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## Decreasing Unplanned Extubations by Taping Technique & Creating a Culture of Safety

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## Creators

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# Decreasing Unplanned Extubations by Taping Technique & Creating a Culture of Safety

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# Disclosures

**We describe an ETT taping technique that differs from the manufacturers recommendations**

**Presented at PAS 2019**

**No other disclosures**

# Background: Unplanned Extubations

- **Defined as dislodgement or removal of the endotracheal tube at a time that was not specifically intended or ordered by the physician or practitioner**
- **It is a common problem in Neonatal ICUs**
- **It places patients at increased risk of adverse events**

*Reducing Unplanned Extubations in the NICU; Lori Merkel, Kimberly Beers, Mary M. Lewis, Joy Stauffer, Dennis J. Majsce, Mitchell J. Kresch; Pediatrics 2014*

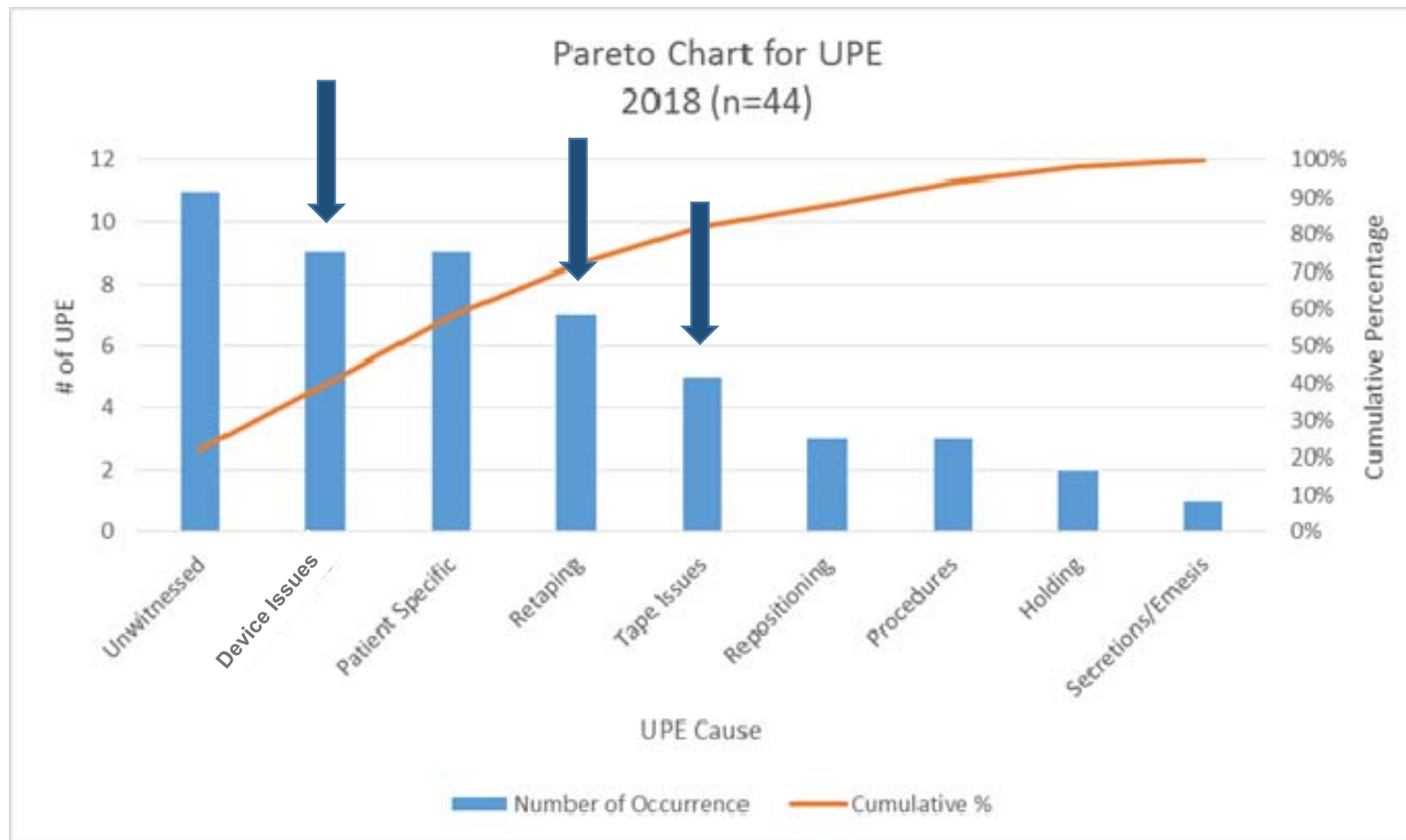
# Background: NICU

- Level IV Neonatal ICU, 84 beds
- Over 300 RN's, 80 RT's, 60 NNP's
- 32 Neonatologists, 7 Fellows
- Over 1000 admissions per year
- Average ventilator days per month ~330-350
- Average UPE rate 1.6-2.0 events per 100 ventilator days

