AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE CASE STUDY

Clinical Care Standards

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Facing sepsis remotely: Kimberley Aboriginal Medical Services

For Dr Lorraine Anderson, Medical Director at the Kimberley Aboriginal Medical Services in Western Australia, managing patients with sepsis in a remote community is high stakes.

Kimberley Aboriginal Medical Services based in Broome is a network with five primary health care clinics in the remote communities of Beagle Bay, Bidyadanga, Balgo, Mulan and Billiluna, often staffed by remote area nurses and Aboriginal Health Workers.

“We want our clinicians to think about sepsis all the time – even though it’s something they won’t see all the time,” Dr Anderson explains.

As sepsis is a time-critical medical emergency, Dr Anderson says patients must be treated immediately to ensure their survival. This means that staff in remote clinics must be able to recognise sepsis and start initial treatment, as well as manage the evacuation procedure to a hospital.

“At the Kimberley Aboriginal Medical Services, we have a terrific system to manage sepsis. We train all our staff to ensure that sepsis is at the top of their priority watch list, and they know exactly what to do.

“With sepsis we don’t have a minute to waste, particularly in remote communities which might be 1000 km away from the nearest major hospital,” she says.

Dr Anderson welcomes the new Sepsis Clinical Care Standard, released today by the Australian Commission on Safety and Quality in Health Care. The standard will be implemented by healthcare services nationally to improve early recognition of sepsis and lead to better outcomes for survivors.

“If someone is suspected of having sepsis in a remote clinic, the healthcare worker needs to act quickly and call the doctor – who may be off-site – and say it could be sepsis. Just saying ‘this could be sepsis’ will set things in motion for assessment, treatment and possible evacuation,” she says.

“Even though sepsis can be hard to recognise with signs that mimic other conditions, we would rather have a Royal Flying Doctor Service on standby and not have to use them; than the alternative of not being able to deal with someone who is deteriorating.”

Dr Anderson says it is critical that healthcare workers in remote areas are aware of the important clinical observations that can trigger concern about sepsis, and then have very clear protocols and pathways to follow.

“At Kimberley Aboriginal Medical Services, we use practical tools such as our Kimberley Sick Kids protocol, Sepsis Checklist on the wall, sepsis information on the emergency trolley, and we are looking to implement other ways to make sure we have everything immediately on-hand that you need for emergency management of sepsis.”

The incidence of sepsis is higher in Aboriginal and Torres Strait Islander people than in the non-Indigenous population.

The challenge of diagnosing and managing sepsis is compounded in Aboriginal and Torres Strait Islander communities where patients often have complex conditions and co-morbidities, such as heart disease, diabetes or kidney disease, according to Dr Anderson.

“The advantage we have in our remote area primary care clinics is that we are connected with local communities and have relationships with our patients and their families. We listen when the family says, ‘we’re really worried’. It’s different to a big emergency department where the clinician doesn’t know the person they’re dealing with.”

Clear communication with the patient and their family is also important for managing sepsis, so the patient comprehends the seriousness of the life-threatening condition.

“It is fantastic that the new *Sepsis Clinical Care Standard* includes guidance on cultural safety and equity, especially for Aboriginal and Torres Strait Islander peoples,” says Anderson.

“As healthcare workers, we always need to understand our patient’s perspective, what it means to be going to hospital away from their community, and how our own cultural background and assumptions can affect our communication with our patients.”

For sepsis patients who are discharged from hospital away from their community or Country, the clinical care standard also outlines the need for a clear transfer of care back to the community.

“We need the acute hospitals to tell us when our patients are discharged after sepsis – especially if that is in Perth or Darwin. We need the clinical details about their care and diagnosis, but we also need to be able to connect with them so we can support their recovery.

“Even after discharge, patients need good follow-up care for any post-sepsis effects, such as the post-sepsis syndrome often experienced by sepsis survivors,” adds Dr Anderson.

To learn more, visit: safetyandquality.gov.au/sepsis-ccs

Dr Lorraine Anderson has been working in Aboriginal health and remote rural practice in the Pilbara, Indian Ocean Territories and now the Kimberley for the past 15 years. She is proudly linked to the Palawa people of Tasmania.

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