

Sepsis – A System-wide Challenge

Reducing unwarranted care variations
across pre-hospital care settings

Greater Manchester &
Eastern Cheshire

**Patient
Safety
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Health
Innovation
Manchester

March 2019

Primary Care:24[⌚]

Sepsis and Deterioration- Cultural Change and Sustained Improvement in Out of Hours Primary Care

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Primary Care 24, Merseyside
March 2019

What is Sepsis?

Sepsis - *“life-threatening organ dysfunction caused by a dysregulated host response to infection”*

NICE National Institute for Health and Care Excellence

NICE
guideline

Sepsis: recognition, diagnosis and early management

NICE guideline
Published: 13 July 2016
[nice.org.uk/guidance/ng51](https://www.nice.org.uk/guidance/ng51)



Greek word sipsi ("make rotten").

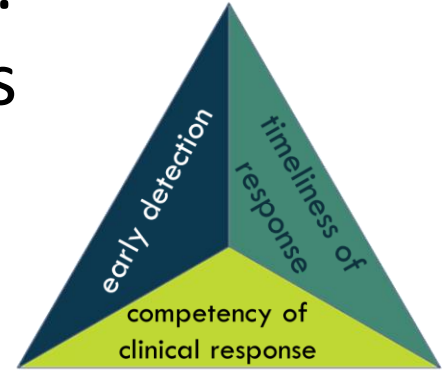
Ibn Sina (979-1037 BC) observed the coincidence of blood putrefaction (septicaemia) and fever

What's the impact?

- 2017 data
- 10% of hospital admissions due to sepsis
- Close to 500,000 cases of sepsis a year in the UK, 30-40,000 in children
- SEPSIS MORE COMMON THAN HEART ATTACKS- 193,000 2017 in UK
- Estimates range from **44,000 to 67,000** UK Deaths per annum
- SEPSIS CLAIMS MORE LIVES THAN LUNG CANCER
- MORE THAN BOWEL, BREAST AND PROSTATE CANCER COMBINED
- Costs the economy about £20 Billion

What can we do about it?

Triad of clinical outcomes



- **Detect sepsis earlier**

- Train staff and raise public awareness- Recognising the signs earlier means we can start treatment sooner. Ask “could it be sepsis”

- **Respond more rapidly**

- Starting treatment within an hour save lives, every hour of delay costs lives- some studies suggest a 7% increase in mortality for every hour’s delay in starting effective treatment.

- **Treat sepsis more effectively**

- Train staff to assess and treat suspected sepsis accurately– the “sepsis 6” bundle of care.
- Paediatric and adult sepsis 6 bundles available, developed by UK Sepsis Trust.

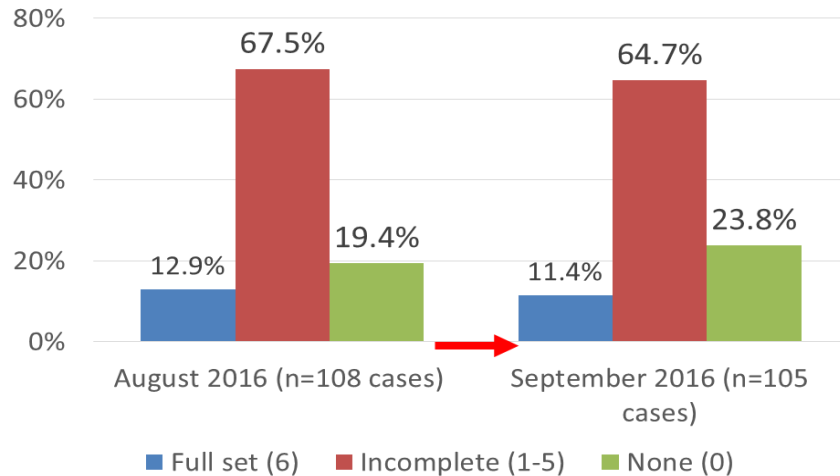
Patient Story 1 - Missed Sepsis

- Woman age 37 who was normally fit and well called NHS 111 with symptoms of vomiting, pains in legs, fever all day, sore throat, panicky and breathing rapidly.
- No significant past medical history and not taken any medication. Triage history taken from third party caller. Telephone triage doctor advised a visit to UC24 urgent care centre.
- Seen in Urgent Care Centre, examined. Looked unwell, P101 BP 108/60 RR not recorded Temp 38.6 Cervical adenopathy exudate on tonsils.
- Diagnosed with acute tonsillitis. Doctor commented in notes “very close to admitting” but decided to treat with oral antibiotics and safety netted to report worsening symptoms.
- The patient went to the pharmacy to collect the prescription. Collapsed in the car park, unrousable. Admitted via 999, Died of sepsis in AED.

We do not want this to happen again.

What's the Problem?

% Baseline Observations recorded for suspected febrile illness cases in August and September 2016

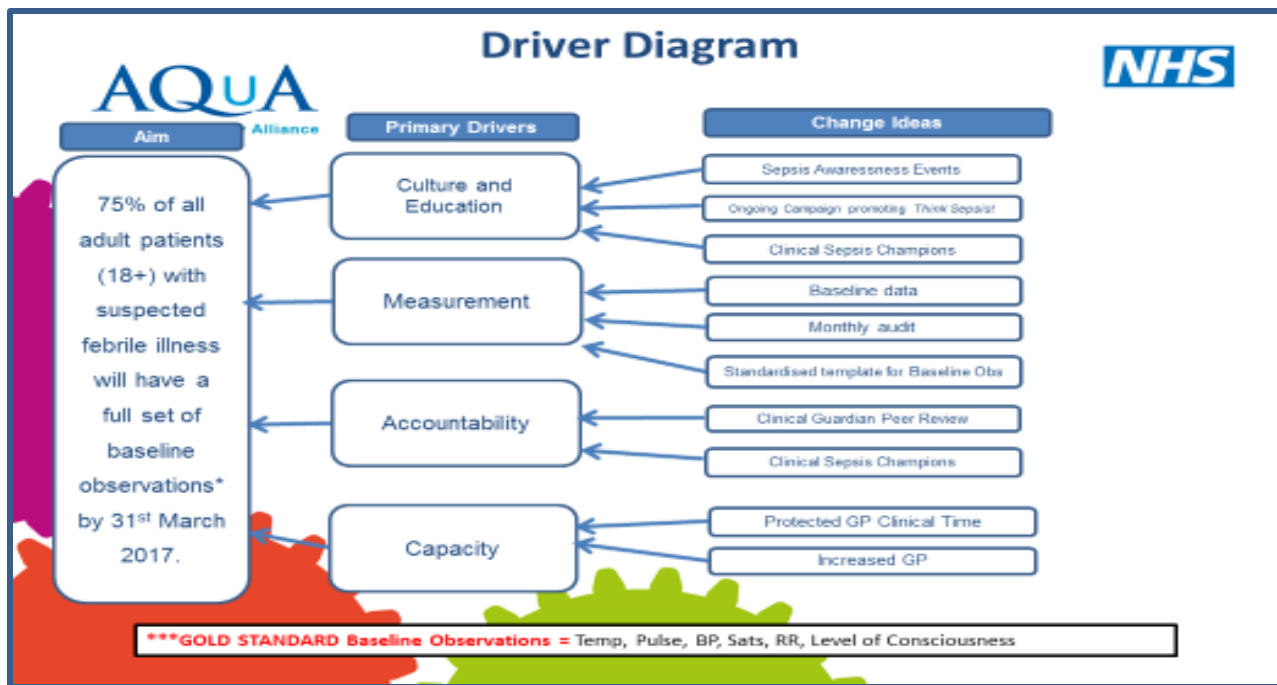


National Early Warning Score (NEWS)