# SMART Aim

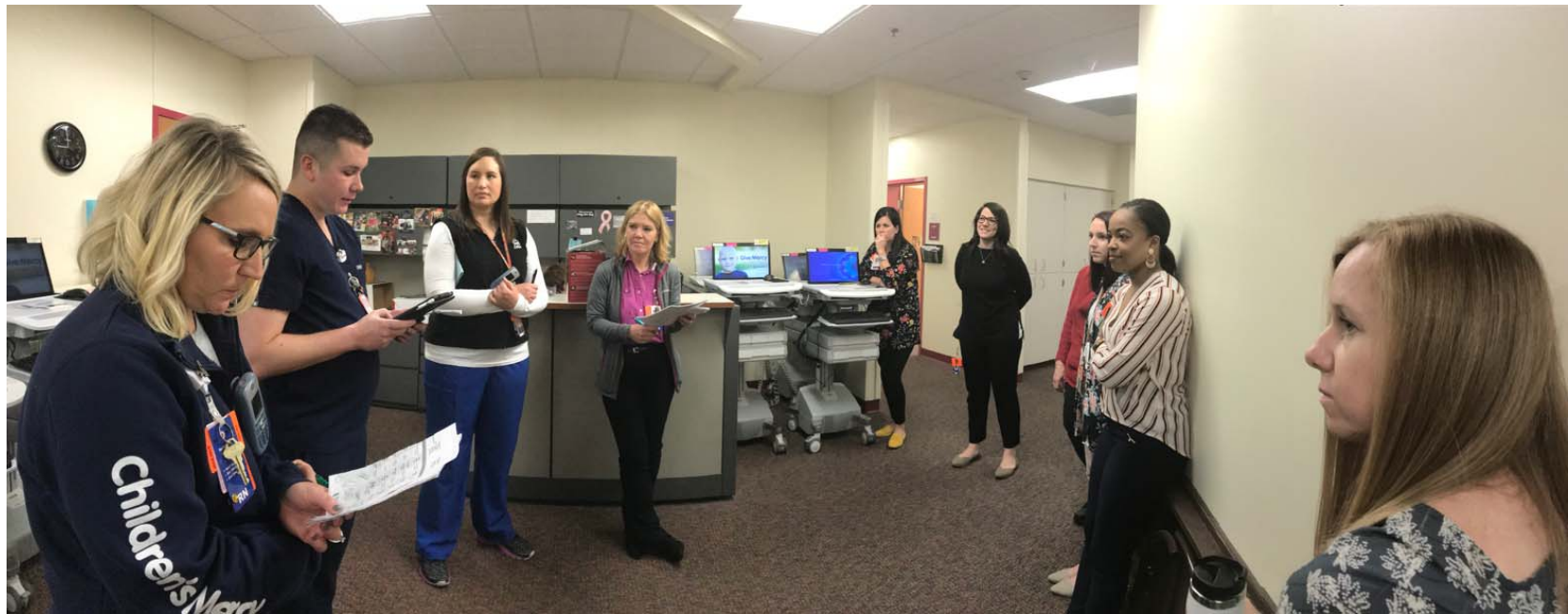
**Decrease the UPE rate in our Level IV NICU to less than 1.0 event per 100 ventilator days by December 2018**

