Sepsis Strategy for Lancashire Care Homes
2017-2020

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1.0 Foreword

There is an increasing focus on sepsis from health and political organisations with the ambition to improve patient care. This strategy has been developed in response to the need to address sepsis and incorporates evidence based and best practice approaches for the prevention and management of sepsis for our residents in care homes across Lancashire.

In 2015, an All Parliamentary Group was established which called for the need to address sepsis across the NHS. NHS England identified tackling sepsis as a clinical priority for improving patient outcomes in 2015. Sepsis was included in a new CQUIN\(^1\) in England in 2015/16 and again in 2016/17. The National Confidential Enquiry into Patient Outcome and Death (NCEPOD)\(^2\) highlighted lessons learnt from sepsis cases and provided key recommendations for improving the quality and safety of care. In 2016, the National Institute for Health and Clinical Excellence (NICE)\(^3\) published new guidelines for the management of sepsis, and the National Patient Safety Collaborative\(^4\) published its report which recommended a more simplified and standardised approach to the identification, monitoring and treatment of patients with deteriorating conditions, which includes sepsis.

This strategy is part of Lancashire County Council's (LCC) Infection Prevention Team's Infection Prevention and Control Strategy 2016-2019.

This strategy has been developed in collaboration with key partners across Lancashire: acute trusts; care homes; clinical commissioning groups (CCGs); and North West Ambulance Service (NWAS). It has also been developed with support from NHS England's national clinical leads for sepsis and organisations with a keen interest in improving

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\(^1\) CQUIN - commissioning for quality and innovation. The system was introduced in 2009 to make a proportion of healthcare providers' income conditional on demonstrating improvements in quality and innovation in specified areas of patient care.


morbidity and mortality for sepsis: UK Sepsis Trust; NHS improvement (NHSI); and Advancing Quality Alliance (AQuA).

This strategy could not have been achieved without the support and expertise from a wide range of individuals and special thanks go to:

Dr Matt Inada-Kim; Dr Emmanuel Nsutebu; Denise Brooks; Jo Hemms; Debra Banks; Fiona Cook; Adam Purnell; Karen Shaw; Lillia Higginson; Andrea McGuiness; Liz Kanwar; Stuart Lee; and Julie Carman.

Dr Sakthi Karunanithi
Director of Public Health
2.0 Executive summary

In the UK, sepsis is a major cause of illness, disability and death. The number of sepsis cases is set to rise annually with the majority of sepsis cases commencing in the community. However, many sepsis cases are avoidable and if sepsis is detected earlier, it could save up to 14,000 lives per annum.\(^5\)

Whilst a great deal of work has been done both nationally and locally to address sepsis, there is still much more work that needs to be done.

Residents living in our care homes across Lancashire, represent one of the high risk groups for sepsis in that they are elderly, often living with co morbidities and are immune compromised. They are at risk of infections which can lead to sepsis.

Opportunities exist in our care homes to improve the experiences and outcomes for residents with sepsis. This document outlines LCCs strategic approach for improving the early identification and timely referral to treatment for care home residents with sepsis which is essential for improving experiences and outcomes for people diagnosed.

During national sepsis month, in September 2017, LCCs Infection Prevention Team will begin to train and support both residential and nursing care home staff to deliver evidence based and best practice approaches for the prevention and management of residents with sepsis. This programme of work will continue for the duration of this strategy.

Both care home staff and primary care staff from across Lancashire have asked for and have shown a great deal of enthusiasm and support for a programme of work designed to tackle sepsis to improve the quality of care provided to care home residents with sepsis.

This strategy signals the beginning of a great deal of work: a step change to the management of sepsis for our care home residents in Lancashire.

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\(^5\) UK Sepsis Trust, 2017.
3.0 Introduction

This is the first sepsis strategy for care homes across Lancashire.

This strategy aims to:

*Improve sepsis related experiences and outcomes for care home residents across Lancashire*

Sepsis is a time critical condition. Therefore, the aim of this strategy will be achieved by the implementation of current evidence based and best practice approaches by Lancashire's residential and nursing care homes by improving the early identification and timely referral to treatment for care home residents with sepsis, essential for improving experiences and outcomes for people with sepsis.

LCCs Infection Prevention Team will provide specialist training, advice and support for care home staff in order they can implement these approaches to improve the experiences and outcomes for care home residents with sepsis.

