

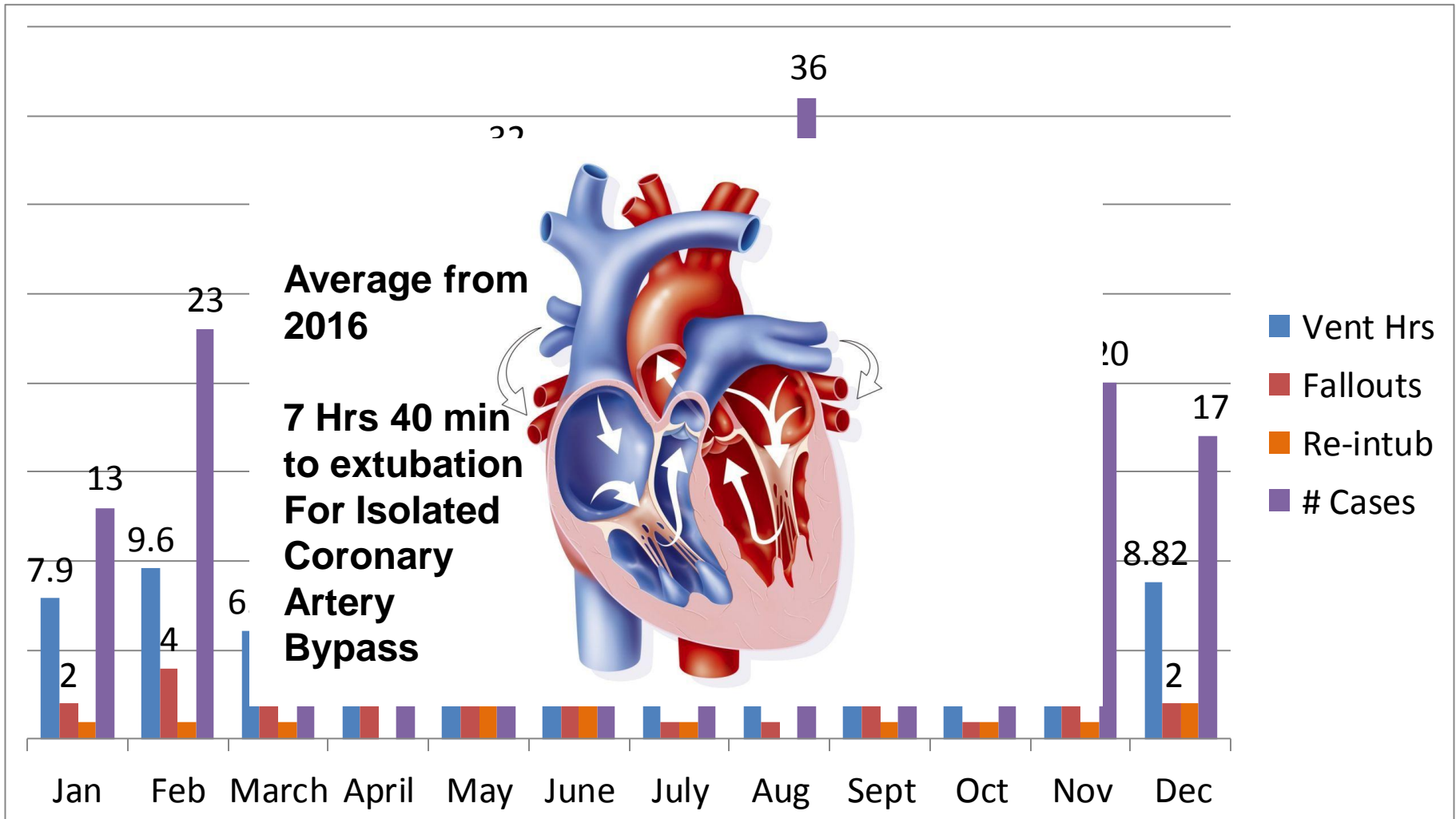
TMC HVI Vent Data Report for Isolated Coronary Artery Bypass Surgeries

