Reducing Door to Antibiotic Administration Time in Septic Patients

Annie Jeffrey Memorial County Health Center Osceola, NE

Background

- 16 bed, critical access hospital in Polk County
- Internal audits showed average door-to-antibiotic time of **164 minutes** in adult sepsis cases—well above the 60-minute national goal
- Feedback from frontline staff identified inconsistent screening and delays in care coordination

Team

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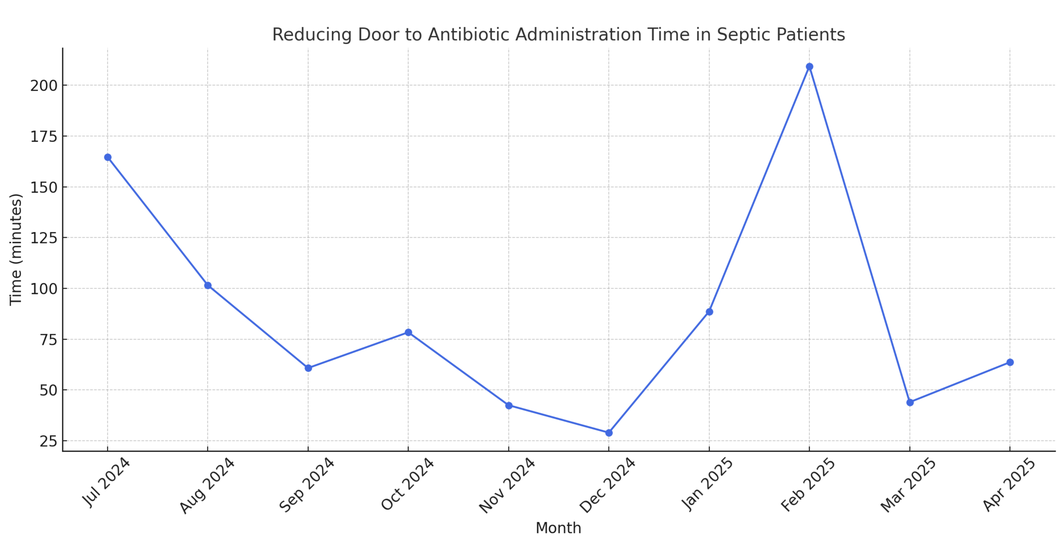
Aims

Decrease the door to antibiotic administration time in suspected sepsis patients in Emergency Department from 164 minutes to 60 minutes in 75% on ED patients 18 and older by April 1 , 2025.

Plan

- Formed a multidisciplinary Sepsis Task Force (nursing, providers, education, quality)
- Implemented mandatory sepsis screening in ED triage for all patients ≥18
- Used SIRS and qSOFA for identification, based on NHA Toolkit & Sepsis Alliance
- Developed provider scorecards, real-time feedback, and simulation training
- Set goal of ≤15 minutes from order to antibiotic administration



Measure

- Time of ED arrival, sepsis identification, antibiotic order, and administration
- Audit tool measured compliance, order-to-admin time, and SEP-1 bundle elements
- Real-time chart audits and staff feedback loops

Results

- Provider and nursing engagement
- Board commitment to improving sepsis care
- Goal of 60 minutes time from 164.75 minutes tonot met but we did decrease administration 63.67 minutes
- Sepsis screening compliance from 58%-94%.

Next Steps

- Sustain gains with ongoing monthly audits and case reviews
- Embed education into new staff onboarding
- Continue Sepsis Committee meetings to review outliers and identify barriers
- Explore future EMR upgrades for alert integration