



David W Roberson, MD, FACS, FRCS
 Boston Children's Hospital
 Harvard Medical School

On behalf of
The GTC steering committee



GTC Steering Committee and Friends
 Boston, MA, April 2015

ISQua
 Doha, Qatar
 October 6, 2015



Thanks to




Boston Children's Hospital
 Dept of Otolaryngology




What's the problem?

ISQua
 Doha, Qatar
 October 6, 2015



What's the problem?

Tracheotomy-Related Catastrophic Events: Results of a National Survey
 Preety Das, BA*; Hannah Zhu, BA; Rahul K. Shah, MD; David W. Roberson, MD; Jay Berry, MD, MPH; Margaret L. Skinner, MD
Laryngoscope, 122:30–37, 2012

Surveillance and Management Practices in Tracheotomy Patients
 Hannah Zhu, MS (Hons)*; Preety Das, MS (Hons); Jean Brereton, MBA; David Roberson, MD; Rahul K. Shah, MD
Laryngoscope, 122:46–50, 2012

What's the problem?

Tracheotomy-Related Catastrophic Events: Results of a National Survey. *Laryngoscope*, 122:30–37, 2012

- “Child with T-tube style trach found dead with trach on floor moments before mother was to take child home. Blamed on trach tie being too loose.”
- “Accidental decannulation at home of an infant with ventilator dependence due to pulmonary hypertension and resulting hypoxia leading to brain death.”
- “Death-mucous plugging at home in child with trach and grade 4 subglottic stenosis.”

What's the problem?

Anecdotes

ISQua
Doha, Qatar
October 6, 2015



Can we do better?

ISQua
Doha, Qatar
October 6, 2015



Can we do better?

Improving tracheostomy care: a prospective study of the multidisciplinary approach

Cetto, R.,* Arora, A.,¹ Hettige, R.,* Nel, M.,¹ Benjamin, L.,² Gomez, C.M.H.,³ Oldfield, W.L.G.⁴ & Narula, A.A.*

Departments of *Otorhinolaryngology, ¹Physiotherapy, ²Outreach and Resuscitation, ³Intensive Care Medicine, and ⁴Respiratory Medicine, St. Mary's Hospital, Imperial College Healthcare NHS Trust, London, UK

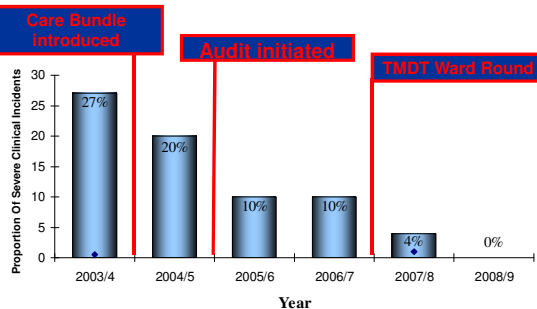
Accepted for publication 1 August 2011
Clin. Otolaryngol. 2011, 00, 00-00

ISQua
Doha, Qatar
October 6, 2015



Can we do better?

Serious clinical incidents



Can we do better?

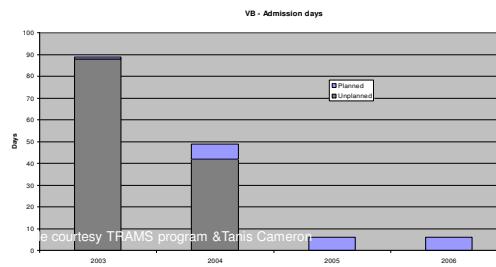
TRAMS Austin Health

Tracheostomy Review and Management Service

- A stand-alone tracheostomy consult service
- Institution-wide protocol-based care
- “Trach days” for staff education
- Accessible educational resources
- Equipment standardization

Can we do better?

Trach-related admissions: Unplanned vs Planned – TRAMS



What's the secret to better outcomes?

Meta-level interventions

- MDT
- Protocols/ standardization
- Staff education
- Patient/ family involvement

ISQua
Doha, Qatar
October 6, 2015



What's stopping us?

ISQua
Doha, Qatar
October 6, 2015



What's stopping us?

- “A tracheostomy is a piece of plastic which lives at the precise intersection of ten different disciplines.”

ISQua
Doha, Qatar
October 6, 2015



What's stopping us?

- “A tracheostomy is a piece of plastic which lives at the precise intersection of ten different disciplines.”
- No ‘ownership’

ISQua
Doha, Qatar
October 6, 2015



What's stopping us?

- “A tracheostomy is a piece of plastic which lives at the precise intersection of ten different disciplines.”
- No ‘ownership’
- True multidisciplinary care requires

ISQua
Doha, Qatar
October 6, 2015



What's stopping us?

- “A tracheostomy is a piece of plastic which lives at the precise intersection of ten different disciplines.”
- No ‘ownership’
- True multidisciplinary care requires
 - We adjust our schedules
 - We give up some control
 - We prioritize care > department and academic needs

ISQua
Doha, Qatar
October 6, 2015



What's a QI Collaborative?

A partnership of hospitals designed to:

- Rapidly disseminate known improvements
- Share data and benchmark
- Share/ test novel improvement strategies
- Share/ test implementation strategies

ISQua
Doha, Qatar
October 6, 2015



How does a QI Collaborative work?

A typical scenario

- Hospitals commit and appoint "champions"
- Often a physical kickoff meeting
- Monthly conference calls/webinars
- Collect data, share outcomes, benchmark

ISQua
Doha, Qatar
October 6, 2015



How does a QI Collaborative work?

A typical scenario

- Hospitals commit and appoint "champions"
- Often a physical kickoff meeting
- Monthly conference calls/webinars
- Collect data, share outcomes, benchmark

ISQua
Doha, Qatar
October 6, 2015



GTC Steering Committee

- US, Sweden, UK, Singapore, Australia
- ENT, Pulmonary, ICU, Pediatrics, Nursing, Speech, Physio/ RT, Family member
- Tracheostomy and QI experts

ISQua
Doha, Qatar
October 6, 2015



Date	Milestone
July 2012	1 st Organizational meeting
April 2013	2 nd Organizational meeting
Fall 2013	Beta test database

GTC member hospitals: Expectations

- Leadership commitment
- Annual fee
- Attend a kickoff meeting
- Appoint champions
- "Key drivers"
- Collect data

ISQua
Doha, Qatar
October 6, 2015



GTC “Key Drivers”

- Multidisciplinary Team Care
- Standardization/ Protocols
- Staff Education*
- Patient/ Family Involvement

ISQua
Doha, Qatar
October 6, 2015



Database

- Minimum dataset for new trachs (~ 10 minutes)
- Emphasis on co-morbidities
- Optional data includes
 - Readmissions*
 - Expanded database**
- Regular* reports and comparisons
- Ultimately -> benchmarking
- Hospitals own their data

ISQua
Doha, Qatar
October 6, 2015



Date	Milestone
July 2012	1 st Organizational meeting
April 2013	2 nd Organizational meeting
Fall 2013	Beta test database
April 2014	USA kickoff (Boston)
July 2014	UK kickoff (London)
Oct 2014	Australasia kickoff (Melbourne)
Sept 2015	>750 patients in database
Oct 2015	Beta testing readmit database