PHYSIOLOGICAL PARAMETERS	3	2	1	0	1	2	3
Respiration Rate	≤8		9 - 11	12 - 20		21 - 24	≥25
Oxygen Saturations	≤91	92 - 93	94 - 95	≥96			
Any Supplemental Oxygen		Yes		No			
Temperature	≤35.0		35.1 - 36.0	36.1 - 38.0	38.1 - 39.0	≥39.1	
Systolic BP	≤90	91 - 100	101 - 110	111 - 219			≥220
Heart Rate	≤40		41 - 50	51 - 90	91 - 110	111 - 130	≥131
Consciousness Level				A			V, P, or U

AQuA Sepsis Breakout Series Sep 16 - Jan17

- Joint working between Urgent Care 24 and Royal Liverpool University Hospital
- Improvement Project Team includes Sepsis Team in AED and three doctors from Urgent Care 24
- Recognising suspected sepsis in the community and communicating risk clearly is vital to patient outcomes
- Use of NEWS identified as common language for assessment and monitoring progress over time
- Strong working relationship developed between primary and secondary care sepsis teams
- Pre-alerting of hospital sepsis team when patients admitted with suspected sepsis becomes embedded as usual practice
- Feedback from secondary care patient outcomes to OOH service helps close the loop of learning from cases



Initial Plan of Action

- Aims set at AQuA breakout event
- Planned education session based on index case October 2016
- Rollout of NEWS to clinicians, event with Dr. Emmanuel Nsutebe, Infectious Diseases Consultant & National Sepsis Lead
- Regular recording of performance data
- “Think Sepsis- Say Sepsis”
- Regular communications to clinicians
- Bi-monthly progress reports
- PDSA cycle approach

PDSA 1 – Patients referred to A&E with suspected febrile illness

What did we test

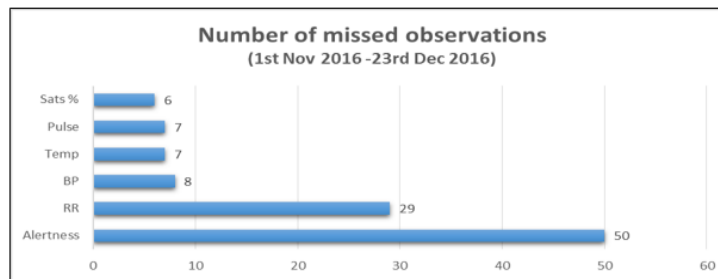
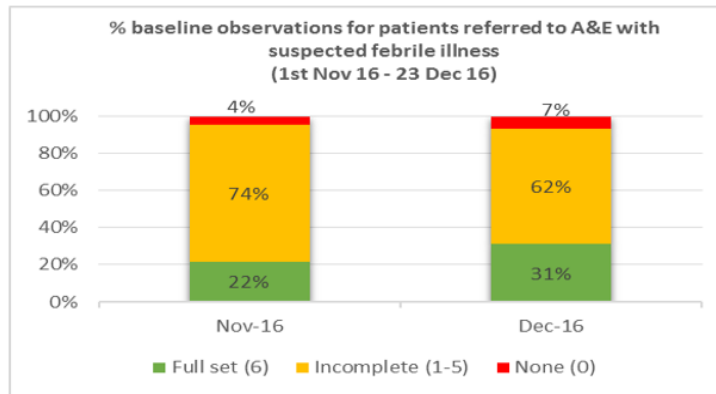
- % full set baseline observations recorded for patients with suspected febrile illness referred to A&E.
- Measure whether clinical engagement including event and awareness in November 2016 have an impact on data

Outcome measures

- % full set obs – 22% (Nov-16), 31% (Dec-16)
- 9 patients sent to hospital with no baseline observations
- The observations most commonly missed were alertness and respiratory rate
- At engagement event clinicians said Adastra free text was “difficult to use”

PDSA 1 learning

- HUGE variation in free text recording
- Awareness raising may have had an impact – Reach of engagement events may be limited.
- Understand why alertness and respiratory rate were most commonly missed
- Compare like for like bi weekly data



System changes from PDSA 1

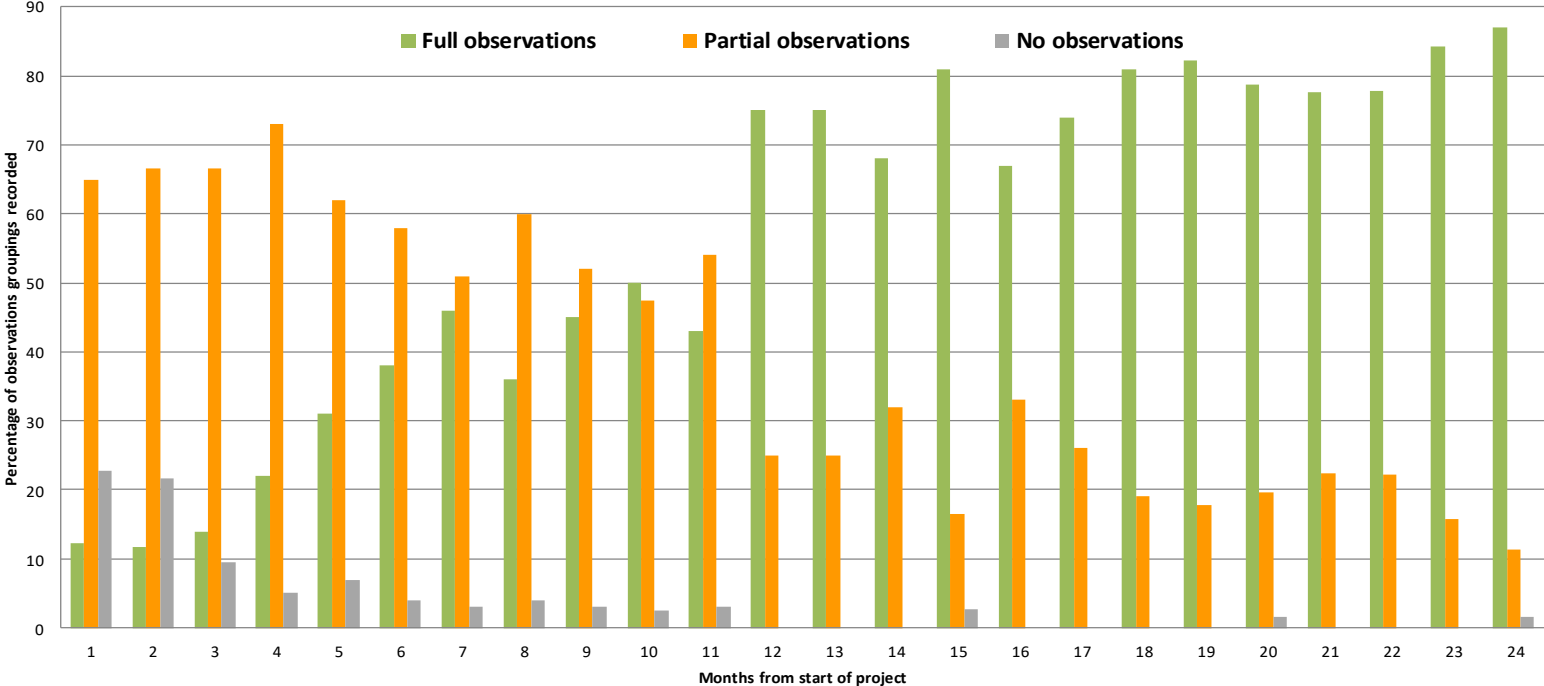
- Template designed for recording observations
- Education communications and events to inform clinicians of the planned changes and raise awareness of NEWS
- Changes in system design to require a full set of observations before completing calls for patients admitted to hospital with infections
- Proposal sent to Adastra to implement changes
- 3 months delay before template returned for testing
- Implemented June 2017 after testing

Results - 12 Months from Project Start

- Target - 75% of patients referred to hospital have a full set of observations recorded sufficient to calculate NEWS
- Nudge methodology feeding back regular progress reports to clinicians and operational staff
- Target level achieved at 12 month post project start
- Challenge to maintain sustained improvement
- Has the culture changed?

