



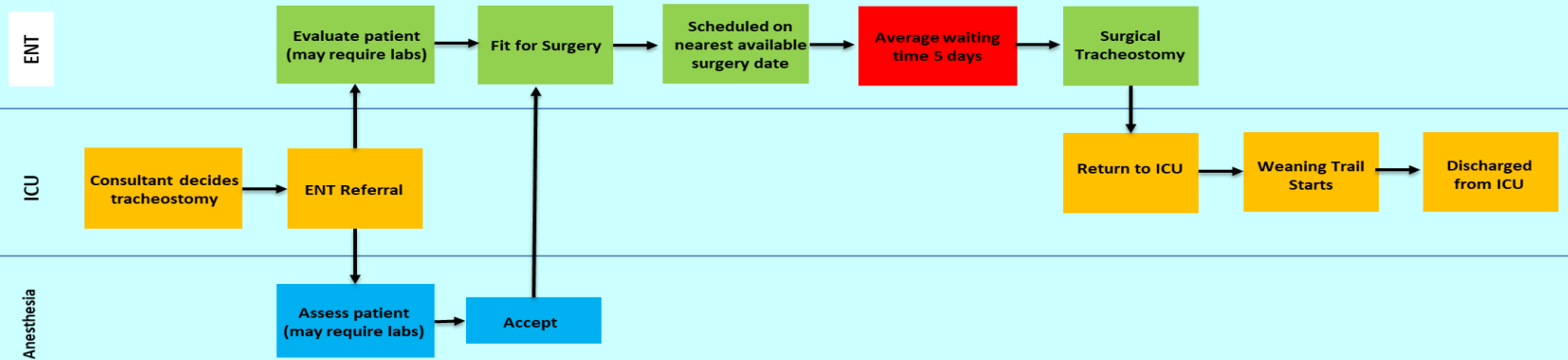
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## Introduction & Problem Statement

Tracheostomy is a common procedure in ICU, often performed to aid liberation from mechanical ventilation. Waiting time from consultants' order to performance of tracheostomy was five days on average.

## Analysis

Several brainstorming sessions between all stakeholders, using Pareto chart, Fishbone and affinity diagrams, indicated a lengthy process with several nonvalue added steps.

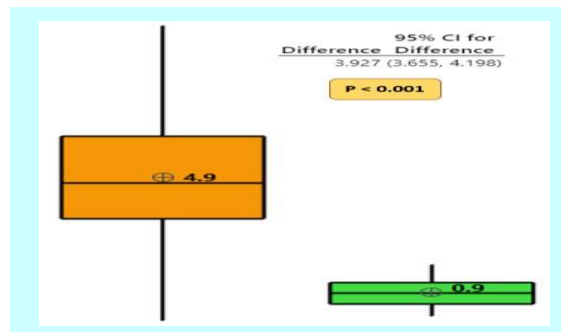


## The Tracheostomy Team

A team of trained physicians, nurses, and respiratory therapists, following an evidence-based protocol. Perform Percutaneous tracheostomy in the ICU, rather than referring to ENT and waiting to schedule a tracheostomy in the OR.

## Results

Significant reduction of waiting time, adverse events (to and fro OR and VAE), costs comparing tracheostomy kit Vs. ICU days, improved families' satisfaction (weaning & ICU discharge), as well as staff satisfaction (less burden and learning new skill).

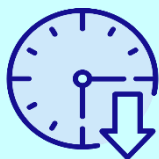


## Evidence-Based – Fewer Steps – Team Work

- Hashimoto DA, et al. Percutaneous Tracheostomy. N Engl J Med. 2020;383(20):e112.
- Putensen C, et al. Percutaneous and surgical tracheostomy in critically ill adult patients: A meta-analysis. Crit Care 2014;18:544.
- Raimondi N, Vidal MR, Calleja J, Quintero A, Cortés A, Celis E, et al. Evidence based guidelines for the use of tracheostomy in critically ill patients. J Crit Care 2016.

## Project's Design & Objectives

Lean methodology to eliminate waste and remove non-value added steps in the process, by creating “The Tracheostomy Team”. With the objectives of:



Time



Adverse Events



Cost



Satisfaction