Check: Initial Lactate Level Collection

Which lactate collection would you select for the *Initial Lactate Level Collection* if the *Severe Sepsis Presentation Time* was 1800?

A. Lactate draw time 1600, result 2.2
B. Lactate draw time 1800, result 2.9
C. Lactate draw time 1900, result 3.3

Select B, the lactate draw time 1800 with result of 2.9, because this lactate was drawn at the same time as the *Severe Sepsis Presentation Time* and it has the highest level.

Initial Hypotension v5.9 Question #1

Q. Which allowable value would you select for *Initial Hypotension* based on the scenario below?

- Patient weighs 60 kg, 30 mL/kg requires 1800 mL of crystalloid fluid.
- EMS record: 1000 mL NS started at 1500
  - No rate, duration or end time documented by EMS
- ED MAR: 1000 mL NS over one hour, started at 1615
- ED Vital Signs Flow Sheet: BP 80/52 at 1645, BP 87/54 at 1700

A. Select Value “1” (Yes) for *Initial Hypotension* because the target ordered volume of crystalloid fluids is not documented as completely infused before the hypotensive blood pressure readings.

Initial Hypotension Guidance v5.9

- Select Value “2” if the target ordered volume of crystalloid fluids was completely infused before the hypotensive readings.

Initial Hypotension v5.9 Question #2

Q. Would you use the hypotensive reading to establish *Initial Hypotension* based on the below documentation?

Dialysis Start Time: 1530

End Time: 17:30

Vital Signs Flowsheet: 1800 BP 84/61

A. Yes, use the hypotensive blood pressure reading at 1800 to establish *Initial Hypotension* because the documentation demonstrates the hypotensive reading was not obtained during the dialysis procedure.

Initial Hypotension Guidance v5.9

- **Do not use** hypotensive BPs documented during a dialysis procedure.

Initial Hypotension v5.9 Question #3

Q. Which allowable value would you select for *Initial Hypotension* based on the scenario below?

- EMS record: 0900 BP 77/50, 0915 BP 81/55
- ED Arrival Time: 0932
- ED Vital Signs Flow Sheet:
  - 0935 BP 92/59
  - 0945 BP 84/58
  - 0955 BP 82/50

A. Select Value “2” (No) for *Initial Hypotension* because the criteria to meet *Initial Hypotension* were met prior to arrival and the first BP on arrival is not hypotensive.

Initial Hypotension Guidance v5.9

- To determine the presence of Initial Hypotension, you may use documentation in pre-hospital records (e.g., ambulance records, nursing home records) that are considered part of the medical record. Select Value “2” if the criteria for determining Initial Hypotension were met prior to arrival and the patient is not hypotensive on arrival to the ED or hospital.

Crystalloid Fluid Administration v5.9 Question #1

Q. Is the target ordered volume in this scenario 1890 mL, 2100 mL, or 3000 mL?

- Patient weighs 70 kg
- PA order: NS 3,000 mL bolus at 1000 mL/hr

A. The target ordered volume is 2100 mL based on the patient's weight and the ordered fluid volume.

Crystalloid Fluid Administration Guidance v5.9

- Crystalloid fluid volumes ordered that are equivalent to 30 mL/kg are the target ordered volume.
  - If a crystalloid fluid volume equivalent to 30 mL/kg is not ordered, an ordered volume within 10% less than 30 mL/kg is acceptable for the target ordered volume.

    Example:

    2000 mL of normal saline was ordered and initiated in the ED. The patient's weight is not available or documented at the time of the order. After admission to critical care a weight is obtained of 74 kg. Based on this weight 30 mL/kg is 2220 mL. The target ordered volume is 2000 mL because it is within 10% less than 2220 mL (2220 mL – 222 mL = 1998 mL).

Crystalloid Fluid Administration v5.9 Question #2

Q. Which weight would you use to determine the target ordered volume based only on the documentation below?

- MD Order: LR IV 2550 mL over two hours, volume based on weight 85 kg.
  - Order comments: Use IBW if patient BMI >30.

