**Initiative Title:** Pediatric Sepsis Recognition and Management in the Emergency Department

**Team Members**
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**Initiative Specific Aims**
1. Administer the first fluid bolus within 60" of arrival
2. Administer the fluid bolus over 20" or less
3. Administer antibiotics within 60" of arrival
4. Improve sepsis bundle compliance to 50%

**Key Improvement Steps**
1. Implement, study and revise the ED Pediatric Sepsis Pathway
2. Develop a sepsis bundle
3. Develop pediatric sepsis nurse and provider order sets
4. Implement a pharmacy notification system
5. Implement an electronic BPA
6. Develop sepsis box
7. 3 specific aims developed: time to first antibiotic of 60", time to first bolus of 60" and time for bolus to be delivered of 20"
8. Awareness and retraining in May and June 2016

**Results**

**Time to First Fluid Bolus**
Definition: Mean time from arrival until isotonic fluid bolus started for patients 0-18 years with ED diagnosis of Sepsis (sepsis, septic shock, SIRS) monthly
Data Source: Epic

**First Fluid Bolus Duration**
Definition: Mean time from start to completion of first isotonic fluid bolus for patients 0-18 years with ED diagnosis of Sepsis (SIRS, sepsis, septic shock) monthly
Data Source: Epic
Analysis
1. Project in progress
2. Active improvement work focused on retraining and process clarification
3. Not yet meeting goals for time to first fluid bolus and antibiotic
4. Bundle compliance not reliable

Insights and Future Directions
1. Next steps include assessing reasons for bundle noncompliance, additional nursing and provider training, more robust system for awareness and reporting.
2. Update key driver diagrams for all 4 aims and identify additional tests of change to trial.
3. Low volume problem for ED makes it challenging to embed the process into usual care.