

# NJ SEPSIS LEARNING ACTION COLLABORATIVE, STATE AND CMS UPDATE

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Christa A. Schorr DNP, RN, NEA-BC, FCCM

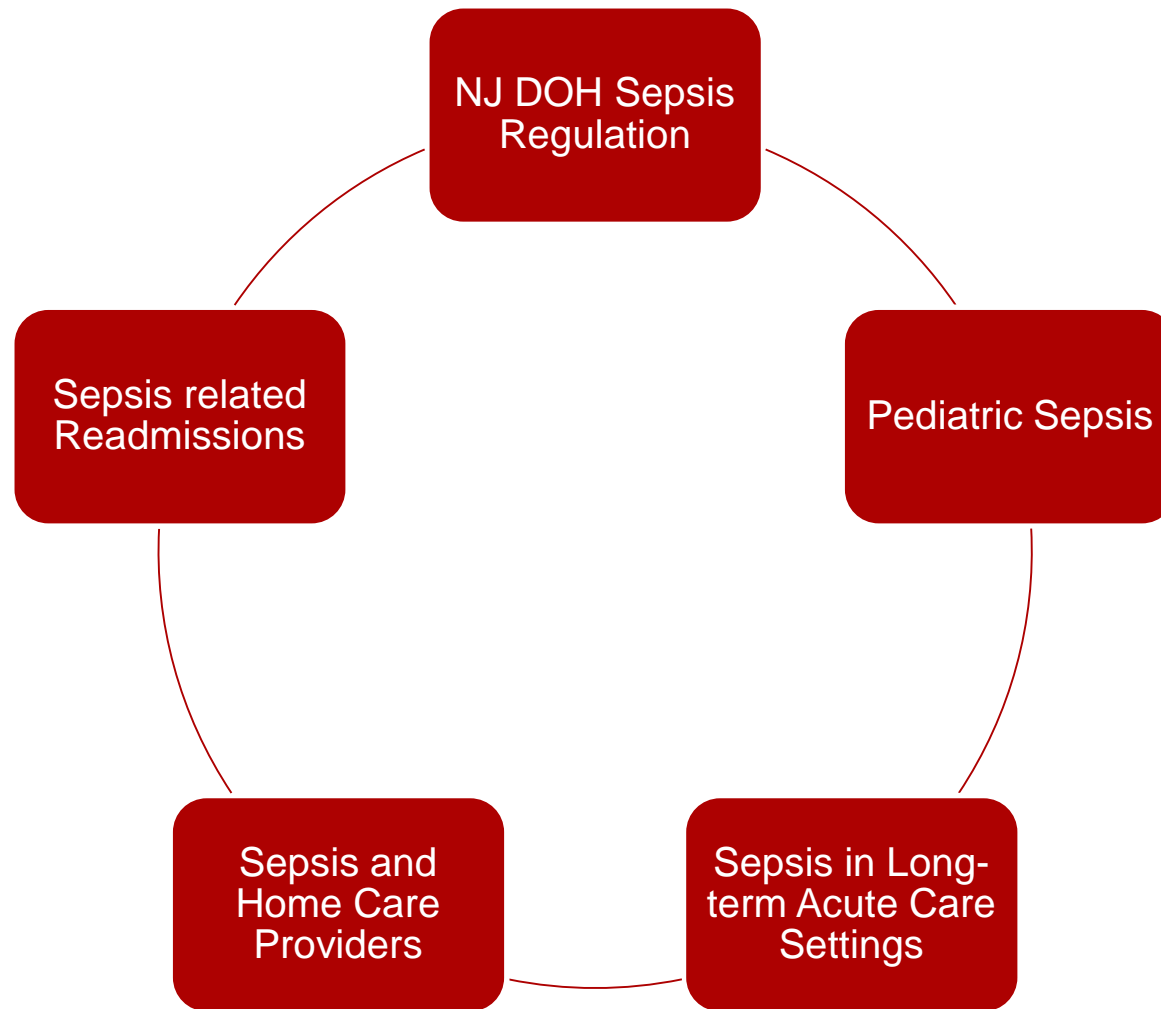
Associate Professor of Medicine

Nurse Scientist, Cooper Research Institute-Critical Care

# Outline

1. Discuss NJ learning collaborative plan for 2018.
2. Outline CMS measure updates and current status.
3. Identify Hospital Compare sepsis data.
4. Discuss data related to NJ hospital's sepsis bundle adherence and outcomes.
5. Preview NJ pediatric sepsis collaborative

