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Adopting a Quality Assurance Checklist to Improve Patient Safety

Kathleen Rinaldi, RN, Department of Non-Invasive Cardiology



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ADVANCING CARE.
ENHANCING LIVES.

Problem

- In the non-invasive cardiology department, there was no daily routine for verifying that respiratory equipment was stocked and available in each stress lab suite. This resulted in staff attempting to locate and assembling equipment during urgent situations.
- The emergency equipment is utilized by Stress Lab, Vascular, Imaging, and Echocardiography.
- The emergency respiratory stock is located in the Stress Lab procedural rooms and did not have a proper quality assurance process to ensure replacements after use.
- Staff reported that the lack of quality assurance of proper equipment resulted in missing items of emergency stock during urgent patient care situations twice over a seven-week period.

Objectives

Improve management and availability of emergency respiratory equipment with a goal of 90% compliance of staff utilizing a daily quality assurance process.

PICOT Question:

In non-invasive cardiology patients, how does a daily quality assurance checklist of emergency equipment compared to casual maintenance affect patient safety within a 45-day period?

Interventions

- A QA tool was created to verify that emergency respiratory equipment is stocked and available in each procedure room.
- QA is to be performed each day of business. Instructions for repleting equipment and replacing O2 tanks were added to the QA form.
- A list of stock that must be in procedure room respiratory equipment boxes was created for ease of daily QA and re-stocking.
- A separate form was utilized for reporting missing equipment noted during urgent situations. Staff was educated about the QA process through email.
- A storage closet was reorganized with clearly labeled bins for extra respiratory stock. Par levels of stock were created.

Respiratory Box Contents

Suction tubing
Yankaur suction tip
extra O2 Christmas trees
Nasal cannula
O2 extension tubing
extra O2 tubing connectors
Non-rebreather mask

also-O2 tanks located under stress stretchers
at least 1/2 full

Respiratory Emergency

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Respiratory Equipment Daily QA Stress Lab S4500

Month/Year						
DATE	Respiratory Box Rm 1	Respiratory Box Rm 2	Respiratory Box Rm 3	Extra O2 Tanks x2	Comments	Initials
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						

*O2 tanks should be >1/2 full. They are stored under each procedural stretcher. Please email Mark Deehy to replace tanks. Call respiratory therapy for urgent O2 tank access.

*A list of required supplies is posted on each Resp. box. Stock for refills is on the bottom right shelf of storage cabinets in the hall. Please notify stress staff if stock is low.

Results

- Data from the QA tool was collected for 46 days.
- Compliance with completing the tool in the first 16 days was 67%.
- With feedback from the staff, the QA form was re-formulated for ease of use. It was also placed in a more prominent location resulting in staff compliance of 95% for the next 30 days.
- During data collection, missing equipment was identified on 3 separate occasions. On two of these occasions, the equipment was replaced immediately. On one occasion, there was a 24 hour wait for a replacement O2 tank.
- During the 46 days of data collection, there were no reported incidents of missing equipment noted during an urgent situation.

Conclusion

Implementation of a QA tool and improving availability of emergency care stock resulted in a decrease in missing emergency respiratory equipment, thus improving patient safety.

References

Feller-Kopman, D.J, Schwartzstein, R.M. (2022), The evaluation, diagnosis, and treatment of the adult patient with acute hypercapnic respiratory failure. UpToDate.

Sood, S. (2023). Evaluation and management of the nonventilated, hospitalized adult patient with acute hypoxemia. UpToDate