Set the Record Straight

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May/June 2016

Ask the Expert

When Sepsis Isn't Sepsis Anymore

Highlights from JAMA, "The Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3)"

Many of us in the HIM community were not surprised that the clinical standard for sepsis published earlier this year describe a greater severity of illness than conditions that are currently coded as sepsis under our coding guidelines. This change was a long time coming. As one coding professional stated, "I'm so glad for this change. I mean, it doesn't feel right to code sepsis for a one day LOS—and the patient was discharged to home." The truth is, patients with an infection where sepsis occurs carry a high risk of mortality.

Sepsis is a life-threatening condition that arises when the body's response to infection injures its own tissues.

Appropriately identifying sepsis symptoms to diagnose and treat patients is crucial for positive outcomes. In addition, data for tracking treatment and outcomes needs to be standardized for appropriate study.

What Was Wrong with the Old Definition of Sepsis?

Advances in medicine prompted the Society of Critical Care Medicine and the European Society of Intensive Care Medicine came together to redefine sepsis and septic shock since it was last done in 2001. After reviewing the current model of identifying sepsis, they concluded the weaknesses of the old sepsis definition:

- excessive focus on inflammation;
- the misleading model that sepsis follows a continuum through severe sepsis to shock;
- inadequate specificity and sensitivity of the systemic inflammatory response syndrome (SIRS) criteria;
- multiple definitions and terminologies are currently in use for sepsis, septic shock, and organ dysfunction, leading to discrepancies in reported incidence and observed mortality;
- the term *severe sepsis* was redundant.

(Continued on page 2)

In This Issue:

Baby with Zika-related Microcephaly Born at New Jersey Hospital

By Debra Goldschmidt, CNN

A baby girl with Zika virus-related microcephaly was born in New Jersey on Tuesday, May 31, hospital officials said.

"The mother is stable, obviously sad, which is the normal emotional reaction given the situation," said Dr. Abdulla Al-Khan, director of maternal and fetal medicine at Hackensack University Medical Center. The mother is visiting the United States from Honduras and does not want to be identified.

This is the second known case of a baby born with Zika-related birth defects in the United States. The first baby was born in Hawaii.

Doctors first examined the mother when she came to the medical center Friday. Ultrasound screening revealed the baby had "significant microcephaly," he said. Babies with microcephaly have small brains and heads.

The baby also had calcification and dilated ventricles in the brain, according to Al-Khan. Tests were done to rule out other causes of these abnormalities.

"When I saw her today, I was pretty much convinced this was a Zika-affected baby," he said.

CDC Confirmation

The mother, who has relatives in New Jersey, traveled to the United States from Honduras in hopes of receiving better medical care because she knew her baby may have Zika-related problems, according to Al-Khan.

Doctors believe she was infected during the second trimester of her pregnancy. She experienced a fever and rash, both symptoms of the mosquito-borne disease, which is known to cause the devastating birth defect microcephaly and other neurological disorders.

"When she developed the symptoms, she was seen by an OBGYN who suspected the baby was growth restricted," he said. Doctors there coordinated with the US Centers for Disease Control and Prevention to test the woman for the Zika virus.

The samples were sent to the CDC and results confirming the diagnosis of the virus came back Tuesday, according to Al-Khan.

Read more: http://www.cnn.com/2016/06/01/health/baby-born-microcephaly-new-jersey/index.html

SIRS Challenged

"The current use of 2 or more SIRS criteria to identify sepsis was unanimously considered by the task force to be *unhelpful*. Changes in white blood cell count, temperature, and heart rate reflect inflammation, the host response to "danger" in the form of infection or other insults. The SIRS criteria *do not* necessarily indicate a dysregulated, life-threatening response. SIRS criteria are present in many hospitalized patients, including those who never develop infection and never incur adverse outcomes (poor discriminant validity)."

How Should Sepsis Be Defined?

Sepsis should be defined as life-threatening organ dysfunction caused by a dysregulated host response to infection. Clinical criteria will be organ dysfunction defined as an increase in the Sequential [Sepsis-related] Organ Failure Assessment (SOFA) score of 2 points or more. (To see the SOFA criteria, see Table 1 on the link of the source article: http://jama.jamanetwork.com/article.aspx?articleid=2492881)

Septic Shock is part of sepsis requiring a vasopressor to maintain a mean arterial pressure of 65mm Hg or greater or a serum lactate greater than 2 mmol/L (>18 mg/dL) in the absence of hypovolemia. [NOTE: Mean Arterial Pressure (MAP): (SBP +2 x DBP)/3)]

quickSOFA In non-ICU settings, adult patients with suspected infection can be rapidly identified as being more likely to have poor outcomes typical of sepsis if they have at least 2 of the following clinical criteria that together constitute a new bedside clinical score termed quickSOFA (qSOFA): respiratory rate of 22/min or greater, altered mentation, or systolic blood pressure of 100mmHg or less.

A better understanding of the underlying pathobiology has been accompanied by the recognition that many existing terms (e.g., *sepsis*, *severe sepsis*) are used interchangeably, whereas others are redundant (e.g., *sepsis syndrome*) or overly narrow (e.g., *septicemia*). Inconsistent strategies in selecting *ICD-9* and *ICD-10* codes have compounded the problem.

