



Paediatric Sepsis Advisory Network

Program management

June 2020

Contents

Introduction	3
Acknowledgement.....	5
Purpose	5
Goal.....	5
PSAN structure and governance.....	5
PSAN functions and participants.....	7
PSAN activities	9
Program Logistics	10

Introduction

The Australian Sepsis Network (ASN), hosted by The George Institute for Global Health, is a collaborative of individuals and organisations who are working to improve patient outcomes and reduce the burden of sepsis in Australia. The ASN's aim is to provide an avenue through which members and partner organisations can collaborate, disseminate information and contribute to a coordinated national approach to tackling sepsis in Australia.

In May 2017, the World Health Organisation (WHO) recognised sepsis as a global health priority adopting a resolution to improve the prevention, diagnosis and management of sepsis around the world. The resolution calls on all United Nations member states to take specific actions to reduce the burden of sepsis, including implementing national action plans that would:

- Address low public and healthcare worker awareness of sepsis
- Improve accurate recording of the burden of sepsis
- Reduce deaths and disability caused by sepsis by implementing standard and optimal care via appropriate guidelines
- Encourage monitoring of progress toward improving outcomes for patients and survivors over time.

The actions proposed in the WHA resolution require coordinated efforts by healthcare providers, consumers, administrators, researchers and government across a broad healthcare landscape.

In response the ASN convened a National Sepsis Summit in 2017 that produced the Stopping Sepsis National Action Plan (<https://www.australiansepsisnetwork.net.au/ssnap-2>) with four overarching goals:

- Establish a nationally coordinated sepsis advocacy body
- Invest in prevention and awareness campaigns
- Establish and implement a national sepsis clinical care standard
- Invest in support services for sepsis survivors and their families.

Specific recommendations underpinning the overarching goals are to:

- Establish ASN ambassador and sponsor representatives (Rec 1)
- Develop a cohesive and structured national approach to public and healthcare worker awareness of sepsis (Rec 2)
- Develop and promote campaigns on early recognition of sepsis (Rec 2a)
- Coordinate a national approach for World Sepsis Day (Rec 2b)
- Coordinate development and dissemination of materials that affirm consistent sepsis definitions and terminology for the public, healthcare and media (Rec 1a)
- Develop a national standardised approach to targeted training for healthcare workers to improve the identification of at-risk patients across the full healthcare spectrum and patient journey (Rec 3c)

- Develop and define documentation and coding standards for clinical and research use to measure the incidence, prevalence and burden of sepsis (Rec 1b)
- Build research capacity through national research collaborations between academic, healthcare, industry and consumers, from a whole of health system approach, on a national clinical registry for sepsis and eHealth sepsis alert systems (Rec 1c)
- Develop and implement a national Sepsis Clinical Care Standard (Rec 3)
- Develop and implement clinical pathways that promote continuity of care across clinical settings and enhance interdisciplinary communication (Rec 3a)
- Develop a model of care with a designated sepsis team & coordinator (Rec 3a)
- Develop and implement a post sepsis model of care that commences before discharge, facilitates the patients transition to community-based care and rehabilitation, and referral to access to survivor support groups (Rec 3b)
- Establish a national sepsis support group that is a central point of contact for survivors, families and carers on leaving hospital and ongoing support services, or for those who have experienced a death due to sepsis.
- Linkage to the sepsis national network would improve referral and access to appropriate support and advice.
- Special consideration should be given to individuals in rural and remote settings, and for those returning to the workforce (Recs 4, 4a).

Implementation of the recommendations will be progressed within a whole of system lens considering the requirements of primary, acute and post-acute healthcare settings, community-based support and specific considerations for high-risk groups. Underpinning successful implementation and sustainable adoption is strong stakeholder engagement from inception to delivery.

