

Protocol Drift



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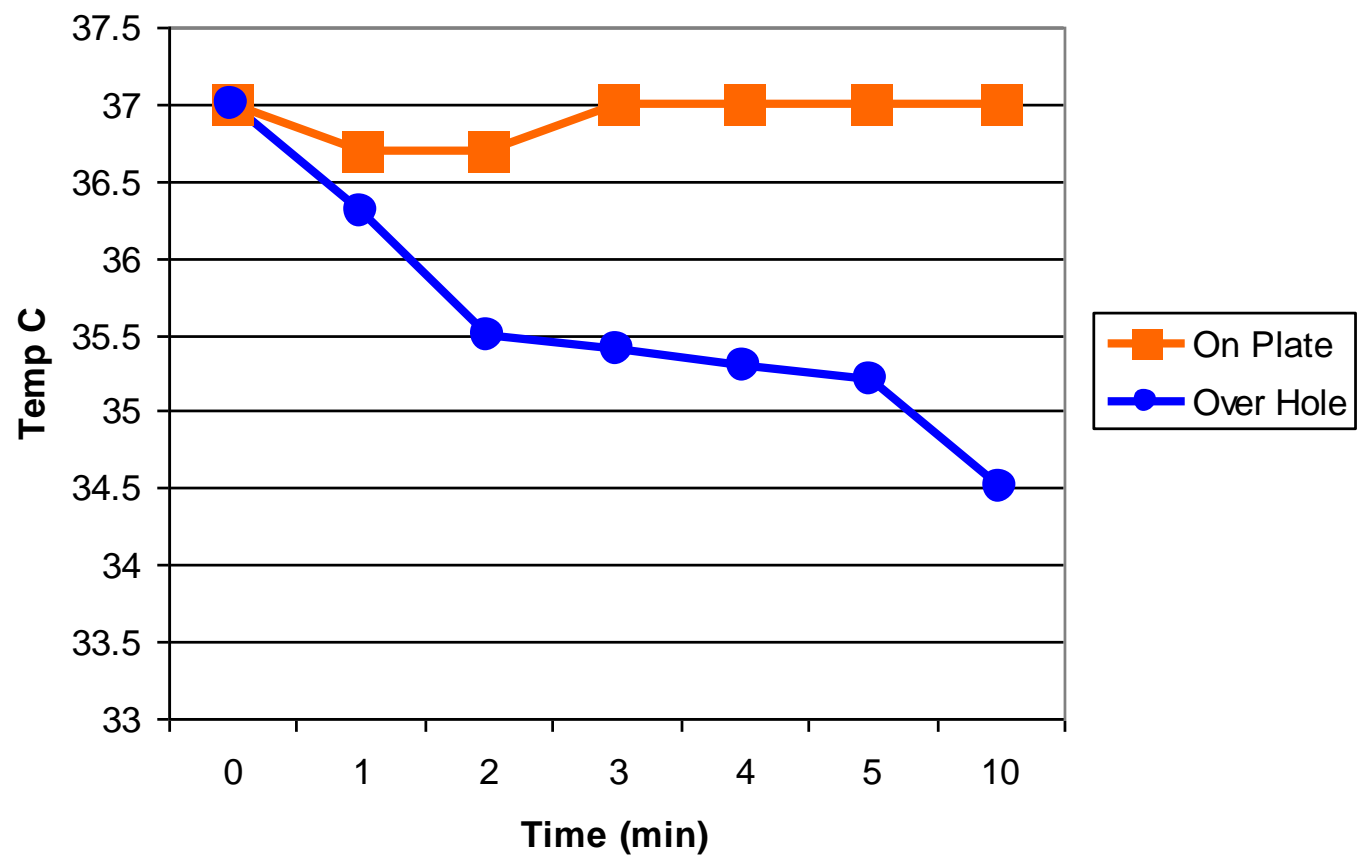
The Why of Protocols

