# LTACH Sepsis Consortium Onboarding Series - July

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# LTACH Sepsis Consortium Onboarding Series

## June- Why sepsis bundle compliance matters for LTACHs

| TIME | TOPIC | PRESENTER |
|---|---|---|
| 10-10:05 | Welcome and Agenda/Purpose | Nicki |
| 10:05 - 10:10 | New Co-Chair Intro | Nicki |
| 10:10-10:15 | Review Proposed STACH vs LTACH Definition Changes | Sepsis Team |
| 10:15-10:35 | Numerator/Denominator Discussion | Group |
| 10:35-10:45 | Q4 Baseline Readiness - Can We Commit? | Nicki |
| 10:45-10:55 | Addressing Data Collection Concerns | Group |
| 10:55-11:00 | How Can We Support You? | Group |

# New Co-Chair: Ellen Smith

- Kindred
- TJC Sepsis Certified
- Really really smart

# BEFORE:

**Sepsis Bundle – 3 and 6 Hour**

| | |
|---|---|
| Denominator | Inpatients age 18 and over with an ICD-10-CM Principal or Other Diagnosis Code of Sepsis, Severe Sepsis or Septic Shock |
| Denominator Exclusions | The following patients are excluded from the denominator:<br>Severe sepsis is not present<br>Patients Transferred in from another acute care facility<br>Patients receiving IV antibiotics for more than 24 hours prior to presentation of severe sepsis.<br>Patients with a Directive for Comfort Care or Palliative Care within 3<br>hours of presentation of severe sepsis<br>Patients with an Administrative Contraindication to Care within 6hours of presentation of severe sepsis<br>Patients with an Administrative Contraindication to Care within 6 hours of presentation of septic shock<br>Patients with a Directive for Comfort Care or Palliative Care within 6<br>hours of presentation of septic shock<br>Patients with septic shock who are discharged within 6 hours of presentation<br>Patients with severe sepsis who are discharged within 6 hours of presentation<br>Patients with a Length of Stay >120 days<br>Patients included in a Clinical Trial |

# AFTER:

**Sepsis Bundle – 3 Hour**

| | |
|---|---|
| Denominator | Inpatients age 18 and over with an ICD-10-CM Principal or Other Diagnosis Code of Sepsis, Severe Sepsis or Septic Shock |
| Denominator Exclusions | The following patients are excluded from the denominator:<br>Severe sepsis is not present<br>Patient admitted to the LTACH facility with an active diagnosis of severe sepsis and/or septic shock, with ongoing treatment initiated at the transferring facility.<br>Patients receiving IV antibiotics for more than 24 hours prior to presentation of severe sepsis.<br>Patients with a Directive for Comfort Care or Palliative Care within 3<br>hours of presentation of severe sepsis<br>Patients with an Administrative Contraindication to Care within 6hours of presentation of severe sepsis<br>Patients with an Administrative Contraindication to Care within 6 hours of presentation of septic shock<br>Patients with a Directive for Comfort Care or Palliative Care within 6<br>hours of presentation of septic shock<br>Patients with septic shock who are discharged within 6 hours of presentation<br>Patients with severe sepsis who are discharged within 6 hours of presentation<br>Patients with a Length of Stay >120 days<br>Patients included in a Clinical Trial |

# Numerator BEFORE: Sepsis Bundle – 3 and 6 Hour

Number of identified sepsis 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
- Fluid Resuscitation: Administer 30 mL/kg of crystalloid fluid** for hypotension (defined as mean arterial pressure (MAP) < 65) or lactate (> 4)*

Number of identified sepsis patients who received all of the following within six hours of presentation of severe sepsis:
the "6-hour septic shock bundle" contains all the therapeutic goals to be completed within 6 hours of the time of presentation with septic shock:
1. to apply vasopressors (for hypotension that does not respond to initial fluid resuscitation) to maintain a MAP ≥65 mmHg,
2. to consider measurement of CVP and $ScvO_2$ when arterial hypotension persists despite volume resuscitation or initial lactate ≥4 mmol/L, and
3. to re-measure lactate if initial lactate was elevated

LOTS OF WORDS

*Two low BPs (either SBP<90 or MAP<65) within 3 hours of each other, not needing to be consecutive, and can be 6 hours prior to or after time zero.
**Exclusion criteria for the 30 ml/kg fluid requirement for CHF & ESRD patients
If Less than 30ml/kg are ordered and given, All the following criteria must be met:
The ordering Provider **must document** within a **single note** in the medical record:

- That administration of 30ml/kg of crystalloid fluids would be **detrimental or harmful** for the pt. despite having hypotension, a lactate >= 4 mmol/L, or documentation of septic shock;
- **AND** the pt. has one of the following conditions:
- **Advanced or End Stage Heart Failure** (with documentation of **NYHA** class III or symptoms with minimal exertion, **OR NYHA** class IV or symptoms at rest or with any activity)
- **Advanced or End Stage Chronic Renal Disease** (with documentation of Stage IV or GFR 15-29ml/min, **OR** Stage V or GFR <15ml/min **OR** ESRD)
- **AND** the **volume** of crystalloid fluids **in place of** 30ml/kg the pt. was to receive;
- **AND** an **order** for the volume of fluids **in place of** 30ml/kg to be administered
-

**Utilzing IBW to determine the amount of Crystalloid Fluid Administration**

The Provider can use Ideal Body Weight (IBW) to determine the target ordered volume if **ALL** the following conditions are met. Other acceptable weight terms include predicted weight, dosing weight, and adjusted body weight.

