



## Healthcare Organization Commitment

### Contact Details

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#### Position

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#### Organization Name

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### Commitment Details

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#### Commitment Name

8A - Safer Airway Management

#### What Patient Safety Challenge does your Commitment address?

Challenge 8A - Safer Airway Management

#### Commitment Start Date

01/01/2017

#### How Many Hospitals Will This Commitment Represent

## Commitment Summary

Difficult airways are a fundamental, constant challenge in the care of children, whose anatomy and physiology predispose them to unique approaches and training in airway management. Infants, particularly premature infants, are anatomically the most difficult humans to intubate. In addition, supportive airway and breathing equipment is not always available or even manufactured with the precision of fit and function for all sizes and ages of children. Those healthcare professionals dedicated to the support of ill and injured children are prepared to deal with these realities, but constant evolution of knowledge, preparation and equipment will have a favorable impact on airway safety.

## Commitment Description & Detail

A named difficult airway program was begun at CHOC Children's in 2014, with multidisciplinary participation by pediatric critical care, neonatology, anesthesiology, emergency medicine and ENT. This included the creation of difficult airway carts, which contain advanced airway support and visualization equipment. The collaborative approach to improving capability and escalation of response has improved the pathways of approaching and managing the challenging airway patient. CHOC has a wide breadth of personnel able to assist in difficult airway scenarios, including the 24/7 presence of attending physicians in critical care, neonatology, emergency medicine, trauma surgery and anesthesiology, as well as seasoned leaders in respiratory therapy and nursing. All airway challenges, including adverse patients events and near misses, are addressed by the organization, with learnings widely shared. CHOC Children's will collaborate with the PSMF to advance its safe airway management program in concordance with the following checklist items.

## Action Plan

Failures of airway management (e.g., inability to mask ventilate or oxygenate, unplanned extubation, failure to intubate) are potential major causes of inpatient morbidity and mortality.

- Assemble a core multidisciplinary leadership team to advance airway safety, including: ED, ICU, Hospitalist, ENT and Anesthesiology Physician Leaders. □ ED, ICU Nursing Leaders. □ Respiratory Therapy Leaders. □ Quality Improvement/Safety Leadership (VP or higher level)
- Under the co-leadership of a physician anesthesiologist, develop a comprehensive airway toolkit method (e.g., the Safer Airway Bundle). Start implementation in the ED and ICUs, and then move to floor units and other departments. Include the following Key Components: Failed Airway Path, Airway Cart, Airway Checklist, Quality Assurance, and Team Training. □ Implement Safer Airway Essential Components, as described in Appendix A: Safer Airway Essential Components.
- Require tracking and reporting of “near misses” and complications of airway management.
- Identify adverse outcomes that are iatrogenic and preventable (eg. multiple attempts, esophageal intubation, SpO2 decline of <10%, dental or soft tissue injury). □ Use these case data in medical staff educational sessions to prevent recurrences, as a part of Continuous Quality

Improvement (CQI). • Provide periodic airway management education for all care providers. This will include: □ identification of airway problems, □ selection and use of appropriate intervention, and □ understanding when and how to call for expert assistance (e.g. from Anesthesiology)

### Commitment Timeline

Airway safety in children, including management of the difficult airway, is an essential and evolving aspect of pediatric care. Progress on adherence to the recommendations and best practices contained within this APSS will be tracked annually.