Healthcare Organization Commitment

Contact Details

Name
Heather Wright, BSRT, RRT

Phone
(410) 535-8311

Email
heather.wright@calverthealthmed.org

Position
Director, Cardiopulmonary Services

Organization Name
Calvert Health Medical Center

Organization Address
100 Hospital Road
Calvert County, 2, Prince Frederick
Prince Frederick, 20678
United States

Commitment Details

Commitment Name
Safer Airway

Participants
Drew Fuller, MD, MPH, FACEP, RRT
Susan Dohony, RN, CPHQ

What Patient Safety Challenge does your Commitment address?
Challenge 8A - Safer airway management
Commitment Summary
Intubations can be high risk and a missed airway can have devastating results. Factors to reduce complications include preparedness, assessment, planning, communication, teamwork, skill with multiple techniques, and situation awareness. Most airway complications are unanticipated and can lead to harm and death, particularly in the ICU and ED. Therefore, the objectives of this initiative are the development of a pathway/protocol for a failed airway, organization of routine and difficult airway equipment in a cart, utilization of a checklist to be used as a staff resource and for quality assurance, and implementing a robust training designed for team success in both predictable and unpredictable airway situations.

Commitment Description & Detail
One of the main drivers of the Safer Airway initiative began as a short culture survey to staff members asking their perception of airway practices. The thought of having a well thought out pathway and an array of equipment at the bedside in an organized fashion just made sense from a patient safety, resource management, and staff efficiency point of view. In smaller facilities, like ours, anesthesia is often not present after hours, and that is a vulnerability to the facility. Safer Airway is not just about being prepared for the known difficult airway, but for the airway that was not perceived to be difficult. Many facilities have adopted the use of direct laryngoscopy for intubations outside of the operating room. Using that technology as the anchor to the Safer Airway equipment list, Respiratory Therapists, Nurses, Hospitalists, and Emergency Department Physicians were trained on the newer technology, such as fiber optic bronchoscopes, and a wider selection of supraglottic airways. The Emergency Department was the first cart implemented in December of 2015, and a cart was added to the ICU in June 2016.

Action Plan
STEP 1: ADOPT A FAILED AIRWAY PATHWAY *Ensure that your hospital or department has a simple, easy to use, team-based Failed Airway Pathway. Step 2: Prepare Designated Airway Cart and Staff Driven Protocol *Consolidate all basic and rescue equipment into one system or "cart." *Arrange and label the drawers to support you system's Failed Airway Pathway. *Standardize throughout your ED< ICU, and other out of OR airway management units to avoid potential pitfalls of separate systems. STEP 3: CHECK IT! *Utilize a checklist to assure preparedness, performance, and post intubation safety and CQI. STEP 4: TEAM TRAINING AND IMPLEMENTATION *Training is the best way to achieve staff buy in and engagement in the Safer Airway process. *Hardwiring the following best practices for improved outcomes should be the goal of staff training: PREPARATION POSITIONING PRE-OXYGENATION PLANNING & PROTOCOL USE PERFORMANCE POST-INTUBATION MANAGEMENT PREVENTION OF EXTUBATION AIRWAY PROTECTION
Commitment Timeline
Our project was fully implemented in June 2016 with Safer Airway carts located in the ED and ICU. Heather Wright, RRT presented the Safer Airway Initiative in an open forum at the Maryland/DC Society for Respiratory Care Conference, September 2017. The Safer Airway initiative was accepted to the Leading Practice Library maintained by The Joint Commission, February 2018. Drew Fuller, MD and Heather Wright, RRT presented the Safer Airway Initiative as key speakers at the California Society for Respiratory Care Conference, May 2018. The website to review our Pathway and Checklists is www.saferairway.org