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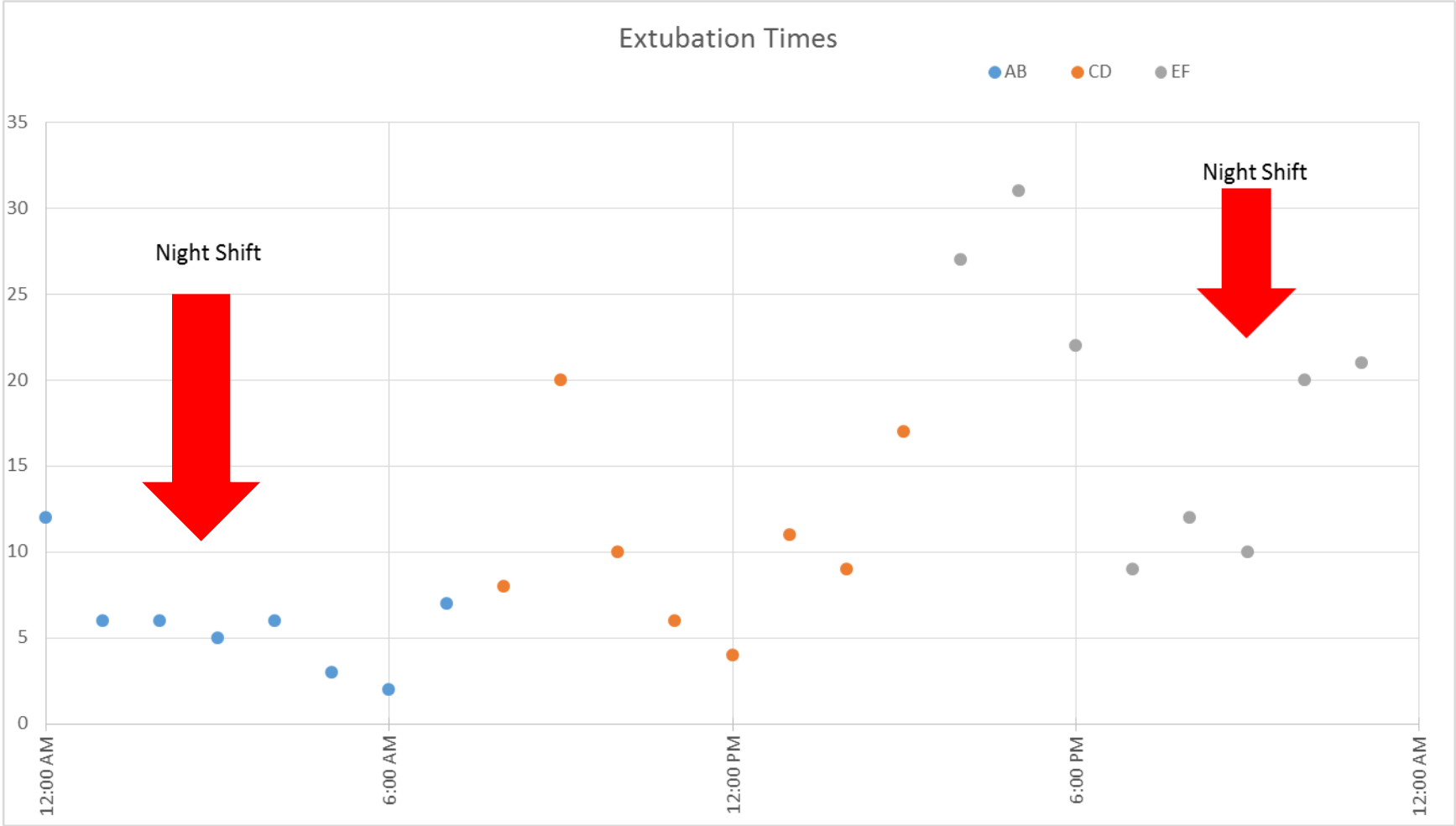
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Vent Hours, Fallouts, Re-Intubations for Isolated Coronary Artery Bypass

