

What's the problem?

- Anesthesia residents receive no pertinent patient information prior to arrival at the bedside for emergent airway management
- Lack of advance information can lead to delays in mobilizing equipment and backup support in patients with critical airways
- No easily accessible, aggregated source of relevant anesthetic information exists for most patients
- Retrieval of information from multiple EHR menus may delay care or lead to incomplete understanding of critical comorbidities

Root causes of this problem :

- Prior use of pager did not allow for advance communication
- Teams often do not know what to ask or what to report

Project goal: Improve response time from airway alert to intubation while ensuring pertinent critical patient information is communicated to the airway team to reduce negative patient outcomes and better mobilize anesthesia resources.

Acuity (What's the O2 sat?)

Indication (Why are we intubating?)

Induction concerns (Cardiac history? NPO status? Last K?)

Reason for admission

Weight (in kg)

Allergies

Airway exam/history (intubation note, history of difficult airway, cervical spine fusion, etc.)

Years (age)

Classroom.

ACTIVE CHIEF

Improvement strategy

- Create standardized emergent airway signout smartphrase in Epic to be completed by primary team and reported to anesthesia team over airway phone at first point of contact
- Implement smartphrase into Medicine Department's signout
- Provide laminated reference cards with airway signout tool for primary and anesthesia teams to serve as a cognitive aid
- Plan to measure time from call to intubation, number of intubation attempts, and intraprocedure events (ex. hypoxia, aspiration, etc.)
- Plan to measure team satisfaction