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Background of the problem

Ward 52A has a total of 11 neonate and 2 adult laryngeal blades of different sizes for resuscitation (Figure 1,2). These blades are distributed across 4 infant open-care resuscitators and 1 adult resuscitation trolley. The spare blades are kept at nurses' station for replenishment when used blades are sent for decontamination.

The previous practice was to send the laryngeal blades after each use. In accordance to a revised hospital policy with effect from May 2017, all laryngeal blades must be sent for high level thermal disinfection and decontamination at a monthly interval referencing on the date on the package (Figure 3).

It was often picked up during audits that some blades were not sent for timely decontamination due to the different locations of the blades. Staff find this process a chore as it is challenging to keep to the timeline of decontamination for all the 13 laryngeal blades in the wards.



Figure 1
Different sizes of neonate laryngeal blades package with date



Figure 2
Different sizes Adult laryngeal blades package with date

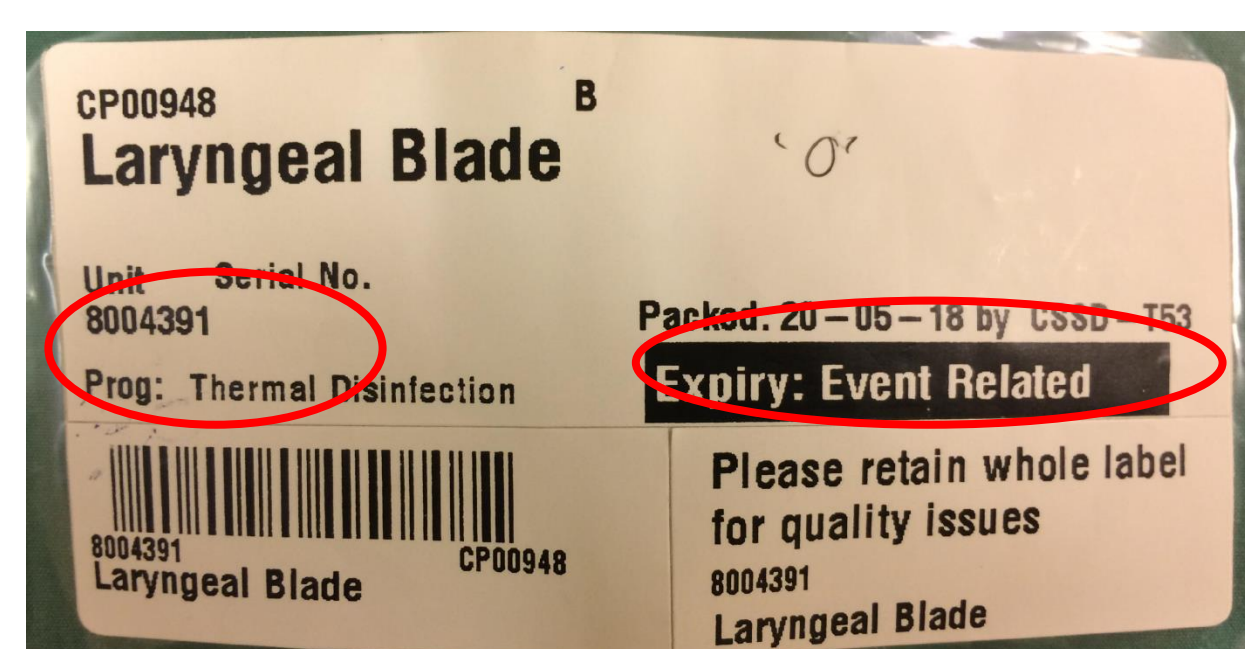


Figure 3
Label on blades package date and unit No (see circle in red)



Figure 4
Our four Infant resuscitation trolleys are kept in either of the eight delivery rooms. Staff need to locate the trolleys to check for the expiry date of laryngeal blades and the staff may overlook those with dates expired.



Figure 5
Adult resuscitation trolleys are kept in Preparation Room. The staffs have to check for the expiry date of laryngeal blades and they may overlook those with expired dates.

Mission Statement

We aim to achieve 100% high level thermal disinfection and decontamination of laryngeal blades within the required monthly interval within 3 months.

