Sepsis measurement plan

SPSP Primary Care – May 2018

As part of Healthcare Improvement Scotland's Improvement Hub (ihub), SPSP activities support the provision of safe, high quality care, whatever the setting.

Background

The National Early Warning Score (NEWS) is an evidence based tool for recording the physiological parameters of patients and tracking deterioration. Using it in conjunction with clinical judgement contributes to earlier sepsis recognition.

The purpose of this SPSP Sepsis in Primary Care collaborative is to promote the assessment and recording of the six NEWS parameters and overall NEWS value within referral documentation when escalating patients with suspected sepsis to secondary care.

Introduction to Improvement Methodology

Welcome to the SPSP-Sepsis in Primary Care measurement plan, this document sets out the measure for the SPSP Sepsis in Primary Care collaborative based on the national cumulated driver diagram. The national driver diagram (Appendix 1) was developed from the driver diagrams initiated by NHS Greater Glasgow & Clyde, NHS Highland, NHS Lothian and Scottish Ambulance Service between November 2016 and April 2017 and learning from the pilot work.

The change model used by the Scottish Patient Safety Programme is the Model for Improvement. The text book used to support the work is '***The Improvement Guide, 2nd Edition. 'A practical approach to enhancing organizational performance'. Langley G, Moen R, Molan K et al. 2009***".

Aims, Rationale and Guidance

The Aim

Below shows the aim of the SPSP-Sepsis in Primary Care Pilot Programme.

AIM
95% patients (>16yo) who are being escalated from primary care due to high index of suspected sepsis will have their NEWS recorded to the 'receiving unit'/SAS. [N.b specific geographical area to be set]

Each participating health board is encouraged to define the specific 'geographical area' they will be focusing on (for example is the improvement work within one hospital or across the health board).

Measure & Rationale

Following the pilot work the agreed measure is set out in the table below. A data collection tool is available to ensure uniform data collection. However, it is anticipated and encouraged that NHS health boards highlight additional measurements on their improvement journey that they may also wish to record and share with collaborative members. Please refer to *Appendix 1* which includes the driver diagram.

1) Has the NEWS been recorded in appropriate referral documentation by the referrer? Yes/No	**This may include the handover/referral letter/home visit summary to SAS or an appropriate OOH electronic record.**	**Recorded**

Guidance

NHS boards will develop their own guidance that reflects their chosen approach to the above question/measure.

The Pilot Programme Measures

Measure name	% NEWS recorded in referral documentation
Identifier	Measure 1
Primary Driver	Recording and Escalation
Type	Process
Evidence to support suggested measure	Recording the NEWS in the handover/referral letter/home visit summary will mean that this information can be easily passed onto SAS/receiving unit when they accept care of the patient. Providing a pre-hospital baseline will potentially aid assessment of treatment provided.
Measurement definition	'Has the NEWS been recorded in appropriate referral documentation by the referrer? Yes/No' Numerator: the number of NEWS recorded in referral documentation transferred to SAS/acute receiving unit by the clinician. Denominator: Total number of records reviewed [request: 20 random sampled records per fortnight] Percentage: $\frac{\text{numerator}}{\text{denominator}} \times 100$

Operational definition	A complete NEWS has to have been entered in the handover/referral letter/home visit summary or electronic out of hours (OOH) equivalent software that would allow the communication of the NEWS from the referring clinician to SAS/acute receiving unit.
Data collection and sampling method	Within an agreed location [health board or acute setting] 20 random adult patients referred to SAS with suspected sepsis should be sampled each fortnight. Patients may be identified as escalated with suspected sepsis due to identifiers held with SAS or from the Acute Receiving Unit. Health boards can choose themselves how to highlight these patients. Referral documentation should be reviewed and it should be noted whether NEWS was recorded in the handover documentation.

Appendix 1- Sepsis Driver Diagram

Aim	Primary driver	Secondary driver
95% patients (>16years of age) who are being escalated <u>from</u> primary care with a high index of suspected sepsis will have their NEWS communicated to the 'receiving unit'/Scottish Ambulance Service.	Education	• Increase awareness of NEWS. • Increase knowledge of what sepsis is and importance of rapid referral. • Increase correct diagnosis, recognition, referral and response of sepsis. • Encourage provision and completion of appropriate learning resources. • Improve knowledge of/increase use of quality improvement methodology. • Facilitate roll-out of a relevant protocol/tool that will reduce variance in approach. • Provide real-life scenarios and encourage adverse event reporting.
	Recording and escalation	• Increase the number of NEWS recorded in primary care. • Facilitate improvements in the recording of NEWS using EMIS/Adastra/ePR/Vision. • Increase number of recorded cases of sepsis pre-admission. • Ensure reliable use and communication of escalation plan. • Promote early access to Sepsis 6 in secondary care. • Early and appropriate antibiotic management. • Facilitate improvement in communication and recording of NEWS in the Scottish Ambulance Service control centre.
	Person and family-centred care	• Involve patients and carers in anticipatory care planning. • Increased evidence of 'What matters to you'/shared decision making. • Facilitate the reliable use of escalation plans. • Encourage the use of patient stories to learn and highlight the impact of sepsis screening. • Increase patient and carer awareness of early sepsis recognition.
	Leadership and communication	• Reliable communication of NEWS and suspected sepsis with other agencies. • Improved engagement with clinical leaders and stakeholders. • Share and learn from case stories, for example 'Save of the week'. • Facilitate relationships between Scottish Ambulance Service and NHS board. • Increased use of social media. • Share outcomes of collaborative work. • Encourage multidisciplinary adverse event reporting for appraisal and peer review purposes. • Reduced variation in NHS boards' approach to evaluation of sepsis cases.