

Thursday 30 June 2022

New standard is a ‘game changer’ that will ensure healthcare workers recognise sepsis as a medical emergency

Each year more than 8,700 Australians die from sepsisⁱ, a condition that is triggered by an infection and can turn into a deadly disease if undetected.

Sepsis is the body’s extreme response to an infection, causing damage to its own tissues and organs. It affects more than 55,000 Australians of all ages every yearⁱⁱ. Many of these people are normally healthy, but those who survive sepsis often experience prolonged after-effects or will have a lifelong disability.

Sepsis also has a tangible impact on our healthcare system, with \$700 million in direct hospital costs, and indirect costs of more than \$4 billion each year.ⁱⁱⁱ

The [National Sepsis Program](#) is being implemented to halt the devastating impact of sepsis on Australian patients and their families.

Today the Australian Commission on Safety and Quality in Health Care (the Commission) has released the national [Sepsis Clinical Care Standard](#), in partnership with The George Institute for Global Health.

It is an achievement that Australia has reached broad consensus across the health sector, to become one of the first countries to release a nationally agreed quality framework for the recognition and management of sepsis.

The standard outlines optimal care for patients in hospital with suspected sepsis – from the onset of signs and symptoms, through to discharge from hospital and follow-up care.

Dr Carolyn Hullick, Clinical Director at the Commission and Emergency Physician in Hunter New England Health NSW, said sepsis is a medical emergency that can elude even the most astute doctors.

“Sepsis is complex, and it can be difficult to diagnose because the signs and symptoms can be subtle. Older patients may have delirium. They may be on medicines that impact on their body’s response to sepsis. Sepsis can also mimic other health conditions like gastro or heart disease,” said Dr Hullick.

“Yet the consequences of missing sepsis are dire, leading to multiple organ failure, disability or death.

“As an ED doctor, I know that diagnosing sepsis can be challenging, particularly when you’re treating a high volume of critical patients in a busy emergency department. It can be especially difficult with older people or very young children, she said.

Dr Hullick said the clinical care standard will help ensure timely recognition of sepsis and provide a framework for healthcare services to create local systems for treatment.

“The new standard requires healthcare services to implement systems that flags people who may have sepsis, assess them urgently, and if necessary, escalate to a higher level of care. Rapid treatment is vital. If we delay sepsis treatment even by a few hours, it can have deadly consequences.

“To deliver antimicrobials to someone who has sepsis within 60 minutes, we need systems in place so that everyone in the ED team knows what they need to do,” she explained.

Evidence is growing that some sepsis survivors experience long-term health problems, which are poorly recognised and treated. To address this, another key focus of the standard is the planning for care after the patient leaves hospital, in recognition of the ongoing effects of sepsis and 'post-sepsis syndrome'.

Professor Simon Finfer AO, intensivist and Professorial Fellow in the Critical Care Division at The George Institute for Global Health, described sepsis as the most common preventable cause of death and disability.

"The *Sepsis Clinical Care Standard* is a game changer that will ensure healthcare workers recognise sepsis as a medical emergency and provide coordinated high-quality care to all Australians.

"If a patient is acutely ill or deteriorating rapidly – and there is no other obvious cause – we must consider sepsis as a possible diagnosis," said Professor Finfer. "If you suspect sepsis, either as a clinician or a patient, escalate your concerns to a healthcare professional who is skilled in managing sepsis. You must ask, 'Could this be sepsis?'"

Finfer is an avid supporter of having dedicated sepsis coordinators to oversee care for people with sepsis, in a similar way to trauma and cancer patients.

"Patients with sepsis are cared for by a range of specialist doctors and nurses with frequent transfers between teams. By recommending that hospitals need a dedicated sepsis care coordinator, the *Sepsis Clinical Care Standard* will help to ensure a comprehensive and holistic approach to this complex and devastating condition," he explained.

"Up to 50% of people who suffer sepsis and survive have ongoing medical problems which affect their physical, psychological and cognitive wellbeing.^{iv} Unlike other conditions such as heart attack and stroke, there is no coordinated care or rehabilitation for sepsis survivors. The standard is a huge step forward."

