

# Feasibility of TeSD-IT score during general practice out-of-hours home visits.

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**Word count:** 3864 words.

## List of abbreviations

<b>GP</b>	General Practitioner
<b>ICU</b>	Intensive Care Unit
<b>OOH</b>	Out-Of-Hours
<b>NEWS</b>	National Early Warning Score
<b>qSOFA</b>	quick Sequential Organ Failure Assessment

## Abstract

**Background** Early identification of sepsis and timely intervention are of vital importance in reducing sepsis related mortality and morbidity.

**Aim** To investigate the feasibility of the newly developed TeSD-IT score for the assessment of acutely ill patients during out-of-hours (OOH) home visits in primary care.

**Design and setting** We conducted a feasibility study in two out-of-hours primary care services in the Netherlands, between 8 January and 1 March 2024.

**Method** Participating general practitioners (GPs) were instructed to utilise the TeSD-IT score in all adult patients during OOH home visits, excluding patients receiving terminal care or diseased patients. Participating GPs were asked to complete a questionnaire rating several statements regarding the TeSD-IT score feasibility on a 5-point Likert scale. The primary outcome was the rating of the statement overarching constructs, concerning user convenience, trust in score results, score influence on hospital referral decisions, and intention to use the score in the future.

**Results** Out of 101 submitted study forms, 87 questionnaires were included in the analysis. The constructs regarding user convenience, trust in score results, influence on referral decisions, and intend to use score in the future received average ratings of 4.37, 3.69, 2.28, and 3.22 respectively on a 5-point Likert scale. Of these ratings 90.8%, 70.0%, 11.1%, 38.7% consisted of ratings  $\geq 4$  on a 5-point Likert scale, respectively.

**Conclusion** In the present study, the TeSD-IT score was applied by GPs during OOH primary care home visits. It was found to have excellent user convenience and only a slight minority did not express an intend to continue its utilisation in the future. Further research is needed to evaluate the effect of the TeSD-IT score on the recognition of sepsis and patient outcome.

## Introduction

Sepsis is a serious condition caused by a dysregulated response to infection. Since this reaction causes tissue ischaemia and organ failure, sepsis is a potential life-threatening complication of infection.<sup>1,2</sup> Early identification and timely intervention are of vital importance in reducing sepsis related mortality and morbidity.<sup>1-4</sup>

In the Netherlands, patients suspected of sepsis usually are initially assessed in primary care to determine the necessity of hospital referral. Both

daily general practice and out-of-hours (OOH) primary care services are provided by general practitioners (GPs).<sup>5</sup> Therefore, GPs play a pivotal role in the early recognition of septic patients. A retrospective study conducted in the Netherlands revealed that of patients admitted to an intensive care unit (ICU) with community-acquired sepsis, 48.2% had consulted a GP in the 72 hours prior to hospital admission.<sup>6</sup> Notably, in 43% of these cases, GPs did not suspect infection at the initial contact. In this group, the in-hospital mortality rate was nearly

three times higher compared to cases where infection was suspected. Most patients in this study were assessed during OOH visits.<sup>6</sup> These visits comprise a small percentage of all OOH primary care and are mostly conducted in frail elderly with a relatively high risk of sepsis.<sup>6,7</sup>

To predict risk of ICU admission and mortality in hospitalised septic patients, various early warning scores, such as the quick Sequential Organ Failure Assessment (qSOFA) and the National Early Warning Score (NEWS) have been developed. Studies investigating the accuracy of these early warning scores as screening tools for early sepsis recognition in primary care indicate that qSOFA lacks sensitivity.<sup>8-12</sup> The NEWS, on the other hand, demonstrates adequate accuracy as screening tool in primary care but is more complex in its utilisation.<sup>7,12-14</sup> Research has found that a system-wide implementation of NEWS led to a reduction in mortality rates in patients with suspected sepsis.<sup>15</sup> During the TeSD-IT study, a new, swift, and user-friendly clinical prediction model was designed: the TeSD-IT score for the early recognition of sepsis in primary care.<sup>7,16</sup> This model is based on assigning one point for each of the six predictors (figure 1). The model performed significantly better than qSOFA in the primary care setting. While its performance is comparable to NEWS in primary care setting, the presented model appears to be more straightforward and quicker to apply since measurement of the respiratory rate is not included

in the TeSD-IT score calculation. Importantly, the model is not developed to override GPs' judgement but rather to inform the GP on sepsis outcome probability.

