SCHERERVILLE, IN, March 11, 2019/PRNewswire

SAM Leads Coalition to Eliminate Preventable Death from Unplanned Extubation

March 11, 2019 – Schererville, IN - A coalition of more than 15 healthcare and multispecialty medical professional societies, patient safety organizations, as well as quality improvement and advocacy organizations led by the Society for Airway Management, has launched a targeted effort to reduce the incidence of preventable death from unplanned extubation (UE). Researchers estimate that up to 33,000 adult deaths per year in U.S. hospitals can be attributed to unplanned extubation. The Society for Airway Management Special Projects II Committee launched an initiative that takes aim at raising awareness about how common and costly unplanned extubation is and to identify the extent of the problem. It is calling on organizations to begin tracking the occurrence of UE using a core data set for every intubated patient undergoing mechanical ventilation. It also takes aim at increasing prevention efforts through best practice tools that are being developed and will be made available to hospitals to facilitate their efforts in eliminating preventable harm and death from unplanned extubation.

A comprehensive review of the literature reported a median occurrence rate of unplanned extubation of approximately 7% for intubated adult ICU patients. However, research also indicates that there is a large performance gap amongst ICUs relative to the prevention of unplanned extubation. The incidence of unplanned extubation in adult ICUs ranges from 0.5% to 35.8% and 1.0% to 80.8% in neonatal ICUs. These large performance gaps present an enormous opportunity for quality improvement efforts that will improve patient safety. “The Society for Airway Management is leading the effort of this multi-specialty working group to make the treatment of critically ill, mechanically ventilated patients safer. The first step is to increase awareness of the problem and its impact” said Lauren Berkow, MD, FASA, President of the Society for Airway Management.

The impact of unplanned extubation is widely studied and extrapolation of the numbers from more than 50 published studies conclude that there are 121,000 incidences of unplanned extubation in adult ICUs yearly, resulting in over 34,000 ventilator-associated pneumonias, and more than 33,000 deaths. Studies show that unplanned extubation doubles the ICU length of stay (9 to 18 days) and increases the cost of care by more than $40,000 resulting in nearly $5 Billion in unnecessary healthcare costs.
“Unplanned extubation is common and costly, yet the gravity of this problem is uncommonly recognized”, said Dr. Arthur Kanowitz, co-chair of the Special Projects II Committee. This is because many hospitals and clinicians look at unplanned extubation as simply part of the management of a patient’s airway, that it is not a problem and therefore it is not typically tracked via a quality management system. Also, unlike many other patient safety issues such as sepsis, ventilator-associated pneumonia and opioid induced respiratory depression, most of the major electronic health record companies do not include a core data set for unplanned extubation in their software, thus making it difficult for hospitals to track. With UE not being tracked, it is not thought of as a “real problem” and therefore is not given the administrative priority and therefore quality management and prevention measures are not put into place.

The Coalition for Unplanned Extubation Awareness and Prevention is encouraging hospitals to implement a Core Data Set that was developed by the Patient Safety Movement Foundation and approved by the coalition, to help facilities determine their rate of unplanned extubation and track efforts toward improvement. The use of a targeted educational campaign to hospital executives, quality improvement and patient safety professionals will provide tools to help hospitals raise awareness regarding the gravity of UE and institute quality improvement programs. The Patient Safety Movement Foundation has developed a set of Actionable Patient Safety Solutions (APSS), to facilitate hospitals’ efforts toward building a quality improvement process, which will allow them to identify and track UE, evaluate the results, and then institute new preventions that will help hospitals accomplish zero preventable deaths.

As the coalition reaches out to their members, it is imperative that you, as a member of one of these organizations, to take this awareness and prevention campaign to your hospital, and encourage them to critically assess where your hospital’s UE rate falls on the performance range. If your hospital’s incidence of preventable deaths is zero, then you should share your success with others so they can learn how you have accomplished that. If your incidence of preventable deaths is not zero, then you should implement a quality improvement program to get help you get to zero.

The Collaborative member organizations working to raise awareness of UE are:

**Medical Professional Societies**

- Society for Airway Management, (SAM)
- American Academy of Pediatrics, (AAP)
- American Association of Respiratory Care, (AARC)
- American Association of Nurse Anesthetists, (AANA)
- American College of Emergency Physicians, (ACEP)
- American Society for Anesthesiologists, (ASA)
- Association of Air Medical Services, (AAMS)
- National Association of EMS Physicians, (NAEMP)
- National Association of EMTs, (NAEMT)
- Society of Critical Care Medicine, (SCCM)
- Society for Pediatric Anesthesia, (SPA)

**Patient Safety and Quality Improvement Organizations**

- Patient Safety Movement Foundation, (PSMF)
- Airway Safety Movement, (ASM)
- Anesthesia Patient Safety Foundation, (APSF)
- Children’s Hospitals Solutions for Patient Safety, (CHSPS)
- CMS Strategic Innovation Engine, (IMPAQ)
- Do it for Drew Foundation, (DI4D)
- Emergency Medicine Patient Safety Foundation, (EMPSF)
The Society for Airway Management (SAM) was founded in 1995 by a group of physicians dedicated to the practice, teaching and scientific advancements of the field of airway management.

SAM was created as an interdisciplinary forum of physicians and non-physicians who practice airway management and contribute to its scientific advancement by encouraging new technologies, research, education and teaching.

SAM members include Anesthesiologists, Nurse Anesthetists, Emergency Medicine Physicians, Pulmonologists, Critical Care Specialists, Surgeons, Paramedics, EMTs, members of industry and others from more than 20 countries worldwide.

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