Sepsis Australia

National Consumer Symposium

2026

The George Institute for Global Health

Welcome

Thank you for joining us for the National Sepsis Australia Consumer Symposium 2026.

The symposium brings together sepsis advocates including survivors, families and loved ones, those bereaved by sepsis, Sepsis Australia and Sepsis Support Research Program teams. Your insights ensure that our projects and research are appropriately targeted, scoped, and meaningful.

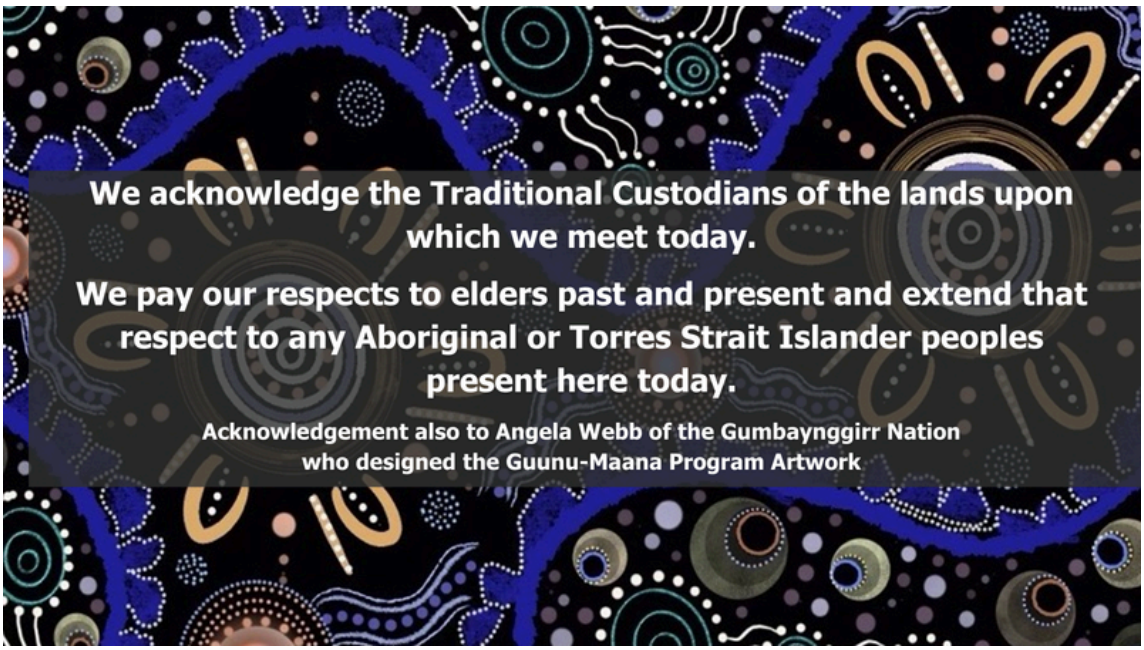
The Symposium objectives are to:

- Learn about the current burden of sepsis and emerging priorities
- Better understand the current global and national landscape for sepsis action
- Inform the development of sepsis survivorship support interventions and services
- Refine the consumer prioritised pillars and recommendations underpinning the Australian Stopping Sepsis National Action Plan 2026 (Au-SSNAP 2.0)
- Endorse the Au-SSNAP 2.0 pillars and recommendations
- Inform the selection of meaningful outcome measures for research evaluation
- Gain insights into examples of sepsis awareness and advocacy initiatives

To support meeting the Symposium objectives pre-reading was provided as background to inform your active involvement in discussions throughout the day and this resource pack is will guide the facilitated workgroup discussions.

We hope you enjoy collaborating with those who have shared the lived experience of sepsis and our project teams, and feel your contribution to national action on sepsis has been heard. Throughout the day reach out to any of the Sepsis Australia team if you need support, assistance or any further information.

Thank you from the Sepsis Australia team.