# Root Cause Analysis

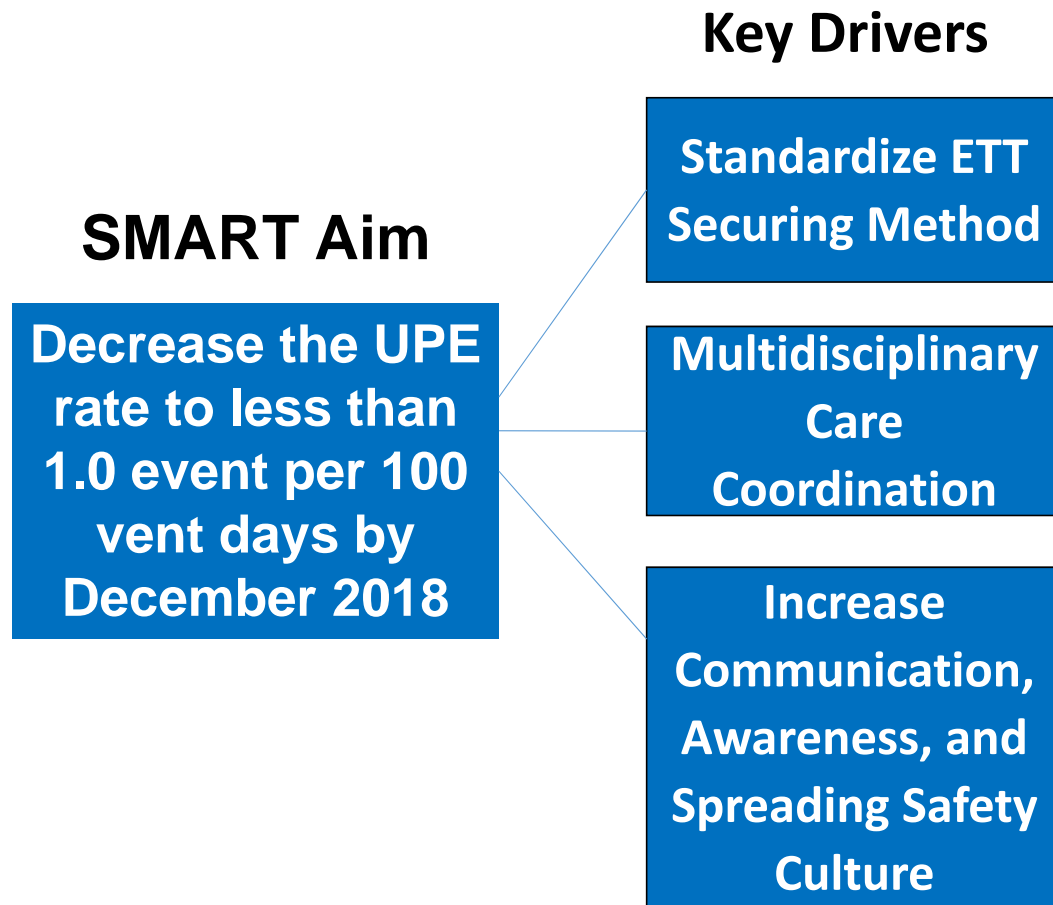




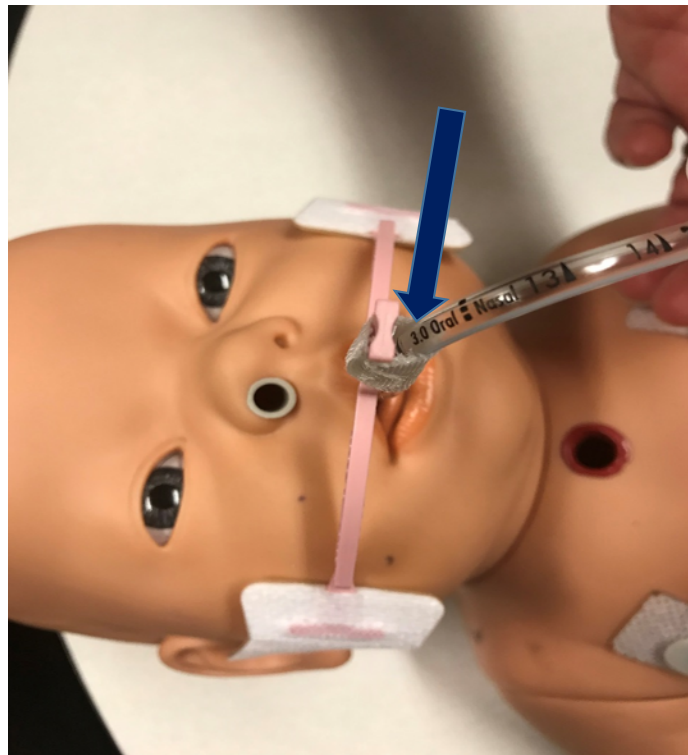
# Debriefing after Leadership Rounds



# Driver Diagram



# Taping Technique

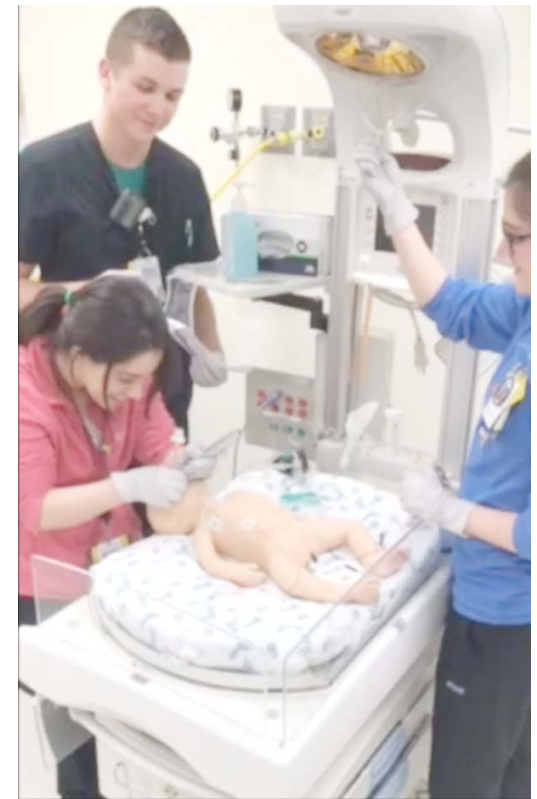


