

Grassroots strategies improve regional sepsis response

Clinical Care Standards Excellence Award Recipient Flinders and Upper North Local Health Network SA Health

The Flinders and Upper North Local Health Network (FUNLHN) undertook a thorough review of how sepsis was being identified and managed across its services – and committed to strengthening processes from the ground up.

A challenge, hidden in plain sight

Sepsis is a life-threatening condition – fast-moving and difficult to detect, with the potential for rapid and serious deterioration. In 2022, a review of cases in the regional and remote services managed by FUNLHN became a turning point.

‘We detected some missed opportunities and that was the catalyst for us to take a deep dive into the way we were managing sepsis,’ says Janine Connell, Executive Officer and Director of Nursing at Roxby Downs Health Service.

Stretching across vast areas of north-east South Australia, FUNLHN oversees hospitals in Port Augusta, Whyalla and Roxby Downs, and a number of smaller clinics located in mining towns and Aboriginal communities. With such a diverse service profile – and a workforce heavily reliant on locum doctors and junior staff – the LHN faced a tough question: how could sepsis be identified more consistently, more confidently, and more quickly across all services?

Exposing the gaps in sepsis care

The 2022 release of the [Sepsis Clinical Care Standard](#) (the Standard) was the springboard for change. Janine and Quality Risk and Safety Manager, Wendy Voorendt, were appointed as co-leads of a multidisciplinary working group of nurses, doctors, pharmacists and quality management staff. Their first move was using the Standard’s [self-assessment tool](#) to get a clearer picture of what was missing.

‘It was a good tool,’ says Janine. ‘It helped us to see the gaps and narrow in on the areas where we needed to do some work.’

Two priorities quickly emerged: the development of a pathway for early identification and escalation of sepsis



cases, and an audit tool to help track compliance and progress.

The team reviewed sepsis pathways from around the country, including the draft Adult Sepsis Pathway released by SA Health, and then got to work designing a version tailored to their local needs. The result was a clear, one-page document that stepped clinicians through early identification, escalation and treatment of suspected sepsis.

‘We felt the one-pager was more user-friendly and more likely to get engagement from our very transient workforce,’ says Janine. ‘It’s right there in front of you. It tells you: do this, then do that, then do this...’

Keeping sepsis front of mind

To embed the new sepsis pathway into everyday care, the team introduced a suite

of grassroots strategies including updating all FUNLHN **orientation packages** to include the new protocol, putting up **posters in high-traffic areas**, and sticking laminated **prompt cards** onto nurses' 'work-on-wheels' (WOW) stations.

'That little WOW sticker is a really effective way to get medical and nursing staff thinking about sepsis,' says Wendy.

A '**Sepsis Pharmacy Box**' – stocked with antibiotics, blood tubes, culture bottles and a copy of the pathway – was made available in every emergency department.

'If you have somebody come in and you need to put them on the sepsis pathway, you can grab this box and everything you need is right there in front of you,' says Janine.

The team also tackled the critical issue of junior nurse confidence. Their solution was a **dedicated escalation pathway for nursing staff** – providing them with options to pursue their concerns if they felt the need for extra support.

'The opinions of nurses aren't always valued, and that's where a lot of our missed cases were coming through,' says Janine. 'We've given nurses a pathway that empowers them to go to a senior nurse and say, "I'm worried about this patient and I'm not getting much traction – can you come and help me?" It means that, if they're getting blocked, they've got other channels.'

Turning data into action

Wendy was very aware of the need to keep track of progress.

'We designed our own audit tool. It mirrors the pathway precisely,' says Wendy. 'And from that we've been able to get some really good data around the parts of the pathway where we're doing well, and the parts where we need to improve.'

Not all services in the LHN use an electronic medical record system, so audits remain a time-intensive process. With support from medical records experts in both FUNLHN and the neighbouring Eyre and Far North LHN, the team developed a hybrid auditing approach. Every quarter, they collate a list of all the patients that showed possible signs of sepsis, then the relevant cases are manually audited.

The team took advice from a former clinical leader and began actively sharing audit results with staff, posting eye-catching data dashboards in staff lounges and clinical spaces.

'His message to us was, if you want to change practice you need to give people the clinical data so they can actually see the gaps,' Wendy explains. 'That was the whole idea behind

these "dashboards" – they show the results, the areas of improvement, and the areas where we need to do better.'

Forging ahead, step by step

Audits have been running for over 18 months now, with results reviewed regularly by the working group and then shared with the Clinical Governance Committee. Though challenges remain – particularly with automating data collection – the FUNLHN team has seen strong improvements, including:

- increasing uptake of the sepsis pathway
- a major uplift in early lactate testing to support faster identification of sepsis
- improved IV antibiotic delivery within 60 minutes, with a jump from 52% (July-September 2024) to 79% over the next two audit quarters (October 2024-March 2025).

'There's still work to be done, but we've made good progress,' says Wendy. 'And we've now started receiving requests from other regional Local Health Networks hoping to share the resources we've developed.'



LESSONS LEARNED

Build solutions that fit the context

Every setting has its own pressures. The best solutions are built on understanding those realities and designing for them.

Keep the message visible

From stickers to fact sheets to posters in tea rooms, visible cues help keep quality improvement priorities top of mind – especially in fast-paced environments.

Share results for momentum

When teams can see what's working, and where there's room to grow, it builds trust and inspires them to get involved.