

At Ease with B@EASE

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BACKGROUND

- An areas of focus of the RiCON project is airway safety in critical care. The aide-memoir pre-intubation checklist B@EASE developed by the group ensures that the team knows all the equipment, staffing, role allocation and emergency plan.¹
- A QIP done in a North West region teaching hospital supports that checklist use improves patient safety and provides required standard of care.²
- Our aim was to analyse the extent to which this checklist is actually followed in clinical practice in our intensive care unit.

- 95% staff aware of the checklist but half of the doctors and one-third of the nurses did not know what the acronym B@EASE stands for (Fig 1).
- The compliance with filling up the checklist before routine intubation was 86% for doctors and 94% for the nurses but dropped to 67% and 77% respectively before an emergency intubation (Fig 2).
- 42% staff did not know which step of the checklist was skipped most often (Fig 3).
- Amongst those who knew, 50% of the doctors and 36% of the nurses thought step E (emergency plan) was skipped most often. About a quarter of them were not aware of an emergency plan before starting the procedure (Fig 4).
- Only 5% staff thought that they have the recommended maximum number of 6 people for the team, though 80% said they have at least 4 or 5 people in their team.
- 90% staff agreed that post procedure documentation is very important. More than 75% of them welcomed the idea of a colour-coded printed post intubation document.

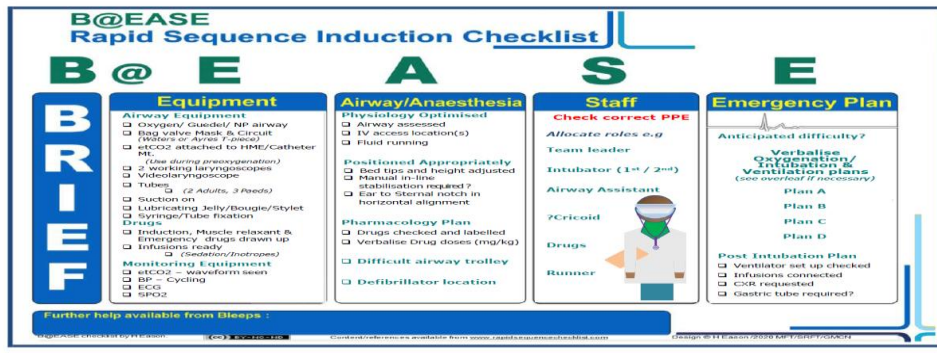


Fig 3 Step skipped most often

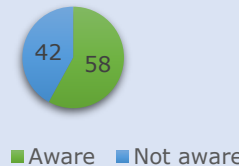
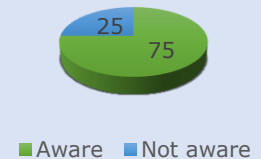


Fig 4 Awareness of emergency plan



METHODS

- A survey done using a 13-point questionnaire, which was prepared and distributed amongst the critical care doctors and nurses at Tameside General Hospital.
- 21 out of 22 doctors and 48 out of 52 nurses took part in this survey.

CONCLUSIONS

- A gap in awareness and knowledge about the B@EASE checklist amongst both doctors and nurses, opening up scope for training and education regarding this useful tool intended to ensure ease of procedure and patient safety.
- This will improve the compliance rate of using and filling up the checklist, prior to both routine and emergency intubations.
- The skipping of step E (emergency plan) by the majority and about a quarter of both doctors and nurses being unaware of an emergency plan, is an area of concern that needs to be addressed.
- Following the checklist meticulously can help in minimising the chances of an inadvertent event and being prepared, in case it happens.
- Addition of a colour-coded printed post procedure document to the checklist as a quality improvement project can provide comprehensive information about the intubation procedure, especially if endotracheal intubation is required again in the same patient.

RESULTS

Fig 1 Awareness of the acronym B@EASE

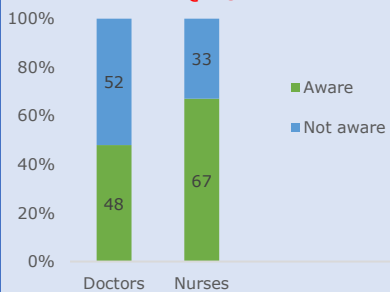
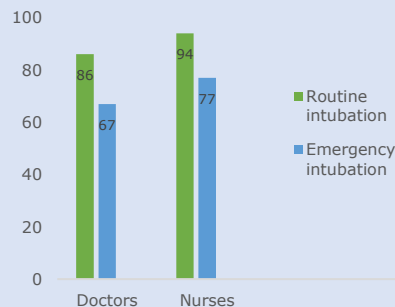


Fig 2 Checklist filling up compliance



REFERENCES

- <https://www.gmcmt.org.uk/critical-care/professionals/airway-safety-in-critical-care>
- BMJ Open Quality 2021;10:e001575. doi: 10.1136/bmjopen-2021-001575