

Sepsis at WCH

Kirstin Geer

Critical Care Outreach

Sepsis Development

- 2009 – Guideline for the initial management of adult patients with severe sepsis launched based on SSC recommendations 2008
- Education 'rolled out' Delivered to over 200 staff
- 2010 – first audit. Action taken included cascading results, comments from ward staff, risk management, education reviewed
- 2011- Audit repeated
- 2012 – new guideline based on updated recommendations from UK Sepsis Group & Global Sepsis Alliance.

Sepsis Audit – Project Aim

- To determine whether patients admitted to WCH with sepsis are being identified.
- To determine whether patients with sepsis are being managed using the sepsis screening tool.
- To determine whether the Sepsis Six care bundle is being completed within one hour.
- To identify which aspects of the sepsis six are preventing the pathway being completed in one hour.

Sepsis Audit Standard

- 100% of septic patients admitted to the hospital should have Sepsis 6 care bundle initiated
- 100% of care bundles should have all 6 elements completed
- 100% of septic admissions should have care bundle correctly completed

Sepsis Audit Method

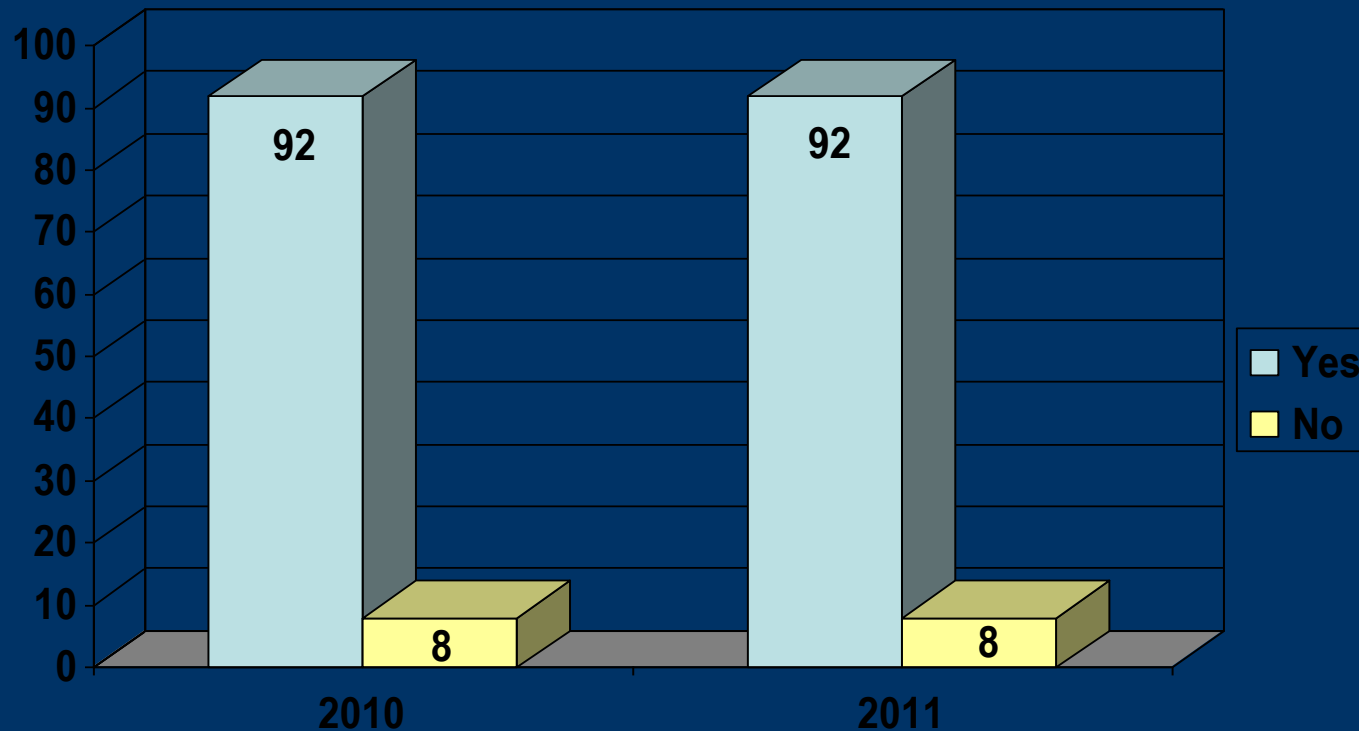
- Audit proforma was designed by Clinical Audit department which allowed the audit to meet project aim.
- List of all admissions that meet the audit criteria were obtained from patient administration system.
- Notes were reviewed by the outreach team (>95% by one nurse).
- Standard criteria were used to identify patients in whom Sepsis 6 should have been commenced.
- In those patients in whom a care bundle had been commenced the completion of the elements was recorded.
- When all patient notes had been audited forms were returned to the clinical audit department for analysis.

