

Sepsis Clinical Care Standard

Sepsis coordination roles and responsibilities

Who this resource is for

This resource is designed for healthcare services to support the provision of comprehensive and coordinated care for sepsis patients. The information in this resource can be used by healthcare services to assist in implementing the *Sepsis Clinical Care Standard*.

How to use this resource

Healthcare services can use this resource to allocate roles and responsibilities to support quality improvement and coordination of care for sepsis at a health service level.

The responsibilities outlined in this document are examples only – each healthcare service should determine the appropriate allocation of roles and responsibilities for their service.

Effective sepsis coordination warrants activities across two distinct domains:

- Coordination care for individual patients
- Coordination of sepsis program activities.

Coordination of individual patient care

Having a clinician responsible and accountable for coordinating care is important for all sepsis patients, particularly when the patient's needs are complex and involve multiple clinical teams. Such patients are at increased risk of errors and poor outcomes for their overall care needs. Care coordination can help reduce risk and provide a more tailored care experience while improving patient satisfaction and outcomes.¹

A clinician with experience in managing sepsis should be allocated to coordinate care for every patient with sepsis in all healthcare services (as described in 'Quality statement 4 – Multidisciplinary coordination of care in hospital' of the *Sepsis Clinical Care Standard*). The level of coordination required and the clinician who assumes this role may differ between patients depending on the complexity of the care needed, the stage of the patient's care (for example, ICU or post-ICU) and the nature of the healthcare service. Therefore, healthcare services may use discretion to identify an appropriate sepsis coordinator responsible for coordinating the patient's care, bearing in mind the intended purpose to ensure coordinated, collaborative care. The person coordinating care may not be responsible for providing the care.

The responsibilities and role of the coordinator may be held by an individual (possibly in addition to other responsibilities) or may be shared by multiple named staff depending on the organisation's structure, size and resources. For example:

- In smaller services, the role may be performed by individual clinicians managing patients with sepsis (for example, a doctor or nurse)
- In larger services, a single individual or small group of individuals may be specifically appointed to the role (for example, a clinical nurse consultant or nurse practitioner).

Responsibilities

- Collaborates and coordinates with clinicians, other staff and the patient and family to support multidisciplinary care, according to their need
 - During admission, these clinicians may include
 - ▶ the admitting/home-team clinician or medical or paediatric team
 - ▶ pharmacists
 - ▶ infectious diseases specialists
 - ▶ infection prevention and control staff
 - ▶ critical care unit staff
 - ▶ allied health practitioners
 - ▶ rehabilitation physicians
 - ▶ paediatric or neonatal services, if applicable
 - ▶ Aboriginal liaison officers, if applicable
 - ▶ palliative care team, if applicable
 - ▶ other medical consultants
 - After discharge, these clinicians include
 - ▶ GP or clinic (particularly if the workforce is more mobile, such as in remote areas)
 - ▶ rehabilitation physicians and allied health practitioners
 - ▶ psychologists and other mental health care providers
- Ensures that person-centred, culturally appropriate care remains the focus, and that patients and families participate in decision-making and are informed about their care journey
- Engages translators for patients with specific needs (for example, Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds), if applicable
- Works in collaboration with the nursing team to develop and implement individualised care plans for patients with a sepsis diagnosis
- Facilitates patient-centred transitions of care both
 - within the healthcare service (for example, from the emergency department to a hospital ward, a ward to a critical care unit, or a critical care unit to a hospital ward)
 - from hospital to other services (such as rehabilitation) or home, including liaison with the patient's GP and other primary and community care services
- Provides education to patients and families at various stages of care, from the diagnosis of sepsis to discharge
- Identifies and documents in the patient care plan learning needs, abilities and readiness for discharge
- Facilitates the provision of comprehensive communication and documentation (for example, care plan, medication plan, discharge summary) to receiving clinician(s), patients and families at discharge
- Acts as a contact person after discharge for both the receiving clinician(s) and patients and families
- Participates in morbidity and mortality meetings and presentations about sepsis patients

Coordination of sepsis program activities

Sepsis performance improvement programs improve adherence to recommended care and reduce mortality.² Health services should establish appropriate governance for local sepsis programs, and determine roles and responsibilities for leading and coordinating activities to optimise care.

The governance group providing oversight to the program may share these responsibilities or delegate to a program coordinator. Depending on the organisation's structure, size and resources, the program coordinator may be:

- An existing clinician who has been assigned responsibility to coordinate the sepsis program activities
- A dedicated position(s) or number of hours.

Responsibilities

- Facilitates the development, implementation and governance of the sepsis program and associated policies, protocols and management strategies, ensuring that these are in alignment with relevant state or territory guidelines and national standards
- Considers the needs of specific patient groups within the sepsis program (for example, paediatric patients and neonates, culturally diverse groups, older people)
- Collects, analyses and monitors hospital-based sepsis patient data (for example, the *Sepsis Clinical Care Standard* indicators) to assist with improving clinical care and outcomes for patients
- Reports to governance committees or groups responsible for the local sepsis program
- Identifies and monitors clinical education needs and collaborates with other team members in the development, delivery and monitoring of education programs
- Initiates and/or participates in research studies on sepsis, where appropriate

Note: Many of the responsibilities above for both individual care coordination and program coordination align with the domains of care provided by clinical nurse consultants.

Questions?



Find out more about the *Sepsis Clinical Care Standard* and other resources. Scan the QR code or use the link safetyandquality.gov.au/sepsis-ccs.

References

1. Australian Commission on Safety and Quality in Health Care. Implementing the Comprehensive Care Standard: deliver comprehensive care. Sydney: ACSQHC; 2020.
2. Evans L, Rhodes A, Alhazzani W, Antonelli M, Coopersmith CM, French C, et al. Surviving Sepsis Campaign: international guidelines for management of sepsis and septic shock 2021. *Intensive Care Med* 2021 Nov;47(11):1181–247.