Coding Corner

So what should a coder do when the physician diagnoses the patient with clinical sepsis without meeting the SOFA or qSOFA guidelines? It appears the new criteria for sepsis equates to what we currently code as severe sepsis without shock, that is, sepsis with acute organ dysfunction. (See table 2 in the source article at http://jama.jamanetwork.com/article.aspx?articleid=2492881.) Under this new sepsis classification, there is no longer a place for "simple" sepsis, clinical sepsis, or sepsis without infection as we code these now.

As the JAMA article states, "changes to ICD coding may take several years to enact, so the recommendations provided in Table 2 demonstrate how the new definitions can be applied in the interim within the current ICD system." SOFA/qSOFA criteria for sepsis diagnoses are in effect *now*. However, our coding will continue to be based on the physician's documentation, until guidelines/codes change.

Don't feel you're challenging the physician if you query for their clinical criteria for diagnosing the patient's condition as sepsis when the new SOFA or qSOFA scores are not evident. Remember, coders do not assign diagnoses, nor should they choose not to assign codes for conditions they disagree with. We will need their responses recorded in the patient's record. If the diagnosis gets challenged by payers or other auditors, physicians will be required to justify the diagnosis. The coder's responsibility is to ensure the documentation in the record supports the diagnoses coded.

References: JAMA February 23, 2016 Volume 315, Number 8

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Increase of Reported Zika Virus Cases in the US

Does hearing the news of reported instances of Zika in the US make you want to hide indoors to avoid mosquito bites? Don't let the statistics scare you. True, there is an increased number of reported cases of Zika in the US, but these are mostly the result of travelers returning home from trips abroad from major affected areas.

Does this mean the problem is "over there" and Americans have nothing to worry about? Not exactly. While the virus is mainly transmitted from specific mosquitos (yes, the same ones that can be found in the US), the virus can also be transmitted from humans. This can happen up to six months after being infected.

Most patients infected with the Zika virus develop mild symptoms (fever, conjunctivitis, swollen joints, and rash), and a few have developed severe, life-threatening manifestations. The greatest danger of the virus is the effects it has on a developing fetus.

The following brief videos may help you to educate and protect yourself with regards to Zika:

"Five Things You Need to Know about Zika Virus"
http://abcnews.go.com/International/strengthens-guidelines-prevent-sexual-transmission-zika-virus/story?id=39502097

"Zika Virus: The Basics."
http://abcnews.go.com/Health/video/zika-virus-basics-36553206

Consultant Spotlight

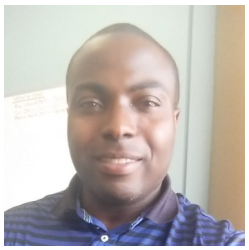
Lisa L., HIM Consultant

I have been working at Oxford for ten months and the experience has been great. I enjoy working for Oxford because of the flexible work arrangements and the professionalism of its management. I started coding in 2007. I have worked for coding companies, insurers and hospitals. I enjoy coding and believe it was the best career decision I ever made.

In my free time, I enjoy traveling, the beach, and a good horror movie. I look forward to continue adding value to the organization.

Employee of the Month

Michael Hamilton, Associate Recruiter



I am Canadian by birth, raised in Toronto, Canada. I have lived in Tampa for the past several years, after bouncing back and forth for a while between Tampa and Toronto.

I'm a huge sports fan, but after incurring several injuries while playing football and basketball, and having to learn to walk again at least 3 times, I decided to look for another way to satisfy my competitive nature. In the last few years I have taken up mountain biking, which so far seems to suit me well. While I know Florida has no real "mountains," it does have some challenging trails that make it interesting every time.

After being a part of a really successful and efficient team, I knew I wanted my next opportunity to mirror that environment. Oxford HIM has a great team in place! By far, that was the paramount factor in my joining the company, along with the potential here for growth. I'm looking forward to a great future with Oxford HIM!

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News & Events

Join us for a chat at the following upcoming HIM tradeshows:

AzHIMA
Phoenix, AZ, June 23-24

TxHIMA—Booth #127
Galveston, TX, June 26-28

FHIMA
Orlando, FL, July 18-21

New Oxford HIM PTO Benefit

Oxford HIM now offers full-time consultants the opportunity to take paid time off! The new PTO benefit comes in addition to holiday pay, 401(k) and medical insurance packages, paid travel and other benefits we provide.

If you have any questions, please contact your recruiter or email HIM@oxfordcorp.com.

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Increase your cash flow by referring other HIM professionals to Oxford HIM!

You can earn **$500** for every qualified contract or direct hire candidate. The bonus will be paid to you after the referred contract employee has worked 120 hours or the direct hire employee has completed 90 days.

Please ask your recruiter for more details, or email referrals to lauren_pease@oxfordcorp.com.

Who Knows?

What is the genetic disorder where a single human can have two different sets of DNA?

Send your answers to:
Lauren_Pease@oxfordcorp.com

All correct answers will be put into a raffle for a chance to win a Visa gift card.

Since there was no winner last month, this month's winner will receive a $50.00 gift card!

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