# NJ Sepsis Learning Action Collaborative Focus of 2018



# CMS Sepsis Updates Version 5.5

## National Hospital Inpatient Quality Reporting Measures Specifications Manual Release Notes

For Manual Version: 5.5

Completed: June 14, 2018

### Guidelines for Using Release Notes

The Release Notes provides modifications to the *Specifications Manual for National Hospital Inpatient Quality Measures*, Version 5.5. The information in this document is to be used as a reference and is not intended to be used to program abstraction tools. Please refer to the *Specifications Manual for National Hospital Inpatient Quality Measures* for the complete and current technical specifications and abstraction information.

The notes are organized to follow the order of the Table of Contents. The **implementation date is 01/01/2019**, unless otherwise specified. The headings are described below:

- **Impacts** - used to identify the impacted measures and portion(s) of the Manual Section, e.g., Alphabetical Data Dictionary, Measure Information Form (MIF) and Flowchart (Algorithm).
- **Description of Changes** - used to identify the section within the document where the change occurs, e.g., Definition, Data Collection Question, Allowable Values, and Denominator Statement - Data Elements.
- **Rationale** - provided for the change being made.

Data elements that cross multiple measures and contain the same changes will be consolidated.

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## **SECTION 2 – Measurement Information**

### **Subsection 2.1 – Severe Sepsis and Septic Shock (SEP)**

#### **Impacts:**

SEP Data Elements Table

**Rationale:** The SEP Data Elements Table is being updated to reflect removal of the *Documentation of Septic Shock* data element in the SEP-1 measure.

#### **Description of Changes:**

**Remove row** in its entirety:

*Documentation of Septic Shock*

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#### **Impacts:**

Data Element List

**Rationale:** The *Documentation of Septic Shock* data element is being removed because it is no longer needed as a trigger for crystalloid fluid administration after further algorithm revision.

#### **Description of Changes:**

**Remove:**

- *Documentation of Septic Shock*
- 

#### **Impacts:**

Numerator Statement

**Rationale:** The numerator statement is being revised for clarification.

#### **Description of Changes:**

**Change to:**

**Numerator Statement:** Patients who received ALL of the following:

Within three hours of presentation of severe sepsis:

- Initial lactate level measurement
- Broad spectrum or other antibiotics administered
- Blood cultures drawn prior to antibiotics

AND received within six hours of presentation of severe sepsis, ONLY if the initial lactate is elevated:

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- Repeat lactate level measurement
- AND within three hours of initial hypotension:
- Resuscitation with 30 mL/kg crystalloid fluids
- OR within three hours of septic shock:
- Resuscitation with 30 mL/kg crystalloid fluids
- AND within six hours of septic shock presentation, ONLY if hypotension persists after fluid administration:
- Vasopressors are administered
- AND within six hours of septic shock presentation, if hypotension persists after fluid administration or initial lactate  $\geq 4$  mmol/L:
- Repeat volume status and tissue perfusion assessment is performed

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**Impacts:**

Algorithm

**Rationale:** The SEP-1 algorithm is being updated due to the removal of the *Documentation of Septic Shock* data element and updates for clearer algorithm flow.

**Description of Changes:**

**Change to:**

**Numerator Statement:** Patients who received ALL of the following:

Within three hours of presentation of severe sepsis:

- Initial lactate level measurement
- Broad spectrum or other antibiotics administered
- Blood cultures drawn prior to antibiotics

AND received within six hours of presentation of severe sepsis, ONLY if the initial lactate is elevated:

- Repeat lactate level measurement

AND within three hours of initial hypotension:

- Resuscitation with 30 mL/kg crystalloid fluids

OR within three hours of septic shock:

- Resuscitation with 30 mL/kg crystalloid fluids

AND within six hours of septic shock presentation, ONLY if hypotension persists after fluid administration:

- Vasopressors are administered

AND within six hours of septic shock presentation, if hypotension persists after fluid administration or initial lactate  $\geq 4$  mmol/L:

- Repeat volume status and tissue perfusion assessment is performed

**Remove** from algorithm flow:

Documentation of Septic Shock

Initial Hypotension second check

**Add** to algorithm flow, second check of:

*Crystalloid Fluid Administration*

*Crystalloid Fluid Administration Date*

*Crystalloid Fluid Administration Time*

*Persistent Hypotension*

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**Medicare.gov** | Hospital Compare  
The Official U.S. Government Site for Medicare

