Attachment A: Overview of the Assessment for the *Get Ahead of Sepsis* HCP Campaign

CDC is conducting a pilot study in Chicago, IL to test the communication tactics and associated outcomes with five specific HCP audiences--(1) Nurse practitioners (NPs)/Physician assistants (PAs) at urgent care centers, (2) Emergency Department (ED) triage nurses, (3) Primary care physicians (PCPs), (4) General medical ward (GMW) staff, and (5) Nurses in long-term care (LTC) facilities. CDC wants to understand if the targeted campaign efforts (beyond the national initiative) reached target HCP audiences and influenced their knowledge and behavior related to early recognition and timely treatment of sepsis and prevention of infections that can lead to sepsis.

To assess the reach and outcomes of the campaign tactics, ICF will conduct a pre- and post-intervention survey with each audience.

HCP Target Audiences:

- Nurse practitioners (NPs)/Physician assistants (PAs) at urgent care centers
- Emergency Department (ED) triage nurses
- Primary care physicians (PCPs)
- General medical ward (GMW) staff
- Nurses in long-term care (LTC) facilities

HCP Audience	The "Why"	Criteria for eligibility
Nurse practitioners/ Physician Assistants at urgent care centers	Sepsis signs and symptoms start outside the hospital in outpatient healthcare settings in 80% of cases. Individuals often present with infectious symptoms to providers in these settings long before they are diagnosed with sepsis.	• Nurse practitioner or physician assistant • Works in an urgent care medical clinic • Works in Chicago, IL
Emergency Department triage nurses	Emergency department staff are often first line providers treating septic patients who present with sepsis in the ED. These providers are commonly the first providers to encounter, diagnose, and treat patients with sepsis.	• Works as a registered nurse (RN), licensed professional nurse (LPN), or licensed vocational nurse (LVN) • Works in an emergency room and/or department • Works in Chicago, IL
Primary care physicians	Sepsis signs and symptoms start outside the hospital in outpatient healthcare settings in 80% of cases. Individuals with co-morbid conditions often present with infectious symptoms to providers in these settings long before they are diagnosed with sepsis.	• Physician (MD or DO) • Works in any of the following settings: emergency room and/or department, hospital, urgent care medical clinic, private practice, community-based clinic or federally qualified health center, managed care medical clinic, long-term care facility

HCP Audience	The "Why"	Criteria for eligibility
		• Works in Chicago, IL
General medical ward staff	Septic patients make up 20% of intensive care admissions. Medical ward staff commonly treat sepsis patients and provide advice on post-hospital disease management.	• Works as any of the following: physician (MD or DO), NP, PA, RN, LPN, LVN, certified medical technician, certified nursing assistant, nurse aide or patient sitter • Works in a hospital • Works in Chicago, IL
Long-term care (LTC) nurses	LTC nurses provide advanced care for older adults who are at risk for sepsis and are frequently involved in patient education. As a result, they are uniquely positioned to help residents/patients prevent infections that can lead to sepsis and to alert other HCPs who can initiate sepsis treatment (or initiate it themselves) when sepsis signs and symptoms are first detected.	• Licensed Registered Nurse (RN), Licensed Practical Nurse (LPN), or Licensed Vocational Nurse (LVN) • Works at a long-term care facility (e.g., nursing home, skilled nursing facility, LTC acute care center, adult day care center, dementia facility)

Identification, Recruitment, Inclusion and Exclusion Criteria for Assessment:

Data for this study will be collected from a sample of HCPs in the Chicago, IL area who have already indicated a willingness to participate in surveys (online sample panelists). The study will not include any participants under 18 years of age and individuals who, as themselves or a family member, work in marketing will be excluded from the study. No information regarding any of the above conditions will be gathered or included in any of the data collected.

ICF will subcontract with an online panel provider to recruit the sample for the study. The subcontractor will program the survey, will invite their panelists to participate and field the online survey. Panelists registered with the online panel who have provided their consent to receive invitations to participate in online surveys, and who meet the preliminary eligibility criteria (geographic location and age) will receive an email invitation to participate (Attachment C). Individuals interested in participating in the survey, will click the link provided and be directed to the informed consent page of the survey. Individuals agreeing to the consent will select "Yes" and be redirected to the survey (Attachments D, E, F, and G). Those who do not consent will be thanked for their time and not continue to the survey.

Panelists eligible and consenting to participate will become survey respondents. ICF will obtain a dataset of all eligible respondents, including those who did and did not complete the full survey. Specifically, the vendor will provide a de-identified data set that does not include any personally identifying information of the respondents. The subcontractor will also provide ICF with weekly aggregate reports on the number of individuals who opened and started the screener, stopped taking the screener, completed the screener, and were eligible for the full survey. For those deemed ineligible, they will provide an aggregate report of the eligibility criteria not met. The subcontractor will not provide the individual

screener responses for those who are ineligible. We will use these data to describe the sampling and data collection process.

Invited individuals will have approximately 3 weeks to complete the survey on a computer from a location where they feel most comfortable. Web surveys allow respondents to complete as much of the survey as desired in one sitting and to continue the survey at another time, while also minimizing respondent burden and error. The vendor will use responsive design to facilitate completion of the survey on different types of devices (e.g., desktop computer, tablet, mobile phone). The use of this technology also helps minimize social desirability and interview bias by allowing respondents to self-administer the survey rather than participate in an interview.

The IRB exemption determination for this study is included in Attachment H. Samples of the materials used in the *Get Ahead of Sepsis* educational effort can be found in Attachment I.

Sample Sizes:

- For pre-test, we will survey 30 individuals from each target audience (TA).
- For the post-test, we will collect the full survey (knowledge, behavior) for up to 30 individuals per target audience who reported exposure to the campaign. We will also collect media use/habits and demographic characteristics for up to 30 unexposed individuals per target audience. After the initial 30/TA, the exposure question will be asked as part of the screener to assess what % of respondents were exposed to the campaign; this will be used to assess the reach of the campaign.

Survey Section	Pretest (n=30/TA)	Posttest		
		Exposed (n = 30/TA)	Unexposed (n =30/TA)	Unexposed (unlimited n)
Informed Consent	X	X	X	X
Screener	X	X	X	X
Exposure to Campaign	X	X	X	X
Frequency and Channel of Exposure	X	X		
Knowledge	X	X		
Attitudes & Beliefs	X	X		
Behavior	X	X		
Media Use and Habits			X	
Demographic Characteristics	X	X	X	