Rehabilitation hospital 127 (17.3%)  
Skilled nursing facility 50 (6.8%)  
Other 11 (1.5%)  
Unknown 9 (1.2%)  

Results (cont.)

### Adverse Events by Type

- **Obstruction** (3.5%)
- **Tracheo-oesophageal fistula** (1%)
- **Tracheal cutaneous fistula** (0.2%)
- **Stoma/Skin breakdown** (0.1%)
- **One way valve with cuff up** (0.1%)
- **Bleeding** (0.1%)
- **Decannulation** (0.1%)

### Discharge Disposition

- **Acute care hospital** 92 (12.5%)
- **Home/Home health** 422 (57.3%)
- **Long term care facility** 25 (3.4%)
- **Rehabilitation hospital** 127 (17.3%)
- **Skilled nursing facility** 50 (6.8%)
- **Other** 11 (1.5%)
- **Unknown** 9 (1.2%)

### Mean Number of Systems Affected

- **Mean** = 2.2

### Comorbidities by Site

- **Overall Average** = 2.2

### Number of Adverse Events per Admission

- **Total** = 736

### Length of Stay vs. Number Tracheostomy Days

- **Total Length of Stay by Site**
- **Tracheostomy Days by Site**

### Results

#### Background:
Over the last decade, tracheostomy has been increasingly performed, reflecting improved ICU care and management of complex patients. The complexity of such patients requires well-structured multidisciplinary care.

The Global Tracheostomy Collaborative (GTC) was established in 2015 to improve tracheostomy care worldwide.

#### Five Key Drivers of the GTC:
- Multidisciplinary Collaboration
- Standardization of Care
- Monitoring of Outcomes via HIPAA Compliant Database
- Broad Staff Education
- Patient/Family Involvement

There are currently 44 GTC member-hospitals, 12 of which are pediatric.

#### Objectives:
- Assess outcomes in pediatric tracheostomy.

#### Methods and Materials:
- The international HIPAA Compliant REDCap GTC database was exported and reviewed for data quality.

The de-identified data is utilized to generate biannual benchmarks for member-hospitals that present both specific and pooled metrics to all member-hospitals. Demographic data, indications for tracheostomy, and details regarding patient’s medical history and hospital course from the most recent report are described here.

#### Results:

888/3,353 (26%) admissions were pediatric

- **Mean Age (SD) = 3.6 ±/− 5.6 years**
- **Male = 55%**
- **Most were emergent medical admissions**
- **14.7% experienced at least one adverse event**
- **Patients had an average of 2.2 comorbid conditions, most commonly respiratory (55%), neurological (29%), cardiovascular (26%)**
- **4% were decannulated prior to discharge**
- **89.8% survived to discharge**

#### Conclusions:
The GTC provides pooled resources from member-hospitals to improve the global standard of tracheostomy care. Data entry enables derivation of benchmarks for member-hospitals that will highlight opportunities for improvement in tracheostomy care at member-institutions and also worldwide.

#### Next Steps:
(1) Develop a risk stratification model to allow true benchmarking of patients with tracheostomy, and (2) Hosting the next International Tracheostomy Symposium in Melbourne, Australia in October 2019- pending further details.

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No Disclosures