



Erratum to driving blind: instituting SEP-1 without high quality outcomes data

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Erratum to: J Thorac Dis 2020;12:S22-S36

In the article entitled “Driving blind: instituting SEP-1 without high quality outcomes data”, published in *J Thorac Dis* 2020;12:S22-S36 (1), there is need for further clarification and information and the authors make a revised statement here.

The text “Later examination of this review and endorsement process noted not only the potential financial conflicts related to Henry Ford Hospital holding the patent for a catheter specifically designed for CVP and ScVO₂ measures, but also the presence of troubling relationships between an NQF committee member, a trade association, a manufacturer of CVP and ScVO₂ catheters, and developers of the PM (21,33). These potentially conflicted relationships weaken the credibility of the NQF’s final endorsement of SEP-1 (21).” should be corrected as below:

‘Later examination of this review and endorsement process noted not only the potential financial conflicts related to Henry Ford Hospital holding the patent for a catheter specifically designed for CVP and ScVO₂ measures, but also potentially conflicted relationships between an NQF committee member, a trade association, a manufacturer of CVP and ScVO₂ catheters, and two past presidents of the SCCM and the original developer of the PM (21,33). We have previously described in more detail these potential conflicts (21). We again state, “we know of no evidence that any person or company (or society) intended to or effectively influenced the forum’s 2013 decision to endorse SEP-1 and its requirement for central venous pressure and blood oxygen saturation”. Also, the NQF has responded to our previous description of these relationships and stated “the co-chair of the NQF committee evaluating SEP-1 was thoroughly vetted through NQF’s standard disclosure of interest process” and met their standards to be a co-chair of the committee (21). Lastly, we could report these potential financial conflicts of interest because they were all publicly disclosed prior to the endorsement of SEP-1 (21,33). Keeping all these caveats in mind, as stated in that previous publication, we still hold these relationships, “weakened SEP-1’s credibility after its original endorsement” (21).’

The authors would also like to clarify: despite the fact that we state throughout our report that there are only potential conflicts of concern, implying that these raise a problem of appearance (regardless of whether these are known conflicts or not), a further clarification of the piece has been requested. In the original report we did not explicitly reiterate what we had stated in a previous report but had referenced here (2), that there is no evidence that any person or company (or society) intended to or effectively influenced the National Quality Forum’s 2013 decision to endorse SEP-1. This point is true and that is why we have used the term potential. We also now make it clear that the individuals and groups involved had declared these potential conflicts in a public forum and NQF opined in response to our concerns that its vetting process accounts for such potential conflicts.

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References

1. Wang J, Strich JR, Applefeld WN, et al. Driving blind: instituting SEP-1 without high quality outcomes data. *J Thorac Dis* 2020;12:S22-S36.
2. Jaswal DS, Natanson C, Eichacker PQ. Endorsing performance measures is a matter of trust. *BMJ* 2018;360:k703.

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