

Aotearoa New Zealand National Sepsis Action Plan

Sepsis Trust NZ
Consultation Document



Sepsis
Trust NZ

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Contributors

Contributions to the plan gratefully received from:

- New Zealand Sepsis Trust Board Members
- Te Ohu Rata O Aotearoa (Te ORA)
- Australia and New Zealand Intensive Care Society
- Australasian Society of Infectious Disease
- Australasian College of Emergency Medicine
- NZNO College of Emergency Nurses
- Waikato District Health Board - Sepsis Ready Program
- Paediatric Society of New Zealand
- Health Quality and Safety Commission
- New Zealand College of Midwives
- Sepsis survivors, patients and advocates
- Australian Sepsis Network
- Accident Compensation Corporation (**major sponsor**)
- Independent facilitator, Dr Margaret Macky
- Representatives from New Zealand academic institutions
- Best Practice Advocacy Centre
- Infection Prevention and Control Nurses College
- New Zealand Private Hospitals Association
- Quality and Patient Safety Executive – Lakes District Health Board
- Medical Research Institute of New Zealand
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Introduction

A Call to Action

Sepsis (mate whakatāoke) is defined as a life-threatening organ failure caused by a overwhelming immune response to infection. We know that sepsis is under-recognised, which can lead to delayed treatment, prolonged hospital admissions and death in some cases. Sepsis is a preventable illness, an unnecessary drain on resources, and a serious cause of harm to thousands of New Zealanders every year.

In 2016, infection in New Zealand accounted for over 1 in 3 hospital bed-days and \$1.5 billion in direct health spending. Many of these patients will have suffered from sepsis.

The impact of sepsis extends beyond the health system to include loss of income and increased physical dependence which affects whānau, family and carers.

The New Zealand Sepsis Trust was formed to address the gap between what we currently know about sepsis and what we can do to prevent, diagnose and manage it. Our aim is to facilitate cross-disciplinary and multi-sector collaboration. This National Sepsis Action Plan is the outcome of such collaboration.

To facilitate engagement with government, civil society and the public in the development of the sepsis action plan, this document is open for consultation through to March 2021.

Leave your feedback at www.sepsis.org.nz/action.

Nāu te rourou, nāku te rourou ka ora ai te iwi

“With your contribution and my contribution there lies wellbeing for the people.”



Harvey Duncan,
CEO



Dr Paul Huggan,
Trustee



Dr Robert Martynoga,
Trustee



Dr Dan Dobbins,
Trustee

Equity

The National Sepsis Action Plan recognises that inequities in health outcomes for Māori and Pacific patients are not only avoidable but are unfair and unjust. Māori and Pacific people living in Aotearoa experience sepsis rates at least two times that of non-Māori and non-Pacific people. In Aotearoa New Zealand the right to equitable health outcomes for Māori is guaranteed by Te Tiriti o Waitangi. The Treaty principles embedded in the design of this action plan include Mana whakahaere (partnering with Māori leadership), Mana Tāngata (highlighting and addressing inequities), and Mana motuhake (involvement of Māori stakeholders at governance and delivery levels).

The National Sepsis Action Plan also recognises the relationship between sepsis outcomes and the wider determinants of health. In order to implement pro equity actions in this national action plan, the Trust acknowledges that “people with different levels of advantage require different approaches and levels of resources to achieve equity.”



Principles

The Plan outlines five actions to deliver a vision of “zero harm due to sepsis in Aotearoa New Zealand”. These actions are based on the principles of evidence, equity, efficiency and a commitment to Te Tiriti o Waitangi.