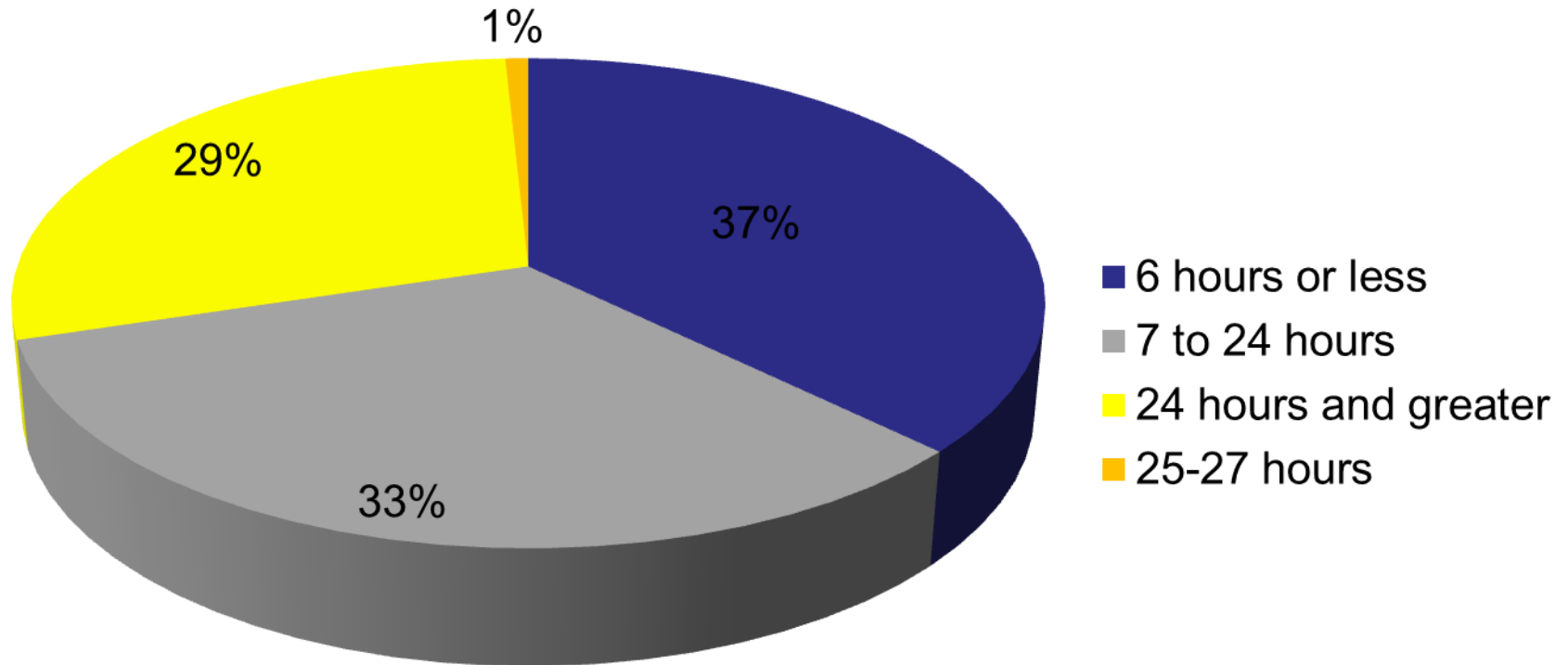


Extubation Times for Isolated Coronary Artery Bypass 2016

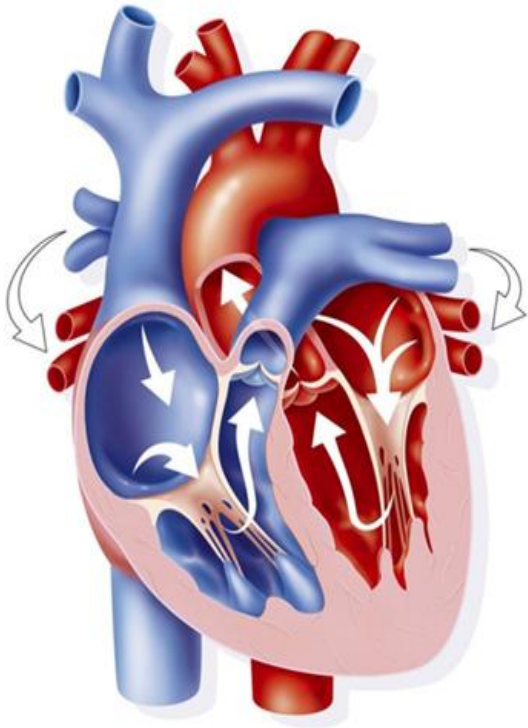


Vent Hours to Extubation 2016

Vent Hours to Extubation



Summary of Data



- 70% of our CAB patients are extubated within 24 hours
- Average Vent hours until extubation is 7 hours 40 minutes for patients ventilated >24 hours
- Extubations are occurring around the clock on days and night shifts
- Time Clocks were instrumental in reducing prolonged intubations
- Current goal is to reduce Average vent hours by 22% (1hr and 40 minutes over the next year)