# New Taping Technique



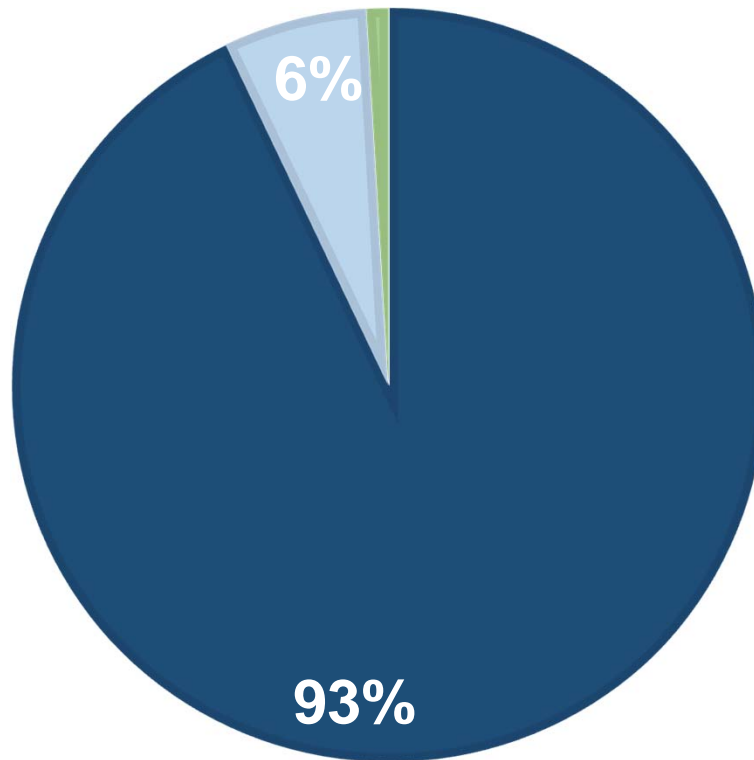
# Team Education

- An educational module was created
- Consisting of a video followed by a quiz
- It highlighted the new taping technique
- Defined team member roles at bedside
- Reinforced device use recommendations



