



Gníomhaireacht Bainistíochta an Chisteáin Náisiúnta
National Treasury Management Agency

An Ghníomhaireacht um Éilimh ar an Stát
State Claims Agency

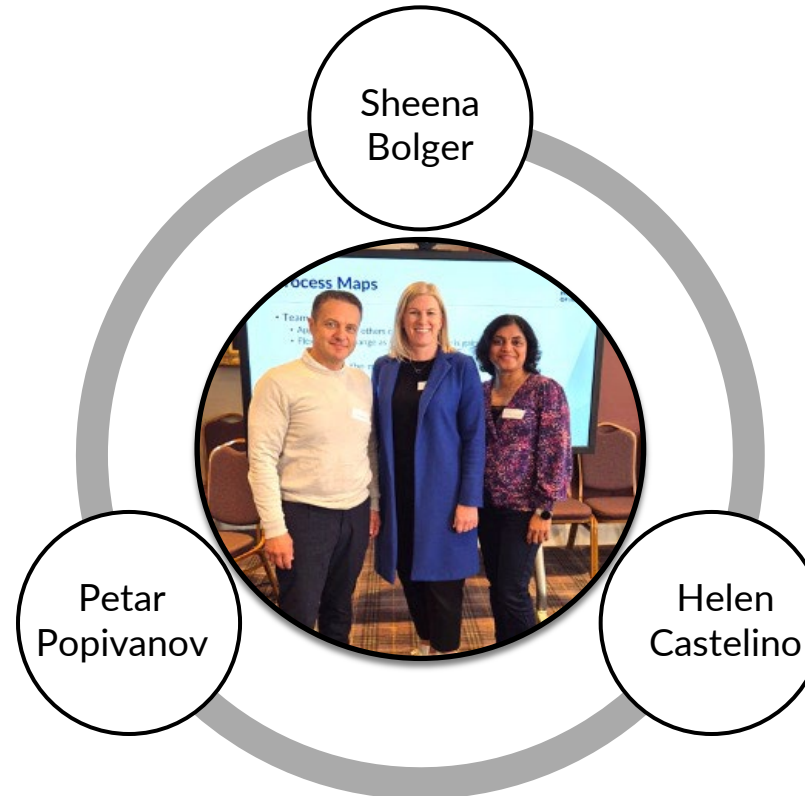
Project Presentation: Improving Maternal Sepsis Screening at The Coombe Hospital

