



The Global Tracheostomy Collaborative



Mission: To ensure the best possible care for every tracheostomy patient.

Vision: The GTC is a global partnership of physicians, nurses, therapists, caregivers and patients working together to disseminate best practices and improve outcomes around tracheostomy care.



Astonishing Outcomes



The GTC has:

- 20% reduction in length of stay ($p < .05$)
- 20% reduction in major adverse events ($p < .05$)
- 40% reduction in average ICU cost per admission.
- 40% reduction in average cost of hospital care per admission
- Over 6,000 patient cases entered into the GTC database



How did we accomplish this?



By implementing five key drivers of improvement:

- Multidisciplinary trach teams
- Standardization of care
- Staff training and allocation
- Patient and family involvement
- Objective tracking of outcomes



Other Achievements



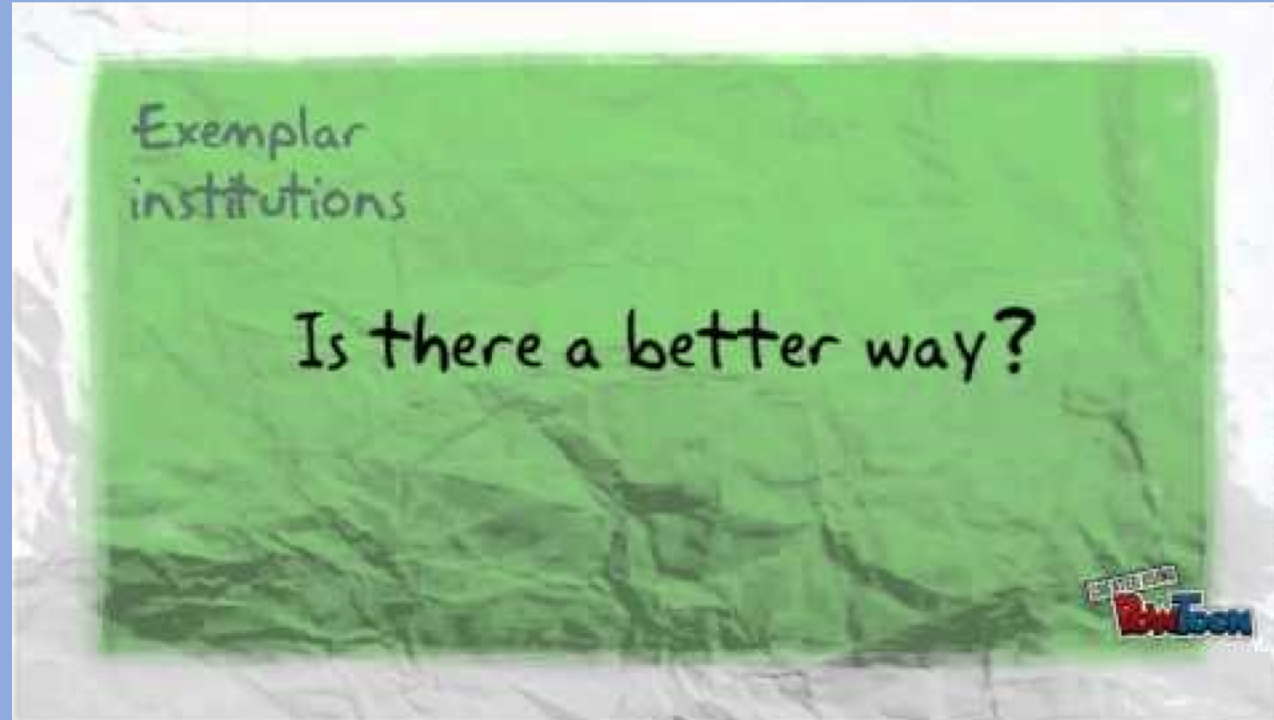
- * Strong patient and family partnerships
- * Attendance of 400+ at our symposium
- * 6 Webinars hosted in the past year with over 450 attendees from around the world
- * 2,800 individual members worldwide
(physicians, nurses, allied health providers, patient and family members)
- * Nearly 50 member hospitals and growing, globally
- * Support and engagement from industry suppliers



Database collection and analysis



- The highest protocols available for cybersecurity are used. Data is entered into a secure, worldwide, HIPAA-compliant data base.
- Outcomes are tracked to document improvements. Compare your results to the pooled outcomes of other participating hospitals.
- Bi-annual hospital performance reports.
- Quarterly data quality reports to report how well your site is doing in data collection.