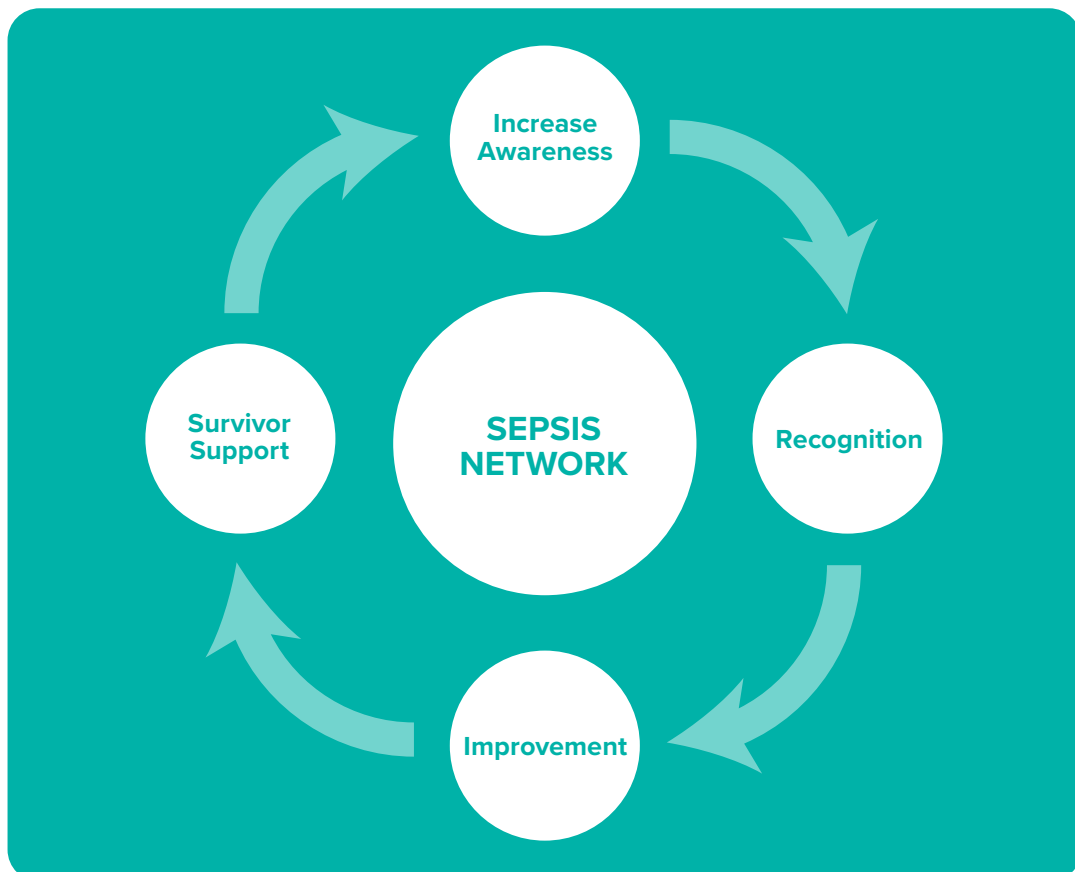
HIGH QUALITY EVIDENCE: Quality Data collection and monitoring is essential to support improvement cycles in healthcare. The Plan will be underpinned by ethnicity, data and analytics that provide rich insights into local problems.

COMMITMENT TO EQUITY: We as a nation have to make a difference in communities most at risk of sepsis, particularly Māori and Pacific people.

VALUE AND EFFICIENCY: NZSAP will prioritise the best use of existing resources before recommending new funding. New money will be invested based on evidence of need, and measurement of outcomes.

National Sepsis Action Plan – Summary

1. Create a National Sepsis Network
2. Increase Public Awareness
 - a. A National Communication Strategy to Increase Sepsis Awareness
 - b. Deliver “Safe Around Sepsis” Programmes
 - c. Mark World Sepsis Day
3. Improve Recognition of Sepsis in Healthcare Settings
 - a. Implement Sepsis Quality Improvement Programmes
 - b. Audit Sepsis Education and Training Across the Health Sector
4. Collect and Use Quality Data For Improvement
 - a. Establish a Sepsis Data Governance Group
 - b. Conduct a Review of Notifiable Diseases
 - c. Report Sepsis Outcomes by Ethnicity as a Measure of Performance.
5. Support Sepsis Survivors
 - a. Build a Sepsis Registry
 - b. Provide Information and Advice at Discharge from Hospital
 - c. Investigate the Cost of Sepsis