A sepsis diagnosis is particularly difficult when the patient is a child, according to paediatric intensivist **Associate Professor Paula Lister**, Director Paediatric Critical Care, Sunshine Coast University Hospital and Medical Co-Chair, Queensland Paediatric Sepsis Program.

"Infections in children are common but progression to paediatric sepsis is rare in comparison. It is vital for frontline clinicians to have decision-support tools to help recognise and treat children with sepsis early," she said. "This will help us to pick the one child in a thousand presenting to ED who may have sepsis.

"Our window of opportunity is small. Of the children who die with sepsis, 50% will die within 24 hours."^v

A/Professor Lister emphasised that parents are the experts in their child's behaviour. "Early sepsis can be difficult to recognise, so the standard highlights that we must listen to the concerns of parents; particularly if this illness seems different to previous infections or they feel their child is deteriorating or not responding to treatments as they have in the past," she said.

"It is important for parents to trust their instincts. They should feel empowered to seek medical attention if they are concerned their child is more unwell, even if they have been recently seen by a doctor."

The *Sepsis Clinical Care Standard* was informed by leading clinical experts and consumers and translates evidence into clinical practice to reduce preventable death or disability caused by sepsis.

ENDS

Tune in for the launch of the new standard at 12:00pm AEST today, Thursday 30 June.

To register for the webcast and view the standard, visit: safetyandquality.gov.au/sepsis-ccs

Highlights infographic: [Sepsis in Australia](#)

Backgrounder: [What is sepsis and how can we avoid this silent killer?](#)

Media enquiries

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Interview opportunities

The following people are available for interview:

- Dr Carolyn Hullick – Clinical Director, the Commission and Emergency Physician
- Professor Simon Finfer AO, Intensivist and Professorial Fellow in the Critical Care Division at The George Institute for Global Health
- Associate Professor Paula Lister – Paediatric Intensivist and Director Paediatric Critical Care, Sunshine Coast University Hospital and Medical Co-Chair, Queensland Paediatric Sepsis Program
- Dr Lorraine Anderson – Medical Director, Kimberley Aboriginal Medical Centre
- John Burgess – Broadcaster, Sepsis Survivor and Advocate

About the Commission

The Australian Commission on Safety and Quality in Health Care is an Australian Government agency that leads and coordinates national improvements in the safety and quality of health care based on the best available evidence. By working in partnership with patients, carers, clinicians, the Australian, state and territory health systems, the private sector, managers and healthcare organisations, the Commission aims to ensure that the health system is better informed, supported and organised to deliver safe and high-quality care. www.safetyandquality.gov.au

About the Clinical Care Standards

A clinical care standard comprises a small number of nationally agreed quality statements. They describe the care that both the health professionals and health services should be providing to patients for a specific clinical condition or defined part of a clinical pathway in line with current best evidence. Clinical care standards indicators help health services review the performance of their organisation and make improvements in the care they provide.

The Commission develops clinical care standards in partnership with clinicians, researchers and consumers. Clinical guidelines form the evidence base for the clinical care standards. The Commission has previously released clinical care standards on opioid analgesic stewardship, anaphylaxis, cataract, peripheral intravenous catheters, third and fourth degree perineal tears, colonoscopy, venous thromboembolism, heavy menstrual bleeding, antimicrobial stewardship, acute coronary syndromes, acute stroke, delirium, hip fracture and osteoarthritis of the knee.

References:

ⁱ Rudd KE, Johnson SC, Agea KM, Shackelford KA, Tsoi D, Kievlan DR, et al. [Global, regional, and national sepsis incidence and mortality, 1990–2017: analysis for the Global Burden of Disease Study](#). *Lancet* 2020;395(10219):200–11.

ⁱⁱ As above

ⁱⁱⁱ The George Institute for Global Health. [Cost of sepsis in Australia report](#). Sydney: TGI; 2021.

^{iv} The George Institute for Global Health. [Life after sepsis. A guide for survivors, carers and bereaved families](#). Sydney: TGI, 2020.

^v Cvetkovic M, Lutman D, Ramnarayan P, Pathan N, Inwald DP, Peters MJ. [Timing of death in children referred for intensive care with severe sepsis: implications for interventional studies](#). *Pediatr Crit Care Med*. 2015 Jun;16(5):410-7. doi: 10.1097/PCC.0000000000000385. PMID: 25739013.