A. Use the weight of 85 kg that is included in the fluid order because this weight has the highest priority. Do not use the IBW to determine the target ordered volume because the MD documentation does not meet the documentation requirements.

Crystalloid Fluid Administration v5.9 Question #3

Q. Which weight would you use to determine the target ordered volume based only on the documentation below?

- 1300 Actual Body Weight: 75 kg
- 1400 MD Order: NS IV 1500 mL at 1000 mL/hr based on IBW 50 kg

A. Use the actual body weight of 75 kg because MD documentation in the order does not meet the conditions required to use the IBW to determine the target ordered volume.

Crystalloid Fluid Administration Guidance v5.9

- 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.
  - Physician/APN/PA documents the patient is obese (defined as BMI >30).
  - Physician/APN/PA documents IBW is used to determine target ordered volume.
  - IBW is present in the medical record, abstractors should not calculate the IBW.

Knowledge Check: Crystalloid Fluid Administration

Which volume would you use to determine the target ordered volume, based on the APN documentation "patient BMI 35, bolus based on IBW" and RN documentation on flow sheet "IBW 70 kg."

A. 1900 mL
B. 2000 mL
C. 2100 mL
D. 2200 mL

Knowledge Check: Crystalloid Fluid Administration

Which volume would you use to determine the target ordered volume, based on the APN documentation "patient BMI 35, bolus based on IBW" and RN documentation on flow sheet "IBW 70 kg."

A. 1900 mL
B. 2000 mL
C. 2100 mL
D. 2200 mL

Use 2100 mL as the target ordered volume. The APN documentation meets the conditions to use the IBW and the IBW appears in the RN documentation.

Septic Shock Present v5.9 Question #1

Q. Would you use the hypotensive blood pressure readings below to establish *Septic Shock Present*?

- OR start time 0630, OR End time 0730
- OR Flow Sheet 0655: BP 85/57
- OR Flow Sheet 0715: BP 83/55
- PACU Flow Sheet 0740: BP 82/52
- PACU Flow Sheet 0750 BP 86/54

A. **Do not use** the hypotensive readings at 0655 and 0715 because these readings were obtained in the OR. **Use** the hypotensive readings at 0740 and 0750 because these reading were not obtained in the OR.

Septic Shock Present Guidance v5.9

- **Do not use** hypotensive BPs obtained in the operating room (OR), in interventional radiology, during active delivery, during cardiopulmonary arrest (code), or during procedural/conscious sedation**.**

Septic Shock Presentation Time v5.9 Question #1

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

- Severe sepsis presentation time: 0600
- Hour to assess for *Persistent Hypotension*: 0700 to 0800
  - BP 85/53 at 0750
  - MAR: vasopressor administered 0630

A. Use 0750 as the *Septic Shock Presentation Time* because 0750 is the time of the single hypotensive reading in the hour to assess for persistent hypotension.

Septic Shock Presentation Time Guidance v5.9

- For persistent hypotension, use the time of the last consecutive blood pressure reading that identifies the presence of persistent hypotension.
  - If persistent hypotension was identified by either of the following, use the time of the latest hypotensive reading in the hour for the time of persistent hypotension.
    - Two or more blood pressures were documented within the time frame and persistent hypotension is unable to be determined and a vasopressor was administered.
    - Only one blood pressure was documented within the time frame that was hypotensive and a vasopressor was administered.

Septic Shock Presentation Time v5.9 Question #2

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

- Severe sepsis presentation time: 0600
- Initial lactate level: 0645, result 4.5
- MD Critical Care Note: Opened time 0530
  - Untimed documentation “septic shock”
  - Assessment specified time 0630 “septic shock”

A. Use 0630 as the *Septic Shock Presentation Time* because multiple presentation times are available and 0630 is the earliest specified time of septic shock presentation.