Sepsis Audit Criteria

- All adult patients admitted to WCH between 25th September 2011 to 2nd Oct 2011
- Day surgery, maternity and paediatrics are excluded
- Same week audited each year

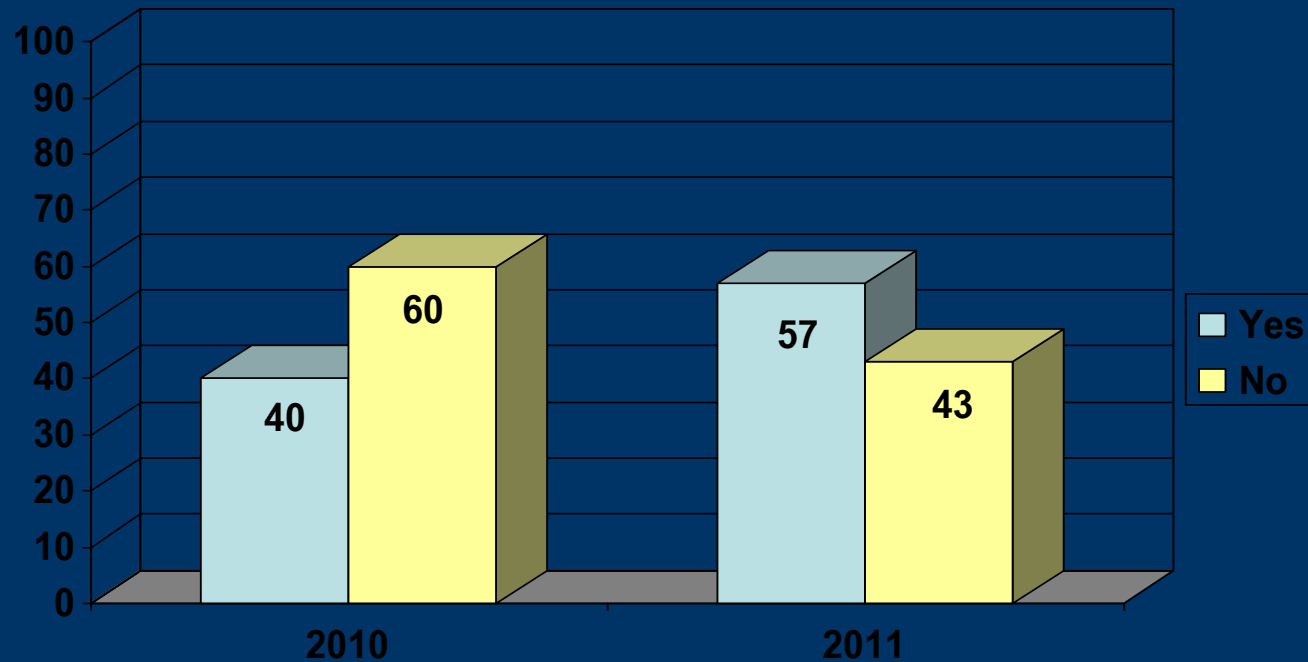
How many patients had severe sepsis?

Same percentage (8%) of septic patients each year



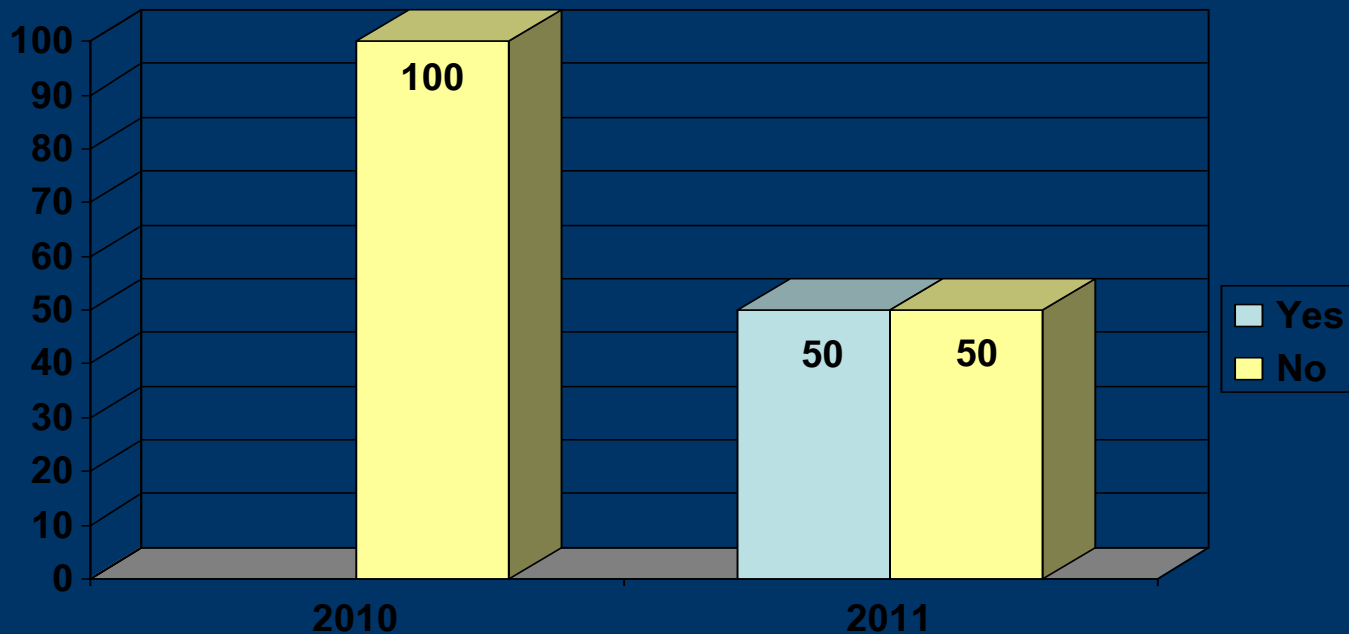
How many septic patients had the sepsis 6 initiated?

