



# Improving Outcomes from Sepsis

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Sepsis, defined as life-threatening organ dysfunction due to a dysregulated host response to infection,<sup>1</sup> and recognised by the World Health Assembly as a global health priority,<sup>2</sup> affects 55 million patients worldwide with 11 million associated deaths each year.<sup>3</sup>

Improving outcomes from sepsis requires a multi-faceted approach which recognises the key barriers including poor community, policy maker and healthcare worker awareness, failure to recognise sepsis as a time-critical medical emergency, the lack of a definitive diagnostic test, the lack of a definitive medical specialty for patients with sepsis and a lack of awareness of and coordinated services for the longer-term health consequences of sepsis.

Approaches to overcoming these barriers were suggested by the World Health Assembly resolution,<sup>2</sup> and form the basis of a series of actions and a National Action Plan instituted in Australia which I will use to illustrate what is needed to improve sepsis outcomes on a national level.

The major planks of the Australian “Stop Sepsis National Action Plan” are

1. Improving community and healthcare worker awareness and recognition of sepsis as a time critical medical emergency.
2. Agreeing and implementing a national Clinical Care Standard for Sepsis in conjunction with the Australian Commission for Safety and Quality in Healthcare (see [link](#)) which has responsibility for accrediting healthcare facilities across the country
3. Improving services for Sepsis survivors and for those bereaved by Sepsis.

The Clinical Care Standard has seven quality statements covering the Recognition of Sepsis, its time critical management by a multidisciplinary team with a specific individual responsible for coordinating care, the importance of documentation and communication as patients with sepsis transition through many departments of the hospital. Further quality statements cover the importance of mandatory patient and carer education and coordinated care after hospital discharge and during survivorship.

1. Singer M, et al. The third international consensus definitions for sepsis and septic shock. *JAMA* 2016;315:801-10.
2. Reinhart K, et al. Recognizing Sepsis as a Global Health Priority - A WHO Resolution. *N Engl J Med* 2017;377:414-7.
3. Rudd KE, et al. Global, regional, and national sepsis incidence and mortality, 1990-2017. *Lancet* 2020;395:200-11.