The present study aims to investigate the feasibility of the newly developed TeSD-IT score by evaluating GPs' experiences in utilising the score during the assessment of acutely ill patients during OOH home visits in primary care.

## Method

### Setting and design

This feasibility study was conducted at two GP cooperatives for OOH primary care in Nieuwegein and Zeist, The Netherlands. These cooperatives serve a combined population of nearly 400 000 inhabitants in a demographically diverse area encompassing both suburban and rural regions.<sup>17</sup> In the Netherlands, OOH primary care services are structured into large-scale facilities serving between 50 000 and 400 000 inhabitants.<sup>18</sup>

### Participants

The present study performed a preliminary analysis of a seven-week period between 8 January and 1 March 2024. The total study was conducted between 8 January and 1 April 2024. The study included GPs who conducted at least one home visit during the study period at either of the GP cooperatives for OOH primary care. No exclusion criteria were applied during the recruitment of GPs.

TeSD-IT sepsis score, consisting of the following six predictors, resulting in a score of 0-6 points.

Aged >65 years	1 point
Tympanic temperature >38°C	1 point
Systolic blood pressure ≤110mmHg	1 point
Heart rate >110/min	1 point
Peripheral oxygen saturation ≤95%	1 point
Altered mental status	1 point

TeSD-IT score results and related sepsis risk\*

Advised management.

0-1 points, low risk (3%)	No hospital referral for sepsis required.
2-3 points, intermediate risk (29%)	Consider referral in the context of individual patient.
4-6 points, high risk (76%)	Hospital referral recommended.

**Figure 1.** TeSD-IT score predictors and result interpretation manual.

\* Based TeSD-IT study results.<sup>7</sup>

## Data acquisition

Prior to the start of the study period, all GPs affiliated with either of the two participating GP cooperatives were notified about the new study per e-mail. This communication included background information on the importance of early sepsis recognition and a detailed explanation of the TeSD-IT score. GPs were instructed to calculate the TeSD-IT score for all acutely ill adult patients during OOH home visits. The GPs were asked to list all home visits and whether or not the TeSD-IT score was utilised on a study form, except for paediatric cases, terminal care, and deceased patients. During OOH home visits, all GPs were accompanied by medically trained drivers. These drivers as well received an explanation of the TeSD-IT score and were instructed to assist GPs with its calculation during OOH home visits. Figure 1 presents the TeSD-IT score variables and interpretation of its cumulative, sepsis risk related score ranging from 0-6 points. Additionally, GPs received an onsite explanation on the TeSD-IT score by a member of the research team present at the OOH GP cooperatives before commencing their home visit shift. GPs were provided with pocket cards summarising the score predictors and risk categories [appendix A]. GPs were only informed about the risk stratification; the decision whether to refer a patient to the hospital remained to the discretion of the GP.

The study form that GPs were asked to complete, also contained a short questionnaire evaluating their general perceptions after utilising the TeSD-IT score during the home visit shift. The questionnaire consisted the following statements that were to be rated on a 5-point Likert scale (ranging from strongly disagree to strongly agree respectively): 1) the score was easy to be carried out within existing workflows; 2) I felt confident while calculating the score during my consultations; 3) I felt confident while interpreting the test results; 4) the score provided reliable and accurate results; 5) it felt safe while using the score to inform referral decisions; 6) I have made management decisions based on the results of the score; 7) the score led to increased confidence while making my management decisions; 8) I intend to use the score in the future (beyond this study). Furthermore, study participants were asked to answer whether or not it was their first home visit shift in which they utilised the TeSD-IT score. Appendix B provides an overview of the utilised study form.

## Outcome measures

The primary outcome of this study was the rating of the statement overarching TeSD-IT score constructs, regarding user convenience, trust in score results, score result influence on hospital referral decisions, and intention to use the score in the future. The eight questionnaire statements were combined to form these four overarching constructs: user convenience (statements 1 and 2), trust in score results (statements 3-5), influence on hospital referral decisions (statements 6 and 7), and intention to use the score in the future (statement 8). Frequency distributions and averages of provided ratings on a 5-point Likert scale per statement were determined and combined to formulate ratings of the constructs. Percentages of the constructs rated  $\leq 2$  and  $\geq 4$  on a 5-point Likert scale were calculated to indicate the proportion of study participants that respectively disagreed and agreed with these constructs.

Secondary outcomes are 1) the difference between the average ratings per construct for first-time users and repeat users and, 2) the total amount of questionnaires completed during January and February. Answers provided regarding user experience and information on the month in which the study form was completed were utilised to evaluate the secondary outcome measures.