Consumer Symposium Program
Morning Tea on Arrival

Time	PROGRAM	Lead
10:00	Welcome and Acknowledgement of Country	Simon
10:10	Symposium overview, objectives, housekeeping, Symposium 2024 Outcomes	Brett
	SETTING THE SCENE	
10:15	Burden of sepsis and priorities for prevention, care, support and research	Simon
10:25	Sepsis landscape	Brett
	SURVIVORSHIP	
10:35	Sepsis Support Research Program – Overview & Results	Jacob & Naomi
10:45 (45 min)	Sepsis Support Research Program – Working Groups	All
	STOPPING SEPSIS NATIONAL ACTION PLAN 2.0	
11:30	Stopping Sepsis National Action Plan 2017 (SSNAP 1.0)	Brett
11:40	Australian Stopping Sepsis National Action Plan 2026 (Au-SSNAP 2.0)	
11:50	Working group session overview, discussion and questions	
1200	**LUNCH (30 MIN)**	
	WORKING GROUPS	

12:30 (45 min)	Leadership, Advocacy and Preparedness	Awareness, Education and Prevention	Coordinated Care and Post Sepsis Support	Data, Surveillance and Research
Chair	Simon	Caitlin	Naomi	Bala
Scribe	Maya	Fran	Jacob	Ash
Report	Group Nominee	Group Nominee	Group Nominee	Group Nominee
13:15	Workgroup presentations/discussion (4 X 5 min each)			
13:35	SACPAP Endorsement of Stopping Sepsis National Action Plan 2026/31 (FINAL DRAFT)			

	SEPSIS LIVED EXPERIENCE OUTCOME MEASURES	
13:45	Outcomes in sepsis trials - what are consumer priorities? ADRENAL Study (steroid therapy in sepsis)	Simon
	CONSUMER ADVOCACY AND STATE PROGRAM INITIATIVES	
14:05	Mandate Sepsis Protocols Campaign, Event and Petition	Sandra & Deb
14:20	Safer Care Victoria	Jacob
14:35	Open Forum	All
	CONSUMER SYMPOSIUM WRAP	
14:55	Closing remarks and next steps	Simon & Naomi
15:00	Meeting concludes	

Afternoon Refreshments

SEPSIS SUPPORT RESEARCH PROGRAM

The Sepsis Support Research Program is a nationwide project, with funding from the Australian government and Clinical Excellence Queensland, that aims to find better ways to provide care and support for adults and children who have survived sepsis, their families, and those who have lost a loved one to sepsis.

84,000
People with sepsis in Australia each year

50%
People who survive sepsis face long-term physical and mental challenges

70%
People who survive sepsis are readmitted to hospital within one year *

STEP 1: Review the evidence

For people who survive sepsis, their families and those who have lost a loved one to sepsis , ***how is care and support currently provided?***

STEP 2: Learn from stakeholder experiences

For people who survive sepsis, their families and those who have lost a loved one to sepsis, ***what care and support do they want and/or need?***

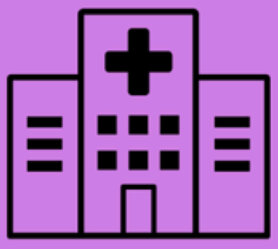
STEP 3: Identify care and support priorities

What *helps* and what *gets in the way* of care after sepsis? We'll summarise our findings, and then ask experts to ***identify the most important ways that care and support should be provided.***

STEP 4: Develop a Model of care

We'll use the information learned from Step 1 to 3 to ***develop a model of care*** to support people who survive sepsis, their families and those who have lost a loved one to sepsis.

STEP 5: Test the model of care



Now we'll ***test the model of care*** in selected hospitals to:

- Understand how satisfied people are with the care
- See how well the model of care works
- See how easy it is to deliver in practice
- See how much money it saves the healthcare system

If you would like more information, please email us at sepsissupportstudy@georgeinstitute.org.au

*https://www.safetyandquality.gov.au/resources/epidemiology-sepsis-australian-public-hospitals

SSRP_Infographic_V1.0, 13 May 2026

The George Institute for Global Health · QUT Queensland University of Technology · Australian Commission on Safety and Quality in Health Care · Clinical Excellence Queensland · Queensland Government · Sepsis Australia

Preliminary Q-Sort Survey Results

Identifying care and support priorities

Health professionals vs. people affected by sepsis
What care/support is most important?

