

IMPROVING PATIENT CARE THROUGH EVALUATION OF EMERGENT RESPONSE SYSTEM IN OUTPATIENT CLINICAL CARE CLINICS

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Category: Patient Safety

Background

The Otolaryngology clinic at Texas Children's Hospital West Campus averages 800 patient visits per month. An increased incidence of outpatient clinical emergencies requiring activation of the incident management team (IMT) was noted. This team is activated in emergent situations that include syncope, difficulty breathing, allergic reactions, and seizures. These events have not only included patients but also adults. The support staff that responded to each emergent call was not uniform. There was also varying degrees of staff comfort in activation and participation in such events. Due to inconsistency of response and comfort level of staff an assessment of the current process was completed to aid with improving patient care.

Objectives

Review past outpatient clinic IMT events

Evaluate staff confidence in activating and responding to emergent events

Assess current IMT process through staff survey

Methods

Retrospective review of outpatient IMT events at a tertiary care center from 1/2016-12/2016. A needs assessment survey was created and piloted with members of IMT team and other staff. Post revisions the survey was sent out to all IMT members as well as outpatient clinical staff. Feedback from survey was analyzed.

Results

Through retrospective review it was found that currently IMT events are voluntarily documented by the leader of IMT team, the house supervisor (HS). Based on the HS shift reports, 50 IMT events were voluntarily reported between 1/2016-12/2016. Larger percentage of IMT events were recorded in the following clinics: Pathology (16%), Allergy & Immunology (10%), Sleep lab (10%), and Otolaryngology (6%). The pediatric patient was involved in 70% of the events and the remaining 30% of the events involved an adult.

Discussion

Post retrospective review of the current emergent response system it was noted that documentation of IMT events are voluntary and not routinely charted in the electronic medical record. To allow better assessment of future IMT events implementing more consistent documentation of events is necessary. Comfort levels of the staff regarding activation and participation in such events varied. Based on needs assessment survey, investigation of current system definition of what meets criteria for IMT event vs. escalation to Code team event should be examined. Current IMT members that respond and respective designated roles should be evaluated based on survey. Investigation of resources available in each outpatient clinic is warranted. Follow up survey to reassess system post changes would be beneficial to obtain further feedback.