
Paediatric Sepsis Sustainability

Initiative Type

System Improvement

Status

Sustained

Added

29 March 2022

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12 May 2022

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<https://cnxp3cuvtvrn68yjaibaht5ywrxspj7m.clinicalexcellence.qld.gov.au/improvement-exchange/paediatric-sepsis-sustainability>

Summary

Sepsis is a leading cause of preventable death and disability in children. The Queensland Paediatric Sepsis Program (QPSP) is an innovative, interdisciplinary program to reduce the burden of sepsis on families, clinicians and the health system. Sustainability is a key focus for all activities of the QPSP. Stakeholder feedback and data provided to QPSP throughout the duration of the program reflect

concerns about sustainability, particularly in relation to embedding the use of the pathway into clinical practice, improving sepsis management, family experience and outcomes, and improving health service efficiency and effectiveness. The QPSP has secured recurrent funding for a multidisciplinary team, however the capacity and authority is lacking to provide continual bespoke and intensive support for each HHS. The paediatric sepsis 5-year roadmap was co-designed with nursing, medical, allied health, Aboriginal and Torres Strait Islander, primary care, research and family representatives from across Queensland (n=43). Digital Storytellers were engaged to facilitate a story-led consultation, engaging participants language, sensory and emotive brains to draw out rich qualitative data. A virtual listening workshop was hosted with participants stories underpinning the development of actions and recommendations. Post event semi-structured interviews were held with partners unable to attend the workshop. Thematic analysis was conducted using Braun and Clarke's 6-phase framework to answer the question "what actions are needed to sustainably improve Queensland paediatric sepsis care over five years."

Key dates

Aug 2021

Mar 2022

Partnerships

QPSP Consumers and Clinical Advisory Group, Digital Storytellers

Key Contacts

Kate Weller

2449

[Anonymous](#)

Manager, Queensland Paediatric Sepsis Program

Children's Health Queensland HHS

0418735732

paediatricsepsis@health.qld.gov.au

Aim

To co-design a roadmap for sustainable, innovative and evidence-informed paediatric sepsis care.

Benefits

QPSP created a 5-year roadmap to tackle sustainability issues with clear, measurable and achievable actions which strive for the quadruple aim to produce value-based health service improvements. Our Peer Mentor Program provides support to families across Queensland who have a child diagnosed with sepsis, or are bereaved as a result of sepsis, by linking them with a mentor who has a lived experience of having had a child with sepsis more than two years ago. As directed by our consumers, we offer separate mentoring support for families of children who have survived their sepsis and families who are bereaved by sepsis.

Background

Sepsis, in technical terms, is life-threatening organ dysfunction due to dysregulated host response to infection. So when your body, in its attempts to fight off an infection - such as gastro, the flu, or one from an injury - starts to injure and shut-down its own organs. More than half of sepsis cases worldwide occur in children, with an estimated 25 million cases of paediatric sepsis in 2017, of whom 3.4 million children died, and almost all were left with a broad spectrum of physical, cognitive and psychosocial impacts. While the figures and physical impacts of paediatric sepsis were known, the available research and support networks, focusing on the unique holistic experiences of families impacted by paediatric sepsis and what their specific support needs were, did not reflect this. It simply did not exist. This clearly identified a critical gap in both knowledge and services in providing holistic family centred care for these families.

Solutions Implemented

The QPSP engaged with Digital Storytellers to facilitate a story-led consultation. Digital Storytellers are a national company with a track record in supporting government and health organisations to utilise powerful stories which elicit change. A 2-hour virtual listening workshop was held on 24

February, 2021 to co-design the 5-year roadmap including specific recommendations and actions. Multidisciplinary stakeholders represented nursing, medical, allied health, Aboriginal and Torres Strait Islander health, primary care, research and families from across Queensland (n=43). Clinicians from eight HHSs reflective of metropolitan, regional and rural areas were present, alongside colleagues from New South Wales and two universities. Post event semi-structured interviews were held with three stakeholders who were unable to attend the workshop. We also partnered with our incredible colleagues in the Children's Health Queensland Bereavement Service. Not only did our collaboration with the Bereavement Service increase the brains trust behind the development process, it allowed us to pool our available funding to engage consultation with The Australian Centre for Social Innovation, also known by its acronym of TACSI. Not only did our collaboration with the Bereavement Service increase the brains trust behind the development process, it allowed us to pool our available funding to engage consultation with The Australian Centre for Social Innovation, also known by its acronym of TACSI. Under the clear direction provided to us by our consumers throughout the facilitated co-design workshops we developed our Peer Mentor Program which included formalised recruitment, onboarding, training and a supervision program. We developed our evaluation tools to ensure that consumer feedback about the structure, running and effectiveness of the program is continuing to meet their direct needs. And finally we launched our Pilot Peer Mentor Program late last year.

Evaluation and Results

Following the workshop and interviews, thematic analysis was conducted using Braun and Clarke's 6-phase framework¹² (Figure 4) to answer the question "*what actions are needed to sustainably improve Queensland paediatric sepsis care over 5 years.*" Chat text and notes of the workshop and interviews were transcribed into excel and from this data 38 codes were generated. Patterns in the codes were identified and evolved into 6 themes:

1. Dedicated team
2. System level
3. Coordinated care
4. Communication, awareness and knowledge
5. Data and digital
6. Clinical education, training and resources

These themes are the basis for the 5-year roadmap. Specific actions proposed by participants during the workshop and interviews were aligned to each theme (see Sustainability Report). These themes and actions informed the development of 7 overarching goals to achieve by 2026 relating to health service resilience, family support and clinician engagement. The storytelling approach was new to clinicians however feedback from the post-workshop survey showed 90% of respondents found the storytelling format was valuable and they would recommend storytelling workshops to their peers.

Lessons Learnt

Storytelling and qualitative analysis is a valuable and acceptable method for developing health system solutions.

References

Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77-101. Cited by Maguire, M. & Delehunt, B. (2017). Doing a Thematic Analysis: A Practical, Step-by-Step Guide for Learning and Teaching Scholars. *The All Ireland Journal of Teaching & Learning in Higher Education (AISHE-J)* . Autumn 2017, Vol. 9 Issue 3, p3351-33514. 14p

Further Reading

<https://www.childrens.health.qld.gov.au/wp-content/uploads/PDF/QPSP-Sustainability-plan.pdf>
<https://www.childrens.health.qld.gov.au/chq/health-professionals/sepsis/resources/>

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