Results

Change in % of observations recorded over time



Next 12 Months- Sustained Improvement

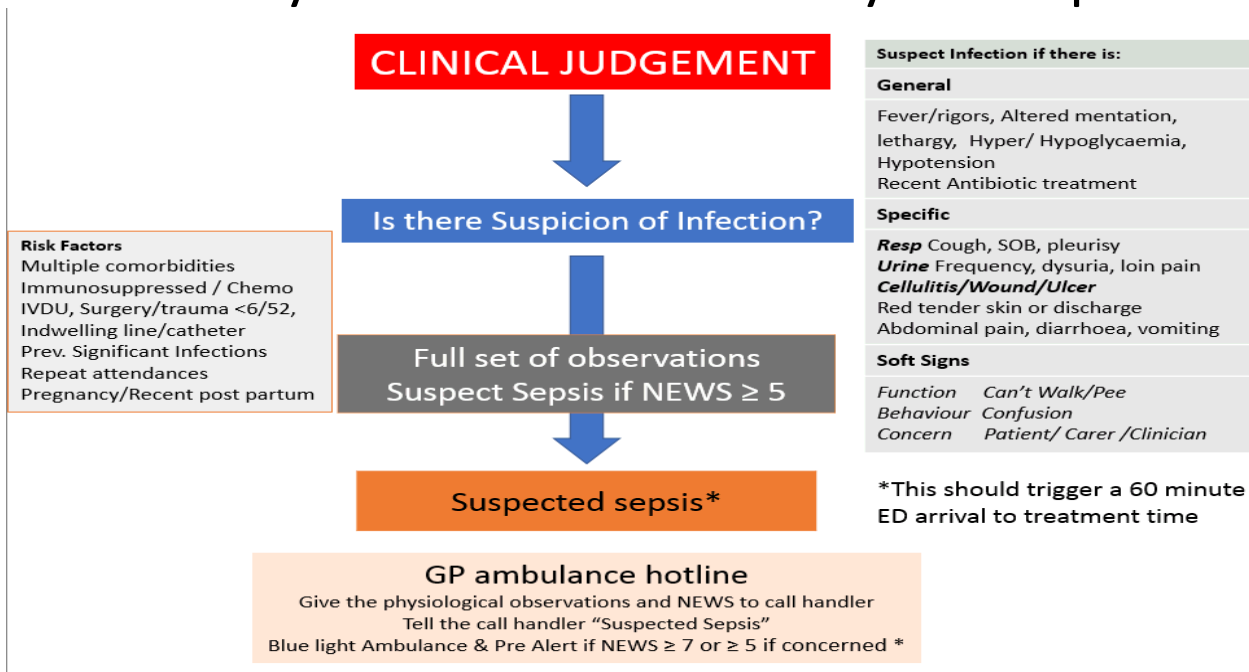
Changing Culture

- Clinicians often have set ways of working which may not be evidence based, but are sceptical of change
- Results from research take a long time to establish as normal clinical practice even when the evidence is very clear
- Preconceptions and attitudes can be barriers to change
- Engaging clinicians in transformational work is difficult
- Engaging actively with clinicians, answering their concerns and demonstrating the advantages of new methods is essential
- Clinical Leadership with Board level support and committed organisational engagement is essential for changing culture
- Culture will only shift when both hearts and minds change
- Clinicians listen to other clinicians and change when they see the advantages.

Ongoing monitoring

- Results now above 75% target- aim for 100%!
- Feedback on case outcomes and shared understanding of hospital processes motivates Out Of Hours GPs to consistently record full sets of observations and pre-alert secondary care clinicians for suspected sepsis admissions
- Hospital sepsis team report high level of pre-alerting helps them to meet their “IV antibiotics within 1 hour of arrival” CQIN target as part of the Sepsis 6 bundle of care- Royal Liverpool has best results in the Northwest
- Patient stories provide evidence of good outcomes in individual cases
- Formal outcomes analysis of secondary care data awaited as next stage of project following signoff of data sharing agreements.

Pathways of Care - Community to Hospital



Patient Story 2 – Identified Sepsis

- Man age 84, PMH- IHD, Hypertension, Type 2 DM. Self caring.
- DH Ramipril, bisoprolol, atorvastatin, metformin, GTN spray. NKDA.
- Wife rang 111. Cough for 3 days, getting worse, hot, shivery, green phlegm, feels unwell, rambling. Urgent visit arranged.
- Visited at home. In bed, looks unwell, eyes closed but responds to voice, wife says confused compared with normal.
- RR 24, SpO2 92% RA, Pulse 122 reg, temp 37.8C, BP 103/67mmHg. Right basal crepitations, bronchial breathing.
- NEWS2 10

Patient Story 2 continued..

- Visiting doctor called ambulance then rang RLUH A&E Majors and pre-alerted hospital “Admission - pneumonia with sepsis”
- Patient arrived RLUH and met by pre-alerted Sepsis Team. NEWS 12 as temp now 38.7C and SpO2 94% on oxygen supplementation.
- Admitted to Resus, “Sepsis 6” bundle of care applied, IV antibiotics given 37 minutes after arrival.
- Admitted to ITU overnight, discharged to ward NEWS 5 after 12 hours
- Discharged home on oral antibiotics 4 days later.
- 4 weeks post discharge GP reports patient has returned to normal premorbid function levels

Patient Safety is the Highest Priority

- PC24 & Royal Liverpool Trust embedding a culture of learning as a group
- Sepsis and deterioration requires a whole systems approach, not one organisation
- We need to look at what went well, what did not go well and what we can do together to make real improvements to care delivery.
- Non blame culture of openness and honesty across teams
- Aiming to learn from adverse incidents and near misses from service delivery and care delivery perspectives
- Sepsis and deterioration improvement takes effort, but is worth it!

Continuous learning culture

Take Away Message

1. Importance: Sepsis & deterioration is a huge clinical problem and 70% of sepsis cases originate in Primary Care. Improving recognition pre-hospital and alerting secondary care services prior to transfer using a common language facilitates early treatment potentially saving many lives.
2. Transformation: This project demonstrates culture change, listening to feedback, developing appropriate technological solutions and the importance of engaging the interest of clinicians to make progress with better and more consistent treatment of serious clinical issues.
3. Spread: This project changed attitudes in our organisation and led to our involvement with sepsis & deterioration recognition and training on a regional and national level. The work is easily transferable and provides a useful model for other similar services working in pre-hospital care.

NWAS Sepsis Screening Analysis

Stuart Lee
Advanced Paramedic,
Adult Clinical Sepsis Lead

Greater Manchester &
Eastern Cheshire

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The Plan...



- Challenges and Lessons
- Results
- What's next?
- Questions

Challenges and Lessons



Training



Clear training updates



Materials focussed on management – missed after-effects



Uptake not consistent across areas

Communication and Engagement



Delivering presentations



Utilising different methods of communication



Participation in meetings reduced

Challenges and Lessons



Resource



Right people involved at the right time throughout the project



Investment in resource during BAU



Key staff on project team already at full capacity

Support



Push on training completion from Senior Paramedic Team Leaders in specific areas



Difficult to engage frontline staff and encourage training completion due to capacity and existing responsibilities

Results

637 cases



73%
Documented Suspicion
of Sepsis.

