CAMPAIGN Update

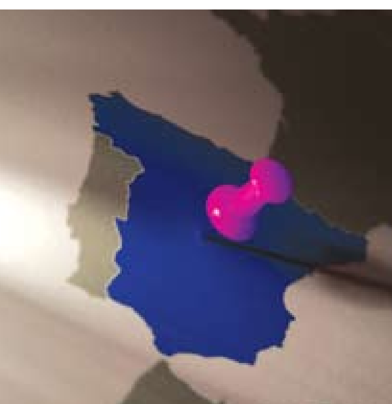
A global effort to improve care for patients with severe sepsis and septic shock

September 2006

We are pleased to bring you the first issue of Campaign Update*, the official e-newsletter of the Surviving Sepsis Campaign. The Surviving Sepsis Campaign is a partnership of the European Society of Intensive Care Medicine, the International Sepsis Forum and the Society of Critical Care Medicine. This monthly communiqué will focus on topics related to local, regional and national SSC activities. Feedback and content suggestions may be sent to campaignupdate@survivingsepsis.org*

SSC in Spain:

A Coordinated Approach to ICU Quality Improvement



More than 90 hospitals are participating in a national effort to implement the Surviving Sepsis Campaign (SSC) in Spain. Antonio Artigas, MD, PhD, Director of the Critical Care Center of Sabadell Hospital in Barcelona, is the chairperson for this multi-center network created almost two years ago.

More than 2,000 patient records will be added to the SSC database as a result of the Spanish Campaign.

Network Formation

The Spanish network was established in January 2005 and was among the first formal SSC networks. More than 35 ICU physicians and nurses attended an inaugural program in Barcelona. Participants included representatives of the The National Society, which continues to provide support for the Spanish SSC.

Campaign goals and objectives ratified by participants include the following aims:

- raise SSC awareness throughout Spain
- empower and foster SSC ownership in Spain among various intensive care societies
- educate practitioners about SSC bundles
- submit data on outcomes and bundle compliance
- facilitate dissemination of local/national results

The initial goal of the Spanish network was to develop a project that would introduce the idea of a coordinated approach to quality improvement in the field of intensive care.

Creating a National Reporting System

In subsequent months, Dr. Artigas and others created a national reporting system to coordinate the collection and analysis of SSC compliance data. This project, titled "Edu-Sepsis," was established to evaluate the impact of an educational initiative on the quality of care delivered to patients with severe sepsis. It consisted of a period of baseline data collection followed by education and awareness efforts, and additional data collection.

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Severe Sepsis vs. Current Care Priorities in the United States

Care Priorities	Incidence	# of Deaths	Mortality Rate
AMI[1]	900,000	225,000	25%
Stroke[2]	700,000	163,500	23%
Trauma[3] (Motor Vehicle)	2.9 million (injuries)	42,643	1.5%
Severe Sepsis[4]	751,000	215,000	29%

Source: 1. Ryan TJ, et al. ACC/AHA Guidelines for management of patients with AMI. *JACC.* 1996; 28: 1328-1428.
2. American Heart Association. Heart Disease and Stroke Statistics – 2005 Update. Available at: www.americanheart.org.
3. National Highway Traffic Safety Administration. Traffic Safety Facts 2003: A Compilation of Motor Vehicle Crash Data from the Fatality Analysis Reporting System and the General Estimates System. Available at http://www.nhtsa.dot.gov/.
4. Angus DC et al. *Crit Care Med* 2001;29(7): 1303-1310.

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Patient Screening and Data Collection Basics

R. Phillip Dellinger

As an SSC Executive Committee member, I am pleased to write the first "Leadership Perspectives" for *Campaign Update*. This monthly feature will address a variety of topics related to SSC implementation. Each issue will present the unique perspectives of the global Campaign leadership, and will focus on information gathered during formal and informal SSC discussions. This inaugural column highlights optimal patient screening and data collection methods being employed at various Campaign sites.

During the past 12-18 months, the leadership has focused on developing regional SSC hospital networks. We hosted numerous educational programs that emphasize performance improvement basics; SSC guidelines and bundles rationale; and the operational prerequisites for a successful local Campaign. Meaningful data collection and transfer now gain importance as individual sites begin the process of reviewing their performance.

We recognize that considerable variability exists with regard to individual site patient screening and data collection. The following recommendations benefit institutions that are beginning to collect data and others who might be further along in the process.

"Quality, not quantity." Begin by entering a small, random sample of charts. There is no requirement that data collection should begin with the immediate full capture of all patients who might meet the SSC bundle criteria. The quality of data captured on an individual patient is far more valuable than the quantity of patients screened. A slow and methodical approach will allow the team to troubleshoot the inevitable questions that arise prior to comprehensive data collection.

Don't be discouraged. Initial data collection often takes 45 minutes per chart. *This has been a universal experience.* At Cooper University Hospital in Camden, N.J., we now average 15-20 minutes per chart. Remember the long-term goal of performance improvement and measure success one chart at a time.

