THE GLOBAL
TRACHEOSTOMY
COLLABORATIVE
BETTER CARE EVERYWHERE

Join Us!
The
Global Tracheostomy
Collaborative

Angelo,
Age 12

David Roberson
Founder & President
Delaware, United States

Diane O'Toole
Executive Director
Massachusetts, United
States

Antony Narula
Chair
London, United Kingdom

Tanis Cameron
Vice Chair
London, United Kingdom

Michael J. Brenner
Treasurer
Ann Arbor, Michigan
•
BOARD OF
DIRECTORS

Patrick Bradley
Nottingham, United Kingdom

Ed Marram
Massachusetts, United States

Alfred Smith
Connecticut, United States

Nan Moore Smith
Connecticut, United States

Marcia Wagner
Massachusetts, United States

Erin Ward
Methuen, MA, United States

Dear Prospective Hospital Member,

Thank you for your interest in joining the Global Tracheostomy Collaborative. Allow me to introduce myself; I am a pedidatric otolaryngologist and am President of the Global Tracheostomy Collaborative. My colleagues join me in extending this invitation to join the GTC.

In brief, as you already know, children and adults with a tracheostomy often experience fragmented care and preventable mishaps, some catastrophic. Very few of the preventable adverse events are due to poor surgery or surgical care; most typically the problems relate to the fact that multiple services are involved, patients and families receive mixed messages from different services (e.g. respiratory and ENT), and not all caregivers are fully educated about tracheostomy care.

Several hospitals around the world have shown that with highly structured, multi-disciplinary care, it is possible to radically improve both the patient/family experience and reduce adverse events.

The purpose of our QI collaborative is to create a learning community of hospitals and health care providers, involving all relevant specialities, and commit ourselves to creating genuinely multidisciplinary, integrated care models for all patients with tracheostomies, whether temporary or permanent, pediatric or adult. We anticipate hearing about different models of care and all learning from each other.

We would love to have you and your institution on board and we are sure you will have a lot to offer. The following pages include detailed instructions on how to proceed with membership activation. As a member hospital, you will receive access to the GTC; members' portal, interventions menu, webinars, and the GTC Redcap Database.

Please do not hesitate to contact me or GTC Executive Director Diane O'Toole at dotoole@globaltrach.org if you have any questions.

Sincerely,

David Roberson, MD, FACS

Founder and President,
The Global Tracheostomy Collaborative

droberson@globaltrach.org

welcome

Emi with parents,
Age 2

contents

Tavish,
Age 10

why should your institution join the 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 mobility 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, best practices, or a robust, simple to use tracheostomy database.
- 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 many countries working together to disseminate best practices and improve outcomes. Dr David Roberson, ENT specialist, 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 a user friendly database to enable hospitals to gather data, to compare their performance, and track improvements
- Conducting worldwide research projects to guide future improvements

Why should my centre join the GTC?
- To implement or expand upon best practices at your centre
- To receive support education from international experts
- To gain access to the members only portal on the GTC website
- To receive the GTC tracheostomy database which will allow you to
    - Track your tracheostomy care across your center
    - Benchmark with other centers
    - Monitor adverse events
    - Track changes in outcomes as you implement interventions

Should we still join if we already have a tracheostomy team or systems in place?
- Absolutely – all centers regardless of level of expertise or coordination will benefit from joining the GTC to allow their center to benchmark, to evaluate new interventions and to improve quality. If your center already has teams and protocols in place, the GTC will give you the opportunity to share what you have learned with many other centers worldwide.

A guide to navigating your ethics committee or review board

Introduction:

Welcome to the Global Tracheostomy Collaborative (GTC)! We are excited to welcome you to an exciting new quality improvement collaborative to help improve the care for children and adults with tracheostomy. The following is a guide to help you navigate the ethics committee or institutional review board at your institution.

In the spirit of quality improvement, the data collected as part of the GTC's Quality Improvement Database is intended to inform member institutions about their clinical practices and assist them in improving patient safety and quality. However, we recognize that participation in the GTC Quality Improvement Database, involves accessing a patient's medical record, abstracting sensitive and protected health information, and sharing this de-identified data with the collaborative. Thus, we anticipate that different jurisdictions will have different approaches towards participation (e.g. data abstraction and data sharing) in this multi-institutional quality collaborative. Some jurisdictions may consider this a quality improvement initiative and require no formal approval or review by the ethics committee or institutional review board; while other jurisdictions may consider this clinical research and require a full formal application to the ethics committee or institutional review board.

Each new member of the GTC Quality Improvement Database is required to notify the collaborative, upon joining, that their data collection efforts are within the scope of their local ethics committee or institutional review board. Thus to help assist you in the process of reviewing your participation in the GTC Quality Improvement Database with your ethics committee or institutional review board we have provided the following guide.

Please feel free to copy and paste the text from this document directly into your correspondences with institutional ethics or institutional review board.