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### Hospital profile

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General information   Survey of patients' experiences   **Timely & effective care**   Complications & deaths   Unplanned hospital visits   Use of medical imaging   Payment & value of care

**COOPER UNIVERSITY HOSPITAL**  
1 COOPER PLAZA  
CAMDEN, NJ 08103  
(856) 342-2000  


**Timely & effective care**  
These measures show how often hospitals provide care that research shows gets the best results for patients with certain conditions. This information can help you compare which hospitals give recommended care most often as part of the overall care they provide to patients.

[▶ Cataract surgery outcome](#)

These measures show how often hospitals provide care that research shows gets the best results for patients with certain conditions. This information can help you compare which hospitals give recommended care most often as part of the overall care they provide to patients

# Medicare.gov | Hospital Compare

The Official U.S. Government Site for Medicare

## About Hospital Compare

What is Hospital Compare?

❖ What information can I get about hospitals?

General information

Hospital Compare overall hospital rating

❖ Timely and effective care

Complications and deaths

Unplanned hospital visits

Use of medical imaging

Survey of patients' experiences (HCAHPS)

Payment and value of care

About the data

## Timely and effective care

These quality measures show how often or how quickly hospitals give recommended treatments known to get the best results for people with certain common conditions. This information can help you compare which hospitals give recommended treatments the most as part of their overall care.

### ▼ Sepsis Care

Quality measure	What is this and why is it important?
<p><b>Percentage of patients who received appropriate care for severe sepsis and septic shock.</b></p>	<ul style="list-style-type: none"> <li>• <b>Sepsis</b> is a complication that occurs when your body has an extreme response to an infection. It causes damage to organs in the body and can be life-threatening if not treated. If sepsis becomes severe enough or develops into <b>septic shock</b>, the chances of dying from sepsis increase significantly.</li> <li>• On average over 200,000 people in the United States die every year from sepsis. Anyone can develop sepsis, but older adults and people with weak immune systems have a higher risk for developing sepsis and a greater chance of dying from severe sepsis or septic shock.</li> <li>• Best practice guidelines show that early identification of sepsis and early appropriate care can lower the risk of death from sepsis.</li> <li>• This measure shows the percentage of patients with severe sepsis or septic shock for which a hospital provides appropriate care</li> </ul> <p><b>Higher percentages are better.</b></p>



## ▼ Sepsis care

Sepsis is a complication that occurs when your body has an extreme response to an infection. It causes damage to organs in the body and can be life-threatening if not treated. Sepsis can sometimes turn into septic shock, which has a higher risk of death. Identifying sepsis early and starting appropriate care quickly increase the chances of survival.

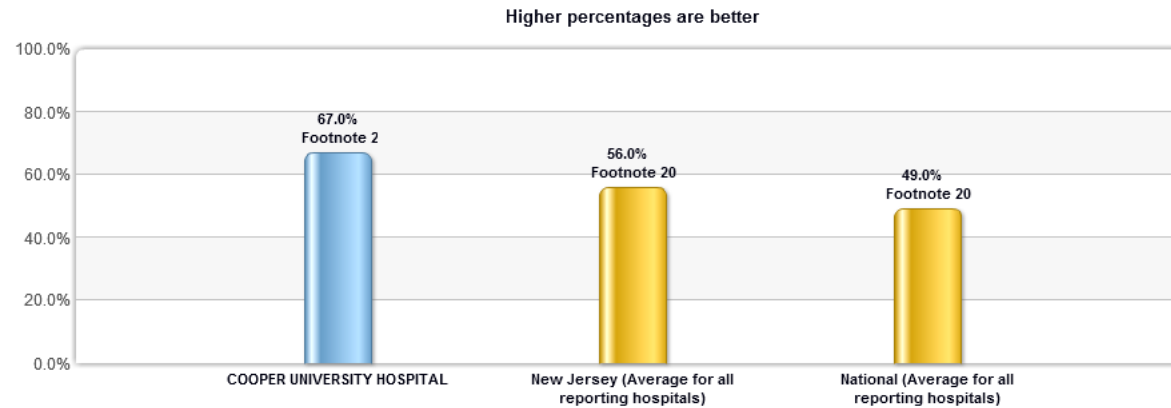
- ◆ Find out why these measures are important.
- ◆ Get more information about the data.
- ◆ Get the current data collection period.

