



#### **Project Title**

NCID ICU Retrieval Process for Intubated Patients

#### **Project Lead and Members**

Project lead: Lim Voon Ping

Project members: Li Caihua ; Nichole Tan Xiu Lang; Lee Wan Lih; Ling Ging Poh;

Emelin Tan Pei Xin

#### **Organisation(s) Involved**

National Centre for Infectious Diseases

#### Healthcare Family Group(s) Involved in this Project

Nursing

#### **Applicable Specialty or Discipline**

Respiratory Therapy, Intensive Care Medicine

#### **Project Period**

Start date: September 2019

Completed date: February 2020

#### Aims

To improve compliance to NCID Protocol\* for retrieval of intubated patients by retrieval team from 46 % to 100% over a 6-month period

\* NCID Protocol refers to:

- a) activation response time of within 15mins on site
- b) completion of transport ventilator 4 Alarms safety check
- c) Bring required equipment as stipulated on the protocol during retrieval

**Definition: Retrieval** = transportation of intubated patients to NCID ICU from general ward within NCID



#### Background

See poster appended/ below

#### Methods

See poster appended/ below

#### Results

See poster appended/ below

#### **Lessons Learnt**

See poster appended/ below

#### **Additional Information**

NHG Quality Improvement 2021: Developing a Flexible & Sustainable Workforce (Best Award)

#### Conclusion

See poster appended/ below

#### **Project Category**

Care & Process Redesign, Quality Improvement, Value Based Care, Safe Care, Risk Management, Adverse Outcome Reduction

#### **Keywords**

Patient Retrieval Protocol, Intubated Patients, Intra-Hospital Transfer

#### Name and Email of Project Contact Person(s)

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# NCID ICU Retrieval Process for Intubated Patients

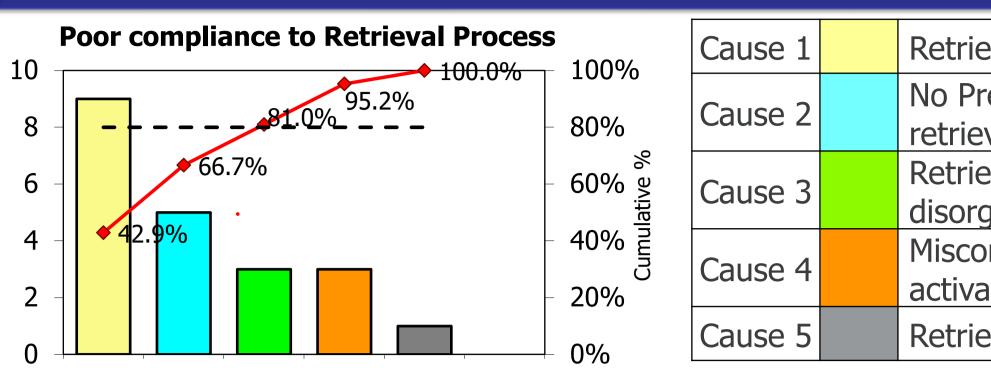
Lim Voon Ping NCID ICU Ward 3E

National Centre for Infectious Diseases

# **Mission Statement**

To improve compliance to NCID Protocol for retrieval of intubated patients by retrieval team from 46 % to 100% over a 6 month period

Team Members					
	Name	Designation	Department		
<b>Team Leader</b>	Lim Voon Ping	Senior Nurse Clinician	NCID ICU		
Team	Li Cai Hua	Nurse Clinician	NCID ICU		
Members	Nichole Tan Xiu Lang	Assistant Nurse Clinician	NCID ICU		
	Lee Wan Lih	Senior Staff Nurse	NCID ICU		
	Ling Ging Poh	Senior Staff Nurse	NCID ICU		
	Zhang Yu Yan	Senior Staff Nurse	NCID ICU		
	Emelin Tan Pei Xin	Senior Respiratory Therapist	Respiratory Therapy		



### **Pareto Chart**

ause 1	Retrieval process unfamiliarity
ause 2	No Pre-set ventilatory settings for retrieval
ause 3	Retrieval equipment preparation disorganization
ause 4	Miscommunication during call process activation
ause 5	Retrieval nurse no sense of urgency