This guide contains 4 sections:

A. Applying to the ethics committee or institutional review board

B. Data Collection

C. Data Access and Data Storage

D. REDCAP Database Security

A. Overview of Institutional Review Board/ Ethics Committee Application

Should I notify my institutional review board /ethics committee about my hospital's participation in the GTC Quality Improvement Database?

Yes. You should discuss your hospital's participation in the GTC Quality Improvement Database with your institutional ethics committee or institutional review board representative. Each new member site is required to notify the collaborative, upon joining, that their data collection efforts are in compliance with the requirements of their institutional ethics committee or institutional review board. Please inquire with your institutional ethics committee or institutional review board about whether a formal application will be necessary, or whether on the grounds of quality improvement your participation is exempt. If, for example, your institutional ethics committee or institutional review board's representative(s) determine that your involvement constitutes quality improvement efforts, and at your institution this does not require a formal review, then likely there is no further action necessary before your site may begin to collect and submit clinical data to the GTC Quality Improvement Database. In some jurisdictions it is necessary to obtain approval from an institutional ethics committee or institutional review board for the transfer of data across jurisdictional borders. Discussing these issues with your local ethics committee or institutional review board will assist in determining what approach may be necessary.

Below, you will find supporting documentation about the quality improvement collaborative, data collection elements, and data security aspects of the GTC quality improvement database.

Please also feel free to directly copy elements from this document into your institutional ethics committee or institutional review board application, if necessary.

Does the GTC consider participation in the Quality Improvement Database to be a Quality Improvement Initiative?

Yes. The leadership of the GTC considers participation in the GTC Quality Improvement Database a quality improvement or quality assurance initiative. The goal of data collection and analysis is to assist your hospital, and other member hospitals, in making data-driven decisions to improve the quality of tracheostomy care. We anticipate that member sites will gain insights from their data, and the data of peer institutions, and translate this data into clinical improvement and patient safety initiatives. While the database may be accessed to research queries -- any individuals wishing to access the GTC database for research purposes must first submit a request to the GTC Publications Committee and any data disseminated for scholastic purposes will be de-identified of identifying patient information.

What if my institution's review committee considers participation in the GTC Quality Improvement Database a clinical research endeavor, what type of institutional review board/ethics committee application(s) should I file?

For instances where participation in the GTC quality improvement database is considered by clinical research your institutional ethics committee or institutional review board, we anticipate you will be eligible to apply as an "*exempted*" activity involving "*existing patient data or patient health information*". In situations where you are requested by your institutional ethics committee or institutional review board to submit a formal review, we would recommend selecting "*request for exemption*" or classification as '*low or negligible risk research*' as appropriate.

How does participation in the Quality Improvement Database count as an "exempted" study involving "existing patient data or patient health information"?

While varying from institution to institution, there are generally several main categories of study exemption. An exempted study traditionally means that the potential for harm as a result of participation in a study is very minimal. Typically for a study to be considered an exempted study, the study must meet one of the following criterions:

1. Research conducted in established educational settings;
2. Research involving the use of educational tests, surveys, or interviews;
3. Research, involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens;
4. Research conducted by a government agency.

Participation in the GTC Quality Improvement Database likely fits into option #3: *Research, involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens*.

The GTC Quality Improvement Database does not involve collection of biological samples, clinical trial enrollment, or distribution of pharmaceuticals. The GTC Quality Improvement Database is retrospective, meaning that all data captured contains previously collected patient health information. The results are obtained from medical record abstraction and there is no new data generated or collected as a result of participation in the database. While information obtained through participation in the GTC Quality Improvement Database may be used to drive clinical decisions (e.g., implement a safety bundle targeted towards a specific adverse event) this would be intended to improve patient care.

What should I record for "Funding Sources" and "Disclosures"?

Access to the GTC Quality Improvement Database is available to sites as a result of their membership in the GTC. GTC member sites do not receive financial compensation for participation in the study, or funding for staff member time to record data into the database. Thus, sites will likely record that this project is "internally sponsored." Please record

the appropriate financial disclosures for key members of your project team. Some member sites may have project team members who are key members of the GTC leadership group and we encourage this disclosure, albeit not as a financial relationship.

My institution is in Europe. Are there special considerations I should include in my application?

The European law currently only allows participation in the GTC database if all data exported to the GTC is de-identified, without any 'protected health information'. The law does not allow 'protected health information' to exit Europe. The database design allows European sites to select to enter only de-identified data GTC. Sites store protected health information that corresponds to record IDs in our database for their own use, but this protected health information should not be entered into our database and will not be available to the GTC. In this case, you do not need to apply for ethics committee approval to participate since you are only participating in the GTC for quality improvement purposes. However, we do advise that you inform your hospital's data protection supervisor (e.g. Caldicott guardian in the UK National Health Service) or institutional review board representative. If you wish to use your data for research or publication purposes later on, you will need to obtain ethics approval to do so as per your usual protocol.