Sepsis in children remains one of the leading causes of neonatal and childhood mortality and morbidity in Australia as well as globally. Root-Cause-Analyses in several states in Australia have identified recurring patterns of potentially preventable harm or death related to sepsis in children. While paediatrics and neonatal service provision is considerably centralized in Australia, many children with sepsis are initially assessed and managed in mixed facilities. Paediatric sepsis epidemiology, pathophysiology, clinical care, outcomes and post sepsis support needs have unique characteristics that require specific consideration within each of the recommendations in the Stopping Sepsis National Action Plan.

The situation is further complicated by shortcomings of current (2005) Paediatric Sepsis Definitions. In addition, paediatric sepsis numbers are comparably smaller than adults, resulting in potentially important implications in relation to resourcing and reaching critical mass to maintain expertise and resources. Subject Matter Expert (SME) advice on paediatric related clinical practice, quality improvement and policy, research and education, and consumer lived experience is essential to achieve targeted and effective interventions to reduce the burden of paediatric sepsis.

On 19 November 2019 a virtual meeting of paediatric sepsis SME's (see Table 2) was convened by the ASN at which consensus was reached on establishing a national Paediatric Sepsis Advisory Network (PSAN).

Acknowledgement

Nationally strong local leadership on paediatric sepsis initiatives is provided by a number of state agencies, clinical champions and consumer advocates. The mission of the ASN and PSAN is to facilitate exchange across regional/local initiatives, create synergisms, and thereby promulgate examples of best practice, enhance and contribute to existing initiatives, and address gaps in sepsis advocacy, awareness, prevention, clinical care, education, research and post sepsis support through national lens. This mission will be achieved through proactive and meaningful stakeholder engagement and collaboration.

Purpose

This document provides a summary of discussion points and outcomes from the November 19th meeting and outlines a proposal for establishing the national Paediatric Sepsis Advisory Network.

Goal

Goal of PSAN is to foster national collaboration and coordination as part of wider efforts to tackle sepsis across all age groups, while ensuring paediatric requirements and specific challenges are given appropriate consideration from conception through to implementation and evaluation of planned strategies and interventions outlined in, but not limited to, the Stopping Sepsis National Action Plan.

To achieve this goal PSAN will be a subgroup under the umbrella of ASN which will work towards ensuring proactive and meaningful engagement on all relevant activities and to provide program management support. Alignment with the ASN will ensure paediatric sepsis is integral to mainstream strategies, activities and innovations being progressed nationally in collaboration with sepsis agencies, groups and champions in the states and territories.

PSAN structure and governance

The ASN is currently progressing an application to AHMAC to establish a sepsis standing committee under the auspices of the Clinical Principal Committee. The key functions would be to oversee implementation of the Stopping Sepsis National Action Plan, facilitate stakeholder engagement with professional societies, colleges and jurisdictions, and to provide strategic advice. Through these functions the 'Sepsis Expert Reference Group' will provide the national advocacy needed to ensure sepsis is given due consideration on the AHMAC agenda.

It is anticipated that ASN will progressively incorporate additional speciality advisory groups, to provide guidance and expert advice all activities. The proposed governance structure shown in Figure 1 illustrates how PSAN will be integral to the ASN collaborative model. Priorities for the ASN are set out in the Stopping Sepsis National Action Plan. PSAN would provide paediatric specific sepsis advice on all recommendations within the plan to ensure planning and deliverables provide appropriate consideration of paediatric requirements and targeted effectively. Other paediatric specific priorities would be determined by PSAN as required and would be supported by the ASN program manager.

