SHPA's response to The Australian Commission on Safety and Quality in Health Care - Consultation on Draft Sepsis Clinical Care Standard

Quality Statement 1: Could this be Sepsis?

1. Yes

The Society of Hospital Pharmacists of Australia (SHPA) members support the early use of sepsis clinical support tools at triage. The tool must be embedded within Electronic Medical Record (EMR) systems, kept simple with low threshold for suspecting sepsis, with a reminder for clinicians of potential signs and symptoms and trigger a response such as a 'Sepsis Alert', similar to a Medical Emergency Team (MET) call. This tool must be available to clinicians during all points of the patient's inpatient journey. Education should be continuous and key for all clinicians to know how to recognise and escalate sepsis.

Quality Statement 2: Escalation of Care

2. Yes

SHPA members agree with the statement but call for consideration of a standardised approach such as a 'sepsis alert' which should include communication with expert clinicians including senior medical staff such as an emergency physician.

Quality Statement 3: Time Critical Treatment

3. Yes

SHPA agrees with the statement in principle, however, have the following comments to make. Infectious diseases pharmacists should be involved in the treatment of sepsis to ensure timely access to safe and effective medication management. Key actions should be completed quickly to include two sets of blood cultures, serum lactate, empiric antimicrobials and fluid resuscitation.

In reference to Indicator 3.1, the development of a local policy on sepsis should be led by a multidisciplinary team or a committee of expert clinicians such as intensivists, infectious disease physicians, emergency physicians, general medicine physicians, pharmacists (specialising in antimicrobial stewardship, infectious disease, emergency, intensive care, general medicine) and nurses. The multidisciplinary team should regularly review local policy to ensure it is up to date and reflective of continuous quality improvement. Where possible, electronic medical records should be used to assess adherence to the sepsis policy and pathway. Competency in the use of the pathway should be standardised through the use of online education packages, face-to face teaching and on the floor training and feedback.

In reference to Indicator 3.2, the sepsis pathway should include information to support clinicians prescribing and administering antimicrobials.

SHPA members also suggest that guidance is required for clinicians on empiric antimicrobial prescribing based on initial suspected source, including for high-risk patients such as febrile neutropenia which may warrant a separate locally endorsed guideline with separate time targets based on current consensus opinion. Guidance is also required on the general principles of antimicrobial administration in sepsis including administration of broad-spectrum agents first and giving agents as a bolus where possible rather than infusion. SHPA suggests that a one-page guide for the most commonly used antimicrobials in sepsis may reduce time delays for clinicians directly administering these.

In reference to Indicator 3.3, SHPA members believe this is difficult indicator to measure as it can be challenging to find patients with sepsis that are missed and not put on a pathway. SHPA suggest at a

The Society of Hospital Pharmacists of Australia
PO Box 1774 Collingwood Victoria 3066 Australia
(03) 9486 0177 | shpa.org.au | shpa@shpa.org.au | ABN: 54 004 553 806

minimum, that patients going to a higher level of care such as Intensive Care Units (ICU) or High Dependency Units (HDU), should have this indicator monitored monthly with results fed back to the clinicians on the floor and a multidisciplinary sepsis team or committee for continuous quality improvement. This may include regular auditing of MET call data or sepsis activation responses and regular auditing of EMR or decision support tools.

Quality Statement 4: Management of Antimicrobial Therapy

4. Yes

SHPA agrees with the statement in principle, however, have the following comments to make. Pharmacist-led Antimicrobial Stewardship programs should be in place to ensure safe and quality management of antimicrobial therapy at both a governance and an individual patient level as well as outreach services to be implemented to ensure continuity of antimicrobial therapy post-discharge. Empiric Antimicrobial prescribing should be syndromic and should also take into consideration antimicrobial allergies, previous microbiology cultures, past medical history that may be significant such as organ transplantation, immunosuppression treatment or a recent hospital admission. SHPA recommend utilising experts such as clinical pharmacists who can assist with antimicrobial decision making, prescribing, drawing up of appropriate agents for immediate administration and providing advice on efficient administration.

In reference to Indicator 4.1, SHPA members report that it can be challenging to find all patients with sepsis, making it difficult to measure. SHPA members suggest separating this into in patients that go to ICU/HDU and others identified as having sepsis via the clinical support tools or activation of a sepsis response e.g., MET call or 'sepsis alert'. Additional indicators could include the proportion of patients that have all 4 parameters of cultures, lactate, antimicrobials, and fluids administered with sixty minutes of sepsis recognition.

Quality Statement 5: Patient and Carer Education and Information

5. Yes

SHPA agrees with the statement in principle, however, have the following comments to make. Clinical pharmacists particularly in the Emergency Department (ED) can have a significant impact on service delivery, quality of care and timeliness and should be utilised where available to contribute to the early management of patients with suspected sepsis, particularly those requiring ICU care. ED pharmacists should be included in the sepsis response activation to allow for their early involvement in these patients. SHPA members also suggest that ED pharmacists should be involved in charting antimicrobials, antimicrobial decision making and administration. Regular monthly feedback to all clinicians involved in the management of sepsis is essential to the ongoing improvement and identification of barriers to timely and appropriate care. For example, a sepsis alert model of care has been developed at the Alfred Emergency and Trauma Centre since 2016. It includes early involvement of the ED pharmacists in antimicrobial decision making, charting and administration and has consistently shown to improve time to antimicrobials in sepsis.

Quality Statement 6: Transitions of care and clinical communication

6. Yes

For health service organisations, documentation should be provided upon transitions of care and should include a medication management plan to clearly outline the treatment regimen to be continued post-discharge.

Quality Statement 7: Multidisciplinary Coordination of Care

7. Yes

Quality Statement 8: Post-acute Care and Survivorship

8. Yes

For Consumers

9. N/A

10. N/A

Resources

11. N/A

12. N/A

Indicator 3.1

13. N/A

Indicator 3.2

14. N/A

Indicator 3.3

15. N/A

Indicator 4.1

16. N/A

Indicator 4.2

17. N/A

Indicator 5.1

18. N/A

Indicator 6.1

19. N/A

Indicator 6.2

20. N/A

Indicator 8.1

21. N/A

Indicator 9.1

22. N/A

Implementation

23. N/A

24. N/A

Demographics

25. Organisational Submission

26. Organisation: The Society of Hospital Pharmacists of Australia (SHPA)

27. Role: Policy Officer

28. Capacity: Professional organisation representing hospital pharmacists

29. N/A

30. N/A