Septic Shock Presentation Time New Guidance v5.9

- For patients with multiple septic shock presentation times, only abstract the earliest presentation time.
  - If septic shock is documented multiple times within the same note, use the earliest specified time.

Septic Shock Presentation Date and Time v5.9 Question #1

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

Severe sepsis presentation: 4/22/21 1500

Initial lactate level result of 5.0 on 4/22/21 1530

MD Note: “admitted with septic shock.”

- MD Note date/time: 4/23/2021 0800
- Admit Order date/time: 4/22/2021 1630
- Arrival time to date/unit: 4/22/2021 1500

A. Use the arrival date/time to the unit on 4/22/2021 at 1500 because the MD documentation indicates the patient was admitted with septic shock and the arrival time to the unit is the earliest time available.

Septic Shock Presentation Date & Time Guidance v5.9

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

Persistent Hypotension v5.9 Question #1

Q. Which allowable value would you select for *Persistent Hypotension*?

- Hour to assess for *Persistent Hypotension* is from 1400 to 1500.
  - BP = 95/55 at 1410
  - BP = 85/50 at 1445

A. Select Value “2” (No) because there is a normal blood pressure followed by a low blood pressure.

Persistent Hypotension Guidance v5.9

- Determining presence of persistent hypotension (low is SBP <65):
  - If two or more blood pressures are documented, refer to the last two consecutive blood pressures within the hour:
    - Select Value “2” if there is a normal blood pressure followed by a low blood pressure.
- Select Value “1” if two or more blood pressures were documented within the time frame and *Persistent Hypotension* is unable to be determined and a vasopressor was administered.

Persistent Hypotension v5.9 Question #2

Q. Which allowable value would you select for *Persistent Hypotension*?

- Hour to assess for *Persistent Hypotension* is from 1400 to 1500
  - BP = 95/55 at 1410
  - BP = 85/50 at 1445
  - MAR: vasopressor time 1600

A. Select Value “1” (Yes) because there is a normal BP followed by a low BP and *Persistent Hypotension* is unable to be determined, but a vasopressor was administered.

Persistent Hypotension Guidance v5.9

- Determining presence of persistent hypotension (low is SBP <65):
  - If two or more blood pressures are documented, refer to the last two consecutive blood pressures within the hour:
    - Select Value “2” if there is a normal blood pressure followed by a low blood pressure.
- Select Value “1” if two or more blood pressures were documented within the time frame and *Persistent Hypotension* is unable to be determined and a vasopressor was administered.

Knowledge Check: Persistent Hypotension

Which allowable value would you select for *Persistent Hypotension* if there is a single BP of 95/55 documented within the hour and a vasopressor was administered?

A. **Value "1" (Yes)** Persistent hypotension present.
B. **Value "2" (No or UTD)** Persistent hypotension NOT present.
C. **Value "3" (No)** Persistent hypotension not assessed.

Knowledge Check: Persistent Hypotension

Which allowable value would you select for *Persistent Hypotension* if there is a single BP of 95/55 documented within the hour and a vasopressor was administered?

A. **Value "1" (Yes)** Persistent hypotension present.
B. **Value "2" (No or UTD)** Persistent hypotension NOT present.
C. **Value "3" (No)** Persistent hypotension not assessed.

Select Value "2" (No) because there is a single normal BP documented within the hour.

Repeat Volume Status and Tissue Perfusion Assessment v5.9 Question #1

Q. Is this acceptable physician/APN/PA documentation attesting to performing a physical exam to select value “1” (Yes) for the *Repeat Volume Status and Tissue Perfusion Assessment Performed* data element?

