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SUBMISSION IN RESPONSE TO PUBLIC CONSULTATION

NSQHS STANDARDS (THIRD EDITION)

CALL FOR SEPSIS CLINICAL CARE STANDARD TO BE MANDATED

On behalf of Sepsis Australia and the Consumer Partner and Advocacy Program (SACPAP), we thank the Australian Commission on Safety and Quality in Health Care (the Commission) for the opportunity to contribute to the public consultation on the third edition of the National Safety and Quality Health Service (NSQHS) Standards.

Within this joint submission, we outline our call for the Commission to mandate the Sepsis Clinical Care Standard (SCCS) in the third edition of the NSQHS Standards with the aim to prevent sepsis and to ensure national consistency, accountability and improved outcomes for patients at risk of sepsis. Without this formal inclusion, sepsis prevention and care remains fragmented and vulnerable to preventable harm.

Sepsis Australia is a national network of clinician-researchers embedded within The George Institute for Global Health, our work focusses on driving systemic change in sepsis care through research, advocacy, education, awareness raising and consumer partnership. The Sepsis Australia Consumer Partner and Advocacy Program (SACPAP) – a group of sepsis survivors, carers, family members and those bereaved by sepsis - underpin every initiative we undertake, ensuring that lived experience shapes national priorities and progress.

Sepsis: A Critical and Under-Recognised Safety Risk

Despite the release of the Sepsis Clinical Care Standard (SCCS) in June 2022, its non-mandatory status has led to unwarranted variation across health services. This poses an unacceptable risk to public safety and undermines the delivery of high-quality, equitable healthcare—core aims of the NSQHS Standards and the ACSQHC Strategic Priority of **High-Quality Care in an Evolving Environment**.

Delayed recognition, diagnosis and treatment of sepsis continue to result in preventable harm. One survivor shared:

"I sought medical attention on three separate occasions and was not diagnosed with sepsis... It is highly likely that my quadruple amputations would not have occurred if the correct diagnosis and treatment had been made."

Another consumer reflected:

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"I was not told I had sepsis until I went to thank the medical team a year later... Sepsis was not considered and the urgency was lacking across multiple settings."

The consequences are profound—not only for patients and families, but also for clinicians and health services. Clinicians face the emotional toll of missed opportunities, while hospitals bear increased costs, litigation risk and workforce distress.

A 2024 epidemiology study conducted for the National Sepsis Program Extension found the burden of sepsis is significantly higher than previously estimated—**approximately 90,000 cases annually**, with **50% of survivors left with long-term disability** and **70% readmitted within 12 months**. Death occurs in at least 16% of cases, and half of these deaths could have been prevented through early recognition and timely treatment.

The first three SCCS quality statements provide a frontline defence:

1. Prompt recognition—asking "Could it be sepsis?" for any patient with acute illness or deterioration.
2. Urgent, time-critical management using approved clinical pathways.
3. Immediate antimicrobial therapy guided by stewardship principles.

Mandating these statements would reduce unacceptable risk and ensure sepsis is treated as the medical emergency it is. As one consumer noted:

"I was lucky to be at a hospital with a sepsis pathway... I often reflect on how different the outcome might have been elsewhere."

Risks of optional implementation include:

- Inconsistent awareness and response time among clinicians.
- Missed prevention opportunities, especially for older patients, Aboriginal and Torres Strait Islander peoples, children, and those with comorbidities.
- Lack of post-sepsis follow-up and survivorship pathways.
- Unclear responsibility across transitions of care.

Mandating the SCCS would address these risks systematically, aligning with the Commission's strategic priorities of Strong **Clinical Governance** and **Empowered Consumers** and ensuring all Australians receive timely, life-saving care.

Driving High Performance Through Mandated Standards

High performance in healthcare is impossible without accountability and consistent expectations. Optional standards—regardless of their quality—fail to achieve uniform uptake and often rely on individual champions, leadership culture, or resourcing. This variability undermines safety and equity.

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Mandating the Sepsis Clinical Care Standard (SCCS) would embed critical safeguards across the care continuum, particularly through Quality Statements 3 to 6 and directly support the Commission's strategic priority of Strong Outcome-Focused Clinical Governance.

Quality Statement 3 ensures timely, appropriate antimicrobial therapy aligned with stewardship principles. This supports NSQHS actions targeting infection control and delirium and reduces the risk of antimicrobial resistance.

Quality Statement 4 operationalises multidisciplinary coordination for a time-critical condition. One survivor reflected:

"What ultimately saved my life was the fact that Ballarat Base Hospital's ICU had a sepsis pathway in place… I might not have been so lucky elsewhere."

