Clinical care standard indicators: Sepsis

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Clinical care standard indicators: Sepsis

Identifying and definitional attributes

Metadata item type: Indicator Set

Indicator set type: Other

METEOR identifier: 755589

Registration status: Australian Commission on Safety and Quality in Health Care, Standard 30/06/2022

Description: The Australian Commission on Safety and Quality in Health Care has developed these indicators to support healthcare services to monitor implementation of the care described in the Sepsis Clinical Care Standard (ACSQHC, 2022). The indicators included in this specification are a tool to support local clinical quality improvement and may be used to support other quality assurance and peer review activities.

The standard has been developed as one of eight components of the National Sepsis Program. The National Sepsis Program aims to improve early recognition, treatment, outcomes and post-discharge support for people at risk of, or diagnosed with, sepsis in Australia.

The goal of this standard is to ensure that a patient presenting with signs and symptoms of sepsis is recognised early and receives coordinated, best-practice care so that the risk of death or ongoing morbidity is reduced.

The standard relates to neonatal, paediatric and adult patients in the primary and community care, acute and non-acute settings. It relates to the patient journey from symptom onset, to discharge from hospital and survivorship care.

While the standard does not provide specific guidance on the management of sepsis in patients receiving palliative or end-of-life care, this care should align with patients' individual healthcare directives.

The standard does not cover:

- Sepsis prevention
- Detailed management of sepsis and associated clinical decisions.

A clinical care standard contains a small number of quality statements that describe the clinical care expected for a specific clinical condition or procedure. Indicators are included for some quality statements to help health service organisations monitor how well they are implementing the care recommended in the clinical care standard.

The quality statements that are included in the Sepsis Clinical Care Standard are as follows:

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.

Relational attributes

Indicators linked to this Indicator set:

Sepsis clinical care standard indicators: 1a-Proportion of patients with suspected sepsis who had blood lactate levels taken as a part of screening for sepsis
Australian Commission on Safety and Quality in Health Care, Standard 30/06/2022

Sepsis clinical care standard indicators: 2a-Evidence of a locally approved sepsis clinical pathway
Australian Commission on Safety and Quality in Health Care, Standard 30/06/2022

Sepsis clinical care standard indicators: 2b-Evidence of local arrangements that support the delivery of care described in the local sepsis clinical pathway
Australian Commission on Safety and Quality in Health Care, Standard 30/06/2022

Sepsis clinical care standard indicators: 2c-Proportion of patients with sepsis who were treated according to the locally approved sepsis clinical pathway
Australian Commission on Safety and Quality in Health Care, Standard 30/06/2022

Sepsis clinical care standard indicators: 3a-Proportion of patients with sepsis who had blood cultures taken prior to starting antimicrobials
Australian Commission on Safety and Quality in Health Care, Standard 30/06/2022

Sepsis clinical care standard indicators: 3b-Proportion of patients with signs and symptoms of infection-related organ dysfunction who started their first dose of an empirical antimicrobial within 60 minutes of recognition
Australian Commission on Safety and Quality in Health Care, Standard 30/06/2022

Sepsis clinical care standard indicators: 4a-Evidence of local arrangements to support multidisciplinary care coordination and clinical communication for patients with sepsis
Australian Commission on Safety and Quality in Health Care, Standard 30/06/2022

Sepsis clinical care standard indicators: 5a-Proportion of patients with sepsis who reported they were kept informed as much as they wanted about their treatment and care
Australian Commission on Safety and Quality in Health Care, Standard 30/06/2022

Sepsis clinical care standard indicators: 6a-Proportion of patients with sepsis who had a diagnosis of sepsis recorded in their discharge summary
Australian Commission on Safety and Quality in Health Care, Standard 30/06/2022

Sepsis clinical care standard indicators: 7a-Proportion of patients with sepsis who had an unplanned readmission to any hospital within 30 days of discharge
Australian Commission on Safety and Quality in Health Care, Standard 30/06/2022

Sepsis clinical care standard indicators: 8a-Proportion of patients with sepsis who died during their admitted patient episode of care
Australian Commission on Safety and Quality in Health Care, Standard 30/06/2022

Collection and usage attributes

National reporting arrangement:

Clinicians and health service organisations may choose to prioritise some of the indicators based on the focus of quality improvement activities at the health service. No benchmarks are set for the indicators.

Comments:

Monitoring the implementation of the Sepsis Clinical Care Standard (ACSQHC, 2022) will assist in meeting some of the requirements of the National Safety and Quality Health Service Standards (ACSQHC, 2021).

Some data required to support computation of the indicators can be sourced from existing routine collections including local administrative data collections. Other data will need to be collected through prospective collections or retrospective medical record audits. It is important that collection of these indicators is undertaken as part of a quality improvement cycle and results are shared with all healthcare professionals involved in patient care.

Exploration of the indicator data should include disaggregation by relevant clinical and demographic factors. This should include disaggregation by Aboriginal and Torres Strait Islander status and separate analysis of adult and paediatric patients.

Source and reference attributes

Submitting organisation: Australian Commission on Safety and Quality in Health Care

Reference documents:

Australian Commission on Safety and Quality in Health Care. Sepsis Clinical Care Standard. Sydney: ACSQHC; 2022.

Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards. 2nd ed. – version 2. Sydney: ACSQHC; 2021.

Australian Commission on Safety and Quality in Health Care. Antimicrobial Stewardship Clinical Care Standard. Sydney: ACSQHC; 2020.