Heading: Physical Exam

- Skin: Normal
- Cardiovascular: Normal rate & rhythm
- Pulmonary: Clear
- Genitourinary: Incontinent

A. No, this is not acceptable physician/APN/PA documentation attesting to performing a physical exam.

Repeat Volume Status and Tissue Perfusion Assessment Guidance v5.9

- Physician/APN/PA documentation attesting to performing or completing a physical examination, perfusion (re-perfusion) assessment, sepsis (severe sepsis or septic shock) focused exam, or systems review.
- Physician/APN/PA documentation indicating they performed or completed a review of at least five of the following eight parameters. Reference to the parameters must be made in physician/APN/PA documentation. Physician/APN/PA documentation does not need to reference all parameters within the same note.

Question & Answer Session

Severe Sepsis and Septic Shock: Management Bundle (Composite Measure) v5.9 Measure Questions and Answers

Webinar Questions Follow-up

If we did not get to your question during the webinar, please submit your question to the *QualityNet* Inpatient Questions and Answers tool:

https://cmsqualitysupport.servicenowservices.com/qnet_qa

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

Noel Albritton, MSN, RN, Lead Solutions Specialist
Behavioral Development and Inpatient and Outpatient
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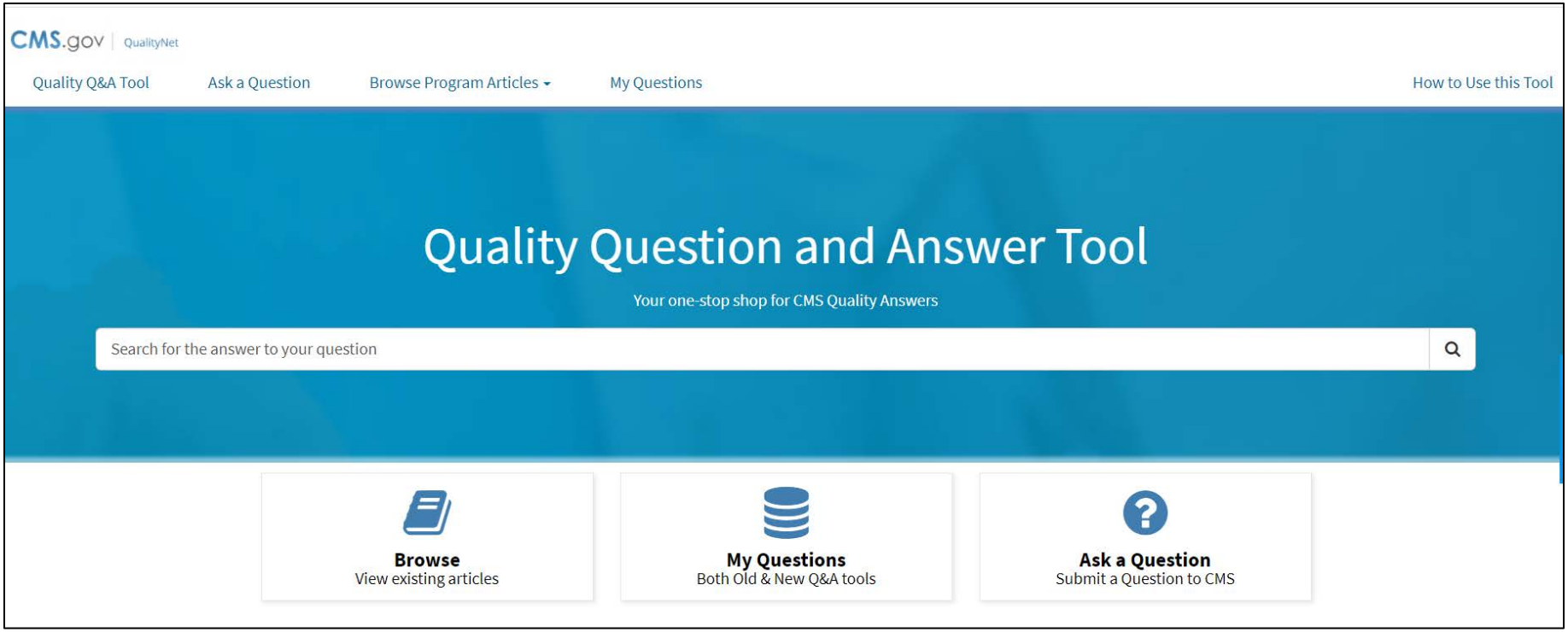
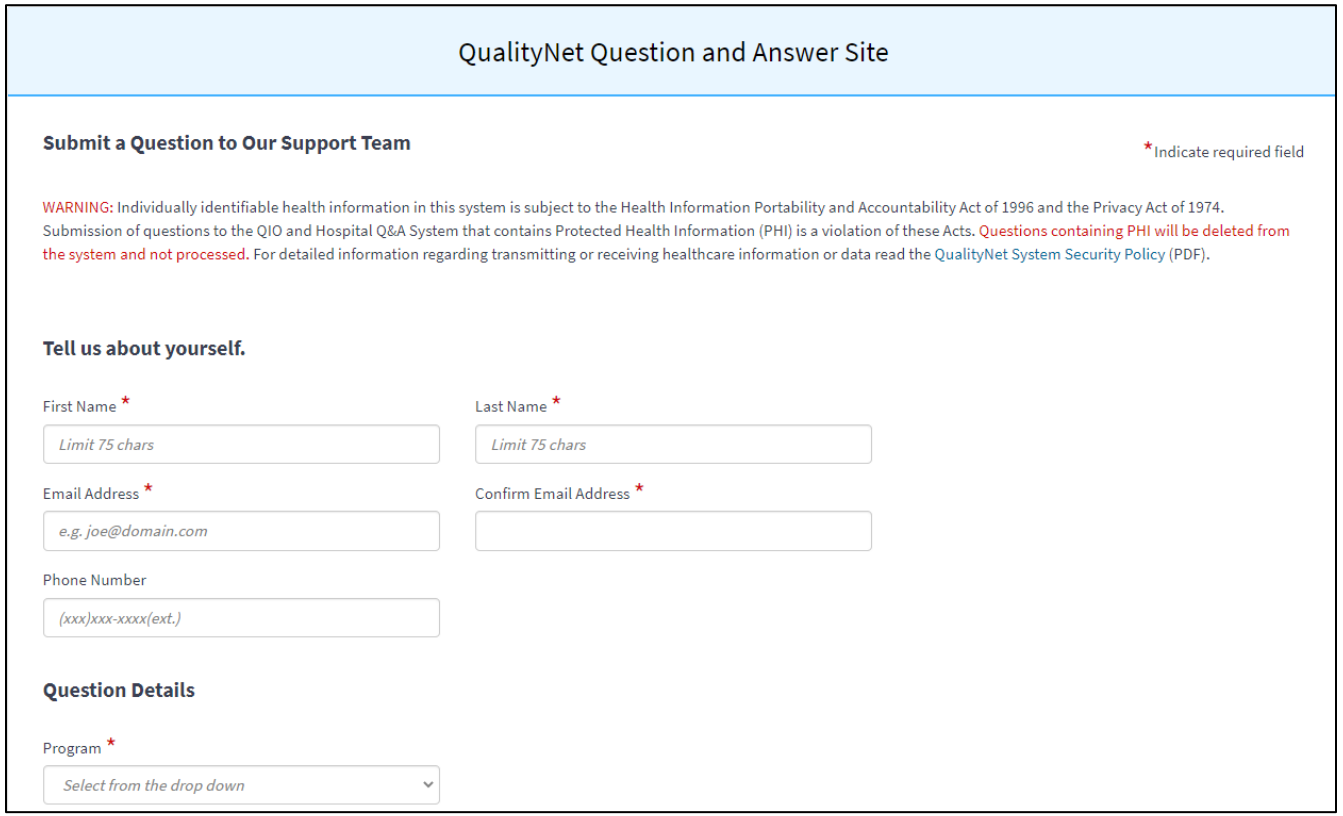
Severe Sepsis and Septic Shock: Management Bundle (Composite Measure) v5.9 Measure Questions and Answers

