

POSTER PRESENTATION

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Effect of training on staff knowledge of screening and management of sepsis

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Background

At Nykøbing Falster Hospital, a mid-size community hospital, sepsis is among the most frequent causes of death. International studies have shown significant reduction in mortality, morbidity and healthcare resource consumption with early screening and treatment of sepsis. The Acute Division wanted to identify possible areas of interventions that could improve the treatment of sepsis by elucidating/clarifying clinical staff awareness of the criteria for sepsis screening and management.

Methods

An intervention study with measurement of the staff knowledge of the criteria for SIRS (severe inflammatory response syndrome), sepsis, severe sepsis and septic shock and how to manage sepsis. Target audience was care staff nurses working in the Acute Division.

Baseline and follow-up at 12 weeks were with a questionnaire survey. Responses could be made as correct, wrong and no answers. Interventions were teaching of clinical staff supplemented by knowledge-support tools such as pocket cards, posters and electronically accessible (regional) guideline. Effect of interventions was tested with non-parametric statistic.

Results

Baseline showed that only 18% knew the precise criteria for severe sepsis, 80% percent enrolled falsely blood pressure. At follow-up, 75% knew criteria for severe sepsis. The following topics were improved to 100%; how to culture the patient, intravenous saline treatment and when they have to call the anaesthesiologist, although only 50% knew the correct treatment with antibiotics.

Conclusion

This study shows that training of the staff by teaching supported by pocket cards, posters and electronically accessible guideline improve staff knowledge of management of sepsis and especially screening of sepsis. It is a particular challenge in an acute division to provide the necessary training to staff working in different shifts. Although our study only focuses on staff knowledge a subsequent follow-up will show whether more patients are actually screened and correctly managed for sepsis.

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