[Show Tables](#)[Show All Graphs](#)[Hide All Graphs](#)[View More Details](#)

### Percentage of patients who received appropriate care for severe sepsis and septic shock.

[Why is this important?](#)

[Hide Graph](#)



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

<sup>2</sup> Data submitted were based on a sample of cases/patients.

<sup>20</sup> State and national averages do not include VHA hospital data.

## Atención oportuna y efectiva: Cuidado de septicemia - detalles

Todos los períodos de la recopilación de datos de todas las medidas se encuentran [aquí](#).

### ▼ Cuidado de septicemia

Medidas	COOPER UNIVERSITY HOSPITAL	New Jersey Promedio	Promedio nacional
<p><b>Porcentaje de pacientes que recibieron el cuidado adecuado para septicemia grave y choque séptico.</b> <i>Los porcentajes <b>más altos</b> son mejores</i></p>	67% de 95 pacientes <sup>2</sup>	56% <sup>20</sup>	49% <sup>20</sup>

Si aparecen notas a pie de página, pase el cursor sobre el número para obtener más detalles. [Ver más detalles de las notas a pie de página.](#)

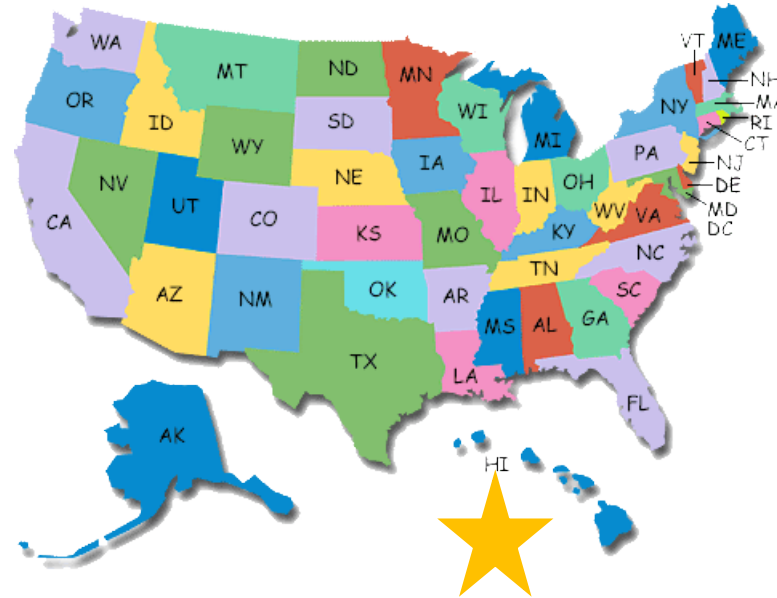
### Notas al pie de la página

Número de nota al pie de página	Nota al pie de página de la comparación de hospitales
1	La cantidad de casos/pacientes es demasiado pequeña para hacer un informe.
2	Los datos enviados estaban basados en una muestra de casos/pacientes.
3	Los resultados están basados en un período de tiempo más breve que el requerido.
4	Datos suprimidos por los Centros de Servicios de Medicare y Medicaid (CMS, por sus siglas en inglés) durante uno o más trimestres.

Available in Spanish

# 50 states ranked by sepsis care quality

1. Hawaii: 68 percent
2. Idaho: 62
3. New Hampshire: 61
4. Florida: 56
- **New Jersey: 56**
- Wyoming: 56
5. Colorado: 55
- Maryland: 55
- Montana: 55
6. California: 54
- South Carolina: 54
7. Utah: 53
8. Kansas: 52
- Maine: 52
9. Alabama: 51
- New Mexico: 51
- West Virginia: 51
10. North Carolina: 50
- Oklahoma: 50
- Tennessee: 50
- Texas: 50
11. Massachusetts: 49
- Wisconsin: 49

