NZ Sepsis Action Plan Survey

ACEM Response – Submitted 31 March 2021

Structure of Action Plan

1. **Is the overall structure of the Action Plan appropriate and easy to follow?**

- Yes
- No

If no, please specify why not:

N/a.

2. **Does the section: Principles (page 3) provide adequate information to guide behaviour for the Action Plan?**

- Yes
- No

If no, please specify why not:

N/a

3. **Does the supplemental documents: Technical Report and Highlights of National Consensus Meeting provide adequate background regarding the discovery process that informed the Action Plan?**

- Yes
- No

If no, please specify why not:

N/a.

Priority Actions

4. **Do you agree with the priority areas identified for the Action Plan?**
    - **Action 1 – Create a national sepsis network**
    - **Action 2 – Increase public awareness**
    - **Action 3 – Improve recognition of sepsis in healthcare settings**
    - **Action 4 – Collect and use quality data for improvement**
    - **Action 5 – Support sepsis survivors**

- Yes
- No

If no, please specify why you indicated no:

Although we agree, ACEM believes that the recognition of sepsis in the healthcare setting should be prioritised above public awareness. There is a lot of awareness, however, there is education and

knowledge lacking in the healthcare workforce and it seems sensible to improve the knowledge here first. There is no point in patients coming in with more knowledge and awareness if they are not going to be taken seriously by the doctor.

5. **Action 1 – Create a National Sepsis Network**
   - **Noting that further actions and activities may be determined as the Action Plan is operationalised, is the approach (page 5) specified for action 1 appropriate?**

- Yes
- No

If no, please provide comments and explain your selection. Please ensure that your response is supported by evidence/references.

While we agree, it is important to iterate the importance of a good marketing campaign. We recommend the campaign to be done similar to the way in which awareness campaigns on heart attack and strokes have been done previously. This should include television and social media marketing.

6. **Action 2 – Increase Public Awareness**
   - **Noting that further actions and activities may be determined as the Action Plan is operationalised, is the approach (page 6) specified for action 2 appropriate?**

- Yes
- No

If no, please provide comments and explain your selection. Please ensure that your response is supported by evidence/references.

While we agree this is very much needed, dedicated resources to drive this is required. For instance, there need to be 'champions' that are willing to progress and publicising this within hospitals and communities.

There is a need for more undergraduate and post-graduate teaching on this. Education packages might be helpful but needs to be developed for specific areas.

7. **Action 3 – Improve Recognition of Sepsis in Healthcare Settings**
   - **Noting that further actions and activities may be determined as the Action Plan is operationalised, is the approach (page 7) specified for action 3 appropriate?**

- Yes
- No

If no, please provide comments and explain your selection. Please ensure that your response is supported by evidence/references.

While we agree, it cannot be confirmed who would be responsible for the identification in blood culture. Laboratory staff may be more effective than it being left to the clinician.

8. **Action 4 – Collect and Use Quality Data for Improvement**
   - **Noting that further actions and activities may be determined as the Action Plan is operationalised, is the approach (page 8) specified for action 4 appropriate?**

- Yes

- No

If no, please provide comments and explain your selection. Please ensure that your response is supported by evidence/references.

N/a.

9. **Action 5 – Support Sepsis Survivors**
   - **Noting that further actions and activities may be determined as the Action Plan is operationalised, is the approach (page 9) specified for action 4 appropriate?**

- Yes
- No

If no, please provide comments and explain your selection. Please ensure that your response is supported by evidence/references.

While we agree with the action, it is worth noting that the unintended cost of sepsis may help promote its awareness and prevention. However, it is unclear who will provide the support and follow-up for patients and their whānau. For instance, will this be District Health Board (DHB) dependent, or will its availability be only to those who had an ICU admission? From our experience, this may be the hardest part to implement well. For instance, from an equity perspective, if this will be DHB dependent that relies on resourcing, there will likely be differences in outcomes between rural and tertiary hospitals, and particularly those serving wider ethnic group populations.

Additional comments

10. **Do you have any other comments, questions, or concerns regarding the National Sepsis Action Plan?**

The NZ National Sepsis Action Plan outlines an equitable, inclusive, evidence-based and dynamic approach to sepsis prevention, recognition and treatment. There is a strong governance model and is built on system strengths to overcome the barriers that will ensure success. Solid networks and action plans exist for issues such as trauma and stroke and we strongly support this initiative for the provision of equitable and safe care. Overall, ACEM believes this to be a fantastic plan and one that is long overdue.

Sepsis is often under-recognised or diagnosed too late, especially in the elderly or very young where signs and symptoms are not so obvious. We believe sepsis is an important health issue that needs adequate resourcing, more equitable and rational allocating, and as with any other health issue, is an area that is more 'vocal and popular' but less supported by strong evidence.

More education for healthcare workers is needed in these groups, specifically, where the presentation is not 'textbook' classic. In our experiences, it seems as if sepsis has fallen behind illness like stroke and heart attack in their marketing campaigns and this should be strengthened.

The strong focus on equity and reducing the disparity between Māori and non-Māori patients is to be applauded. This is supported by clear goals and targets.

However, this action plan will not proceed without commitment to increased resources. From an emergency medicine perspective, one of the issues in sepsis includes late presentation, delay in identification, and delay in early treatment. Managing patients early is key. This relies on primary healthcare being responsive and having capacity to see patients early in their sepsis journey. Once educated on the risks and signs of sepsis, patients must have priority access to seeing their general practitioner (GP) early, i.e. same day as diagnosis, and for the primary care clinician to recognise early

infection and provide appropriate treatment. If patients are unable to see their GP due to a lack of resources and no acute appointments available, they run the risk of becoming more unwell until they recognise themselves to be sick enough to present to the Emergency Department (ED) where they may already be very unwell and in septic shock.

Prevention is key and requires the Ministry of Health and DHBs' commitment to improving their inability to get GP appointments due to a lack of resources and funding. Equity issues are present for Māori and rural patients who already have worse access to primary healthcare for a number of reasons such as cost and access related issues, and the fact that they are also less likely to have a registered GP. The final report of the Health and Disability System Review* has highlighted these very eloquently.

* https://systemreview.health.govt.nz/final-report/