

'Think sepsis. Act fast.' Sepsis Scaling Collaboration 2017-18

Application guidelines

Background

Why sepsis?

In 2016-17, 28,872 patients were diagnosed with one (or more) of the sepsis diagnosis codes¹. 3,258 of these patients died during their episode of care, giving an approximate "in-hospital" mortality rate of 11%.

Within health services and across Victoria, there is significant variance in practice in relation to sepsis recognition and effective resuscitation, with delayed recognition and initial appropriate treatment increasing mortality and morbidity.

The Sepsis Improvement Project

Led by Melbourne Health (funded through the 2016-17 BCV Innovation Fund), the Sepsis Improvement Project scaled up a clinical sepsis pathway that was developed at Peter MacCallum Cancer Centre in February 2013.

A paper based clinical pathway and multidisciplinary education package was collaboratively developed to be utilised across all services. The pathway standardised initial sepsis management calling for six actions in the sixty minutes following sepsis recognition: oxygen, two sets of blood cultures, venous blood lactate, rapid fluid resuscitation, and appropriate antibiotic administration.

The project resulted in significant improvements in mortality, length of stay, and ICU admissions related to sepsis.

Partnering with Better Care Victoria (BCV)

In 2017-18 BCV will be supporting the 'Think sepsis. Act fast.' Sepsis Scaling Collaboration. The Collaboration will commence in February 2018 and run until January 2019, bringing together up to 10 health services interested in applying the Sepsis Improvement Project clinical pathway at their service.

Our approach

Based on a collaborative model of learning, the Sepsis Scaling Collaboration is a 12 month learning system that brings together teams from a number of health services across Victoria for the purpose of seeking sustainable continuous improvement.

The Collaboration will drive sustainability, with a strong focus on guiding, supporting and encouraging teams, including senior leaders, to actively support and drive the sustainability of the improvements achieved. In-turn an improvement and innovative culture within the organisation is fostered; supporting and supported by the Collaboration. Outcomes will be shared widely with all health services via the BCV website and the Collaboration's online forum.

¹ 33,220 separations. The difference between separations and patients is likely due to transfers between acute services and, possibly, readmission.

Aim

The aim of the Collaboration is to improve outcomes for patients diagnosed with sepsis through earlier identification and management by applying the sepsis clinical pathway at their service.

The following key performance indicators will be monitored across all services and provides a good indication of the success of the implementation of the clinical pathway in services.

Primary indicators

- Sepsis related mortality
- Hospital median length of stay for sepsis related presentations
- Rate of sepsis related ICU admissions

Secondary indicator

- Time to first antibiotic/ antimicrobial provision for sepsis management
- Appropriate initial antibiotic therapy (according to the clinical pathway guideline)
- The number of sepsis champion organisations across Victoria

Objectives of the Collaboration



Improve patient outcomes

Evaluate current patterns of care, guide quality improvement efforts



Learn and collaborate

Provide tools to help health services help each other improve



Drive performance

Work towards optimal system performance through improvement



Build capability and sustainability

Develop skills and experience in improvement to sustain the gains

Key Elements of the 'Think sepsis. Act fast.' Sepsis Scaling Collaboration

- **Peer to peer support:** Active facilitation of collaboration including;



Problem identification & idea development

Explore problems across the patient flow journey, issues and ideas.



Implementation support

Action learning, testing and trialling, sharing success and failures in person and via a dedicated online forum.



Show case event

Share learnings from the Collaboration

- **Steering committee:** provides expert advice, strategic direction and governance throughout the Collaboration.
- **Leadership:** executive and clinical sponsorship, supporting improvement.
- **Champion site support:** on the ground support from the Melbourne Health.
- **Organisational commitment:** is critical to the success of the implementation of the sepsis clinical pathway; this includes in kind commitment of clinical and non-clinical staff to actively partake in the project.
- **Measurement and evaluation:** local and shared key performance indicators.
- **Sustainability and scale:** embedding successful projects and supporting broader uptake.