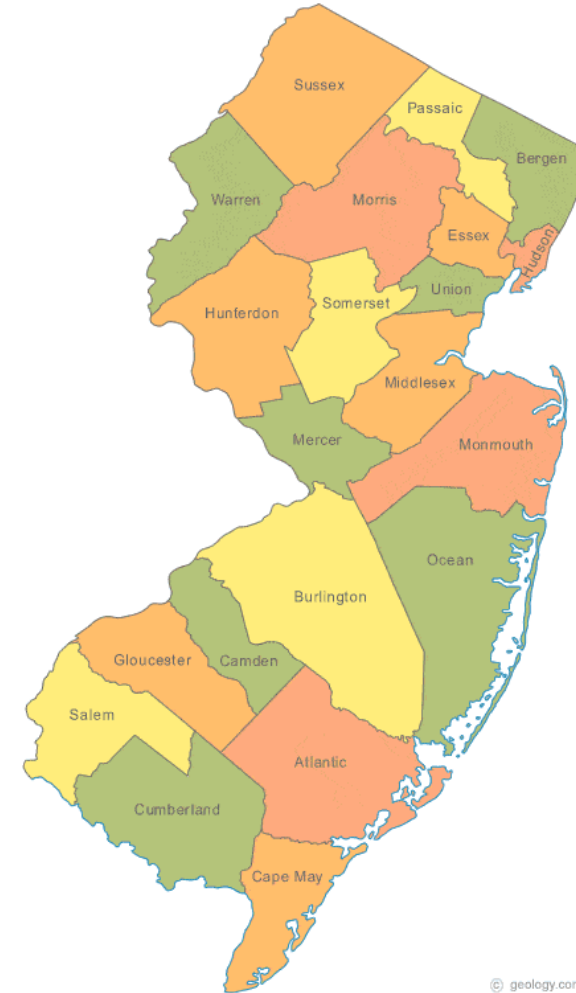


## Below Average States

12. Illinois: 48
- Mississippi: 48
- North Dakota: 48
- Vermont: 48
13. Arkansas: 47
- Georgia: 47
14. Alaska: 46
- Iowa: 46
- Kentucky: 46
- Michigan: 46
- Nebraska: 46
- South Dakota: 46
- Virginia: 46
15. Louisiana: 45
- New York: 45
- Ohio: 45
- Pennsylvania: 45
16. Arizona: 44
- Minnesota: 44
- Missouri: 44
- Nevada: 44
- Oregon: 44
17. Connecticut: 43
- Indiana: 43
18. Washington: 42
19. Rhode Island: 40
20. Delaware: 36

