Team,

I know we are all bracing for the impending EPIC go-live, but I didn't want you to forget about….

you guessed it: **SEPSIS!** And no, this is not the last "S" in GROSS from the recently shared article ;)

**If you have no idea what I am talking about, please refer to the synopsis of the process in the text below/attached process flow.*

Overall, we are improving on the sepsis front- great job to all! We still have room to improve, and the code sepsis process can help with that

- **Please take a quick moment to answer a few survey questions about the CODE SEPSIS process:**

  https://www.surveymonkey.com/r/G5QRSWN

- **EPIC:** Yes, we are still doing this with EPIC. The process will remain the same with the exception of a check box in EPIC on whether or not a code sepsis was called- this will ease with tracking.

- *CMS is not as smart as you*. Compliance is "all or none" with the SEP-1 bundle, *but* there are documentation caveats…
  - I have noticed some continued confusion on the fluid boluses. Below is the algorithm for what CMS abstracts. Please review this. You do not have to give 30cc/kg to every SIRS patient that walks in the door; it applies to those with hypotension/lactate >=4. If the patient qualifies, and you feel it is clinically inappropriate due to concern for overload, for example, document as such (see below).

Sepsis Bundle Algorithms

01-01-2022 (1Q22) through 06-30-2022(2Q22)

SEP-1: Early Management Bundle, Severe Sepsis/Septic Shock (Composite Measure)

Numerator:
(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

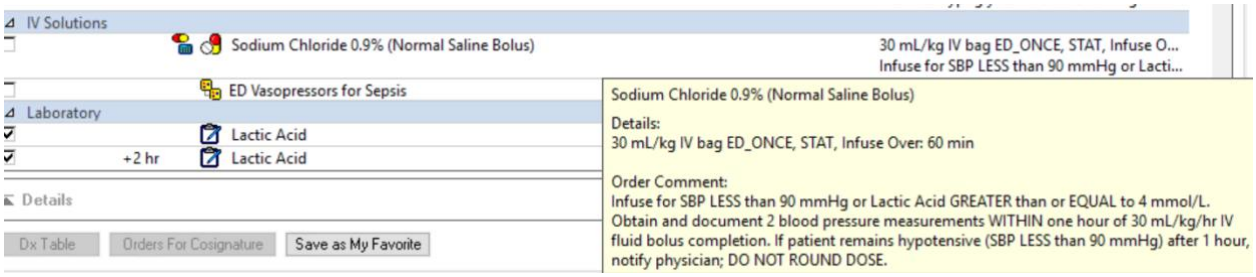
OR within three hours of septic shock:
- Resuscitation with 30 mL/kg crystalloid fluids

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 >= 4 mmol/L:
- Repeat volume status and tissue perfusion assessment is performed

Denominator: Inpatients age 18 and over with an ICD-10-CM Principal or Other Diagnosis Code of sepsis, severe sepsis or septic shock as defined in Appendix A, Table 4.01 and not equal to U07.1 (COVID-19)