- Provider documents the **pt. is obese** (defined as BMI >30).
- Provider documents the **IBW is used** to determine target ordered volume.
- **IBW is documented** in the medical record.

Provider orders are required for the fluids.

# Numerator AFTER: Sepsis Bundle – 3 Hour

Number of identified sepsis patients who received all of the following within three hours of presentation of severe sepsis:

- Initial lactate level measurement
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- Fluid Resuscitation: Administer 30 mL/kg of crystalloid fluid** for hypotension (defined as mean arterial pressure (MAP) < 65) or lactate (> 4)*

*****Best practice recommendation******

1. to re-measure lactate within 6 hours if initial lactate was elevated.
2. Continue monitoring of vital signs to assess for signs of decompensation
3. Consider use of vasopressors (for hypotension that does not respond to initial fluid resuscitation),
4. Consider measurement of CVP and $ScvO_2$, when arterial hypotension persists despite volume resuscitation or initial lactate ≥4 mmol/L.
5. Consider transfer to short term acute care if appropriate

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# Numerator and Denominator Measures: Group Discussion

- Proposed by core group of experts
- Aim for comparability and consistency
- Support quality improvement across facilities
- Designed for realistic LTACH use

# Your input:

- Do these definitions make sense?
- What adjustments would you suggest?
- Are there additional LTACH-specific challenges we need to capture?

# Quarter 4 Baseline Data Collection: Can We Commit

- Goal: Begin baseline data collection in Q4
- Is this a realistic timeline for your facility?
- What can get us to “yes”?
- Honest feedback, please!

# Addressing Data Collection Concerns:

- Trepidation and fear
- Variation in systems and workflows
- Leadership support pending in some places

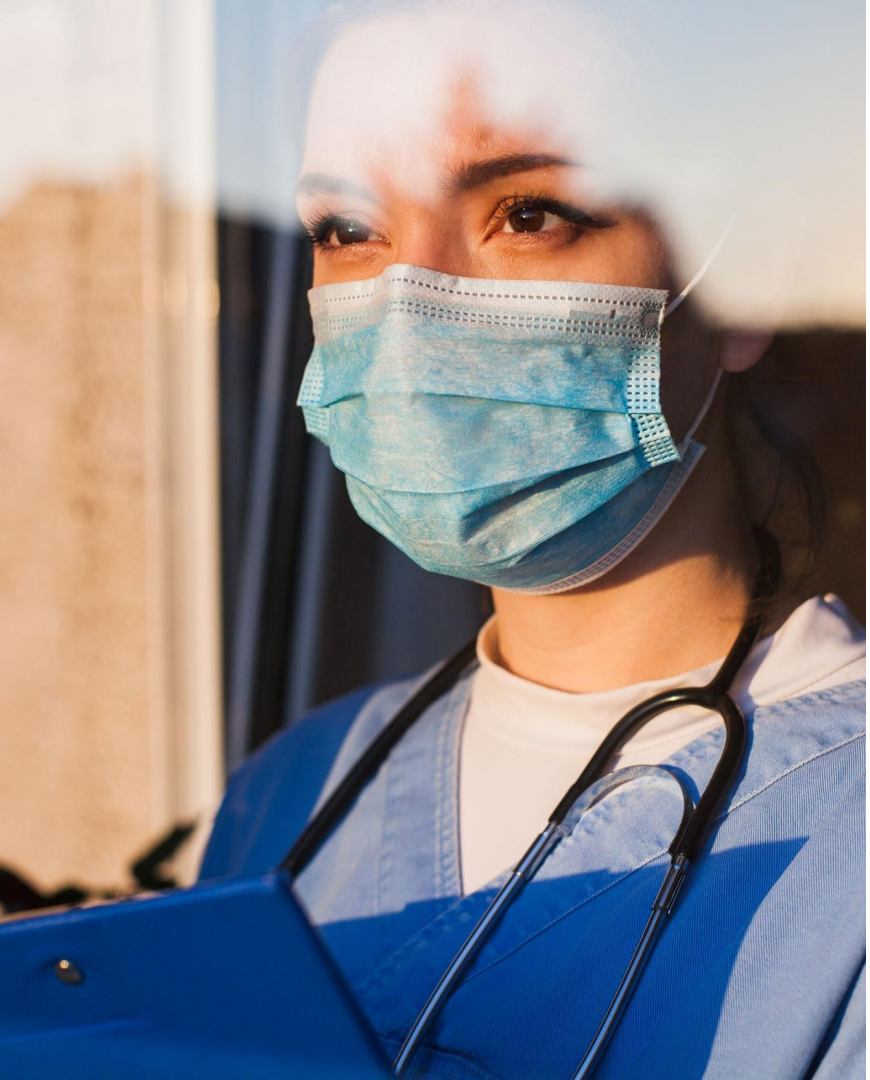
(Reminder: We are all figuring this out together!)

# How Can We Support You?

- Tools or templates?
- Analytics or IT support?
- Peer sharing or examples?
- Regular check-ins?
- Other ideas?

# Next Steps and Wrap Up

- Key points from today
- Review any action items
- Follow up questions



# References


1. Surviving Sepsis Campaign: www.sccm.org/SurvivingSepsisCampaign

2. CDC Sepsis Early Recognition: www.cdc.gov/sepsis

3. KHA LTACH Sepsis Steering Committee (2024)

4. Importance of Tracking Sepsis in LTACHs (KHA Memo)

5. Rhee et al., Critical Care Medicine, 2017: ‘Impact of Delayed Antibiotic Administration in Sepsis’

# Thank you.