



## ADHERENCE TO BEST PRACTICES IN SEPSIS CARE: **ONLY 3 IN 4** SURVEYED DOCTORS ARE KNOWLEDGEABLE ABOUT SEPSIS BUNDLES

WHILE MOST SURVEYED DOCTORS RECOGNIZE SEPSIS AS A SERIOUS CONDITION, THERE ARE CASES WHERE DIAGNOSIS IS DELAYED OR EVEN MISSED



95%

think that developing sepsis is serious for patients they treat in hospital



98%

agree that early detection of sepsis can lead to significantly better outcomes.

However



66%

agree that there is sometimes a delay in diagnosing sepsis in the hospital that they work in



56%

agree they do miss some cases of sepsis in the hospital they work in

## PROTOCOLS IN SEPSIS CARE ARE **NOT FOLLOWED BY ALL** DESPITE HIGH STATED ADHERENCE

Good perceived awareness and high stated adherence



78%

know a great deal or are somewhat knowledgeable about Sepsis Bundles



99%

think the actions outlined in the Hour-1 Sepsis Bundles\* contain appropriate steps for sepsis management



96%

state that actions outlined in the Hour-1 Sepsis Bundles are followed at least to some extent

### However low recognition of details when shown

53%

of doctors who stated they knew of the Sepsis Bundles correctly identified all the actions from a given list\*\*.



\* Hour-1 Sepsis Bundles includes a set of interventions which are recommended to begin immediately in all patients with suspected sepsis or septic shock.

\*\*Correctly selected actions include: Measure lactate level and re-measure if the initial level is elevated; Obtain blood cultures before administering antibiotics; Administer broad-spectrum antibiotics; Administer IV fluid: rapid administration of 30mL/kg crystalloid for hypotension or lactate  $\geq 4$ mmol/L; Apply vasopressors if hypotensive during or after fluid resuscitation to maintain a mean arterial pressure  $\geq 65$  mmHg

## AND **NOT ALL DOCTORS** BELIEVE CLEAR HOSPITAL PROTOCOLS ARE IN PLACE AND FOLLOWED

17%



do not agree that there is a clear sepsis protocol in the hospital where they work in

13%



do not agree that they consistently follow protocols in place in their hospital for treating sepsis

17%



do not agree that following standardised clinical protocols and delivering autonomous patient care are two actions that are compatible with each other

## THERE ARE A NUMBER OF **BARRIERS TO ADHERENCE** OF THE SEPSIS BUNDLES

From a list of given actions, surveyed doctors are most likely to believe that the following are barriers to adhering to the stages outlined in the Sepsis Bundles...



59%

High patient caseload



58%

Staff shortages



34%

Insufficient training



32%

Lack of familiarity with the steps

From a list of given actions, surveyed doctors are most likely to believe the following would help improve adherence to Sepsis Bundles:



66%

More staff



54%

Receiving training on Sepsis Bundles



45%

Rapid diagnostic tests