MARYLAND
Department of Health

Sepsis Public Awareness Campaign Workgroup Meeting #1
Minutes
July 9, 2018

The Sepsis Public Awareness Campaign Workgroup held a public meeting on July 9, 2018 beginning at 3:00 p.m. at the following location:

Maryland Patient Safety Center
6820 Deerpath Road
Elkridge, MD 21075

Workgroup Members Present:

- Charles Callahan
- Jean DeCosmo
- Cheryl Douglass
- James Eure
- Robert Imhoff
- Alicia Mezu (phone)
- Jean Murray
- Chad Orton
- Sharon Powell
- Patricia Travis
- Lucy Wilson (Chair)

Workgroup Members Unable to Attend:

- Stefanie Gilbert
- Patricia Hall
- Nikki Laska
- Sara Vazer

MDH Staff Present:

- Hannah Leker
- Ruth Thompson
- Jake Whitaker

Guests Present:

- Thomas Heymann - Sepsis Alliance (phone)
- Vanessa Purnell - MedStar

1. Welcome and Roll Call

Chair Lucy Wilson opened the meeting at 3:00 p.m. with an introduction and roll call of members in the room and those attending by phone.

2. Roles and Duties of Workgroup Discussion

Chair Wilson reviewed the roles and duties of the Sepsis Public Awareness Campaign Workgroup and reviewed the text of the bill requiring the creation of the Workgroup (HB 1467 / SB 574), which requires the Workgroup to: (1) develop a public awareness campaign on sepsis awareness and prevention; (2) identify, review, and evaluate resources that could be used to educate the public on sepsis; and (3) identify cost-effective methods for disseminating information to the public about sepsis.

3. Components of Public Awareness Campaign Discussion

The Workgroup reviewed the working document of sepsis resources, then Chair Wilson led a discussion of the components of a sepsis public awareness campaign. The Workgroup discussed a definition of sepsis, including elements included in section (1) of the bill, and Workgroup members agreed that the definition for sepsis used in the campaign should emphasize urgency, use plain language, incorporate phrases such as "a body's deadly response to an infection" and "medical emergency", emphasize that many cases are not hospital acquired and that sepsis can occur in otherwise healthy individuals of all ages.

The Workgroup determined that the definition of sepsis used in MedStar sepsis materials is an example of a good definition, this definition includes the following bullet points:

- "Sepsis is a deadly response to an infection..
- It can kill you if you don't get treatment fast.
- Sepsis happens a lot. It kills more people than breast cancer, AIDS, and prostate cancer combined.
- It's an emergency!"

Other definitions that were appropriate included definitions provided by the Centers for Disease Control and Prevention and the Sepsis Alliance

The Workgroup discussed various materials that provide information about the signs and symptoms of sepsis (ex: abnormal temperature, signs and symptoms of an infection, mental decline, extreme pain and discomfort, discolored skin, and shortness of breath).

The Workgroup also discussed the urgency of early sepsis recognition and that it is important to communicate to the public to go to the emergency room immediately if they suspect sepsis and to tell their healthcare provider that they are concerned about sepsis. The quick progression of sepsis was emphasized. The Workgroup also discussed that information about the long-term consequences for sepsis survivors should be included in public awareness campaign materials. Members also brought up that ideally, public awareness of sepsis symptoms and necessary actions should be on the same level as it now is for heart attack or stroke (both have had successful public education campaigns).

Overall, Workgroup members emphasized that the core messaging of the sepsis public awareness campaign should be a simple message explaining why the public needs to know about sepsis and emphasizing the importance of being able to screen for sepsis symptoms and respond quickly.

4. Target Audience Discussion

The Workgroup discussed the target audience. Because the Workgroup was created to design a public awareness campaign, the audience is the general public. Workgroup members discussed having different materials available for adults versus children, and also the importance of having materials available in multiple languages. Because the public is a diverse audience, the Workgroup discussed the importance of providing resources available at a basic reading level. Additionally, several Workgroup members brought up the importance of further sepsis education for health care providers. Healthcare providers could benefit from both general sepsis education and healthcare-specific information. In addition to public awareness campaigns, MedStar has also put together educational materials for healthcare providers. Also – providing continuing education credits was discussed as a method to motivate providers to participate in sepsis education.

5. Sepsis Public Awareness Resources Discussion

The Workgroup identified a range of high quality existing resources, including downloadable posters, flyers, social media graphics, videos, and the national Sepsis Awareness Month already in existence. Primary sources of existing sepsis public awareness resources discussed include the Sepsis Alliance, MedStar, the Centers for Disease Control and Prevention, and the Rory Staunton Foundation. A representative from the Sepsis Alliance described the various modules, presentation kits, and other resources available on their website. A representative from MedStar shared resources that have been used in a MedStar sepsis awareness campaign. The Workgroup reviewed the working document of sepsis awareness resources and discussed the available resources. Workgroup members agreed that they like infographics with the "TIME" acronym, and materials with the phrase "sepsis-it's about time" to emphasize the importance of timing for treating sepsis. Additionally, Workgroup members agreed that videos can be very impactful, and that it is important to include resources about survivors and family members, such as "The Faces of Sepsis" from the Sepsis Alliance.

6. Cost-Effective Methods Discussion

The Workgroup discussed methods that can be used to disseminate sepsis public awareness resources. One method discussed was creating a home webpage that can define sepsis and link to other existing resources (including those from the CDC, the Sepsis Alliance, MedStar, and the Rory Staunton Foundation). This website could either be hosted by the Maryland Department of Health, or another entity. A representative from the Maryland Patient Safety Center proposed that they would be willing to explore hosting a webpage. Additionally, Workgroup members suggested using social media posts, press releases, a proclamation from the Governor, a speakers' bureau, dissemination of social media messages during Sepsis Awareness Month, and partnering with community groups such as religious organizations.

The Workgroup discussed using various healthcare settings as a means to get sepsis awareness

information to the public, including long-term care facilities, pharmacies, home care and visiting nurses, vaccination clinics (the meningitis vaccine group is involved with sepsis), primary care, urgent care, and school health centers. A representative from MedStar shared that MedStar has shown public service announcements on television screens in waiting rooms, and the Workgroup discussed if this could be a possibility in other healthcare systems.

A representative from the Maryland State Department of Education provided information about disseminating sepsis awareness materials to youth and suggested posting a link on the school-based health center website and sending a memo to the State Superintendent

7. Additional Topics Discussed

The discussion of sepsis awareness brought up the importance of the public being aware of shock, in general, as a critical condition that occurs in response to various causes.

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 a draft report will be circulated to Workgroup members prior to the second meeting for discussion at the second meeting.

Next Meeting: July 25, 2018 from 10:00 AM – 12:00 PM