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Frontline initiatives improve care for seriously ill patients at St George and Sutherland Hospitals

Seriously ill patients treated in Emergency Departments at St George and Sutherland Hospitals are receiving improved care since the introduction of the Sepsis Kills Program.

The Program was introduced into 180 NSW public hospital Emergency Departments by the Clinical Excellence Commission (CEC) in 2011.

The Sepsis Kills Program identifies patients with potentially serious bacterial infections who should have intravenous (IV) antibiotics commenced within 60 minutes of presentation to the Emergency Department.

Dr Trevor Chan, Director, Emergency Department, St George Hospital said sepsis (blood poisoning) is a life-threatening condition that arises when the body's response to infection injures its own tissues and organs leading to shock, organ failure and death.

"Sepsis is one of the leading causes of death in hospital patients worldwide. More patients die from sepsis than prostate cancer, breast cancer and HIV/AIDS combined," Dr Chan said.

"Delayed treatment is associated with high mortality rates. The mortality rate for adult patients with septic shock has been shown to increase by 7.6 per cent for every hour of delay in commencing antibiotic treatment, after the onset of hypotension."

Dr Enasio Morris, Director, Emergency Department, Sutherland Hospital said the Sepsis Kills Program aims to reduce preventable harm to patients through improved recognition and management of severe infection and sepsis.

"The Program is based on three key actions: early recognition of risk factors, signs and symptoms of sepsis; resuscitation with intravenous fluids and administration of antibiotics within the first hour of diagnosis of sepsis; and early and appropriate referral to senior clinicians and teams," Dr Morris said.

Since the introduction of the Sepsis Kills Program into Emergency Departments across South Eastern Sydney Local Health District for the period 1 July, 2011 to 31 August, 2013, there has been a 239 minutes (3.9 hour) reduction in the median time to antibiotic therapy for patients presenting with sepsis. This is well below the recommended 60 minutes timeframe and exceeds the state average.

Phase 2 of the Sepsis Kills Program will be introduced into hospitals state-wide by the CEC from May 2014. This will focus on improving the recognition and management of sepsis in adults and children in inpatient wards of medium and large hospitals