In this podcast, James Edwards talks to Dr Carolyn Hullick and Professor Simon Finfer about the new, national Sepsis Clinical Care Standard, recently introduced to ensure that a patient presenting with signs and symptoms of sepsis receives optimal care, from symptom onset through to discharge from hospital and survivorship care.

**Interviewer:** James Edwards

**Interviewees:** Carolyn Hullick and Simon Finfer

**Summary Writer:** Michelle Wu

**Editor:** Nicola Bunt

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**About Dr Carolyn Hullick**

Dr Carolyn Hullick is a Clinical Director at the Australian Commission on Safety and Quality in Health Care and Emergency Physician at Hunter New England Health NSW.

At the Commission, Carolyn has guided the National Sepsis Program and chaired the Sepsis Clinical Care Standard Topic Working Group. Other projects focus on aged care, transitions of care, appropriate use of antipsychotics, and comprehensive care. As an Emergency physician Carolyn has a special interest in geriatric medicine, and as a Harkness Fellow, spent 12 months at Weill Cornell Medical School in New York, investigating care for older people in emergency departments.

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**About Professor Simon Finfer AO**

Professor Simon Finfer AO is a Professorial Fellow in the Critical Care Division at The George Institute for Global Health, Adjunct Professor, University of New South Wales and Chair of Critical Care, School of Public Health, Imperial College London.

Simon was a founding member and is a past-Chair of the Australian and New Zealand Intensive Care Society (ANZICS) Clinical Trials Group, past chair of the International Sepsis Forum, and current Vice President of the Global Sepsis Alliance. He is Director of the Australian Sepsis Network and Asia Pacific Sepsis Alliance. Simon was appointed an Officer (AO) in the Order of Australia in 2020 for “distinguished service to intensive care medicine, to medical research and education, and to global health institutes”.

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*Sepsis*

*With Dr Carolyn Hullick, Clinical Director at the Australian Commission on Safety and Quality in Health Care and Emergency Physician at Hunter New England Health*
And Professor Simon Finfer, Professorial Fellow in the Critical Care Division at The George Institute for Global Health, Adjunct Professor, University of New South Wales and Chair of Critical Care at the School of Public Health, Imperial College London

Introduction
James Edwards chats to Dr Carolyn Hullick and Professor Simon Finfer about the new Sepsis Clinical Care Standard. This podcast is brought to you by the Australian Commission on Safety and Quality in Health Care following the release of Australia’s first national standard of care for sepsis.

Sepsis is a life-threatening condition that arises when the body’s response to an infection damages its own tissues and organs. The Sepsis Clinical Care Standard will help to ensure sepsis is recognised early and patients receive coordinated, best practice care so that the risk of death or ongoing morbidity is reduced. This includes timely recognition of sepsis, early and appropriate antimicrobial therapy and continuity of care from the acute setting through to discharge and survivorship.

Key podcast discussion points are summarised below.

1. Why is this new clinical care standard so important?

- Around the world, the delayed recognition and management of sepsis is a common cause of preventable death and disability.
- More than 8,500 people die each year from sepsis in Australia – more than the number of deaths from stroke or road trauma. The mortality rate for sepsis in the ICU can be 30% and above.
- Sepsis doesn’t fall under the remit of any one clinical team. The non-specific nature of early sepsis symptoms and the lack of a definitive diagnostic test mean that sepsis can be easily missed and mismanaged.
- We need systems and processes for patients with sepsis in the same we have, for example, for stroke and trauma patients.
- The clinical care standard seeks to address these issues and provide guidance on how to manage this difficult situation and empower patients and clinicians to get the help that they need.

2. What are some of the challenges of the early diagnosis of sepsis? Why is the question ‘Could it be sepsis’ so important?

- Sepsis is a clinical diagnosis. Diagnosis is based on abnormalities in vital signs such as fever, tachycardia, or high respiratory rate, these symptoms are common in both infective and non-infective conditions and so trying to identify the patient with sepsis is challenging.
In older people, chronic conditions, multiple medicines, and possible cognitive impairment can all make it difficult to differentiate sepsis. Cognitive bias in diagnosis can delay urgent treatment; we need to be thinking “Could this be sepsis?” in any patient who may have infection-related organ dysfunction.

3. What are the implications for healthcare services implementing the standard?

- Healthcare services should have locally agreed systems and processes in place that aid the early detection of sepsis, such as sepsis pathways.
- Rapid deterioration, patients saying they feel ‘the worst I’ve ever felt’, and family concern are some key red flags that should alert clinicians to ask, ‘Could it be sepsis?’
- Family concerns must be taken seriously; this is reinforced when you consider the patient escalation programs around the country that have been named after children where family concerns were overlooked with tragic consequences.

4. The standard recommends that antimicrobials should be administered within 60 minutes. Some might argue that this could encourage unnecessary use of antimicrobials to meet the 60-minute time frame. Can you explain the rationale behind this recommendation?

- These recommendations arise from observational data as it is very difficult to conduct a randomised study where antibiotic treatment is delayed in patients who probably have sepsis.
- Studies have shown that every hour of delay in antibiotic treatment increases the relative risk of death by between 4 and 8%.
- If someone has septic shock, or clearly has sepsis, they should receive antibiotics immediately, within an hour at the most.
- Ideally blood cultures should be taken before starting antibiotic treatment, but if this is difficult, it should not delay antibiotic administration.
- Data show that adopting this sort of policy does not increase the total amount of antibiotics administered across the hospital.
- It is important to review antibiotic therapy within 48 hours to ensure that continuing antibiotic therapy is appropriate.

5. Why is the coordination of care of patients with sepsis challenging?
Sepsis is a complex problem, and the patient may have many transitions of care, for example from the Emergency department to ICU then to the ward. The standard emphasises appropriate communication and handover at each of these transitions. A sepsis coordinator could play an important role in ensuring such coordination.

The after-effects of sepsis – known as post-sepsis syndrome – involve physical, cognitive, and psychological issues which are not well-recognised or supported after discharge. We have systems in place for rehabilitation after heart attack or stroke – post-sepsis care requires similar education and support.

In addition to individual patient-level coordination, services will also benefit from a sepsis coordinator role at a system level to look at sepsis pathways, processes, education, audits etc.

6. Take home messages

- Sepsis is a difficult diagnosis; even if you are unsure, escalate to a senior clinician with experience and expertise in managing sepsis.
- Think ‘Could it be sepsis?’ for all patients with an acute illness or deterioration who may have an infection.
- Sepsis is a time-critical medical emergency. Be familiar with the sepsis process in your hospital.
- Listen to patient and family concerns – they often know the patient best.

Resources

Access the Sepsis Clinical Care Standard and related information on the Commission’s website.

The Standard is supported by a range of implementation resources including guidance around the use of antimicrobials and lactate, patient information resources, and discharge planning tools and resources.

The Sepsis Clinical Care Standard includes links to a range of related resources, including state and territory decision support tools and sepsis pathways, guidelines for recognising and responding to acute deterioration, resources to support antimicrobial therapy, and resources for consumers and carers.
If you enjoyed listening to this week's podcast feel free to let us know what you think by posting your comments or suggestions in the comments box below.

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