

Identifying Barriers to European HCP Adherence to Sepsis Care Bundles



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Daniels R, Foot E, Pittaway S, Urzi S, Favry A, Miller M. [Survey of adherence to sepsis care bundles in six European countries shows low adherence and possible patient risk.](#) *BMJ Open Qual.* 2023;12(2):e002304. doi:10.1136/bmjopen-2023-002304

Sepsis is a life-threatening condition that affects 3.4 million people in Europe annually. Early diagnosis and rapid intervention are crucial for survival. Sepsis bundles improve patient outcomes but are not widely adopted. For World Sepsis Day 2022, Ipsos conducted a survey to understand healthcare practitioners' (HCPs) knowledge of sepsis and identify barriers to adherence in six European countries: UK, France, Spain, and the Nordics¹.

Methods

- A 10 minute online cross-sectional survey was sent in June-July 2022.
- HCPs were recruited through a vendor panel and invited via email.
- Eligibility criteria: emergency department physician, general surgeon, internal medicine physician, critical care physician, or pulmonologist; qualified for 3–30 years; spending most clinical time in a hospital and >50% of professional time in direct patient care.

Results

- A total of 368 HCPs completed the survey.
- **Sepsis knowledge:** 99% of HCPs reported knowledge about sepsis, 79% were familiar with the sepsis-3 definition, 77% reported knowledge about sepsis bundles but this was variable across countries (95% HCPs in the UK, 94% in Spain, 66% in France, 56% in the Nordics).
- **Practices in hospital:** 87% consistently follow protocols, but 66% agreed that delays in sepsis diagnosis occur, and 56% agreed that some sepsis cases are missed.
- **Adherence to sepsis bundles:** 96% reported SEP-1² is followed in their hospital but only 53% correctly identified all bundle steps (64% in Spain, 43% in the UK). Only 44% followed all of the steps, meaning that >50% of patients may not be receiving the standard of care.
- **Barriers to adherence:** high patient caseload (59%) and staff shortages (58%), insufficient training (34%), lack of familiarity with steps (32%), delay in communicating test results (30%), inability to rapidly reassess patients (29%), and lack of rapid diagnostic tests (27%).

Conclusions

- Early diagnosis, rapid intervention and adherence to sepsis bundles are key to patient survival.
- Advocacy by healthcare leaders and policy-makers for increased funding for more staff and training is required to address current knowledge gaps.
- Use of rapid diagnostics to improve patient diagnosis and timely communication of results are also key measures to overcome barriers to optimal sepsis care and improve patient outcomes.

¹ For analysis purposes, Sweden, Denmark and Norway were grouped together and called "the Nordics".

² SEP-1: sepsis bundle of interventions to begin immediately in all patients with suspected sepsis or septic shock.



"Results showed that among HCPs, overall awareness of sepsis and the importance of early diagnosis and treatment is high. However, there are indications that adherence to sepsis bundles is well below the standard of care."