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The Coombe Hospital

#SCALearning25

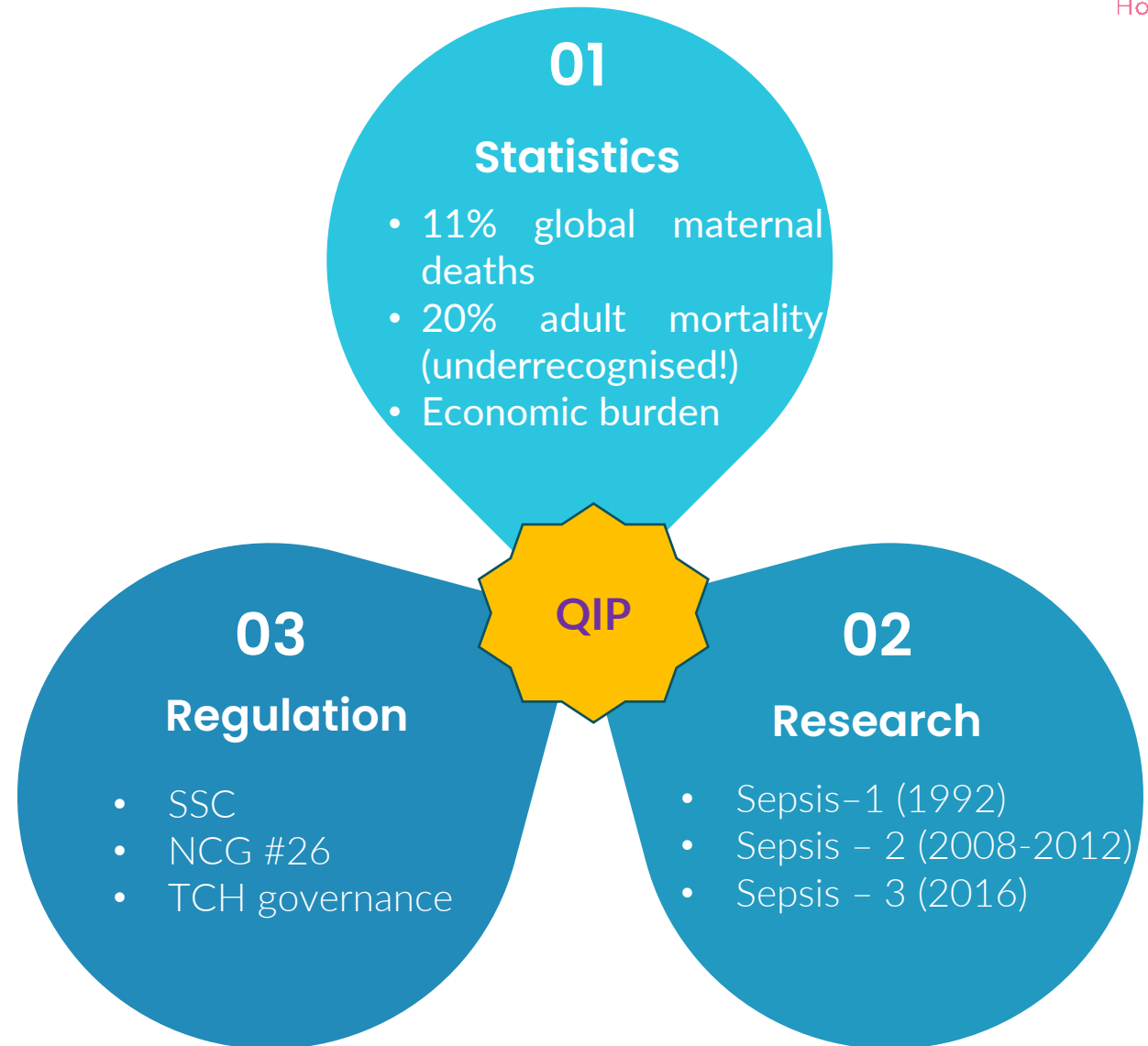
Improving early screening for maternal sepsis at The Coombe Hospital

QIP in part fulfilment of "PG Cert in QI Leadership in Healthcare", RCPI



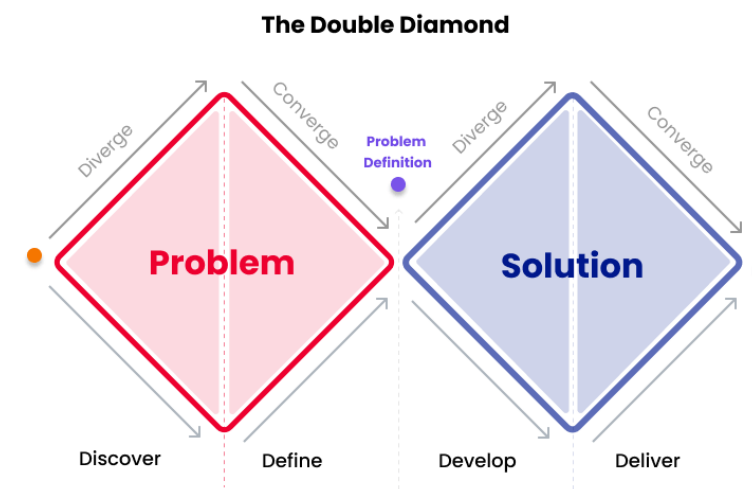
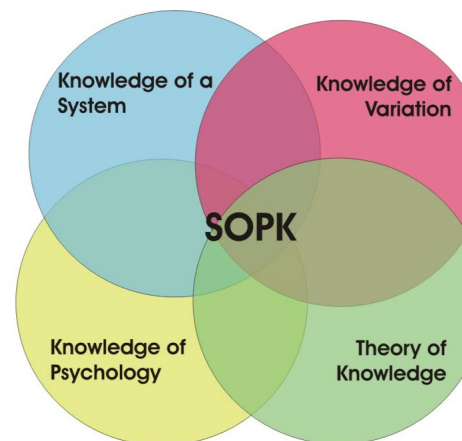
Background

International, national and local factors.



