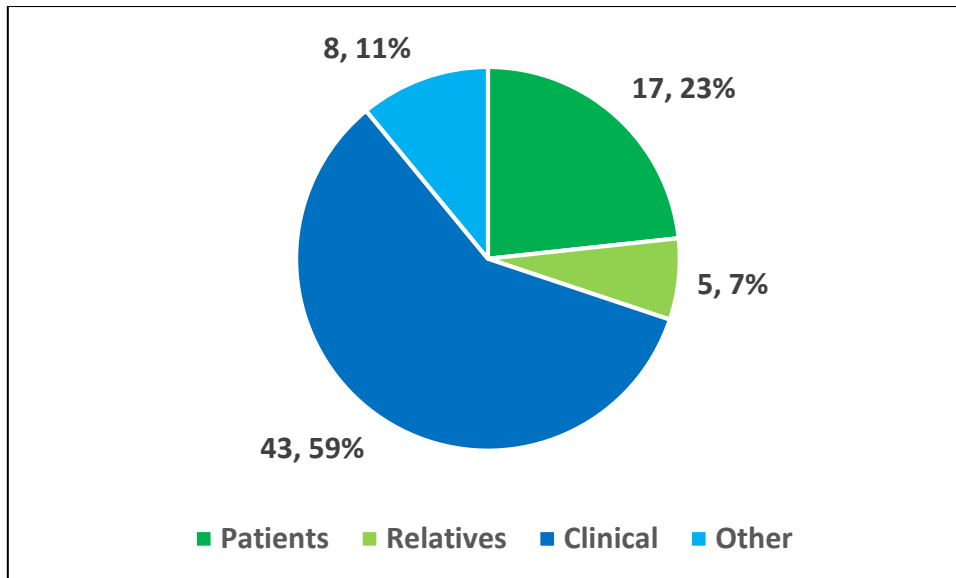
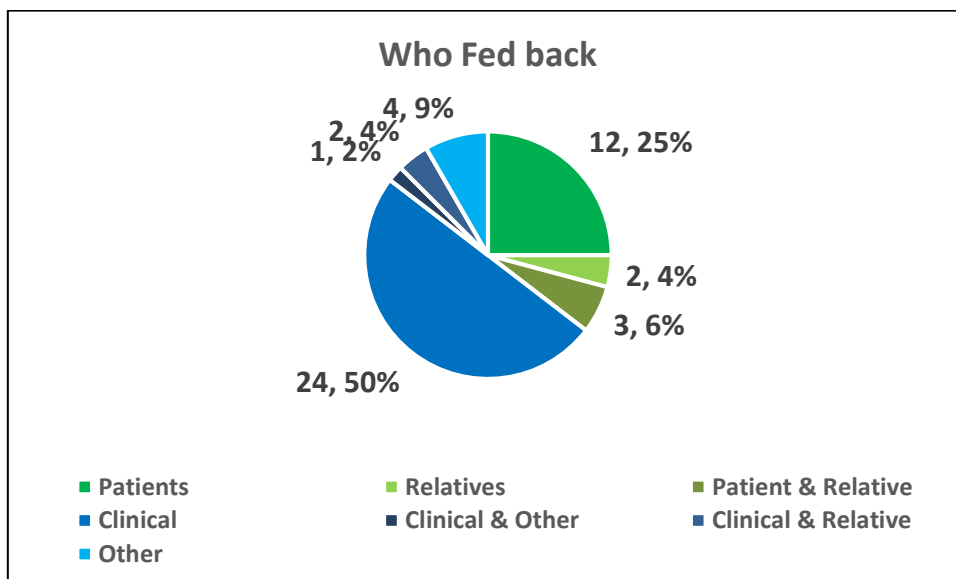