## Statistical analysis

Questionnaire data were entered into Castor EDC, a clinical data management platform. Data were exported to IBM SPSS V29.0.01 for descriptive statistical analyses. All questionnaires containing one or more rated statements were included in the analysis.

## Results

A total of 101 study forms were completed during the study period. Of these 101 study forms, 61 (60.4%) were submitted in January and 40 (39.6%) in February. Among these, 81 (80.2%) were fully completed and 6 (5.9%) were partially filled in. These 87 (86.1%) questionnaires were included in the analysis. Out of all study forms, 56 forms involved first-time users applying the score, while 21 forms were from participants who utilised the TeSD-IT score more than once. In January, 37 (60.7%) study forms were completed by first-time users, while in February, 19 (47.5%) participants completed the form for the first time. Information

regarding user experience was missing in 24 (23.8%) study forms (table 1).

Evaluation form statements received the following average ratings on a 5-point Likert scale: 4.41 for the ease of application, 4.32 for confidence in calculation, 3.99 for confidence in result interpretation, 3.85 for reliability and accuracy of results, 3.22 for safe implementation of results, 2.14 for result influence on management decisions, 2.44 for confidence in management decisions, and 3.22 for intend to use the score in the future (table 2). Frequency distribution of the provided ratings on a

5-point Likert scale of these eight statements are presented in table 2.

Translating these results into the four overarching constructs, user convenience received an average rating of 4.37, with 1.7% of ratings  $\leq 2$  and 90.8% of ratings  $\geq 4$ . The trust in score results construct received an average rating of 3.69, with 6.3% of ratings  $\leq 2$  and 70.0% of ratings  $\geq 4$ . The construct concerning the impact on referral received a rating of 2.28, with 53.7% of ratings  $\leq 2$  and 11.1% of cases rating  $\geq 4$ . The intend to use the score in the future construct received an average rating of 3.22,

	January n=61 n (%)	February n=40 n (%)	Total n=101 n (%)
Completed evaluations	52 (85.2)	35 (87.5)	87 (86.1)
Totally completed evaluations	47 (77.0)	34 (85.0)	81 (80.2)
Partially completed evaluations	5 (8.2)	1 (2.5)	6 (5.9)
First time TeSD-IT score users	37 (60.7)	19 (47.5)	56 (55.4)
Repeat TeSD-IT score users	10 (16.4)	11 (27.5)	21 (20.8)
Missing user frequency answer	14 (23.0)	10 (25.0)	24 (23.8)

**Table 1.** Baseline characteristics of study forms.

	1. <i>Strongly disagree</i> (%)	2. <i>Disagree</i> (%)	3. <i>Neutral</i> (%)	4. <i>Agree</i> (%)	5. <i>Strongly agree</i> (%)	Average score n
1. Easy to apply	1.1	0.0	5.7	42.5	50.6	4.41
2. Confident calculation of score	0.0	2.3	9.3	42.5	46.0	4.32
3. Confident interpretation of score results	0.0	3.4	26.4	37.9	32.2	3.99
4. Reliable and accurate results	0.0	3.5	34.9	34.9	26.7	3.85
5. Safe implementation of score results	3.6	8.4	60.2	18.1	9.6	3.22
6. Management decision based on score result	32.2	32.2	25.3	10.3	0.0	2.14
7. Increased confidence in management decision	25.0	17.9	45.2	11.9	0.0	2.44
8. Intend to use in future	5.8	9.3	46.5	33.7	4.7	3.22

**Table 2.** Frequency distribution of ratings on a 5-point Likert scale of the eight evaluation form statements and average ratings of the statements.

	Average <i>n</i>	Rating ≤2 (%)	Rating ≥4 (%)
<b>1. User convenience</b>	4.37	1.7	90.8
<b>2. Trust in score results</b>	3.69	6.3	70.0
<b>3. Influence on referral decisions</b>	2.28	53.7	11.1
<b>4. Intend to use in future</b>	3.22	15.1	38.7

**Table 3.** Average ratings of the four constructs and percentage of ratings ≤2 and ≥4 on a 5-point Likert scale.

	First time users <i>n</i>	Repeat users <i>n</i>
<b>1. User convenience</b>	4.36	4.50
<b>2. Trust in score results</b>	3.62	4.00
<b>3. Influence on referral decisions</b>	2.35	2.13
<b>4. Intend to use in future</b>	3.31	3.11

**Table 4.** Average ratings of the constructs for first-time users and repeat users.

with 15.1% of ratings ≤2 38.7% of ratings ≥4 (table 3).