This work carried out by LCCs Infection Prevention Team, forms part of the Infection Prevention Team's Infection Prevention and Control Strategy 2016-2019, which contributes to the statutory Public Health work delivered to protect and improve the health and wellbeing of Lancashire's residents, on behalf of the Director of Public Health.

Section 4.0 of this strategy covers the background to sepsis, section 5.0 covers the prevalence of sepsis and highlights the scale and costs attached to this health concern, section 6.0 covers current national evidence based practice for sepsis, section 7.0 covers the current picture of sepsis management in Lancashire care homes, section 8.0 covers the future picture for sepsis management in Lancashire care homes, and the final section 9.0 covers the need to develop further work with key partners across Lancashire to address sepsis using evidence based approaches to improve experiences and outcomes of care.
4.0 Background to sepsis

Sepsis is a common and potentially life threatening condition triggered by the body’s response to infection. Whilst sepsis can arise as a result of any infection, the most common causes of sepsis include: pneumonia; urinary tract infections; abdominal infections; severe skin infections; and infections following surgery.

Sepsis is currently defined as:

'*Life threatening organ dysfunction caused by a dysregulated host response to infection.*’\(^6\)

Or

'*Sepsis is a life threatening condition that arises when the body's response to an infection injures its own tissues or organs.*’\(^7\)

Sepsis is usually caused by bacterial infections but it can also be caused by viral and fungal infections.

People who are at greater risk of sepsis include: older people; the very young; people who are immune compromised; people admitted to hospital with serious illness; post-operative patients; or those with injuries or wounds due to a serious accident.

When people suffer from sepsis, the body's immune system overreacts causing widespread inflammation, swelling and blood clotting. These reactions can cause a significant reduction in blood pressure, which can decrease the blood supply to vital organs and starve them of oxygen. If not treated quickly, sepsis may lead to multiple organ failure and death.\(^8\)

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Early symptoms of infection include: low body temperature; shivering; chills; fever; raised heartbeat; and rapid breathing.\textsuperscript{9} Symptoms of sepsis which may follow shortly afterwards include:

- Slurred speech
- Extreme shivering or muscle pain
- Passing no urine (in a day)
- Severe breathlessness
- 'I feel like I may die'
- Skin mottled or discoloured.\textsuperscript{10}


\textsuperscript{10} UK Sepsis Trust website. [Accessed 19\textsuperscript{th} April 2017]. Available from: URL: http://sepsistrust.org/
5.0 Prevalence of sepsis

Sepsis is a major cause of avoidable morbidity and mortality\(^{11}\) with over 70% of all UK sepsis cases arising in the community.

In the UK, there are approximately 200,000 cases of sepsis annually.\(^{12}\) Of these, 150,000 sepsis cases require hospital admission. However, a recent report highlights this figure to now be much higher due to sepsis being attributed to other conditions such as pneumonia.\(^ {13}\)

Each year sepsis claims more than 44,000 lives which is more than for breast, bowel and lung cancer combined. Of these, 13,000 deaths caused by sepsis are reported to be avoidable.\(^ {14}\)

Whilst many people each year survive severe sepsis, the majority of survivors suffer significant complications which can impact on their quality of life following diagnosis.\(^ {15}\) These can include:

- Chronic fatigue
- Muscle weakness
- Joint pain or swollen limbs
- Amputations
- Chest pain or breathlessness
- Poor skin and nail condition
- Hair loss
- Changes in taste and vision
- Poor appetite
- Repeated infections.

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Psychological complications can include:

- Fear
- Anxiety or depression
- Flashbacks
- Insomnia
- Poor concentration or short term memory loss
- Post-traumatic stress disorder.\(^{16}\)

The incidence of sepsis is set to increase as people live longer, often with significant co-morbidities and as more medical and surgical interventions are performed.\(^{17}\) The evolution of more drug resistant and serious varieties of pathogens causing infections will also add to this trajectory.

Each year the cost of sepsis in the UK is considerable. A recent analysis estimates sepsis to cost £7.4 billion at the most conservative end of the spectrum or £10.2 billion at the highest end of the spectrum.\(^{18}\)


6.0 Screening and referral for sepsis – evidence based practice

The need to prevent both avoidable morbidity and mortality associated with sepsis is clearly evident. However, sepsis can be difficult to diagnose as the clinical presentation of sepsis may be variable, subtle and non-specific. Crucially, the risk of death from sepsis rises with every hour treatment is delayed. Therefore, early recognition and timely referral to treatment for sepsis is time critical.

