

Sepsis campaign improving treatment of major killer

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A reduction in hospital mortality from severe sepsis and septic shock was associated with participation in the Surviving Sepsis Campaign performance improvement initiative, according to an article published simultaneously in the February issues of *Critical Care Medicine* and *Intensive Care Medicine*.

"A multifaceted performance improvement initiative was successful in changing treatment behavior as evidenced by a significant increase in compliance with [sepsis](#) performance measures," says lead author Mitchell M. Levy, M.D. "These results should encourage similar efforts with other evidence-based guidelines as a means of improving patient care and outcomes."

"Application of two time-related bundles of care based on the Surviving Sepsis Campaign guidelines in a performance improvement program results in measurable behavior change in the care of patients with severe sepsis and septic shock," adds Dr. Levy, a professor of medicine at Brown University School of Medicine in Providence, R.I. A "bundle" is a group of therapeutic actions, which applied together and measured for compliance, improve outcomes as compared to being applied individually.

With the goal of improving sepsis outcomes through standardized care, the Society of [Critical Care Medicine](#), European Society of [Intensive Care Medicine](#), and the International Sepsis Forum launched the Surviving Sepsis Campaign in 2002. The Campaign's updated 2008 guidelines are endorsed by 18 professional societies and hospital networks globally.

Applying the Campaign guidelines was associated with sustained, continuous quality improvement in sepsis care. Additionally, a decline in hospital mortality rates was associated with participation in the Campaign.

The study reports on 15,022 patients with severe sepsis or in septic shock from ICUs, emergency departments and wards representing 165 hospitals in 30 countries. According to the investigators, this is the largest prospective series of severe sepsis patients yet to be studied.

They found the unadjusted hospital mortality rate decreased from 37% to 30.8% over two years. The adjusted odds ratio for mortality improved the longer a site participated in the Campaign resulting in an adjusted drop of 0.8% per quarter and 5.4% over two years.

In an accompanying editorial, Simon Finfer, MD, of The George Institute for International Health and University of Sydney, Australia, says: "It is clear that severe sepsis and [septic shock](#) remain major public health issues that are likely to result in increasing morbidity and mortality due to ageing of the population of developed countries. They also remain major killers in the developing world."

More information: www.ccmjournal.com

Provided by Society of Critical Care Medicine

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