# Educational Module

n = 536 people



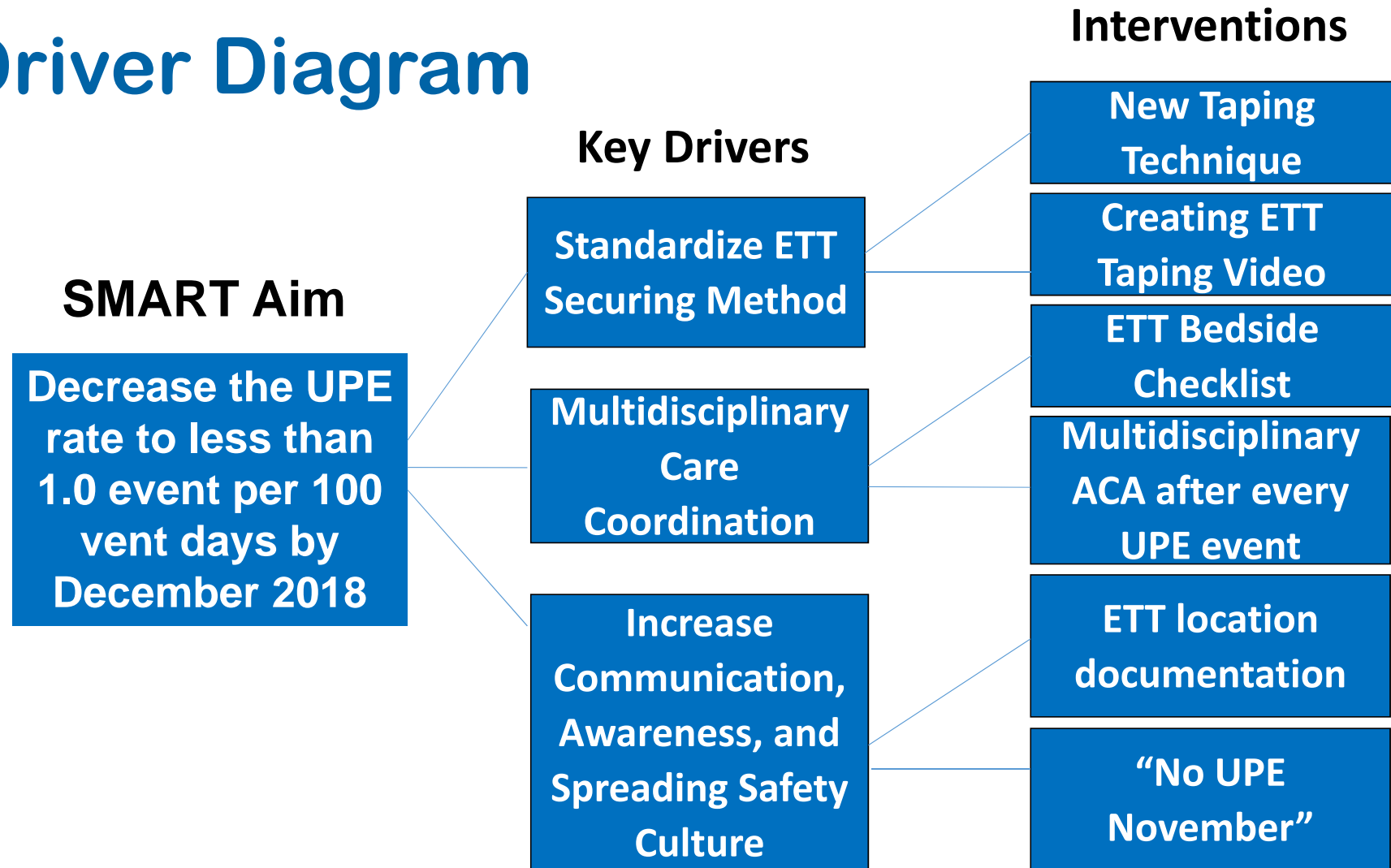
- Completed
- Registered
- Other

# Bedside Checklist

Unplanned Extubation Prevention	
<b>ETT Discussion</b>	
<input type="checkbox"/> Did the team assess extubation readiness?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Timely Blood Gas Parameters Discussed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Is there a history of previous unplanned extubation? (If history of UE, patient is high risk)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date: _____	
Cause: _____	
<b>Assessment</b>	
<input type="checkbox"/> Is the tape clean, dry, and secure?	Observe for damp, loose, or visibly soiled.
	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the RN/RT have any concerns about the integrity of the tape?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the RN/RT have any concerns about the integrity of the Neobar? (secure? appropriate fit/size?)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Do you know the measurement of the ETT?	(ETT card present and accurate at bedside)
	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Are secretions managed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Sedation / Agitation</b>	
<input type="checkbox"/> Continuous	<input type="checkbox"/> No Sedation
<input type="checkbox"/> Scheduled	<input type="checkbox"/> Agitated
<input type="checkbox"/> PRN	<input type="checkbox"/> Comfortable
<input type="checkbox"/> Post-op Recovery	
<b>High Risk Procedures</b>	
<input type="checkbox"/> 2 healthcare providers (1 person dedicated to monitor the tube) were used for any high risk procedure including:	
<input type="checkbox"/> Securing, repositioning, ETT manipulation	<input type="checkbox"/>
<input type="checkbox"/> Repositioning patient	<input type="checkbox"/>
<input type="checkbox"/> X-rays	<input type="checkbox"/>
Yes <input type="checkbox"/> Bedside invasive procedures (i.e. central line placement, bedside surgery)	<input type="checkbox"/> No
<input type="checkbox"/> Kangaroo care transfer	<input type="checkbox"/>
<input type="checkbox"/> In-house transports	<input type="checkbox"/>
<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/a
<input type="checkbox"/> Discussed ETT on Rounds: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Persons Present During Discussion:	
<input type="checkbox"/> RN	
<input type="checkbox"/> RT	
<input type="checkbox"/> Physician	
<input type="checkbox"/> NNP	
<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Each section assessed on your shift.	
Date: _____	
Shift: 7a <input type="checkbox"/> 7p <input type="checkbox"/>	
Bedspot: _____	