Given this, over time different operational definitions of sepsis have been developed, which has led to large scale variation in the identification, monitoring and treatment of people with sepsis. These definitions include: Systemic Inflammatory Response Syndrome (SIRS); Sequential Organ Failure Assessment (SOFA); National Institute for Clinical Excellence Guidance for sepsis (NICE NG 51); the UK Sepsis Trust Screening and Action Tools; and the National Early Warning Score (NEWS). However, a recent national report has found that in community derived sepsis cases, complete observation sets designed to detect sepsis are often found lacking.

Currently, there is national consensus that much more can be done to recognise sepsis earlier in many cases. There is also national acceptance that standardising an approach to the diagnosis of deteriorating conditions, which includes sepsis, is needed. The NEWS is considered the best for improving the quality of care provided within and across healthcare settings. These include: care homes; general practices; community nursing; ambulance services and acute trusts.

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21 SIRS was developed in 1983 by Dr. W.R. Nelson at the Department of Surgery, University of Toronto. It was more broadly adopted in 1991 and was eliminated from the definition of sepsis in 2016.
22 Sequential Organ Failure Assessment Score (SOFA) and now qSOFA, are used to track the degree of organ function or failure of a patient usually in an intensive care unit, or at a patient's bedside.
23 This NICE guideline developed in 2016, covers the recognition, diagnosis and early detection of sepsis for all populations.
27 Keogh B. Letter to all organisations, 2016.
The Royal College of Physicians (RCP) led the development of NEWS in 2012, which is designed to determine the degree of illness of a patient using six physiological parameters and one observation. These include:

- Respiration rate
- Oxygen saturations
- Temperature
- Systolic blood pressure
- Heart rate
- Level of consciousness

A score is allocated to each of these observations with guidance for on-going review and action. See Appendix A for NEWS chart. See Appendix B for NEWS and Assessing Deterioration within Care Homes.

The benefits of using NEWS include:

- Knowledge of baseline observations in environments where sicker, fraile adults with chronic illnesses are cared for
- Guidance for the frequency of taking observations and review
- Tracking clinical deterioration and triggering an appropriate healthcare response
- Improved communication and handover between health and social care providers
- Assessment of suitability for emergency admission
- Reduction in the need for hospital admission or unwanted, over aggressive treatment

Suspecting infection together with screening for soft signs of deterioration:28 the inability to walk; pass urine; confusion; or concern from a carer or clinician, in particular for frail


residents in care homes, alongside NEWS is also recommended.\textsuperscript{29} Such additional screening further assists with detecting deterioration and provides guidance as to who, where and over what time frequency on-going screening and care are to be provided. Like NEWS, the presence and persistence of soft signs should be tracked, handed over and communicated in pre-hospital environments.

\textit{When patients require discussions across the interfaces of care, soft signs and NEWS should be communicated as well as an indication of what the baseline NEWS is normally.}\textsuperscript{30}

\textsuperscript{29} Brabrand M, Kellet J. Mobility measures should be added to the National Early Warning Score (NEWS). Resuscitation. 2014;85:9.151.
7.0 Screening and referral for sepsis – the current picture in Lancashire care homes

Local post infection reviews for reportable infections: Clostridium difficile (C.diff); and Meticillin Resistant Staphylococcus Aureus (MRSA) carried out by LCCs Infection Prevention Team with some care homes during 2015-2016, highlighted areas of good practice, but also health and social care service delivery gaps in the early identification and timely referral to treatment for care home residents with sepsis. The service gaps included:

- A lack of consistent and evidence based approach to screening for sepsis
- Variation in the use of language and clinical evidence to communicate to key health care providers ‘we think this is sepsis’ and
- Variation in the timely escalation for appropriate healthcare for residents.

In addition, Lancashire care homes are not currently required to report the number of sepsis cases in care homes, although they do report the numbers and types of infections residents are diagnosed with. The main types of infections care home residents in Lancashire are diagnosed with are chest and urinary tract infections. These two infections are the main causes for residents' hospital admissions for infections, as well as being two of the main types of infections which lead to sepsis.

