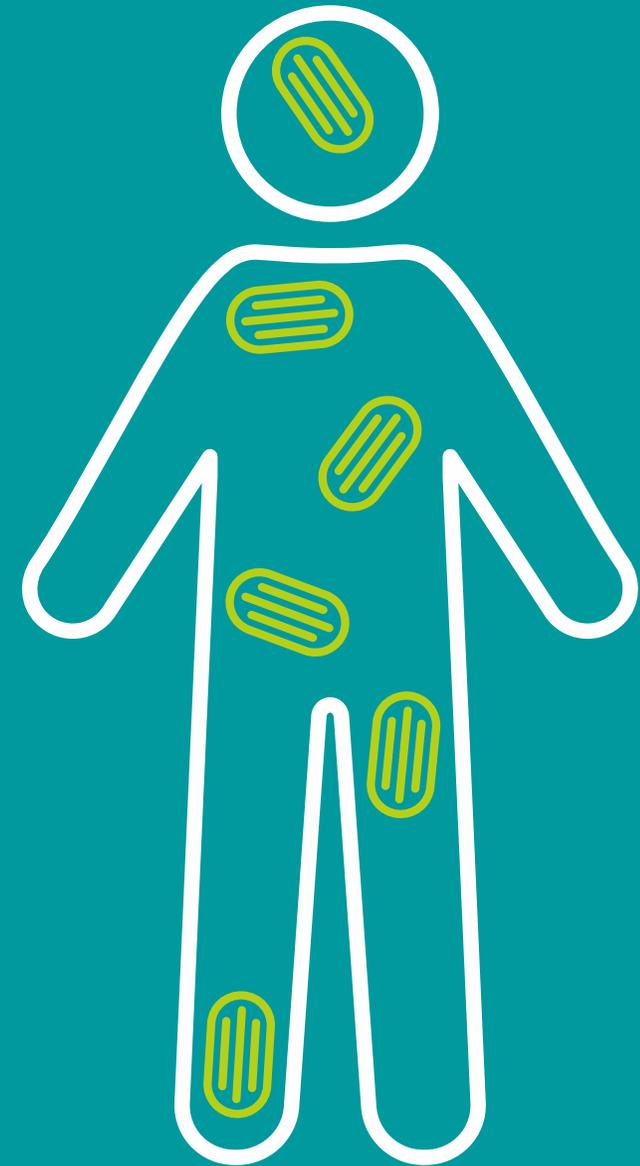


Sepsis Clinical Care Standard

Launch
30 June 2022

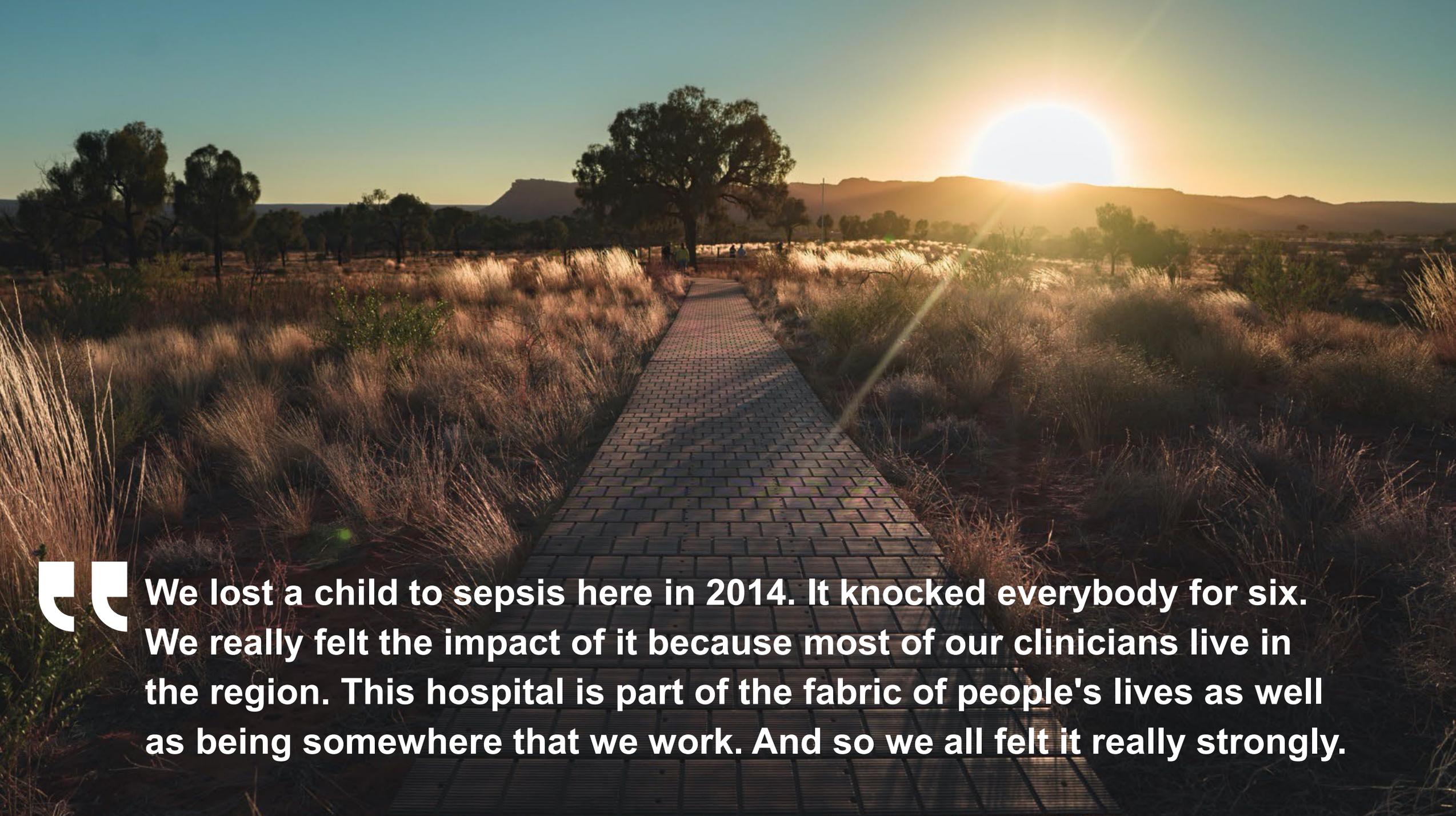


Sepsis is

life-threatening

time-critical

complex.



“ We lost a child to sepsis here in 2014. It knocked everybody for six. We really felt the impact of it because most of our clinicians live in the region. This hospital is part of the fabric of people's lives as well as being somewhere that we work. And so we all felt it really strongly.



After that, we spent the next couple of years reviewing and improving our processes. It's been a passion for me, and for a lot of the other staff as well, because we never want to be back in that position again.

”

55,251

Australians with sepsis

8,702

deaths



Thompson KJ, Finfer SR, Coombes J, Eades S, Hunter K, Leong RF, et al. Incidence and outcomes of sepsis in Aboriginal and Torres Strait Islander and non-Indigenous residents of New South Wales: population-based cohort study. *Critical Care and Resuscitation*. 2021;23(3):337-345.

UP TO
50%

experience physical,
psychological or cognitive
effects after discharge
(post-sepsis)

AROUND
20%

are readmitted with sepsis
within a year



Thompson KJ, Finfer SR, Coombes J, Eades S, Hunter K, Leong RF, et al. Incidence and outcomes of sepsis in Aboriginal and Torres Strait Islander and non-Indigenous residents of New South Wales: population-based cohort study. *Critical Care and Resuscitation*. 2021;23(3):337-345.

**\$700
MILLION**

direct costs

**\$4
BILLION**

indirect costs



Sepsis disproportionately affects...

THE VERY YOUNG



ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE



THE VERY OLD



AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE



Sepsis
Clinical Care Standard

June 2022

Sepsis Clinical Care Standard

In partnership with The George Institute for Global Health



The *Sepsis Clinical Care Standard* has been endorsed by the following organisations:



Quality Statements

1. Could it be sepsis?

2. Time-critical management

3. Management of antimicrobial therapy

4. Multidisciplinary coordination of care in hospital

5. Patient and carer education and information

6. Transitions of care and clinical communication

7. Care after hospital and survivorship

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**EARLY RECOGNITION
AND RAPID TREATMENT**

**CO-ORDINATED AND
PATIENT-CENTRED CARE**

**PLANNING FOR CARE
AFTER HOSPITAL**

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CO-ORDINATED AND
PATIENT-CENTRED CARE

**PLANNING FOR CARE
AFTER HOSPITAL**



**COULD
IT BE SEPSIS?**

A POWERFUL QUESTION

- **Recognise the complexity of sepsis**
- **Recognise the need for systems to help manage the complexity of sepsis**
- **Empower consumers to urge for rapid assessment and treatment**