Analysis of problem

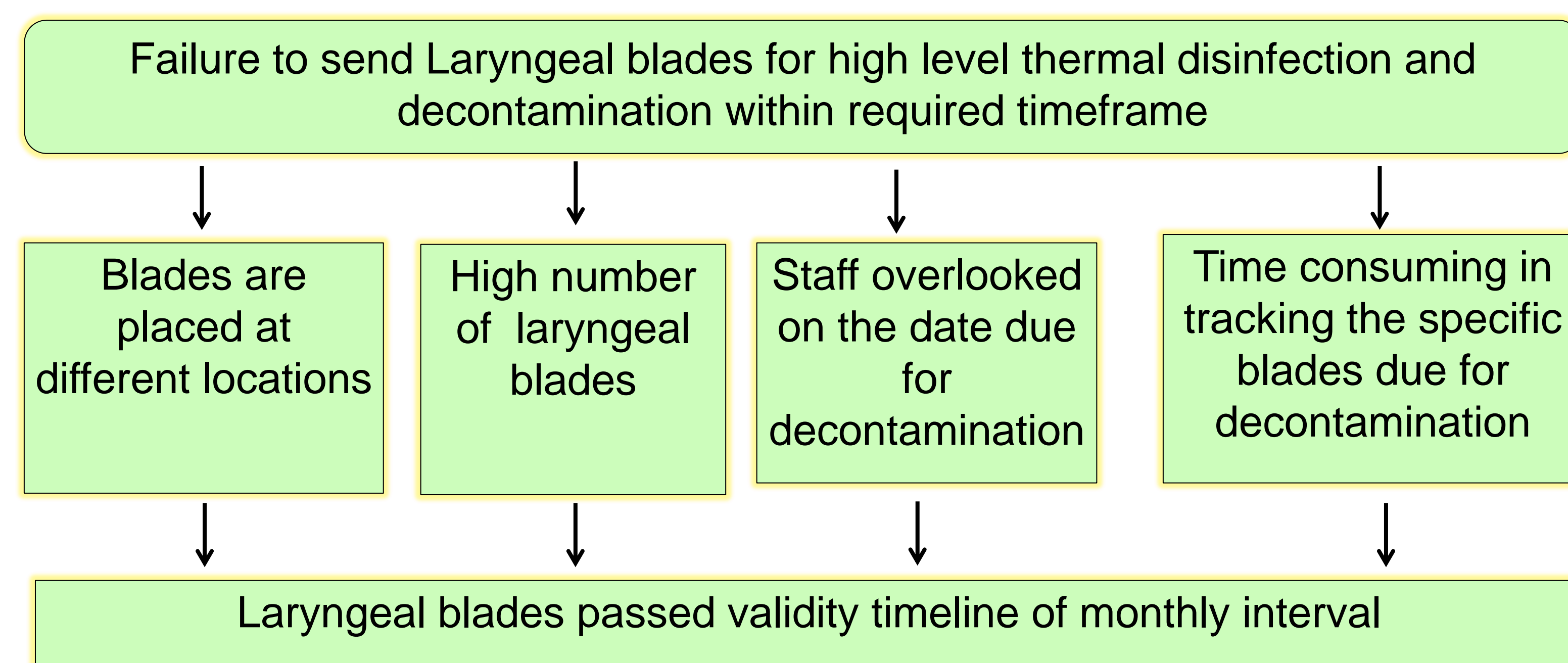


Figure 6

Interventions / Initiatives

PDSA 1 :

Team members brainstormed and developed a Record Card to record the details (unit number, date packed, date due to send for decontamination and remarks) of all laryngeal blades (Figure 7). All staff were briefed on the use of this new Record Card. The card was decorated to make it look attractive but it becomes a potential site dust collection and there was no column available for indication on the location of the blades.