The GTC has aspects of audit and service evaluation. If you wish to conduct specific audit projects using your GTC data, you should also check with the clinical governance office for your organisation, what other review arrangements or sources of advice apply to the project. For example, there may be standard guidelines on the conduct of clinical audit.

B. Data Collection

How are patients identified in the Quality Improvement Database?

Each subject that is entered into the GTC Quality Improvement Database will be assigned a unique identification that is automatically generated by REDCAP in a sequential manner (e.g., 1 followed by 2).

Are hospital medical record numbers used in the Quality Improvement Database?

No. The automatically generated REDCAP ID is the only identifier of patients in the database. Member sites are encouraged (so long as this is approved by their institutional ethics or institutional review board) to maintain a separate linkage between the GTC Quality Improvement Database record identification number and the patient's hospital medical record number. This is so sites can ensure that they have not made duplicate entries and so that they can conduct internal patient reviews. However, all member sites must maintain this linkage independently and should specially discuss this with their institutional review board representative. Member sites will be unable to enter unique identifier (e.g., government identification number, hospital medical record) into any part of the GTC Quality Improvement Database identification number.

What protected health information will be used in the Quality Improvement Database?

The mandatory section of the GTC Quality Improvement Database contains the following fields, which are traditionally referred to as 'protected patient health information':

- Date of Birth
- Date of Hospital Admission
- Date of Tracheostomy Tube Insertion
- Date of Hospital Discharge
- Date of Decannulation
- Date of Death

The GTC Quality Improvement Database is customizable, so that if your site's institutional review board /ethics committee prohibits you from collecting these variables, we can remove them from your site's dataset.

For a listing of all of the data variables included in the GTC Quality Improvement Database.

C. Data Access and Data Storage

How do I access the database?

The Global Tracheostomy Collaborative Quality Improvement Database is accessed via a secure web URL (redcap.vanderbilt.edu). Upon joining the Global Tracheostomy Collaborative Quality Improvement Database, each site member will receive their own unique username and password. Each user will have defined user privileges assigned to them by the GTC data management group. These privileges will be set so each member is granted the rights to view, enter, import, and export ("download") only the data entered by their site and will not have access to data from other sites.

Who else will have access to the data entered for each site?

Data entered by members of your site is visible only to you, other members of your site and to the GTC database management group. No other site will have access to your site's data. The database management group maintains access to your data for the sole purposes of data integrity, validation, and analysis. The GTC will send out data reports, however, sites will only get their own data plus comparative data, which does not allow identification or inference about the identity of other sites

How can I download the data I have entered for each site?

Each site is granted the rights to export ("download") only the data entered by their site and will not have access to the dataset entered from other sites. This ensures that no member site will have access to enter, review, or export ("download") data from other sites. The GTC will send out data reports to all participating sites. In this report sites will receive their own data plus de-identified comparative data, which does not allow identification or inference about the identity of other sites. Member sites agree not to enter any unique institutional or patient records (e.g., government identification number, hospital medical record) in any part of the GTC Quality Improvement Database. Sites should keep an internal Study ID log to link the GTC identification number with any identifying information.

How is my data stored securely in the collaborative quality improvement database?

Vanderbilt University Medical Center ("VUMC") will host the web application for managing the registry using its Research Electronic Data Capture ("REDCap") software. VUMC will establish unique user accounts, passwords and authentication for individuals authorized by GTC to submit data using REDCap. (See: www.project-redcap.org and below REDCap security summary).

D. REDCAP Data Security

What is REDCap?

The Global Tracheostomy Collaborative (GTC) quality improvement collaborative uses software from the global REDCap (Research Electronic Data Capture) consortium for data collection and management. The global consortium is composed of over 900 active institutional partners in 75 countries. The consortium supports a secure, password-protected, web-based application (REDCap) designed exclusively to support data capture for research studies. The REDCap application provides: 1) an intuitive interface for validated data entry; 2) audit trails for tracking data manipulation and export procedures; 3) automated export procedures for seamless data downloads to common statistical packages; and, 4) procedures for importing data from external sources.

How will the GTC use REDCap?

The GTC has created a secure, password-protected, web-based database for collection of patient-level tracheostomy related outcomes. The database is accessible on any Internet connection worldwide using the secure web URL (redcap.vanderbilt.edu). Users will log into the website and submit data into pre-designed fields. There are no programs or applications ("software") to download.

What types of access will each site have to the data?

When an institution joins the GTC Quality Improvement Database, each member from that site will receive their own unique site username and password for login from the GTC database management group. Each username will have user privileges assigned to it by the GTC data management group. These privileges are set so that site users will be granted the rights to export ("download") the original data entered by their site and will not have access to datasets from other sites. This ensures that no member site will have access to enter, review, or export ("download") data from other sites. The GTC will send out data reports to all participating sites. In this report, sites will receive their own data plus de-identified comparative data, which does not allow identification or inference about the identity of other sites.

How will the Global Tracheostomy Collaborative reporting protect data privacy?