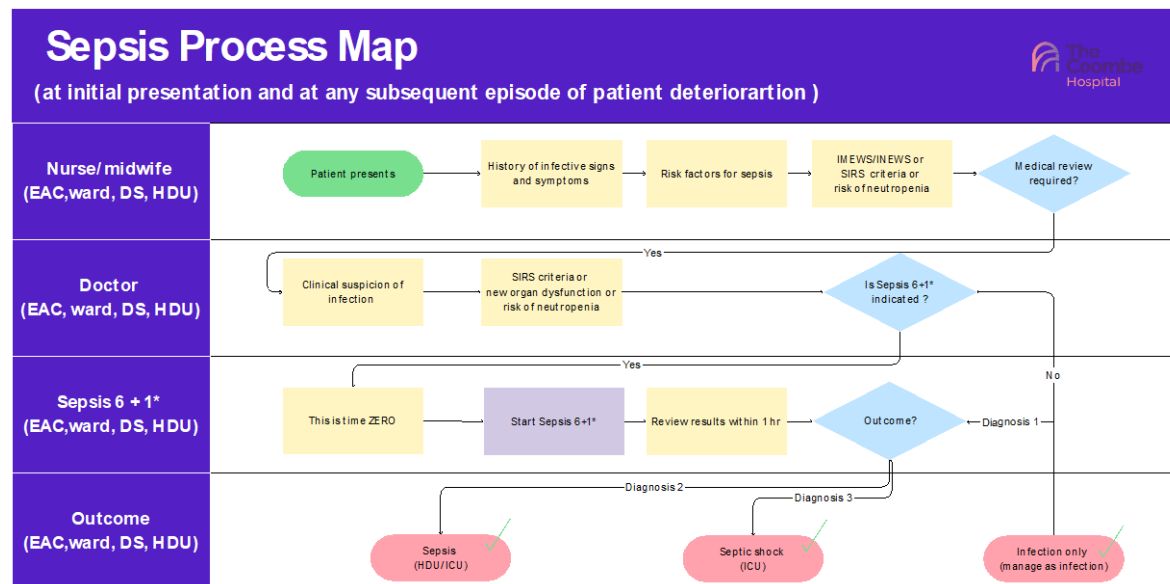
Methods

Theories & frameworks



Methods

Understanding the local process & people



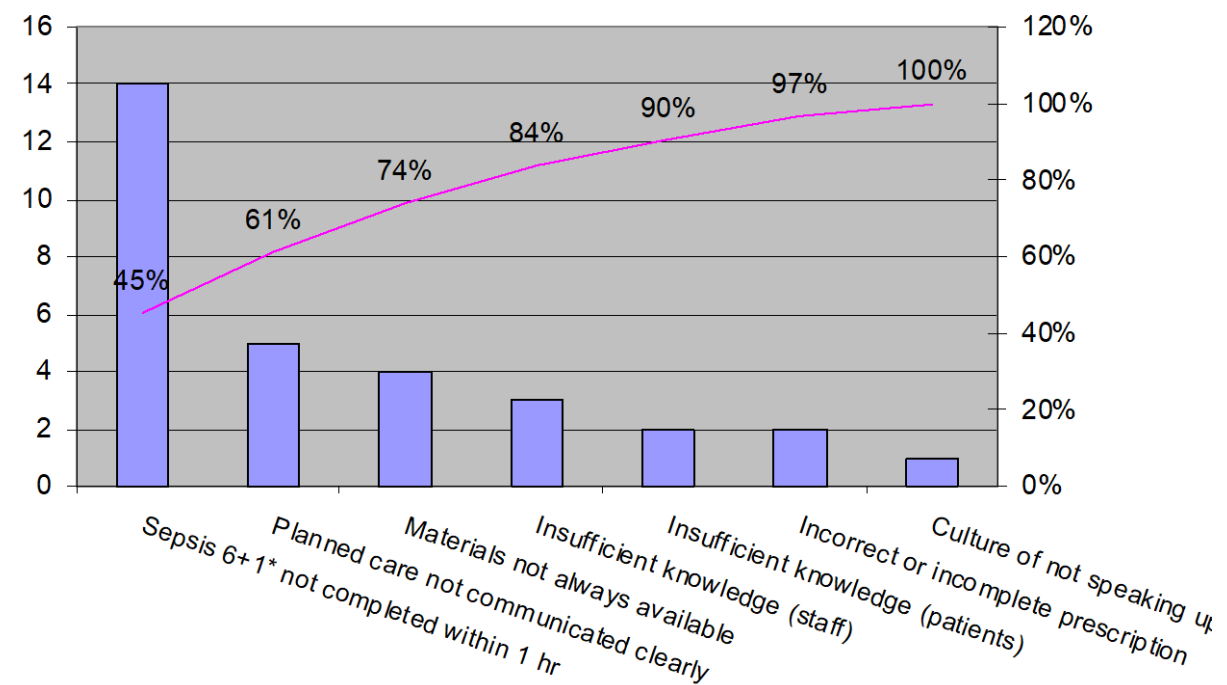
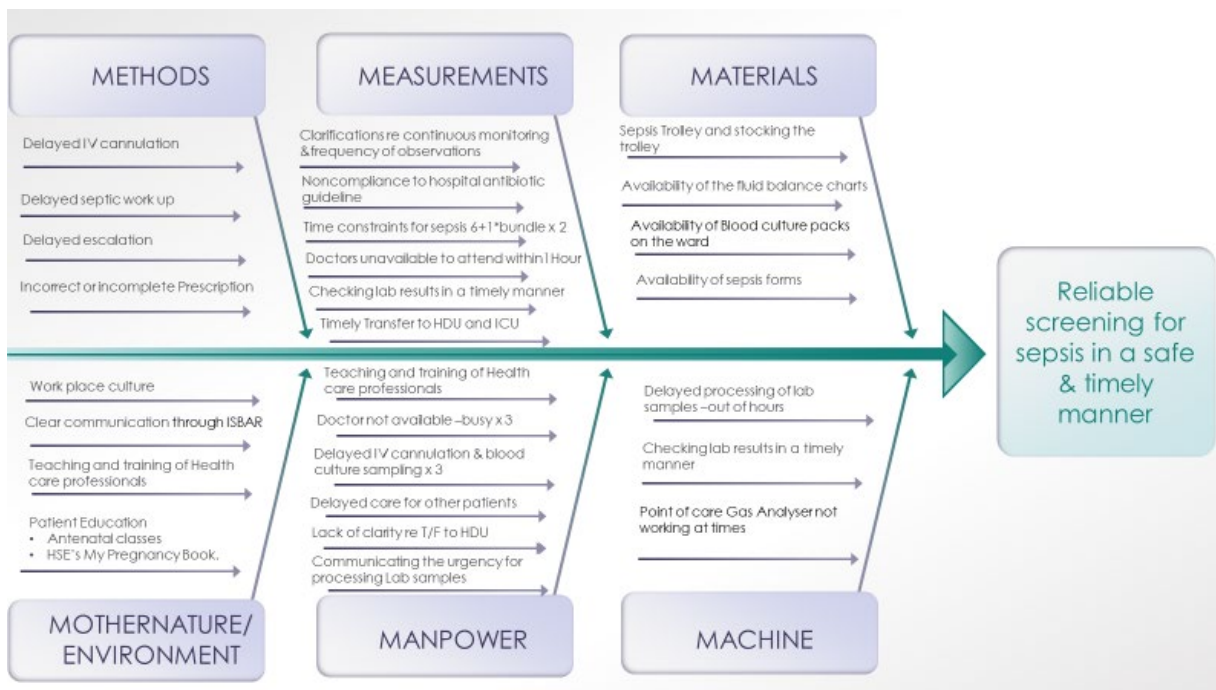
Level of influence

	Resistant	Neutral	Supportive
High		Obstetric consultants CMMs	EMT Sepsis committee IPC committee CMMs CSFs Microbiologist Consultants anaesthetists and obstetricians ADOMs
Medium	NCHDs	NCHDs Midwives/Nurses Lab	CSFs NCHDs Midwives/Nurses
Low		HCA's Admin	Patients and their families Student midwives