SATS > 92
Oversensitive

11% - 60.6%
Increase in standbys
for suspected Sepsis
patients

Mortality increases in line
with NEWS

Limitations

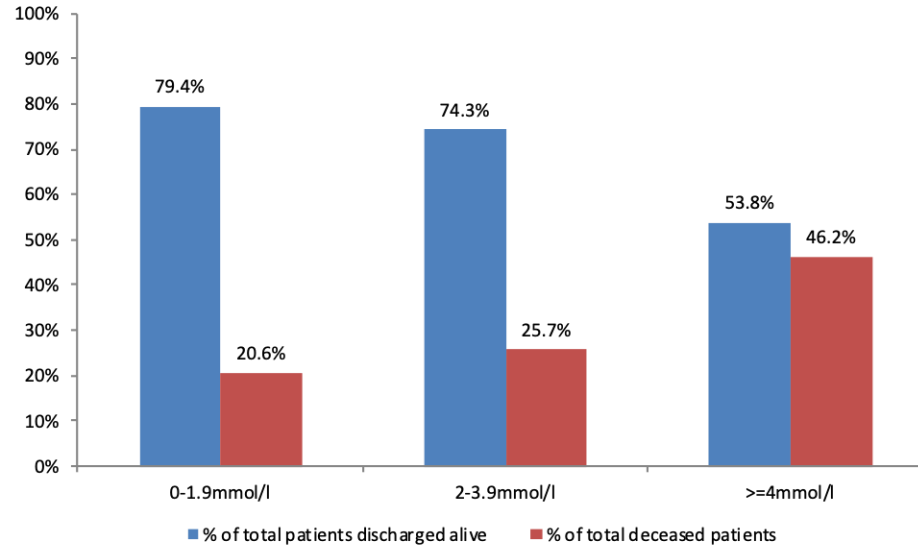
- Delays in receiving data - relying on hospitals inputting their data.
- Delays in analysing the data due to internal resource capacity.
- Delay in Information Sharing Agreement sign off.
- Data doesn't contain patients identified by NWAS with signs of Sepsis, but had different final diagnosis.

Results

637 cases



Survival vs serum lactate levels
(combined audit data)

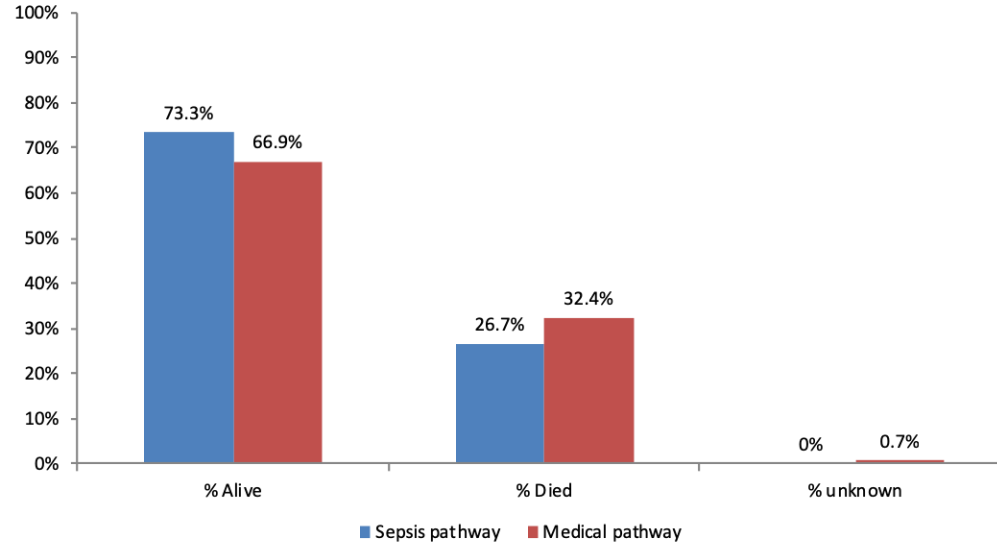


Results

637 cases



Hospital outcomes for red flag sepsis patients who followed Sepsis or medical pathways

