On behalf of bioMérieux and The UK Sepsis Trust, Ipsos conducted an online survey among 368 healthcare professionals across 6 countries (UK n=100, France n=100, Spain n=100, Sweden n=50, Denmark n=16, Norway n=2) between 20th June and 18th July 2022. For analysis purposes, Nordic countries were grouped as one market (n=68). Healthcare professionals were Emergency Department Physicians, General Surgeons, Internal Medicine Physicians, Critical Care Physicians or Pulmonologists who chose to take part in the survey. All physicians had been qualified in their primary medical specialty for 3-30 years, spend the majority of their clinical time in a hospital, spent at least 50% of their professional time in direct patient care. All results are weighted based on country average approach with an equal weighting across the UK, France, Spain and the Nordic countries included.

### ADHERENCE TO BEST PRACTICES IN SEPSIS CARE:

**WHILE MOST SURVEYED CLINICIANS RECOGNIZE SEPSIS AS A SERIOUS CONDITION, THERE ARE CASES WHERE DIAGNOSIS IS DELAYED OR EVEN MISSED**

- **95%** agree that developing sepsis is serious for patients they treat in hospital.
- **98%** agree that early detection of sepsis can lead to significantly better outcomes.
- **66%** agree that there is sometimes a delay in diagnosing sepsis in the hospital that they work in.
- **56%** agree they do miss some cases of sepsis in the hospital they work in.

### PROTOCOLS IN SEPSIS CARE ARE NOT FOLLOWED BY ALL DESPITE HIGH STATED ADHERENCE

- **Good perceived awareness and high stated adherence**
  - **88%** know a great deal or are somewhat knowledgeable about Sepsis Bundles.
  - **99%** think the actions outlined in the Hour-1 Sepsis Bundles* contain appropriate steps for sepsis management.
  - **96%** think the actions outlined in the Hour-1 Sepsis Bundles are followed at least to some extent.

- **However low recognition of details when shown**
  - **53%** of those aware of Sepsis Bundles correctly selected from a given list all actions involved in Sepsis Bundles**.

### AND NOT ALL CLINICIANS BELIEVE CLEAR HOSPITAL PROTOCOLS ARE IN PLACE AND FOLLOWED

- **17%** do not agree that there is a clear sepsis protocol in the hospital where they work.
- **13%** do not agree that they consistently follow protocols in place in their hospital for treating sepsis.
- **17%** do not agree that following standardised clinical protocols and delivering autonomous patient care are two actions that are compatible with each other.

### THERE ARE A NUMBER OF BARRIERS TO ADHERENCE OF THE SEPSIS BUNDLES

From a list of given actions, surveyed clinicians are most likely to believe that the following are barriers to adhering to the stages outlined in the Sepsis Bundles...

- **High patient caseload**
- **59%**

- **Staff shortages**
- **58%**

- **Insufficient training**
- **34%**

- **Lack of familiarity with the steps**
- **32%**

**However**

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* Hour-1 Sepsis Bundles includes a set of interventions which are recommended to begin immediately in all patients with suspected sepsis or septic shock.
** Correctly selected actions include: Measure lactate level and re-measure if the initial level is elevated; Obtain blood cultures before administering antibiotics; Administer broad-spectrum antibiotics as soon as possible; Administer fluid resuscitation; Administer vasopressors (or intra-venous dopamine) if necessary; Monitor blood pressure and maintain a mean arterial pressure ≥ 65 mmHg.

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