

Paediatric Sepsis Pathway: Implementation framework and toolkit

Purpose

This framework and implementation toolkit will guide health services and facilities to implement the Paediatric Sepsis Pathway. Scan the QR code to access the latest resources and tools from the toolkit.



Expected outcomes





1. Achieve best practice in sepsis care
2. Reduce hospital length of stay
3. Manage patients closer to home where appropriate
4. Increase appropriate use of antimicrobials
5. Increase empowerment and support of families

Strategic alignment

- Stopping Sepsis: A National Action Plan
- National Safety and Quality Health Service (NSQHS) Standards
- National Department of Health Antimicrobial Resistance Strategy Objective 3
- Queensland Paediatric Patient Safety Review - Priority 1: Care of the critically ill child with sepsis

Accreditation ready

Implementing this framework will address the following accreditation standards:

-  Standard 8 - Recognising and Responding to Acute Deterioration
-  Standard 3 - Preventing and Controlling Infections
-  Standard 5 - Comprehensive Care
-  Sepsis Clinical Care Standard



Developed in collaboration with
Clinical Excellence Queensland



Process for implementing and sustaining the Paediatric Sepsis Pathway

1

Idea generation

- What are you trying to accomplish?
- What changes can you make that will result in improvement?
- How will you know that the change is an improvement?
- The QPSP team can help you through these steps -email paediatricsepsis@health.qld.gov.au

2

Plan

Pre-pathway implementation planning

- Engage stakeholders and gain local endorsement
- Identify sepsis champions
- Describe outcomes to be achieved
- Plan how pathway will be implemented, managed and evaluated
- Establish governance
- Collect baseline data

3

Responsibilities and practicalities

- Build a sepsis improvement team who will be responsible for driving this on the ground
- Link in with other relevant disciplines and services e.g. AMS, digital teams
- Define responsibilities including who and how you will measure improvement
- Order, print and stock pathway
- Prepare the environment
- Set launch date

4

Deliver education and launch pathway

- Dedicate 2-6 weeks of education sessions prior to launch
- Use the videos and case study presentations developed by QPSP
- Aim for 80% of staff to be educated before launch
- Utilise your sepsis champions and educators or request a facilitated session with QPSP Clinical Nurse Consultant
- Drive sepsis awareness and promote pathway launch date

5

Sustain

- Measure change in practice and evaluate outcomes
- Embed into standard processes
- Report progress and share learnings
- Conduct regular training and education
- Maintain governance channels and continue to report through local committees
- Measure and evaluate performance against ACHS standards
- Commit to ongoing and continuous improvement
- Reach out to QPSP for support and guidance