# Implementation

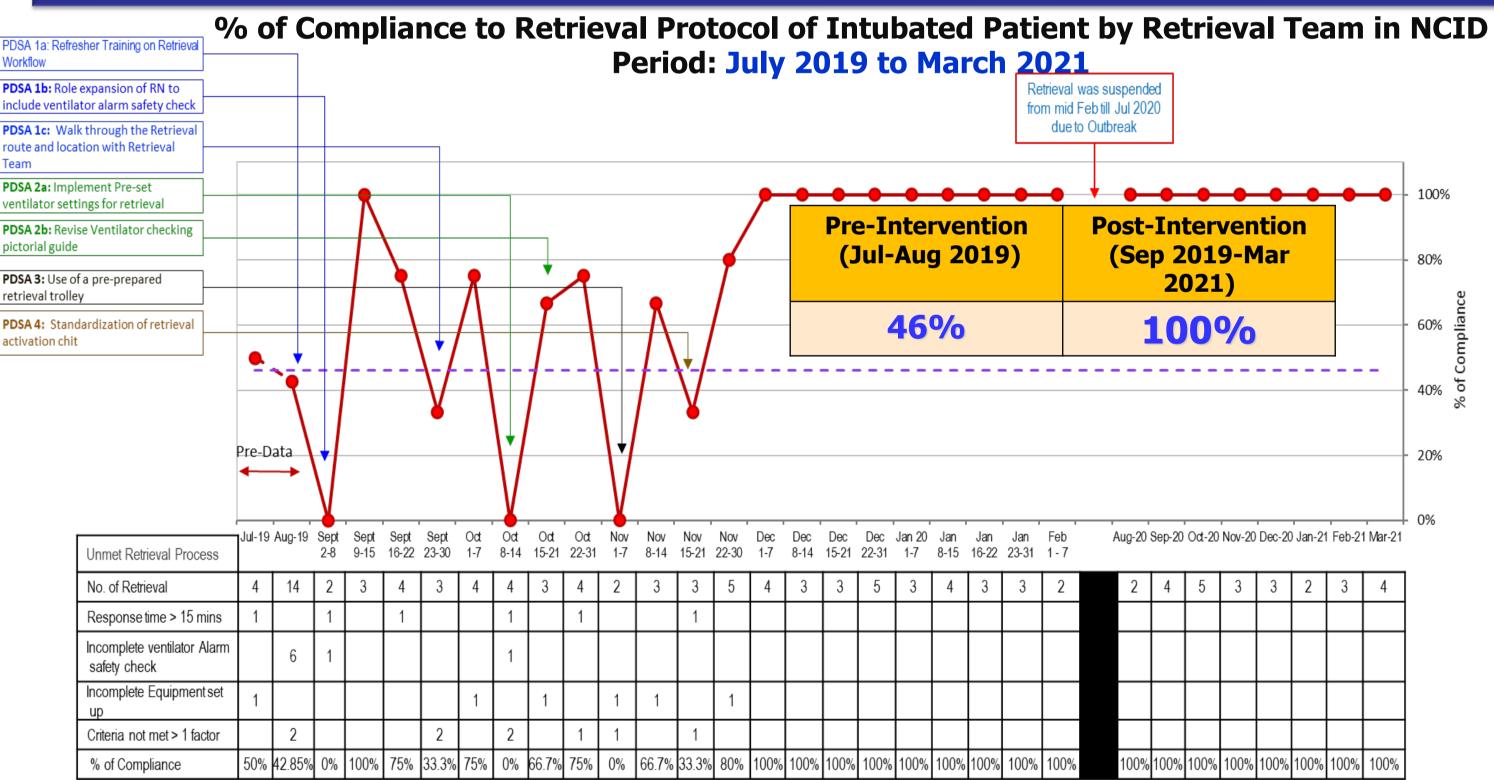
CAUSES	INTERVENTIONS	IMPLEMENTATION DATE
Cause 1: Retrieval process	PDSA 1a: Refresher Training on Retrieval Workflow	15 Aug 2019
unfamiliarity	PDSA 1b: Role expansion of RN to include ventilator alarm safety check	7 Sep 2019
	<b>PDSA 1c:</b> Walk through retrieval route and coverage location with all retrieval nurse	23 Sep 2019
<b>Cause 2:</b> No Pre-set ventilator	<b>PDSA 2a:</b> Implement Pre-set ventilator settings for retrieval	12 Oct 2019
settings for retrieval	PDSA 2b: Revise ventilator checking pictorial guide	20 Oct 2019
Cause 3: Retrieval equipment preparation disorganisation	PDSA 3a: Use of a pre-prepared retrieval trolley	7 Nov 2019
Cause 4: Miscommunication during call activation process	<b>PDSA 4a:</b> Create standard retrieval information slip for Nurse In Charge	15 Nov 2019

