

## What's the Problem?

The COVID-19-specific approach to intubation required a change in the team structure and workflow for emergent airway management.

1. New need for bulky PPE and the introduction of an aerosol barrier shield for emergent intubations
2. Higher volume of intubations and use of videolaryngoscopy requires additional equipment
3. Concern for Code Cart contamination and wastage of airway equipment
4. Desire for more efficient approach to selecting and customizing equipment

## How Might We: Transport Equipment and PPE Effectively throughout the Hospital for Emergent Airway Management?



## Cause analysis

Root causes of this problem included:

- Prior method of assembling an airway kit from the Code Cart was time-consuming and resource-intensive
- Implementation of PPE and aerosol barrier created a new need

## Improvement Strategy

- A new cart was purchased and laid out in a logical format
- Top of cart houses aerosol shield and PAPRs, bottom of cart reserved for airway equipment
- To assemble needed supplies, the user takes a 1-2-3 approach from LEFT to RIGHT on the bottom of the cart.

- 1) **Airway Kit:** Colorimeter, Mask Strips, Oral Airways, Tongue Blade, 10 cc syringe
- 2) **ETT:** sizes 6.5 - 8 stocked on the cart
- 3) **Blade/Stylette:** Glidescope or McGrath