Data entered by each site is visible only to that member site and to the Global Tracheostomy Collaborative database management group. No other site will have access to another site's dataset. The database management group maintains access to the full dataset for the purposes of data integrity, validation, analysis and reporting. The GTC will send out data reports to all participating sites, which will include de-identified comparative data, which does not allow identification or inference about the identity of other sites.

How is data stored securely in the GTC Quality Improvement database?

- Technical Attributes: REDCap stores its data and all system and project information in various relational database tables (i.e. utilizing foreign keys and indexes) within a single MySQL database. This data is stored in an unencrypted form, and resides at Vanderbilt University Medical Center. Vanderbilt University conducts daily (or twice daily) backup of these relational tables, to ensure proper and complete saving of inputted data The front end of REDCap is written in PHP, which is a widely used, robust, open source scripting language for web applications. This front-end web server is redcap.vanderbilt.edu, which can be accessed through any internet connection because it is protected by an SSL certificate.

- Data Monitoring: REDCap has a built-in audit trail that automatically logs all user activity and logs all pages edited by every user, including contextual information (e.g. the project or record being accessed). The data management committee of the GTC will run regular data quality assessment reports to ensure that data has been entered correctly. If sites have entered erroneous data they will receive notification from the data management committee with reference to the erroneous data field and patient identification. The GTC will assign each member of a site his or her own unique username. Using data access group associations, the GTC will restrict each site's access to their own site's data. Please refer to the video on "data exporting" on the member section of the GTC website.

- Data Exporting: The Data Export Tool has advanced export features that allow one to implement data de-identification methods, such as being able to automatically remove free-form text fields, remove dates, perform date shifting, and remove fields tagged as identifiers (e.g. PHI) from the data file being exported by the user. Your site will only be able to export data which you have entered and will not have access to data from other sites. You are responsible for securely storing data you export from REDCAP as per your hospital data storage guidelines.

- Data Security: To help protect and secure data stored in REDCap's database, the software application employs various methods to protect against malicious users who may attempt to identify and exploit any security vulnerabilities in the system (for a full description, please visit: www.project-redcap.org)

Additional Information:

For further information about the REDCAP system please visit (project-redcap.org). Please also refer to the following publication of the REDCAP system:

Paul A. Harris, Robert Taylor, Robert Thielke, Jonathon Payne, Nathaniel Gonzalez, Jose G. Conde, Research electronic data capture (REDCap) - A metadata-driven methodology and workflow process for providing translational research informatics support, J Biomed Inform. 2009 Apr;42(2):377-81.

recruitment

We encourage you to spread the word about the GTC to your colleagues and collaborators. The GTC has a number of recruitment materials, including brochures and sample database reports that are available online at www.globaltrach.org.

We would be more than happy to reach out to prospective members you suggest. Please email members@globaltrach.org to provide referral information.

champions

"Hospital champions" are individuals selected by your institution to act as liaisons to the Global Tracheostomy Collaborative. Champions have the opportunity to attend our future webinars and educational meetings.

Importantly, Champions serve a primary role in leading changes to improve care, and in tracking tracheostomy outcomes through the Collaborative's database.

We encourage you to identify your champions as early as possible. Champions should, if possible, represent all or most of the disciplines involved in tracheostomy care at your institutions (possibly including Otolaryngology, Surgery, Respiratory, ICU/Critical Care, Anaesthesia, Nursing, Physiotherapy, Speech Pathology and other). We strongly suggest you consider naming a patient or family representative as one of your champions.

Jai,
Age 22

patients and families

As you begin to identify your hospital GTC Champion Team, we'd encourage you to identify and partner with a patient or family champion.

Your patient or family champion will help to ensure that the patient/family voice is included in your quality improvement process. Please share contact information for Erin Ward, Parent and member of the GTC Board of Directors with patients or family members that you feel might be interested in being involved.

Erin is looking forward to having your hospital join the GTC and supporting your efforts to engage patients and families in your quality improvement plan.

The GTC is committed to ensure patient and family participation in all aspects of this quality improvement collaborative.

Patients and family champions have participated in kick off meetings in the USA, United Kingdom and Australia. These sessions are used as an opportunity to share current patient engagement practices and discuss opportunities to increase involvement such as family advisory roles in development of policies and procedures.

It would be ideal if patient and family champions from your hospital were engaged in future meetings. If you are unable to identify a patient or family champion (a hospital champions & user access form can be found on page 30), perhaps you could consider supporting a professional team member who will focus on this are of consumer participation. We look forward to partnering with you and helping to support your patient and family involvement in quality improvements through the GTC.