Mentor: Ms Yu Liang **Sponsors**: Dr Benjamin Ho & Ms K Patmawali

July to August 2019

Evidence for a Problem Worth Solving				
Proogh et al. Critical Care (2015) 19:62 DOI 10.1186/s13054-015-0749-4 REVIEW Open Access Transferring the critically ill patient: are we there yet? Joep M Droogh <sup>1*</sup> , Marije Smit <sup>1</sup> , Anthony R Absalom <sup>2</sup> , Jack JM Ligtenberg <sup>3</sup> and Jan G Zijlstra <sup>1</sup>	<ul> <li>to ensure patient</li> <li>problem (equipation)</li> </ul>	ent's safety pment) able to tra	and lower	roper retrieval : incidence of technical r patients with fewer and <i>Critical Care (2015) Vol 19</i>
Am J Crit Care. 2011 March ; 20(2): 153–162. doi:10.4037/ajcc2011478. Adverse Clinical Events During Intrahospital Transport by a Specialized Team: A Preliminary Report	<u>high risk activi</u>	<u>ty</u> : ted transfe	r team can	-hospital transport is a potentially reduce the
Ricky Kue, MD, MPH, Paul Brown, NREMT-P, Chyrl Ness, RN, and James Scheulen, M PA-C	BA, based factors	contributir	ng such as	i-factorial with mainly human inadequate preparation, of problem recognition Am J Crit Care(2011) Vol 20
Baseline Data on	Month	Jul	Aug	
Compliance to Retrieval	Total no of Retrieval	4	14	Dro Intonyontion
•	Met	2	6	Pre Intervention
Protocol from	Not Met	2	8	Median = <b>46%</b>