Comparing average ratings of these four constructs between first-time users and repeat users, the ratings for user convenience were 4.36 and 4.50 respectively. For trust in score results, the average ratings were 3.62 for first-time users and 4.00 for repeat users. Regarding the impact on referral, first-time users rated it 2.35 while repeat users rated it 2.13. The intend to use the score in the future construct received ratings of 3.31 by first-time users and 3.11 by repeat users (table 4).

## Discussion

### Summary

The present study performed a preliminary analysis, evaluating feasibility of the newly developed TeSD-IT score for early sepsis recognition during OOH home visits in primary care.

Study participants indicated that the TeSD-IT score offers considerable user convenience (90.8%) and trustworthy score results (70.0%). Nevertheless, study participants found that the TeSD-IT score influenced referral decisions only in a few cases (11.1%). A slight minority (15.1%) did not express an intend to continue utilising the TeSD-IT score in the future. The majority of participants, however

expressed an either neutral (46.5%) or positive attitude (38.7%) towards the potential continuation of TeSD-IT score utilisation in the future.

The study did not observe substantially higher construct ratings between first-time users and repeat users. There was a noticeable decrease in the number of questionnaires completed in February compared to January.

A plausible explanation for the minority of study participants not perceiving the TeSD-IT score as influential on referral decisions could be its close resemblance to standard clinical protocols for managing infectious patients and therefore might have caused some participants finding the TeSD-IT score lacking added value.

Previous research data found that over a five-year period, out of 263 patients admitted to the ICU with sepsis, 127 had prior contact with an OOH GP cooperative service, with 75 of these encounters occurring during home visits.<sup>6</sup> Furthermore, the developmental TeSD-IT study indicated that 7.3% of septic patients necessitate ICU admission.<sup>7</sup> Extrapolating from this previous research data the probable incidence of septic patients and septic patients requiring ICU admission in this study's patient population would annually be 315 and 23 respectively. Translating this into a relatively low

incidence of septic cases within the brief duration of this study, it is understandable that the TeSD-IT score exerted minimal influence on referral decisions in the majority of cases. Although a minority, some participants did find the utilisation of the TeSD-IT score being of influence on referral decisions. These referrals could have comprised septic patients that would have been missed without the TeSD-IT score application. Nonetheless, the present study was not designed to measure the impact of the TeSD-IT score utilisation on the number of missed septic cases and patient outcome, therefore also limiting the ability to assess the meaning of the present influence of the TeSD-IT score utilisation on management decisions.

The decline in study forms during the study period may be attributed to waning participant motivation over time, as the novelty of the TeSD-IT score diminished. Furthermore, during February there was a period in which non-instructed drivers worked home visit shifts potentially resulting in reduced study awareness.

### Strengths and limitations

A primary strength of this study lies in its design and its corresponding implementation of the TeSD-IT score, which closely resembles the customary adoption of a new guideline. All participating GPs received an on-site instruction on the TeSD-IT score at their respective locations, with no further involvement of study team members during its actual utilisation in OOH home visits. Additionally, all GPs associated with the GP cooperatives for OOH primary care were asked to participate in the study, thereby not only including motivated GPs to participate in this study. These methodologies render the findings of this study relevant and applicable to daily clinical practice in The Netherlands.

However, the study is not without limitations. The primary limitation of this study refers to the potential presence of selection bias. Since there were some non-completed or incomplete submissions of study forms and its questionnaire following home visits, it is conceivable that more motivated GPs engaged with the TeSD-IT score and completed the study form and its questionnaire. Conversely, less motivated GPs may have not applied the TeSD-IT score or neglected to complete the study form and questionnaire, potentially leading to an overestimation of the TeSD-IT score's feasibility.