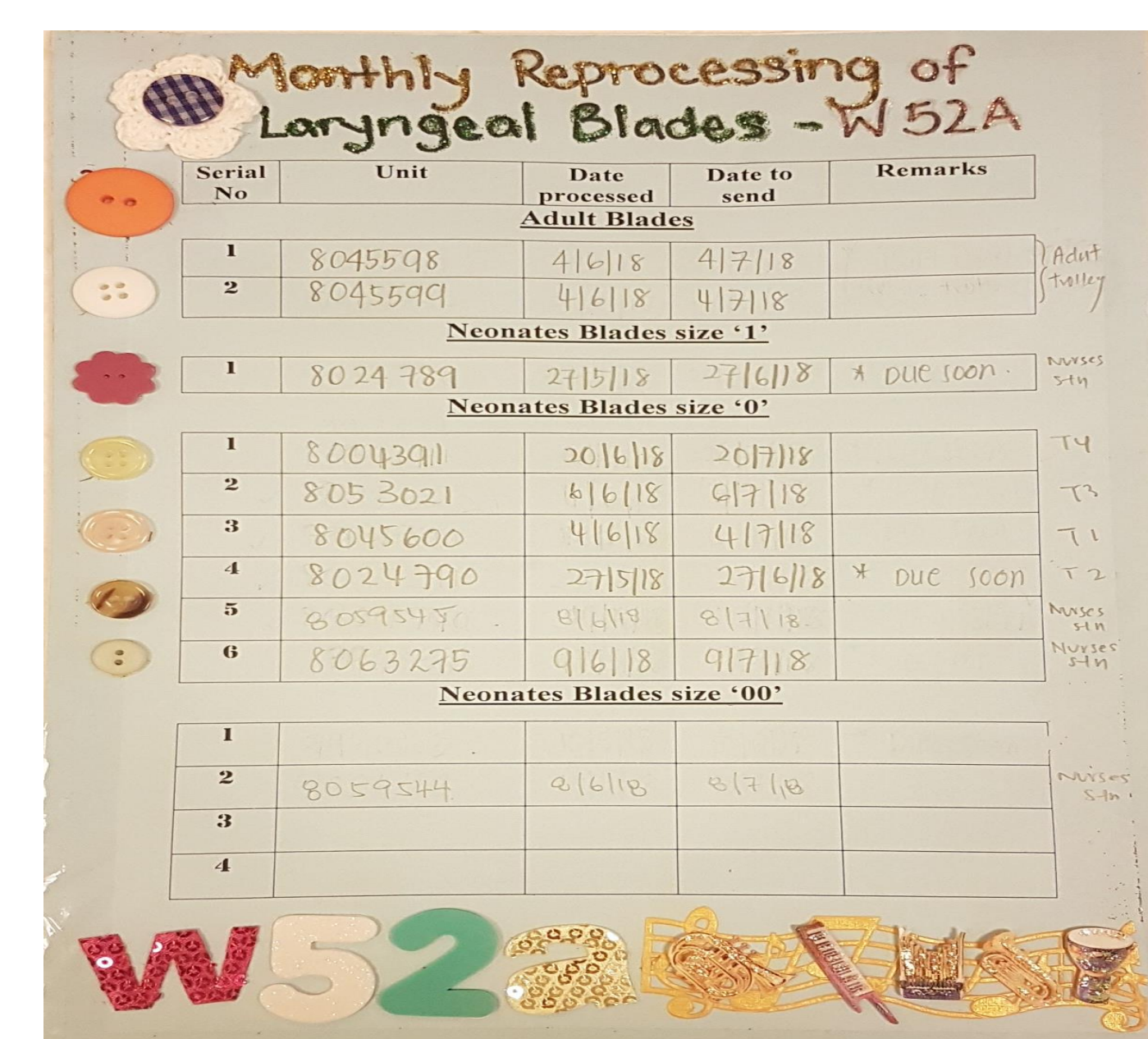


Figure 7
First version Record Card

PDSA 2 :

Staff revised the Record Card (Figure 8) to rectify the problem on dust collection and time factor. A column was added (see circle in red) to indicate the locations of the laryngeal blades. Shorter time is required for staff to locate the laryngeal blades due for decontamination. All recordings are done in pencil to facilitate multiple usage and easy replacement of the card when it is dirty or torn.

