Fever with neutropenia is a life-threatening condition. Patients must be rapidly identified and receive antibiotics immediately. The Emergency Department (ED) inconsistently met timeliness guidelines for antibiotic administration. Hem/Onc/Bone Marrow Transplant (BMT) Family Advisory identified this as an opportunity for improvement.

**Background**
- Fever with neutropenia is a life-threatening condition
- Patients must be rapidly identified and receive antibiotics immediately
- The Emergency Department (ED) inconsistently met timeliness guidelines for antibiotic administration
- Hem/Onc/Bone Marrow Transplant (BMT) Family Advisory identified this as an opportunity for improvement

**Situation**
- Educational patient, family, and staff
- Reliably communicating important patient information across care teams
- Bypassing Welcome Desk and triage lines
- Private room availability
- Increasing confidence/competency of ED staff in accessing ports and families’ confidence in ED RNs doing so

**Challenges**
- Decrease the median triage-to-antibiotic time in patients with fever and suspected neutropenia from 59 minutes to 30 minutes by October 31, 2016.

**SMART Aims**
- Increase the proportion of oncology patients with fever and suspected neutropenia receiving antibiotics within one hour from 60% to 90% by October 31, 2016.

**Methodology**
- Baseline Process
- New Process

**Results**
- Data that show the proportion of patients who received antibiotics within 60 minutes of triage improved from an average of 56% to 83% -- with 5 months exceeding goal of 90%.
- Data that show the median time from triage to administration of antibiotics decreased from 59 minutes to 33 minutes -- nearly a 50% decrease!

**Lessons Learned & Next Steps**
- Collaboration crucial to success
  - Multidisciplinary team: ED, Inpatient Care, Security, Communication Specialists
  - Formal weekly huddles established
  - Real-time problem solving for patients who did not meet 1 hour goal for abx administration
- Frequently reviewing data speeds improvement
- Addressing family barriers critical
  - Family does not call prior to arriving
  - No EMLA placed prior to arriving
  - Refusing to allow ED nurses to access ports

**Next Steps:** Spread to other patient populations (sickle cell with pain and fever & metabolic patients)