Erin Ward, Parent, Ms.Ed., CAS

GTC Board of Directors
Patient & Family Advisory Chair

patientandfamilies@globaltrach.org

Isaac,
Age 5

David Roberson Founder
& President
Delaware, United States

Diane O'Toole
Executive Director,
Massachusetts, United States

ToniNarula,Chair
London, United Kingdom

Tanis Cameron,Vice Chair
Melbourne, Australia

Michael J. Brenner,Treasurer
Ann Arbor, Michigan

BOARD OF
DIRECTORS

Patrick Bradley,
Nottingham, United Kingdom

Ed Marram
Massachusetts, United States

Alfred Smith
Connecticut, United States

Nan Moore Smith
Connecticut, United States

Marcia Wagner
Massachusetts, United States

Erin Ward
Massachusetts, United States

Dear Potential GTC Hospital Member,

On behalf of patients and families, I'd like to invite you to the Global Tracheostomy Collaborative.   Through my experience as a mother of a child with a tracheostomy, I am well aware of the challenges that families and individuals with tracheostomies face each day. Along with medical concerns, navigating systems of care and often fragmented services can be daunting. The GTC is dedicated to improving tracheostomy care at a global level, and I am thrilled that you and your institution are joining us!

We are also committed to integrating the patient and family voice into the GTC's quality improvement initiatives. I have been networking with patient and families in the tracheostomy community to spread the news about the GTC and gather input on priorities and needs. I look forward to working with you and helping to further incorporate the patient and family voice into our efforts.

Thank you for joining the GTC and seeking to improve tracheostomy care for the patients and families that you serve. There is an incredible need to improve care for the tracheostomy community and I am hopeful that together we will bring about positive change.

Sincerely,

Erin Ward

Erin Ward, Parent, MsEd., CAS
GTC Board of Directors
Patient & Family Advisory Chair
patientandfamilies@globaltrach.org

Erin and Will Ward,
Age 13
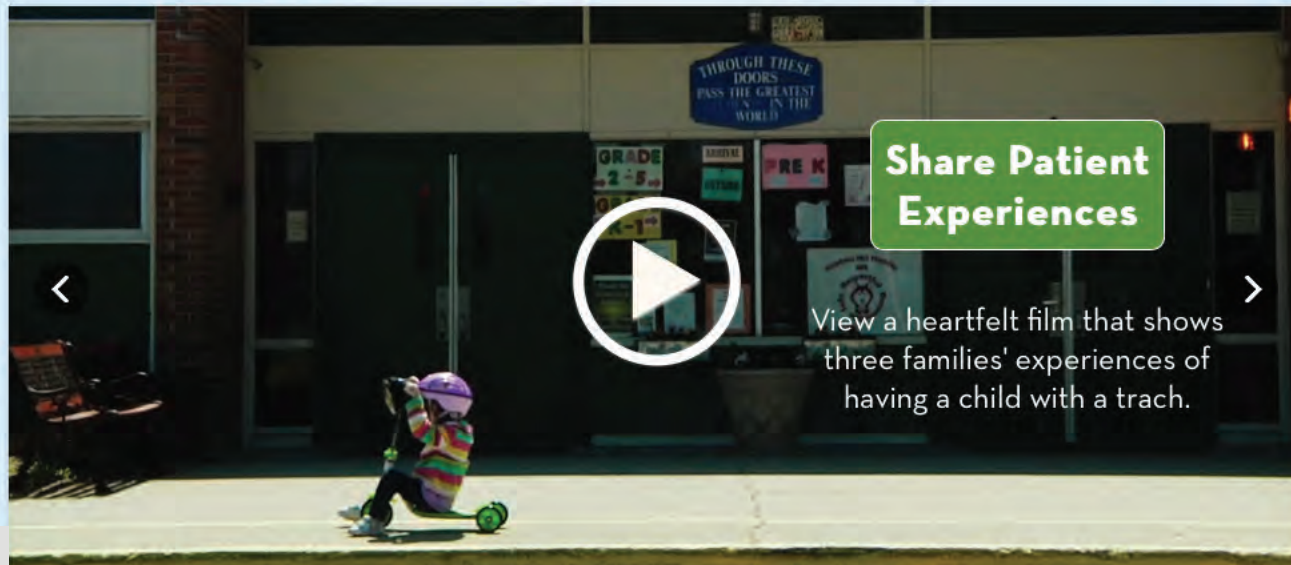
website

GlobalTrach.org is the GTC's online portal. It provides access to member-only resources.

The following pages provide a detailed introduction to the site, including instructions on how to register and access the database as well as other resources.

registration

Institutions are required to register on our website prior to member activation. If you have not already registered, please proceed to **globaltrach.org** and click on **Member Hospitals** at the upper right hand corner of the homepage and then Get Started, Activation Steps to begin the membership process.

HOSPITAL MEMBERS	HEALTH CARE PROFESSIONALS	PATIENTS AND FAMILIES
Paid	Free	Free
Interested in joining the GTC for a kickoff meeting? Follow this link, fill out the form and we will get in touch with you to guide you through the sign-up process. (Membership fees are not collected until your hospital is ready to join.)	✓ Read patient and family stories. ✓ Access educational materials and web resources. ✓ Recruit your hospital to join the GTC so you can gain access to additional features.	✓ Share your stories and pictures to increase awareness worldwide. ✓ Learn how to connect with other patients and families. ✓ Access patient-centered resources.
✓ Be part of a comprehensive program to help hospitals develop multi-disciplinary care teams for tracheostomy patient and institution-wide care protocols to reduce adverse events. ✓ Enter data into a secure, HIPPA-compliant worldwide database that allows participating hospitals to track their own outcomes, document improvement, and compare their outcomes to other participating hospitals.		

member fees
invoice/payment

Membership fees support the Global Tracheostomy Collaborative's efforts in sustaining a database, providing analytical support and hosting webinars and meetings.