- Don't leave success to chance
- Reduce variables in problem solving

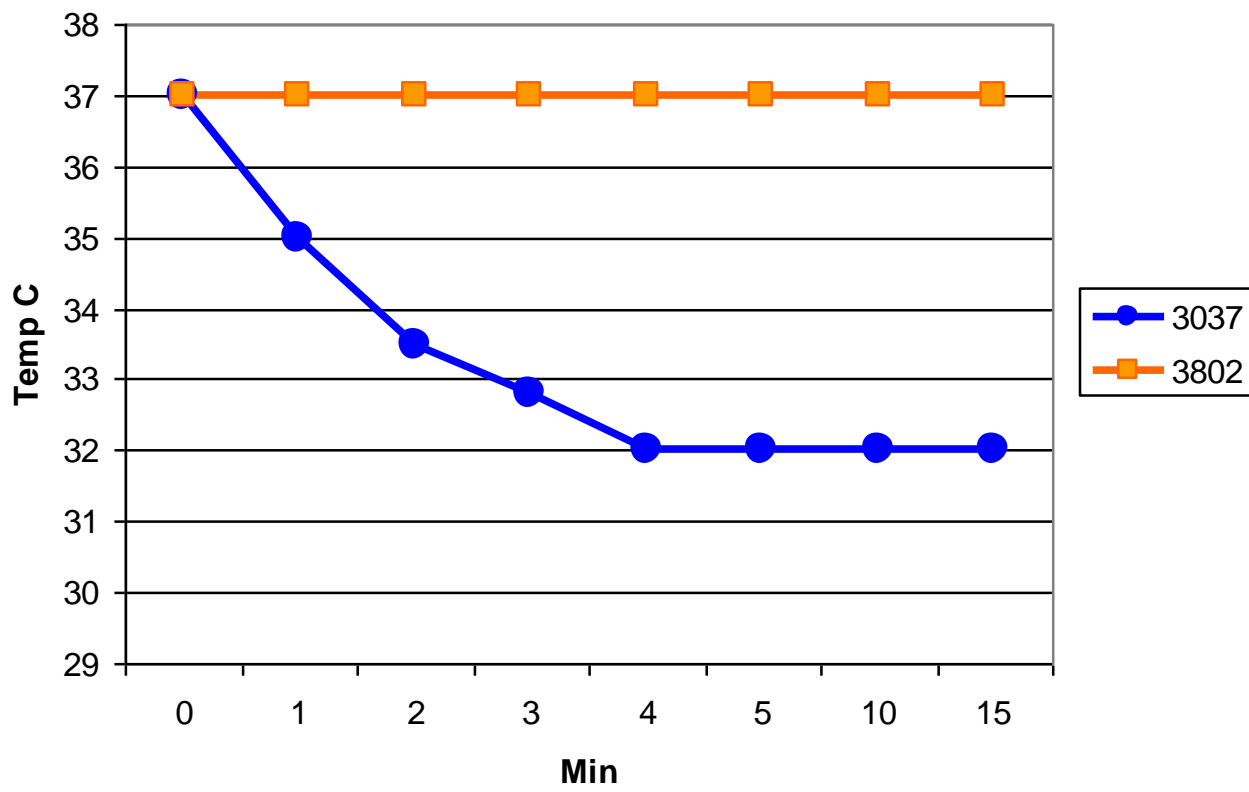
Protocol Variations

- Random results – might be better/or worse
- Difficulty in problem solving with more variables

Cooling of Plate Over Microscope Stage



Temperature of Drop on Stage 3037 vs 3802



Pilot Checklist



Keys to Success

- Effective Protocols
- Uniform Protocols
- Effective Training
- Active and Immediate Feedback on Monitoring
- Checklists

Effective Protocols

- Proven Good Outcomes
- Low Variability
- Simple Steps
- Proper Facilities and Equipment

Uniform Procedures

- Validated
- Decrease Variability
- Ease Trouble Shooting

Effective Training

- Clear and Precise
- Assessment of Knowledge Transfer

Monitoring

- Continuous/Active
- Immediate Feedback
- Add QC Steps That Encourage Correct Behavior

Central Line Steps

- Wash Hands With Soap
- Clean Skin With Chlorhexidine
- Cover Entire Body With Sterile Drape
- Wear Mask, Hat, Sterile Gown and Gloves
- Put Sterile Dressing Over Insertion Site

Patient Care Checklist

New influenza A (H1N1)

June 2009

Replaces: 15 May 2009
Expires: December 2009.

