

Date: April 15, 2016

QUALITY IMPROVEMENT PROJECT COMPLETION DOCUMENT

Please include the PROJECT CHARTER and PROJECT UPDATES with submission of this document

IMPACT

Describe the EVALUATION of the outcomes of the project as they relate to the project's aim and deliverables.

Baseline survey results indicated 16 of 52 (30.8%) of nurses had a clear understanding of their role in the code team. After implementation of the Code Resus project measures the proportion increased to 35/55 (63.6%, $p < 0.001$).

Prior to implementation, 17/39 (43.6%) of physicians and 23/53 (43.4%) of nurses thought an appropriate number of resuscitation team members responded during a resuscitation. The post-implementation survey indicated 34/41 (82.9%) physicians ($p < 0.001$) and 36/56 (64.3%) nurses ($p = 0.029$) felt the appropriate number of healthcare providers attend.

MILESTONES

Describe the various MILESTONES delineated in your project charter and when/how they were achieved.

Project Development: During the initial meetings (Spring 2014) the committee identified the perceived problem, created a list possible interventions and recruited stakeholders. Stakeholders contributed to components of project developed in Nov/Dec 2014, and to education materials developed in February/March 2015.

Pre-Implementation Survey distributed March 2015: We developed a survey for both nurses and physicians to assess their perceptions of healthcare provider response to resuscitations and their knowledge team roles. This survey was created as a tool to measure impact.

Project Implementation: April 2015

1. Email distributed to nursing regarding code team members at each hospital, outlined code team roles and introduced the EMS data sheet
2. Morning huddle education regarding new Code Resus process
3. Began EMS data sheet completion, overhead "Code Resus ETA..." page x 2 in ED, Nurse responsibilities posted in Resus room, area of care taped around bed to give providers room to move

Post-Implementation Survey: Completed January 2016.

LESSONS

Describe the LESSONS, individual or organizational, learned through this project.

The most significant lesson learned was the importance of using the QI process in project development to clearly identify all of the factors involved in a perceived problem. Strict adherence to this process would have allowed early identification of the major stakeholders and significantly reduced the time to completion.

Project name: Code Resus QI Project

**University Health Network
Emergency Department**

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RECOMMENDATIONS

Describe the IMPLICATIONS of this project for patient care or for future projects.

The Code Resus committee identified other areas for improvement that may affect patient care during resuscitations including organizational space in the TWH code room, need for post-resuscitation ordersets (for sedation orders, pressers and doses), continuing in-situ multi-disciplinary training and need for resuscitation debriefing tool.

DISSEMINATION

Describe the completed or planned steps for DISSEMINATION of this project's findings (e.g., presentations, posters, manuscripts, etc).

The Code Resus Project has been accepted as a poster at CAEP 2016. We have submitted abstract for U of T Emergency Medicine Faculty Research Day.