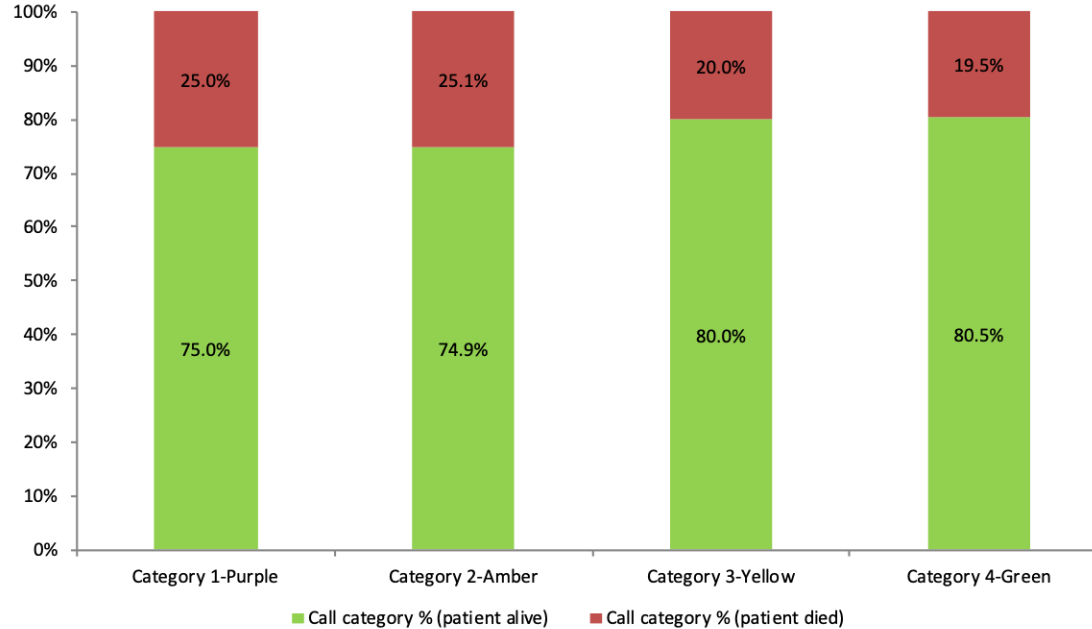


Results

637 cases



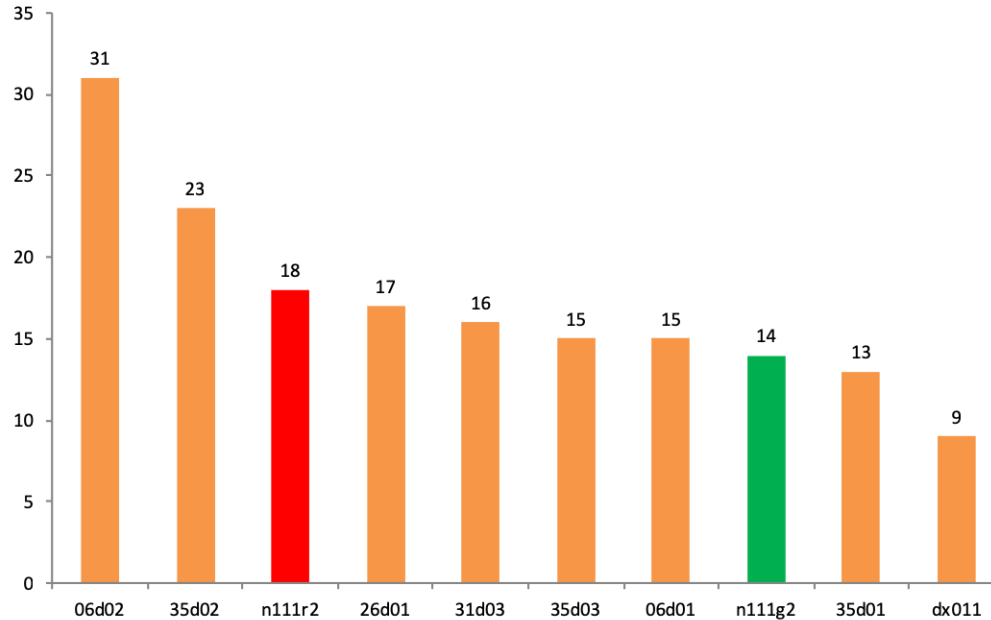
Patient outcome vs call category



Results

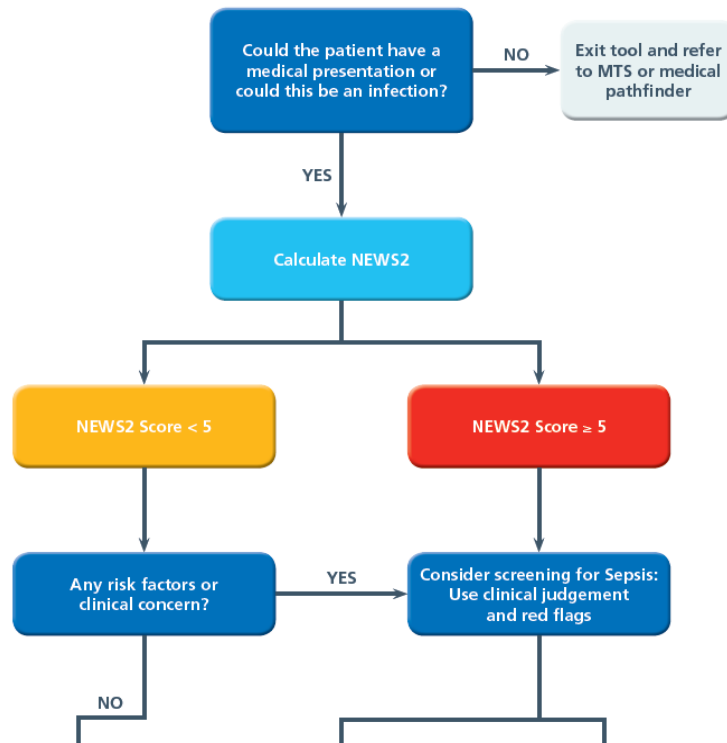
637 cases

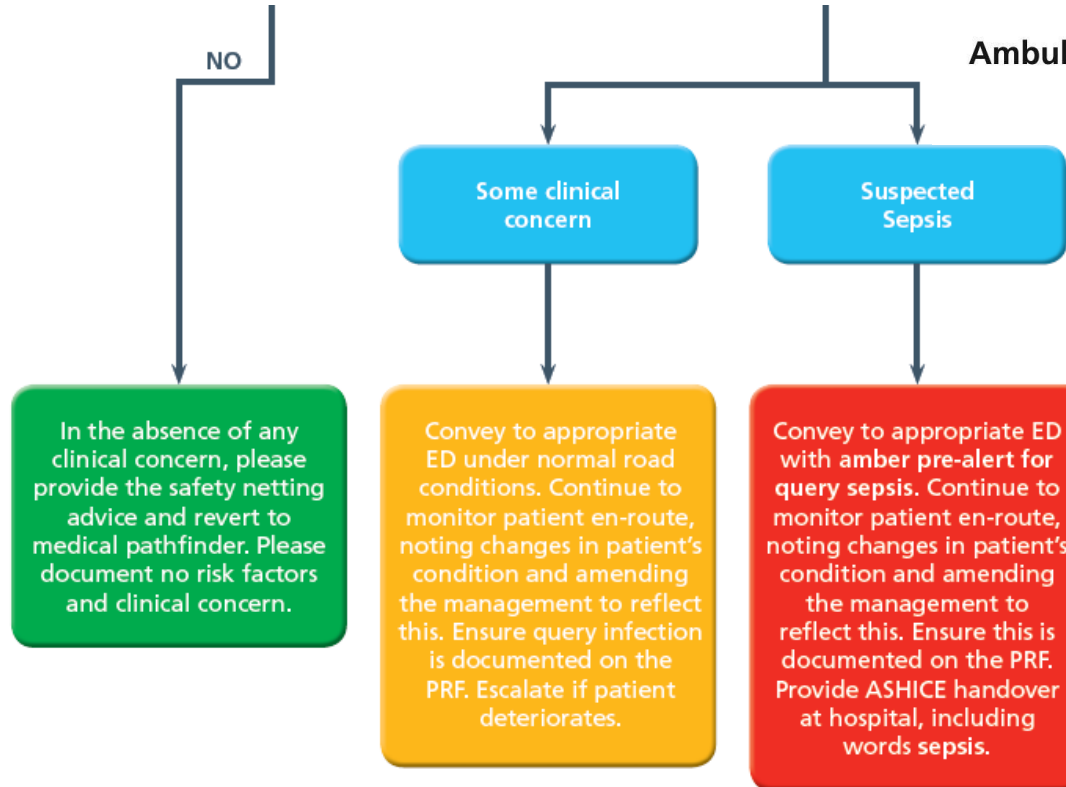
Top ten priority codes for sepsis
(full dataset, bar colours indicate call categories)



Adult Sepsis Screening Tool - NEWS2

Deterioration in acutely unwell patients can happen quickly and have catastrophic effects so observations and NEWS2 must be recognised as a fundamental task.







Risk Factors (See Glossary of Terms)	Red Flags
<ul style="list-style-type: none">• Age \geq 75• Chemotherapy <6 weeks• Peri-partum• Line/catheter in situ• Surgical procedure <6 weeks• IV drug user• Previous diagnosis of sepsis• Known to have antibiotic resistant bugs	<ul style="list-style-type: none">• New confusion (according to relatives/carers)• Clinical concern from clinician or relatives/carer• Single NEWS2 parameter• HR > 130bpm• HR \leq 40 bpm• BP \leq 90 systolic• RR > 25• Requires oxygen to maintain saturations > 92%• Non-blanching rash, mottled, ashen or cyanotic• Inadequate urine output as judged by the clinician

What's next?

- Development of Paediatric and Neonatal Sepsis Screening Tool
- Feasibility study of the NEWS2 Tool
- Source Control Sepsis Patients
- Antibiotic Question



Sensitivity/Specificity

Any questions?

Standardising the Assessment and Escalation of Patients with Sepsis

Hilda Brook and
and Michelle Hollick

Greater Manchester &
Eastern Cheshire

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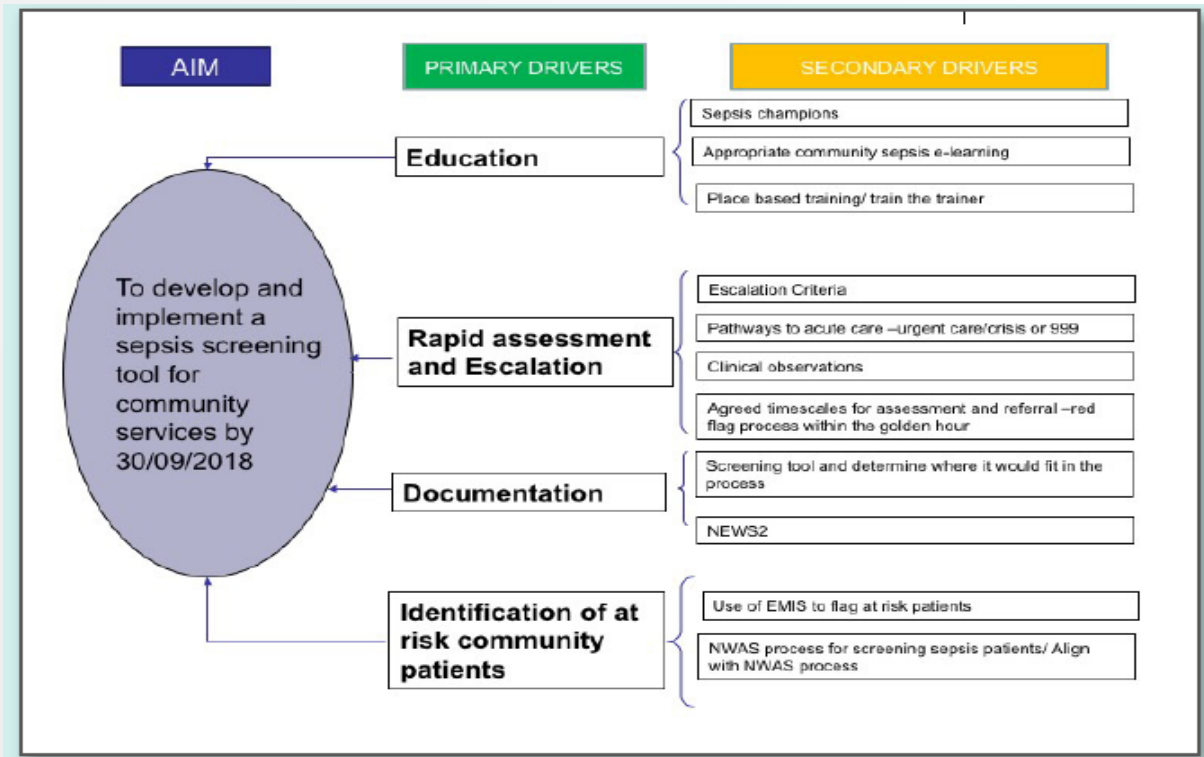
Background