# Driver Diagram





# “No UPE November”

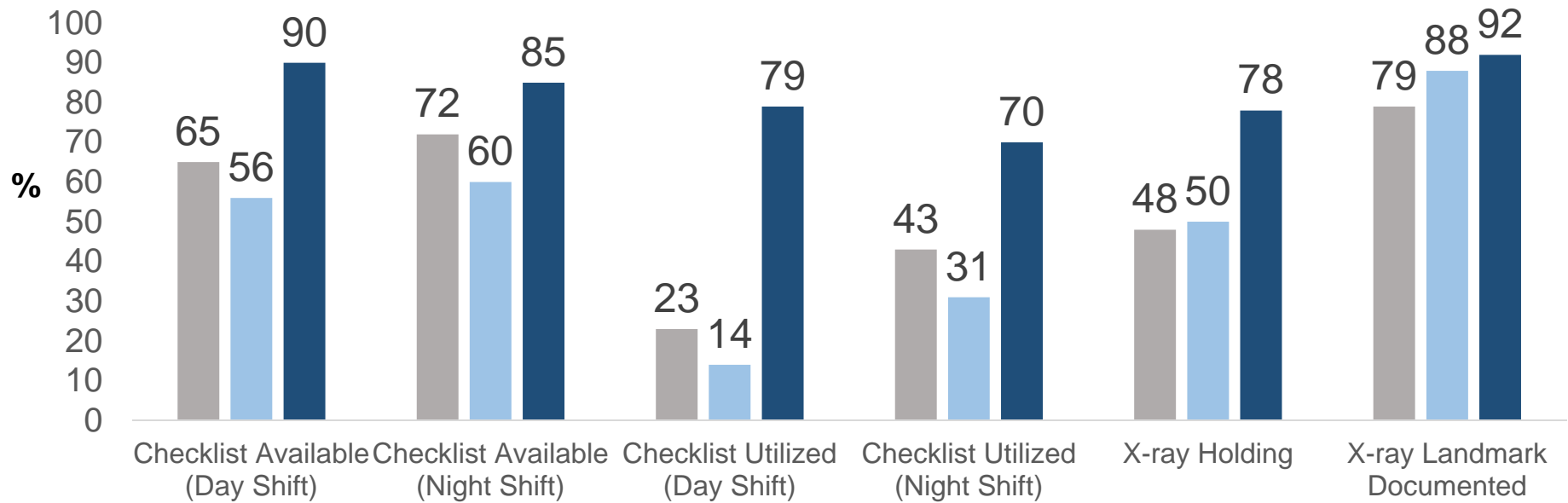
- Month long educational program
- Weekly educational emails
- Aimed at reinforcing new practices
- Increased awareness
- Filled in gaps in education
- Reinforced every disciplines role in preventing UPEs



