

LTACH Sepsis Consortium Onboarding Series - August

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August 19, 2025



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TIME	TOPIC	PRESENTER
10-10:05	Welcome	Nicki
10:05 - 10:10	Where we left off	Nicki
10:10-10:20	Review questions from July	Nicki, team
10:20-10:35	A look at that data we'll submit	Shafrin
10:35-10:45	Q4 Baseline Readiness - Can We Commit?	Nicki
10:45-?	Wrap up	Nicki, team





Where we left off...

- After the July meeting, we sent out recording and slides
- We asked for feedback on the proposed definitions and Q4 baseline data collection.



These are the questions we ask you to keep in mind as we ask for your feedback:

1. Do the numerator and denominator make sense and are both applicable to your facility?
2. Is the 4th quarter (Oct -Dec) 2025 a reasonable timeline for your facility to be able to provide baseline data (Keep in mind, this data is collected retroactively, i.e. October's data is reported in November)?
3. What challenges or barriers do you foresee your facility facing in providing this data?



Sepsis Bundle – 3 Hour

LTAC ONLY Facilities

Sepsis: Bundle Compliance	
Percent of identified sepsis patients who receive all the 3 hour bundle elements	
Measure type	Required Process Measure
Numerator	<p>Number of identified sepsis patients who received <u>all</u> of the following within three hours of presentation of severe sepsis:</p> <ul style="list-style-type: none"> 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)* <p>*****Best practice recommendation*****</p> <ol style="list-style-type: none"> to re-measure lactate within 6 hours if initial lactate was elevated. Continue monitoring of vital signs to assess for signs of decompensation Consider use of vasopressors (for hypotension that does not respond to initial fluid resuscitation), Consider measurement of CVP and ScvO₂ when arterial hypotension persists despite volume resuscitation or initial lactate ≥4 mmol/L. Consider transfer to short term acute care if appropriate <p>Exclusion criteria for the 30 ml/kg fluid requirement for CHF & ESRD patients</p> <p>If less than 30ml/kg are ordered and given, <u>All</u> the following criteria must be met:</p> <p>The ordering Provider <u>must document</u> within a <u>single note</u> in the medical record:</p> <ul style="list-style-type: none"> That administration of 30ml/kg of crystalloid fluids would be <u>detrimental or harmful</u> for the pt. despite having hypotension, a lactate ≥ 4 mmol/L, or documentation of septic shock; <u>AND</u> the pt. has one of the following conditions: <ul style="list-style-type: none"> <u>Advanced or End Stage Heart Failure</u> (with documentation of NYHA class III or symptoms with

	<p>minimal exertion, <u>OR</u> NYHA class IV or symptoms at rest or with any activity)</p> <ul style="list-style-type: none"> <u>Advanced or End Stage Chronic Renal Disease</u> (with documentation of Stage IV or GFR 15-29ml/min, <u>OR</u> Stage V or GFR <15ml/min <u>OR</u> ESRD) <u>AND</u> the <u>volume</u> of crystalloid fluids <u>in place of</u> 30ml/kg the pt. was to receive; <u>AND</u> an <u>order</u> for the volume of fluids <u>in place of</u> 30ml/kg to be administered <p>Utilizing IBW to determine the amount of Crystalloid Fluid Administration</p> <p>The Provider can use Ideal Body Weight (IBW) to determine the target ordered volume if <u>ALL</u> the following conditions are met. Other acceptable weight terms include predicted weight, dosing weight, and adjusted body weight.</p> <ul style="list-style-type: none"> Provider documents the <u>pt. is obese</u> (defined as BMI >30). Provider documents the <u>IBW is used</u> to determine target ordered volume. <u>IBW is documented</u> in the medical record. <p>Provider orders are required for the fluids.</p>
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	<p>The following patients are excluded from the denominator:</p> <p>Severe sepsis is not present</p> <p>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.</p> <p>Patients receiving IV antibiotics for more than 24 hours prior to presentation of severe sepsis.</p> <p>Patients with a Directive for Comfort Care or Palliative Care within 3 hours of presentation of severe sepsis</p> <p>Patients with an Administrative Contraindication to Care within 6 hours of presentation of severe sepsis</p> <p>Patients with an Administrative Contraindication to Care within 6 hours of presentation of septic shock</p> <p>Patients with a Directive for Comfort Care or Palliative Care within 6 hours of presentation of septic shock</p> <p>Patients with septic shock who are discharged within 6 hours of presentation</p> <p>Patients with severe sepsis who are discharged within 6 hours of presentation</p> <p>Patients with a Length of Stay >120 days</p> <p>Patients included in a Clinical Trial</p>



The Lean, Mean, Data Queen Machine, Shafrin



Ready to Rock (and Report?)

If we don't hear from you, we will assume you are ready to rock and roll!







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'

Next call- LTACH Onboarding Session 5
September 23 10-11 am ET
Thank you!