- Use of the tool improved by 17%



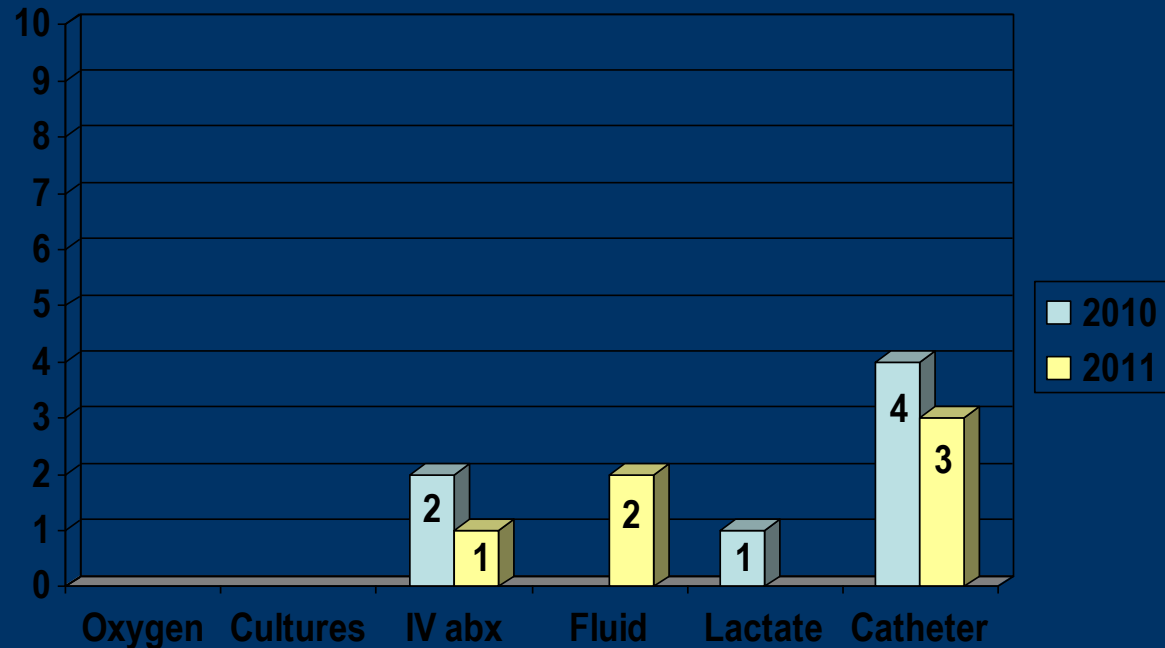
Was the Sepsis 6 completed within an hour?

- Correct completion of the care bundle has improved (0 to 50%)



What elements of the Sepsis 6 were not performed?

- Proportion of patients receiving IV antibiotics within one hour has improved.



Audit Conclusions

- The proportion of hospital admissions meeting the criteria for initiation of Sepsis 6 care bundle is unchanged
- Initiation of the care bundle has improved (40 to 57%)
- Correct completion of the care bundle has improved (0 to 50%)
- Proportion of patients receiving IV antibiotics within one hour has improved.
- The majority of patients admitted with sepsis are still not receiving the care they require and audit standards were not met.
- It is likely that length of stay and mortality are increased in those patients in whom correct sepsis care is not initiated.

Recommendations

- Results widely cascaded
- Risk management informed, Sepsis to be on the active risk register for the Trust
- Attempt to reform Sepsis Group
- Sepsis Guideline in process of being updated based on Global Sepsis Alliance recommendations 2012
- Development of 'Sepsis Boxes' on all ward areas
- NEWS

Further Possibilities?????

- Sepsis needs to be a priority for everyone from HCAs to Consultants
- CQUINs are available for Sepsis (and NEWS)
- Robust CCO services
- Education needs supported by managers

Changes to sepsis Guideline (based on 2012 Global Sepsis Alliance Guidelines)

- Early Goal Directed Therapy element removed
- Emphasis on establishing IV access and initiating aggressive fluid resuscitation (30ml/kg) as first priorities
- Source control
- Identification of source as early as possible
- Greatest outcome improvement can be made through education and process change within the non ICU setting