

# SEP-1 MEASURES ARE NOW PUBLIC ON CMS HOSPITAL COMPARE

## HOW CAN THE **STARLING** FLUID MANAGEMENT MONITORING SYSTEM HELP YOU COMPLY WITH THE SEP-1 BUNDLE?

The New SEP-1 guidelines that became effective on July 1, 2018, will allow your hospital to meet the 6-hour bundle by demonstrating that **ONE** of the following was measured or performed:

- CVP > **Requires Central Line**
- Central Venous Oxygen Saturation > **Requires Central Line**
- Echocardiogram > **Performed by Physician**
- **Fluid Challenge or Passive Leg Raise > PERFORMED BY A NURSE**

## HOW DOES IT IMPACT YOU?

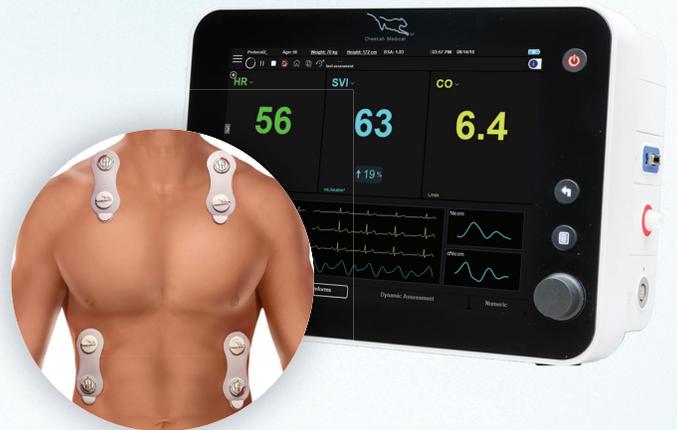
The **Starling** system is the only device with demonstrated outcome data that will allow your hospital to meet the reassessment of volume status and tissue perfusion of the 6-hour bundle ... **with a nurse-performed PLR!**



- The passive leg raise (PLR) technique translocates 250-300 cc of blood from lower extremities into the heart providing reversible challenge of the heart's response to increased fluid load.
- The **Starling** system's non-invasive hemodynamic monitoring technology provides real-time quantification of a patient's fluid responsiveness.

## WHY PARTNER WITH BAXTER?

- **Non-Invasive:** The **Starling** system provides a dynamic assessment of fluid responsiveness, accurately, precisely and 100% non-invasively.
- **Validated Technology:** The system has a large and growing body of clinical evidence, with technology validation in multiple clinical settings.
- **Published Clinical Outcomes in Sepsis Patients:**  
In a retrospective, matched, single-center study of nearly 200 patients, researchers from the University of Kansas Health System evaluated stroke volume (SV) guided resuscitation in 100 ICU patients with severe sepsis and septic shock and found that SV-guided resuscitation was an independent predictor of improved patient outcomes that resulted in reduced cost of care.<sup>1,2</sup>



**Your hospital SEP-1 compliance levels are now publicly reported at Medicare.gov Hospital Compare:**  
[medicare.gov/hospitalcompare/search.html](https://www.medicare.gov/hospitalcompare/search.html)

# SEP-1 V5.4 UPDATE (JULY 2018)

Documenting reassessment of volume status and tissue perfusion was updated:

Original Measure (April 2015)	Updated Measure (July 2018)
<p>Repeat focused exam (detail description)</p> <p><b>- OR -</b></p> <p><b>TWO</b> of the following:</p> <ul style="list-style-type: none"><li>- Measure CVP</li><li>- Measure ScvO2</li><li>- Bedside cardiovascular ultrasound</li><li>- <b>Dynamic assessment of fluid responsiveness with passive leg raise or fluid challenge</b></li></ul> 	<p>Repeat Volume Status and Tissue Perfusion Assessment Performed (<b>ONE</b> of the following):</p> <ol style="list-style-type: none"><li>1 Attesting to performing or completing a physical examination (MD/APN/PA)</li></ol> <p><b>- OR -</b></p> <ol style="list-style-type: none"><li>2 Completing at least five of the following:<ul style="list-style-type: none"><li>- Arterial Oxygen Saturation; Capillary Refill Exam; Cardiopulmonary Assessment; Peripheral Pulses; Skin Color or Condition; Urine Output; Vital Signs</li></ul></li></ol> <p><b>- OR -</b></p> <ol style="list-style-type: none"><li>3 <b>Documentation demonstrating ONE of the following was measured or performed:</b><ul style="list-style-type: none"><li>- CVP</li><li>- Central Venous Oxygen Saturation</li><li>- Echocardiogram</li><li>✓ <b>Fluid Challenge or Passive Leg Raise</b></li></ul></li></ol>

**The Starling system — along with a fluid challenge or passive leg raise — can now meet the repeat volume assessment portion of the 6-hour bundle, with no additional requirement.**

**Rx Only.** For safe and proper use of product mentioned herein, please refer to the Instructions for Use or Operators Manual.

#### **Baxter.com**

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1. Latham H, et al. Stroke volume guided resuscitation in severe sepsis and septic shock improves outcomes. *J Crit Care.* 2017;28:42-46.
2. Latham H, et al. Sepsis resuscitation based on stroke volume optimization improves outcome and reduces cost of care. *Crit Care Med.* 2018;(46):709.

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