Reaction to change

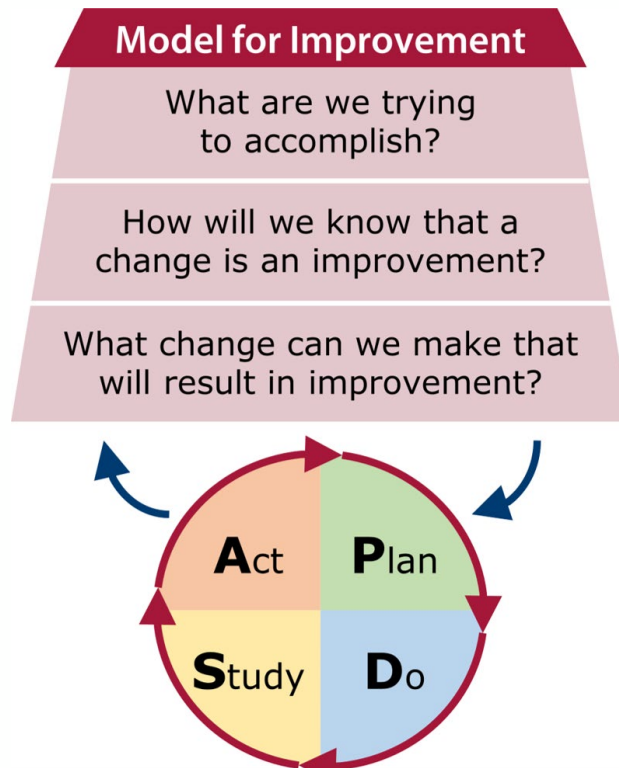
Methods

Understanding the local problem



Methods

Model for improvement



Aim

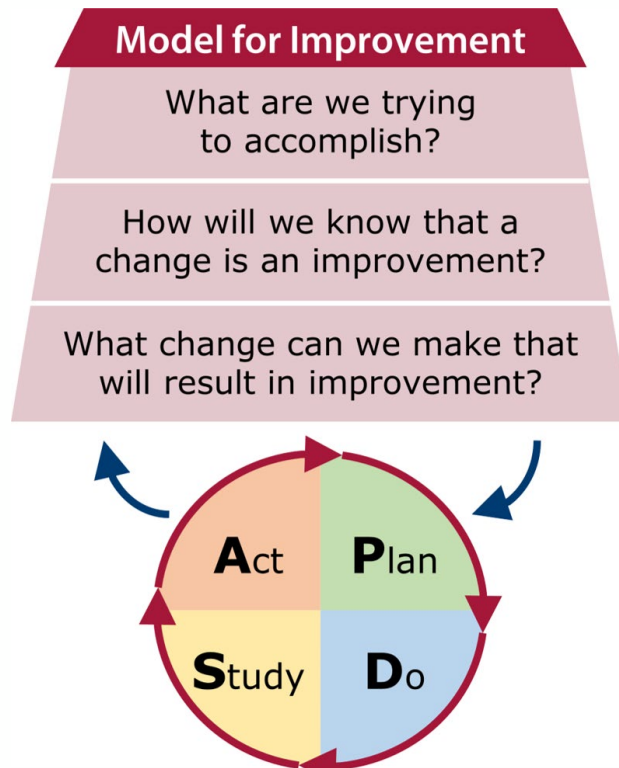
To improve patient safety by ensuring that, by July 2025, every obstetric inpatient with infection at TCH receives timely sepsis assessment, at initial presentation or subsequent deterioration, accurately documented in either the Sepsis Form or clinical notes.