Tailor patient screening and data entry according to the needs of your institution. The following are examples of patient screening and data entry scenarios from various SSC sites that may meet your unique needs.

Concurrent screening: At Cooper University Hospital, we concurrently screen our 24 ICU beds each weekday morning. Screening focuses on patients admitted within the past 24 hours and is done by a critical care nurse knowledgeable about severe sepsis diagnosis. The process typically takes 45 minutes (slightly longer on Mondays as we screen and enter patients admitted during the weekend). We use wireless direct data entry with a bedside laptop computer. We return after the end of the 24-hour period (as necessary) to record 6-to-24 hour glucoses and inspiratory plateau pressures.

Meaningful data collection and transfer now gain importance as individual sites begin the process of reviewing their performance.

Concurrent screening and data collection during ICU rounds is done at Rhode Island Hospital in Providence R.I. In this 18-bed ICU, the attending physicians, fellows and residents make rounds each morning during which they identify patients that may qualify for bundle implementation. Patient records are reviewed and data is entered into the database from a portable laptop station. The additional burden of data entry during rounds has been evaluated. Seven minutes are required, on average, to complete data entry for the 6-hour Resuscitation Bundle and less than two minutes are required to enter data for the 24-hour Management Bundle. While data collection is not concurrent with each step of management, the team providing care has the opportunity to review items that may have been missed and identify next steps in therapy.

Retrospective chart audits, while not ideal, can also be performed for data entry.

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In the Literature

Listed below are articles that may provide additional background to practitioners as they implement the SSC.

Rady M: Bench-to-bedside review: Resuscitation in the emergency department. *Crit Care* 2005; 9 (2): 170–176

Rivers E, McIntyre L, Morro D, et al: Early and innovative interventions for severe sepsis and septic shock: taking advantage of a window of opportunity. *CMAJ.* 2005 October 25; 173(9): 1054–1065

Anel R, Kumar A: Human endotoxemia and human sepsis: limits to the model. *Crit Care* 2005; 9(2): 151–152

Granja C, Davis C, Costa-Pereira, et al: Quality of life of survivors from severe sepsis and septic shock may be similar to that of others who survive critical illness. *Crit Care* 2004; 8(2): R91–R98

Linde-Zwirble W, Angus D: Severe sepsis epidemiology: sampling, selection, and society. *Crit Care* 2004; 8(4): 222–226

Education

SCCM Hosts SSC Workshops

The Society of Critical Care Medicine (SCCM) is presenting a series of implementation workshops throughout the U.S. The half-day regional training programs focus on bundle theory, SSC guidelines application and an overview of the database. At press time, more than 100 clinicians have participated in a total of three programs. (See Calendar below for a list of future SSC/SCCM regional training programs.)

Attendees include intensive care and emergency department physicians and nurses, pharmacologists and quality personnel. Post-meeting teleconferences are scheduled one month after the program to assist in the formation of regional networks.

The regional training programs are funded by an educational grant from Eli Lilly. Seating is limited to 30 clinicians and there is no charge to attend. For more information, contact campaignupdate@survivingsepsis.org.

SSC in Spain *(continued from page 1)*

Regional coordinators were selected to promote Edu-Sepsis goals within their own regions and in corresponding individual hospitals. Regular regional meetings and regional coordinator planning sessions were held to maintain enthusiasm and momentum for the overall quality improvement project.

Next Steps

Ongoing support for the Spanish network and the continuation of measuring compliance data is evident throughout Spain. Implementation of the sepsis bundles was supported by Spanish translations of SSC materials. Demand has grown for a Spanish version of the SSC database. Dr. Artigas will distribute CDRoms to all current and potential hospitals that wish to participate in the quality improvement initiative.

Conclusion of the Spanish project is planned for Fall 2006, according to Dr. Artigas. More than 2,000 patient records may be added to the global database as a result of the Spanish Campaign.

“This effort has not been without challenges and obstacles,” says Dr. Artigas. “Through continued group support, regular meetings, idea and solution-sharing, we continue to be effective in keeping this initiative a dynamic process for change.”

Spanish SSC efforts demonstrate not only that the aims and objectives of the group have been achieved, but that the initial project has fostered a national ownership of the SSC and provided the support for the physicians and nurses in hospitals who often feel isolated in their efforts to improve the quality of care for patients with sepsis.

CALENDAR

2006

September 25
19th ESICM Annual Congress
SSC Educational Session
2:00 - 3:30pm
CCIB Convention Center
Barcelona, Spain

October 5
Orlando Network Meeting
6:00 - 9:00pm
Embassy Suites Orlando - Downtown
Orlando, Fla.

October 26
Southeast Michigan Regional Training Program
2:00 - 7:30pm
Hyatt Regency Dearborn
Dearborn, Mich.