What were the common themes among all stakeholders?

01 Patient involvement in Care

02 Involving a Multi-disciplinary Team

03 Creating Patient Care Plans

04 Communication between health professionals at hospitals and post-discharge caregivers

05 Ongoing Clinical Assessments

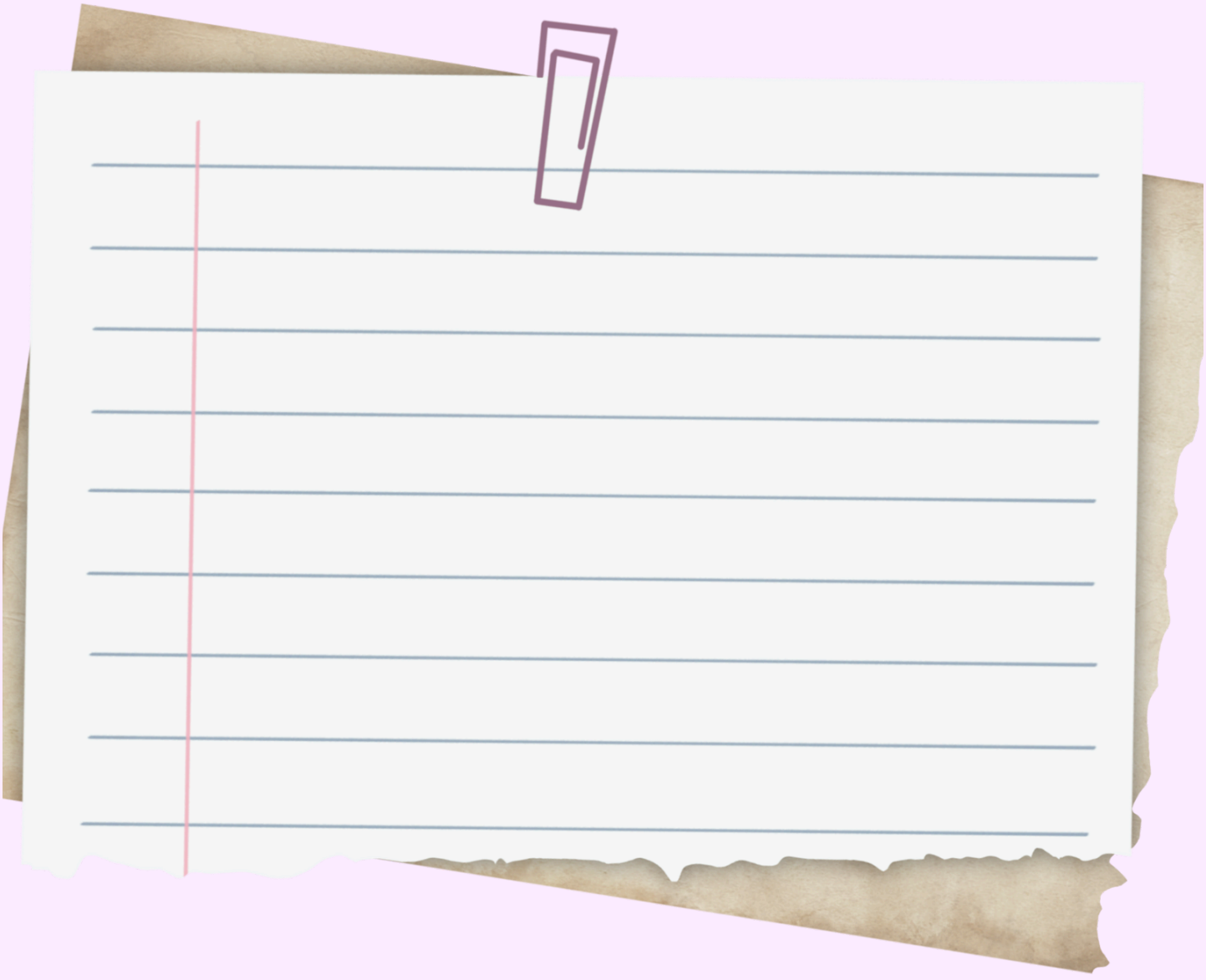
- Participants acknowledge that post sepsis care is a complex process
- Participants want a model of care that is developed with people with lived experience of sepsis
- Participants want strong communication among all stakeholders involved in the process of care

