



THE GLOBAL TRACHEOSTOMY COLLABORATIVE

BETTER CARE EVERYWHERE

ORGANIZATIONAL BACKGROUND

WHO WE ARE

A global Quality Improvement Collaborative (QIC) for tracheostomy patients.

OUR MISSION

Improving the care of adults and children with a tracheostomy.

OUR VISION

A multidisciplinary team of physicians, nurses, respiratory therapists, speech therapists and patients working together to disseminate best practices and improve outcomes around tracheostomy care.

WHAT IS A QIC?

A group of hospitals who agree to rapidly disseminate improvement strategies, track outcomes, share data and work together to improve care.

NOT-FOR-PROFIT

Incorporated as a 501(C)(3) organization in the USA (anticipated Feb. 2013).

HISTORY

The Collaborative was formed by Dr. David Roberson, an ENT specialist at Harvard, following research which demonstrated the frequency of tracheostomy related adverse events. He contacted specialists around the world, whose enthusiastic support led to a first meeting in Glasgow, Scotland in July 2012.

WHAT ARE TRACHEOSTOMIES?

Tracheostomies are surgically created holes that pass from the front of the neck into the trachea, or windpipe. These may be temporary in the case of airway emergencies or long term depending on a patient's condition or overall health.



WHY IS THERE A NEED FOR IMPROVEMENT IN TRACHEOSTOMY CARE?

Several hundred patients die of tracheostomy-related events annually in the US. Most deaths occur at home and are potentially preventable with better patient and family education, coordinated care and support. In addition, because tracheostomies require care from multiple specialties, patients often experience disorganized, fragmented and needlessly expensive care.



WHAT WILL THE COLLABORATIVE ACCOMPLISH?

The Collaborative believes there are tremendous opportunities for improving tracheostomy care worldwide. This will be accomplished by:

1. Rapidly disseminating evidence-based protocols and checklists for tracheostomy care from successful hospitals.
2. Creating outcome-based metrics and gathering data to allow hospitals to benchmark their performance and track improvement.
3. Using our network of hospitals to conduct research projects to guide future quality improvement initiatives.

WHAT HAS BEEN DONE SO FAR?

The first organizational meeting of the Collaborative was held in Glasgow, Scotland in July 2012. Incorporation as a 501 (C) (3) not-for-profit organization in the USA is anticipated in February 2013 with a multidisciplinary board of directors. An international team of physicians, nurses, therapists and parents have begun working in structured teams.

THE BOTTOM LINE

Tracheostomy-related morbidity and mortality is preventable. The Global Tracheostomy Collaborative is a cost-effective means of disseminating best practice to deliver tangible improvements in tracheostomy care worldwide.