Disclaimer: This list only highlights a small fraction of the many Ongoing QI projects at our institution.

Difficult Airway Response Team: A core group of Anesthesiologists (residents and Attendings) and other peri-operative/ airway specialists (ENT, EM, CCM, etc) are starting a Difficult Airway Response Team initiative/Committee at Parkland Hospital. The goal of the committee is to review and collect data on patients who are deemed to have a difficult airway. Once the data is collected the committee will continue to track these patients to gather data regarding the most common factors that cause a difficult airway in our community and also how these factors change over time in the patient population. The committee hopes to also work with IT to create Best Practice Alerts (BPAs) centered around identifying these patients. Furthermore, tracking these patients allows us to remove said label from their EMR if they are no longer deemed a difficult airway.

Parkland ED Bounceback study: This project is aimed at tracking the rates of bounce backs to the Emergency Department of patient who have had ambulatory surgery and are bouncing back with symptoms related to complications of surgery/anesthesia, such as Post-Operative Nausea & Vomiting.

ICU Central Line Infections: This project is aimed at tracking the rates of ICU Central Line infections at our institutions and associated risk factors. This data can give insight on how to reduce said risk factors.

Pain Clinic Wait Time: The aim of this project is to decrease the Waiting List for new patients at our community Pain Clinic

ICU Proning: The aim of this project is to assess the frequency of proning patients for Acute Respiratory Distress Syndrome at our institution and look for the barriers, if any, preventing this from occurring more frequently.

ICU Handoff: This project is aimed improving the quality of OR to ICU, and eventually ICU to OR, handoff between medical personnel. As the structure for the formal handoffs improve consistently, the study participants hope to assess whether or not the improvement in handoffs leads to improved patient outcomes.

NICU handoff: Currently at our institution there is no formal Anesthesia to NICU handoff after a neonate is born to a high risk parturient. It is important know how the mother tolerated anesthesia and the complications dealt with on our end in order to know what to expect from the neonate. Thus this study aims to institute an immediate Anesthesia to NICU provider handoff protocol after it is determined that the neonate warrants ICU care.

Knee Surgery Blocks: This study aims to compare Adductor Canal vs Femerol nerve block in knee surgery.

Streamlining care and delivery planning of pregnant patients with complex comorbidities:

• Problem:

- Timely coordination of care of pregnant women with complex comorbidities between OB anesthesiology of obstetric services at Parkland
- Communication of a patient's complicated status amongst covering anesthesiology faculty

Project:

- Timely coordination of care of pregnant women with complex comorbidities between OB anesthesiology of obstetric services at Parkland
- Communication of a patient's complicated status amongst covering anesthesiology faculty

