

Anesthesia Cart Enhancement (ACE)

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Problem

- The ACE project aims to revise organization of supplies and equipment of the anesthesia carts located in the CCD6 operating rooms to enhance efficient workflows and support infection prevention practices.
- The current cart is crowded and includes rarely used items because it was designed several years ago at a time when there was no continuous anesthesia technologist coverage; as such some overstocking was considered prudent. In addition, materials that became obsolete were never removed. Finally, supplies and equipment were organized in the drawers mainly by frequency of use, and the principle of keeping together the items necessary to complete a task or a procedure such as starting an IV, or intubating the trachea, was inconsistently applied. As a result, it was necessary to open several drawers to assemble the items needed for most procedures.
- The anesthesia cart is a major tool for anesthesia clinicians, yet many providers have difficulty finding equipment that they need due to a lack of a suitable organizing approach.
- Access to emergency equipment can be delayed due to lack of organization, supplies frequently obstruct drawers from opening, and rarely used supplies frequently expire.
- This project is in alignment with the UCM Annual Operating Plan through soliciting feedback from our staff in order to improve quality and safety.

Goal

- This project focused on soliciting feedback and suggestions from clinicians in the department to create an updated anesthesia cart that meets the needs and supports the work of most clinicians by the end of the 2022-2023 academic year.
- Accomplishing our goals will facilitate everyday work of UCMC anesthesia clinicians, enhancing the delivery of high-quality care and reducing waste created by expired equipment.

Intervention Design

- 1st step: Compiling a list of equipment currently stocked in the anesthesia carts.
- 2nd step: Creating and distributing a RedCap survey to clinicians regarding their opinions on currently missing or unnecessary supplies and equipment.
- 3rd step: Implementing the suggestions received through the survey and creating the prototype of a new anesthesia cart to collect further feedback.
- Fourth step (future): Implementing all received feedback to finalize a new default for anesthesia carts on CCD 6.
- Success will be measured by improvement in satisfaction scores and reduction in waste generated.
- A continuous cycle of improvement will be implemented through collaboration and feed-back by all anesthesia clinicians, anesthesia technicians, and supply chain managers.

DACC CCD6 Anesthesia Cart Survey

Are you confused by the organization of the Anesthesia Cart? Do you open 3 different drawers before you find what you're looking for? This survey is for you!

This survey is NOT Mandatory. It is intended as a preliminary review to compile the desires of the DACC providers. Please answer the questions below and provide feedback as indicated. We may be reaching out to you for more information regarding your answers. We look forward to hearing from you!

Please keep the following in mind as you take the survey:

- Space is limited - It would be great to include everything from the anesthesia workroom in the carts, but this is not practical
- Emergencies happen - Some equipment, although rarely used, may be beneficial to have readily available
- Location, location, location - These changes are intended to only include the general anesthesia carts on CCD6
- Separate specialty carts (pediatric, cardiac) will remain available for use in CCD6

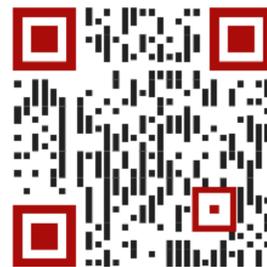
1) Should the precordial chest piece, ear piece, and double stick discs be removed from the anesthesia carts? (will remain in the pediatric cart)

2) Should the 10Fr and 6Fr Shiley ETT Stylets be removed from the anesthesia carts? (will remain in the pediatric cart)

ANESTHESIA CART DEMO

Multiple ways to leave Feedback!!

- Use the QR Code!
- Post-it Note!
- Email!
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Anesthesia Cart Survey

Results to Date



- Each drawer organized by type of equipment
 - Airway drawer
 - IV drawer
 - Monitor drawer
 - Syringe drawer
- Rarely used equipment removed
 - Precordial stethoscope
 - Manual BP cuff
 - 22G needles
 - 24G IVs
 - Small Tegaderms
- Addition of frequently requested items
 - McGrath laryngoscope
 - Hemostat clamp
 - Saline flushes
 - BIS monitor
 - 6.5 ETT
- New dividers to prevent equipment obstructing drawers from opening

Next Steps

- Implement feedback following a demonstration of the new anesthesia cart prototype.
- Survey the department's clinicians regarding their satisfaction with the use of the new anesthesia carts.
- Track use and waste of supplies provided by supply chain managers to determine waste reduction.
- Track frequency of "Inability to intubate" events to determine benefit of McGrath laryngoscope in every anesthesia cart.
- If improvement in satisfaction, reduction in waste, and/or improvement in patient outcomes, next steps include re-organization of anesthesia carts in other departments (CCD5, Cardiac, DCAM, OB, COMER).

Acknowledgements

- Thank you to Dr. Allan Klock (Chair, Department of Anesthesia and Critical Care); Dr. Frank Dupont, Dr. Dinesh Kurian, and Dr. Bhuvanewari Ram (faculty, Department of Anesthesia and Critical Care); Tia Gay (Manager, Anesthesia Support Services); Theresa Cumming (Director of Operations, Department of Anesthesia and Critical Care); Al McAuley (Clinical Research Manager); Edward Fox (Clinical Research Coordinator); and Carmen Mendoza (Manager, Supply Chain Operations) for their advice and support.