Expectations of members

1. Prompt recruitment of a **full time dedicated project lead for 12 months** to support the Sepsis Scaling Collaboration. This includes in kind contribution to support the System Improvement, Innovation and Leadership (SIIL) funding allocation.
2. Involvement of their BCV funded Innovation and Improvement Advisor in the project.
3. Attendance of a **minimum of three people (maximum of five)** at the kick start workshop. It is expected that representation is considered from the perspectives of project management/ improvement, emergency department, nursing, ICU and surgery; it is expected that the executive sponsor attend this workshop.
4. Participation in workshops held every 4-6 weeks to be held at health services.
5. Executive support, including:
 - CEO approval of EOI application;
 - CEO approval of funding expectations; and
 - Supporting the implementation of the project by providing in kind clinical and non-clinical commitment, integration of the project into internal governance structures to support and drive the project, as well as removing barriers and facilitating change to enable successful delivery of the project.
6. Support in kind for clinical (medical and nursing) and administrative staff (project lead) to be actively engaged in projects, including;
 - allocating non-clinical time for your clinical staff to ensure they are able to fully engage with projects tasks
 - removing barriers preventing staff from attending workshops.
7. Active engagement with the Melbourne Health Team.
8. Active engagement with the SIIL Team.
9. Active engagement and support from the emergency department for a whole of hospital approach towards the implementation and sustainability of the sepsis clinical pathway.
10. Willingness to share health service level data with SIIL Team and produce data reports.
11. Work with the Melbourne Health Team to determine the scope of the project at your service. Staged roll out of the clinical pathway where it is piloted only on selected wards will not be accepted; a whole of hospital/ service approach must be undertaken.
12. Commitment to meeting reporting requirements including; project plan, status reports, sustainability plan, evaluation plan and a final project evaluation report.
13. Provide the SIIL Team with ad hoc information requests.
14. Openness to sharing experiences and delivering a workshop for the scaling round (including venue and catering costs).
15. Commitment to supporting the sustainability and spread (internally and externally) of the improvements.
16. Travel/ accommodation to workshops as required.
17. A service may be removed from the Sepsis Scaling Collaboration and/ or funding recalled if they have not actively participated.
18. All documentation produced during, and as a result of the must be co-branded with BCV and Safer Care Victoria.

What support is provided?

1. Funding of up to \$85,000 to support the recruitment of a project lead for the Collaboration and up to \$35,000 to support the recruitment of a clinical lead. Funding will be disbursed to health services in one lump sum at implementation (anticipate this to occur in June 2018).
2. It will be an expectation that the Innovation and Improvement Advisor is involved in the project; Innovation and Improvement Advisor EFT resource allocation to be determined by each organisation.
3. System Improvement, Innovation and Leadership Senior Project Officer support to work with health services throughout the Collaboration.
4. Facilitation of knowledge sharing between the champion hospital and participating health services through coordination of workshops, working groups and knowledge sharing portal.
5. Co-ordination of a steering committee to inform and advise on progress and monitor improvement of the scaling initiative, as well as identifying risks and opportunities.
6. Facilitation of CEO / Executive through quarterly meetings and review.
7. Centralised evaluation, marketing and coordination, where appropriate.

Eligibility and assessment

Eligibility

- Only health services with Innovation and Improvement Advisors will be eligible to apply for this funding round.
- The focus of the Collaboration is on wide scale implementation of a proven concept. Capable services with organisational readiness and commitment to undertake the project will be eligible.
- Only one application per health service should be submitted.

Assessment

The EOI includes the following sections:

Contact details

- A. Your service information
- B. Clinical engagement
- C. Capability
- D. Training and education delivery
- E. Sustainability
- F. Sponsorship – CEO sign-off and approval.

The **selection criteria** is provided at the beginning of each section of the EOI. In addition to the criteria, services that demonstrate the following will be prioritised;

- a high level of clinical engagement and executive level support;
- demonstrated commitment to a dedicated project lead, clinical lead and project officer; and
- clear alignment between the improvement work of the Collaboration with existing health service strategic direction.

Assessment process and notification

All EOIs will be assessed by the System Improvement, Innovation and Leadership Team, the Sepsis governance steering committee, the Royal Melbourne Hospital Sepsis Improvement Team and department representatives.

Applicants will be notified of their EOI outcome by the System Improvement, Innovation and Leadership Team via email.

Successful health services will be expected to attend the kick start one day workshop, and begin recruiting to the project lead role as quickly as possible.

Submitting an EOI

Submit your completed application as a Word (.doc or .docx) or PDF file(s) to bcv@dhhs.vic.gov.au

EOI Timelines

EOI applications open	20 November 2017
EOI applications close	17:00 20 December 2017
Assessment	21 December 2017 – 18 January 2018
Applicants notified of EOI outcome (anticipated)	19 January 2018
Kick start workshop (for successful applicants)	Week commencing 29 January 2018

Program Timelines

Sepsis Scaling Collaboration commencement - project planning and development

- February to May 2018

Implementation – testing and trialling

- June to November 2018

Sepsis Scaling Collaboration evaluation and close

- December 2018 to January 2019

Need more information?

Key contacts:

- Camilla Radia-George (Manager, Innovation Projects) on Camilla.radia-george@safecare.vic.gov.au or 9096 0974
- Tammy Dinh (Senior Project Officer) on tammy.dinh@safecare.vic.gov.au or 9096 7267
- Email the BCV Team at bcv@dhhs.vic.gov.au or call 03 9096 2761.

www.bettercare.vic.gov.au