- 2017

Community Services across North Manchester and Heywood Middleton and Rochdale identified need to undertake QI work to support the early diagnosis of people with sepsis in the community

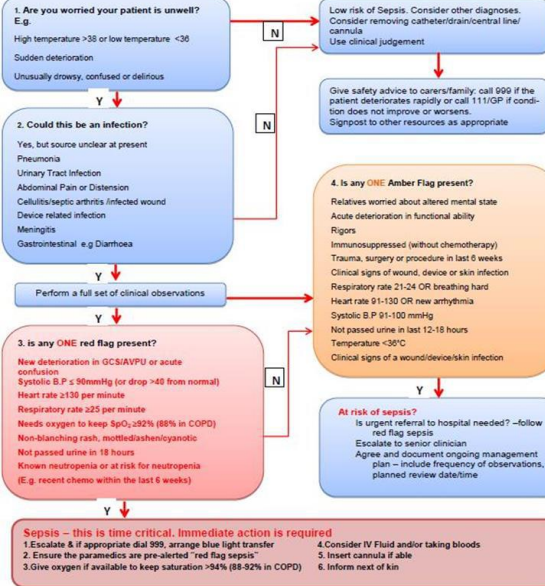
- **Sepsis is the primary cause of death**
- **70% of sepsis starts in the community setting**
- **Survival rates can increase by up to 80% if sepsis is identified early and appropriate care initiated**
- **Need for a clinical assessment/screening tool to identify acute illness in the community setting.**



Adult Sepsis Community Screening and Action Tool

To be applied to all non-pregnant women and people aged 18 and over with fever (or recent fever symptoms)

Patient Name: _____ NHS No.: _____ DOB: _____
 Date: _____ Time: _____
 Clinician Name (print): _____ Clinician Signature: _____ Designation: _____
 Clinician Signature: _____



Parameter

TIME	DATE OF BIRTH	DATE OF ADMISSION TO CARE/ICU	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	
NEWS/NEWS2																											
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Standards for Community Teams

(Standard for Adult Patient Observation Practice, CPDI044)

Staff carrying out observations in the community will use the Community Adult Observation Chart which includes the NEWS2 and an adult community sepsis screening and action tool. Observations will be carried out on initial assessment and thereafter as clinically indicated.

For any Patients with a total NEWS2 score of 5 or above within the Community Adult Observation Chart, the Adult Sepsis Community Screening and Action Tool will be followed.

E-Learning

- Developed for community staff by community nurses and a Physiotherapist
- All staff required to complete e-learning package
- One off training but.....can be repeated as often as you feel you need to or if guidelines change

**COMMUNITY SEPSIS AND
NEWS 2**

Learning outcomes

By the end of this e-learning programme you will be able to:

- Explain the benefits of NEWS 2
- Outline how NEWS 2 works
- Describe the NEWS 2 system, triggers and threshold
- Identify the sepsis 6 parameters included in NEWS 2
- Demonstrate the correct use of NEWS 2 and its escalation



Progress		
1	2	

Click on each section to work through the topics

Section 1

Benefits and Process

3

Section 2

Physiological Parameters

6

Section 3

Calculating a score

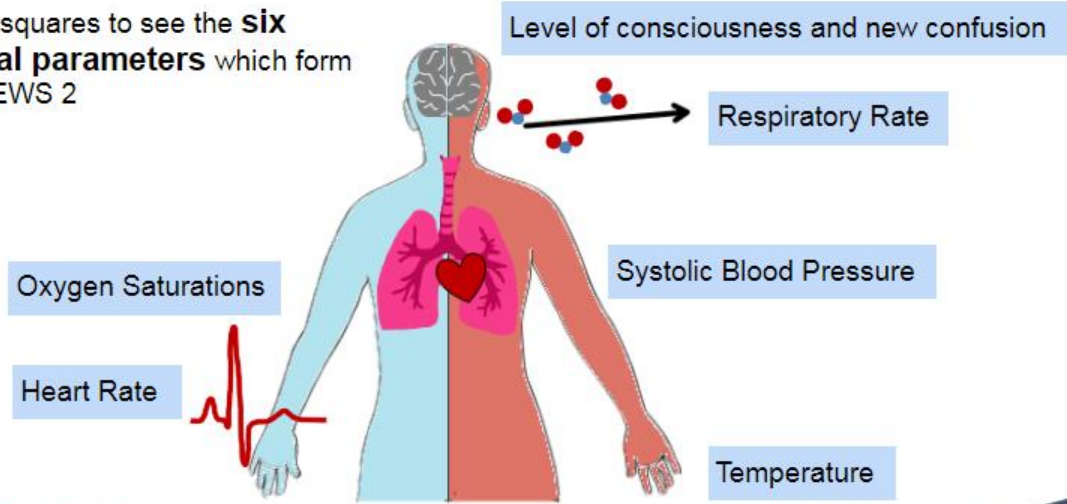




Section 2

Physiological Parameters

Click the blue squares to see the **six physiological parameters** which form the basis of NEWS 2



Progress		
1	2	3

Click on each section to work through the topics

Section 1

Benefits and Process

3

Section 2

Physiological Parameters

6

Section 3

Calculating a score

0

Well done!

You have completed all the sections.
Click the forward button to continue.



Case Studies

Click on the image of each patient below to complete the case study



Case Study 1: Joan



Case Study 2: Kane



Case Study 3: Ama



Case Study 4: Sergio



Case Study 5: James



Respiratory Rate: **29**
Oxygen Saturations: **95%**
Supplementary Oxygen: **No**
Systolic Blood Pressure: **85**
Heart Rate: **115**

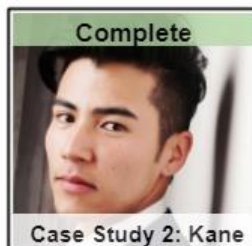
What score would respiratory rate give on the NEWS 2 chart?

Click onto the chart where Joan would score

Physiological Parameter	3	2	1	0	1	2	3
Respiratory Rate	≤ 8		9 - 11	12 - 20		21 - 24	≥ 25

Case Studies

Click on the image of each patient below to complete the case study



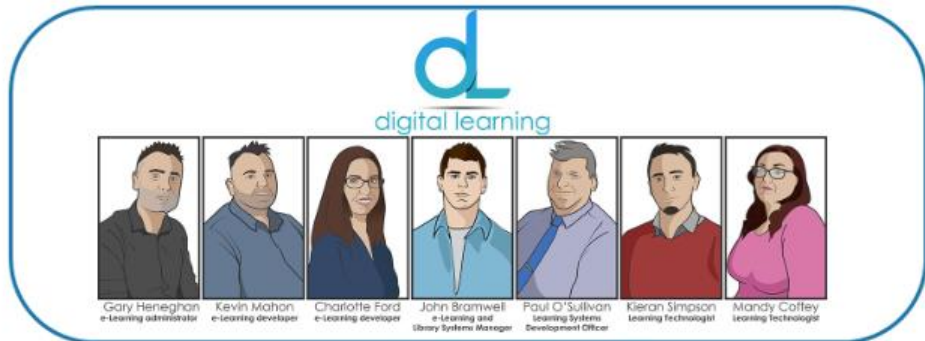
Well Done!

You have completed four case studies. You can click forward to complete the course or complete the final case study.

Course complete

Please click the  button in the top right of the screen to save your progress and close the course.

Please find the time to help us improve your learning materials by completing a short anonymous survey. Click [here](#).