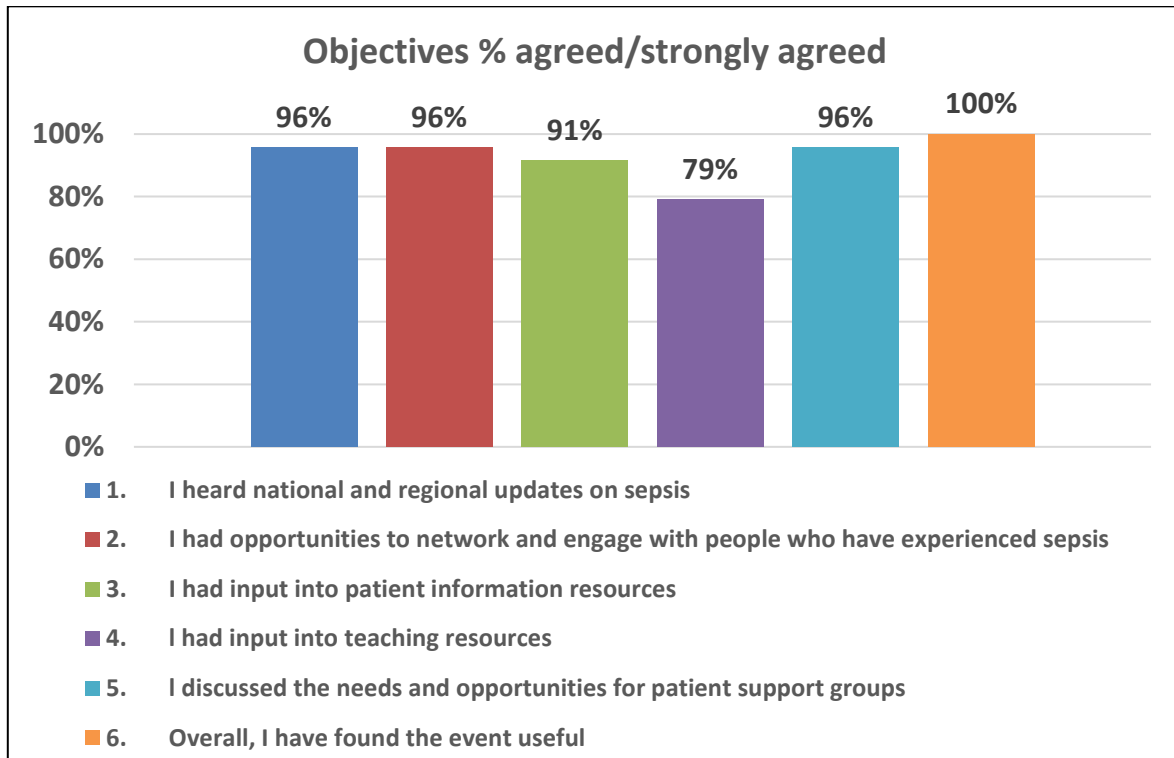
Sepsis – a regional patient-centred learning event 1st May 2018 – Evaluation report

Attendance = 73



Number of evaluation forms completed = 48 (80% of eligible attendees - excluded chair, clinical lead, admin support, programme manager, facilitators and people running stands)





Name one thing you plan to do because of this event:

Help with patient support group in Yorkshire (patient)
Roll out NEWS in my job as a district nurse (clinical)
Improve our trust induction programme/include sepsis in preceptorship (clinical)
Try and raise more awareness; as a PDN doing sepsis study day, it has been useful (clinical)
In unit facilitating learning about early recognising sepsis (clinical)
Try and engage my GP surgery in creating more awareness for GPs and patients (patient)
Link with local hospital to offer more input (patient)
Offer support to other sepsis patients and relatives (patient)
Create a video about my experience (patient)
Start support group in Oxford (patient)
Attend a post sepsis group (patient)
Ensure satisfactory GP training in sepsis; that there is adequate patient information in GP surgeries and contribute to re-education of GNBSI. (Clinician - CCG)
Get in touch with sepsis trust; attend sepsis meeting; happy to share story and do a video; happy to be a "patient in the room" (patient)
Consider future involvement in sepsis awareness or training work (or possibly a support offering to other patients) (patient)
Get more involved in sepsis research/patient & professional education (lay representative)
Revisit my sepsis strategic plan and get more patient involvement (clinical)
Safety netting advice; primary care education; post sepsis syndrome (clinical)
Look at information for patients; taking forward nugget – raise awareness (clinical)
Build patient input/stories/involvement into plans for business case to improve follow up for sepsis/ICU patients