United States and **MENA** region annual membership fee is US$6000/year.
Australasia region annual membership fee is AUD$5000/year.
United Kingdom and **Europe** 2 year membership fee is GBP$5000.

Send an email to admin@GlobalTrach.org with the subject REQUEST INVOICE. In the email body please include your name, institution and contact information (email and physical address).

TO: admin@GlobalTrach.org
SUBJECT: Invoice Request for (your institution)

Your institution's name
Contact name (include salutation)
Contact's title
Phone number
Institution address

OPTIONS INCLUDE:

Check   Online wire transfer

Further details and payment instructions will be sent to you once you request an invoice.

next steps

ACTIVATION STEPS FOR
Asia Pacific Region
HOSPITALS

1 COMPLETE THE HOSPITAL CHAMPIONS AND USER ACCESS FORM
a. Scan, pdf and email the documents to cmilano@globaltrach.org
b. You are now registered as a center who is **interested in joining**.

2 APPLY TO YOUR HOSPITAL RESEARCH ETHICS COMMITTEE (HREC) OR EQUIVALENT (if applicable to your location)
• Download "A Guide to Helping New GTC Members Apply to their Institutional Ethics Committees and Institutional Review Boards".

3 SCAN AND EMAIL THE SIGNED HREC APPROVAL FORM AND DUA (if applicable to your location)
• send to: cmilano@globaltrach.org
• User name/password will be provided to identified individual(s) who require access to the GTC REDCap Database.

4 ACCESS GTC MEMBERS PORTAL VIA WWW.GLOBALTRACH.ORG

5 REQUEST AN INVOICE
• User name/password for members portal access will be emailed to the primary contact and hospital champion(s).
• The Data Use Agreement (DUA) and invoice will be emailed to the primary contact upon request of an invoice.
• The access code for the REDCap Database will not be provided until receipt of payment and executed DUA.

6 SUBMIT PAYMENT
• Obtain approval of the Data Use Agreement (DUA).

7 WELCOME
• **Begin using the GTC REDCap Database**.

next steps

ACTIVATION STEPS FOR UNITED KINGDOM & EUROPEAN HOSPITALS

1 COMPLETE THE HOSPITAL CHAMPIONS AND USER ACCESS FORM
a. Scan, pdf and email the documents to cmilano@globaltrach.org
b. You are now registered as a centre who is **interested in joining**.

2 REQUEST AN INVOICE
- User name/password for members portal access will be emailed to the primary contact and hospital champion(s).
- The Data Use Agreement (DUA) and invoice will be emailed to the primary contact upon request of an invoice.
- The access code for the REDCap Database will not be provided until receipt of payment and executed DUA.

3 COMPLETE THE PATIENT HEALTH INFORMATION FORM
- Scan, pdf and email the documents to cmilano@globaltrach.org

4 ACCESS GTC MEMBERS PORTAL VIA WWW.GLOBALTRACH.ORG
-

5 SUBMIT PAYMENT
- Obtain approval of the Data Use Agreement (DUA).
- User name/password will be provided to identified individual(s) who require access to the GTC REDCap Database.

6 WELCOME
- **Begin using the GTC REDCap Database**.

next steps

ACTIVATION STEPS FOR NORTH AMERICAN & MENA HOSPITALS

1 COMPLETE THE HOSPITAL CHAMPIONS AND USER ACCESS FORM
a. Scan, pdf and email the documents to cmilano@globaltrach.org
b. You are now registered as a centre who is **interested in joining**.

2 REQUEST AN INVOICE
- User name/password for members portal access will be emailed to the primary contact and hospital champion(s).
- The Data Use Agreement (DUA) and invoice will be emailed to the primary contact upon request of an invoice.
- The access code for the REDCap Database will not be provided until receipt of payment and executed DUA.

3 COMPLETE THE PATIENT HEALTH INFORMATION FORM
- Scan, pdf and email the documents to cmilano@globaltrach.org

4 ACCESS GTC MEMBERS PORTAL VIA WWW.GLOBALTRACH.ORG

5 SUBMIT PAYMENT
- Obtain approval of the Data Use Agreement (DUA).
- User name/password will be provided to identified individual(s) who require access to the GTC REDCap Database.

6 WELCOME
- **Begin using the GTC REDCap Database**.

identify hospital champions
& user access form

PRIMARY CONTACT
Indentify the person who will communicate with GTC staff to guide your institution through the sign-up process.

Full Name	Position/Discipline	Email	globaltrach.org	REDCap
_____			☐	☐

HOSPITAL CHAMPION(S)
Identify who will be the leader(s) in implementing the GTC at your institution.