Strengths, weaknesses, opportunities and threats (SWOT) have been identified and analysed during the consultation phase of this strategy. The SWOT analysis emphasises that there are models of good practice in the prevention and management of sepsis, although similar to the post infection reviews, there are service delivery gaps in the implementation of evidence based practice for the management of sepsis in many care homes. This is likely to be impacting on residents’ experiences and outcomes when sepsis is suspected. The SWOT analysis can be found at Appendix C.

Local intelligence from district nurses caring for care home residents and registered nurses working in care homes have told us that the management of sepsis in our care homes is an
issue which needs to be addressed. Care home staff across Lancashire have, during the development of this strategy, shared some of their experiences of nursing residents with sepsis. Experiences range across the spectrum of practice from no screening tool or observations being undertaken to NEWS being routinely used:

‘One of our residents was fit and well one week and the next week he became ill very quickly with sepsis. We knew something was wrong so we called an ambulance. He was admitted to hospital and he died shortly afterwards.’

'It was a shock for us all and we will never forget it.'

(North Lancashire Care Home Manager, 2017)

‘We get a better response from GPs when we ring with vital signs.’

(Fylde and Wyre Care Home Manager, 2017)

‘We use NEWS in our care home. A 95 year old lady with co morbidities developed a chest infection and was prescribed antibiotics by the GP. 4 days later she quickly deteriorated. We did her NEWS which was 8, she was very poorly. We immediately called an ambulance and she was admitted to hospital. The home did everything they could to deliver safe and effective care for this lady.’

(Chorley South Ribble Care Home Manager, 2017)

'We routinely use NEWS in our home and when a resident is unwell or if they have a fall. This has given seniors a clear guide and residents have been seen by the out of hours GP or admitted to hospital with good outcomes.'

(Preston Care Home Manager, 2017)
Also, during the development of this strategy many care home staff have expressed enthusiasm and the need for a programme of work designed to strengthen their knowledge, confidence and skills in relation to the early identification and timely referral to treatment for sepsis for residents in their care.
8.0 Screening and referral for sepsis - the future picture in Lancashire care homes

During national sepsis month, in September 2017, sepsis training and development sessions for residential and nursing care homes will commence. The training and development sessions will aim to improve the knowledge, confidence and skills of care home staff in the early identification of sepsis, by incorporating both evidence based and best practice approaches for the identification and referral of people with sepsis which are recommended for use in care homes. It will provide an overview of good practice in infection prevention, describe sepsis with particular consideration to its management within care homes and include a three month follow up session to evaluate implementation and provide any additional support to staff. Details of the training and development sessions can be found at Appendix D.

On completion of sepsis training session 1, senior care home staff will be required to train other members of their care staff in the evidence based approaches for screening and referral of treatment for sepsis within their care homes. This will be undertaken by an observation in practice approach. This method has been successfully implemented in other local care homes and maximises the opportunity to develop a quality workforce whilst maintaining staffing requirements.

Pre and post session evaluation will be undertaken to ensure that knowledge, skills and confidence are improving. Feedback from these evaluations will be used to constantly refine and improve the training.

It is anticipated that as a result of the sepsis training and development sessions, senior care home staff levels of knowledge, confidence and skills to identify and refer residents with sepsis for appropriate treatment will improve.
The sepsis training and development sessions will be widely promoted to care homes across Lancashire. The sepsis training and development sessions will continue to be rolled out from September 2017 and throughout the duration of this strategy. Care staff from the 416 residential and nursing care homes across Lancashire will be eligible to apply for the free sepsis training and development sessions.

It is anticipated that following the sepsis training and development sessions, the training outcomes will be:

- Implementation of sustained and consistent evidence based and best practice approaches to the prevention and management of sepsis in care homes
- Improved communication between health and social care professionals with regards to the management of residents with sepsis
- Improved and timely responses across community healthcare providers to attend to the needs of care home residents with sepsis
- Rapid referral of residents to local acute trusts for appropriate and time critical treatment for sepsis
- Increased awareness of the care needs of residents following a sepsis diagnosis
- Improved public awareness of sepsis in Lancashire care homes

The planned outcomes from this strategic approach;

*the implementation of evidence based and best practice approaches for the prevention and management of sepsis in Lancashire care homes,*

will be reviewed with participating care homes towards the end of this strategy, during June-July 2020.
9.0 Working with partners across Lancashire to address sepsis

This strategy is focussed on improving quality in care homes, but there is an acknowledgement that further action is required across the pathway.

