



## **SUPPLEMENTARY INFORMATION**

This appendix formed part of the original submission and has been peer reviewed. We post it as supplied by the authors.

Supplement to:

**Kevin KC Hung, Rex PK Lam, Ronson SL Lo, Justin W Tenney, Marc LC Yang, Marcus CK Tai, Colin A Graham. Cross-sectional study on emergency department management of sepsis.** Hong Kong Med J 2018;24:Epub. Published online 14 Nov 2018.  
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**Appendix.** Interview guide (page 1)

## APPENDIX. Interview guide

### Cross-sectional study on emergency department management of sepsis in Hong Kong

The following questions involve the current state of your department in terms of details laid out according to guidelines (if available) and the normal practice among the clinical staff. However, we may wish to understand more about the history and the evolvement regarding the management of sepsis, and may wish to understand any plans for the future improvement of sepsis care in your department, given the barriers such as resources constraint might be resolved.

1. Can you tell me if your department has any guidelines or protocols specifically for sepsis or septic shock?
2. Does your department currently have any ways to identify (in triage or elsewhere) patients with suspected sepsis?
3. Once a patient with sepsis/septic shock has been identified, is there a designated area for treatment of these patients?
4. What treatment is normally provided for patients with sepsis/septic shock?
5. Which IV antibiotics are stocked within the ED for the treatment of sepsis (if any)?
6. For patient with suspected sepsis, does your department have a recommendation on which patients to consult other specialties? (ICU, imaging, microbiology etc)
7. Any patient (eg, age, premorbid status) or external factors (eg, access block, time of day) currently affects the level of care provided to sepsis patients?

\* Access block/exit block/admission block is defined here as the situation where patients in EDs are unable to gain access to in-patient beds after the decision has been made by emergency physicians/other doctors to admit the patient.

8. Do you think sepsis is an important issue in your department?

Please rank the following diseases in terms of 1. Top causes of in-hospital mortality in your department; 2. Highest preventable mortality (most poorly managed) in your department (1 = most common / highest; 5 = lowest / least common)

ACS (STEMI and NSTEMI)	1st	2nd	3rd	4th	5th
Stroke	1st	2nd	3rd	4th	5th
Trauma (multiregional / polytrauma)	1st	2nd	3rd	4th	5th
Poisoning	1st	2nd	3rd	4th	5th
Sepsis	1st	2nd	3rd	4th	5th

9. What is the training and system of QA for sepsis in your department?
10. Potential barriers to the optimal management of sepsis care in your department (please grade: 1. Not important; 2. Slightly important; 3. Important; 4. Fairly important; 5. Very important)

		Score
A	Identifying sepsis patients	
B	Skills for CVP / central line insertion	
C	Vacancy or number of resuscitation rooms / monitored beds	
D	Handover to ICU or colleagues from other specialties	
E	Lack of agreement on optimal care pathway	
F	Workload of doctors	
G	Nursing manpower required	
H	Knowledge on the topic / experience in managing sepsis patients	
I	Equipment / drugs available	

Any other comments that you wish to raise to the study team?

Thank you very much for your participation.

Abbreviations: ACS = acute coronary syndrome; CVP = central venous pressure; ED = emergency department; ICU = intensive care unit; IV = intravenous; NSTEMI = non-ST segment elevation myocardial infarction; QA = quality assurance; STEMI = ST segment elevation myocardial infarction