UPON ARRIVAL TO CLINICAL SETTING/TRIAGE

- Direct patient with flu-like symptoms to designated waiting area
- Provide instruction and materials to patient on respiratory hygiene/cough etiquette
- Put medical/surgical mask on patient if available and tolerable to patient

UPON INITIAL ASSESSMENT

- Record respiratory rate over one full minute and oxygen saturation if possible
- If respiratory rate is high or oxygen saturation is below 90% alert senior care staff for action[#]
- Record history, including flu-like symptoms, date of onset, travel, contact with people who have flu-like symptoms, co-morbidities
- Consider specialized diagnostic tests (e.g. RT-PCR)
- Use medical/surgical mask, eye protection, gloves when taking respiratory samples
- Label specimen correctly and send as per local regulations with biohazard precautions
- Consider alternative or additional diagnoses
- Report suspected case to local authority

INITIAL AND ONGOING PATIENT MANAGEMENT

Supportive therapy for new influenza A (H1N1) patient as for any influenza patient including:

- Give oxygen to maintain oxygen saturation above 90% or if respiratory rate is elevated (when oxygen saturation monitor not available)
- Give paracetamol/acetaminophen if considering an antipyretic for patients less than 18 years old
- Give appropriate antibiotic if evidence of secondary bacterial infection (e.g. pneumonia)
- Consider alternative or additional diagnoses
- Decide on need for antivirals* (oseltamivir or zanamivir), considering contra-indications and drug interactions

This checklist is intended for use by hospital staff treating anyone with a medically suspected or confirmed case of new influenza A (H1N1) per local definition. This checklist highlights areas of care critical for the management of new influenza A (H1N1).

It is not intended to replace routine care.

BEFORE PATIENT TRANSPORT/TRANSFER

- Put medical/surgical mask on patient if available and tolerable to patient

BEFORE EVERY PATIENT CONTACT

- Put on medical/surgical mask
- Clean hands
- Put on eye protection, gown and gloves if there is risk of exposure to body fluids/splashes
- Clean and disinfect personal/dedicated patient equipment between patients
- Change gloves (if applicable) and clean hands between patients

IF USING AEROSOL-GENERATING PROCEDURES ALSO (e.g. intubation, bronchoscopy, CPR, suction)

- Allow entry of essential staff only
- Put on gown
- Put on particulate respirator (e.g. EU FFP2, US NIOSH-certified N95) if available
- Put on eye protection, and then put on gloves
- Perform planned procedure in an adequately ventilated room

BEFORE PATIENT ENTRY TO DESIGNATED AREA (isolation room or cohort)

- Post restricted entry and infection control signs
- Provide dedicated patient equipment if available
- Ensure at least 1 metre (3.3 feet) between patients in cohort area
- Ensure local protocol for frequent linen and surface cleaning in place

BEFORE ENTERING DESIGNATED AREA (isolation room or cohort)

- Put on medical/surgical mask
- Clean hands

The above applies to visitors also

BEFORE LEAVING DESIGNATED AREA (isolation room or cohort)

- Remove any personal protective equipment (gloves, gown, mask, eye protection)
- Dispose of disposable items as per local protocol
- Clean hands
- Clean and disinfect dedicated patient equipment and personal equipment that has been in contact with patient
- Dispose of viral-contaminated waste as clinical waste

The above applies to visitors also

BEFORE DISCHARGE OF CONFIRMED OR SUSPECTED CASE

- Provide instruction and materials to patient/caregiver on respiratory hygiene/cough etiquette
- Provide advice on home isolation, infection control and limiting social contact
- Record patient address and telephone number

AFTER DISCHARGE

- Dispose of or clean and disinfect dedicated patient equipment as per local protocol
- Change and launder linen without shaking
- Clean surfaces as per local protocol
- Dispose of viral-contaminated waste as clinical waste

[#]See instructions on the back side for additional information and references. Equipment on this checklist is recommended if available.

This checklist is not intended to be comprehensive.

Additions and modifications to fit local practice are encouraged.

tolerable to patient

BEFORE EVERY PATIENT CONTACT

- Put on medical/surgical mask
- Clean hands
- Put on eye protection, gown and gloves if there is risk of exposure to body fluids/splashes
- Clean and disinfect personal/dedicated patient equipment between patients
- Change gloves (if applicable) and clean hands between patients

IF USING AEROSOL-GENERATING PROCEDURES

ALSO (e.g. intubation, bronchoscopy, CPR, suction)

- Allow entry of essential staff only
- Put on gown
- Put on particulate respirator
(e.g. EU FFP2, US NIOSH-certified N95) if available
- Put on eye protection, and then put on gloves
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**BEFORE PATIENT ENTRY TO DESIGNATED AREA
(isolation room or cohort)**