In addition to the sepsis training and development sessions, LCCs Infection Prevention Team will:

- Raise awareness of the evidence based and best practice approaches for the management of sepsis being used in Lancashire care homes to: acute trusts; CCGs; GPs; and NWAS across Lancashire
- Celebrate success stories, in collaboration with care home staff, of residents diagnosed with sepsis who have been effectively treated and with good outcomes
- Promote public awareness of sepsis
- Encourage the use of evidence based practice for the prevention and management of sepsis within other community healthcare settings such as; general practices to improve the quality of care being provided to people with sepsis in the community

A survey carried out in February 2017, with Lancashire’s CCGs and NWAS highlighted a variety of tools are being used to identify sepsis in primary and secondary care settings. Therefore, much more work needs to be undertaken across the health economy to embed a consistent and evidence based approach to identifying and referring people with sepsis for time critical treatment.

*A consistent approach to the use of NEWS across a geographical area will make it easier for health care staff to spot patients who deteriorate and get them treated promptly.*

31 Keogh B. Letter to all organisations, 2016.
10.0 Appendices:

Appendix A

National Early Warning Score (NEWS) chart

<table>
<thead>
<tr>
<th>PHYSIOLOGICAL PARAMETERS</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiration Rate</td>
<td>≤8</td>
<td>9 - 11</td>
<td>12 - 20</td>
<td>21 - 24</td>
<td>≥25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oxygen Saturation</td>
<td>≤91</td>
<td>92 - 93</td>
<td>94 - 95</td>
<td>≥96</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any Supplemental Oxygen</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temperature</td>
<td>≤35.0</td>
<td>35.1 - 36.0</td>
<td>36.1 - 36.0</td>
<td>38.1 - 39.0</td>
<td>≥39.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Systolic BP</td>
<td>≤90</td>
<td>91 - 100</td>
<td>101 - 110</td>
<td>111 - 219</td>
<td>≥220</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Rate</td>
<td>≤40</td>
<td>41 - 50</td>
<td>51 - 90</td>
<td>91 - 110</td>
<td>111 - 130</td>
<td>≥131</td>
<td></td>
</tr>
<tr>
<td>Level of Consciousness</td>
<td>A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>V, P, or U</td>
<td></td>
</tr>
</tbody>
</table>

The NEWS Score initiative flows from the Royal College of Physicians National Early Warning Score Development and Implementation Group (NEWS-DIG) region, and was jointly developed and funded in collaboration with the Royal College of Physicians, The Royal College of Nursing, The National Clinical Forum, and NHS Training for Innovation.
Appendix B

NEWS and Assessing Deterioration within Care Homes

In care homes it is not unusual for up to 30% of the residents to have abnormal baseline NEWS.

<table>
<thead>
<tr>
<th>NEWS ABOVE Baseline</th>
<th>Suggested Actions (Always refer to anticipated care plan)</th>
<th>Observation</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 Above Normal Baseline</td>
<td>Observe – likely stable enough to remain at home  Escalate if any clinical concerns / gut feeling</td>
<td>At least 12 hourly until no concerns</td>
</tr>
<tr>
<td>1 Above Normal Baseline</td>
<td>Immediate senior staff review, escalate if concerned.  Repeat observations within 6 hours. If next observations = NEWS + 1 above normal baseline or more with no obvious cause arrange GP review within 24 hours. If NEWS is worsening</td>
<td>At least 6 hourly</td>
</tr>
<tr>
<td>2 Above Normal Baseline</td>
<td>If no Improvement in NEWS (or the same) within 2 hours, seek GP telephone assessment within 2 hours +/- GP review within 6 hours. If NEWS is worsening</td>
<td>At least 2 hourly</td>
</tr>
<tr>
<td>3-4 Above Normal Baseline</td>
<td>Repeat observations within 1 hour. If observations = NEWS +3 above normal baseline or more. seek urgent GP review within 2 hours. If NEWS is worsening</td>
<td>At least 2 hourly</td>
</tr>
<tr>
<td>5-6 Above Normal Baseline</td>
<td>Urgent transfer to hospital within 1 hour  Refer to GP or use NHS 111 to contact Out of Hours  (if consistent with advanced care plan)</td>
<td>Every 30 minutes</td>
</tr>
<tr>
<td>7+ Above Normal Baseline</td>
<td>Blue light 999 call with transfer to hospital (15 minutes) follow guidance of call handler,  (if consistent with advanced care plan)</td>
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### Appendix C
### SWOT analysis

