Early, Safe and Reliable Detection of Sepsis in Primary Care:

Moving the Front Door into the Community in NHS Borders

Dr Laura Ryan Out of Hours GP NHS Borders and Associate Medical Director NHS24

Background
Sepsis is recognised as a medical emergency and time critical intervention bundles such as the Sepsis Six save lives. This project seeks to increase awareness amongst Primary Care staff in how to competently and safely recognize and respond earlier to a diagnosis of sepsis in the community.

Aim
95% of adult patients assessed for an acute illness by OOH clinicians will have an assessment bundle (P BP RR T and SIRS score) carried out and recorded in their Electronic Patient Record (Adastra) by November 2014.

Method
Weekly collection of data will consist of a random computerized selection of 5 GP cases and 5 Nurse cases with identified exclusions e.g. Palliative Care cases to measure performance and recording of the assessment bundle. This is an extractable report from Adastra (OOH IT) designed by Clinical Lead for OOH service. After the template is tested it will be automatically generated weekly. This data will be shared with clinical governance for run chart generation.

Process Change
1. All patients having acute assessment (with specific named exclusions) will have recorded and documented HR BP T RR and SIRS score on a new template proforma and
2. Where sepsis is detected an ambulance of appropriate acuity will be ordered and that time documented

Achievements
1. Collaborative working in multidisciplinary team across Secondary and Primary Care through meetings at all times of day
2. Raising awareness of patients’ wishes and concerns through education regarding anticipatory care planning.
3. Multiple iterations of a useable proforma through meetings and multimedia.
4. Support from Executive stakeholders in NHS Borders.
5. Getting a ‘sepsis’ code put on Adastra

Results /Learning so far
1. Successful development and three PDSAs of a useable form which following local governance approval will aid clinicians in collecting data.
2. Improved awareness of sepsis in OOH team (pre and post education questionnaires with plan for another a month into using the forms)
3. New understanding of what kind of ‘risk’ is held in Primary Care by secondary care colleagues

Next steps
1. Once this form and process change is embedded extend to Community including GPs and Community Hospitals
2. Work with Associate Medical Director NHS Borders to develop use of NEWS across the Organization.
3. Work with Clinical Lead OOH Service on how to implement and make training available for sessional GPs
4. Share via the National OOH Operational Group to raise awareness about sepsis

Further information contact:
laura.ryan@nhs24.scot.nhs.uk