

Managing serious infections: looking forward and learning from CQUINs

Celia Ingham Clark

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CQUINs:

- **Commissioning for Quality and Innovation payments**
- **Typically 2.5% of standard contract withheld unless specific quality metrics achieved**
- **Usually refreshed annually**
- **Effective where wide variation in performance exists**
- **VTE a good example**

Why sepsis?

- **High incidence**
- **Develops from serious infections**
- **Significant mortality**
- **Increasing evidence on benefit of prompt identification and treatment**
- **Opportunity to reduce premature mortality**
- **Well-publicised examples of tragedies that might have been avoidable**
- **Significant cost to health and social care**

Sepsis CQUIN 2015

- **ED first focus**
- **Use of NEWS to identify most unwell patients**
- **Assess these patients for sepsis**
- **If sepsis found give prompt antibiotics (as part of sepsis 6 approach)**
- **Sampling data collection**

Sepsis CQUIN 2015

- 2015/16 CQUIN national figures: Emergency Departments
- The rate of people being checked appropriately for sepsis rose from 52% to 78%
- Increase in the rate of prompt antibiotics from 49% to 62%.

Sepsis CQUIN 2016

- Continued ED data collection
- Added deteriorating in-patients
- Added 3 day review of antibiotic prescription
- Improved sampling methodology

2016/17 Q2 national figures

Emergency Departments:

- **Assessment for screening increased to 85% (Q1 82%)**
- **Timely treatment increased to 62% (Q1 54%)**

2016/17 Q2 national figures

Inpatient Departments

- **Assessment for screening increased to 69%** (62%, in Q1)
- **Timely treatment increased to 64%** (60%, in Q1).

Impact and future plans

- We estimate at least 548 lives have been saved through the implementation of the CQUIN in the sampled populations
- The 2017 CQUIN will join up sepsis and antimicrobial resistance to reduce the impact of serious infections - The intention is to “Start smart, and then focus”
- Hospitals will be expected to ensure that they have a local policy for which antibiotics to use, and for all patients treated with iv antibiotics to be reviewed within three days of starting to make sure they are on the right antibiotic