Sepsis clinical care standard indicators: 2c-Proportion of patients with sepsis who were treated according to the locally approved sepsis clinical pathway

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# Sepsis clinical care standard indicators: 2c-Proportion of patients with sepsis who were treated according to the locally approved sepsis clinical pathway

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| Identifying and definitional attributes | |
| Metadata item type: | Indicator |
| Indicator type: | Indicator |
| Short name: | 2c-Proportion of patients with sepsis who were treated according to the locally approved sepsis clinical pathway |
| METEOR identifier: | 755642 |
| Registration status: | [Australian Commission on Safety and Quality in Health Care](https://meteor.aihw.gov.au/RegistrationAuthority/18), Standard 30/06/2022 |
| Description: | The proportion of patients with sepsis who were treated according to the locally approved sepsis clinical pathway. |
| Rationale: | Sepsis is a time-critical medical emergency. Increased adherence to sepsis clinical pathways, which include resuscitation and management bundles of care, have been associated with reduced mortality.  All patients with suspected sepsis should be assessed and treated in accordance with the locally approved clinical pathway. This indicator focuses on patients with a confirmed diagnosis of sepsis to simplify data collection. |
| Indicator set: | [Clinical care standard indicators: Sepsis](https://meteor.aihw.gov.au/content/755589)  [Australian Commission on Safety and Quality in Health Care](https://meteor.aihw.gov.au/RegistrationAuthority/18), Standard 30/06/2022 |

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| Collection and usage attributes | |
| Computation description: | This indicator can only be calculated by health service organisations where a locally approved sepsis clinical pathway has been established, given the numerator requires an assessment of compliance with the pathway.  The numerator and denominator include patients admitted to hospital and non-admitted patients treated in the emergency department.  For the numerator and the denominator, patients with sepsis can be identified using the [ICD codes provided on the ACSQHCs website](https://www.safetyandquality.gov.au/sepsis-codes) or through other prospective or retrospective methods.  Measurement of the numerator requires routine documentation of care articulated in the locally approved sepsis clinical pathway in the patient’s medical record.  For the numerator 'treated according to the locally approved sepsis clinical pathway' means that all relevant clinical decision-making processes, triggers, interventions and time frames for care specified in the pathway were met and documented in the  patient's medical record. Patients should be included in the numerator if the care described in the pathway is provided, regardless of whether use of the pathway has been documented.  Presented as a percentage. |
| Computation: | (Numerator ÷ Denominator) x 100​ |
| Numerator: | Number of patients with sepsis who were treated according to the locally approved sepsis clinical pathway. |
| Denominator: | Number of patients with sepsis. |
| Representational attributes | |
| 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: | 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. |
| 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. |