The Problem

- RSI is a necessary but high risk procedure performed in the ED.
- Prior to this initiative residents did not use a physical checklist, but rather talked through a mental checklist with an airway attending.
- Much research has demonstrated that the use of checklists has a positive impact on patient outcomes & safety.

Project Goal

- 80% cumulative use of real-time airway checklist for RSI.

Implementation

- An airway checklist was developed by two Emergency Medicine faculty members after review of the literature and best practices.
- Checklists made highly visible in both resuscitation rooms.
- Checklist initiated between airway resident and attending when it became apparent that a patient likely required intubation.
- Residents documented use in the medical record, which then needed to be attested to by the supervising attending.
- Data gathered every 1-2 months, based on documentation of checklist use in the intubation procedure note in Apex.
- Uptake initially slow.
- Use increased with various interventions.
- By May 15 we achieved our goal.

Lessons Learned

- There was initial reluctance to incorporate the checklist into workflow, followed by failure to record checklist use.
- Checklist use increased in response to:
  1. frequent announcements at residency conference;
  2. beginning of rotation reminder emails;
  3. targeted emails to those who demonstrated non-compliance;
  4. Publicly congratulating those who were compliant.

Results

Checklist Use By Quarter

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Checklist Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>9/28</td>
</tr>
<tr>
<td>Q2</td>
<td>40/47</td>
</tr>
<tr>
<td>Q3</td>
<td>42/43</td>
</tr>
<tr>
<td>Q4</td>
<td>19/19</td>
</tr>
</tbody>
</table>

Moving Forward

- Currently expanding checklist to the SFGH ED. An added level of complexity will be adapting its use to trauma patients.
- We plan to analyze the number of intubation attempts and complications pre and post intubation checklist implementation at both centers.