This illustrates how structured protocols improve outcomes and reduce variability.

Quality Statement 5 empowers patients and carers through education. Consumers consistently reported confusion and lack of information:

"I was sent to outpatient appointments without explanation… I didn't know why I was seeing certain specialists."

Mandating the SCCS would:

- Ensure early, protocol-driven intervention for a time-critical condition.
- Enable consistent performance benchmarking across services.
- Align with existing NSQHS actions in high-risk areas such as antimicrobial stewardship and acute deterioration.
- Provide a foundation for continuous improvement, grounded in lived experience and national data.

Sepsis deserves the same level of performance accountability applied to other clinical emergencies. The number of preventable deaths and disabilities makes this imperative.

Supporting Integrated and Consumer-Centred Care

Sepsis care spans emergency triage, inpatient coordination, ICU support, discharge planning, and long-term recovery. The SCCS is designed for cross-sector integration—mandating it would ensure this design translates into consistent practice across all health services.

Quality Statement 5 grounds care in lived experience, empowering individuals to understand their diagnosis, risks, and recovery journey. One survivor shared:

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"I went home with open wounds and was readmitted... I did not know I had sepsis and did not know what I was recovering from."

This lack of communication and education reflects a systemic gap that mandatory implementation would address.

Quality Statement 6 ensures continuity across transitions of care. Consumers described fragmented discharge processes and confusion around follow-up:

"There were no supports in place for recovery... Even just an information sheet or a list of websites and support groups on discharge would have been wonderful."

Mandating the SCCS would:

- Formalise team-based coordination, clarifying roles and escalation protocols across specialties.
- Strengthen transitions of care, including handovers to primary care, rehabilitation, and aged care.
- Promote consumer-centred pathways, particularly for carers and survivors navigating post-sepsis syndrome or bereavement.
- Reduce gaps caused by siloed decision-making and variable protocol adoption.

Together, these SCCS quality statements form a robust framework that elevates clinical care, improves equity and drives system-wide improvement. Further, the mandating of these standards would directly support Commission's strategic priorities of **Empowered Patients, Carers, and Communities** - by embedding education and survivorship care and **High-Quality Care in an Evolving Environment** - through consistent, integrated responses to a time-critical condition.

Fostering Continuous Learning and System Improvement

Mandating the Sepsis Clinical Care Standard (SCCS) is not about enforcing compliance—it's about empowering clinicians and protecting the system. It sets a clear baseline for safety and enables services to adapt, improve and respond, aligning with the ACSQHC strategic priority of an **Improvement-Driven Workforce Culture**.

Clinicians carry the emotional weight of missed opportunities, while health services absorb the fallout, through increased costs, litigation risk, and workforce distress. A mandatory standard provides clarity, consistency and confidence. It equips healthcare workers with the tools and protocols they need to act swiftly and decisively, fostering a culture of safety and shared responsibility.

The SCCS is supported by tools that promote reflective practice and continuous improvement as well as fostering uptake and engagement across the workforce, these include:

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- Sepsis Indicator Monitoring Tool
- Clinical resources and case studies
- Consumer-facing educational materials

Mandatory implementation would create a shared foundation for learning, encouraging services to improve through audit, feedback and peer benchmarking, rather than reactionary compliance. It would also embed the voices of survivors, carers, and bereaved families into system design and recovery support.

The SCCS was developed with significant consumer input, including a dedicated **Guide for Consumers** that translates its quality statements into clear expectations for patients and families. Mandating the SCCS within the NSQHS Standards ensures these consumer-informed principles are consistently applied—supporting both professional reassurance and system-wide accountability.

Conclusion

Sepsis is a leading cause of preventable death and disability in Australia, yet its recognition and treatment remain inconsistent. The SCCS offers clear, evidence-based guidance, but without mandatory implementation, uptake remains uneven, leaving critical gaps in patient safety and equity.

Sepsis affects people across all demographics and settings. Its rapid onset demands early recognition and coordinated response, yet current variability places vulnerable populations at disproportionate risk.

Mandating the SCCS would strengthen national efforts to recognise and respond to acute deterioration. It brings condition-specific rigour to escalation pathways, clinician training and governance—reinforcing the NSQHS Recognising and Responding to Acute Deterioration Standard.

This would tackle one of Australia's most urgent health and equity issues, resulting in the prevention of avoidable harm, improving system performance and supporting better-integrated, continuously improving care.

We urge the Commission to include sepsis as a mandatory clinical standard in the third edition of the NSQHS Standards—to ensure every patient, in every setting, receives timely, evidence-based care.