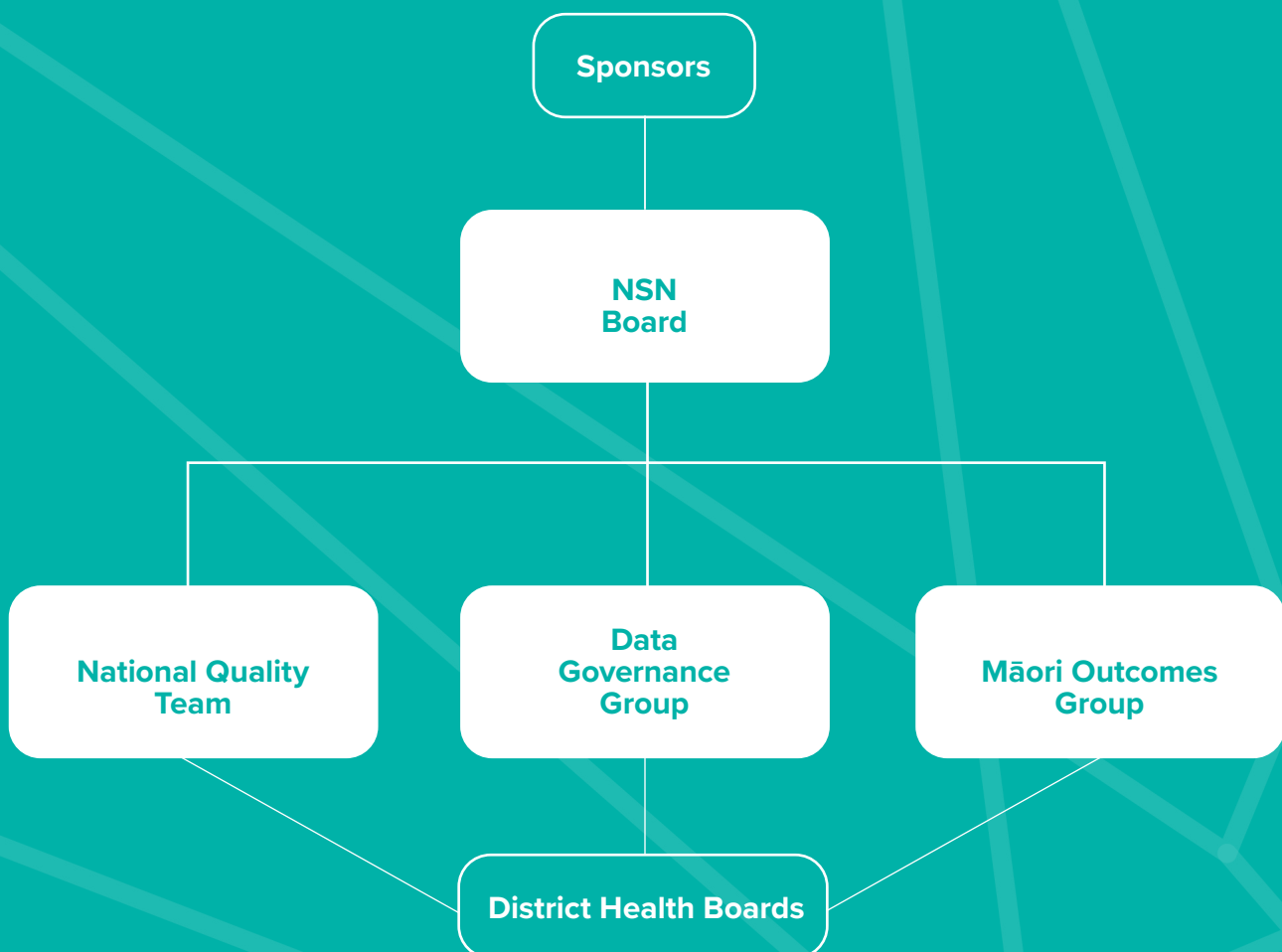
Action One: Create a National Sepsis Network

We need a mechanism that guarantees equitable access to high-quality sepsis care. A National Sepsis Network (NSN) provides this mechanism.

Modelled on the National Trauma Network, the NSN will provide national leadership and create a shared sense of purpose without cumbersome bureaucracy.

The NSN will bring survivor, community and clinical knowledge together. The NSN will report on agreed performance indicators to the Ministry and ACC, with a focus on He Korowai Oranga: The Māori Health Strategy.

The NSN will take a lean approach to project selection and management. Local and regional trials will lead to scaling of programmes proven to work. Data and analytics will identify areas for further investment or disinvestment. The NSN board will link to Crown Agencies and expert working groups, formed and reformed to suit the changing focus of Network activities.



Action Two: Increase Public Awareness

In the public mind, sepsis needs to be understood as the final, critical pathway to death and disability caused by infection.

A national communication strategy to increase sepsis awareness will include:

- Consistent, multi-lingual messaging and design
- Content for all media - print, web and social
- Whānau-centred approaches targeting key groups
- Use of community venues and touch points
- Partnerships to ensure wide dissemination of material

Deliver “Safe Around Sepsis” Programmes

“Safe Around Sepsis” materials will be provided to schools, rest home staff, kaumātua, senior Pacifica as well as other community settings.