STRENGTHS (+)



- Increased staffing coverage (RT's, NP's, etc.)
- Established culture of fast track extubations
- SBT assessment and trial performed on night shift



WEAKNESSES (-)



- No Attending physician coverage on night shift
- Dead time between when mechanics are done and Attending rounds



OPPORTUNITIES



- Review of processes prior to patient arriving at bedside
- Increase rounding and communication at 4hr post-op mark
- Reduce time for patient's readiness for extubation



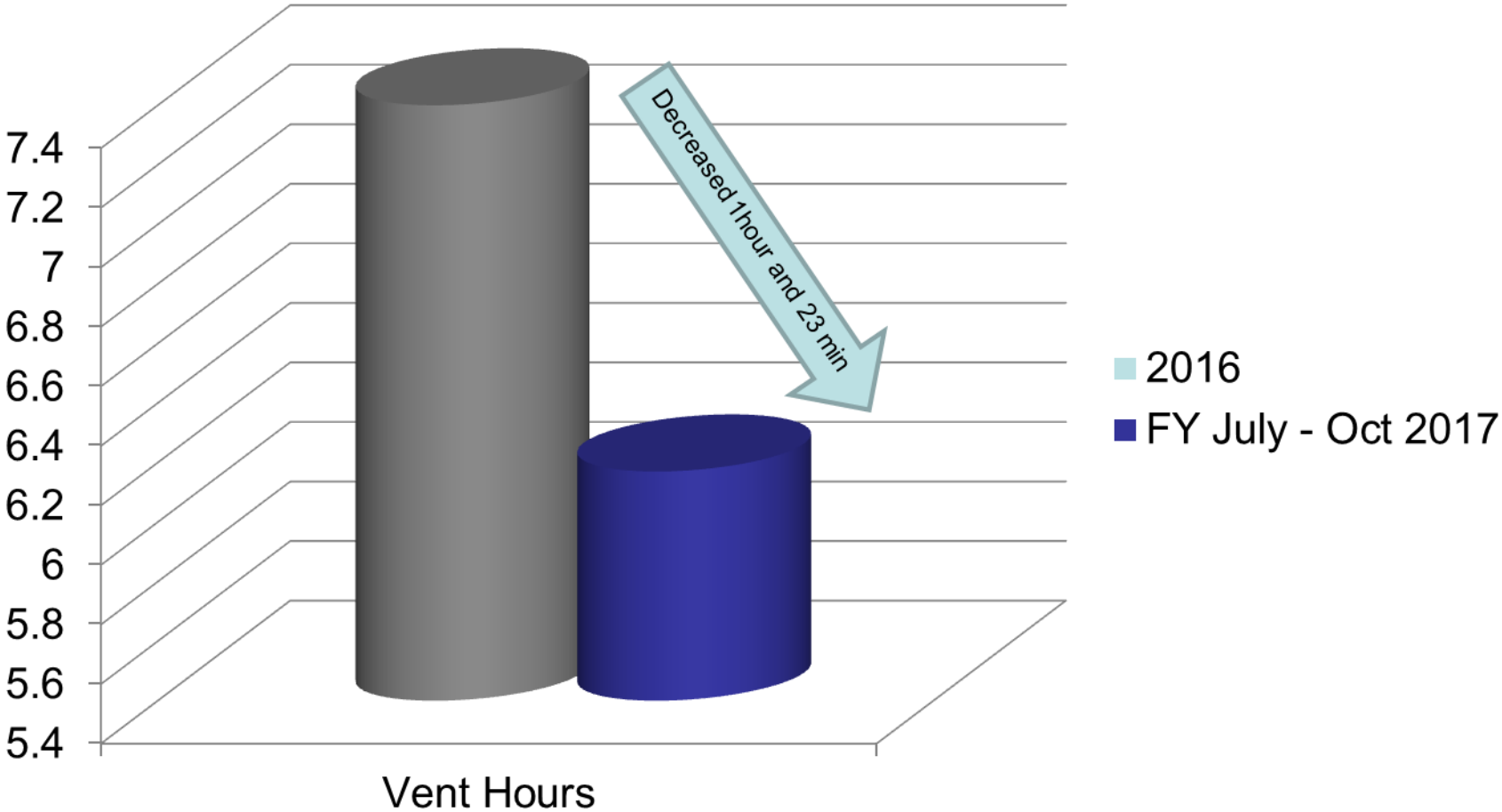
THREATS (-)



