

Sepsis Clinical Care Standard

IMPLEMENTATION CASE STUDY

Delivering better sepsis care in regional and remote communities

Gove District Hospital, Northern Territory

Gove District Hospital is a 30-bed hospital in Nhulunbuy on the Gulf of Carpentaria. Its 24-hour Emergency Department (ED), maternity ward and general wards serve the 16,000 residents of East Arnhem Land, including people from 15 remote communities.

Teams at the hospital are connected with local communities, respectful of local culture, and aware that their communication practices must meet the needs of Aboriginal and Torres Strait Islander patients. They understand that Aboriginal and Torres Strait Islander communities are often living with high rates of multimorbidity and chronic illness and that, as a result, patients may present late and be more unwell than they first appear.

Their remote Top End location requires that they apply different clinical pathways at different times of the year, reflecting the fact that certain bacteria and viruses are more or less prevalent depending on whether it's the dry season or the wet season. And they must always factor in the six-hour turnaround time required for the evacuation of patients in need of specialist care at Royal Darwin Hospital, more than 1,000 kilometres away. All of this local knowledge, along with local clinical protocols, is continually shared and embedded in a transient workforce.

In 2014, the Nhulunbuy community suffered a tragic fatality when signs of sepsis were not recognised in a teenage girl until she was in an advanced state of deterioration. The loss was devastating for her family and community, and had a profound effect on the hospital team involved in her care. The incident triggered a thorough review of the hospital's culture and processes, and the implementation of a number of significant improvements.

What changes were made?

Gove District Hospital made a number of changes, including:

- After the tragedy in 2014, a number of the hospital's senior team members spent time with the family, responding to their questions, and listening to their



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People don't always look unwell, part of the work we did was training the frontline triage staff to look for the signs. Don't always look for what's obvious. Don't always look for a fever. Look for pain that's not responding as it should to painkillers. Look for things that don't fit the clinical picture. Look for other signs and just be alert.

**Mary-Clare Arkcoll, Acting Regional
Executive Director East Arnhem Region**

perspectives on the events that took place. The hospital also undertook a multi-year review covering medical models, emergency models, guidelines and recognition pathways. The conversations with family and the robust review guided the development of new clinical pathways for recognising and managing sepsis in adults and children, for both dry seasons and wet seasons.

- All triage nurses were trained to ensure that the new clinical pathways for sepsis were understood and being implemented, and that recognising patients at risk of sepsis was prioritised in the ED.
- Based on the 'Golden Hour' principle, patients identified as being at risk of sepsis were reviewed by a doctor as quickly as possible, and received antimicrobial treatment within 60 minutes if sepsis was likely.
- Escalation procedures between Gove District Hospital and Royal Darwin Hospital were strengthened. They allow for direct consultation between the senior doctor in Nhulunbuy and the senior doctor in Darwin, and notification of the Aboriginal Liaison Team to offer support to Aboriginal and Torres Strait Islander patients and their families while in Darwin.
- Sepsis training has also been embedded in induction and orientation processes for all new staff. For senior clinical staff, this includes introductions with key senior clinicians at Royal Darwin Hospital to support the smooth running of escalation procedures.

How were changes supported?

- The new Gove District Hospital sepsis pathways were developed collaboratively with the Royal Darwin Hospital, and informed the development of the NT Health pathways, ensuring they were suitable for smaller, remote hospitals. For example, the new Gove District Hospital pathway included earlier escalation triggers for smaller hospitals, building in more time for them to respond appropriately to a patient's deterioration, with fewer available resources.
- Sepsis cases are routinely audited and the results shared at monthly meetings as part of National Safety and Quality Health Service Standard 8 for **Recognising and Responding to Acute Deterioration**. This allows the hospital to implement the new pathways and promote their impact with the wider team.
- 'Truthful story-telling' has been encouraged since the tragic fatality in 2014. Teams are encouraged to share their experiences, including those that involve mistakes



Cultural Safety

As the referral centre for East Arnhem Land, the Gove District Hospital team works with people from the major and minor communities and outstations from Milingimbi in the west to Groote Eylandt in the East. Mary-Clare Arkcoll, Acting Regional Executive Director, East Arnhem Region, notes some of the cultural considerations practised by the team in Nhulunbuy.

Aboriginal and Torres Strait Islander peoples often speak multiple traditional languages, but in some communities, English is not commonly spoken. Teams should **think about how best to communicate with people from diverse linguistic backgrounds**, and consider using interpreters.

Team members should show patience and respect when speaking with Aboriginal and Torres Strait Islander people about their care, and **resist the urge to make assumptions or answer questions on a patient's behalf**.

Checking in with family, friends, and primary healthcare providers can help teams in hospitals get a better understanding of a patient's 'normal' health, and how it compares to their current condition. At Gove District Hospital, many of the doctors also work in the general practice medical centre in Nhulunbuy as well as local Aboriginal-Controlled Health Organisations, and have deepened their knowledge of patients and communities by **working alongside local Aboriginal health workers and practitioners**.

Teams should engage with local communities to find out what they can do to **make spaces more welcoming, inclusive and comfortable** for local people. This can include using local artworks, textiles and languages in wards and waiting rooms.

and failures, and to work together to develop solutions and improvements. They are also encouraged to learn from the feedback provided by people who have been affected by sepsis, regarding how they were treated and how their condition was managed at the hospital.

- **World Sepsis Day** is celebrated every year to help support ongoing sepsis-awareness. Celebrations include training sessions as well as more festive activities including quizzes and games. World Sepsis Day is held on 13 September, every year.

More Implementation Studies

Read more about the implementation of improvements in sepsis care:

safetyandquality.gov.au/sepsis-implementation

- Embedding Antimicrobial Stewardship in sepsis care
- Implementing a paediatric sepsis program in partnership with families affected by sepsis

Resources

- **Sepsis Clinical Care Standard** including cultural safety and equity considerations for each quality statement
- **Spotlight on Sepsis** video



At a Glance

Issues

- Sepsis-awareness
- Sepsis-recognition
- Escalation procedures

Solutions

- Clinical pathways for non-metropolitan settings
- 'Golden Hour' standard for antimicrobial treatment
- Strengthened escalation procedures

Barriers

- Remote location
- Transient workforce
- Cultural safety issues

Enablers

- Training for all triage nurses
- Sepsis pathway training embedded in induction processes
- Regular audits of sepsis cases, shared at monthly 'Standard 8' meetings
- 'Truthful story-telling' encouraged
- World Sepsis Day activities

Quality statements

2. Time-critical management
3. Management of antimicrobial therapy
5. Patient and carer education and information
6. Transitions of care and clinical communication

Read more about the Quality Statements in the Sepsis Clinical Care Standard:

safetyandquality.gov.au/sepsis-ccs