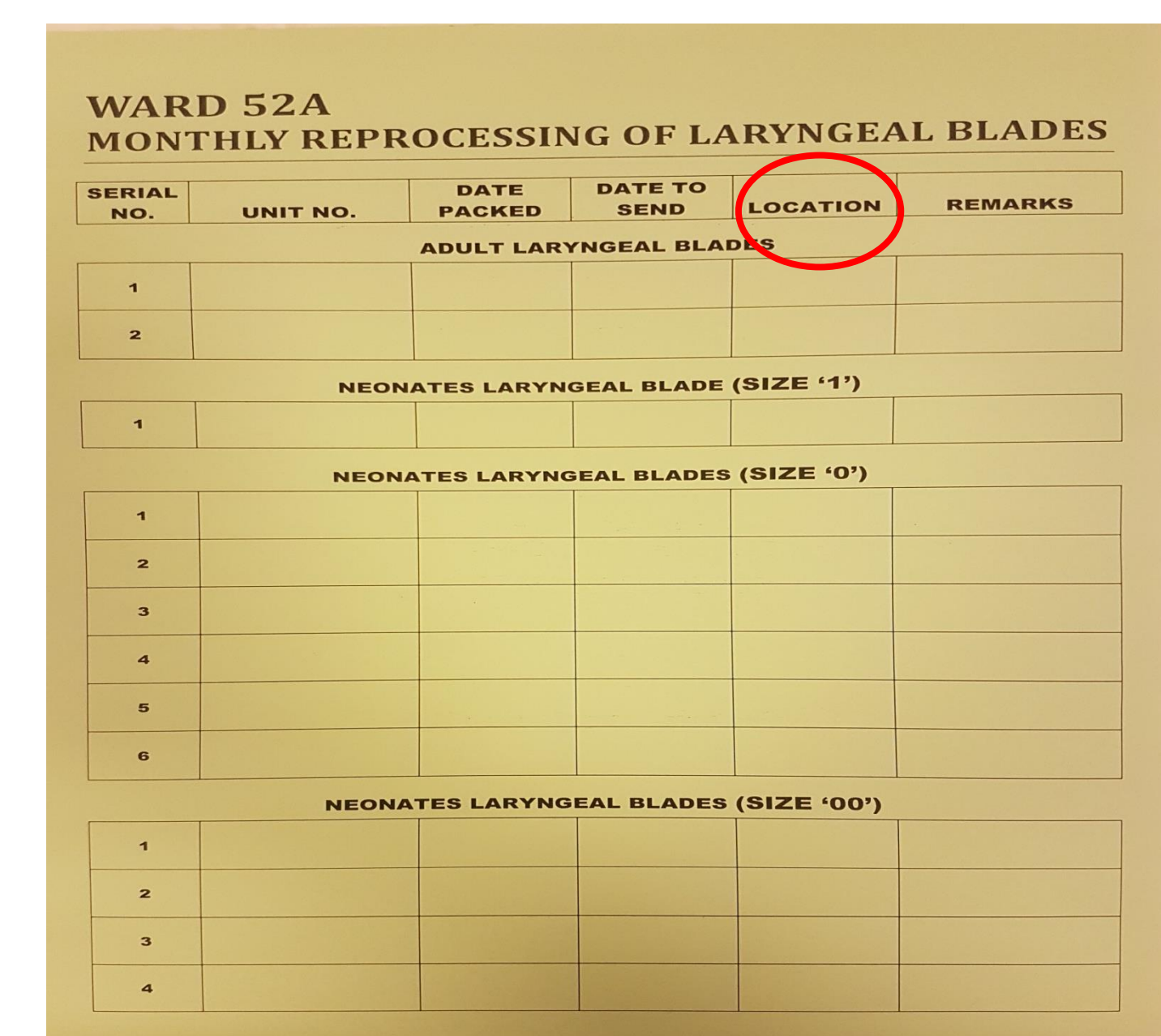


Figure 8
Revised Record Card

Results

1. With the Record Card, staff in-charge is able to identify the laryngeal blades due for high level thermal disinfection and decontamination on stipulated time.
2. Achieved 100% compliance in cross-audits for high level thermal disinfection and decontamination of the laryngeal blades.
3. Adhered to International Patient Safety goals 5- Reduce risks of healthcare-associated infection, blades are now readily decontaminated and ready for use when needed.
4. Time and manpower saved can be focused on patient care resulting in better work efficiency and productivity.

Sustainability Plans

1. Staff in-charge to check Record Card every week for blades which are due for thermal disinfection and decontamination.
2. Teamwork and communication among assigned staff for close follow up of the blade decontamination timeline, ensuring surveillance is sustained.
3. Weekly audits to be conducted by Ward Nurse Clinicians to ensure compliance for high level thermal disinfection and decontamination of the laryngeal blades.