**GIVE
CONSUMERS
A VOICE**

PATIENT ESCALATION

- **Embed patient escalation pathways in our systems**
- **Embed respect for patient and parental concern in our personal practice**
- **Empower patients and parents to urge for escalation of care**



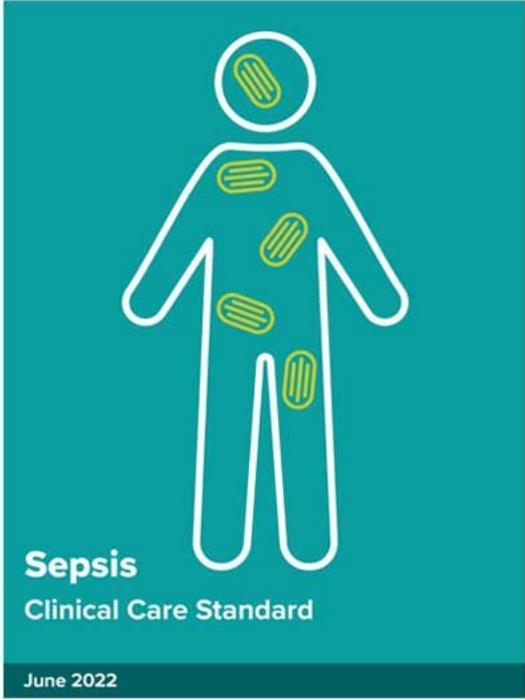
**REFLECT ON
PERSONAL
BELIEFS AND
BEHAVIOURS**

CULTURAL SAFETY

- **Shift towards truly patient-centred care**
- **Be aware of our own culture, beliefs and expectations**
- **Think about how that impacts our personal practice, and the way we interact with patients**
- **Ensure all people feel they can be themselves and access quality care that suits their needs, in a service they can trust**

AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

Clinical Care
Standards



Sepsis
Clinical Care Standard

June 2022

AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

Clinical Care
Standards

Sepsis Clinical Care Standard
Discharge planning guide
for patients with sepsis

Who this resource is for

This resource is designed for healthcare services and clinicians. The principles apply whether the patient is being discharged to their place of residence or to another healthcare service.

- Treating doctor(s) and coordinating clinician(s)
- Nursing team, including clinical nurse consultants and specialist nurses
- Allied health professionals, including physiotherapists, occupational therapists, respiratory therapists, psychologists, dietitians and social workers
- Patients, and their families and carers
- General practitioner (GP) and/or general practice clinic
- Aboriginal medical service or Aboriginal community controlled health organisation, if applicable
- Pharmacist
- Pain management team, if available and applicable
- Infectious diseases specialist, if applicable
- Critical care unit staff, if applicable
- Aboriginal and Torres Strait Islander liaison officers and translators, if requested.

Why is discharge planning important for sepsis patients?

Comprehensive care planning includes the transition from the health service organisation to home or another service (see Comprehensive Care Standard, Action 5.13d).

Patients with sepsis have a high risk of hospital readmission - around 40% of adult sepsis survivors are readmitted to hospital within three months of discharge.¹ Post-sepsis symptoms are common but under-recognised by clinicians. This has been called post-sepsis syndrome (PSS). Sepsis survivors may have ongoing healthcare needs that require coordination after discharge. Discharge planning for sepsis patients can support the management of new and persisting physical, cognitive and mental health issues, and enhance patient recovery. It is a key recommendation of the Sepsis Clinical Care Standard (Quality statements 6 and 7).

How to use this resource

This resource describes recommended actions across several care domains for improved discharge planning and support for patients and their families after hospitalisation with sepsis. Healthcare services can use this resource to develop or supplement sepsis policies or care guidelines, and to support implementation of the Sepsis Clinical Care Standard.

Who should be involved in the process?

The recommended actions are summarised in the discharge planning tool. Healthcare services can use this tool to inform their own discharge procedures for sepsis patients.

Discharge summaries should be prepared according to the *Koagang Guidelines for On-Screen Presentation of Discharge Summaries*.