# Compliance with Process Measures

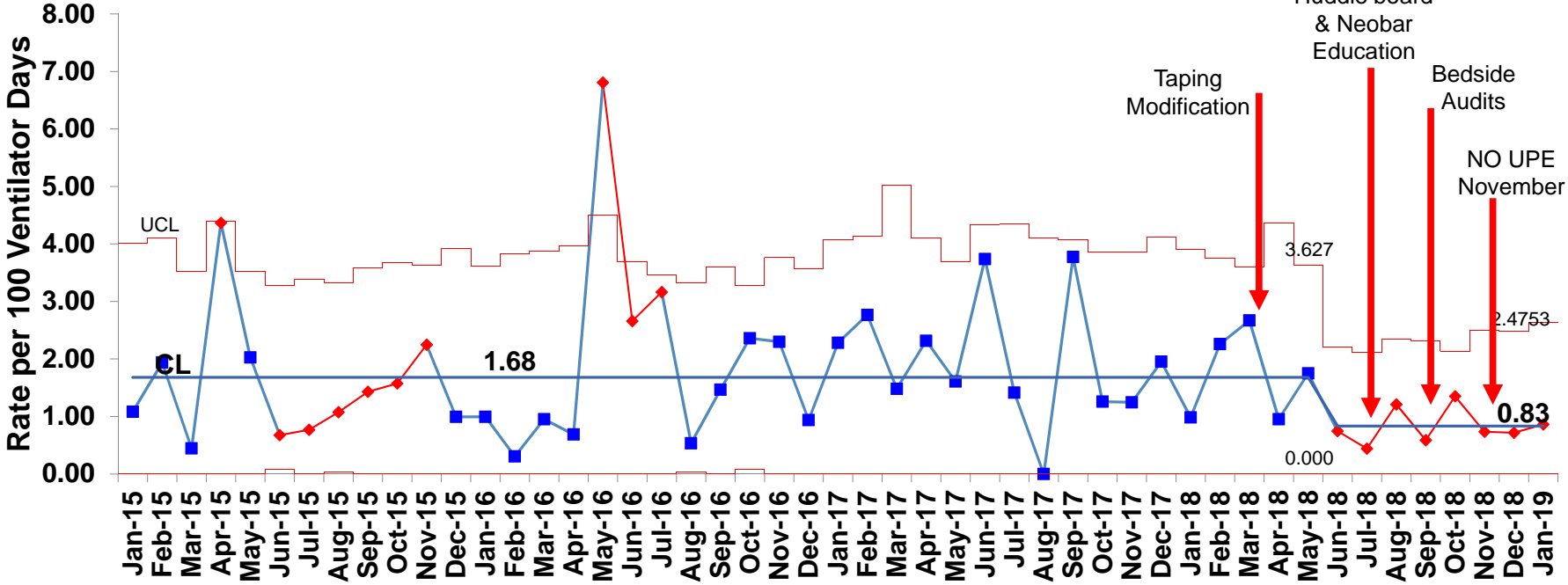
Process Measure % Compliance

■ September ■ October ■ November

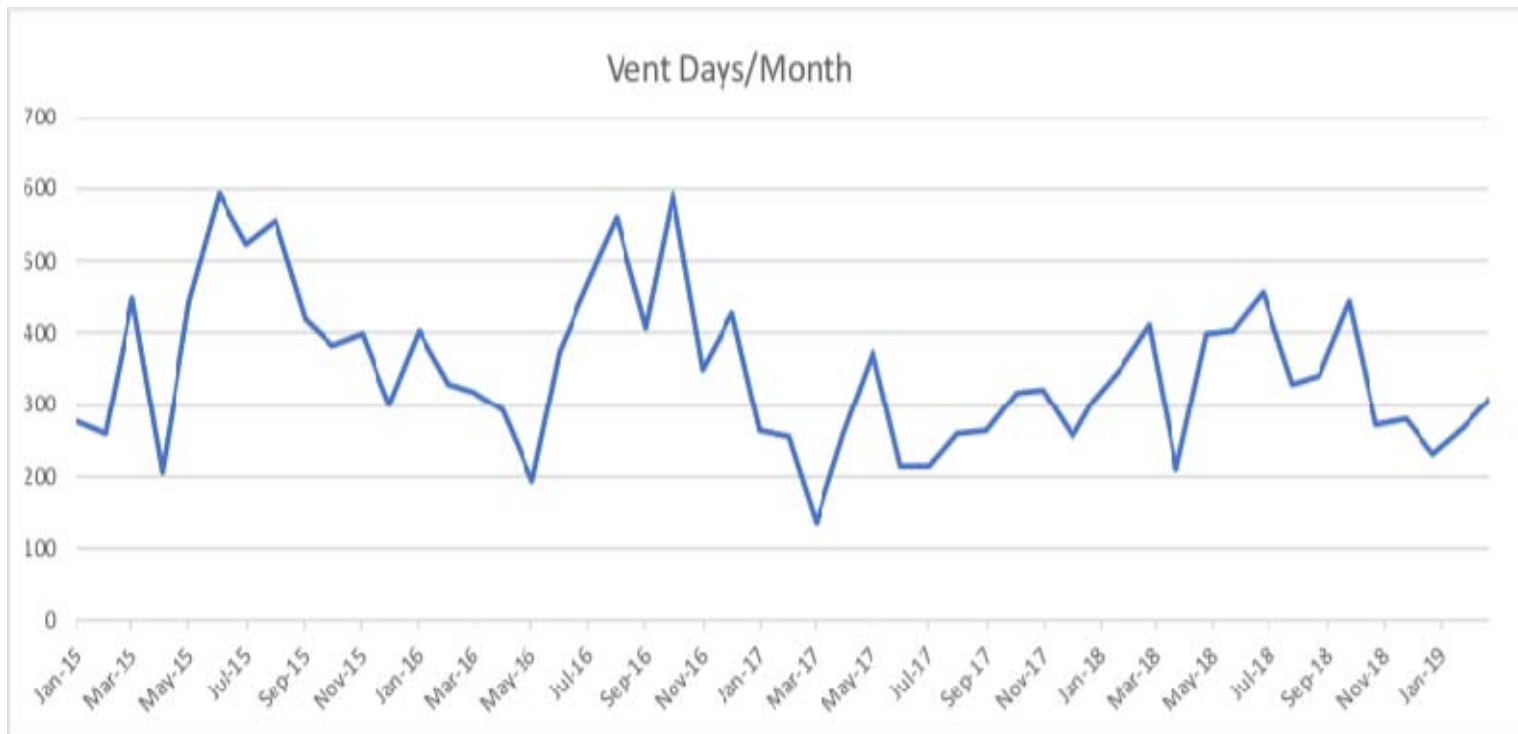


# Decreased UPE Rate

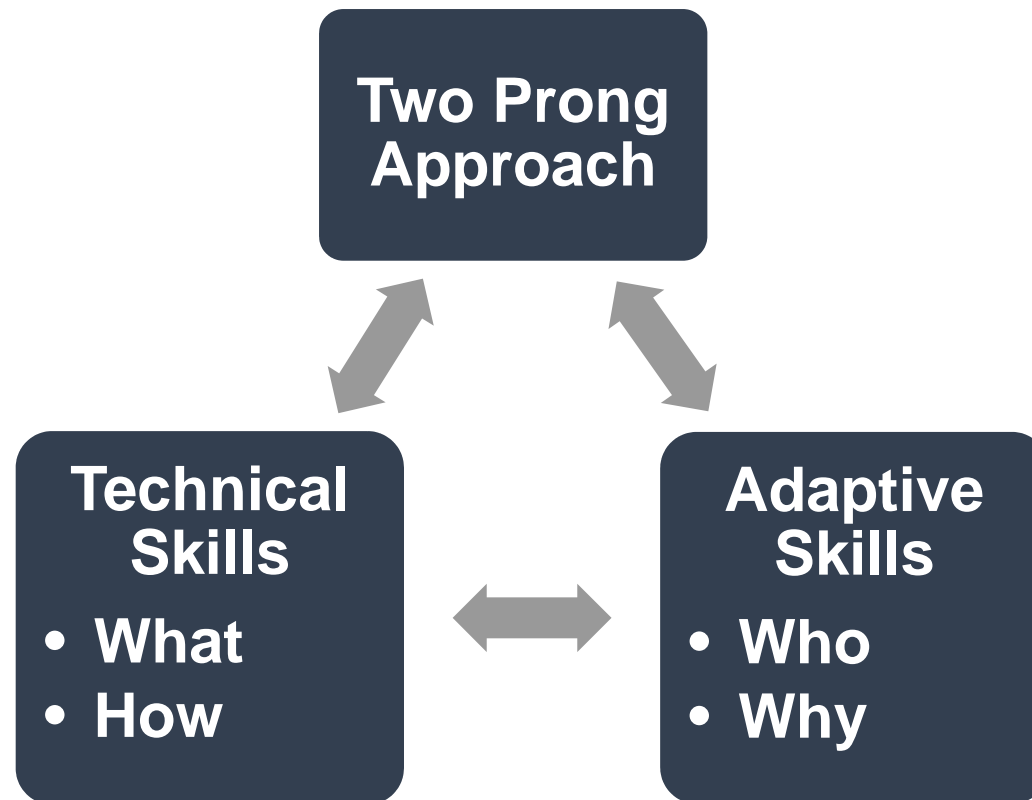
## Unplanned Extubation Rate



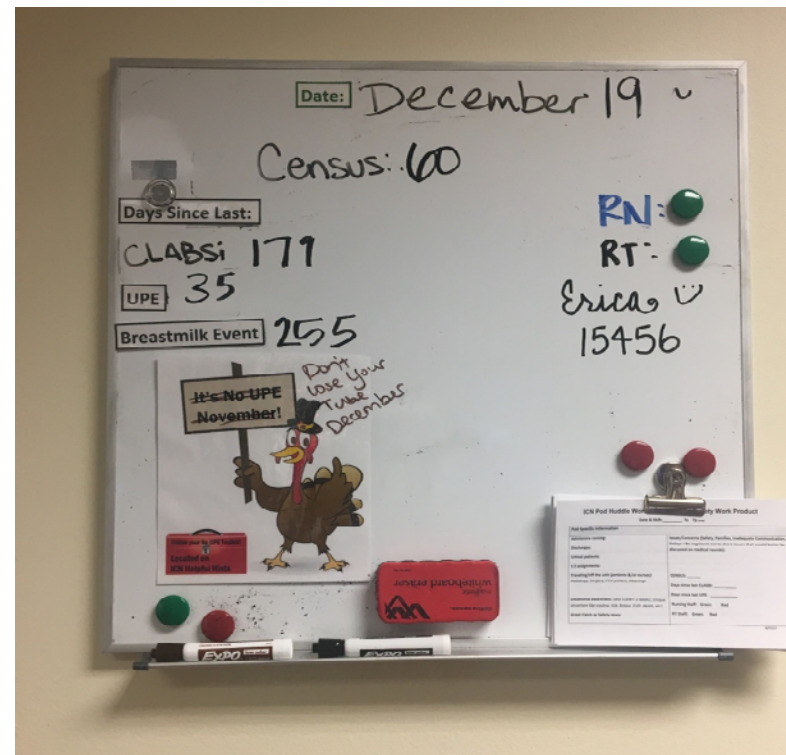
# Balancing Measures



# Driving Culture Change



# Change in Culture



# Change in Culture

Days Since Last:


CLABSi 179

UPE 35

Breastmilk Event 255

~~It's No UPE November!~~

Don't lose your Tube December




Utilize your No UPE Toolkit!  
Located on

Breastmilk Event

~~It's No UPE November!~~


Just Stay Intubated January



Utilize your No UPE Toolkit!  
Located on  
ICN Helpful Hints

~~It's No UPE November!~~

Forever Intubated Feb.



Utilize your No UPE Toolkit!  
Located on  
ICN Helpful Hints

# Summary

- **Unplanned Extubations should be a never event**
- **Engaging all members of the health care team to own the solutions is critical to success**
- **“No UPE November” promoted increased awareness and team ownership of the UPE goal**
- **Ensuring access to resources, securement process improvement and encouraging a culture of safety we successfully lowered our UPE rate**



# Future Directions

- **Sustain and strive to achieve lower UPE rates**
- **Ultimate goal of UPE rate less than 0.5 per 100 ventilator days**
- **Setting up debriefing tool using QR code**