Submitting a Question

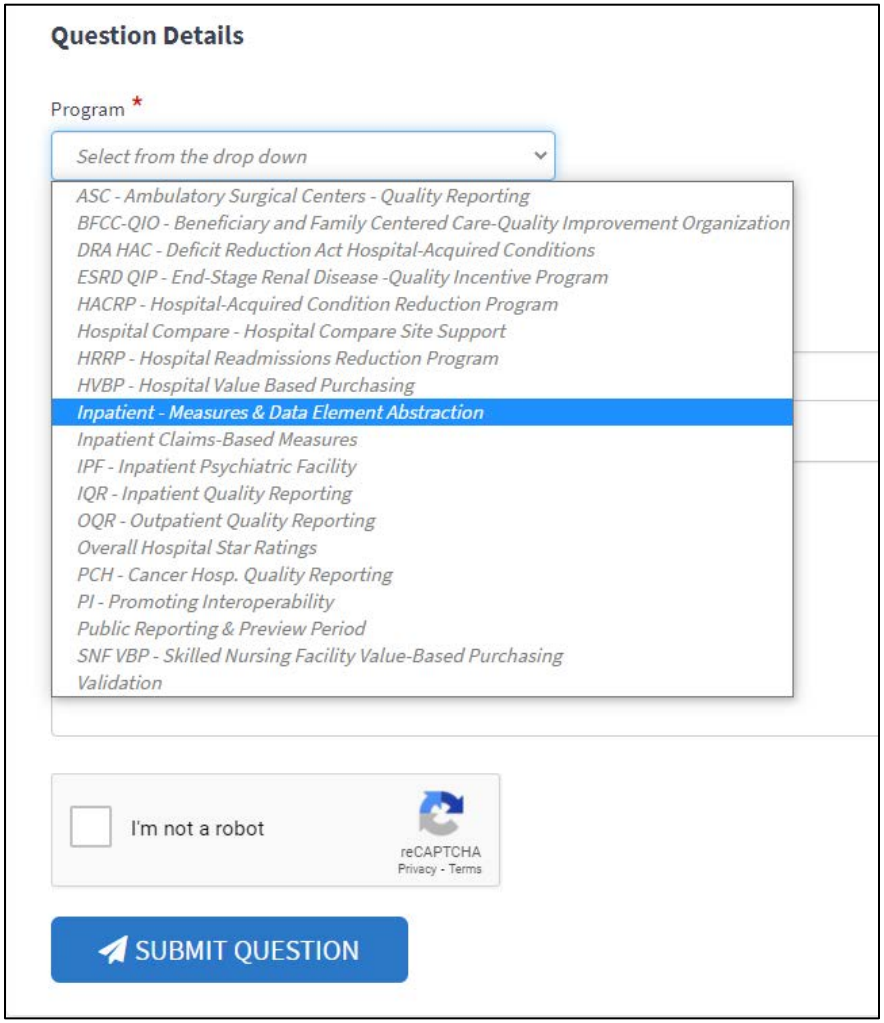


- Click **Browse** to search for existing questions and answers.
- Click **Ask a Question** to submit a new question.