Discharge planning guide for patients with sepsis | 1

AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

Clinical Care
Standards

INFORMATION
for clinicians

Sepsis Clinical Care Standard

Quality statements

- 1 Could it be sepsis?**
A diagnosis of sepsis is considered in any patient with an acute illness or clinical deterioration that may be due to infection. A clinical support tool that includes assessment of vital signs and lactate is used to help recognise sepsis early and escalate care when required.
- 2 Time-critical management**
Sepsis is a time-critical medical emergency. Assessment and treatment of a patient with suspected sepsis is started urgently according to a locally approved clinical pathway, and their response to treatment is monitored and reviewed. The patient is reviewed by a clinician experienced in recognising and managing sepsis, and is escalated to a higher level of care when required.
- 3 Management of antimicrobial therapy**
A patient with suspected sepsis has blood cultures taken immediately, ensuring that this does not delay the administration of appropriate antimicrobial therapy. When signs of infection-related organ dysfunction are present, appropriate antimicrobials are started within 60 minutes. Antimicrobial therapy is managed in line with the Antimicrobial Stewardship Clinical Care Standard, including a review within 48 hours from the first dose.
- 4 Multidisciplinary coordination of care in hospital**
Sepsis is a complex, multisystem disease requiring a multidisciplinary approach to treatment. A patient with sepsis has their treatment in hospital coordinated by a clinician with expertise in managing patients with sepsis.
- 5 Patient and carer education and information**
A patient, their family or carer is informed about sepsis from the time that it is suspected in a way that they can understand. Information includes the expected treatment and potential health effects of sepsis. Information is provided verbally and in writing.
- 6 Transitions of care and clinical communication**
A patient with known or suspected sepsis has a documented clinical handover at transitions of care. This includes the provisional sepsis diagnosis, comorbidities, and the management plan for medicines and medical conditions. This information is provided to the patient, their family and carer as appropriate.
- 7 Care after hospital and survivorship**
A patient who has survived sepsis receives individualised follow-up care to optimise functional outcomes, minimise recurrence, reduce rehospitalisation and manage the ongoing health effects of sepsis. This requires structured, holistic and coordinated post-discharge care and education that involves the patient, their family, carer, general practitioner and other clinicians. Support and information are provided to the family or carer of a patient who has died from sepsis.

Sepsis Clinical Care Standard 2022 | 1

CLINICAL CARE STANDARD

PROFESSIONAL RESOURCES

CONSUMER RESOURCES

CASE STUDIES



Maddy

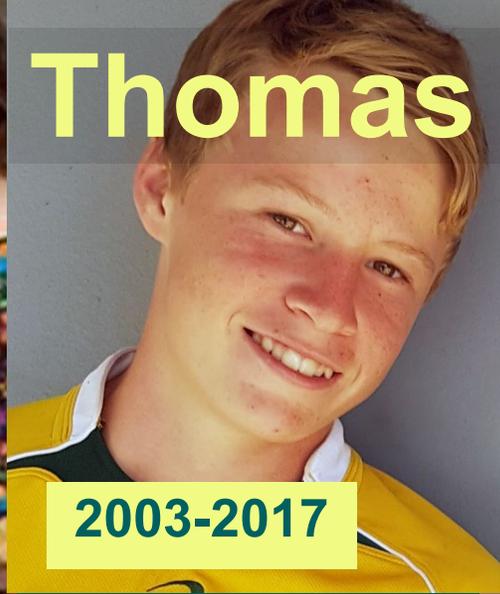
1998-2017



Matt



Mick



Thomas

2003-2017



Mandy

FACES OF SEPSIS: www.australiansepsisnetwork.net.au



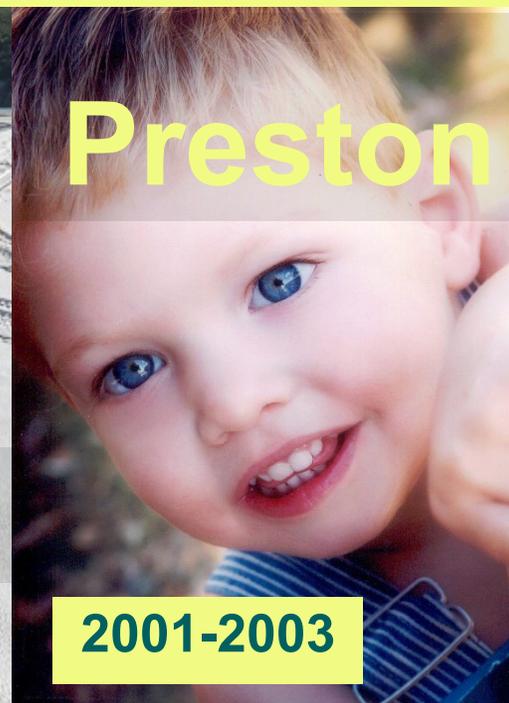
Korina



Fiona



Leana



Preston

2001-2003



Mia