This programme has been developed with the support of:

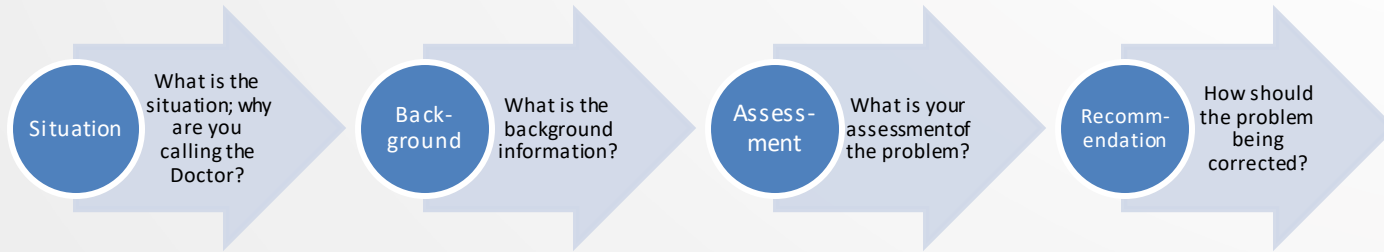
Patricia Dodgson
Out of Hours Lead Nurse
Michelle Hollick
Service Lead/ Physiotherapist
Victoria Thorne
Divisional Director of Nursing

[Click here for your certificate](#)

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SBAR – Structured Communication Tool

Use of SBAR to structure communication between care providers



Outcomes

- Successful implementation of the NEWS2 and sepsis screening tool across all community services
- 65% of staff had completed the e-learning programme within 4 months
- Common language between multi-agency partners for appropriate escalation (NWS, GP, Secondary Care)
- Established Sepsis Champions meetings
- Able to capture numbers of patients scoring NEWS2 of > 5
- Multi-disciplinary case reviews to inform future practice

Questions?

Care Homes Response to Suspicion of Sepsis and Deterioration

Jane Mastin

Infection Prevention and Control Nurse Patient
Safety and Safeguarding
Lancashire County Council

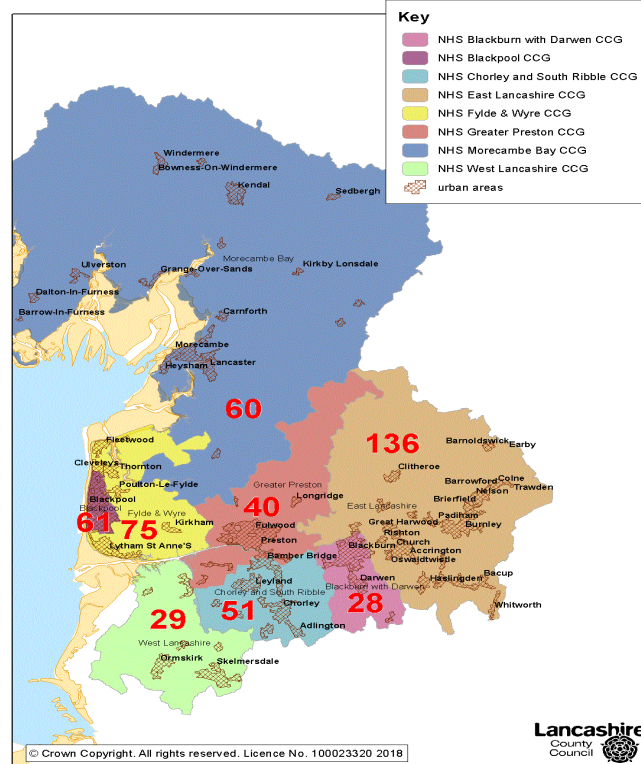
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Lancashire landscape: 6 Clinical Commissioning Groups 400 + care homes



National Drivers - NCEPOD 6/21 Key Recommendations

- Training in the recognition and management of sepsis in primary and secondary care
- Standard method of referral from primary to secondary care
- An early warning score e.g. (NEWS) to be used in primary and secondary care
- Primary care providers to ensure robust safety netting for those suspected as at risk of sepsis
- Early identification and management of the source of sepsis where possible
- Patient and carer information



Local Drivers

Post infection reviews for MRSA & CDI (2015) -

- Lack of consistent approaches to the early identification and management of suspected sepsis cases
- Variance in the detail of deterioration being communicated to other health care professionals
- ‘We think this is sepsis’ – was not stated

This contributed to -

- Delays in hospital transfers
- More intensive treatment being required once in hospital
- At times poor outcomes for residents

CCG Care Home Forums -

- Care home staff & district nurses told us sepsis is an issue which needs to be addressed
- Lack of sepsis training, education and support for care home staff

Progress so far.....

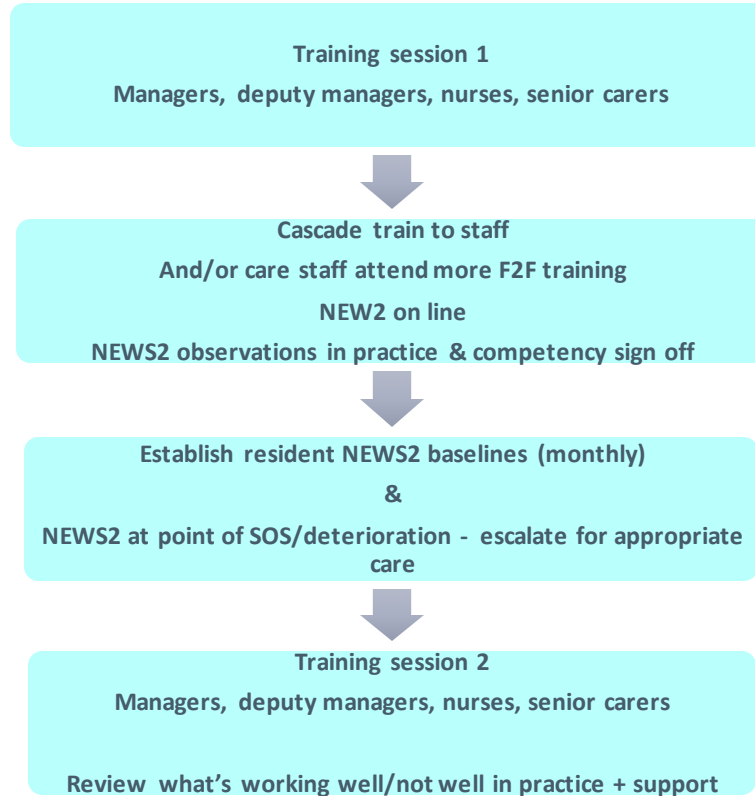


Sepsis training & development sessions for care homes objectives:

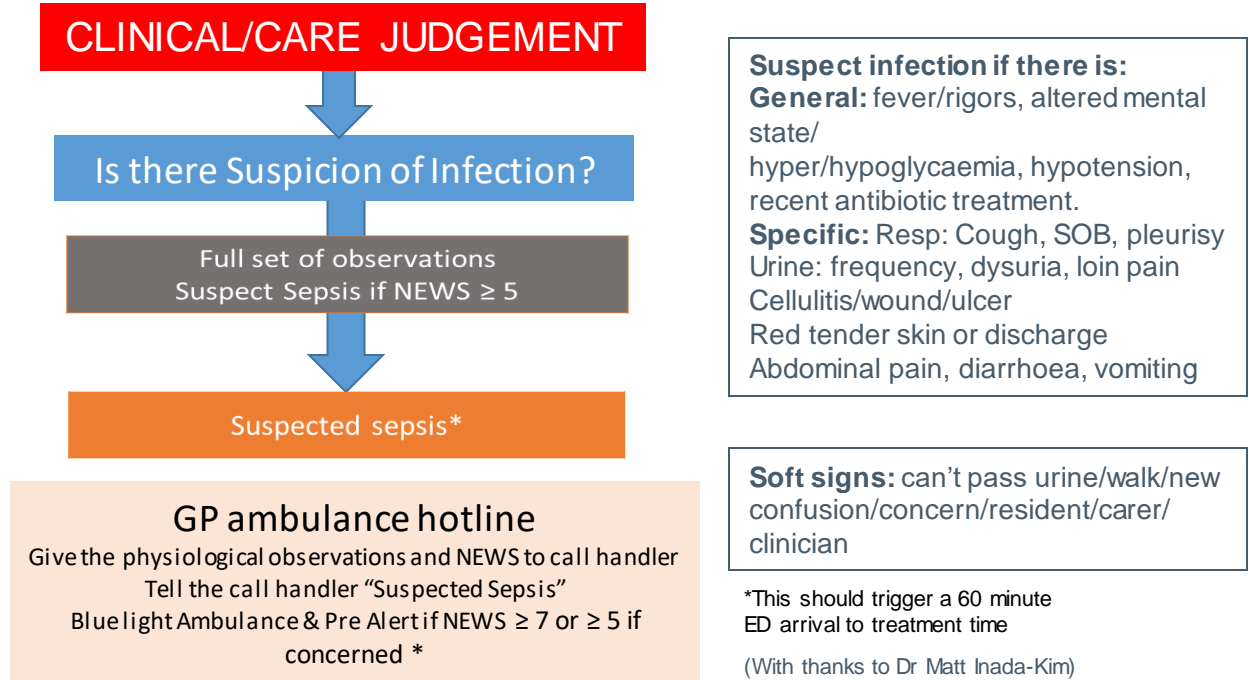
Following training sessions, care home staff will:

