FREQUENTLY ASKED QUESTIONS

Identification Measures

1. Which patients should be included in the *STOP* Sepsis Collaborative data set?

   A: The STOP Sepsis Collaborative is tracking patients with severe sepsis that come into the hospital through the emergency department (ED). This means that only those patients who are hypotensive after being given 2L of fluids or that have an elevated lactate (>4 mmol/L) should be entered in the data portal for this Collaborative.

2. Should the data being entered focus only on cases coming through the ED and being transferred to the ICU? (i.e., Should patients that are coming in through the ED and going to med/surg; step down units, etc. also be included?)

   A: Data should be submitted on patients with severe sepsis coming in through the ED and followed through to the point of meeting the resuscitation goals (and hospital discharge). As the focus of the Collaborative is on tracking processes of care to improve patient outcomes, we are interested in receiving data on wherever the patient is during the treatment process, so med/surg, step down units, and other "specialty care units" would all qualify.

3. My team is having trouble identifying and tracking the targeted patients in our very busy ED. We are dependent on a paper record as our electronic health record is being implemented. Any suggestions?

   A: Since reviewing cases retrospectively may not capture all of the severe sepsis cases that occurred, GNYHA and UHF encourage hospitals to track and submit data concurrently throughout the month. STOP Sepsis Collaborative Co-Chair Scott Weingart, M.D., created an educational video that provides an overview of the process for screening and data collection at Elmhurst Hospital Center and summarizes the flow of information and communication from the emergency department to the ICU and other areas. We encourage you to access the video by clicking on the following link: ***www.gnyha.org/sepsis/media/videos****.*

4. How is the time of triage determined for the purposes of the data collection form?

   A: GNYHA and UHF recognize that the time of arrival and time of triage data elements may vary from hospital to hospital in this Collaborative. Ideally, participants should submit the date and time of the patient's arrival in the ED, as well as the date and time of the patient's triage in the ED as two separate data points. This information will ultimately help us to reduce the time between patient arrival and recognition of severe sepsis, as well as the time between patient triage and recognition of severe sepsis.

5. Should patients with severe sepsis, whose goals of care are anything other than curative be included in the data collection for the *STOP* Sepsis Collaborative?

   A: If the patients' goals are documented as supportive care only, then those cases should not be included in the database. In other words, include all patients except those whose goals of care are primarily palliative, (i.e. comfort measures only).

6. How should patients with severe sepsis be identified and tracked? We are looking retrospectively and identifying patients with a lactate>4, but may be missing patients with a severe sepsis diagnosis that may not have had a lactate drawn and received appropriate therapy.

   A: The recommended method for effectively identifying and tracking patients for the Collaborative is to do so concurrently throughout the month rather than retrospectively to ensure that you are not missing patients that should be included. Hospital participants may share their best practices and experiences with one another on the STOP Sepsis Collaborative online forum at: ***www.gnyha.org/sepsis/media****.*

Treatment Measures

7. In our ED, we do not have the ability to measure CVP. Sometimes CVP is measured in the ICU, but this is nearly always outside the 6 hour window, and after the initial resuscitation of the patient has been completed. Therefore, I am always answering "no" with regard to whether a CVP was measured. Is this alright?

   A: If a hospital ED does not have the capability to measure CVP and is not using CVP measurements during the resuscitation of severe sepsis patients, then answering "no" for the data element asking whether CVP was measured is absolutely correct. The STOP Sepsis Collaborative data collection is focusing only on the activities related to identification and resuscitation of the severe sepsis patient. The data collection does not include any further management of a patient once the resuscitation goals have been met.

Resuscitation Goals

8. Please clarify the data element: time of patient leaving the ED? We have patients that remain in the ED after in house admission due to lack of a bed, but the transfer of service has occurred. What is the element trying to capture? Time of service transfer or time of physically leaving the ED?

   A: The "time of patient leaving the ED" measure is intended to capture the time when a patient physically leaves the ED. For the purposes of this data element, respondents should not document the time that service was transferred to another department, but rather the time when the patient was wheeled out of the ED and bound for another unit.

9. If the patient has achieved central venous oxygen saturation or a lactate decline of at least 10% outside of the 6 hour window, i.e. 8 hours later, should a 'no' response be entered into the data collection form?

   A: One of the objectives of the STOP Sepsis Collaborative is to reduce the time between identifying a severe sepsis case to the time that the resuscitation goals were met. In order to track Collaborative participants' progress in achieving this objective, GNYHA/UHF is asking hospitals to indicate whether the resuscitation goals were met for each severe sepsis case, if so, the time that they were met. Hospitals should report "yes" if the resuscitation goals were met, regardless of whether this occurred outside of the 6-hour window.

10. Can you clarify if the invasive protocol is differentiated from the non-invasive protocol by whether a central line was placed and a CVP was performed, or if it should be based on tracking ScvO2?

    A: The invasive protocol refers to checking ScvO2, and the non-invasive protocol is checking lactates even if a central line was placed. If CVPs were used to check fluid resuscitation, then please indicate that in the fluid resuscitation section where it asks, "what means of fluid assessment was used?"

Discharge Data

11. Should patients who are identified as a severe sepsis case in the ED but expire within 2-3 hours after arrival, prior to reaching the resuscitation goals be included in the data collection for the *STOP* Sepsis Collaborative?

    A: Yes, all patients who are identified as a severe sepsis case in the ED should be included in the data collection for the STOP Sepsis Collaborative. If a patient expires in the ED before the sepsis resuscitation goals have been met, then please indicate the patient did not survive to hospital discharge in the data submission.

General Data Questions

12. What if a case is presented, the patient is discharged, and then is readmitted at a later date with severe sepsis both times? Should this patient be entered into the database as two separate cases?

    A: Yes, the unit of measurement for the STOP Sepsis Collaborative is the severe sepsis episode and not the patient. A patient who comes in with severe sepsis, is treated successfully, discharged from the hospital, but then presents once again in the ED should be counted as a second severe sepsis case, for the purposes of the Collaborative data collection. However, if the patient met the resuscitation goals is moved to a different unit and then shows signs of deterioration once again, then this patient would not be entered into the STOP Sepsis Collaborative database as a second case.