What is the SSC Collaborative?

The Surviving Sepsis Campaign (SSC) is launching a quality improvement initiative to increase early recognition and treatment of sepsis in patients on hospital medical, surgical and telemetry units. The project leaders will collaborate with SSC Steering Committee members and quality improvement and hospitalist leaders from the Society of Hospital Medicine to provide guidance to hospitals as they identify and rapidly treat these high-risk patients. Earlier interventions may lead to better outcomes for patients as sepsis often rapidly escalates to organ failure and death. The initiative is supported by the Gordon and Betty Moore Foundation.

What is the collaborative’s aim?

The aim of the new initiative is to study, test and disseminate tools related to the early identification and treatment of sepsis on hospital floors. Outcomes of the collaboratives’ work will be included in a consensus statement developed by an international panel of experts. In addition, materials to assist hospitals implement change to improve sepsis care on the floors will be created and made available free-of-charge.

On what will the collaborative base its care guidance?

The collaborative will use the, Surviving Sepsis Campaign: International Guidelines for the Management of Severe Sepsis and Septic Shock: 2012. To download the guidelines, visit: survivingsepsis.org/Guidelines

The focus will be on the use of the 3-hour resuscitation bundle. For more information, visit: survivingsepsis.org/Bundles

What will it cost to join the collaborative?

There is no fee to join the collaborative. The Foundation support covers the costs of the faculty, collaborative project management (meals, AV, meeting space and supplies), database support and benchmarking, virtual meeting support and other related expenses. Each hospital is expected to make accommodations for staff to participate in scheduled meetings and web conferences. Any travel-related expenses associated with participating in the three regional meetings will be the responsibility of the participating hospital. Each hospital is expected to provide the needed clinical, administrative and IT staff support. Time commitments will vary from hospital to hospital.
What data will hospitals need to submit?

A Microsoft Access-based data-collection tool that submits data to a centralized data repository (SQL server) will be used in the collaborative. To view specific data elements, visit: survivingsepsis.org/Data-Collection to download the paper data collection tool. The electronic tool will be released in the coming weeks and is available to any hospital worldwide at no charge.

Where will the collaboratives be held?

The initiative will have quality improvement collaboratives in San Francisco, Chicago and the East Coast (meetings held in Providence). Each will be limited to 10 to 15 hospitals and, in most cases, be limited to hospitals in those regions. During the 18 months of the collaboratives there will be three, local in-person meetings for all participants of each regional collaborative. In between those meetings there will be action periods with scheduled monthly facilitated calls to report progress and receive additional support using web-based technology. The in-person kick-off meeting is planned for February 2014. The collaboratives will conclude their work in July 2015.

How will the collaboratives work?

Participating hospitals will receive pre-work and change packages that include an aim statement, goals, a driver diagram and potential changes that they should consider for their improvement efforts in their specific environments. A curriculum has been developed for the entire collaborative time period and will address how to get started and the roles of specific team members. Hospitals will submit their data using the SSC electronic data collection tool and receive quarterly reports on their specific performance and how it compares in aggregate to other hospitals in the collaboratives. Participating hospitals will select one unit to enroll in this pilot project. During the course of the collaborative, hospitals that experience significant improvements may choose to implement changes in other units outside the collaborative. Outcomes of the collaboratives’ work will be included in a consensus statement developed by an international panel of experts. In addition, materials to assist hospitals implement change to improve sepsis care on the floors will be created and made available free-of-charge.

Who are the faculty?

- Patricia Cormack, RN, MSN, Critical Care Clinical Educator, Sepsis Coordinator, CV Coordinator, Vanguard West Suburban Medical Center, Oak Park, IL
- Mary Ann Daley, RN, BSN, CCRN DC, Regional Clinical Initiative Lead-Sepsis and ICU Liberation (ABCDE) Gordon and Betty Moore Foundation Grant, Sutter Health Sacramento Sierra Region, Sacramento, CA
- R. Philip Dellinger, MD, MCCM, FCCP, Chair and Chief, Department of Medicine, Cooper University Hospital, Camden, NJ
- Laura Evans, MD, MSc, Assistant Professor, NYU School of Medicine, Medical Director of Critical Care, Bellevue Hospital Center, New York, NY
- Caleb P. Hale, MD, FHM, Hospitalist, Beth Israel Deaconess Medical Center, Clinical Instructor, Harvard Medical School, Boston, MA
What are the inclusion criteria?

- Must be US-based hospital (San Francisco Bay area, Chicago area, East Coast preferred)
- 24-hour provider coverage
- Lead hospitalist and nursing champion are required with support mentors from ICU and ED
- Data collection capability (ability to conduct baseline collection for participating unit)
- Ability to use the SSC database tool and submit secure, de-identified data to centralized data repository monthly for life of collaborative (18 months).
- Ability to collect sepsis-related ALOS data
- Local IT support as needed
- Previous sepsis quality improvement experience with the ED and ICU
- Data collection on 5 to 20 septic patients from preceding six months
- Senior hospital administration support
- Designated data collector to ensure consistency of data
- Ability to attend three in-person meetings and six bi-monthly webinars
- Ability to prepare and share data with collaborative (rights-privileges)
- Ability to complete participation in collaborative over approximately 18 months

Each group will serve as peer support through the in-person meetings, web-based meetings and an online community so active participation is expected and required.

How can I learn more about the Surviving Sepsis Campaign?

To learn more about the Surviving Sepsis Campaign, visit: survivingsepsis.org.

Information about the international guidelines (six translations), resuscitation bundles, statements, implementation and quality improvement materials, webcasts and podcasts, as well as other resources are available on the website.