



Surviving Sepsis Campaign Implementation and the Appropriate Role of Industry

To assist with Surviving Sepsis Campaign (SSC) implementation throughout the United States, the SSC leadership¹ recently approved the policy document titled *Surviving Sepsis Campaign Implementation and the Appropriate Role of Industry*. This policy is intended to clarify and delineate official SSC implementation activities from those initiated by third parties, including, but not limited to, the pharmaceutical and medical device industries.

- ❖ Because of the potential for industry and third party bias, the SSC leadership places, as a top priority, the appropriate separation of industry funding from Campaign activities.
- ❖ Since its inception in 2002, partial funding for the SSC has been provided by unrestricted educational grants from industry donors. Unrestricted educational grants prohibit commercial funding sources from participating in the planning, governance, administration, evaluation and financial reconciliation of the funded activity.² All SSC activities remain independent from industry influence. In keeping with this policy, active funding sources receive quarterly SSC updates during open forums with the leadership. This information is available to the public upon request.
- ❖ Industry has no input or activity in any SSC function as it relates to project selection or planning, data collection or data analyses. All SSC data are stored on a separate secure server at the offices of the Society of Critical Care Medicine. Access to these data is limited to individual hospitals wishing to query their own data, members of the SSC Executive Committee and key SSC staff.
- ❖ The SSC does not endorse industry efforts, either directly or through third parties in their employ, to implement the patient care and improvement efforts of the Campaign. Industry representatives and third parties should refer institutions to the SSC for expert guidance and support related to the care of severely septic patients and Campaign implementation.
- ❖ The Campaign provides support to hospitals and hospital networks in a variety of ways, including: content expertise from members of the SSC steering committee or others with Campaign implementation experience; assistance with establishing data collection procedures; guidance in establishing improvement teams; advice to establish the value of the effort with hospital administration; access to experts and peers via user groups; regular teleconferences with other participants and experts; and ongoing follow up from Campaign staff and steering committee members.
- ❖ The SSC website (www.survivingsepsis.org) provides information about creating change teams, SSC bundle implementation, building support for the Campaign in individual institutions, data collection methods, and monitoring improvement. Slide sets, forms, data collection tools, and manuals are also available on the website. While this information remains in the public domain, the Campaign does not endorse, either directly

¹ Roster of SSC Executive and Steering Committees

² The Surviving Sepsis Campaign has adopted the Society of Critical Care Medicine's *Policy on Appropriate Use of Commercial Support*. A copy of the policy is available at www.sccm.org.

or through third parties, industry-sponsored SSC educational packages based on the work and proprietary intellectual property of the SSC. The Surviving Sepsis Campaign prohibits the use of SSC documents, manuals, slides, handouts and similar materials in independent industry-sponsored presentations to clinical audiences that are presented in a fashion to suggest these are SSC-associated events.

- ❖ Healthcare practitioners who have implemented the SSC in their hospital may be approached by industry to speak or work for remuneration on behalf of industry. Individuals interested in spreading the word of the Campaign are encouraged to first contact the SSC regarding opportunities sponsored directly by the SSC.
- ❖ To facilitate an academic approach and atmosphere dedicated to improvement, organizational meetings, discussions and subsequent meetings between the SSC leadership and interested healthcare institutions must be free of healthcare industry involvement. Decisions regarding institutional and individual participants, logistics, and funding portions of the initial phases of building local SSC networks should not involve industry representatives or funding.
- ❖ SSC is aware that healthcare institutions may seek local funding for assistance with development as a result of initial meetings with SSC leadership. The Campaign has no regulatory authority over hospital decisions to independently seek industry support to assist in local SSC activities. The SSC neither supports nor discourages these local hospital decisions. Subsequent involvement of industry representatives remains the decision of individual hospitals or networks.

Surviving Sepsis Campaign Background

In 2002, the Society of Critical Care Medicine, the European Society of Intensive Care Medicine, and the International Sepsis Forum formed a three-phased Surviving Sepsis Campaign. During the first phase, campaign leaders introduced the initiative at major international critical care medicine conferences. They developed a six-point action plan to reduce relative risk of mortality from severe sepsis globally by 25% by 2009. The agenda includes:

- Building awareness of sepsis among healthcare professionals, governments, health and funding agencies, and the general public
- Improving early and accurate diagnosis
- Increasing the use of appropriate treatments and interventions
- Educating all healthcare professionals about diagnosis, treatment, and management of sepsis
- Improving access to post-ICU care for sepsis patients
- Developing global standards of care

The second phase of the campaign focused on creating guidelines for sepsis management. A group of international critical care and infectious disease experts representing 11 organizations convened in June 2003 to begin that process. Publication of the guidelines in *Critical Care Medicine* (March 2004) and *Intensive Care Medicine* (April 2004) was a historic step.

Phase 3 of the campaign involves translating the guidelines into bedside clinical practices. To that end, Campaign leaders have partnered with the Institute for Healthcare Improvement (IHI) to develop two sepsis bundles and to create a dynamic, web-based change-measurement process.