Start a patient support group (Clinical)
Improve information that is offered to patients with or at risk of developing sepsis (clinical)
Improve documentation & handover especially for patients without relatives (clinical)
As part of my sepsis teaching, this event has provided lots of food for thought and experience that I can share with my team (clinical)
We should do a similar event for the paediatric programme (PhD student)
Look at a specific update related to maternity (clinical)
Find some sepsis patients to invite to educational events! (relative and clinical – Yorkshire)
Clinically – increase safety netting for patients with infection As a relative – sharing patient/relative experiences raises awareness of the severity of sepsis
Use UK Sepsis Trust to signpost people appropriately (clinical)
Continue to raise awareness through education & training on sepsis and the importance of early recognition and timely prescription & administration of antibiotics (clinical)
Raise awareness of identifying and understanding of people’s experiences – co-design within my area of practice – target World Sepsis Day (clinical)
Incorporate sepsis into trust training where able, not only sepsis training induction (clinical)
Discuss with MDT safety netting (which we can do) but make it more sepsis specific where appropriate, with clear pointers (clinical)
To always ensure I am communicating with my patients and their relatives – humanise (clinical)
Use Geoff’s story in teaching sessions
Work on sepsis safety netting info (clinical)
Focus more on follow up support (research)
I will make contact with AHSN regarding sepsis recognition. I will raise issues for those living alone (NHS Trust Governor)
Look at primary care screening for sepsis (through commissioner’s perspective) (clinical CCG)
Spread awareness (patient and relative)
To contact local (Oxford) support group (patient and relative)
To help raise awareness and education of sepsis (patient)
Contact Sepsis UK (patient)
Take more interest (patient)
Share my story with more people to help raise awareness and pass on information I’ve found out about sepsis (patient)

Key learning feedback on evaluation forms:

- Use of Kate Granger “hello my name is...” Judy Kennedy, Sepsis Survivor, Bucks
- “Sepsis affects the lives of the patient and the family – life is never the same again”, Stephanie Mayo, District Nurse and relative, OH
- “Having a patient arrive on the ward from A&E or via GP referral can be daunting but with sepsis pathway and sepsis six - enables early recognition and treatment” David Holland, staff nurse, Bucks
- “As a cancer survivor, it seems very hard to be a sepsis survivor. I hope they get the same support as me.” Jennifer Blee, Clinical Practice Educator, Bucks
- “Always remember you are treating human beings” anon.
- “Be alert, identify and treat sepsis” Wilf Standhaft, Hospital at Home Nurse, OH
- “Seeking support and success for sufferers of sepsis” Christine Mackenzie, relative of sepsis survivor Jim, RBH

- “I strongly believe a strong loving presence in the ITU room with the patient can be the difference in making it out. Emma’s consultant said something they could not explain was involved in her survival.”
Graham Cazaly, relative of sepsis survivor Emma, GWH.

Comments to help us make future events even better:

Comment from delegates	Potential action from PSC
Create a network for attendees so they can continue to share information after the event (patient)	Set up space on PSC website and or on-line forum
Group specific feedback e.g. patients, relatives, maybe with clinical lead per group (patient) As one of the relatives suggested, having an opportunity to split briefly into groups would be really useful to learn from our peers (clinical)	Idea of the day was to flatten the hierarchy so that all had equal voice in the room. Learning though for support group and future events to may be have sessions that are split out
Email afterwards of what overall learnings are (patient)	Will do – this report plus bullet points of key points
Allow more time for discussions (patient) A little less running around in breakout sessions – we didn’t really get to talk about anything in detail (clinical) Longer breaks for networking (clinical)	Noted – will reduce number of sessions / have longer breaks
Feel the point made at the end about patients experience videos. They do seem to represent white Caucasian middleclass. Multi-cultural society need to be represented (clinical) Difficult to do but involvement of maternity cases.	Noted. Need to be mindful of this for patient information leaflets too – images and wording; signposting and videos for different groups. Also consider maternity, paediatrics
Bit of info on how SCAS & 111 assess/prioritise for sepsis – appreciate it was a full day though! (clinical)	SCAS are part of our stakeholder group and we are planning an event targeting the pathway before hospital.
If groups are set up, clinicians need to be made aware of them so they can signpost as and when needed (clinical)	Noted and included in any patient information leaflets. Likely to be via support section of UK Sepsis Trust website and / or PSC website.
Table plans, mix people up more to give more diverse discussion amongst pts, relatives and clinicians (clinical) I would put a patient on each table (clinical)	Some of the activities were designed to do this so maybe we need to be a little more directive next time! Some patients may have felt more comfortable staying in one spot with their relative next to them , so us clinicians may need to take the initiative?
May be some tissues on the tables! (clinical)	There were packets on most of the tables – sorry if you didn’t get any!
Maybe each organisation gives a 3 slide presentation about their experience in delivering sepsis care	We do this via our sepsis stakeholder group – as we have some new members, might be good to do this again. For events, maybe a focus on how patients are involved?
Suggestion for Ron Daniels – sepsis storyline in popular soap opera – public awareness the biggest	Good suggestion. It has been in the Archers, Holby City and a couple of other soaps, if not already, will

message of the day	be this year.
Maybe world café style with patients telling story to small groups, sharing experiences over 15 mins each.	Good suggestion. Takes a lot of courage to tell the story once, let alone repeatedly, but maybe in smaller groups this would be less intimidating.
Change speaker – I really wanted to hear another patient’s story in the room	Not all patients felt comfortable about talking – the story you referred to was available in written format and we will look at how we can share those, with patient’s permission

Other feedback

Found the day incredibly useful

You’ve done a marvellous job of organising this meeting. The balance of patient stories and clinical learning was exemplary.

A very good experience, many thanks

Event was well-structured. Continuous patient-centred events should take place.

Very useful – met some really interesting people – the patient stories were particularly helpful

It helped having different people speaking throughout the day with patient stories. All very interesting

I thought the ideas capture / harvesting tools run by Jo were great – from talk to practical outputs (thanks we used Liberating Structures which can be found here <http://www.liberatingstructures.com/>)

Really great format – very inclusive; good mix of patients/relatives/clinicians; great agenda

N/A – excellent day, thank you

I thought it all worked really well. Mixing patient stories with actions to take away with you made it an exhilarating and exciting day to be part of. Thank you.

Very impressive day

Excellent event, incredibly slick and well thought out

Very well organised and carefully thought; I wouldn’t change a thing

Patient and relative stories very powerful and inspirational

Very interesting. Fantastic information; information on different groups

Hearing real life experiences from patients and relatives is vital to making sepsis awareness out there

Venue related (these will be fed back to Unipart separately)

Bottled water

Any chance of a chocolate option with the tea/coffee?

Good venue; excellent Wi-Fi and good lunch. Well done

Lovely sandwiches!

There's a lot more on the posters and leaflets that we will collate as soon as we can and feedback key points.

"Nuggets" – and their relevant score

Nugget	Score out of 25
"Always treat the patient as a human being"	25
"listen constantly, learn always, action the good stuff...pass it on!"	
"Earlier identification of decline"	
"On discharge from hospital provide info on how you might feel during recovery"	
5 x public awareness and education	
Talking to a patient when in a coma and after a coma	24
Define "missed sepsis" and trace back to care and use as an improvement/learning tool for the primary care team involved	
Early and correct identification of sepsis	
Ask the family /enhanced good handover if no family	
Access to hospital; clearer understanding by frontline personnel; education for carers and family members; introducing a storyline into a popular soap	
Increased awareness of sepsis signs and symptoms for public and professionals	23
Engaging public health clinicians into importance of sepsis to set up an awareness campaign	
Awareness and recognition	
Records kept by the bed and not lost; treated like a person rather than a case – introducing themselves	
Work with people with learning disability and family members/carers to develop a patient story and training for people supporting those with learning disability and launch 13 th Sept World Sepsis Day	
Recognise that being in ICU doesn't always mean being fully incapacitated – facilities to go to the loo and shower	
Earlier recognition by 111 – a second call triggering a different script/review	
Better follow up care for both patient and family; asking about mental health; ask about homecare needs	
Human touch and open access	22
More awareness	
More education i.e. induction not just ED but wards	
Earlier recognition and pastoral care for family	
Information sharing between services i.e. out of hours service/GP/hospital	
Listen to patient experiences, post ICU experiences	22
Easy recognition	