Focus Group Questions

We are interested in understanding why you think certain priorities emerged, what may explain the similarities and differences between groups, and what these findings might mean for the development of a post-sepsis model of care.

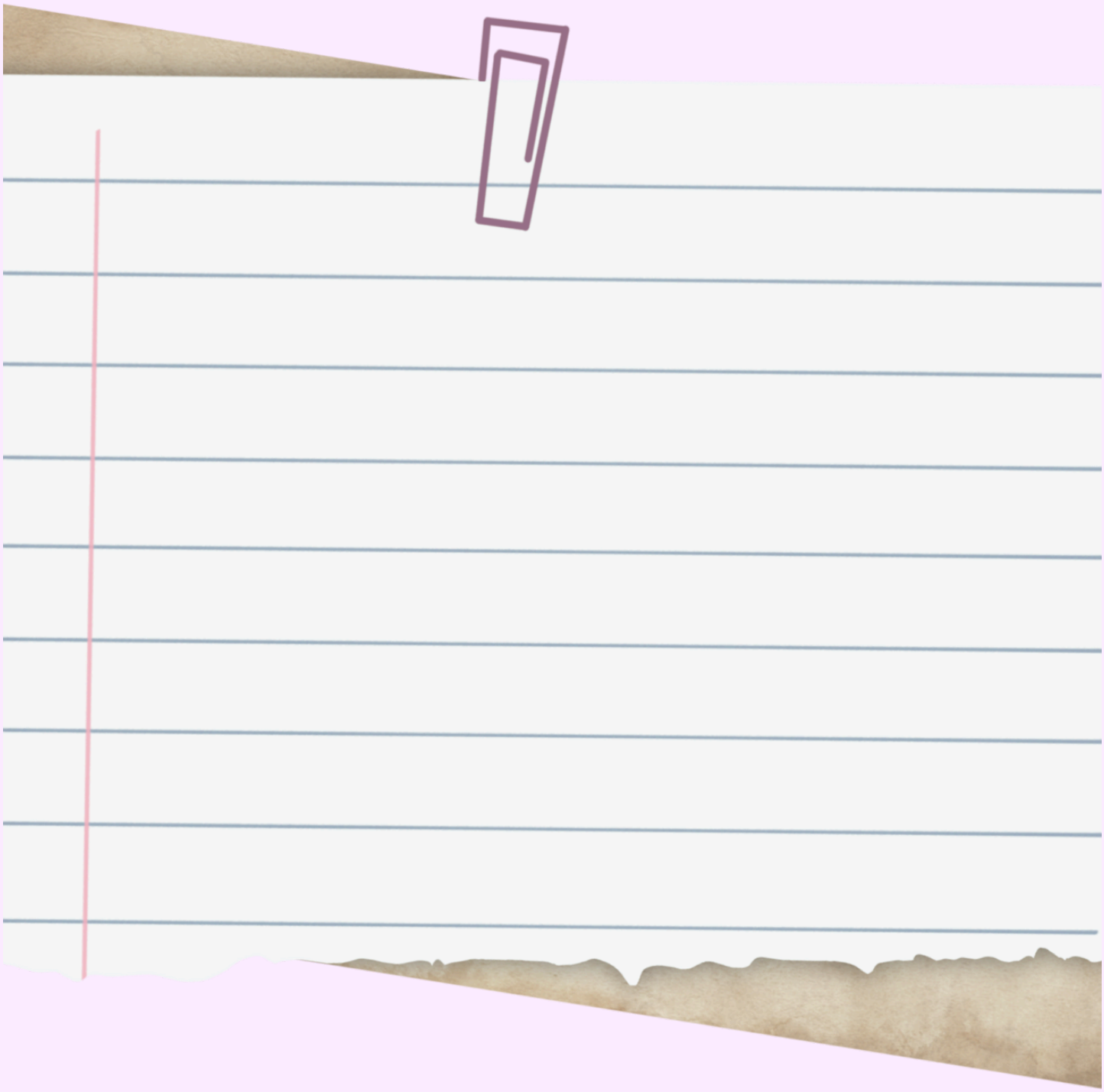
Question 1:

Certain aspects of post-sepsis care are often prioritised because they are considered important for recovery. What do these priorities tell us about the experiences, challenges, and needs of sepsis survivors and their families?



Question 2:

People with lived experience and health professionals have identified different priorities for post-sepsis care. What do the similarities and differences between these priorities tell us about what matters most to patients and families compared with healthcare professionals?



Australian Stopping Sepsis National Action Plan Working Groups

Working Groups are structured according to each strategic Pillar

Pillars and Recommendations

Au-SSNAP 2.0 contains four strategic pillars and 16 actionable recommendations:

- **PILLAR 1 - Leadership, Advocacy and Preparedness**
  - Recommendation 1.1 National and health service leadership
  - Recommendation 1.2 Sepsis as a major public health priority
  - Recommendation 1.3 Preparing health services
  - Recommendation 1.4 Disaster response preparedness

- **PILLAR 2 - Awareness, Education and Prevention**
  - Recommendation 2.1 Improving public literacy and changing behaviour
  - Recommendation 2.2 Public awareness and education
  - Recommendation 2.3 Building workforce skills and capacity
  - Recommendation 2.4 Screening and diagnostics

- **PILLAR 3 - Coordinated care and post sepsis support**
  - Recommendation 3.1 Standardised care across the continuum
  - Recommendation 3.2 Shared decision making
  - Recommendation 3.3 Coordinated integrated care
  - Recommendation 3.4 Post sepsis care and support

- **PILLAR 4 - Data, surveillance and research**
  - Recommendation 4.1 National data governance coordination
  - Recommendation 4.2 Iterative data system maturity
  - Recommendation 4.3 National sepsis registry and surveillance
  - Recommendation 4.4 Build research capacity

Sepsis Australia

Working Group Guidance

Au-SSNAP 2.0 Pillars, Recommendations and Core Requirments are described in the following section of this resource pack (NB. the core elements have been further refined and will continue to be based on the feedback received).

Please refer to the relevant Pillar to inform your work group discussions as guided by the questions.

The scribe will record the discussions to generate a transcript that will be used to inform create the Symposium report and distilled down to key themes, issues and suggestions that need to be further considered in the final draft of the Au-SSNAP 2.0.

The scribe will also capture any key points to feedback to the Symposium

Instructions:

1. Please **focus only on the Pillar assigned to your workgroup**
2. We want to hear your insights - you do not need to be a technical expert
3. The core requirements for each Recommendation can inform discussions
4. Note pages are provided after each Pillar if required
5. Nominate a representative to feedback key points to the Symposium
6. Decide if your workgroup would endorse the Pillar and Recommendations.

Questions:

1. Are topics grouped within each Pillar appropriate and do they make sense?
2. Are the four Recommendations made to action the Pillar appropriate?
3. Are there any amendments needed to the current Recommendations?
4. Are additional Recommendations needed to fully deliver the Pillar?
5. Are additional core requirements needed to action the Recommendations?
6. Do you have any other suggestions for Au-SSNAP 2.0?

