

LEAD by Example -To improve the Sepsis screening and Sepsis six compliance in John Snow (Surgical ward) to 90% by empowering the team through Monthly unit Sepsis training sessions by Sepsis Champion lead in John Snow

- L –Learn the Skills
- E –Evaluate and train the team
- A –Aware of the limitations
- D –Decision to lead



The Princess Alexandra Hospital
NHS Trust

Background: The monthly Sepsis compliance audit after the implementation of Alex health reflected that the Sepsis documentation compliance is 20% in John Snow for the month of March-April 2025. The analysis from the training feedback reflected that the team members needs more training on Screening tool and documentation which can improve the compliance.



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Project team :
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Quality Improvement Tool

We did utilise the 5 why approach to analyse the problem- the issue identified was that there is a training need and also the need for a Sepsis champion lead in the unit. The sepsis champion was upskilled by enrolling for the Sepsis Practitioner programme and to lead the unit on compliances and trainings. This is a part of the Sepsis improvement project in improving the trust compliance as per the national standards. We are looking forward to achieve a 90% compliance to sepsis screening and Sepsis six documentation by August 2025.

The measure utilised were planning unit trainings , weekly catch up with the lead nurse and awareness on the criticality of Sepsis. As a first step Sepsis screening workflow training(Shop floor) was initiated and 80% of the staff was covered in 2 months duration.

Learning

From the tool , we analysed the feedback of the training sessions and the champions shared that they are busy in the units and haven't got any dedicated time to perform the responsibilities. So as a team we simplified the works by sharing the every month 5 minutes trainings during the handovers .Sepsis awareness educational boards are implemented at the unit entrance , which is being updated every month by the lead champion of the unit .Sepsis screening work flow is being created and displayed . For those patients at risk of Sepsis are handed over with the patient information leaflets to identify the early symptoms and seek medical help in time Each trained lead is allocated with 3 tasks – 5 minute unit teachings , monthly 5 patients to be audited and to do a quality improvement project for their unit . Those who complete all these for 3 months consequently will be awarded as a certified Sepsis Practitioner and awarded a Sepsis Practitioner badge. The May month screening compliance is 60% and there was no Sepsis confirmed patients in the unit.

Next steps

This is a subunit of the Sepsis Project- but this successful project is being implemented in other units as well to upskill the lead champion to lead the unit as a trainer and QI partner. To ensure the sustainability we ae planning for further developmental programmes on The World Sepsis day.



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Train the unit trainer -To improve the Sepsis screening and Sepsis six compliance in John Snow (Surgical ward) to 90% by empowering the team through Monthly unit teachings

Why the staff is not doing the screening for all the patients who triggers on the NEWS score as per the trust policy?

New digitalisation and inadequate training for the staff regarding the documentation

Why there is a lack of training and awareness in the unit ?

Training plan to be in place for more awareness about the work flow in order to upskill the staff

Why there is no work flow training to upskill the staff?

Lack of Sepsis champions participation in training the unit

Why there is a lack of participation of the Sepsis champions

Lack of Skills and confidence and awareness on the importance and lack of the work flow

Why cant they be upskilled to lead and train the team?

Sepsis Practitioner in each unit