<table>
<thead>
<tr>
<th><strong>Strengths:</strong></th>
<th><strong>Weaknesses:</strong></th>
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<tr>
<td>• Both residential and nursing care</td>
<td>• No baseline data of the numbers of residents with sepsis in</td>
</tr>
<tr>
<td>home staff have expressed a strong</td>
<td>Lancashire care homes.</td>
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<tr>
<td>interest in engaging with LCC IPNs</td>
<td>• Only 20 of LCCs residential care homes are submitting data on</td>
</tr>
<tr>
<td>sepsis training and development</td>
<td>infections via the QUEST initiative.</td>
</tr>
<tr>
<td>sessions for care homes.</td>
<td>• No routine, consistent, evidence based approach to the early</td>
</tr>
<tr>
<td>• Some care homes (both residential</td>
<td>identification and timely referral to treatment for care home</td>
</tr>
<tr>
<td>and nursing) are taking baseline</td>
<td>residents.</td>
</tr>
<tr>
<td>observations e.g. BP, pulse,</td>
<td>• Poor experiences and outcomes for care home residents with</td>
</tr>
<tr>
<td>respirations which could easily be</td>
<td>sepsis.</td>
</tr>
<tr>
<td>developed into NEWS.</td>
<td></td>
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<tr>
<td>• Some care homes (both residential</td>
<td></td>
</tr>
<tr>
<td>and nursing) are successfully</td>
<td></td>
</tr>
<tr>
<td>implementing NEWS.</td>
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<table>
<thead>
<tr>
<th><strong>Opportunities:</strong></th>
<th><strong>Threats:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• To provide training, advice and</td>
<td>• Poor experiences and outcomes for care home residents with</td>
</tr>
<tr>
<td>support to care home staff for</td>
<td>sepsis.</td>
</tr>
<tr>
<td>screening and referral of residents</td>
<td></td>
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<tr>
<td>with sepsis.</td>
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</tr>
<tr>
<td>• To provide training to care home</td>
<td></td>
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<tr>
<td>staff on the care of residents who</td>
<td></td>
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<tr>
<td>have been discharged home from</td>
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<tr>
<td>hospital following a diagnosis of</td>
<td></td>
</tr>
<tr>
<td>sepsis.</td>
<td></td>
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<tr>
<td>• Self-reported data on infections in</td>
<td></td>
</tr>
<tr>
<td>care homes is collected on a</td>
<td></td>
</tr>
<tr>
<td>quarterly basis by the CSU and</td>
<td></td>
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<tr>
<td>produced into CCG care home quality</td>
<td></td>
</tr>
<tr>
<td>reports.</td>
<td></td>
</tr>
<tr>
<td>• Improved quality of care in care</td>
<td></td>
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<tr>
<td>homes and across care pathways</td>
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Appendix D

Sepsis Training and Development Sessions

Training session 1 will include:

- Promote infection prevention, good practices such as: hygiene; hand washing; good nutrition and hydration; and encouraging the uptake of vaccination against flu and pneumonia
- Introduction and overview of sepsis
- Current evidence-based screening tools for sepsis
- A best practice approach and support for embedding sepsis screening into care homes
- An increased understanding of care needs for residents diagnosed with sepsis following hospital discharge
- Promote public awareness of sepsis.

Training & development session 2 (to be undertaken 3 months after the initial training session) will include:

- Review and specialist implementation support

LCCs Infection Prevention and Control Team will develop and provide:

- The sepsis training programme, including materials
- Specialist advice and support

Care homes will need to provide:

- A blood pressure monitor
- A pulse oximeter
- A thermometer
For more information about this strategy, please contact:

Jane Mastin
Infection Prevention Nurse
(Sepsis Lead)
Patient Safety and Safeguarding
Lancashire County Council
Jane.mastin@lancashire.gov.uk
or
infectionprevention@lancashire.gov.uk