Sepsis Australia

Pillar 1 Leadership, Advocacy and Preparedness

Recommendation	Core Requirements
1.1 National and health service leadership	1. National sepsis entity endorsed by government and funded 2. Endorse the Au-SSNAP 2.0 as the national strategy 3. Fully fund implementation of Au-SSNAP 2.0 over five years 4. Embed sepsis explicitly within accreditation frameworks 5. Embed strong clinical leadership and an escalation culture 6. Fund dedicated Sepsis Clinical Coordinator roles
1.2 Sepsis as a major public health priority	1. Elevate sepsis alongside other national priorities 2. Integrate sepsis within broader health programs 3. Address disproportionate burden in First Nations peoples 4. Sepsis priorities are underpinned by the lived experience 5. Embed sepsis through health service funding incentives 6. Leverage and optimise sepsis digital health applications
1.3 Prepare health Services	1. Integrate sepsis care across primary and acute care settings 2. Implement coordinated models of sepsis care incorporating 3. Integrate sepsis into IPC, AMR and HAI prevention strategies 4. Standardise observation charts and early warning systems
1.4 Disaster response preparedness	1. Integrate sepsis throughout disaster health response plans 2. Implement a surge capacity pathway to access sepsis care 3. Integrate a sepsis screening tool into disaster triage 4. Integrate real time surveillance with emergency dashboards 5. Workforce training on delivering sepsis care under pressure 6. Extend the standardised response pathway follow-up care

Notes:

Pillar 2 Awareness, Education and Prevention

Recommendation	Core Requirements
2.1 Improving public literacy and changing behaviour	1. Action-oriented messaging to prioritise behavioural outcomes 2. Focus on recognising deterioration from infection rather than actual recognition of sepsis itself 3. Amplify 'Faces of Sepsis' lived-experience storytelling as a central foundation of a national literacy strategy 4. Normalise help-seeking to reduce uncertainty about accessing emergency care and empower to escalate concerns confidently
2.2 Public awareness and education	1. Engage high profile sepsis ambassadors and champions 2. Deliver an annual national awareness campaign calendar aligned with current and emerging public health priorities 3. Formalise World Sepsis Day the focal point for advocacy 4. An annual September multi-modal sustained campaign leveraging commercial, earned and owned media 5. Improve access to care by promoting pathways to timely clinical advice and assessment 6. Educate about sepsis prevention through infection prevention, vaccination and initial actions 7. Evaluate awareness campaigns and education reach, behaviour change and health service utilisation
2.3 Building workforce skills and capacity	1. Clinician education as key to prevention standardised screening 2. Sepsis curriculum for undergraduate health programs 3. Postgraduate and continuous professional development (CPD) programs incorporate sepsis competencies aligned to professional standards 4. National Digital Sepsis Education Hub be established linking to jurisdiction-based training programs and resources 5. Adopt scenario-based, simulation and case-based learning 6. Clinical education should align with awareness initiatives
2.4 Screening and diagnostics	1. Standardised sepsis screening and escalation pathways across all healthcare settings 2. Invest in point-of-care testing research, development and use 3. AI-enabled digital clinical decision support systems with predictive algorithms for recognition and coordinated care 4. Develop a national "Time Zero" definition, marking the point when sepsis is first suspected clinically

Notes:

Pillar 3 Coordinated Care and Post Sepsis Support

Recommendation	Core Requirements
3.1 Standardised care across the continuum	1. Full implementation and integration of the national SCCS quality statements into health services accreditation 2. Collaborate with and build on jurisdiction-led sepsis programs 3. Integrate screening, escalation and care across the continuum of care to support coordinated models of care 4. National communities of practice to sustain implementation, alignment and continuous improvement
3.2 Shared decision making	1. A nationally consistent approach to shared decision making in sepsis supporting patients, families and carers 2. Information at key decision points across the care continuum that is clear, consistent and culturally safe 3. Train clinicians to engage patients and families in meaningful shared decision making during acute illness and recovery 4. Educate on potential recovery trajectories and long term sequalae from sepsis 5. Early coordinated discharge planning
3.3 Coordinated integrated care	1. Align the coordinated sepsis care pathway with the SCCS 2. A Sepsis Clinical Coordinator should oversee care 3. Establish multidisciplinary sepsis teams, and care planning 4. Coordination must encompass acute and post-acute care 5. Integrated digital and virtual support for coordinated care 6. AI enabled interoperable clinical information systems, electronic sepsis pathways, predictive analytics, automated handover tools, dashboard reporting and clinical decision support should be adopted 7. Improve equity of access, for rural, remote and First Nations communities by leveraging telehealth, virtual care and hub-and-spoke service models
3.4 Post sepsis care and support	1. Recognise recovery is heterogeneous and prolonged requiring tailored pathways and coordinated multidisciplinary support for PSS and other consequences 2. Sepsis-associated amputations require coordinated access to prosthetic, rehabilitation, vocational support, mental health and disability services 3. Family-centred, developmentally appropriate pathways should support both children and caregivers, recognising ongoing impacts on family functioning and wellbeing 4. Survivors, families and carers require a documented diagnosis of sepsis, discharge and follow up plan incorporating co-decided recovery milestones 5. Provide mental health support as standard care 6. Bereavement support through open disclosure and explanation of events; access to bereavement counselling; and peer support 7. Establish facilitated sepsis peer support programs 8. Implement the national Coordination of Care and Post-Sepsis Support Model of Care Framework and leverage existing complex care follow up clinics

Notes:

Pillar 4 Data, Surveillance and Research

Recommendation	Core Requirements
4.1 National data governance coordination	1. Establish a national sepsis data governance and coordination framework, led by a nationally designated authority 2. Data collection and surveillance encompass community and healthcare-associated sepsis 3. Embed nationally consistent arrangements for data custodianship, privacy, ethics, security and data sharing 4. Embed ongoing oversight of data quality through standardised validation processes and improvement programs 5. Implement indicators aligned with the SCCS. 6. Implement to benchmark service provision and policy impact 7. Data should be translated into actionable knowledge through national dashboards, reports and feedback systems
4.2 Iterative data system maturity	1. Embed national consistency through standardised definitions, concepts, metadata specifications and a sepsis data dictionary 2. Establish a minimum dataset and registry framework that incorporates agreed clinical and administrative definitions, and coding, documentation and reporting standards 3. Adopt a tiered participation model for progressive data maturity 4. Embed sepsis performance measures within routine health system monitoring and reporting frameworks over time
4.3 National sepsis registry and surveillance	1. Establish a national coordinated surveillance framework that aligns and integrates existing sepsis-related data sources 2. Standardise surveillance definitions and coding practices 3. Build the sepsis registry on an interoperable digital health and data infrastructure model that enables secure integration of data while maintaining jurisdictional stewardship and privacy safeguards with Automated Electronic Health Record (EHR) surveillance as a core design principle to support real-time or near real-time surveillance 4. Advanced natural language processing and AI tools should be progressively tested and evaluated 5. Scalable surveillance should be implemented for quality improvement, research and pandemic preparedness 6. Advanced analytics capabilities should be incorporated for predictive risk stratification and surveillance 7. The registry should function as a national learning health system, integrating surveillance datasets, research platforms and clinical registries to accelerate translation of evidence into practice 8. Interface the registry and dashboard with the Australian CDC
4.4 Build research capacity	1. Establish a national sepsis centre of research excellence to provide leadership and coordination of research activities across the healthcare continuum 2. Foster consumer-led research through SACPAP to optimise leadership by people with lived experience of sepsis 3. Future investment and targeted calls for sepsis research on precision medicine; platform trials and survivorship 4. Recognise sepsis as a national cross-cutting health priority within the National Health and Medical Research Strategy 2026–2036 and Medical Research Future Fund investments 5. Prioritise research on diagnostic and point of care technologies, AI and machine learning systems 6. Sepsis survivorship should become a major national research priority 7. Sepsis research should embed implementation science and process evaluation from inception to ensure findings translate into routine practice.

Sepsis Australia

Thank you

The George Institute for Global Health