

## **Submission to Joint Committee on Health**

### **“Awareness, prevention and services for the treatment of sepsis.”**

First we would like to thank the Committee for inviting us to be here today. As Ireland’s only sepsis charity we are delighted to see awareness, prevention and services for the treatment of sepsis on the political agenda.

The Irish Sepsis Foundation was set up in 2022 to help improve the lives of survivors of sepsis. We work towards achieving our goals by educating healthcare professionals, raising public awareness and providing supports as well as a community for those affected by this devastating condition nationwide. We are a not-for-profit organisation operating solely on the basis of the goodwill of our members and volunteers, all of whom have been affected by sepsis in some way, and all of whom shares a strong belief in the importance of our work and our mission. We are acutely aware of the fact that the more people know about sepsis, the safer everyone is.

Our experience so far has taught us that what those affected by sepsis want above all else is a commitment by the Health Service Executive to tackling the issue head on, as well as an appetite for learning from mistakes and improving services for those who will have to come in contact with it. This includes people who will survive sepsis, like Conor Callaghan who I will now hand over to...

*I’m 24 years old and in March of this year I contracted sepsis.*

*I had a brain aneurysm and was supposed to have surgery to remove it which would have left me paralysed afterwards, but luckily it clotted off.*

*I also had two damaged valves in my heart which resulted in me needing to have open heart surgery twice to repair the damage caused by sepsis.*

*In total I spent 12 weeks in hospital.*

*During those 12 weeks I felt there was no support provided to me and I had no one to talk to about my experience.*

*I found myself in a dark place in hospital.*

*While I am grateful to say I am a sepsis survivor I am still struggling mentally to come to terms with what has happened to me over the past few months.*

*I truly hope no one has to experience what I experienced, or if they do I hope the correct support systems are in place to help them through such a tough time for all involved.*

I hope everyone appreciates now that sepsis does not discriminate. Anyone with an infection can develop sepsis at any time and that is why it is so important that we continue to highlight the time-critical nature of this deadly condition. Conor is considered by many to be “one of the lucky ones”, and in many ways he is, but his

experience, strength and hope is something we all need to hear about. The HSE must not only to listen to people like Conor, but must really *hear* what he has to say. Listening is often the only thing needed to help someone. And so we urge the HSE to:

- Pay attention;
- Show that it is listening;
- Defer judgement; &
- Respond appropriately.

The last of those points is perhaps the most important: the response.

We suggest that a part of the response should involve utilisation of clinical risk management. This was developed initially as a means of controlling litigation. Wherever risk management has developed, it has usually been driven by anxiety about costs to the organisation, nevertheless it has the potential to reduce injury to patients and to redress deficiencies in medical audit, particularly audit of outcome.

The HSE says that its objectives relate both to its day-to-day mission to provide, the highest quality health services for the population of Ireland, and to its longer term ambition that these services and the experience of those waiting for, or who are receiving care, become demonstrably better.

It says that: *Risk is the 'effect of uncertainty on objectives'. In the context of the HSE and its services, it is any condition, circumstance, event or threat which may impact the achievement of objectives and/or have a significant impact on the day-to-day operations. This also includes failing to maximise any opportunity that would help the HSE or service meet its objectives.*

Risk management is supposed to provide the HSE with a structured approach to anticipate the threats that could occur, assist in identifying the most effective way to manage those threats and provide the means by which the HSE can measure how successful it has been in its efforts.

As we see it, the purpose of clinical risk management is to provide the organisation (the HSE) with a memory. Without remembering its shortcomings, the organisation is unlikely to improve. Such a system has at its foundation the reduction of cost to the organisation, but its primary purpose in health facilities is to improve the quality of care and the outcome for the individual patient, whose welfare is at the centre of the process. This individual is no longer identified as a potential litigant.

We must remember that without the identification of fault there can be no improvement in the standard of care. There can be no improvement without the identification and correction of fault. Without a proper system of risk management, nothing will change.

We owe it to those who have been affected by sepsis to do better. To effect change we must formalise the mechanism for risk management.

Only this will enable the kind of learning that will lead to meaningful changes and the prevention of future mortality and morbidity.

Today is an important first step, but we implore the Committee to keep the momentum going. Lives *literally* depend on it.

**Doireann O'Mahony – Irish Sepsis Foundation**  
**10<sup>th</sup> November 2023**