### Results



# **Flow Chart of Process**

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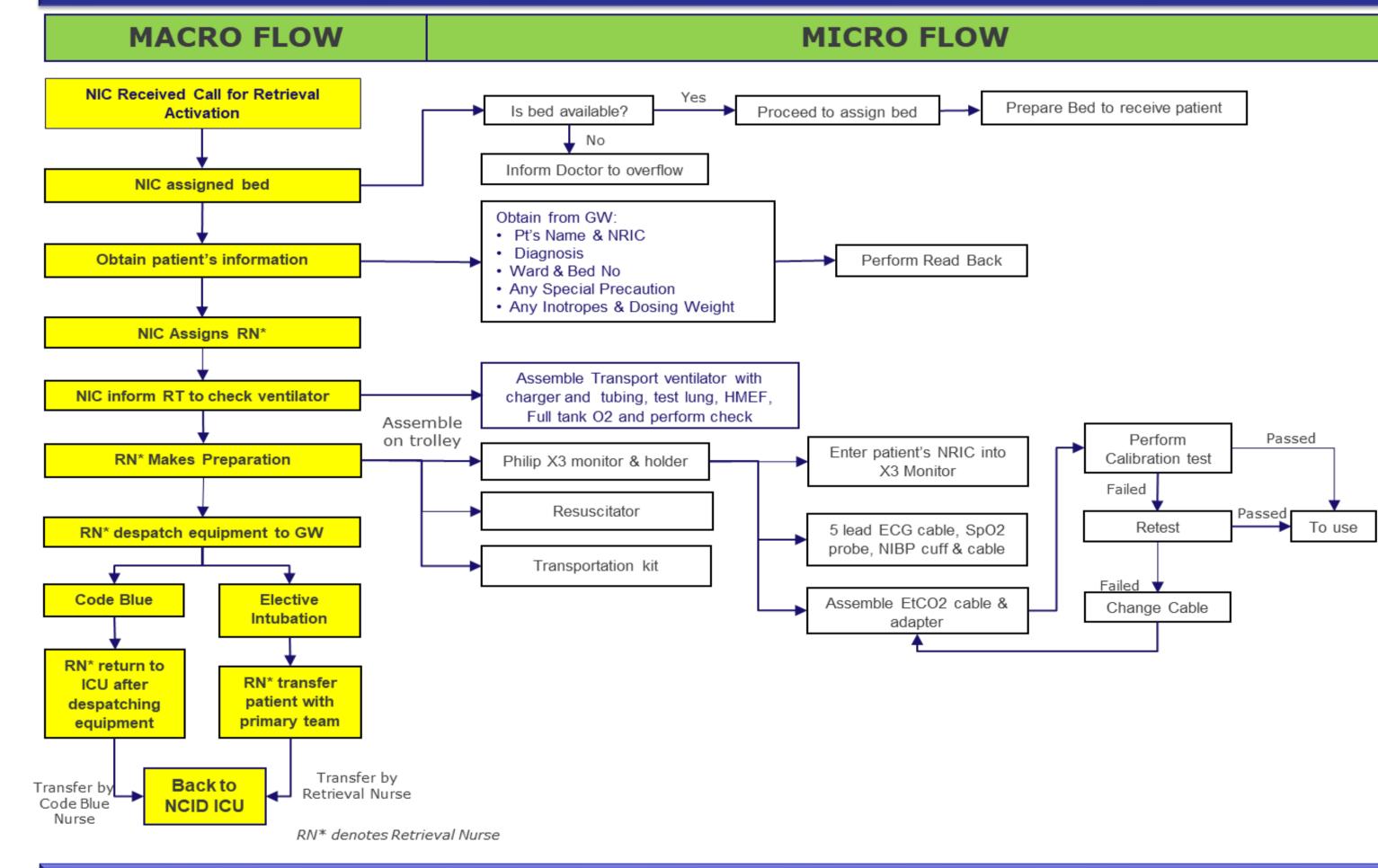
50%

