“Sepsis care requires both technical and non-technical skills”

Despite advances in modern medicine, including vaccines, antibiotics and acute care, sepsis affects millions of patients worldwide each year. Its mortality rate is around 25%, making it the primary cause of death from infection. This life-threatening condition arises when the body’s response to an infection injures its own tissues and organs, and it can lead to shock, multiple organ failure and death. However, the infection can be cured if recognised early and treated promptly.

Campaigns to reduce the incidence of sepsis and its effect on those who contract it have led to the organisation of World Sepsis Day on 13 September (www.world-sepsis-day.org), and the publication this year of an acute care toolkit by the Royal College of Physicians. Both these developments aim to improve patient safety by focusing attention on sepsis and educating health professionals on the technical skills they need to detect patient deterioration at an early stage.

The around-the-clock nature of their role and the high level of direct patient contact means nurses are often best placed to identify potential sepsis and signs of deterioration in patients. Developing our ability to recognise signs and symptoms of sepsis and ensuring adequate numbers of staff are skilled in assessment and escalation are particularly important. In order to achieve this, high-fidelity simulation training is being made more widely available for general nursing staff. This training focuses on assessment skills, developing standardised systems of communication, and on human factors that can develop teamworking capabilities.

Our knowledge of human factors and how they can be used to improve patient safety and care through the development of non-technical skills is increasing. However, healthcare providers still regularly receive patient feedback that mentions staff’s poor attitude and lack of empathy. Perhaps we need to look more deeply into whether we can teach compassion where it is lacking, or at least strengthen it where it is weak.

Of course, we all need to look at ourselves, and how we relate to our patients and colleagues. And we need to select those candidates with the right attitudes and compassion to be a nurse. But we also need nurse leaders who are able to exercise compassion as they look at the broader functions of the organisations we work in. They must acknowledge and act to reduce the impact of the dilemmas nurses face in trying to put our patients first in an environment where workloads and systems are increasingly more challenging.

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