Insights to Improving ‘Time To’ Processes

Children’s of Alabama reduced time to administer first bolus and antibiotics.

Challenge

The time to first administration of bolus and antibiotics in pediatric sepsis patients is critical. The team at Children’s of Alabama needed to deliver unit-specific information to unit directors in a succinct, actionable method to improve their processes.

In developing a report for executive committees, the sepsis team discovered the average time to first fluid bolus was 38 minutes, with the goal set at 20 minutes. For the first IV antibiotics, the goal was 60 minutes and the actual time to delivery was 89 minutes. There were zero months where these goals were met.

“After working on key processes and quality improvement, it became clear for a hospital as large as Children’s of Alabama, we weren’t doing as well as we could delivering data to the care environment.”

Approach

Education was the foundation of Children’s of Alabama’s approach to improving time to processes. Before any measurable steps began, educating residents and nursing staff on sepsis led to immediate improvement.

After education, the next step was creating a scorecard unique to each unit. This two page document included definitions and standard measurement guidelines as determined by the IPSO collaborative.

The scorecard included:

- Last month’s time-to data.
- Each unit’s comparison to hospital data.
- Each unit’s progress toward desired goal.

Results and Outcomes

Children’s of Alabama saw immediate, positive results. The time to delivery of the first bolus dropped from 38 minutes to 25 minutes on average. There were three months where the 20 minute goal was exceeded. The average time to delivery of the first antibiotics also decreased from 89 minutes to 64 minutes, with five months where the 60 minute goal was exceeded.

On a broader level, several units began to incorporate this data and analysis into monthly meetings, even seeking more specific data and information for drill-downs to further improve care.

METRICS

- Sepsis collaborative data was recorded in the EMR and distributed in a report to unit directors.
- The monthly, unit-based scorecards were complete with definitions and standard measurement guidelines.

LESSONS LEARNED

- Communicate with a multidisciplinary, flexible approach.
- Make data accessible and clearly defined.
- Provide timely, actionable feedback.

CHILD HEALTH PROGRESS

- Faster delivery of the first bolus and antibiotics means better outcomes for pediatric sepsis patients, and ultimately reduces mortality rates.

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