# Paediatric Sepsis Pathway Implementation Roles and Responsibilities

|  |
| --- |
| **Core Team**  |
| **Role** | **Responsibilities** | **Name** |
| Project Sponsor | Has executive authority and can provide approval for changes, facilitate access to resources and help overcome any barriers.  |  |
| Project Lead | Coordinates the project timeline and team and has an interest in sepsis or experience with quality improvement initiatives or research. The project lead is the primary contact for the project and reports on progress to executive sponsors.This role fits within the national [Sepsis Clinical Care Standard Sepsis Coordinator](https://www.safetyandquality.gov.au/publications-and-resources/resource-library/sepsis-coordination-roles-and-responsibilities-sepsis-clinical-care-standard). Refer to the coordination of sepsis program activities and responsibilities on page 3. |  |
| Sepsis Champion (Nursing) | Ensures that the clinical requirements of the process (including policies) meet required standards. Acts as a clinical champion for the change amongst the nursing cohort.The nursing sepsis champion facilitates the successful implementation of the sepsis bundle, promotes the use of the Pathway, provides education at the point of care, address issues efficiently and feeds back to the project lead. |  |
| Sepsis Champion (Medical) | Provides medical expertise and leadership especially during the initial planning phases. This role must influence the medical teams in accepting the use of the Paediatric Sepsis Pathway. This position is vital to ensuring the medical team is educated about current best practice for paediatric sepsis treatment and advocates use of the Pathway. They will address issues efficiently and feedback to the project lead. |  |
| Sepsis Champion (Pharmacy) | Ensures that the clinical requirements of the process (including policies) meet required standards. Acts as a clinical champion for the change amongst the pharmacy cohort. Also champions optimal AMS practice and engagement. |  |
| **Broader Team**  | **Name** |
| Registered Nurse |  |
| Clinical Nurse |  |
| Clinical Nurse Consultant |  |
| ED physician, nurse practitioner or local general practitioner  |  |
| Medical Officers |  |
| Consumer representative |  |
| Nursing and medical educators |  |
| Infectious Disease physician or AMS team |  |
| Paediatrician |  |
| Social Worker particularly important for post-sepsis support |  |
| Patient Safety Officer or quality and safety, clinical governance representative  |  |
| Nurse Navigator |  |
| Digital clinician |  |
| Administration Officer |  |
| Data analyst |  |

# Paediatric Sepsis Pathway Implementation Practicalities

|  |  |  |
| --- | --- | --- |
| **Have you considered?** | **Yes/No** | **Details:**  |
| Sufficient supply of printed pathways  |  |  |
| * Are they the most up to date versions?
 |  |  |
| * Who is responsible for ordering more when stock is low?
 |  |  |
| Location, location, location |  |  |
| * Do you have a dedicated place for your Sepsis pathway forms?
 |  |  |
| * Do all nursing and medical staff who care for patients know where to locate these?
 |  |  |
| * Do you have a dedicated place for family resources including postcards and family support network flyers? Request hard copy resources from paediatricsepsis@health.qld.gov.au
 |  |  |
| Capturing data and measuring improvement |  |  |
| * Do you have a process for keeping track of any patients who are screening or treated on the Pathway?
 |  |  |
| * All paper pathways (complete or incomplete) should be scanned into medical record – who is responsible for this in your area?
 |  |  |
| * How frequently are these sent to medical records for scanning?
 |  |  |
| * How will you measure any improvements?
 |  |  |
| * Who will be responsible for measuring any improvements?
 |  |  |