

SEPSIS

Mate whakatāoke

Committed to equitably improving sepsis recognition, management and recovery

RAISE THE FLAG *Could it be Sepsis?*

Te Whatu Ora Health New Zealand  Sepsis Trust NZ

Bulletin 001, 01 December 2022

Contact us: support@sepsis.org.nz

- Welcome to our first national Te Whatu Ora sepsis bulletin. We hope the ‘snapshot’ of information within might help join-up sepsis improvement work across Aotearoa NZ and contribute to improving sepsis-related care.
- Sepsis causes ~20% of all deaths globally and is largely preventable. The health and economic cost for Aotearoa NZ is huge. In 2016, 175,000 people were admitted to hospital with bacterial infections, accounting for ~1 million bed days and over \$1 billion in expenditure. For the subset with sepsis, the average length of stay was 8 days at a cost of ~\$11,600 per admission. Around 20% were admitted to an ICU and a similar proportion died.
- The burden on Māori and Pacific Peoples is greater than for non-Māori and Pacific Peoples. For example, Māori are 2- to 3-fold more likely to die from sepsis, and at an age that is ~10 years younger^{2,3}.
- We have much work to do to achieve optimal and equitable infection-related outcomes. Part of the issue is that sepsis is often missed or overlooked as a cause of illness – most people don’t know what sepsis is.
- This bulletin outlines some of the start that Aotearoa NZ has made to improve sepsis-related care.
- Our collective response is required to make a difference. We encourage you all to *Raise the Flag* for sepsis.

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

With your contribution and my contribution there lies wellbeing for the people

WORLD HEALTH ASSEMBLY CALLS FOR ACTION

- **Resolution 70.7** (2017) urged nations like Aotearoa NZ to improve recognition and management of sepsis, and to optimise infection prevention & control (IPC), and antimicrobial stewardship (AMS) alongside.

AOTEAROA NZ HAS MADE A START...

- 2018** Sepsis Trust NZ was formed by three Waikato clinicians to improve sepsis care.
- 2018** National sepsis guideline published. Sepsis: Recognition, Diagnosis and Early Management was localised from NICE guidance by bpac^{NZ}.
- 2021** National action plan published by Sepsis Trust NZ after wide stakeholder engagement (see Technical & Consensus Report).
- 2021** First national sepsis conference.
- 2022** Stocktake of sepsis management published by the Health Quality and Safety Commission. This report has 22 recommendations to “support a cohesive, equitable response to sepsis” under five themes: governance, preventing sepsis, recognising sepsis, appropriate treatment, and appropriate follow-up care.

THERE IS ACTION ACROSS AOTEAROA NZ...

- Sepsis Trust NZ offer *Raise the Flag* resources including tools, awareness materials, information for the public in English and Te Reo Māori, plus survivor support.
- There is no requirement to adopt these tools, but consistency in approach across the motu is helpful.

- Three districts (Waikato, Taranaki and Waitaha Canterbury) have initiated *Raise the Flag* programs, and others are looking to start sepsis improvement work.

Spotlight on Cam Howard

Our first sepsis clinical nurse specialist (CNS)

- Cam started this role at Waikato DHB (now Te Whatu Ora Waikato) in January 2020. Waikato had already implemented a *Raise the Flag* program and focus was shifting to a maintenance phase.
- The job description was brief – maintain program oversight and develop a sepsis CNS nursing care model. It soon became clear that both a ‘systems’ quality focus and clinical presence was needed.
- Cam co-chairs the Waikato Sepsis Governance Group and is a member of the AMS, IPC, and quality & patient safety committees. These groups need linking for consistency, efficiency and best practice.
- Clinically, Cam works with the infectious diseases team and receives referrals at sepsis diagnosis, provides support through admission and has a sepsis/post sepsis syndrome outpatient clinic.
- This role continues to evolve and compliments other work to strengthen sepsis recovery support.
- We think dedicated roles like this are essential for all hospitals undertaking sepsis improvement work.

References: 1) Huggan PJ et al., NZ Med J 2021; 134(1528). 2) Baker MG et al., Lancet 2012; 379(9821). 3) Huggan PJ et al., Open Forum Infect Dis 2017; 4(3).

This bulletin was developed collaboratively by sepsis teams at Te Whatu Ora Waikato and Waitaha Canterbury, with the support of Sepsis Trust NZ. For further information see www.sepsis.org.nz.