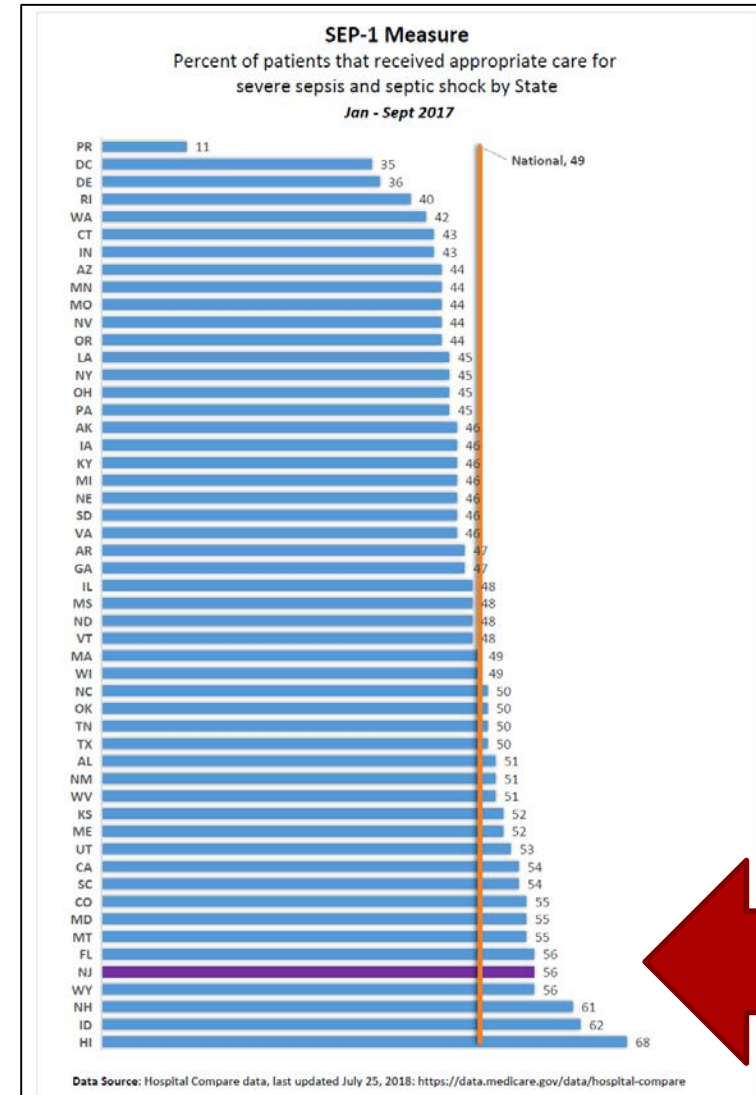
# CMS-Hospital Compare

- In July, CMS published SEP-1 bundle data on Hospital Compare (Q1-Q3 2017 data)
- NJ as a state ranked 4th best in country (compliance rate of 56%)



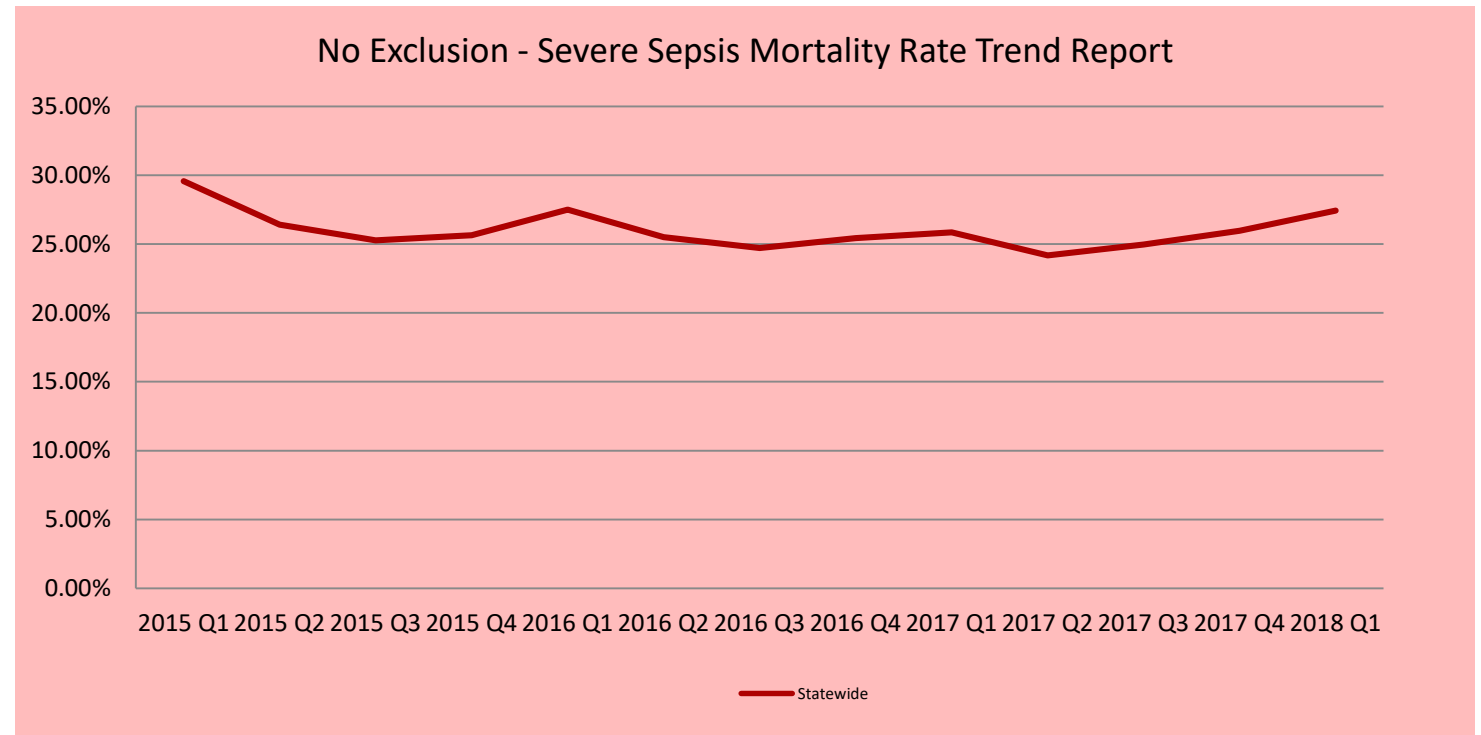
# Data Review- Bundle Compliance

- NJ hospitals ranked from 9-95% compliance
- SEP-1 data will now be downloaded from Hospital Compare on a quarterly basis as collaborative process metric
- NJ Sepsis Portal will be closed for manual data entry (download any data by Oct 15)



