

## Post-operative Sepsis Documentation Reference

Indiana University Health needs your help to correctly submit safety data that is publicly reported by the government. Patient Safety Indicator (PSI) 13 or "Post-Operative Sepsis" is an inpatient quality and patient safety indicator that is publicly reported on the Centers for Medicare and Medicaid Services (CMS) Hospital Compare website as part of the PSI-90 composite.

### Background:

CMS defines Post-Operative Sepsis as any patient  $\geq 18$  yrs of age who undergoes an elective OR procedure and develops infection post op that is assigned one of 20 specific sepsis diagnoses codes. Preventable harm results in compromised clinical outcomes, increased and wasteful use of resources, and increased cost. PSI 13 at AHC is above the national benchmark for performance. There is variation in documentation resulting in inaccurate diagnosis of post-operative sepsis events and potential financial loss.

Review of 2013-14 charts with PSI 13 found:

- Documentation opportunities to clarify sepsis diagnosis
- Failure to document "rule-out" sepsis when clinical status refuted sepsis as differential diagnosis
- Documentation of sepsis when only SIRS was present

### Recommendation:

- When infection is present, documentation should include degree of sepsis
- Pending diagnoses must be documented as "ruled out" when clinical picture does not support presence of infection
  - Example: If sepsis is part of your differential and ruled out with subsequent data, then document "sepsis ruled out"
- Do not document a definitive diagnosis of sepsis without presence of known/suspected infection

**\*\*Note:** If the documentation is unclear or conflicting, Clinical Documentation Integrity will contact the provider for clarification. Please respond promptly.

SIRS/SEPSIS Criteria	
<b>SIRS</b>	<ul style="list-style-type: none"><li>• Temp <math>&gt; 38^{\circ}\text{C}</math> or <math>&lt; 36^{\circ}\text{C}</math></li><li>• HR <math>&gt; 90</math></li><li>• RR <math>&gt; 20</math> or PaCO<sub>2</sub> <math>&lt; 32</math></li><li>• WBC <math>&gt; 12,000</math> or <math>&lt; 4,000</math> or <math>&gt; 10\%</math> immatures</li><li>• Use term "SIRS" when noninfectious source</li></ul>
<b>Sepsis</b>	<ul style="list-style-type: none"><li>• 2 of 4 SIRS criteria present and suspected or confirmed source of infection</li></ul>
<b>Severe Sepsis</b>	<ul style="list-style-type: none"><li>• Sepsis and one or more organ dysfunction (failure)</li><li>• P/F ratio <math>&lt; 250</math> (or mechanical ventilation) (acute respiratory failure)</li><li>• UO <math>&lt; 0.5</math> cc/kg/hr or GFR halved or creatinine at least doubled over baseline (acute renal failure)</li><li>• Platelets <math>&lt; 80,000</math></li><li>• Acute alteration in mental status (metabolic encephalopathy)</li><li>• Bilirubin <math>&gt; 4</math>, liver enzymes twice normal (acute hepatic failure)</li><li>• SBP <math>&lt; 90</math> or MAP <math>&lt; 65</math></li><li>• pH <math>&lt; 7.3</math> or arterial lactate <math>&gt; 1.5</math> X normal</li></ul>
<b>Septic Shock</b>	<ul style="list-style-type: none"><li>• Patient in severe sepsis and despite adequate fluid therapy (CVP 8-12), patient requires vasopressors to maintain MAP <math>&gt; 65</math></li></ul>