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



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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

Identifying and definitional attributes

Metadata item type: Indicator Indicator type: Indicator

Short name: 1a-Proportion of patients with suspected sepsis who had blood lactate levels taken

as a part of screening for sepsis

METEOR identifier: 755592

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

Description: Proportion of patients with suspected sepsis who had blood lactate levels taken as

a part of screening for sepsis.

Rationale: Blood lactate levels should be used routinely in decision-making for an acutely

deteriorating patient or for suspected sepsis, where this will not delay urgent care. An increased lactate level may indicate a protective or a maladaptive response to

shock and can play an important role in screening.

Although assessing the lactate level is not sufficient for diagnosis, it is a relatively simple investigation that can help recognise sepsis, while a failure to recognise

sepsis can lead to patient harm and potentially death.

Indicator set: Clinical care standard indicators: Sepsis

Australian Commission on Safety and Quality in Health Care, Standard

30/06/2022

Collection and usage attributes

Computation description: The numerator and denominator include patients admitted to hospital and non-

admitted patients treated in the emergency department.

For the numerator and denominator, 'patients with suspected sepsis' includes both patients who were suspected of having sepsis and later confirmed to have sepsis AND patients who were suspected of having sepsis and were later confirmed not to

have sepsis.

The numerator includes those patients who had blood lactate levels taken as a part of a locally agreed structured approach for detecting sepsis. Exclude patients who only had blood lactate levels taken later in the care pathway and after screening

and recognition of sepsis.

Presented as a percentage.

Computation: (Numerator ÷ Denominator) x 100

Numerator: Number of patients with suspected sepsis who had blood lactate levels taken as

part of screening for sepsis.

Denominator: Number of patients with suspected sepsis.

Comments: The preferred method of blood lactate testing in sepsis is a point-of-care venous

blood gas analyser or equivalent test for capillary lactates in children.

Point-of-care lactate testing is especially useful in rural or remote settings, including Aboriginal Medical Services, where critical care cannot be readily accessed.

Representation class: Percentage

Data type: Real

Unit of measure: Service event

Format: N[NN]

Accountability attributes

Reporting requirements: Not applicable.

Organisation responsible for providing data:

le Not applicable.

Accountability:

These indicators are for local quality improvement. 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).

Other issues caveats: Applicable settings: Public and private hospitals, urgent care centres, and

ambulance and retrieval services.

This indicator can also be used in general practice, Aboriginal Community Controlled Health Services and Aboriginal medical services where appropriate.

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. Antimicrobial

Stewardship Clinical Care Standard. Sydney: ACSQHC; 2020.