Another limitation of the study regards to the fact that questionnaires were completed per home visit shift rather than per individual case. Therefore, the provided ratings of the questionnaires' statements potentially incorporate overall opinions regarding the TeSD-IT score for both relevant and irrelevant cases assessed during a home visit shift. This may have provided more general TeSD-IT score ratings rather than specific evaluations of the TeSD-IT score for exclusively relevant cases of acutely ill patients. Furthermore, the findings of the present study likely are irrelevant for other countries due to the incomparability of health care structuration. Nonetheless, the two OOH GP cooperatives in which the study was conducted are representative of and comparable to demographics and home visit frequencies in the rest of the Netherlands.<sup>17-19</sup>

### Comparison with existing literature

Since the TeSD-IT score was only recently developed and validated, no prior studies have assessed its feasibility. The developmental TeSD-IT study investigated sensitivity and specificity of the TeSD-IT score compared to existing early warning scores for sepsis.<sup>7</sup> Notably, the NEWS, initially designed for early detection of clinical deterioration, demonstrated performance comparable to the TeSD-IT score in the primary care context.<sup>7</sup> Nonetheless, the NEWS is currently not recommended by The National Health Service of the United Kingdom to be used as a replacement for clinical judgement in this setting. Its utilisation currently particularly applies to primary care cases requiring inpatient care and ambulance transportation.<sup>20</sup>

A qualitative study investigated experiences of health care professionals with the NEWS in the prehospital, primary care, and community setting.<sup>21</sup> Its study participants found the NEWS valuable to be used alongside and aligning well with clinical judgement and was found to be helpful in communication between primary and secondary care escalation. Nevertheless, GPs expressed challenges in integrating the NEWS into routine practice due to time constraints.<sup>21</sup> In the present study, TeSD-IT score user-convenience was found to be highly rated, and no time concerns were reported. The TeSD-IT score currently is not used in ambulance setting or secondary care and therefore no advantages regarding communication for

secondary care escalation were described in the present study.

When comparing to other clinical decision rules for acute scenarios such as the YEARS algorithm for pulmonary embolism, it emerged that its application is also endorsed for primary care by the Dutch General Practitioner Association (Nederlands Huisartsen Genootschap).<sup>22</sup> A large-scale, multi-angled prospective cohort study has evaluated the validity of the YEARS algorithm for safely and efficiently diagnosing pulmonary embolism in primary care.<sup>23,24</sup> Interim analysis results of this study show that a low-probability estimation according to the YEARS algorithm can safely and efficiently exclude pulmonary embolism in suspected primary care patients.<sup>24</sup> To our knowledge, however, no feasibility study has yet been conducted, evaluating the supplementary value of the utilisation of the YEARS algorithm in comparison to prior management in primary care according to GPs.

A study assessing the NEWS and its potential impact on hospital referrals did not identify an increase in hospital referrals and admissions attributable to the utilisation of the NEWS.<sup>15</sup> The majority of study participants in the present study stated that TeSD-IT score did not influence referral decisions. A minority, however, did find the TeSD-IT score having impact on referral decisions. These findings suggest that the TeSD-IT score utilisation does not overrule normal clinical judgement and management of GPs in a manner that substantially increases hospital referral.

### Implications for research and practice

Early recognition of sepsis is of vital importance in reducing sepsis related mortality and morbidity. This study demonstrates that the TeSD-IT score is an easy-to-use and trustworthy clinical model, designed to improve early sepsis recognition in primary care, possibly even beyond the scope of this study. While a minority of participants acknowledged an influence of the TeSD-IT score on referral decisions, it should be noted that this study was not designed to evaluate the possible impact on patient outcome in these cases. Furthermore, the present study was not designed to evaluate whether the systematic utilisation of the TeSD-IT score and consideration of sepsis as a diagnosis independently improved sepsis recognition due to possibly heightened awareness.

A future study examining the relationship between the calculated TeSD-IT score results, patient characteristics and clinical outcomes could clarify the role of the score in identifying patients who might otherwise experience delays in referral, potentially impacting patient outcomes and cost-effectiveness. Similarly, another study could explore the association between heightened awareness resulting from the systematic application of the TeSD-IT score and sepsis recognition rates. These studies could thereby offer practical validation and potentially justify broader adoption of the TeSD-IT score in this primary care setting. Additionally, after further evaluation, the possible implementation of the TeSD-IT score into national guidelines may enhance communication among GPs and facilitate safe patient transfer between GPs during follow-up care.

In research setting, the system-wide utilisation of the NEWS score has showed a positive influence on outcome of patients suspected of sepsis. Although the NEWS is a complex score, there appears to be added value to a broadly implemented early warning score. Therefore, after further practical validation and possible implementation of the TeSD-IT score into national guidelines for GPs, studies involving the integration of the TeSD-IT score into other primary care settings and ambulance services could assess its communicative benefits within primary care and secondary care escalation.

### Conclusion

In the present study, the TeSD-IT score was applied by GPs during OOH primary care home visits. It was found to have excellent user convenience and only a slight minority did not express an intend to continue its utilisation in the future. Further research is needed to evaluate the effect of the TeSD-IT score on the recognition of sepsis and patient outcome.