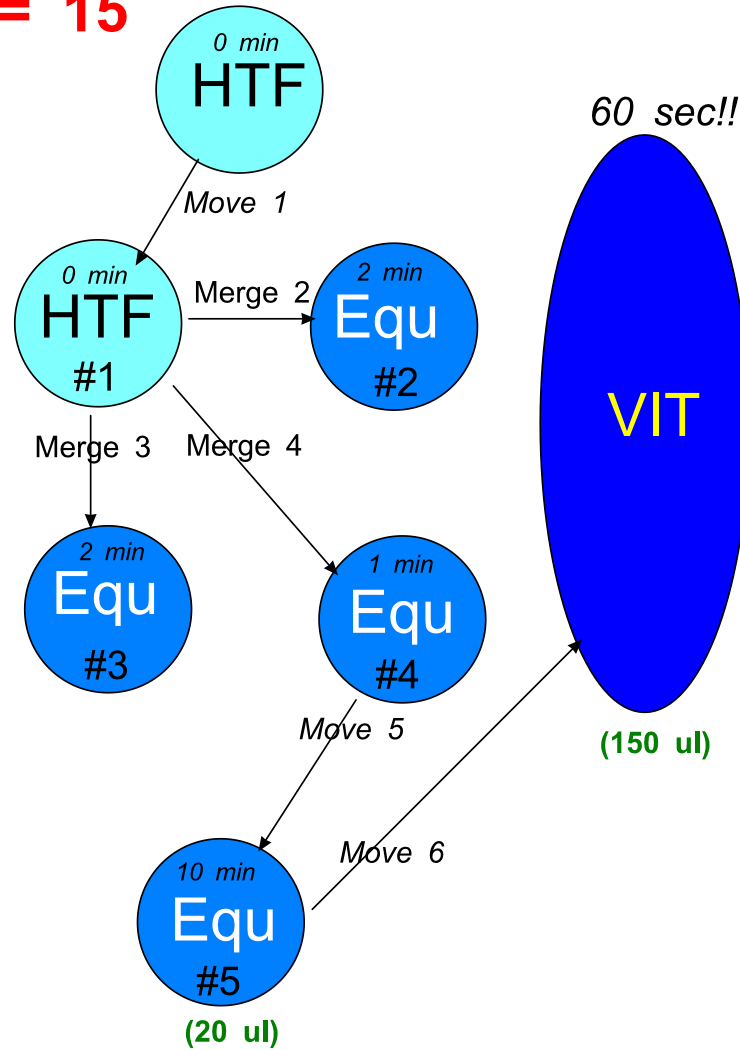
Graphical Checklists

- Show Critical Steps
- Show Steps Prone to Error
- Use Shapes
- Use Colors
- Consistent Style
- Time Box
- KISS
- Modify After Use

Egg Vitrification

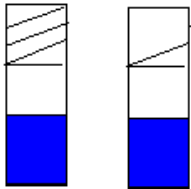
TIMER = 15

Item	When to Perform
Move 1	Immediate
Merge 2	Start Timer 15 min
Merge 3	13
Merge 4	11
Move 5	10
Move 6	0
VIT	60 sec max for VIT
Plunge IN2	Exposure to plunge