- Clinical complications from surgery
- Sustainability of interdisciplinary team involvement
- Lack of communication



Comparison of 2016 vs July 2017 – October 2017



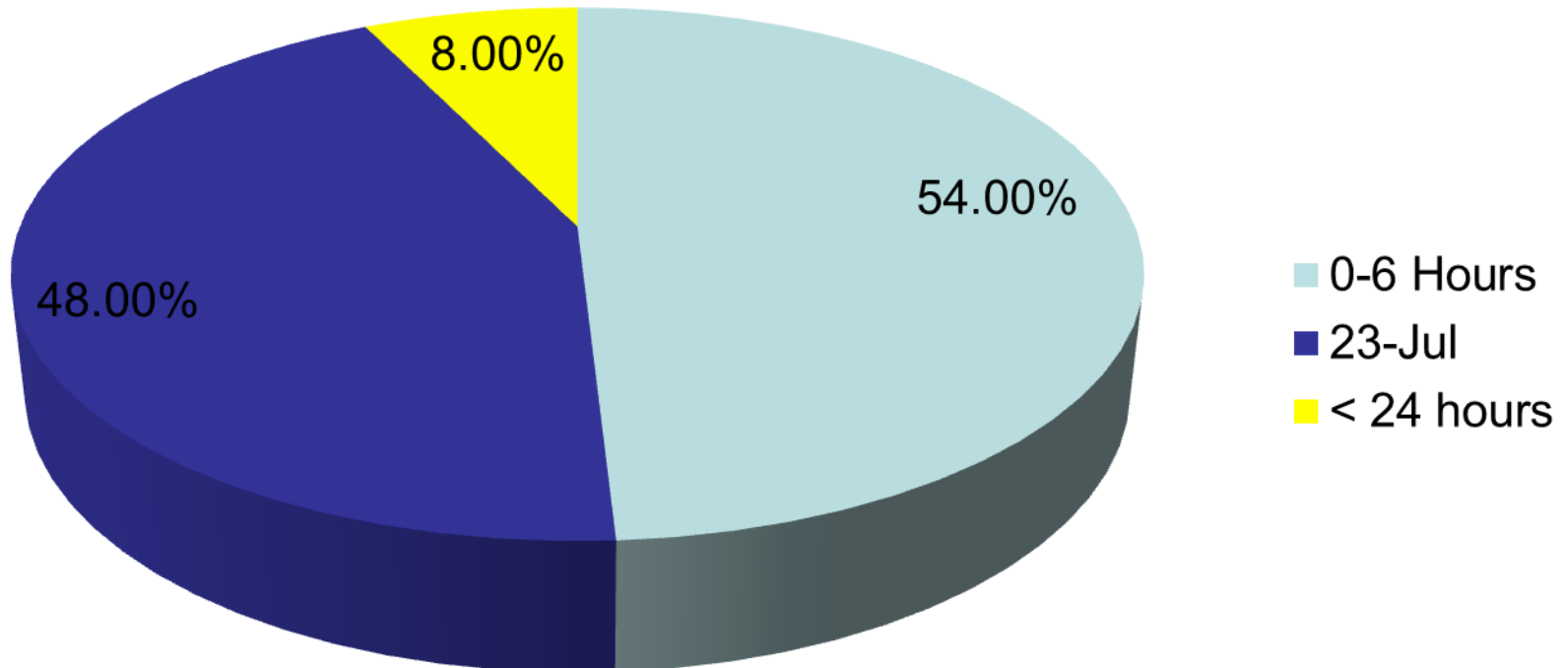
Nightshift Extubations

- From July 2017 to Oct 2017:
- 45% of Isolated CABG's extubations were performed between on nightshift
- Great Job!!!!