Mark World Sepsis Day

World Sepsis Day will be marked in the calendar of annual health awareness events used by the Ministry of Health. World Sepsis Day will focus on sepsis awareness, annual updates on the Plan’s progress, and stories from around the country about sepsis quality improvement and survivorship.



Action Three: Improve Recognition of Sepsis in Healthcare Settings

Sepsis outcomes hinge on symptom recognition and rapid action. Lack of access to healthcare, lack of awareness of characteristic signs, lack of clarity about escalation pathways, and lack of consumer resources that speak to Māori and Pacific whānau all contribute to delays in treatment.

Implement Sepsis Quality Improvement Programmes

All providers of frontline clinical services will receive training in sepsis recognition, in the use of critical language, and in the use of clinical tools to guide resuscitation. This can be achieved through programmes of quality improvement that are locally developed, properly funded and co-designed with Māori and Pacific consumers and clinicians.

Audit Sepsis Education and Training Across the Health Sector

A detailed audit of sepsis education will identify and systematically address gaps in education and training. This will include understanding of the wider determinants of health, and the long-term impact of sepsis on patients, whānau and carers.

New healthcare workers will not graduate without the ability to recognise and respond to suspected sepsis. Sepsis will be part of postgraduate curricula in healthcare, and become a mandatory component of training provided by employers. This will include providers of community, residential and primary care.

Action Four: Collect and Use Quality Data For Improvement

Change can occur when data collection and reporting are routine and drive informed decision making.

The example of the National Trauma Network demonstrates the power of data gathering.

The project of the National Sepsis Network will evolve over time. High quality data generates powerful questions and provides answers.

Establish a sepsis data governance group

The data governance group will define mandatory elements of surveillance and reporting. Results will be presented in a searchable format, using a national dashboard. The dashboard will provide insights into numbers of sepsis admissions, survival, and lengths of stay. This will be linked to a broad range of variables including ethnicity, co-morbidity and measures of socio-economic deprivation.

Conduct a review of notifiable diseases

New Zealand does not conduct mandatory surveillance of disease caused by common pathogens such as *Staphylococcus aureus*, *Streptococcus pyogenes* and *Escherichia coli*.

Systems of infectious disease surveillance will be revised to include information on the common causes of sepsis.

Report Sepsis Outcomes as a Measure of Performance

A review of System Level Measures (SLMs) will ensure that high quality sepsis care is embedded in the reporting and planning cycle for District Health Boards. Sepsis has not been included properly in either primary care episode or reported mortality data, nor have surveys of patient experience addressed sepsis survivorship. SLMs provide a natural framework to link the Ministry of Health and District Health Boards together in tackling sepsis.

A limited set of clinical performance indicators will be selected by the NSN.



Action Five: Support Sepsis Survivors

Following a sepsis event, the greatest decline in function is experienced by:

- i) People who were physically independent prior to a sepsis episode
- ii) People admitted to an intensive care or high dependency unit

Survivors in these groups have a wide range of health problems in recovery, and will be helped by the following actions:

Build a sepsis registry

Registries are designed to provide information that can be used to improve the efficiency and quality of care. Without a registry there is no data on which to monitor patient-focused outcomes (quality of life) or to build a case for investment in survivor support services.

The National Sepsis Registry will require investment in data management and data quality, and will identify variation and areas for improvement.

Provide Information and Advice at Discharge from Hospital

Patients leaving hospital following sepsis have predictable difficulties with physical and cognitive function. Survivors repeatedly refer to how a lack of information contributes to distress and uncertainty. All patients will receive information about their sepsis diagnosis, common problems in recovery, and where to get help. A national advice and support service will be available for survivors and whānau.

Investigate the Costs of Sepsis

Health economic research will quantify the societal cost of sepsis. Recognising whānau as the unit of Māori society, this research will focus on the antecedents and impact of a sepsis event on wider family groups, as well as on individuals.

Timeline 2021 to 2025

2025

20% drop in ICU sepsis admission for Māori
50% increase in survivor 'needs being met'
80% community awareness in target population

2023-2024

Roll out primary care and community programmes

Survivor coordinator function trialled and reported

2023-2024

Sepsis package developed and piloted

Data and research framework established

Implementation of whānau centred community awareness in one region

Discharge survivor pack developed

2021-2022

Define the baseline needs and experiences of sepsis survivors

Sepsis registry developed and implemented 50% DHBs

National Sepsis Action Network established

Consistent clinical and data definition used to create national dashboard

Sepsis ready programme published by HQSC and seed funding provided to 50% NZ DHBs

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