



MARYLAND  
Department of Health

**Sepsis Public Awareness Campaign Workgroup Meeting #2**

**Minutes**

**July 25, 2018**

The Sepsis Public Awareness Campaign Workgroup held a public meeting on July 25, 2018 beginning at 10:00 a.m. at the following location:

Maryland Patient Safety Center  
6820 Deerpath Road  
Elkridge, MD 21075

**Workgroup Members Present:**

- Charles Callahan
- Jean DeCosmo
- Jean Murray
- Chad Orton
- Lucy Wilson (Chair)
- Nikki Laska (phone)
- Patricia Hall (phone)
- Patricia Travis
- Sharon Powell (phone)
- Stefanie Gilbert (phone)

**Workgroup Members Unable to Attend:**

- Cheryl Douglass
- James L. Eure
- Sara Vazer
- Robert Imhoff
- Alicia Mezu

**MDH Staff Present:**

- Hannah Leker
- Ruth Thompson
- Jody Sheely

**Guests Present:**

- Evan Richards - on behalf of Senator Klausmeier)
- Thomas Heymann - Sepsis Alliance (phone)
- Tom Barnett – Roche Diagnostics

## **1. Welcome and Roll Call**

Chair Lucy Wilson opened the meeting at 10:00 a.m. with an introduction and roll call of members in the room and those attending by phone.

## **2. Review of Prior Meeting Minutes and Vote**

Chair Wilson called for a vote to approve the July 9, 2018 meeting minutes, which were provided to members for review electronically. Members unanimously approved the minutes.

## **3. Introduction to Discussion of Report**

The report was brought up on the projector, and Hannah Leker led the Workgroup through a discussion of each section of the report.

## **4. Discussion of Messaging Section of Report**

Workgroup members brought up whether a more clinical definition for sepsis (such as the definition in the Sepsis-3 article published in JAMA) should be included in the report. The Workgroup agreed to include information stating that the Workgroup did discuss more clinical definitions of sepsis, but determined that they would not be appropriate to reach the general public in a public awareness campaign. Workgroup members brought up that it is important, even though healthcare providers are not the focus of this campaign, to engage with healthcare providers and develop a partnership with them.

The Workgroup decided to add a statement about susceptible populations to the section on how sepsis may occur, and to list the symptoms of sepsis using the SEPSIS mnemonic device.

In the section of the report about what to do if symptoms are present, the Workgroup decided to add language about calling 911, and to add some of the key phrases that patients can use when telling their healthcare providers that they are concerned about sepsis such as “I suspect sepsis”, “could it be sepsis?”, and “what about sepsis?”.

When discussing the section about methods for prevention of sepsis, the Workgroup decided to add language clarifying that individuals should act fast specifically when symptoms aren't improving or if there is a sudden worsening of symptoms. The Workgroup also decided to add to the list of preventative actions completing prescribed courses of antibiotics and following up as recommended by healthcare providers.

## **5. Discussion of Resources Section of Report**

The Workgroup discussed reaching out to other Maryland health systems in addition to Med Star to see what they are doing to promote sepsis public awareness. This topic will be added to the report as a task that should be carried out before the public awareness campaign is implemented. The Workgroup decided to add language to the report saying that the resources listed are examples of the types of resources that the Workgroup recommends and that these lists are not all inclusive.

## **6. Discussion of Cost-Effective Methods Section of Report**

Workgroup members discussed that a speakers' bureau could be beneficial to both the general public and healthcare providers.

Items that the Workgroup decided to add to the list of cost-effective methods of disseminating sepsis public awareness messages include: coordinating with community based organizations (such as faith-based organizations, the local ombudsman, parent teacher associations, and sports groups), working with local elected officials, and locating a volunteer celebrity spokesperson. Additionally, the Workgroup added that the Campaign may be able to coordinate with elementary school flu vaccination clinics to send out leaflets about sepsis.

For social media posts, the Workgroup discussed that the Campaign should coordinate with social media pages for healthcare systems and professional organizations for consistent messaging.

Additionally, Workgroup members suggested that the Campaign may be able to coordinate with other organizations that have funding to implement methods that would require designated funding.

## **7. Discussion of Next Steps and Future Efforts**

The Workgroup decided to add a curriculum on sepsis awareness for school-aged children to the list of suggestions for future sepsis awareness activities (in addition to the suggestion to have a healthcare provider education campaign).

## **8. Consensus on Changes to Report**

The Workgroup discussed and reached consensus on the changes to the report proposed during the meeting.

## **8. Public Comments**

Chair Wilson invited any members of the public present to provide comments. No new comments were made during this period.

## **9. Next Steps Discussion and Adjournment**

Chair Wilson told the Workgroup that an updated draft of the report with edits from this meeting will be sent out to the Workgroup. After that, Workgroup members were told they will be given a few days to provide any further comments before the report is finalized, then the final report submitted for the Dec. 1, 2018 deadline in HB 1467 / SB 574 will be sent to the Workgroup members.