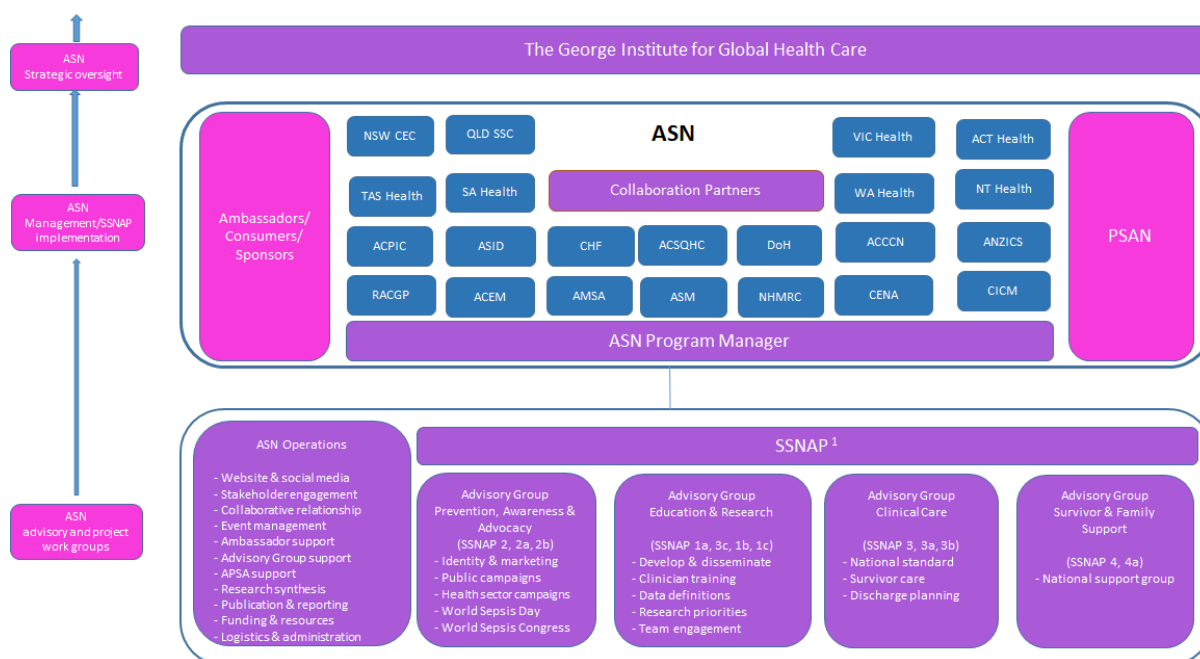


Figure 1 Proposed governance structure of the ASN and PSAN

Engagement with PSAN will be facilitated by a nominee being included in the ASN program management meetings during which program strategies, priorities and activities are determined and monitored. On all relevant projects and activities PSAN will nominate a representative or representatives to participate in the planning, initiation, execution and evaluation of projects, and provide a conduit for PSAN more broadly to engage with the ASN.

PSAN consultation will occur from the initial project planning phase for each activity and/or deliverable through project scoping, definition and execution phases, and the evaluation phase. An engagement model for each national initiative will be established.

A PSAN core group will be established, made up of a nominated representative from each state and territory, and Children’s Health Australasia with 9 members as listed in Table 1. Nominees can appoint a proxy if unable to attend a meeting.

Table 1 PSAN nominated core group representatives (proxy also included where nominated)

Representing	Name
Consumer	Ms Mary Steele
ACT	Dr Anne Mitchell
NSW	Mr Paul Hunstead
NT	Dr Josh Francis
QLD	Dr Paula Lister ^{1, 2}
SA	Dr Subodh Ganu
TAS	Dr Sean Beggs
VIC	Dr Elliott Long
WA	Mr Scott Stokes
CHA	Dr Barb Vernon

1. A/Prof Luregn Schlapbach will continue on as an SME on specific activities
2. Amanda Harley and Kate Weller also included due to unique dedicated paediatric sepsis roles

PSAN functions and participants

Functions, responsibilities and participation is described Table 2.

