Visualizing Safety: Development and Implementation of an ECMO Rapid Identification Tool

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Background: As ECMO volume and case cornplexity continue to increase, providers are frequently tasked with rnanaging critically ill patients requiring rnultiple sirnultaneous life-support rnodalities. In our high volume ECMO center, this cornplexity creates a significant workload and increases the potential for cornrnunication gaps, variability in practice, and rnissed clinical cues. We identified an opportunity to irnprove situational awareness through the development of a visual bedside aid that allows rapid identification of critical ECMO pararneters, configuration, and patient specific-support information. Toe ECMO Rapid Identification (ERI) Tool was developed as a quality irnprovernent initiative airned at enhancing cornrnunication, standardizing safety practices, and providing healthcare professionals with a readily accessible reference during daily patient care and shift handoffs.

Objective/Aim: Toe objective of this project was to irnplement the ECMO Rapid Identification (ERI) Tool as a bedside visual reference and evaluate its usefulness for quickly identifying essential ECMO information at the bedside.

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Methods: Toe quality irnprovement project ran for 16 weeks. During the planning phase, the ERI Tool was developed and reviewed with the ECMO Medical Director, ECMO APP tearn, Cardiothoracic Intensive Care Unit (CTICU) leadership, ECMO Specialists, and primary ECMO nurses to identify safety priorities and workflow needs. Toe tool was soft launched for two weeks, and ECMO clinicians cornpleted a survey on usability, content, and workflow fit.

Feedback was used to revise the draft into a larninated hard-copy tool that was attached to the

circuit. Over the four-week evaluation period, all ECMO patients were tracked for tool use and cornpletion. Ongoing refinernent was supported through informal stakeholder interviews, weekly ernail updates, open-in-person discussions, and regular rneetings with the ECMO research and CTICU leadership to review progress and address gaps.

Results: Irnplernentation of the ECMO Rapid Identification (ERI) Tool was successfully cornpleted following a two-week soft launch and stakeholder-driven revision process. Initial adoption by ECMO clinicians has been favorable, with consistent utilization observed across ECMO patients and positive informal feedback regarding visibility, accessibility, and cornrnunication support. Early observations identified opportunities for irnprovernent, including ensuring tirnely updates and incorporation of additional fields such as date/tirne/initial with patient room nurnber to irnprove accuracy and situational awareness. Formal evaluation oof tool utilization, staff perceptions, and irnpact on cornrnunication and safety practices is ongoing, with final analysis scheduled following cornpletion of the four-week evaluation period.

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