**STRAIGHT
OUTTA
NIGHTSHIFT**

Percentage of Patients Extubated (Isolated CABG) As of July 2017 – October 2017

% of patients extubated by hours



Target Group Opportunity

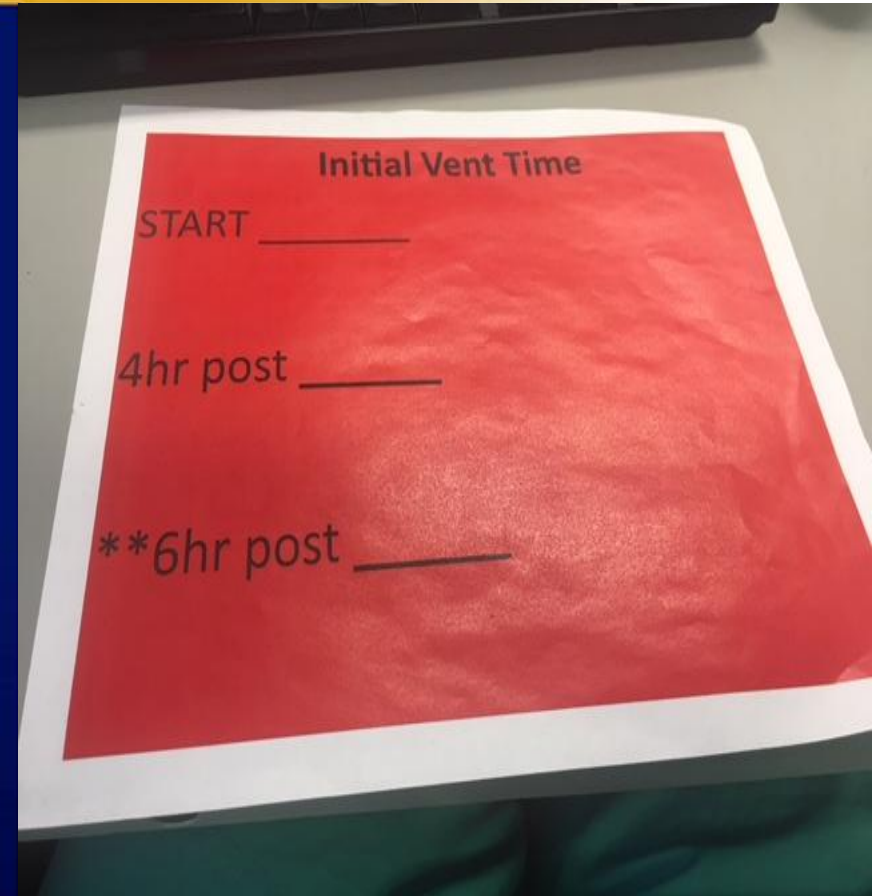
- 20% of our Isolated CABG's from July 2017 to Nov 2017 were extubated between **6 to 12 hours**.
- **Goal is to reduce extubation time by 2 hours for this group of patients!**



Opportunities

Opportunities

- CABG Redesign
- Focus on the 48% of patients who are extubated between 7 - 23 hours
- Proposal of a form of rounding on patient at the 4 hour mark if not extubated to discuss any barriers for extubation
- Collaboration of nurses and RT weaning oxygen on extubated patients and volume expansion



Rounding at the 4hour Mark

- Hemodynamic Status
- Pertinent Labs (ABG's) etc.
- Mental Status
- Discuss any barriers for possible extubation at the 4 hour mark
- Goal is to extubate by the 6hour mark if not sooner





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