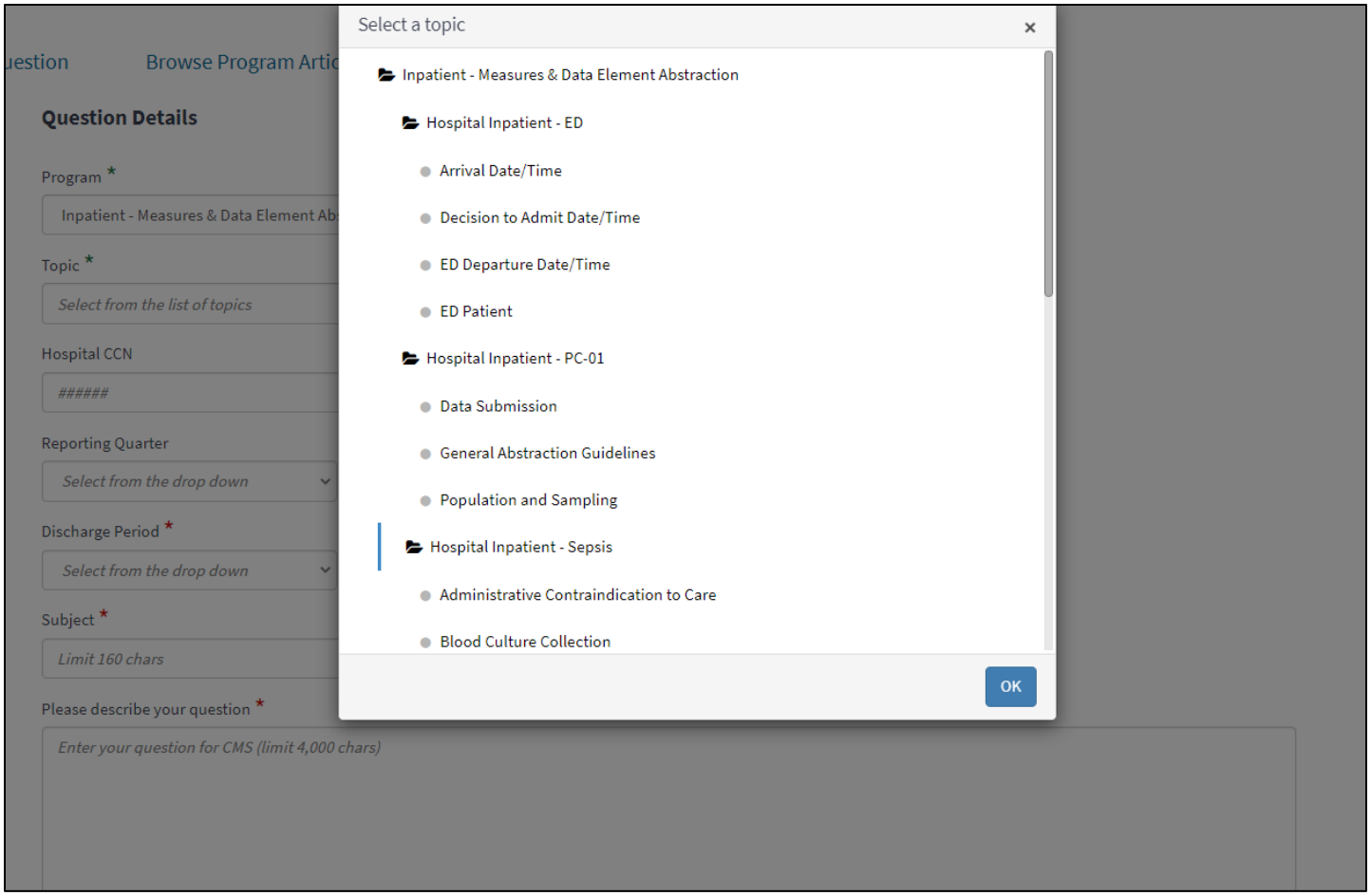
Submitting a Question



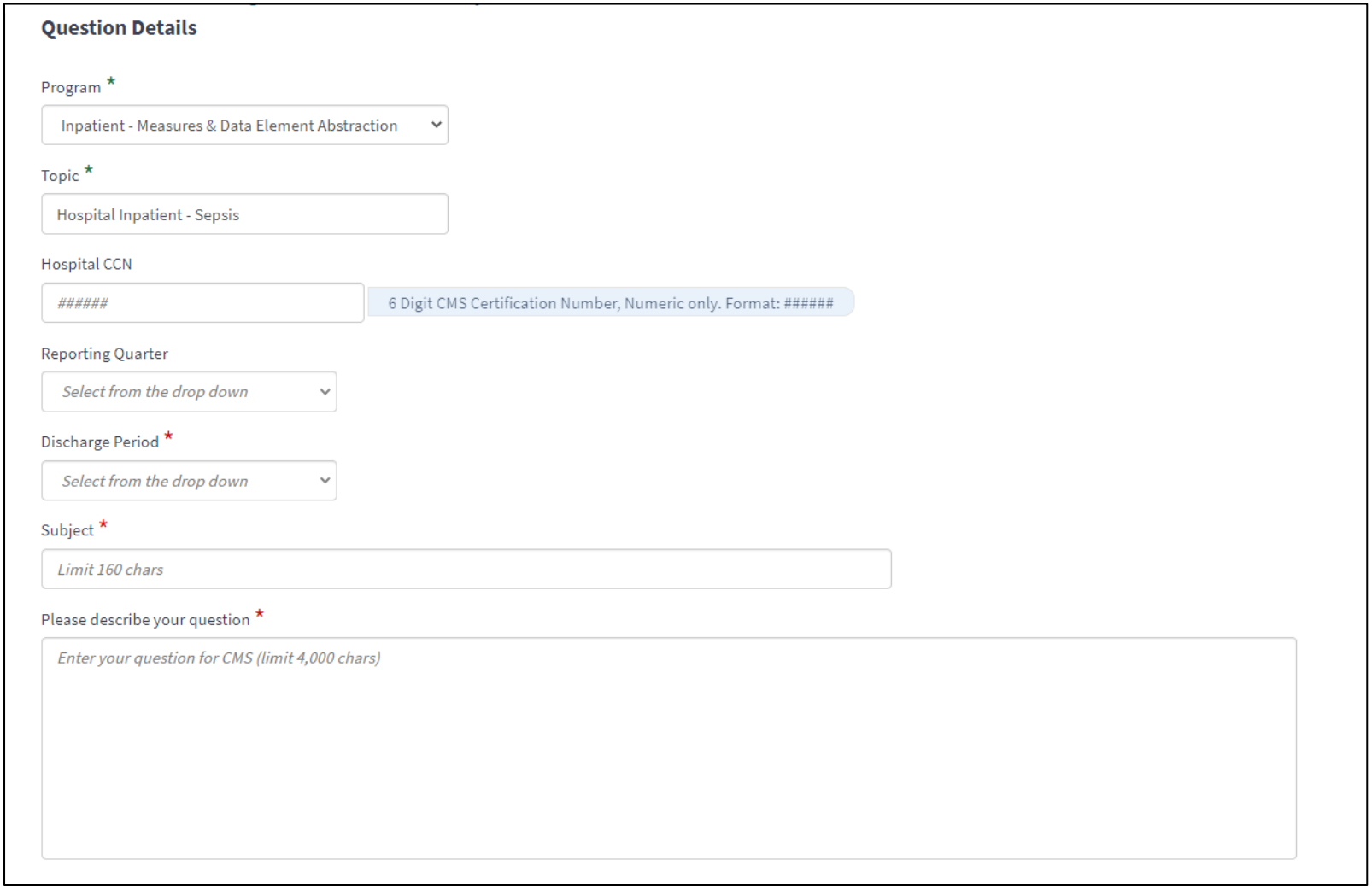
Submitting a Question



Submitting a Question



Submitting a Question



Candace Jackson, ADN
Lead, Hospital IQR Program
Inpatient VIQR Outreach and Education Support Contractor

Severe Sepsis and Septic Shock: Management Bundle (Composite Measure) v5.9 Measure Questions and Answers

Continuing Education (CE) Approval

This program has been approved for CE 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 CE approval for any other state, license, or certification, please check with your licensing or certification board.

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