

IHQI Improvement Scholars Program

Measures for “Using Audit and Feedback to Improve Sepsis Care in the ED” Project

Measure Name	Measure Type	Measure Calculation	Measure Exclusion	Data Source	Median Baseline	Goal	Collection Frequency
<p>“Antibiotic Turn Around Time”</p> <p>Percentage of patients &gt;18 years old who presented to UNCMC or HBH with sepsis as defined by CMS dataset and received antibiotics within 60 minutes of ED Arrival</p>	<b>Outcome</b>	<p>The median time it takes from ED arrival until antibiotics are administered for patients &gt;18 years old who are diagnosed as having sepsis per the CMS dataset</p>	<p>Patients who were transferred from an outside hospital, patients less than 18 years old, cardiac arrest</p>	<p>Electronic Health records/ Tableau Dashboard</p>	<p>132 minutes</p>	<p>60 minutes (benchmark)</p> <p>Aim: 105.6 minutes (20% reduction)</p>	<p>Quarterly individual report cards, monthly department</p>
<p>“Orderset Use”</p> <p>Percentage of patients &gt;18 years old who presented to UNCMC or HBH with sepsis as defined by CMS dataset and an ED sepsis</p>	<b>Process</b>	<p>Numerator: Patients &gt;18 years old who are diagnosed as having sepsis per the CMS dataset and had an ED sepsis orderset used</p> <p>Denominator: Patients &gt;18 years old who are diagnosed as having sepsis per the CMS dataset</p>	<p>Patients who were transferred from an outside hospital, patients less than 18 years old, cardiac arrest</p>	<p>Electronic Health records/ Tableau Dashboard</p>	<p>44.2%</p>	<p>85%</p>	<p>Quarterly individual report cards, monthly department</p>

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Measure Name	Measure Type	Measure Calculation	Measure Exclusion	Data Source	Median Baseline	Goal	Collection Frequency
orderset was used							
<p>“Room to Antibiotic Order Time”</p> <p>Arrival to an ED room until an order is placed for antibiotics</p>	<b>Process</b>	The median time it takes from arrival to an assigned ED room until antibiotics are ordered for a patient defined as septic by CMS dataset	Patients who were transferred from an outside hospital, patients less than 18 years old, cardiac arrest	Electronic Health records/ Tableau Dashboard	48 minutes	15 minutes	Quarterly individual report cards, monthly department
<p>“Room to Antibiotic Administration Time”</p> <p>Time it takes from patient arriving in an ED room to receiving antibiotics</p>	<b>Process</b>	The median time it takes from the patient being roomed until antibiotics are administered for a patient defined as septic by CMS dataset.	Patients who were transferred from an outside hospital, patients less than 18 years old, cardiac arrest	Electronic Health records/ Tableau Dashboard	90 minutes	30 minutes	Quarterly individual report cards, monthly department

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Measure Name	Measure Type	Measure Calculation	Measure Exclusion	Data Source	Median Baseline	Goal	Collection Frequency
<p>“Order to antibiotic administration time”</p> <p>Time it takes from the time the antibiotics are ordered to the time that the antibiotics are administered</p>	<p><b>Balancing</b></p> <p>With the main emphasis of this audit feedback being directed at the provider level to improve antibiotic order time, it is possible that we might see longer times for administration unless targeted interventions are done to also prioritize nursing administration times. This will especially occur if antibiotics are ordered in triage prior to a patient even being assigned and moved to a room.</p>	<p>The median time it takes from the time antibiotics are ordered until antibiotics are administered for a patient defined as septic by CMS dataset.</p>	<p>Patients who were transferred from an outside hospital, patients less than 18 years old, cardiac arrest</p>	<p>Electronic Health records/ Tableau Dashboard</p>	<p>36 minutes</p>	<p>15 minutes</p>	<p>Monthly department report cards</p>

**SMART GOAL**  
Specific + strategic,  
measurable, attainable,  
results-oriented, timebound

Within 12 months,  
we will reduce the  
total antibiotic  
administration time  
by 20% from

**PRIMARY DRIVERS**

**SECONDARY DRIVERS**

**CHANGE THEORIES**

