Agenda

- WELCOME AND INTRODUCTIONS
- STS UPDATES
- DIGNITY HEALTH – CHANDLER REGIONAL MEDICAL CENTER ON <6 HOUR EXTUBATION
Important Dates

Voluntary Beta Blocker Project Go-Live
1 Jan. 2024

ACSD Monthly Webinar @ 2pmCT - Frailty
7 Feb. 2024

ACSD STS DB Quality Improvement Series Webinar @ 2pmCT (Kerry Webb – Dignity Health Chandler Regional Medical Center)
17 Jan. 2024

ACSD STS DB Quality Improvement Series Webinar @ 2pmCT
21 Feb. 2024

Harvest 1 Close (OR Dates through December 31, 2023)
23 Feb. 2024

Harvest 1 Opt-out Ends
27 Feb. 2024
Important Updates

• ACSD Executive Summary Dashboard/Community Page
• Harvest 4 Released
• Next National QI Project – Blood Usage, coming soon...
• Beta Blocker went live on January 1
• Status on Frailty
STS IsoCABG <6 Hour Extubation

Jordan Truax, BSN, CCRN, RN
Kerry Webb, BSN, RN
January 17, 2024
Agenda

- Pre changes data - ext
- Who was involved and why
- What was implemented
- Post changes data
- Current data
Baseline <6 hour Initial Ventilation Data

Our journey of diving into the data started with Dignity Health Corporate deciding that the <6 hour and prolonged ventilation as goals for the year.
How we looked at our data

We looked our raw data each month, breaking it down into those extubated in <6 hours, 6-24 hours and >24 hours to identify where we had the most opportunity to make improvements.

We also looked at the numbers by surgeon to see if we had any specific surgeons that may have been an outlier.
Who was involved

This was a multidisciplinary approach involving surgeons, nursing, respiratory and our data analyst.

Leadership for both nursing and respiratory were supportive in process change coming from bedside staff.
Nursing’s Involvement

There seemed to be a lack of awareness among both nursing staff and respiratory as to what specific metrics we were measuring and how adherence to metrics equaled better outcomes for our patients. To overcome this, we focused on education.

We developed a CV Process Improvement Committee where education and unit processes could be discussed. We also created a log in which RNs would enter their patients information and whether they were extubated on time or if there was a delay. If there was a delay, the reasoning was investigated. The log created both accountability for staff and a speaking point for outliers on process improvement.

The CVICU RNs - Participate in monthly meetings in which data is presented, education is provided as needed and best practice initiatives are discussed. Accept post-op CV pts directly from CVOR and 1:1 recovery including extubation.
Respiratory Therapy Involvement

The education need was also addressed with RTs. Taking a team approach, RT’s who participated in extubations also were held accountable in the extubation log. Wherever the extubation fall out occurred, it was addressed. It became a culture of how are WE going to extubate our pt.

Early utilization of the Cardiac Surgery Ventilator Protocol RT’s and CVICU RN’s collaborate to address potential extubation barriers early.

Our data analyst also investigated extubation time between 6-10 hours to verify times were abstracted correctly. Once times were verified, outliers were sent to RT leadership to evaluate for trends.
<table>
<thead>
<tr>
<th>Patient Label</th>
<th>RN/RT</th>
<th>Out Time</th>
<th>Extubation Time</th>
<th>Surgeon</th>
<th>Procedure</th>
<th>Extubated within 6 hours?</th>
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<tbody>
<tr>
<td>12 F</td>
<td>Anka Wang</td>
<td>1000</td>
<td>1600</td>
<td>Brady</td>
<td>AVR</td>
<td>Barnly! Yes but sleepy and no cuff leak w/ 7.0 Dett</td>
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<tr>
<td>2 F</td>
<td>McKenzie</td>
<td>1411</td>
<td>1815</td>
<td>Khary</td>
<td>CABG x3</td>
<td>Yes</td>
</tr>
<tr>
<td>2 E</td>
<td>Steve RN</td>
<td>2010</td>
<td>2012</td>
<td>Khary</td>
<td>CABG x3</td>
<td>Resp Code 7 Intensive prior to emergency CABG</td>
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<tr>
<td></td>
<td>Michelle RT</td>
<td>3/12</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 F</td>
<td>Jolena RN</td>
<td>3/14</td>
<td>3/14 0139</td>
<td>Khany</td>
<td>Carby</td>
<td>Resp did not make vent setting as patient draws/ no</td>
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<tr>
<td></td>
<td>Sterling RT</td>
<td>3/14 0139</td>
<td>3/14 0820</td>
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<td></td>
<td>3/14 0115</td>
<td>3/14 @ 1140</td>
<td>Braun</td>
<td>CABG x3</td>
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</table>
Chandler Regional Medical Center Annual Initial <6 hour Ventilation vs. STS Benchmark

1st line - start of corporate PI project & changes implemented
2nd line - change is number of surgeons (8-10 to 2-3)
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2nd line - change is number of surgeons (8-10 to 2-3)
Example of how the data has been presented over the years
How our data is currently presented

FY2024 Data (manually calculated)
What it is like now for nursing & respiratory therapists

We have fostered a culture of both pride and accountability.

We have great teamwork and have high expectations for quality care to be delivered. On the rare occasion a patient does not meet the window, reasoning is generally offered before the question is asked.

We continue to watch numbers and actively meet to discuss process improvement opportunities.
Thank You
Contact Information

• Carole Krohn, Director, STS National Database
  • CKrohn@sts.org
  • 312-202-5847

• STSDB@sts.org
  • Database Operational Questions (Billing, Contracts, Contacts)

• STSDB_Helpdesk@sts.org
  • IQVIA/Database Platform Questions (Uploader, DQR, Missing Variable, Dashboard, Password and Login)
Open Discussion

Please use the raise-hand function.

Please use the Q&A Function.

We will answer as many questions as possible.

We encourage your feedback and want to hear from you!