Measures

Interventions

Methods

Model for improvement



Aim

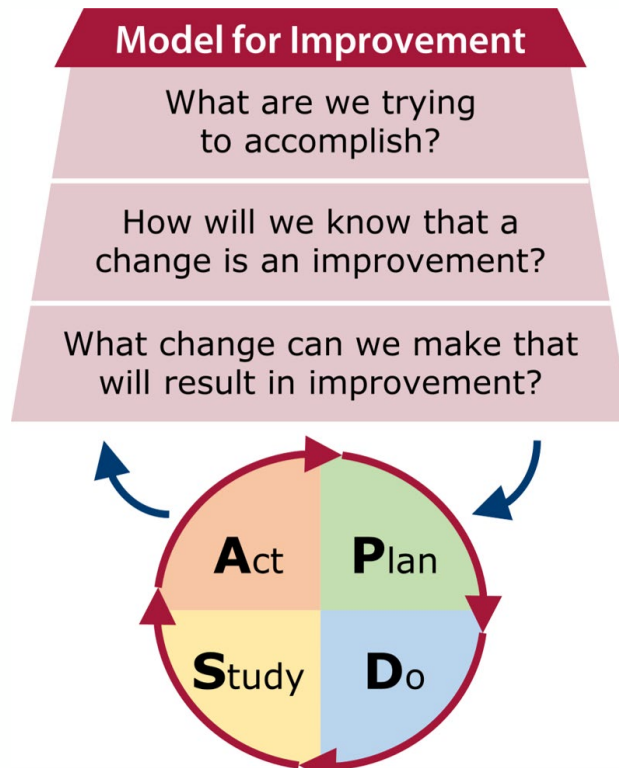
Measures

Outcome
Process
Balancing

Interventions

Methods

Model for improvement



Aim

Measures

Interventions

Driver Diagram
PDSA cycles

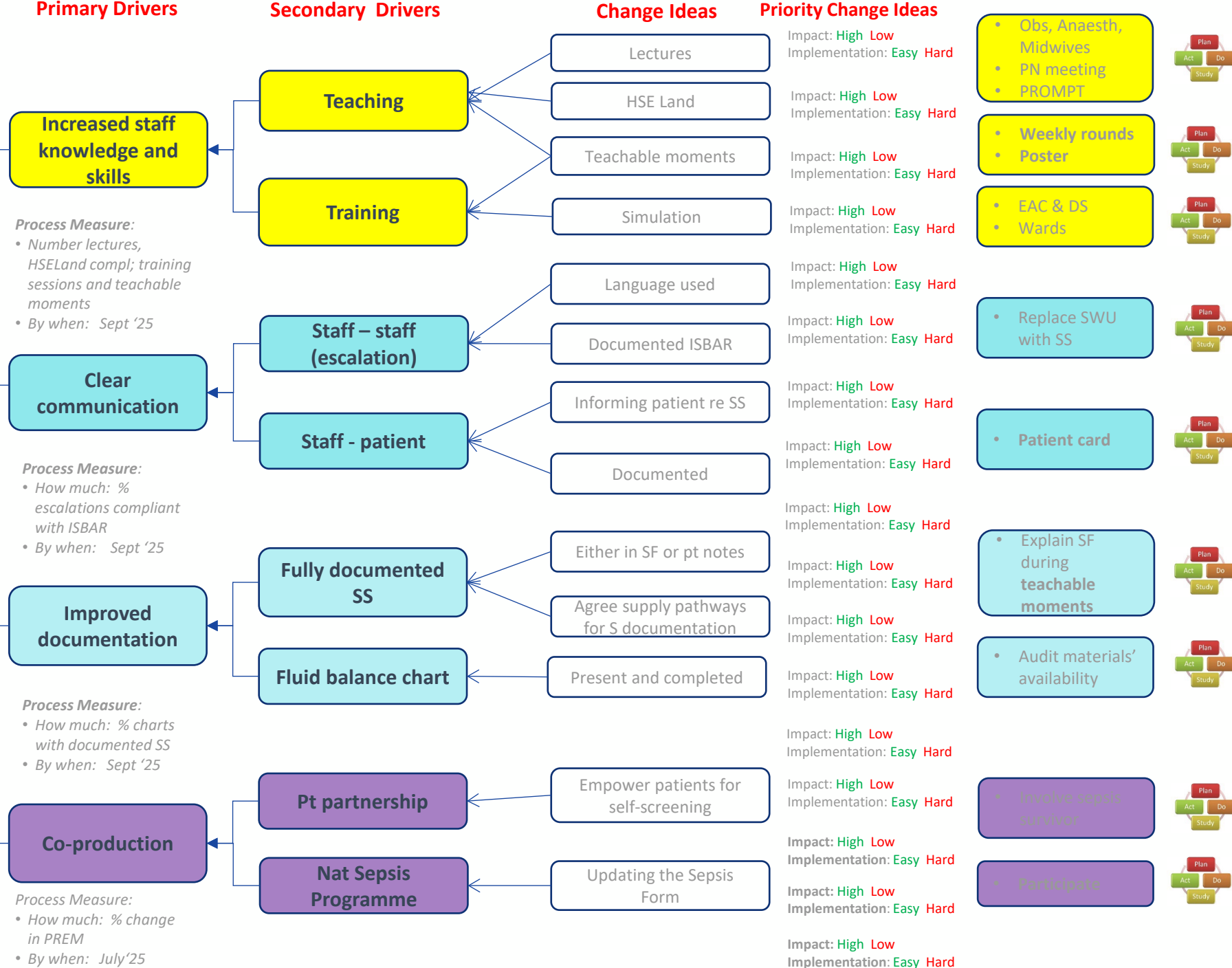
Driver Diagram Template

The Problem:

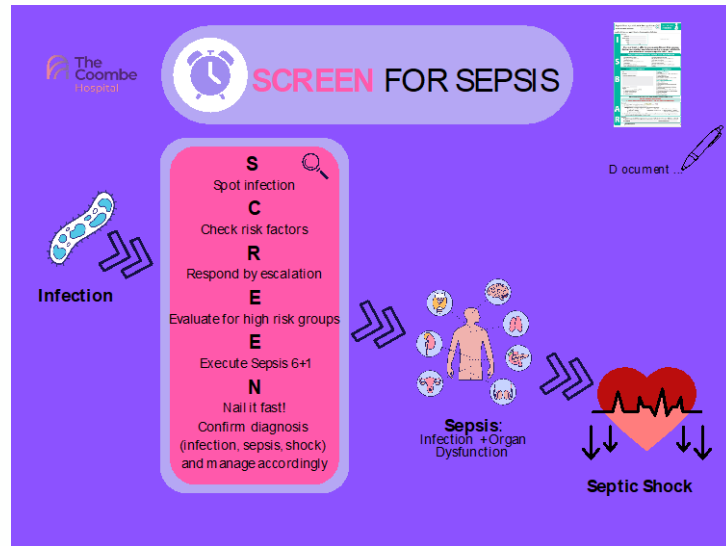
Current practice at the Coombe shows inconsistency in the timely screening of obstetric patients with infection for potential sepsis.

All Obs patients with suspected infection in the Coombe are screened for sepsis by July. 2025

- *How much: Percentage of patients with suspected infection screened for sepsis*
- *By when: July. 2025*



Staff teaching & training



- PDSA 1 – team
- PDSA 2 – sepsis committee
- PDSA 3 – place on each ward
- PDSA 3 - timeline

Lectures

- By specialty
- MDT
- Induction video

PROMPT

- CBD
- 81% staff “more confident”

PoC “teachable moments”

- Weekly “sepsis rounds”
- Poster

PoC simulation training

- Wards
- Skills & drills

Patient Education



Patient information Leaflets

Antenatally (My pregnancy book)
Postnatal discharge education (QR
code for PIL)

**Sepsis –
what you
need to
know**



**Maternity
information
leaflet**

Education Session

Maternal sepsis talk at
antenatal classes

Coproduction

A. PREM: Patient/Maternal sepsis survivor – Sepsis card

We suspect you have an infection




Now we will:


- Screen you for sepsis
- Run some blood tests, take blood cultures and swabs
- Give you antibiotics
- Monitor your vital signs
- Run further tests/treatments if sepsis is suspected
- Answer any questions you may have

We suspect you have an infection


Now you should:



- Inform us if you experience symptoms such as difficulty breathing, high heart rate, clammy skin, body aches, reduced urine output or dizziness
- Inform us if symptoms worsen or anything feels off for you or you don't feel you are improving
- Familiarise yourself with the signs and symptoms of sepsis