Table 2 PSAN Terms of Reference

Function	The Paediatric Sepsis Advisory Network (PSAN) will be ASN collaborative partner to enact the 2017 WHA resolution on sepsis. The PSAN program of work will involve a coordinated approach to providing national advocacy and specialist input regarding paediatric sepsis on prevention, recognition, treatment and support for survivors and those bereaved to reduce the burden of sepsis.
Responsibilities & activities	<p>The PSAN provides high level strategic advice to the ASN on the overall national approach and specific strategies undertaken to reduce the burden of paediatric sepsis. Strategies include, but are not limited to:</p> <ul style="list-style-type: none"> • Contributing to the ASN being recognised as the peak national sepsis group to engage with government authorities, policy makers, health services, professional societies and colleges, to enact the the WHA 2017 resolution on sepsis. In return the ASN will ensure PSAN is recognised as the peak national paediatric sepsis advisory group to be engaged on all relevant activities. • Support implmentaion of the Stopping Sepsis National Action Plan recommendations. • Participate in all key sepsis strategies to ensure appropriately targeted interventions are developed, adopted and effective. • Explore variation in paediatric sepsis populations and healthcare services to inform appropriate planning and targeted sepsis interventions • Establish workgroups and promote paediatric specialist enagement, collaboration and strategic oversight on: <ul style="list-style-type: none"> - Advocacy, awareness, prevention and vaccination - Consumer engagement and support - Education for consumers and health professionals - Clinical pathways, standards and policy development - Research incuding data management and epidemiology • Evaluate and monitor relevant projects in regard to addressing paediatric requirements • Provide a conduit for sharing of resources, education materials and project outputs • Explore potential industry, government and research funding and sponsorship • Represent the ASN on relevant projects and committees, at promotional and fundraising events and during media activites to provide a paediatric perspective.
Committee Membership	<ul style="list-style-type: none"> • Core group membership will incude a representative from each each state and territory, and Children’s Health Australasia resulting in 9 members • Each core representative would: <ul style="list-style-type: none"> - Participate in virtual and face-face meeitngs a scheduled - Be the contact to access available resources and to engage local expertise - Facilitate information sharing and exchange • Other representatives will be co-opted as required to assist from: <ul style="list-style-type: none"> - All states and territories - Critical care medical, nursing, research and academic disciplines - Infectious disease and anti-microbial resistance disciplines - Emergency Department, General paediatrics and primary care - Consumer representation specific to each project - Health policy and quality improvement
Secretariat	ASN Program Manager
Quorum	Half the number of members plus one, must be in attendance for decision-making
Meetings	Core group quarterly via virtual technology and one annual face-to-face meeting Workgroup participants as required to progress activities and deliverables.

Participation is premised on the sharing of expertise and sepsis program resources, academic and research exchange and workgroup activities. Table 3 lists the inaugural participants which will be iteratively broadened to ensure appropriate and meaningful stakeholder engagement according to the activities undertaken and deliverables.

Table 3 PSAN Subject Matter Experts¹ (iterative)

Representing	Role	Who
ACT	Medical – Paediatrician	Ann Mitchell
	Medical – ID	Nicholas Coatsworth
	Policy and Planning - AMS	Kathryn Daveson
NSW	Policy and Planning – NSW CEC Sepsis Kills	Mary Fullick
	Policy and Planning – NSW CEC Sepsis Kills	Paul Hunstead
	Policy and Planning – NSW CEC Sepsis Kills	Jonny Taitz
NT	Medical - ID	Josh Frances
QLD	Medical – Critical Care	Luregn Schlapbach
	Medical – Critical Care	Paula Lister
	Nurse – Critical Care	Amanda Harley
	Policy and Planning - CEC Paediatric Sepsis Network	Kate Weller
SA	Medical – Critical Care	Michael Yung
	Medical - ID	Celia Cooper
TAS	Medical - Paediatrician	Sean Beggs
VIC	Medical – Critical Care	Ben Gelbart
VIC	Medical - ED	Ed Oakley
	Medical – Critical Care	Elliott Long
	Medical – Critical Care	Trevor Duke
	Policy and Planning - Safer Care Victoria	Louise Hobbs
WA	Medical - ID	Christopher Blyth
	Medical - ID	Tim Ford
	Policy, Planning and Education – Curtin University	Fenella Gill
	Policy, Planning and Education – Curtin University	Pania Falconer
WCHA	Children’s Health Australasia ²	Barb Vernon
Neonates	TBC	
Consumers ³	QLD	Mary Steele
GP Paeds	TBC	

