recognition of sepsis in the pediatric ICU (PICU) remains a significant vulnerability.

Objectives To increase and sustain the days between delayed severe sepsis recognition in the PICU by 50% within two years.

Methods Using the Improving Pediatric Sepsis Outcomes database from January 1, 2016 to July 31, 2018 we identified episodes of delayed recognition of severe sepsis in patients admitted to the PICU. We define delayed severe sepsis recognition as time to antibiotics 6 hours after obtaining blood cultures. We utilized several PDSA cycles to improve the sepsis identification process within our unit including use of multidisciplinary sepsis huddles for high risk patients and an automated clinical decision support (CDS) tool (figure 1 and 2). The primary outcome of delayed sepsis recognition was tracked using a days-between t-chart.

Results After implementation of sepsis huddles in May 2017, the days between episodes of delayed severe sepsis recognition improved from our baseline of 9 days to 28 days. Since the implementation of our automated CDS sepsis screening tool in May 2018, we have shown sustained improvement (figure 3).

Conclusions Implementation of a sepsis huddles and an automated CDS tool in the PICU has led to an improvement in the days between cases of delayed severe sepsis recognition.

IHI ID 18

DEVELOPMENT OF AN EMS PROTOCOL TO SYSTEMATICALLY REDUCE PREVENTABLE AMBULANCE RESPONSES

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Background Requests for Emergency Medical Services (EMS) are generated by patients, caregivers, bystanders, or allied agencies. It was theorized that many requests initiated by allied agencies were preventable, resulting in response cancellations, patient refusals, or transport for non-life threatening conditions.

Objectives The objective of this study was to reduce preventable responses to requests initiated by allied agencies by 37%.

Methods This study was conducted in Charlotte, NC from 1/27/2017 to 8/7/2018 with a single EMS agency and a first responder service who responds to most EMS requests. A descriptive analysis identified the number of requests initiated by allied agencies and categorized the outcome of the response (patient transport, refusal, or cancellation). A driver diagram and PDSA ramps identified a promising change concept: delayed EMS dispatch to eligible requests for service (figure 1). Exclusion criteria were developed

Ramp Aim

Scale up delayed dispatch and proof exclusion criteria.

Abstract IHI ID 18 Figure 1

Abstract IHI ID 18 Figure 2

through simulated and live PDSA testing, and were as follows: patients matching specific problem natures under the Medical Priority Dispatch system; or, patients exhibiting the following symptoms: altered level of consciousness, difficulty breathing, serious hemorrhage, and/or chest pain. Improvement and sustainability were monitored using p-charts.

Results Of the 5498 requests for service received from allied agencies, 77.3% (n=4252) were received from the police department and 53.0% (n=2913) were preventable. The delayed dispatch protocol was implemented with an 18.3% reduction in responses (figure 2).

Conclusions The delayed dispatch protocol achieved a stable, safe reduction of responses and allowed ambulances to remain in position for life-threatening calls. Future work will further reduce immediate dispatch for eligible calls.

IHI ID 19 IMPROVING FAMILY-CARE TEAM COMMUNICATION DURING ROUTINE CF CLINIC VISITS

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Background At the CF Center at Boston Childrens Hospital, weekly pre-clinic meetings are held to review scheduled patients, but identified needs may not be communicated effectively to clinic staff, patients, and families.

Objectives We aim to increase participation among patients, families, and staff during routine clinic visits. Specific goals are to increase the number of OGTTs completed to 75%, increase percentage of flu shots to 90%, increase yearly physical therapy, nutrition, and social work visits, and decrease the number of patients ages 1–12 identified as nutritional risk.

Methods We piloted a Day of Visit form with 3 providers from January to March 2018, then implemented with all providers in April. This form is given to patients at the start of their visits, detailing what is recommended based on CFF care guidelines. A QI Needs of the Week List was implemented in along with QI Nursing Daily Huddles, where flagged patients are discussed. This list highlights who is eligible for OGTTs, transition to the adult program, flu shots, and nutritional assessments.

Results The number of children at nutritional risk has decreased from 49 to 40 and there has been an increase in median BMI%ile from 32.54 to 36.25. The percentage of OGTTs have increased overall to >50%. The percentages of yearly nutrition, social work, and physical therapy visits have increased.