Patient and Family Collaboration



“The GTC partners with physicians, nurses, therapists, patients and caregivers to focus on meaningful quality improvement and patient-centered care and outcomes. Through these practices, the GTC is raising the bar for tracheostomy safety worldwide”.

Erin Ward, Parent and GTC Board member,
Patient and Family Committee Chair



Feedback from Member Hospitals Australia



“Our GTC membership has resulted in high energy and engagement by patients, families and healthcare professionals, extensive data collection and research planning, and powerful partnerships with clinical experts and other teams”.

Tanis Cameron, Austin Health, Melbourne, Australia



Feedback from Member Hospitals U.S.A.



“Our affiliation with the GTC has allowed us to both learn from centers around the world as well as focus our own local efforts in improving trach care techniques and practices”.

Mark Volk, Boston Children’s Hospital, Boston, MA, USA



Feedback from Member Hospitals U.K.



“The GTC data reports allowed us to benchmark where we were, and identify where we wanted to be, with the resources of the wider collaborative helping us to achieve those goals”.

Brendan McGrath, Wythenshawe Hospital, Manchester, England, UK



Current Member Hospitals



Australia:

- Austin Health - Melbourne, Australia
- Monash Health – Victoria, Australia
- Perth Children’s hospital - Nedlands Australia
- Royal Adelaide Hospital - Adelaide, Australia
- Royal Brisbane & Women's Hospital - Herson, Australia
- Royal Children’s Hospital Melbourne – Melbourne, Australia
- Starship Children's Hospital - Auckland, New Zealand

Europe and the Middle East:

- Sidra Medical and Research Center - Doha, Qatar

United Kingdom:

- Manchester Royal Infirmary – Manchester, England, United Kingdom
- Monklands Hospital - Airdrie, Scotland, United Kingdom
- Royal Liverpool & Broadgreen University NHS Trust - Liverpool, United Kingdom
- Royal Manchester Children’s Hospital - Manchester, England, United Kingdom
- Wythenshawe Hospital - Manchester, England, United Kingdom

United States:

- Boston Children's Hospital - Boston, Massachusetts, United States
- Children’s Hospital Colorado – Colorado, Nevada United States
- Children’s Hospital of New Orleans – New Orleans, Louisiana, United States
- Children’s Hospital of Wisconsin – Milwaukee, Wisconsin, United States
- Children's Mercy Hospital & Clinics - Kansas City, Missouri, United States
- Children's National Medical Center - Washington, DC United States
- Henry Ford Health System - Detroit, Michigan, United States
- Joe DiMaggio Children's Hospital - Hollywood, Florida, United States
- Montefiore Medical Center - Bronx, New York, United States
- Nemours Children's Hospital - Wilmington, Delaware, United States
- Phoenix Children’s Hospital – Phoenix, Arizona, United States
- Primary Children's Medical Center - Salt Lake City, Utah, United States
- Texas Children's Clinical Care Center - Houston, Texas, United States
- United Regional Health Care Systems - Wichita Falls, Texas, United States
- University of Michigan Health System - Ann Arbor, Michigan, United States
- University of Texas - SW Children’s Health - Dallas, Texas, United States
- Vanderbilt Children's Hospital - Nashville, Tennessee, United States



Why Join?



- Learn from others, and share your successful initiatives with others worldwide.
- Benchmarking against other similar centers
- Cost savings, fewer critical events, avoid catastrophic outcomes
- Participate in a worldwide collaborative
- Ready access to a comprehensive improvement strategy
- Support and education from experts and peers worldwide
- Access to secure, HIPPA compliant database in order to
 - Track outcomes as you implement the improvement plan
 - Benchmark with others centers similar to your own
 - Demonstrate institutional commitment to QI/ QA



Join Today!



- No matter what your center's current level of care, you will benefit from joining a worldwide multidisciplinary improvement collaborative.
- Membership: \$7,500 U.S. dollars per year. Minimum 2-year commitment. Cost effective compared to other QI/QA initiatives.
- (For example, there is an annual fee of between \$10,000 to \$29,000 for sites participating in ACS NSQIP).



Contact Us



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