8

42.85%

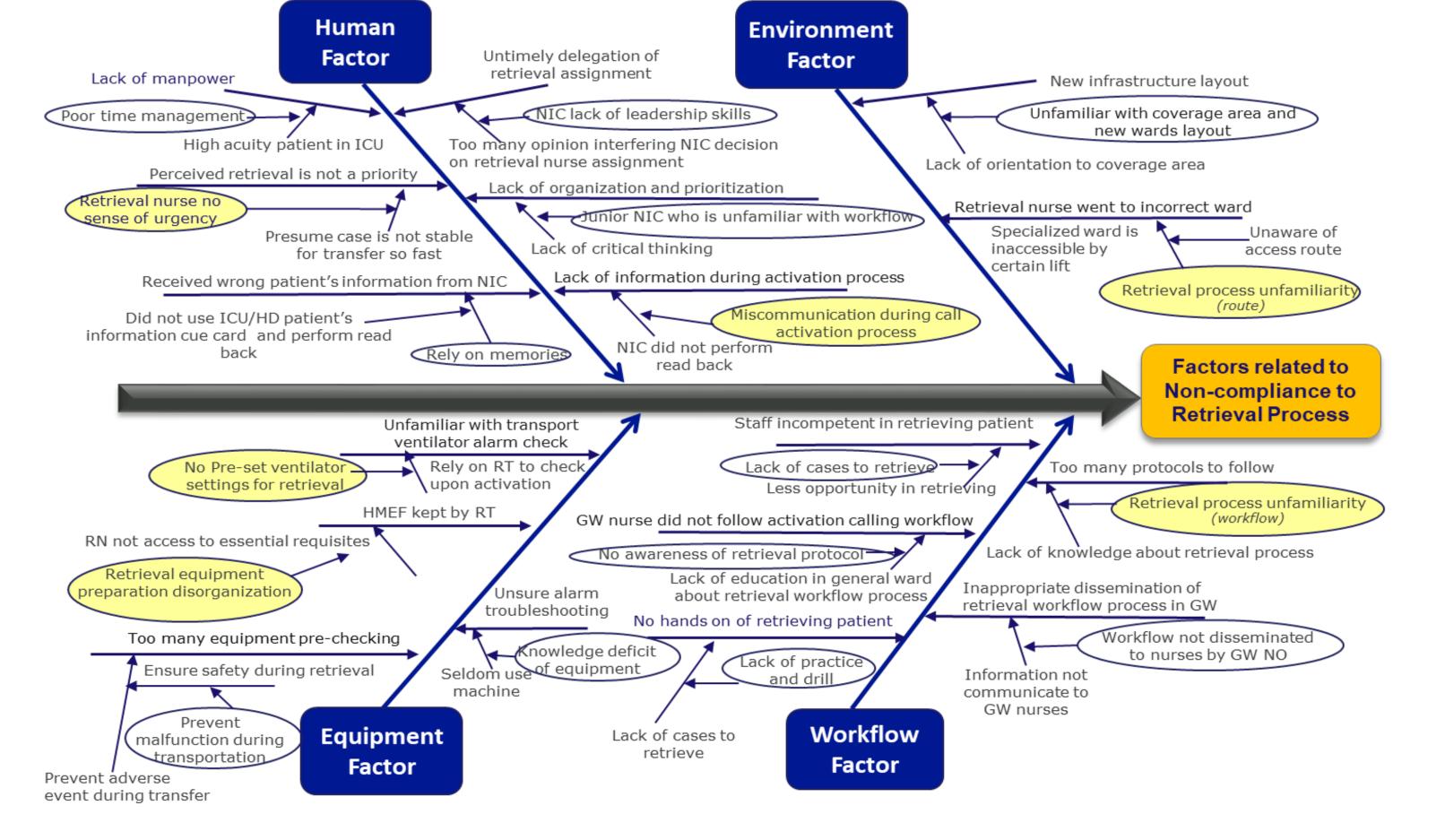
Not Met

% of Compliance



# **Cost Savings**

Task Required by the follo	wings for 1 patient	Before	After		
Transfer (in Mins)		Estimated Cost			
RT (Before) / ICU Nurse (After)	Check Ventilator	\$1.29 X 15 = \$19.35	\$0.97 X 5 = \$4.85		
GW Medical Officer	Transfer patient	\$1.41 X 45 = \$62.25	\$1.41 X 25 = \$35.25		
General Ward Nurse 1	Transfer patient	\$0.97 X 45 = \$43.65	\$0.97 X 25 = \$19.40		
General Ward Nurse 2	Transfer patient	\$0.97 X 45 = \$43.65			
ICU Nurse	Patient retrieval		\$0.97 X 25 = \$19.40		
Duration (Average)		60 mins	30 mins		
Total Cost (Per retrieval)		\$168.90	\$78.90		
Time Savings (Per retrieval)		30 minutes			
Difference in Cost (Per retrieval)		\$78.90 - \$168.90 = - <mark>\$90.00</mark>			
Based on 2 Retrieval per month					
Cost savings (Monthly)		- \$90.00 x 2 = - \$180.00			
Cost savings (Annualised)		- \$180.00 x 12 = <b>-</b> \$2160.00			
Time savings (Annualised)		30 x 2 x 12 = 720 min (12 hours)			



**Cause and Effect Diagram** 

## Lessons Learnt

- 1. Enhanced communication between various platform
- 2. Buy in!!
- 3. Working as a team
- 4. Commitment to a changing behaviour both as an individual and to the organization
- 5. Conducting weekly drill is challenging yet it empowered the ICU staff with higher efficiency in care

# **Strategies to Sustain**

- 1. Continue to collect data through retrieval log, evaluate and monitor of the progress
- 2. Maintain the routine of frequent retrieval drill
- 3. Include Pre-set ventilatory settings and alarm check as part of daily nursing special assignment to keep nurses competency warm at all times
- 4. Having a culture change whereby the importance of timely and safely retrieval of patients was prioritized