Sepsis 6 delivery is challenging in the undifferentiated ED patient. Despite a sepsis project team within the ED, the compliance with the bundle had reflected the challenging nature of the task (a mean compliance of 20%). Our hypothesis for improvement was that a combination of process mapping and in situ simulation training coupled with immediate reflective video feedback could improve our ability to provide timely delivery of antibiotics.

**Aim**

80% of patients with sepsis will have antibiotic delivery within 1 hour of identification by August 2014

**Method**

- 9 training sessions were delivered
- A high-fidelity mannequin was used
- Immediate video debrief
- Real multidisciplinary teams
- Identify human factors in teams
- Latent risks
- Process evolution

**Process Change**

- Process mapping identified the challenging parts of the process
- Prioritisation of patients and communication of sense of urgency with teams
- Simulation scenario designed to reflect these non-technical skills as core learning objectives
- Data sampling was randomised to 10 patients a week after the whole patient population was examined.

**Achievements**

- Be brave
- Use your allies to help instigate change
- Develop links out with your own working environment
- Sharing resilience during times of change
- Engage as widely as you can both within your region and nationally
- Embrace the data

**Next steps**

- Show sustainability
- Spread use of in situ simulation within quality improvement within trust
- Spread to Forth Valley and nationally
- Recent national visit has requested national spread
- Bring human factors training to every board in Scotland

**Results**

The run charts shown illustrate a change in practice when examining percentage of sepsis 6 bundle completed within 1 hour (fig 1), percentage antibiotics given within 1 hour (fig 2) and time to first antibiotic (fig 3).

**Conclusions**

An in situ simulation training program as part of a quality improvement project can enable a shift in practice within a busy ED department. The aim of my project was met.

**Key Learning Points**

The fellowship has been career changing and inspiring encouraging me to be brave, to think big and have transformational conversations with people enabling true person centered care.

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