

Post-Op Time Out in the CVICU (Huddle)

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Background

- Research has supported the importance of timely recognition of readiness to wean and extubate from mechanical ventilation as quickly as possible
- Data showed a lack of communication between disciplines contributed to lost opportunities for early identification of patients readiness for weaning.
- National Nursing scores revealed a decrease in the collegial nurse-physician relationship and nursing participation in hospital affairs as compared to previous years.

Context of Work

Outcome Measures:

Reduce post-operative intubation rates
Improve OR Communication between Multidisciplinary Team

Multidisciplinary Workgroup

Sub Projects: Clinical Practice:

Post-Op OR Huddle

Literature
Review/Cost Benefit
Analysis

Equipment/Forms

Training

SOC to direct
Nursing/OR team

New
Processes
&
Structures:

Literature Review

Prolonged mechanical ventilation contributes significantly to the morbidity of patients. Reduction of time on the ventilator has been shown to improve outcomes. The Society of Thoracic Surgery (STS) guidelines provide only 8% of patients should be intubated for more than 24hrs post-operatively (post-op). Memorial Hermann-Texas Medical Center Heart and Vascular Institute was consistently above benchmark with monthly fallouts as high as 30%

Purpose

To develop a multidisciplinary, multi-phased care delivery project to decrease ventilation hours through improved communication and decision making in isolated CABG patients.

Implementation

- Implementation of evidence based strategies
- Redesign an existing report sheet to include key factors for readiness to wean decision making required by each discipline and is used by all team members during huddle.
- Fast Track signage is placed on ventilators of patients identified ASAP for candidates for extubation within 6 hours
- All involved disciplines involved were educated and education for new staff members continues

5 CV Surg Post-op Huddle Report

CV Surgery Post-op Huddle Report:

Case #	Room #
Surgeon	Attending Physician
CR Surgeon	Surgeon Assistant
1. Time of Arrival	Weight
2. Check Tables	Height
3. Pump Time	Strength
4. Draping Time	Room Temp
5. C.A. (Sedation/Anesthesia) Start Time	MAP
6. ABO or OAB (Type)	MAP
7. Sedation/Anesthesia (Med) Start	MAP
Arteriovenous	
1. I/O	U&A Start Time
2. Urine	U&A Stop Time
3. Drain	U&A End Time
4. Reposition patient & time	U&A End Time
5. Sedation/Anesthesia (Med) Stop	U&A End Time
6. Urine	U&A End Time
7. Vital Signs	U&A End Time
8. Arrows (ETT) Stop	U&A End Time
9. Stop	U&A End Time
10. Stop	U&A End Time
11. Stop	U&A End Time
12. Stop	U&A End Time
13. Stop	U&A End Time
14. Stop	U&A End Time
15. Stop	U&A End Time
16. Stop	U&A End Time
17. Stop	U&A End Time
18. Stop	U&A End Time
19. Stop	U&A End Time
20. Stop	U&A End Time

Share Opportunities, Suggestions, Solutions (Quality Improvement Feedback)

6 Fast Track Extubation Check list

Fast Track Extubation Check off List

1. Sedation Holiday completed
2. SBT trial passed Airway Mechanics performed and Soff Leak Present, results given to physician
3. ABO obtained and results given to physician
4. Sedation completely off and confirmed by two nurses and RT
5. Order obtained and in computer
6. Physician NP on unit
7. Suction set up in room
8. BVM/Mask present in room
9. Primary Nurse and RT present in room at time of extubation

If all the above is yes then extubation may proceed.

If unable to extubate notify Critical Care Team.