Primary care education	
Early diagnosis	
Feeling of isolation after leaving hospital	
Always listen to patient symptoms – good medical history	
Involving the whole family in treatment and recovery	21
Trigger a different script for 111 call staff if you have called more than once or have been to hospital/GP	
Introducing self by name	
Devise a mnemonic for the symptoms of sepsis for the public	
Listening	
Using NEWS consistently across the district nurse ward	20
More education in universities – nurse, medical students, paramedics	
Adequate follow up	
Improving communication	
Early recognition and treatment using tools and touch	
Awareness in community/patients	19
Diary - provides timeline and somewhere for family to write and communicate	
More help on first night moving from ICU to ward	
If GP diagnoses infection, they should warn the patient to dial 111 if symptoms get worse to avoid a false sense of security	
Measuring CRP	
Quick treatment and positiveness	
Communication	16
Sepsis 6 – empowering me to promote this at the optimal time	14
Educating healthcare workers to believe NEWS and not normalise the patient	13

A few photos from the event:





Quotes people were willing to share:

"A wonderful forum to discuss sepsis" Jim MacKenzie sepsis survivor RBH

"A super day combining different groups learning from each other. I found it helpful and supportive and really enjoyed being part of it all". Liz Grover sepsis survivor, UK Sepsis Trust

"Patients and families are a resource for all" Larry Gardiner sepsis survivor, OUH

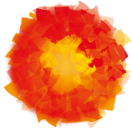
"Thank you for providing an excellent opportunity to meet sepsis survivors and supporting staff" Al Sylvester, sepsis survivor. GWH

"Great collaborative event. Cathartic, educational and progressive...all at the same time" Emma Cazaly sepsis survivor, GWH

"Not the usual "information dump" meeting - varied & quite challenging, but also very many opportunities to reinforce great practice in sepsis care" Douglas Findlay, lay representative, OxfordAHSN

"The combination of patients' and clinicians' experience feels like such a powerful cocktail for change - and change in this case means saving lives" Geoff O'Donoghue, sepsis survivor, OUH

"An excellent example of how to do patient/public engagement work. useful & enjoyable" Bethan Page, PhD student



"Valuable reminder that holistic care is good care" Dr Andrew Cooney, sepsis lead consultant, MKUH

"Great cross working between patients, relatives and clinicians" Julia Phillips, Sepsis lead nurse, Bucks

"A humbling experience that will change my practice" Owen Gustafason, Physiotherapist, OUH

"Very humbling to interact closely and equally with patients and relatives" Jackie Southgate, Clinical lead nurse, Abingdon EMU, OH

"Wonderful to hear so many sepsis stories & share these amongst health professionals to hopefully improve sepsis recognition & management across the region" Anna O'Neill, Trust Sepsis Sister, MKUH

"Learning from patients is always the most meaningful way to really remember the subject" Sue Palmer
Clinical Lead Nurse
Hospital@Home, OH

"What a fantastic event, it was a privilege to hear so many patient & relative stories" Claire Burnett Sepsis lead nurse, RBH

"Excellent day. Fantastic to have user/patient involvement & stories. Brought learning to life. good integration" Mel Whitfield
Women's Governance Manager,
OUH

"A powerful day to understand the full implications of sepsis on the patient & their family; the extent & length of time it requires to recover" Hilary Munube Infection Prevention & Control lead, Oxfordshire CCG