

Unplanned Intubation

Henry Ford Macomb Hospital

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The Problem/The Barriers

- Consistently high-outlier
- Initial adjusted baseline: X.X% when 2015 site-specific project began
- Understanding of definition & appropriate use
- Physician buy-in
- Where were we failing the patient?
 - ED, ICU, PACU?

Actions Taken

- Utilized ArborMetrix to review XX cases
 - 24-month time period, cohort: all, ISS: all
- Initial review: X cases did not meet definition
- XX pts with multiple comorbid factors
 - (oldest pt population, per TQIP reports)
 - Most unplanned intubation (UI) were elderly hip fx cases
- Identified opportunities for improvement in X of these XX cases

Case reviews

- X case reviewed internally; X taken to Trauma M&M:

Outcomes (Results)

- X.XX% as of January 2016 results
- Improvement likely multi-factorial:
 - Education of Trauma residents & attendings
 - Discussion at PIPS for multidisciplinary review
 - Potential age-related changes

Sustaining The Change

- Continue “UI” as our site-specific project for 2016
- Already noticing an up-tick
 - X.XX% with 1st quarter 2016 data
- TPM distributed Q2 2016 internal CME
 - Post-op UI article

Future Directions

- Goal for 2016 project: X.X%
- TPM & MCR to review cases
- Develop abstraction tool
- Identify opportunities for improvement & commonalities
 - Age/comorbid factors
 - Pt location
 - Fluid management
 - Narcotic use



Unplanned Intubations

*Complication or just a matter of definition?
One trauma centers wake-up call.*

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May 18, 2016 MTQIP Meeting

➤ The Problem

Alarms

➤ Actions

Immediate Action

- Unplanned Intubation Task Force
 - Anesthesia
 - Critical Care Intensivist
 - Nurse Educator
 - Respiratory Services
- Case Review
 - Patterns
 - Co-Morbidities
- Relentless discussion
 - Trauma Meetings
 - Department Specific Meetings
 - Identification of high risk patients

➤ Barriers

Lack of Brutal Honesty

- Hard to admit we had a problem,
- We had excuses
- Not agreeing with the definition

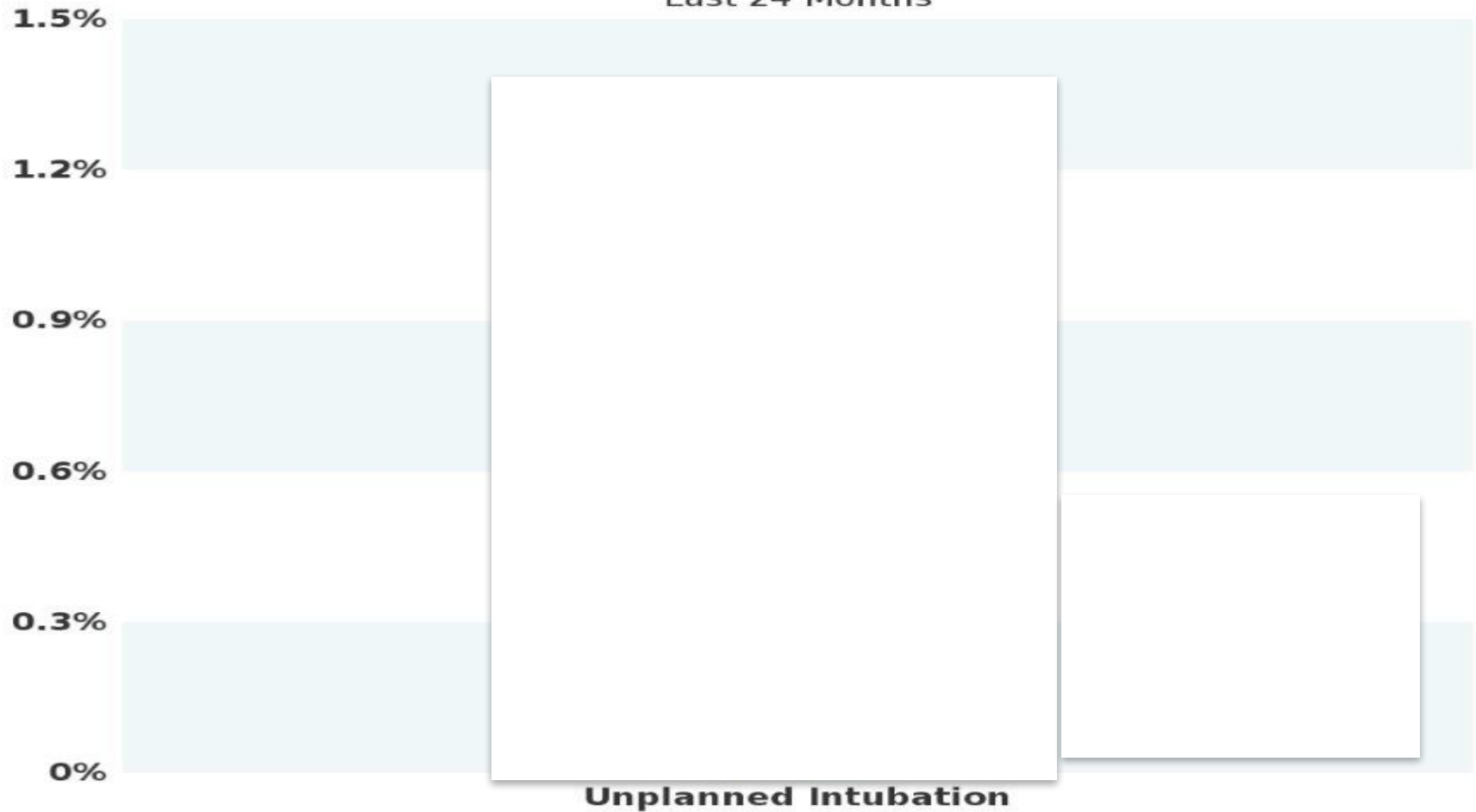
➤ Advantages

Failure is not an option

- Small institution
- Highly engaged Administration
- Employed physicians

> The Outcome

Complications Drill-Down - Unplanned Intubation
Last 24 Months



LEGEND ■ McLaren Lapeer Regional Medical Center ■ MTQIP - All ■ Other Hospitals — MTQIP - All || 95% Confidence Interval

> The Outcome

Complications Drill-Down - Unplanned Intubation
Last 24 Months

4%
3.2%
2.4%
1.6%
0.8%
0%

LEGEND ■ McLaren Lapeer Regional Medical Center ■ MTQIP - All ■ Other Hospitals — MTQIP - All | 95% Confidence Interval

➤ Results that Last

Hardwiring these behaviors

- Open door policy with all staff.
 - Encourage them to share observations about what they are seeing in real-time on the front lines.
- Keep discussing it.
 - Don't let it become another flavor of the month.
- Continue to report progress.

➤ Lessons Learned

Define

Discuss

Don't be Discouraged