



PHYSICIAN PRACTICE
IMPROVEMENT PROGRAM

Action Plan Template

Identify up to three opportunities for improvement that would be beneficial to you or your group.

	Goal
1. What is the opportunity or gap?	Chart review of 20 cases of suspected sepsis in the Emergency Department revealed 4 cases in which blood cultures were not drawn before antibiotics were given.
2. What is your SMART goal?	Improve adherence to guidelines to 90% over the next year and better understand the barriers to early blood culture.
3. Who will lead the change?	Physicians and nurses.
4. Who will help implement the change and how will they need help?	Nursing staff, clerks, lab staff. Time, education and safe opportunity to provide feedback will be important.
5. How will you identify the root causes of the issue?	Physician group will meet with other stakeholders to understand whether there is a delay in order entry, order implementation, access to lab services, critical patient features which lead to a clinical judgement not to delay antibiotics, or other possible causes.
6. Considering root causes, what is a potential intervention which may be tested to improve the challenge you are facing?	Empower triage nurse and bedside nursing to order blood cultures drawn when a patient presents with a SBP < 90 or a MAP < 65 without requiring a physician order.
7. What resources are needed?	Educational materials, potentially modifications to triage and vitals assessment within Connectcare to prompt nursing staff to obtain blood cultures.
8. What is the timeline?	One year.
9. What barriers may compromise success?	Criteria to draw blood cultures may be too sensitive and lead to waste. Alarm fatigue may lead to bedside staff disregarding warnings to draw blood culture.
10. What strategies will you employ to mitigate the barriers identified?	Put up educational posters to ensure patients and staff are aware of the project.

	Goal
11. How will achieving the goal be identified or measured?	Quarterly chart reviews of ten suspected sepsis presentation may be used to identify whether the protocol is being activated. A repeat review at one year of 20 charts will be used as an endpoint.
12. What strategies will you employ to evaluate and sustain the change?	Regular updates to emergency department personnel will help sustain momentum.