

AIM

Achieve 100% compliance with Sepsis Screening by June 2023

BACKGROUND

Sepsis remains the hidden killer in the NHS until now; 52 000¹ lives are lost to Sepsis every year in the UK. Early identification and treatment are the key elements of improving outcome in sepsis². Under the NHS Long Term Plan all hospitals are required to deliver the best possible practices for identifying and treating Sepsis.

The sepsis screening tool provides healthcare professionals with a method of supporting the decision-making process to identify sepsis and those patients likely to require escalation and urgent treatment in both primary and secondary care settings (Edwards et al, 2019)3.

Unwarranted variation was identified as a result of ongoing Sepsis quality standard audit (NICE - QS 161)⁴, identifying the opportunity for improvement in the compliance and use of sepsis screening throughout the Trust.

AWARENESS POSTER & VIDEO

Could it be SEPSIS?



Spot it, treat it, beat it!

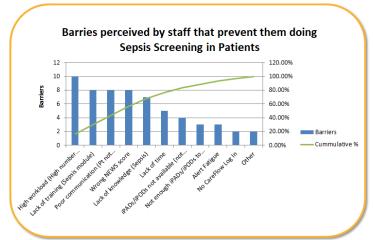
rmation in using the CareFlow Sepsis Module contact



METHODS

Improving the early detection of Sepsis Trust-wide by raising awareness, training and introducing sepsis alerts practices (best evidence practice).

Investigate where the problem was by looking at the process mapping with the key stakeholders and devising a staff baseline survey looking at possible barriers.



- 82% of staff recognise the sepsis action symbol however only 50% were able to relate the correct action required
- · Barriers preventing staff from screening patients for sepsis
 - High workload (High number and level of acuity patients)
 - Lack of training (Sepsis module)
 - Poor communication
 - Wrong NEWS2 score
 - Lack of knowledge (Sepsis)

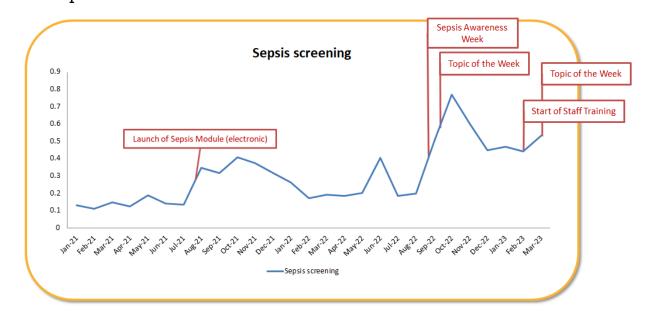
RESULTS

A baseline survey identified that the sepsis screening tool was not being used as well as it could be and survey results suggested there was an opportunity to ensure staff could become much more aware of sepsis, its signs and symptoms and treatments.

Staff training was developed, empowering staff to support the clinical recognition of sepsis and the requirements of prompt action at the signs of sepsis.

Staff also reported problems with alert fatigue with Sepsis Module (malfunction). A new upgrade version of the Sepsis Module will be rolled out in June 2023.

The work has also led to the creation of on-going awareness campaigns, including posters, Topic of the Week and the creation of a video "Adam's Story" - to support colleagues to consider the outcomes of their work and question what impact their actions are having in the care of patients with risk of sepsis.



CONCLUSIONS/RECOMMENDATIONS

The project is still in progress (PDSA cycles). We are starting to see an improvement in the use of the sepsis screening. Staff engagement has been paramount for the success of the project (especially clinical matrons - project sponsors). Staff training, has allowed the development and empowerment of staff to support the clinical recognition of sepsis and it's been vital to help sustain and spread the sepsis screening over time. Posters and video helped in raising sepsis awareness, increase the compliance with the screening and consequently increasing the delivery of the Sepsis Treatment Bundle.

¹Rudd KE, Johnson SC, Agesa KM Global, regional, and national sepsis incidence and mortality, 1990-2017: analysis for the global burden of disease study. Lancet. 2020; 395:(10219)200-211

³ Edward Pj, Ridd Mj, Sanderson E, Barnes Rk. Safety netting in routine primary care consultations: an observational study using video-recorded uk consultations.

Br j gen pract. 2019; 69:(689)e878-e886 https://doi.org/10.3399/bjgp19x706601
Antional Institute for Health and Care Excellence [nice] (2017) sepsis quality standard [qs161], nice.org.uk

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. Crit care med: november (2021). Volume 49. Issue e1063-e1143 doi: 10.1097/ccm.0000000000005337

