**Supplement. Do-Study-Act Cycles During Development of Bundled Care**

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| Cycle 1 | Plan: Initial interventions in bundled care | Do: Testing of interventions in a simulated setting | Study: Identifying reasons  | Act: Implementing changes |
| Pre-intubation checklist to include apneic oxygenation | 1) The checklist prompted the use of apneic oxygenation 2) There was a need to switch the connection to oxygen source when using apneic oxygenation after bag-valve-mask ventilation 3) The team was unable to use correct flow rates for apneic oxygenation | 1) The checklist was a step-by-step guide which was familiar to users2) One oxygen source was inadequate for both bag-valve-mask ventilation and apneic oxygenation3) It was difficult to remember different flow rates of apneic oxygenation for different age groups | 1) Pre-intubation checklist incorporated in bundled care2) Addition of an oxygen source to resuscitation bay3) Putting up a reminder next to oxygen source for rates of apneic oxygenation for different age groups |
| Incorporate into responsibilities of airway doctor and airway nurse | The airway doctor and airway nurse did not actively perform apneic oxygenation | There was ambiguity in whose responsibility it was to perform apneic oxygenation between airway doctor and airway nurse | Airway nurse would co-pilot with airway doctor for apneic oxygenation, allowing the nurse to initiate apneic oxygenation |
| Reinforce documentation of intubation process to include apneic oxygenation | The documentation of intubation process was inconsistent for apneic oxygenation | The documentation for intubation process was done using free-text  | Use of required fields to enhance documentation of the intubation process, with the addition of a checkbox for apneic oxygenation |
| Education for doctors during airway workshop and for nurses during departmental update  | The airway doctor and airway nurse were uncoordinated when facilitating apneic oxygenation | The training of doctors and nurses was separated, resulting in a lack of concerted effort by airway doctor and airway nurse | Education during airway workshop and simulation training for both doctors and nurses together in the same setting |
| Cycle 2 | Plan: Revised interventions in bundled care | Do: Testing of interventions in a simulated setting | Study: Identifying reasons  | Act: Implementing bundled care |
| 1) Addition of an oxygen source to resuscitation bay2) Putting up a reminder next to oxygen source for rates of apneic oxygenation for different age groups | 1) Apneic oxygen could be carried out smoothly following bag-valve-mask ventilation2) The flow rates were administered correctly | 1) An additional oxygen source was required for apneic oxygenation2) Reminders by the oxygen source provided an easy reference for apneic oxygenation | 1) An additional oxygen source was added to the resuscitation bay in bundled care2) Reminders for flow rates of apneic oxygenation was added to the resuscitation bay next to oxygen source in bundled care |
| Airway nurse would co-pilot with airway doctor for apneic oxygenation, allowing the nurse to initiate apneic oxygenation | Airway nurse would initiate and perform apneic oxygenation unless instructed otherwise by the airway doctor | The airway nurse had autonomy to perform apneic oxygenation, reducing cognitive load of the airway doctor | Co-piloting was incorporated in bundled care |
| Use of required fields to enhance documentation of the intubation process, with the addition of a checkbox for apneic oxygenation | The documentation process for intubation was consistent for apneic oxygenation | The use of required fields mandated that documentation be done in a fixed manner with inclusion of apneic oxygenation | Enhancement in documentation of the intubation process was incorporated in bundled care |
| Education during airway workshop and simulation training for both doctors and nurses together in the same setting | The airway doctor and airway nurse were uncoordinated when facilitating apneic oxygenation | By training together, airway doctor and airway nurse were able to work in a concerted effort to perform apneic oxygenation  | Education during airway workshop and simulation training for both doctors and nurses together were incorporated in the bundled care |