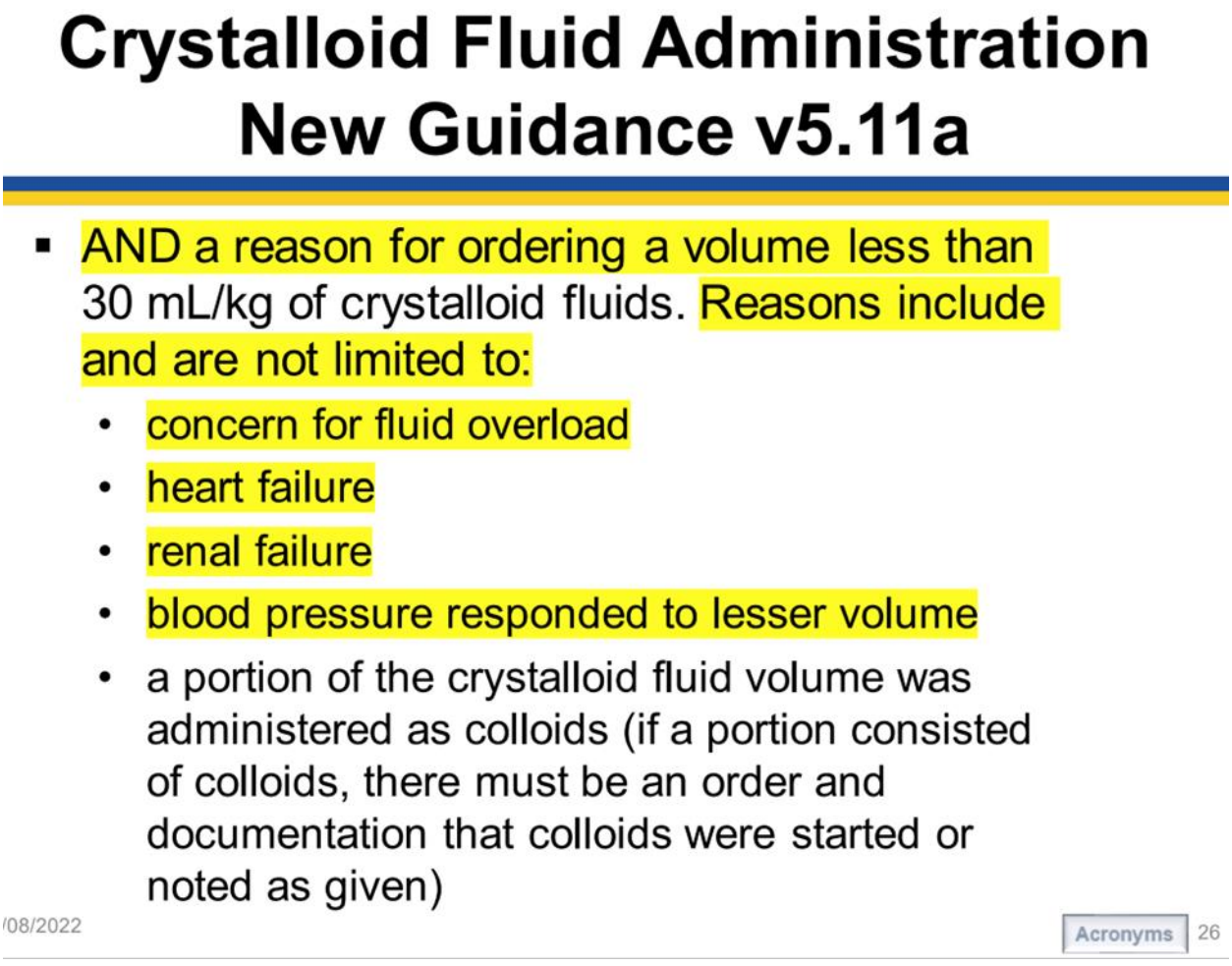
We fail mostly because of fluids! USE ORDER SETS and CHECK THE FLUID BOLUS. Why? This includes when the order should be given so this is less work for you. Communicate this with your nursing team if there is confusion.



- If interested, there was a CMS Q&A session with specific questions regarding the fluid bolus administration. This is one I thought everyone should read:

*"**Question 8: Are advanced or end stage heart failure/renal failure the only acceptable reasons for ordering less than 30mL/kg of fluids?***

No, heart failure or renal disease are no longer the only acceptable reasons for ordering a volume less than 30 mL/kg. The updated guidance in manual v5.11a allows for physician documentation of a volume less than 30 mL/kg with a documented reason for ordering less than 30 mL/kg. Examples of reasons for ordering less than 30 mL/kg are included in the Crystalloid Fluid Administration data element."



What is CODE SEPSIS again?

CODE SEPSIS is a tool for you to use when you believe a patient has sepsis. The goal is to capture those patients with severe sepsis/septic shock and improve upon our sepsis treatment, compliance and patient outcomes. A standardized protocol helps ease the burden upon you, improves patient care, and expedites the workup and treatment plan. This is how it works:

1. A patient presents with a NEWS score of >=5
2. The RN alerts you that this may be a code sepsis. GO SEE THE PATIENT- just like you would a potential code stroke. If you think this is sepsis, call out a CODE SEPSIS. You can also do this if you recognize sepsis anytime during the ED visit- of course, the sooner, the better.
3. Nursing knows what to do from here. This alerts team members to begin the sepsis work up.
4. These cases are documented and we are tracking outliers.

Keep up the great work!

-Kate