**Sexing up the Sepsis Six**

**Improving use of the Sepsis Six care bundle**

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**Introduction**

Use of the Sepsis Six Care Bundle (S6CB) improves mortality in patients with severe sepsis. In September 2010, we identified through incident investigation, clinical audit, and a short-term mortality alert that there was a problem with management of severe sepsis at our Trust. Our audit revealed that only 5% of eligible patients received the full S6CB within the recommended time. We set out to improve use of the S6CB in patients with severe sepsis.

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**Method**

A Trust-wide Sepsis Six programme was implemented in February 2012, and comprised pro formas (Figure 1), safety cafes (Figure 2), a mandatory eLearning package (Figure 3), desktop screen savers, grand rounds, posters, global emails, and opportunistic teaching. Improvement was measured via continuous monthly notes audit and the statistical process control method.

Our Plan-Do-Study-Act (PDSA) testing ramp (Figure 4) guaranteed form redesign and pathway review. We set an initial Unscheduled Care (Emergency Medicine and Acute Medicine) completion rate target of 75%, and an initial Ward inpatient completion rate target of 50%.

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**Results**

- S6CB use in Unscheduled Care improved from 16% in April 2012 to 88% in August 2013.
- S6CB use in Ward Inpatients improved from 5% in September 2011 to 70% in November 2012 (Figure 3).

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**Conclusions**

We demonstrate improved S6CB use in both Unscheduled Care as well as Ward inpatients as a result of a Trust-wide quality improvement programme. Sepsis management has since become a local 2013 CQUIN goal with a financial value of £802,500.

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**Summary**

- S6CB uptake improved from 16% to 88% from April 2012 to August 2013 in Unscheduled Care (Emergency Medicine and Acute Medicine).
- Implementation of the S6CB as a multi-faceted programme led by front line clinicians across different specialties using improvement methodology has resulted in a reliable system.
- We hope in the longer term to demonstrate improved clinical outcomes in patients with severe sepsis.

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