Children with complex airway problems see many providers. In order to improve outcomes this interdisciplinary care team was formed to focus efforts on process improvement, promoting effective communication between providers, caregivers and avoiding complications associated with tracheostomy decannulation and pressure ulcer development.

Identified barriers included: patient procedure education and care processes not known to RNs; there was a lack of set curriculum for education to RNS with limited standardized references or resources available to RN staff as well.

Interdisciplinary care team coordination due to communication was shown to be delayed and often inconsistent. Efforts were concentrated on improving standard communication across all disciplines.

Barrier identification revealed that the pathophysiology behind many procedures were largely unknown, there was no set curriculum for RNs who cared for patients. (i.e - no standardized references or resources available for RNs as education tools; established hand-off between providers and surgical teams were lacking emergency information. Implementation of a standardized head of bed sign was shown to be a crucial communication tool.

Methods

- Qualitative and Quantitative research design.
- Direct Inpatient RN survey of PICU RNs
- Quality data obtained pre & post team intervention.

Results

Over a year’s time the combination of the development of the team coupled with the separate in-service education was what led to the biggest impact on patient care outcomes. Recommendations would be to evaluate whether or not a Specialty Care Team or focused educational activities are most beneficial in any organization.

The institution of a Specialty Care Team with focus on specific patient care outcomes that are measurable, achievable and most meaningful to patient satisfaction and outcomes is shown as a valuable addition for any organization.

Discussion

These improvements were shown to be a strong beginnings of a Specialty Care Team’s efforts aimed at improving patient care outcomes.

However, there is still more work to be done. An additional 1:1 In-Service was generated and produced with an increasing aim to expand the improvement efforts even more.

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