November 21
Connecticut Regional Training Program
10:00am - 3:00pm
Trumbell Marriott Merrill Parkway
Trumbell, Conn.

December 1
Orange County/Los Angeles Regional Training Program
10:00am - 3:00pm
Location TBD
Calif.

December 14
Charlotte/Raleigh Regional Training Program
10:00am - 3:00 pm
Location TBD
Raleigh, N.C.

December 19
Tacoma/Seattle Regional Training Program
10:00am - 3:00pm
Location TBD
Tacoma, Wash.

2007

January 25
Albuquerque Regional Training Program
10:00am - 3:00pm
Location TBD
Albuquerque, N.M.

February 17
1st North American User Group Meeting
1:00 - 6:00pm
Gaylord Palms Hotel and Convention Center
Orlando, Fla.

February 21
SCCM 36th Annual Congress
SSC Educational Session
9:30 - 11:00am
Gaylord Palms Hotel and Convention Center
Orlando, Fla.

March 26
2nd Pan European User Group Meeting
1:00 - 6:00pm
Brussels, Belgium

Send us your SSC meeting information and we will include it in the next issue of *Campaign Update*! Contact campaignupdate@survivingsepsis.org for more information.

CAMPAIGN at-a-Glance

Listed below are locales that have implemented the Surviving Sepsis Campaign as of September 15, 2006. This information will appear in each issue of *Campaign Update*. Contact campaignupdate@survivingsepsis.org to obtain details on specific sites and local contact information.

Asia
China

Europe
England
Germany
Ireland
Italy
Netherlands
Poland
Portugal
Scotland
Spain
Wales

Latin America
Brazil
Chile

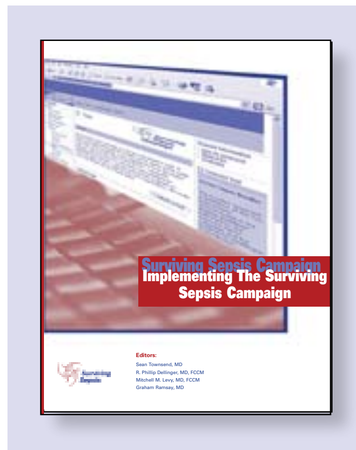
North America
Alabama
California
Colorado
Florida
Georgia
Iowa
Illinois
Kansas
Maryland
New Jersey
Puerto Rico
Texas
Virginia
Washington D.C.

CAMPAIGN Tools

We want SSC implementation in your hospital to be easy and effective. Listed below are various resources available from the Campaign for use at all stages of development, education, data collection, and analysis.

Website: The SSC website http://www.survivingsepsis.org provides background on severe sepsis and septic shock, Campaign guidelines, tips for establishing change teams, bundle development, downloadable slide programs, history of the Campaign, and the data collection tool itself, PDFs of the implementation manual and links to many other resources.

CD-ROM for data collection: The entire data collection tool with instructions and data fields is available to install in your hospital.



Implementing the Surviving Sepsis Campaign: This handy spiral-bound manual is a useful tool to help implement the Campaign on a step-by-step basis. It provides SSC background, philosophy on quality improvement measures, and detailed instructions on data collection and implementation aids. It also contains a CD-ROM of the data collection tool and testimonials from global SSC participants.

"Surviving Sepsis Campaign Guidelines for Management of Severe Sepsis and Septic Shock": The complete guidelines as published in March 2004 *Critical Care Medicine* and April 2004 *Intensive Care Medicine* are available on-line.

PowerPoint Presentation - SSC Guidelines: An Overview. The Campaign has developed lecture slides that highlight the Surviving Sepsis Campaign *Guidelines for the Management of Severe Sepsis and Septic Shock.*

Pocket guides and poster versions of the guidelines are also available.

Patient Screening and Data Collection Basics
(continued from page 2)

This methodology eliminates valuable real-time team decisions regarding patient care, and negates the opportunity to encourage indicator achievements during the 6-to-24 hour management window.

Paper data collection and subsequent data transfer into the SSC Database is another alternative. Cooper initially worked from paper tools. We can assure all of you that, although the transition from paper to electronic may initially take more time (due to the learning curve), electronic entry is quicker and allows sites to run local reports and graphs that can be used to incentivize teams toward performance improvement.

Regardless of your patient screening and data collection methodology, we view your participation as vital to the success of the Campaign. If you have questions regarding patient screening or data collection, please contact us at campaignupdate@survivingsepsis.org. We welcome your comments and suggestions.

Special thanks go to Christa Schorr, MSN, RN, for her role in Cooper University data collection and SSC Database development.

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Campaign Update is a monthly e-publication of the Surviving Sepsis Campaign. Comments or suggestions should be sent to campaignupdate@survivingsepsis.org

SSC Industry Support Policy: The SSC leadership adopted the policy document titled *Surviving Sepsis Campaign Implementation and the Appropriate Role of Industry* in February 2006. 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. A copy of the policy is available at www.survivingsepsis.org