Note:

1. Listed members participated in the inaugural PSAN meeting where it was agreed to formalise a national group under the auspices of the ASN.
2. Children’s Health Australasia provides a comprehensive range of national professional, consumer and health services networks that are invaluable to appropriate engagement and dissemination of information across primary, emergency, acute, critical and post-acute care settings.
3. A Consumer representative will be integral to the core group that will meet quarterly to provide oversight and strategic advice for PSAN. Additional consumers will be engaged for each specific deliverable to gain their experiential advice and leverage their personal and professional expertise.

PSAN activities

Based on the paediatric sepsis challenges previously identified, the need to progress on implementation of the Stopping Sepsis National Action Plan and local efforts on paediatric sepsis then the following activities are considered a priority:

1. Establish a repository on the ASN website to share existing paediatric sepsis resources. Benefits of such exchange could include faster access to different pathways, learning from the successes and mistakes from others, bouncing off ideas; but as well gain efficiency by cross-fertilizing funding requests, information activities, and pathway design and evaluation – in the absence of a nationwide standard or mandate. A lot of work has been done in this space overseas and in Australia already.
2. Establish a process to share experience/approaches in setting up paediatric sepsis QI initiatives, to cross-fertilize QI initiatives across different states. A desirable side effect could be that as a result children in Australia may be exposed to less variability in the field; and as a group we may have a stronger voice to advocate for the needs for children.
3. Undertake an assessment of the current state of paediatric sepsis interventions and management nationally including questions on:
 - a. Do you have data on local burden and/or are you aware of reviews of major adverse events/RCAs in your state/institution?
 - b. Do you have guidelines in place for paediatric sepsis?
 - c. Do you have screening tools in place for paediatric sepsis? Electronic/paper-based/general EWT rather than sepsis-specific
 - d. Do you have a Sepsis Campaign/Collaborative or are you working on a Sepsis Campaign/Collaborative?
 - i. What is your role and how do you address paediatric versus mixed sites?
 - ii. What pathway do you use (including screening) or intend to use?
 - iii. What data do you collect or intend to collect (outcome, process, balancing measures etc.)?
 - e. Are you targeting sepsis in ED/ward/ICU; metropolitan/regional/remote?
 - f. How are you targeting the community (media, awareness campaigns, consumer involvement etc.)?
4. Describe the current and future state, and challenges of paediatric sepsis QI in Australia for a publication to MJA or JPCH.
5. Align existing paediatric guidelines towards a standardised national approach for best practice.
6. Develop an agreed national paediatric sepsis minimum data set to capture as the basis for an iterative report on incidence and outcomes.

Program Logistics

- Program support and secretariat

Unanimous agreement that The George Institute for Global Health – Australian Sepsis Network will continue to provide program support for the next two years.

- PSAN logo

Include the logo on all relevant sepsis activities.



- Website

- ASN will act as a hub with a paediatric repository
- Resources and information exchange:
 - Links to locally managed education and clinical resources will be hosted on the ASN PSAN hub.
 - Information on a contact person for each resource will be included
 - An overarching caveat on the use, currency and validity of content will be included to alert those accessing the resources to ensure the information is accurate and appropriate for their use.
 - Secure and non-secure access will be provided.
 - If feasible, an online PSAN secure topic specific discussion forum will be established.

- Meetings

Quarterly virtual meetings plus project specific meetings on request.

One face to face meeting annually – potentially a breakout session during the national ASN meeting.

- Workgroups

PSAN will consider the need to establish workgroups or progress activities according to agreed specific projects. Pending current and future activities could be the following; which may potentially result in the development of workgroups:

- Advocacy, awareness, prevention and vaccination
- Consumer engagement and support
- Education for consumers and health professionals
- Clinical pathways, standards and policy development
- Research including data management and epidemiology

A workgroup lead, supported by the ASN program manager, will be nominated to oversee the coordination of activity and engagement.