IMPLEMENTING A PROCEDURAL SEDATION CHECKLIST AS A QUALITY IMPROVEMENT INITIATIVE


Why target procedural sedations?
- Procedural sedations are a very common event in the Emergency Department (ED)
- Despite the frequency at which procedural sedations occur, they continue to have the potential for complications
- There is a little data describe validated checklists for procedural sedations in the ED
- The checklists that do exist are not specific to our practice in the Edmonton Zone of AHS

Why introduce a checklist?
- Checklists are becoming an integral part to many areas of medicine
- In the surgical setting, the implementation of checklists has shown to reduce the rates of death and complications [1-2]
- Medical safety checklists are beneficial for teamwork and communication, while reducing the amount of missed information [3-5]

Proposal: implementation of a short equipment checklist to support our existing procedural sedation documentation in the Emergency Department of the Royal Alexandra Hospital.

Goal: to demonstrate the utility of a checklist to strengthen communication, teamwork, and patient care during procedural sedations.

Phase 1: Education
- Members of our team presented to the RAH ED Physicians Group
- FAQ documents and posters were distributed around the RAH ED prior to rollout

Phase 2: Rollout
- The rollout period was two-months in duration
- Checklist forms were kept in the Respiratory Therapy (RT) office in the RAH ED
- Staff were encouraged to use the forms for their procedural sedation
- During each sedation, the MD led the time-outs following the checklist
- Completed forms were collected in a sealed box in the RT office

Analysis of Data

Qualitative Thematic Analysis of Comments
- 5 main themes (n=22 comments)
  - factual or contextual information related to sedation
  - technical issues or missing equipment identified
  - redundant form/no change in practice
  - no concerns
  - implementation

Checklist use
- "Checklist fatigue"
  - Completion rates dropped by 26% from the first to the second month of the pilot project
  - Email sent out to MDs, RTs, RNs at half-way mark to give thanks and encourage continued participation
- Uptake better among RTs than MDs
  - RTs carried responsibility to bring and complete most of checklist
  - MDs engagement via email, presenting at physician group meeting; vs RT engagement by head RT disseminating information and education materials.

Errors identified by checklist
- 10% drop in missing equipment captured from first to second month
  - "Checklist fatigue" vs improved practice?

Key learning points from project
- The checklist was effective at identifying missing equipment prior to starting a procedural sedation
- A multi-pronged education campaign can facilitate roll-out of a project involving several health professions disciplines
- "Checklist fatigue" exists!
  - Sustaining an education campaign throughout may help with engagement
  - Checklist modification in real time allowed us to respond to feedback and concerns (a benefit of QI)

Implications of our findings
- Importance of a checklist in atypical sedation environments
- Useful for EDs with less frequent sedations

Dissemination of results
- Presentation at EM research day to ED staff, residents and nurses

Thank you for your support of this modest quality improvement project!

The checklist does not represent standard of care.

A one-page procedural sedation checklist
- Development based on a literature review and consultation with relevant health professionals (respiratory therapists [RTs], emergency medicine physicians)
- Completed by RTs during each procedural sedation

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