

## **QIPS Spring Newsletter 2025 – ACEP 2025 QI & PS Events**

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Summer is just around the corner, but our QIPS team is already looking ahead to September and [ACEP 2025](#) in Salt Lake City. We wanted to use this issue of our newsletter to highlight some important events at ACEP 25 focused on Quality Improvement (QI) and Patient Safety (PS). If you plan on attending the scientific conference please support our section by attending the following events and through submission of projects for our annual QI Challenge.

Additionally, the QIPS team will be hosting another virtual **book club** on **August 19<sup>th</sup> at 6 pm CST**. This will be a follow up to our first meeting in March. We will be discussing the third and final part of [“Think Again” by Adam Grant](#). March led to some insightful and engaging discussion, and we believe August will host the same.

### *QIPS Section Meeting*

Our annual **QIPS section meeting** will be occurring on **Monday, September 8<sup>th</sup> at 2:30pm**. All section members are invited. Our agenda will include discussion of previous year successes and areas for improvement, plans for future projects and collaboration, and a discussion of future needs for the 2025-2026 year. This is an important opportunity for members to get involved and help section leadership determine priorities for the upcoming year.

### *Diagnostic Error in the Emergency Department: A didactic and expert panel*

The QIPS section and the Quality and Patient Safety Committee (QPSC) are jointly hosting a didactic and expert panel focused on diagnostic error in the Emergency Department (ED). This session will explore our present knowledge of diagnostic error and delays in the ED and discuss strategies to address these concerns leveraging artificial intelligence and operational innovations that both improve diagnostic accuracy and equity. The hour session will include presentations and panel discussion from Quality and Patient Safety experts including Dr. Laura Burke from Harvard, Dr. Maya Yiadom from Stanford University, and Dr. Jesse Pines from George Washington University. This **QIPS/QPSC didactic** will be held on **September 9<sup>th</sup> at 10am**.

### *2025 Quality Improvement Challenge*

Finally, ACEP is now accepting submissions for the **2025 ACEP Quality Improvement Challenge**. This annual competition is also jointly organized and supported by the QIPS

and QPSC teams. The goal is to recognize outstanding Quality Improvement and Patient Safety projects in the field of Emergency Medicine.

The QI challenge focuses on three domains:

- Ensuring Health Equity (with an emphasis on behavioral health)
- Projects that incorporate innovative technologies or care delivery models
- Projects led by trainees (medical students, residents, and fellows)

Submissions will be evaluated based on overall impact, alignment with one of the domains above, and use of improvement science methodology. Projects also must have been completed within the past two years. Winners of the QI challenge will be recognized at ACEP 2025, in the Fall 2025 QIPS section newsletter, and through ACEP's communications.

[Submit your project here](#)

**The deadline to apply is June 27<sup>th</sup>, 2025.**

#### *ACEP 2024 QI Challenge Winner*

To stimulate excitement for this effort we wanted to highlight the ACEP QI challenge winners for ACEP 2024. **Drs. Dana Loke and Collin Michels** were chosen as the winners of the QI challenge last year for their quality improvement project aimed at improving the timeliness of antibiotic administration for septic patients in the Emergency Department.

Sepsis is a complex disease state in which a dysregulated host response to infection leads to organ dysfunction<sup>1</sup>. Sepsis continues to be one of the most substantial costs to hospitals, both in terms of finances and cost of life.<sup>2,3,4</sup> The Surviving Sepsis Guidelines recommend early antibiotic administration for patients with sepsis to improve morbidity and mortality<sup>1,5</sup>.

The William S. Middleton VA Emergency Department suffered from poor rates of antibiotic administration within one hour of sepsis recognition. Drs. Loke and Michels initiated a quality improvement project aimed at improving the care of their septic VA patients. At project launch, about 30% of septic patients in their ED were receiving antibiotics within one hour of sepsis recognition. The team's goal was to increase this to 100% over a five-month pilot.

Using LEAN improvement tools, the team conducted a root cause analysis and identified key barriers, including inconsistent communication and workflow variability. A standardized "Code Sepsis" process was implemented involving clinical decision support,

and real-time feedback mechanisms with providers and nurses. The five-month pilot launched in November 2023, paired with ongoing monthly data monitoring, and staff education. The result of this intervention was an increase of antibiotic administration from 30% to 70% within one hour of sepsis recognition (see diagrams below). The team also found an associated decrease length of stay (11.2 bed days pre-implementation to 8.1 bed days post-implementation) and an average cost savings of \$4,935 per bed days of care with this single center QI initiative.

This initiative focused on the team's dedication to high-quality, evidence-based emergency care and to continuous improvement through collaboration for better care of our Veterans.

1. Singer M, Deutschman CS, Seymour CW , et al. The third international consensus definitions for sepsis and septic shock (Sepsis-3). JAMA. 2016;315:801-810.
2. Torio CM, Andrews ROM. National inpatient hospital costs: the most expensive conditions by payer, 2011: Statistical Brief 160. Healthcare Cost and Utilization Project (HCUP) website. <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb160.jsp>. 2006.
3. Liu V, Escobar GJ, Greene JD, et al. Hospital deaths in patients with sepsis from 2 independent cohorts. JAMA. 2014;312(1):90-92.
4. Paoli CJ, Reynolds MA, Sinha M, Gitlin M, Crouser E. Epidemiology and Costs of Sepsis in the United States – An Analysis Based on Timing of Diagnosis and Severity Level. Crit Care Med. 2018;46(12):1889-1897.
5. Kumar A et al. Duration of hypotension before initiation of effective antimicrobial therapy is the critical determinant of survival in human septic shock. Crit Care Med. 2006;34(6):1589-96.