



Information for Hospitals wishing to join The Global Tracheostomy Collaborative (GTC)

What is a Quality Improvement Collaborative? (QIC)

A QIC is a group of hospitals who

- Agree to work together to rapidly disseminate improvement strategies
- Track their outcomes and share data
- Work together for the purpose of improving care for everyone

Why is a QIC needed around tracheostomy care?

- Tracheostomy care is high risk with significant morbidity and mortality
- Some hospitals have shown great improvement around tracheostomy care including the implementation of tracheostomy teams
- Hospitals that would like to improve don't have ready access to experts and best practices
- It is currently difficult to benchmark tracheostomy care results across institutions

What is the Global Tracheostomy Collaborative? (www.globaltrach.org)

- A multidisciplinary team of physicians, nurses, allied health clinicians and patients/caregivers from 9 countries working together to disseminate best practices and improve outcomes. Dr David Roberson, ENT specialist, from Harvard is the lead on the collaborative.

What are the goals of the Global Tracheostomy Collaborative (GTC)?

To improve tracheostomy care for children and adults worldwide by:

- Rapidly disseminating evidence-based protocols and checklists for tracheostomy care from successful hospitals.
- Encouraging all hospitals to create multidisciplinary trach care teams
- Creating outcome-based metrics and gathering data to allow hospitals to compare their performance and track improvement.
- Conduct worldwide research projects to guide future improvements.

Why Should My Centre Join the GTC?

- Implement or expand upon best practices at your centre
- Participate in the GTC tracheostomy database which will allow you to
 - track your tracheostomy care across your centre
 - benchmark with others centres
 - monitor adverse events
 - track changes in outcomes as you implement interventions
- Receive support and education from international experts

Should we still join if we already have a Tracheostomy Team or systems in place?

- Absolutely – all centres regardless of level of expertise or coordination will benefit from joining the GTC to allow their centre to benchmark, to try new interventions and to evaluate risks, improve quality. If your centre already has teams and protocols in place, the GTC will give you the opportunity to share what you have learned with many other centres worldwide.

What is required to participate in the GTC?

Part One: To join and to get started

- Institutional-level commitment. Please provide a letter signed by an appropriate leadership individual (CEO, COO, Patient Safety Officer) at your institution committing to full participation in the collaborative, specifically mentioning:
 - A commitment to send the “champions” to a kickoff meeting in Boston (April 26, 2014).
 - A commitment to an institution-wide, multidisciplinary trach care management process
 - A commitment to entering, at a minimum, all new tracheostomy patients into the collaborative database.
 - A commitment to paying for collaborative membership for at least two years (\$3500 for year one, \$5000 for subsequent years)
- Name a minimum of two “champions” to lead the process. At a minimum, one physician and one allied health professional with both tracheostomy and leadership experience. We encourage you to consider including a patient or family representative as a champion.
- Respond to a questionnaire from the GTC with information on your centre including type of facility, case mix, number of beds, existing tracheostomy care models/protocols.
- If required by your institution, inform your IRB or ethics committee of your participation

Part Two: Commitment by champions

- At least two champions from each institution must attend a kickoff meeting. Currently kickoff meetings are planned in Boston in April 2014, and in Australia in October 2014.
- Champions must attend monthly conference calls of all participating institutions on their continent to update each other on progress, discuss problems or concerns, educate each other.
- Champions commit to working with all services to improve processes and overcome obstacles.

Part Three: Commitment to change at your institution

- Establish a tracheostomy care leadership team, including
 - The “champions” you have named to lead the process
 - Representation from all physician and non-physician departments who are significantly involved in tracheostomy care at your institution. These will vary by institution but might include ENT, General Surgery, Thoracic Surgery, ICU/ITU, Pulmonary, Nursing, Speech pathology, Respiratory Therapy, Physiotherapy, and others.
 - We encourage institutions to include a patient or family members as a champion and/or member of the leadership team.
- Set local goals for care improvement. These will be institution-specific, but might include
 - Shorter time to decannulation
 - Fewer critical incidents on inpatient wards
 - Fewer ED visits / admissions for patients living at home with trachs
 - Better patient satisfaction with care
- Develop institution-wide uniform protocols for tracheostomy management and care, aimed at improvement in your institution’s goals
- Audit compliance with these protocols.

- Enter (at a minimum) all new tracheostomy patients into the collaborative database
- Regularly review your data, and revise processes based on outcomes.
- Share your findings and processes with the collaborative on monthly conference calls.

What Happens Once You Join? Step 1: Interventions menu

Interventions Menu

Each institution will choose those interventions they feel are applicable and likely to create the biggest impact at their institution. **It is not necessary to adopt all of the following interventions to participate in the collaborative.**

A. Create a coordinated approach to tracheostomy care across disciplines

- Your tracheostomy leadership team should meet to discussing these issues
- Options of suggested models of care include
 - Documentation of how all parties work together
 - Formation of Tracheostomy Team
 - Specialist wards for tracheostomy care
 - Specialist nurse liaison role (Respiratory, ICU or ENT)

B. Create/Implement Centrewide Interdisciplinary Tracheostomy Policy and Procedures

- This set of documents should be unique to the institution and patient mix
- Topics and examples available via GTC
- Regularly audit compliance with tracheostomy policies and procedures

C. Provide Coordinated Interdisciplinary Education

- The education must reflect the policies and procedures in place at your institution

D. Implement Tracheostomy Quality and Risk Management Systems

- Record all significant incidents
- Emergency management training including simulation
- Adverse events monitoring and algorithms

E. Consumer Participation

- Establish patient advocates, family input for policy, procedure and education material
- Use surveys to establish where problems exist and to evaluate changes in service
- Have formal process for accessing these consumers

What Happens Once You Join?

Step 2: GTC database and support

The GTC Database and Support

- Entering, at a minimum, all new tracheostomy patients into the Collaborative database is mandatory.
- Collection of data on readmitted patients and outpatient care is optional.
- The GTC database uses REDCap software (www.redcap.com) and is HIPPA compliant. Data is owned by the GTC and is stored at Vanderbilt University. You do not need to purchase REDCap at your centre.
- You will download the database interface and enter data on a desktop, laptop or tablet.
- You will have the ability (working with GTC staff) to customize additional data elements at your institution if you desire.
- The GTC will provide database support
- All data is de-identified at the source. Only your centre have access to the original de identified patient data from your institutions. You will have direct access to all your local data listed on the REDCap database.
- You will always own your own centre's data and will always be free to publish using your own data. However, the Collaborative will own the aggregate data and will analyse and publish aggregate results.
- Your centre's data will never be shared with other centres, identified to other centres or identified in any publications or presentations.
- The Collaborative will issue regular reports allowing you to
 - Track your progress from year to year
 - Compare yourself against the aggregate performance of other institutions.

Monthly calls or webinars

- The GTC will host monthly conference calls or webinars for collaborative members to share their experiences, provide feedback to the GTC and each other

We are incorporated as a 501(c)(3) not for profit in the US. IRS determination on tax deductibility of donations is pending as of September 2013.

Please visit our website www.globaltrach.org or email info@globaltrach.org for more information.