Full Name	Position/Discipline	Email	globaltrach.org	REDCap
_____			☐	☐
_____			☐	☐
_____			☐	☐
_____			☐	☐

ADDITIONAL USERS
If there are any other people you would like to have access to the globaltrach.org hospital portal or REDCap, please identify them below.

Full Name	Position/Discipline	Email	globaltrach.org	REDCap
_____			☐	☐
_____			☐	☐
_____			☐	☐
_____			☐	☐
_____			☐	☐
_____			☐	☐

ethics committee
approval form

Each new user of the GTC Quality Improvement Database is required to notify the collaborative, upon joining that the data collection processes are within the scope of their local ethics committee.

In signing below you confirm that you are in compliance with your instructional policies in participating in the GTC quality improvement database. You are signing that you have the approval of your local ethics review board to participate in the GTC database and collaborative

Name of Institution (please print)

_____

Your Name and Title (please print)

_____

Your Signature

_____

Date_____

Email Address (please print)

_____

☐ Please attach a copy of the letter of approval from your ethics committee

☐ Please pdf the documents and email directly to cmilano@globaltrach.org

protected health information form

Each new member of the GTC Quality Improvement Database is required to notify the collaborative, upon joining, that their data collection efforts are within the scope of their local ethics committee or institutional review board.

The mandatory section of the GTC Quality Improvement Database contains the following fields, which are traditionally referred to as protected patient health information (PHI):

- Date of Birth
- Date of Hospital Admission
- Date of Tracheostomy Tube Insertion
- Date of Hospital Discharge
- Date of Decannulation
- Date of Death

The GTC Quality Improvement Database is customizable, so that if your site's institutional review board/ethics committee prohibits you from collecting these variables, we will remove them from your site's dataset.

Please check one.

☐ **Yes**, our IRB/ethics committee allows us to collect/share protected health information

☐ **No**, our IRB/ethics committee does NOT allow us to collect/share protected health information

By signing below, you confirm that you are in compliance with your institutional policies in participating in the GTC Quality Improvement database.

_____
Name of Institution (Print please)

_____
Your Name (Print please)

Title

_____
Your Signature

Date

_____
Email Address (Print please)

gtc database

The Global Tracheostomy Collaborate has created an international, HIPPA compliant database in which we will all enter data about all of our tracheostomy patients. We have built and successfully pilot-tested this database, and an example report (with fictitious data) is available online in the hospital member portal. These reports will allow institutions to see how they are doing when anonymously compared to their peers, and hopefully stimulate all of us to try to do better.

Of course we will be taking extensive precautions to ensure that no-one (except the small number of individuals on the data reporting comitee) will be able to identify individual institutions' outcomes. The GTC will publish aggregate, anonymized data, but we will never publish your data in an identifiable fashion. We will present reports to each institution that allow you to compare yourself to others, but your identity will be anonymized to all other participants. The goal of reporting comparative performance is to stimulate each of us to improve, not to create any public comparisons or engender bad feelings. The GTC database is fully HIPAA compliant.

Any data you enter in the database will of course belong to you and you will always be free to download, analyze and publish your own data.

Video tutorials and links to the database will be posted in the hospital member portal of the website. You will be assigned a username and password that will be sent to you separately.

sample database

A sample REDCap database has been created to allow you to familiarize yourself with the software and data-entry mechanisms. To access the sample database, please email us at database@globaltrach.org.

Any information you enter into the sample REDCap database will not be saved.

Access to the live HIPAA compliant database will be granted upon receipt of the first year's membership fee and the signed data use agreement.

member hospital portal

The "Hospital Member Portal" is a password-protected, hospital-member only site on GlobalTrach.org.

The programme committee has developed a comprehensive list of resources to support members as they embark on this Quality Improvement project. The resources cover everything from basic aspects of tracheostomy care through to guidance on ensuring that the complex interactions required to make the project run smoothly take place. Resources have been developed by international experts in their field and come from many of the leading institutions who have demonstrated improvements in care. It is anticipated that some members will require guidance and resources on some of the basic aspects of tracheostomy care, while other members may already have embedded practices and perhaps require more guidance aimed at institutional changes . The majority of these resources will be housed on the website. The resources will be contained within an interventions menu. Key components are:

1 Resources to ensure a coordinated, multidisciplinary approach.

2 Examples of successful instruction wide protocols.

3 Educational materials including GTC "Bite-size" educational series and e-learning modules and the GTC brochure.

4 Guidance to help ensure that we involve and communicate with people at the heart of this project - patients and their families.