Maternity sepsis info



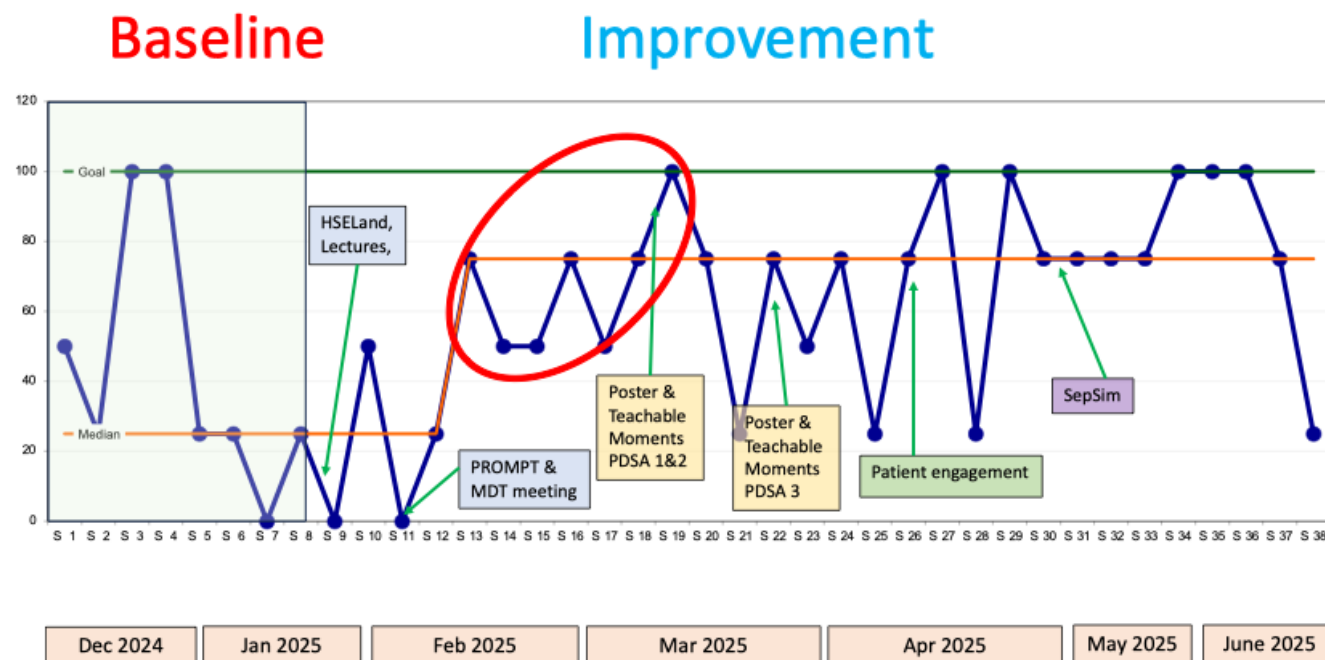
Sepsis information

The
Coombe
Hospital

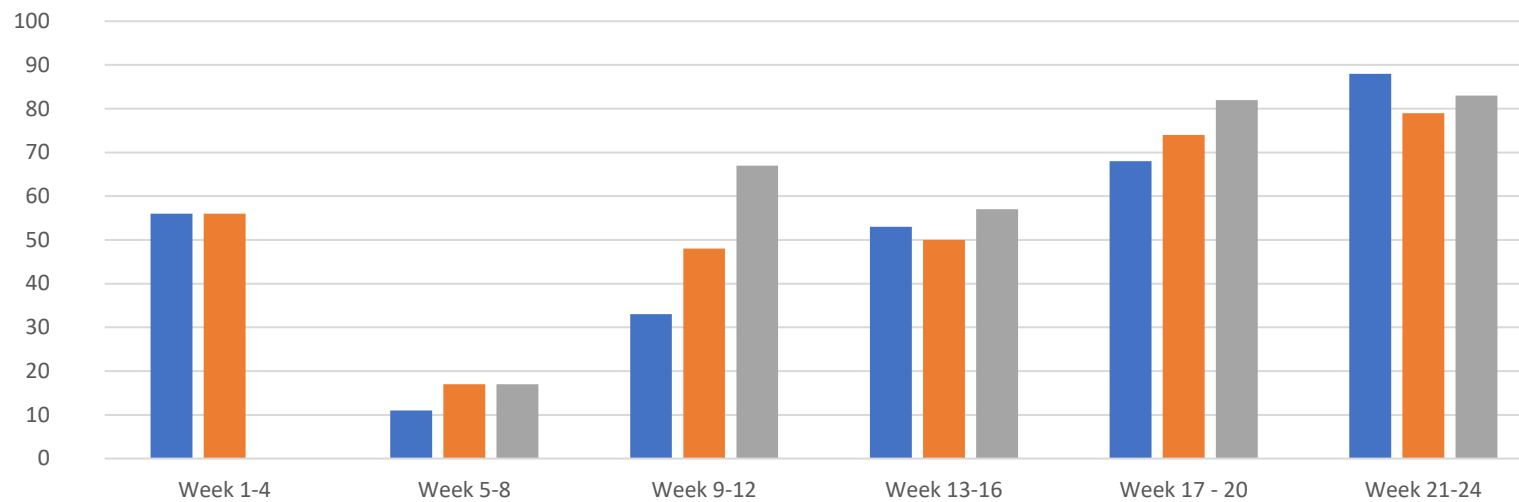
B. HSEs National Clinical Programme for Sepsis - rapid update of the NCG No.26. The revised Sepsis Form piloted in The Coombe Hospital in July 2025.

Results – outcome measure

% of patients with infection screened for sepsis per sample of 4



Results – process measures



■ % documented concern for organ dysfunction ■ % Sepsis 6+1 started if indicated

■ % Diagnosis correctly documented

Lessons learnt

Team's insights and reflections



1

Staff teaching & training

The value of bedside T&T

2

Data and documentation

Informed the upcoming EPR (MN-CMS)

3

Governance

Weekly sepsis rounds; 0.5 WTE
CMM2

4

Culture of safety & learning

Safety 1 & Safety 2 (LfE)