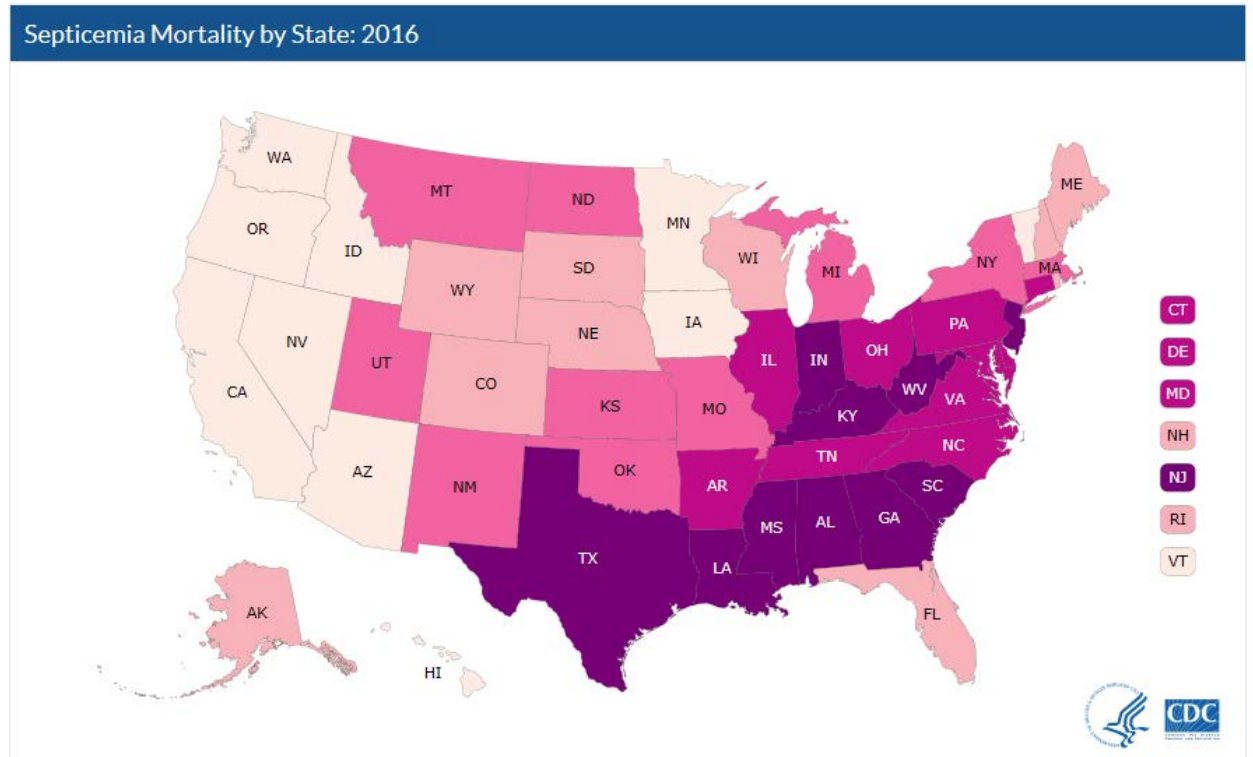
# Data review: Sepsis In-Hospital Mortality

- Since Q3 2017 rates have increased
- Q1 2018 is incomplete with about 60% of hospitals submitting to the NJ discharge data set
- NJHIIN doing analysis now on co-morbidities and risk factors for mortality



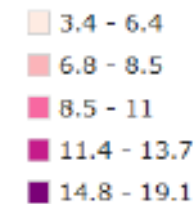
# How Do We Rank Nationally

- In 2016 NJ ranked 4<sup>th</sup> worst in septicemia mortality rates in country at 17.5 deaths per 100,000 total population
- National average was 10.7 deaths per 100,000 total population
- Rate based on public health and death certificate data