5 Standard quality-improvement resources.
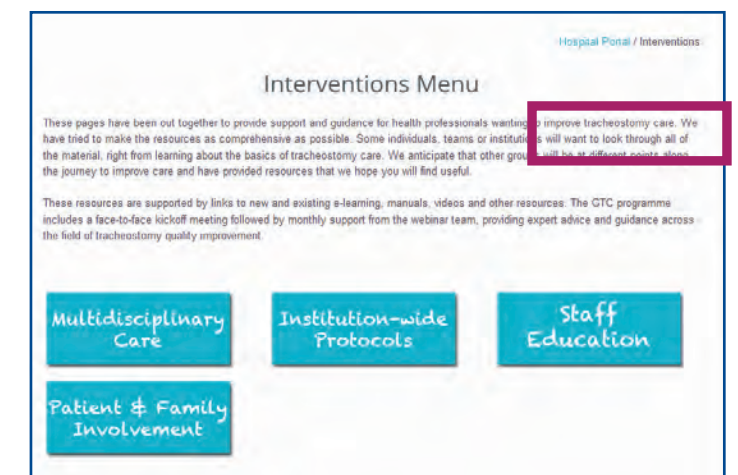
social media

The GTC is fully integrated with social media outlets, including Facebook and Twitter. We encourage your institution to "Like" us or "Follow" us. We will update our feeds with important updates, news and announcements.

facebook.com/globaltracheostomycollaborative

twitter.com/global_gtc

marketing

Once you become a member hospital, you are welcome, and encouraged, to use the logo below on your website or on promotional materials published by your institution to signify membership in the Global Tracheostomy Collaborative. The logo is property of the Global Tracheostomy Collaborative and may not be altered in any way. A high-resolution image is available for download through the online member-portal.

join us

1. Implement or expand upon best practices at your institution.

2. Participate in the Global Tracheostomy Collaborative (GTC) Database, allowing you to track your institution's tracheostomy care.

3. Benchmark with other centres.

4. Monitor adverse events.

5. Track changes in outcome as you implement interventions.

6. Receive support and education from international experts.

7. Learn directly from world leaders in tracheostomy care.

"It is incredibly exciting to work on a project of this magnitude; rarely in our careers do we have the opportunity to improve care for patients around the world."

- Dr. Rahul Shah, GTC Executive Director
Otolaryngologist, Children's National Medical Center

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 and improve quality. If your centre already has teams and protocols in place, you will have the opportunity to share what you have learned with many other centres worldwide.

For more information, or to join, please visit our website or contact us at **info@globaltrach.org**

WWW.GLOBALTRACH.ORG

feedback

The GTC highly values your feedback. Our primary goal is to support, and anticipate, your institution's needs. You may contact our Executive Director at: dotoole@globaltrach.org at any time.

What is the Global Tracheostomy Collaborative?

We are a multidisciplinary team of physicians, nurses, allied health clinicians and patients/caregivers from around the world working together to disseminate best practices and improve tracheostomy outcomes.

We are incorporated as a 501(c)(3) not-for-profit organization in the USA.

"Leaders in our collaborative have demonstrated that tracheostomy related adverse events can be radically reduced through team care. We are partnering with hospitals around the world to help spread these innovative care models."
- Dr. David Roberson, GTC Founder and President
Otolaryngologist, Harvard Medical School

our vision

Improving the care of adults and children with tracheostomies throughout the world

our motivation

- Tracheostomy care is high risk with significant morbidity and mortality.[1,2]
- Patients with tracheostomy are often cared for on wards where staff have little, if any, of the specialist skills required to manage these patients.[3]
- Some hospitals have shown dramatic improvement around tracheostomy care through collaborative interventions such as the implementation of tracheostomy teams.[4]
- It is currently difficult to benchmark quality of care internationally.

[1] Das P et al. Tracheostomy-related catastrophic events: results of a national survey. Laryngoscope. 2012;122:30-37
[2] Halum SL et al. A multi-institutional analysis of tracheotomy complications. Laryngoscope 2012;122:38-45
[3] McGrath BA et al. Patient safety incidents associated with tracheostomies occurring in hospital wards. Postgrad Med J. 2010;86:522-25
[4] Cameron TS et al. Outcomes of patients with spinal cord injury before and after introduction of an interdisciplinary tracheostomy team. Critical Care Resusc. 2009;11:14-19

our model

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

"The aims of the GTC are great. Coordinated tracheostomy care improves safety, enhances outcomes and promotes excellence."
- Tanis Cameron, GTC Vice President
Speech-Language Pathologist, Melbourne, Australia

our methods

1. Assist member hospitals in tracking and benchmarking outcomes using a secure, HIPAA-compliant database.
2. Creating centre-wide, interdisciplinary tracheostomy policies and procedures.
3. Providing coordinated, interdisciplinary education.
4. Facilitating access to worldwide experts in high-quality tracheostomy care.
5. Implementing tracheostomy Quality and Risk management systems.
6. Advocating and providing support for families, patients and their caregivers.

"As a parent and caregiver, it gives me great hope that the GTC is dedicated to improving the safety and quality of tracheostomy care."
- Erin Ward, GTC Board of Directors, Parent and Caregiver

thank you.

We look forward to welcoming you soon! Please do not hesitate to contact us should you have any additional questions.

dotoole@globaltrach.org