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## Appendices

### Appendix A: pocket card of the TeSD-IT score

**TeSD-IT sepsis score opgebouwd uit 6 variabelen, resulterend in een range van 0-6 punten.**

Leeftijd > 65 jaar	1 punt
Temperatuur >38 °C	1 punt
Systolische bloeddruk ≤ 110mmHg	1 punt
Hartfrequentie > 110 slagen/ minuut	1 punt
Perifere zuurstofsaturatie ≤ 95%	1 punt
Veranderd bewustzijn	1 punt

Score	Risico	Kans sepsis*	Advies verwijzing SEH
0-1	Laag	3%	Verwijzing SEH alleen op indicatie op basis van differentiaal diagnose (bv verdenking acute buik).
2-3	Matig	29%	Bij aanwijzingen voor sepsis of twijfel over diagnose verwijzing SEH overwegen.
4-6	Hoog	76%	Sepsis is waarschijnlijk. Directe verwijzing SEH geadviseerd.

\* Op basis van gegevens uit de TeSD-IT studie (Loots *et al*, BJGP 2022).

Van alle patiënten met sepsis in de TeSD-IT studie werd 7% op de IC behandeld en was 9% binnen 30 dagen overleden.

## Vragenlijst HAP-Sepsis studie

Door onderstaand formulier in te vullen gaat u akkoord met deelname aan het HAP-Sepsis onderzoek.

### Registratie van alle visites tijdens één dienst.

Vult u s.v.p. onderstaande tabel in voor alle visites, uitgezonderd in geval van kinderen, een schouwing of terminale zorg. De laatste kolommen alleen als de score berekend is.

Visite nr	Leeftijd cat. 1) 18-49 jaar 2) 50-64 jaar 3) 65-74 jaar 4) 75-84 jaar 5) ≥85 jaar	Geslacht		Ingangsklacht van de patiënt	Was de patiënt acuut ziek?		TeSD-IT score gemeten?		Uitslag score (0-6)	Heeft u de patiënt verwezen?		Had de score invloed op uw beleid?	
		M	V		Ja	Nee	Ja	Nee		Ja	Nee	Ja	Nee
1	1-2-3-4-5	M	V		Ja	Nee	Ja	Nee		Ja	Nee	Ja	Nee
2	1-2-3-4-5	M	V		Ja	Nee	Ja	Nee		Ja	Nee	Ja	Nee
3	1-2-3-4-5	M	V		Ja	Nee	Ja	Nee		Ja	Nee	Ja	Nee
4	1-2-3-4-5	M	V		Ja	Nee	Ja	Nee		Ja	Nee	Ja	Nee
5	1-2-3-4-5	M	V		Ja	Nee	Ja	Nee		Ja	Nee	Ja	Nee
6	1-2-3-4-5	M	V		Ja	Nee	Ja	Nee		Ja	Nee	Ja	Nee
7	1-2-3-4-5	M	V		Ja	Nee	Ja	Nee		Ja	Nee	Ja	Nee
8	1-2-3-4-5	M	V		Ja	Nee	Ja	Nee		Ja	Nee	Ja	Nee

Indien u de TeSD-IT score tenminste éénmaal heeft gebruikt tijdens uw dienst, vult u dan s.v.p. onderstaande stellingen hierover in. **Gelieve hierbij alle vragen te beantwoorden.**

	helemaal oneens	oneens	neutraal	eens	helemaal eens
De score was makkelijk te bepalen tijdens de dienst	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ik had vertrouwen in het berekenen van de score	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ik heb vertrouwen in de interpretatie van de score	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Het resultaat van de score was betrouwbaar en accuraat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Het voelde veilig om de score te gebruiken bij de beslissing om een patiënt te verwijzen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ik heb mijn beslissing om wel of niet te verwijzen (deels) gebaseerd op de score	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Door het gebruik van de score had ik meer vertrouwen dat mijn beslissing om een patiënt wel of niet te verwijzen correct was	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ik zou deze score ook na het onderzoek graag blijven gebruiken	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Vragenlijst HAP-Sepsis studie

Heeft u de TeSD-IT vragenlijst al een keer eerder ingevuld?  Nee  
 Ja: Hoe vaak eerder?  1x  
 2x  
 >2x

*RUIMTE VOOR OPMERKINGEN:*

Voor eventuele vragen kunt u contact opnemen met de onderzoeker:

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