

ACCOMPLISHMENTS

- Since our inception in 2014, the GTC has grown to 50 member hospitals around the globe, including academic, community, district, adult and pediatric institutions and has been endorsed by the American College of Surgeons.
- The *International Tracheostomy Symposium* draw more than 400 attendees from around the world.



- Member hospitals have seen reductions in serious adverse events, length of stay and expenditure per admission of 20% or more within 12 months of enrolling. (p<0.05)
- We provide year round live and archived webinar content to hundreds of professionals in dozens of countries around the world.
- Our member hospitals track their outcomes and can benchmark themselves against other similar hospitals using our proprietary database, which is compliant with privacy law worldwide.



Our vision of universal safe tracheostomy care can become a reality!

"Life with a trach can be both lonely and challenging. Offering technical and moral support for long term trach patients and their caregivers is essential for our success. The fact that there is an organization - the Global

Tracheostomy Collaborative - that realizes our challenges and wants to help on so many levels is a tremendous affirmation. We are not alone. There is strength in numbers. We can all have comfortable, joyous and productive lives if we band together."

– Al Smith, 30-year Tracheostomy Patient,
Nan Smith, spouse and caregiver, New Canaan, CT

JOIN US

1. Implement or expand upon best practices at your institution.
2. Contribute to the Global Tracheostomy Collaborative (GTC) Database, allowing you to track your institution's tracheostomy care. You receive regular GTC Database Reports.
3. Benchmark with other centres.
4. Monitor and reduce 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.



*"I have known toddlers to die from **entirely preventable** tracheostomy complications.*

Nothing could be more tragic. We are committed to making sure that every hospital in the world improves their practices

so that every tracheostomy patient and their families can know that they are safe."

– Dr. David Roberson, Founder and Chair,
Global Tracheostomy Collaborative

OUR TEAM

David W Roberson, MD,
MBA, FACS, FRCS
President & Founder
Boston, MA

Antony Narula, MA, MB
BChir, FRCS, FRCS (Ed)
Chair & Co-Founder
London, UK

Tanis Cameron, MA, SLP
Vice Chair
Melbourne, Australia

Michael J. Brenner, MD,
FACS, Treasurer
Ann Arbor, Michigan

Directors

Edward P. Marram, PhD
Boston, MA

Alfred E. Smith IV
New Canaan, CT

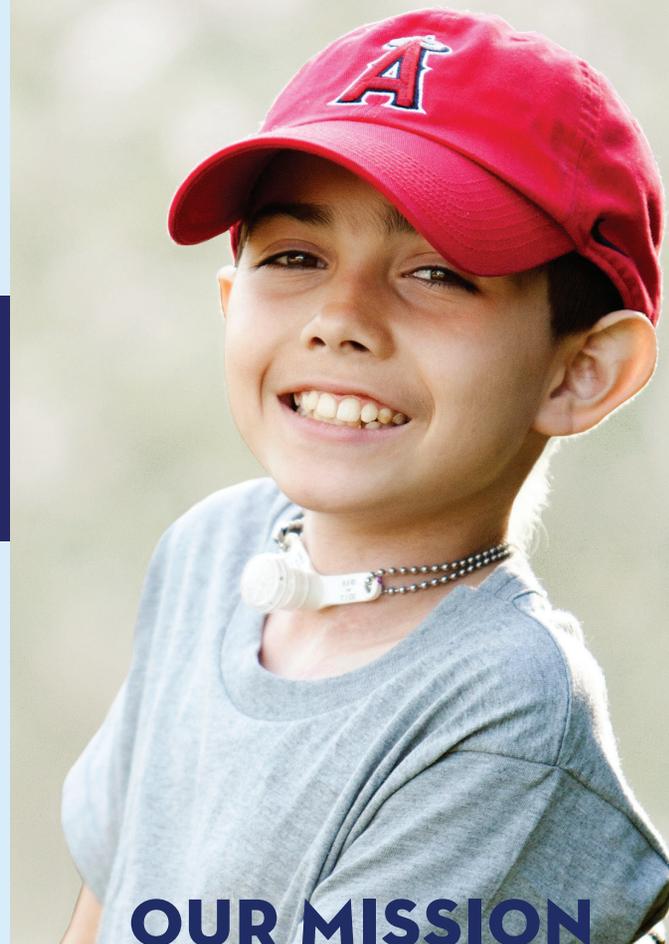
Nan Moore Smith
New Canaan, CT

Marcia Wagner
Boston, MA

Erin Ward, Ms.Ed., CAS
Methuen, MA

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

WWW.GLOBALTRACH.ORG



OUR MISSION

The mission of the GTC is to provide the best possible care for every tracheostomy patient.

WWW.GLOBALTRACH.ORG

WHAT IS THE GTC?



The GTC is a global partnership of physicians, nurses, therapists, patients and caregivers working together to disseminate best practices and improve outcomes around tracheostomy care. Founded in 2014 as a not-for-profit (501C3).



Dr. Patrick Sheehan
Sidra Medical and
Research Center,
Qatar

"We are the pioneers of this new initiative (the GTC) to promote best practices in tracheostomy care. When we hand over the care of tracheostomy patients to the next generation of caregivers, the idea of a preventable adverse events should be as alien to them as not giving a polio vaccine to a child in this day and age."

WHAT IS A TRACHEOSTOMY?

A tracheostomy involves inserting a tube through the front of the neck, below the vocal cords and into the trachea, or windpipe, to create an artificial airway for breathing. It is classically used when a patient's own airway is blocked due to an emergency, illness or injury, but can also provide a route to connect to a ventilator and help with breathing. Patients need knowledgeable staff to help provide high quality, safe care. A tracheostomy may be temporary, if the underlying condition cannot be reversed, it may be long term.



THE NEED

- Over 200,000 people in the U.S. alone receive a tracheostomy every year.
- Complications and adverse events occur in up to 30% of cases, most in the hospital after the procedure, or while the patient is recovering at home.
- The number of hospital staff and caregivers involved with a patient having a tracheostomy is high and can involve 10 or more specialties.
- The staff and caregivers may have differing preferences for care, uncoordinated schedules and little interaction at the bedside.
- By employing system-wide Quality Improvement strategies, hospitals in the US, UK and Australia have reduced intensive care and hospital length of stay, as well as major critical events.

OUR METHODS

As a member of the GTC, you will learn to provide the best care for your patients by employing 5 consistent standards including:

- **TEAM BASED CARE**, including regular meetings with all specialties providing care
- **STANDARD PROTOCOLS** implemented by all members of the team, including caregivers
- **STAFF EDUCATION AND ASSIGNMENT** to insure immediate attention for the patient
- **PATIENT AND CAREGIVER INVOLVEMENT** in all aspects of care, including emergencies
- **DATA COLLECTION** that allows hospitals to track progress and compare outcomes

"From its inception, the Global Tracheostomy Collaborative has placed a priority on integrating the voices of patients, families and caregivers into every organizational initiative. The GTC partners with these stakeholders 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

