**Supplementary File 2**

**Date: June 2017 Cycle: 2**

**Aim:** (Big = what is the overall goal you are trying to achieve? Small= what is the first step?)

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| **Big aim: By November 2017, 80% of mechanically ventilated patients that meet the spontaneous awakening trial (SAT) criteria are to have a sedation hold of both their propofol & alfentanil between the hours of 09.00hrs & 12.00hrs until achieving a RASS score of -1 or above.** |
| **Small aim: To enhance confidence & use of SAT criteria & sedation hold process in a timely manner** |
| **Describe what your first test of change will be**(*Every goal will require multiple tests of change)* | **Person responsible** | **When will the test take place?** | **Where will the test take place?** |
| * Raise further awareness of SAT criteria & sedation hold process
* Introduce new time frames & establish usability of new sedation hold process
 | Donna FerraioliLaura Ferguson  | Mon-Fri during the month of June 2017 | On any patient that meets the criteria in ITU. |

**Plan:**

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| **List the tasks needed to set up this test of change***(include getting ready to measure)* | **Person responsible** | **When to be done?** | **Where?** |
| * Provide education and support to all staff carrying out a sedation hold
* Engage staff in process of sedation hold & welcome feedback
* Provide SAT criteria
* Provide new step by step sedation hold instructions
* Collect balancing measures/adverse event information
* Redesign tool to test the updated process
 | Donna FerraioliLaura Ferguson  | June 2017 | ITU  |
| **Predict what will happen when you carry out your test** | **How will you know whether the change is an improvement?***(What will you measure and how?)* |
| * Patients will be highlighted for SAT quicker
* More patients will have a sedation hold by the time frame stated
 | * **Collect data on all mechanically ventilated patients to assess if sedation hold carried out & if process steps were met.**
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**Do:**

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| **Describe what actually happened when you ran your test** *(note any unexpected events or problems)* |
| **Time scales for identifying patients & confirming patients improved vastly from 86% to 25%** **Issue highlighted with exclusion criteria for cardiac arrest patients** **Feedback from staff advised numbering process steps**  |

**Study:**

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| **Describe your results and how they compared to your prediction** |
| **Revised time scale proved more achievable****All patients in cycle 2 had a complete sedation hold.****No adverse events were reported**  |

**Act:**

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| **From your learning above, what modifications you will make to your plan for the next cycle of tests** |
| **Continue with revised timeframe****Re design process steps to encompass staff feedback** **Change exclusion criteria for cardiac arrest patients to out of hospital cardiac arrest patients only** |