

Regional Improvements in Sepsis Management

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Background

- It is estimated that sepsis claims 38,600 lives a year with 35% mortality risk [1].
- A national survey demonstrated significant variation in local guidelines.

Aims

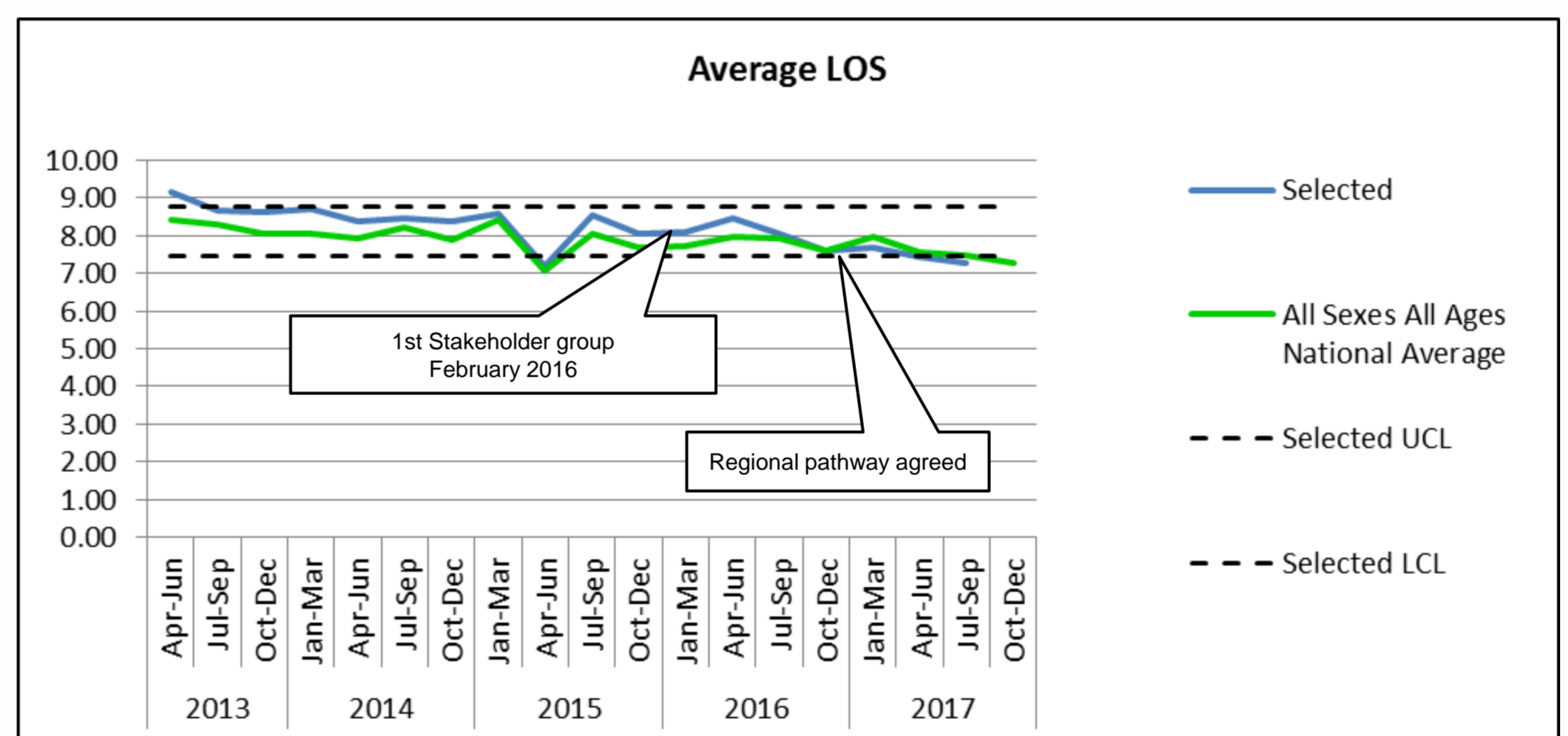
- To improve consistency and standard of care for patients at risk of sepsis through a standardised pathway for the 6 acute hospital trusts within the Oxford AHSN.

Method

- Regional sepsis stakeholder group was established. Including clinicians responsible for sepsis care, patient representatives and others with an interest in improving sepsis care.
- The group developed a standardised approach for hospital management of sepsis using face-to-face meetings and group emails.
- Emphasis placed on operationalizability, integration into existing pathways (including NEWS), and involving the sepsis 'red flags' and the sepsis six care bundle.

Results

- An approximate reduction in average length of stay by 0.5 days across the region equates to 2750 bed days per month (0.5 X 5500 Admissions). Moved from above to below national average.
- Provides value to patients and families affected by sepsis, whilst supporting organisational priorities.



Conclusions

- Collaborative working provides peer support; reduces variance throughout trusts; reduces workload locally; supports shared learning; and facilitates the collection of consistent regional data.
- A strong commitment to collaboration and a shared belief that the regional approach was beneficial resulted in improved outcomes for patients.

References

[1] Daniels, R., 2011. Surviving the first hours in sepsis: getting the basics right (an intensivist's perspective). *Journal of Antimicrobial Chemotherapy*, 66, pp.ii11-ii23.



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