Blastocyst Freezing

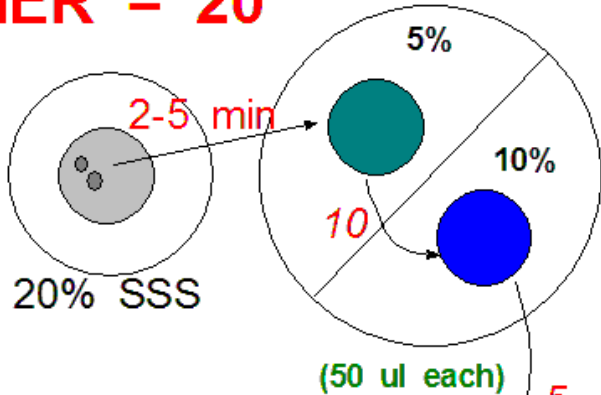
TIMER = 20



0.7 ml

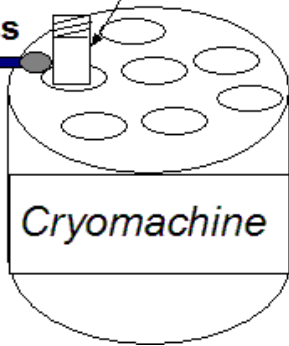
Embryo Vial Test Vial

Doe, Jane
5678A
1/1/11
2 Blasts



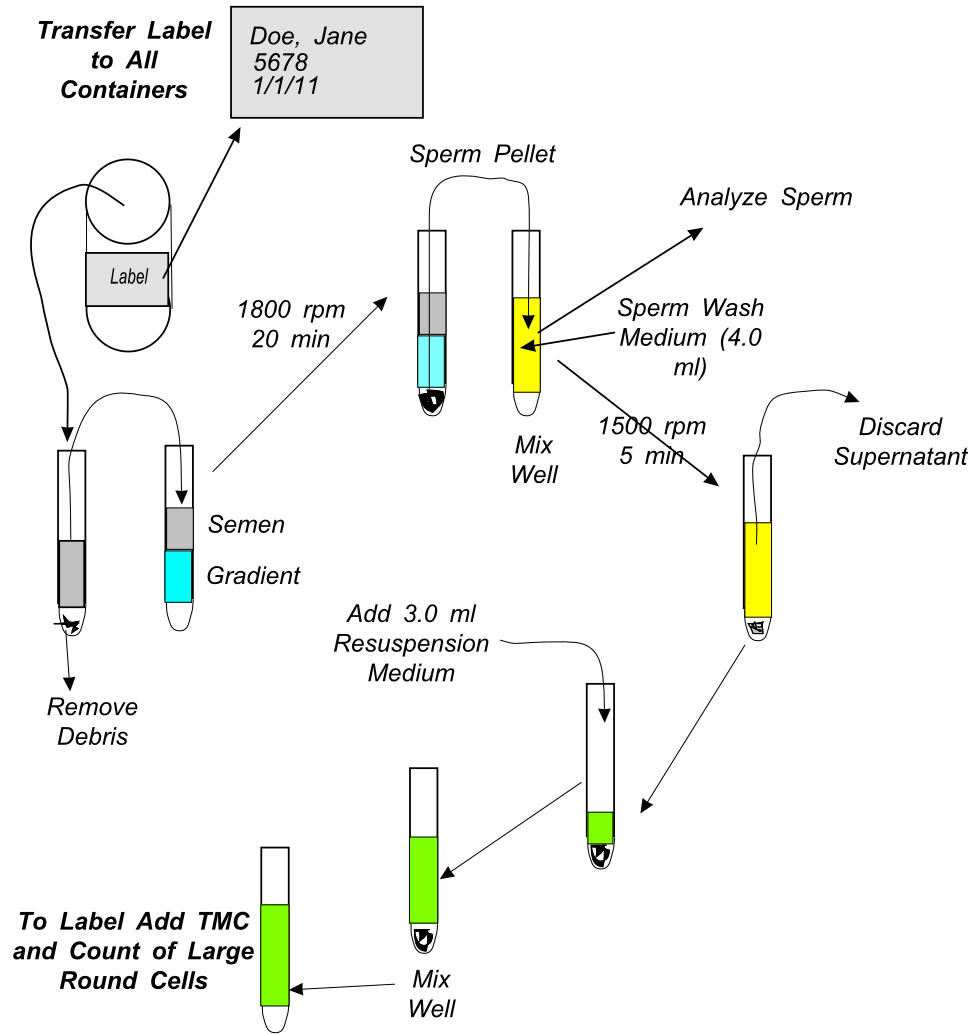
Seed at -6.0 C
for 4 secs

Run Program



Item	When to Perform
20% SSS	2-5 min
Into 5%	Start Timer
Into 10%	10
Load Vial	5
Place Vials into Chamber	5
Start Program	0
Seed	When vial at -6 C; about 17 min
Plunge	When finished; about 120 min from seed; -37 C

Gradient Sperm Prep



A CHECKLIST FOR CHECKLISTS

Development

- Do you have clear, concise objectives for your checklist?

Is each item:

- A critical safety step and in great danger of being missed?
- Not adequately checked by other mechanisms?
- Actionable, with a specific response required for each item?
- Designed to be read aloud as a verbal check?
- One that can be affected by the use of a checklist?

Have you considered:

- Adding items that will improve communication among team members?
- Involving all members of the team in the checklist creation process?

Drafting

Does the Checklist:

- Utilize natural breaks in workflow (pause points)?
- Use simple sentence structure and basic language?
- Have a title that reflects its objectives?
- Have a simple, uncluttered, and logical format?
- Fit on one page?
- Minimize the use of color?

Is the font:

- Sans serif?
- Upper and lower case text?
- Large enough to be read easily?
- Dark on a light background?

- Are there fewer than 10 items per pause point?

- Is the date of creation (or revision) clearly marked?

Validation

Have you:

- Tried the checklist with front line users (either in a real or simulated situation)?
- Modified the checklist in response to repeated trials?

Does the checklist:

- Fit the flow of work?
- Detect errors at a time when they can still be corrected?
- Can the checklist be completed in a reasonably brief period of time?
- Have you made plans for future review and revision of the checklist?