Nurse signature _____

RT signature _____

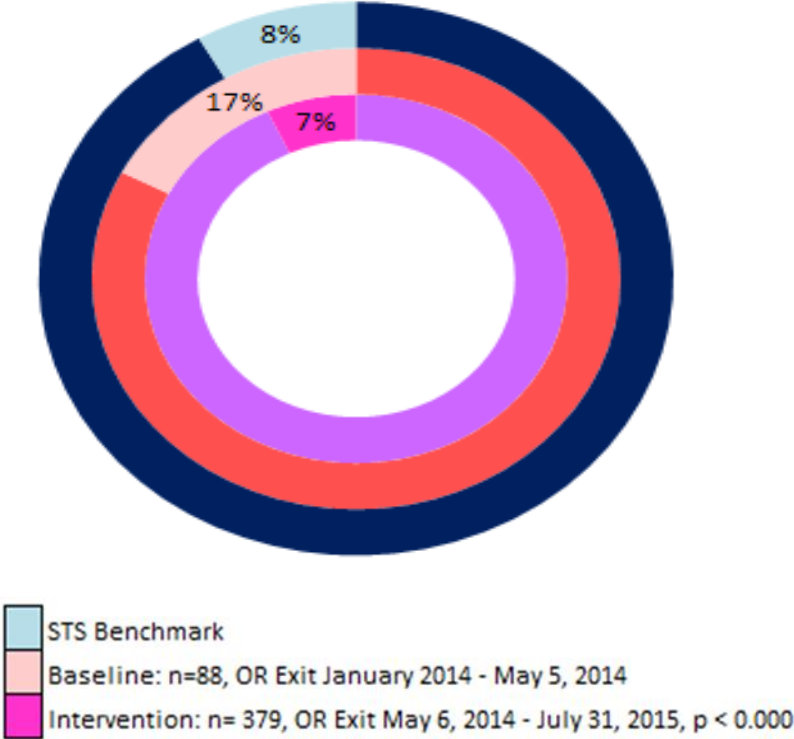
Ordering Physician name/ MSO # _____

Results

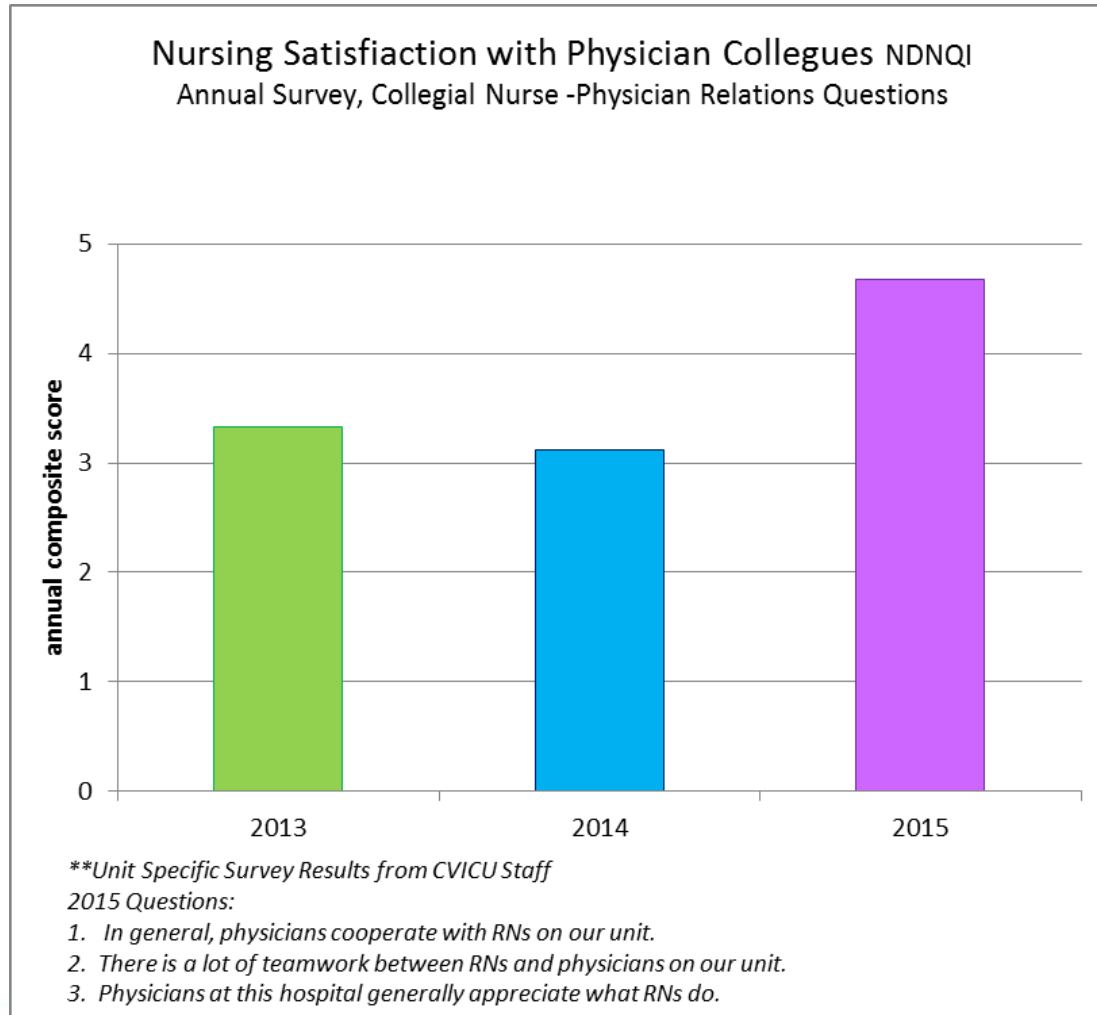
- Unit Culture shifted toward increased nurse satisfaction with physician collegial relationship improving with NDNQI scores increasing from 3.33 to 4.66
- The successful implementation of the project reduced the number of patients intubated past 24 hours post operatively from 21% to 7.4% over a 14 month period.

Outcomes

Prolonged Ventilation, Post-op Isolated CABG patients
% of patients intubated > 24hrs post-op, STS quality measure



Outcomes



Moving Forward:

Work to be Done:

- Continued Training of New Staff
- Data Collection for Fall-outs
- Link Resources & Expand Team
{Data Collection and PI support}