Age-Adjusted Death Rates<sup>1</sup>

United States 10.7





1,935 deaths were attributed to  
septicemia in 2016

**8<sup>th</sup> most common  
cause of death**

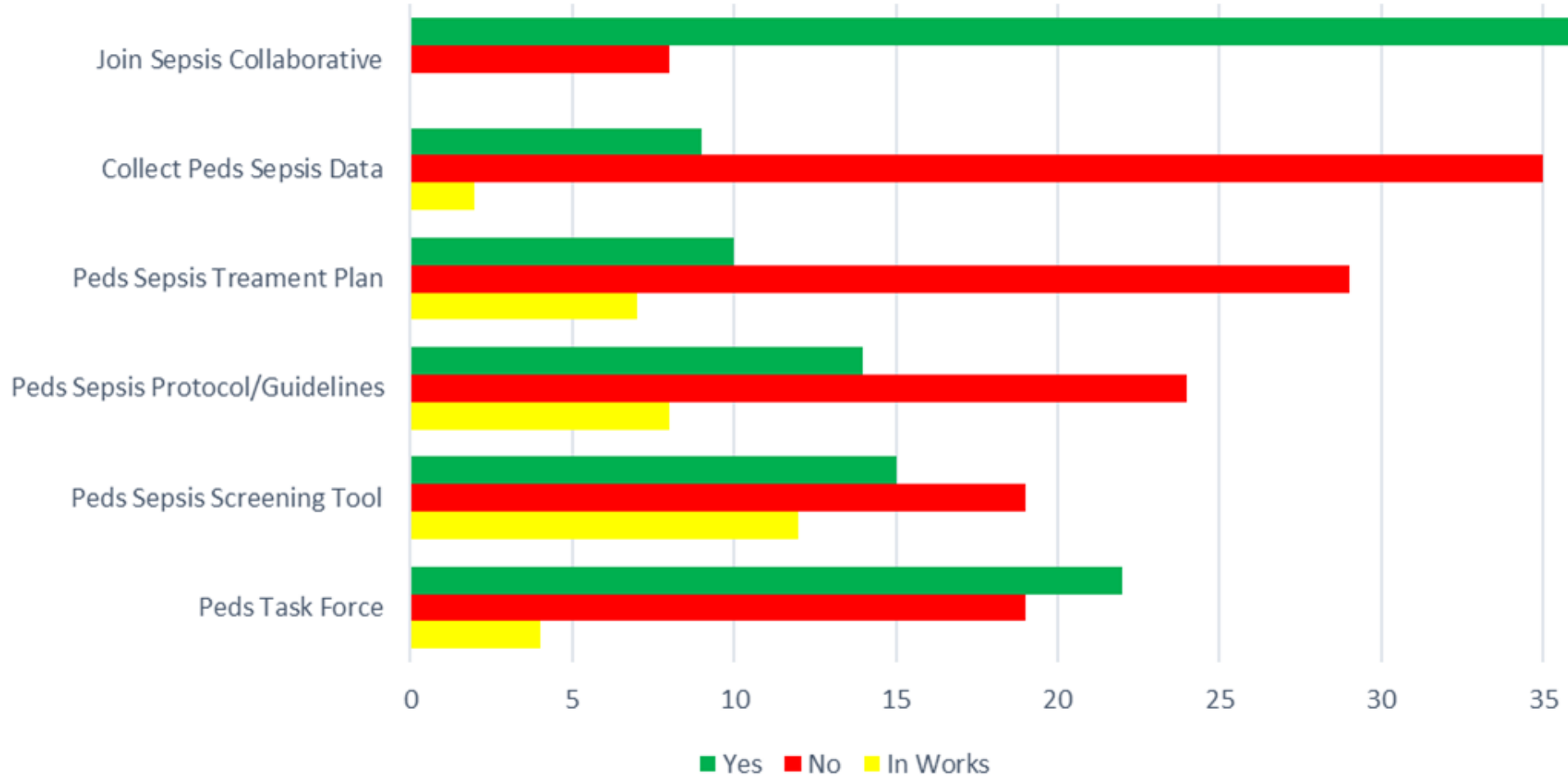


# NJ Pediatric Sepsis Collaborative

- NJHA asked facilities to complete pediatric sepsis practice assessment
- Now forming a pediatric sepsis steering committee
- Will focus on development of sepsis screening and treatment protocols for pediatric patients for all hospital types



## Pediatric Sepsis Survey Responses



Data represent responses from 46 hospitals/healthcare systems in NJ

Thank you



Our work continues....