- Understand the importance for preventing infections
- Have increased knowledge of sepsis
- Be knowledgeable, confident and skilled to detect, manage and appropriately escalate residents with suspicion of sepsis for time critical healthcare
- Have improved awareness of the care needs of residents with post sepsis syndrome
- Be able to raise public and professional awareness of sepsis within our care homes

Sepsis training & implementation in care homes



NEWS + infection + soft signs = escalation



At the point of suspicion of sepsis/deterioration

- Provide NEWS2 score (compared with normal NEWS2)
- Provide a more detailed clinical account of the signs deterioration
- State ‘we think this could be sepsis’
- Assess resident for appropriate clinical review –
 - In the care home by GP or ANP or
 - ambulance transfer to hospital
- Consider resident and family wishes in line with DNAR

Implementation feedback so far

- Residents feel reassured they have normal NEWS2 and if not, something will be done about it
- Families like to see care home staff carrying out NEWS2 measurements if their loved ones feel unwell and deteriorate – they like the immediate response
- More detailed clinical information of resident's deterioration being communicated to other HCPs and with regular monitoring of NEWS2
- More infections being treated earlier at source in care homes with less ambulance call outs and hospital admissions
- Residents with sepsis are being identified earlier and transferred for appropriate care
- Staff feel empowered, they love using NEWS2 – they like communicating in the same language as other HCPs and helping to shape appropriate care for residents

Case studies – De escalation

- **Situation 1** – A 62 year old lady with Schizophrenia (baseline NEWS2 = 3), had strong smelling urine and new/mild confusion, NEWS2 = 5. Care home called GP who attended.
- **Action** - Lady nursed in bed with Nitrofurantoin and fluids, GP advised if NEWS2 returned to 5 or more to call an ambulance.
- **Outcome** - NEWS2 reduced to 4, then 3. The lady became well again and stayed at home.

- **Situation 2** – An 81 year old gentleman, with multiple comorbidities, frail, with a catheter, became unwell and twitchy, NEWS2 = 3 (BP/single parameter). No DNAR in place, wants to be treated.
- **Action – Care home staff concerned** and requested a home visit, resident assessed by ANP and transferred to hospital.
- **Outcome** – Treated in hospital with IV antibiotics for urosepsis, returned home poorly but ‘his old self’.

Case studies - Escalation

- **Situation 1** – A 94 year old gentleman, with Vascular Dementia, Hypertension and a pacemaker, fell and became acutely unwell, NEWS2 = 6.
- **Action** – NWS called, paramedics confirmed suspicion of sepsis of the chest. Resident was treated in hospital with IV antibiotics.
- **Outcome** – Resident was tired and weary on return to the care home, but pleased to be home in familiar surroundings with familiar faces.

- **Situation 2** – A 73 year old lady, with Osteoarthritis, Osteoporosis, Hypertension, Asthma, Heart Failure, NEWS2 = 13.
- **Action** – Transferred to hospital via ambulance, treated in hospital with IV antibiotics for sepsis - cellulitis & UTI.
- **Outcome** – Frail on return to the home following hospital discharge, transferred from residential unit to nursing unit in care home.

Thank you for listening

Questions



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Priorities & Planning

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Greater Manchester &
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**Patient
Safety
Collaborative**



Health
Innovation
Manchester

Sepsis - A System Wide Challenge

- How can we assess patient risk of 'deterioration' in pre hospital care setting and manage the 'Suspicion of Sepsis' safely
- How can we use Sepsis data to inform Quality Improvement
- Plan to reduce unwarranted variations in care - devise QI action plan

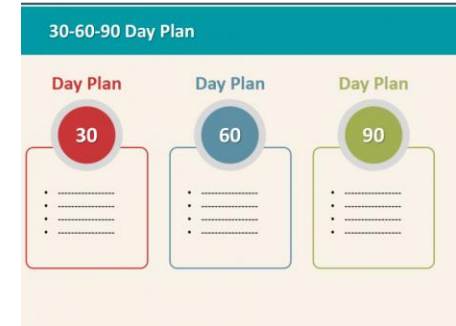
Sepsis – What do we need to do?

1. Think differently
2. Use a simple, systematic approach to plan your improvement
3. Be clear and focused
4. Identify who you will ask to help you
5. Think about how you might involve others
6. Organise your time
7. Make a change and evaluate it to see if it worked
8. Document your project to show what you have learned
9. Sustainability
10. Now take that first step and get started – **30/60/90 day plan**



30/60/90 Day Plans

- A 30-60-90 day plan lays out a clear course of action for you during the first 30, 60, and 90 days of your project
- By setting concrete goals and a vision for your abilities at each stage of the plan
- The purpose of your plan is to help you identify key areas / actions to be undertaken to promote your project
- Set out in stages it will help focus on specific tasks / engagement required to progress your plan



Organisation Name

Aim

1. Our high impact actions

2. One action that we commit to delivering or testing in the next 90 days:

3. Why is it important?

4. Changes required to help achieve the action in 90 days

5. Who's involved and who could be involved:

6. How do we know we've made a difference? (measures)

Actions in next 30 days:

Actions in next 60 days:

Actions in next 90 days:

Help required:

Organisation Name

Aim What do you want to achieve?

1. Our high impact actions

Education
Data
Monitoring

2. One action that we commit to delivering or testing in the next 90 days:

3. Why is it important?

Why is this important – to
patients/ staff/ safety /
avoid deterioration

4. Changes required to help achieve the
action in 90 days

What changes will need to
happen to succeed in 90
day plan?

5. Who's involved and who could be involved:

GP / Practise manager / Admin/
Pharmacy/ Nurses

6. How do we know we've made a difference? (measures)

Measures to demonstrate
improvement / disease recognition

Actions in next 30 days:

What will we do
in the next 30
days?

Actions in next 60 days:

- What will we do in the
next 60 days?

Actions in next 90 days:

What will we
do in the next
90 days?

Help required:

Who do you need
to help who isn't
directly involved?

Completing the Plan

- Brain Dump!
- Understand the current system
- Data availability
- What action you / team can take to understand sepsis within your organisation and actions to support improvement in recognition/ treatment





- 45 mins allocated for discussion and planning
- Plan within teams – hospital team/ community team
- Plan within communities eg all care homes
- Discussion/ Sharing

Completed examples on tables

Facilitators in room to support and advise

Feedback at 1515 hours



GET AHEAD
OF **SEPSIS**

KNOW THE RISKS. SPOT THE SIGNS. ACT FAST.



@GMEC_PSC

Group Feedback

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**Patient
Safety
Collaborative**



Health
Innovation
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Closing Address

Dr Tracy Vell
Clinical Director HInM

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Manchester



Delegates will receive a post-event email to include:

- **Link to PSC event webpage and resources**



Don't Forget! Complete a question card if you have any questions or requests for assistance from:

PSC@healthinnovationmanchester.com

THANK

YOU