

## Online First (/Section/Online-First/175)

MARCH 24, 2019

# SAM and Coalition Take Aim at Unplanned Extubations

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The Society for Airway Management (SAM) is leading a coalition of 18 medical and patient safety and quality improvement organizations (sidebar) targeting preventable deaths from unplanned extubations. The newly announced initiative, named the “Coalition for Unplanned Extubation Awareness and Prevention,” is an effort to raise awareness about the frequency and cost of unplanned extubations by asking organizations to track the occurrence of these events on every intubated patient undergoing mechanical ventilation. The SAM-led coalition will increase prevention efforts by developing best practice tools that will be shared with hospitals.

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### Coalition Members

#### *Medical Professional Societies*

- American Academy of Pediatrics (AAP)
- American Association for Respiratory Care (AARC)
- American Association of Nurse Anesthetists (AANA)

The problem of preventable harm and death from unplanned extubations is significant. In a press release, SAM noted, "Researchers estimate that up to 33,000 adult deaths per year in U.S. hospitals can be attributed to unplanned extubation." The release stated that a literature review found that unplanned extubations occurred in about 7% of intubated adult ICU patients, but also noted a "large performance gap" in ICUs, which represents an opportunity for quality improvement efforts to enhance patient safety. "The incidence of unplanned extubation in adult ICUs ranges from 0.5% to 35.8% and 1.0% to 80.8% in neonatal ICUs."

More statistics cited by SAM:

- There are 121,000 incidences of unplanned extubation in adult ICUs each year.
- These extubations result in over 34,000 ventilator-associated pneumonias.
- Unplanned extubations double the length of ICU stays from nine to 18 days, and increase the cost of care by more than \$40,000 per case.
- Overall, unnecessary health care costs from unplanned extubations totals \$5 billion annually.

"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, the president of SAM, in the press release.

Arthur Kanowitz, MD, a co-chair of the SAM Special Projects II Committee, added, "Unplanned extubation is common and costly, yet the gravity of this problem is uncommonly recognized." Unplanned extubations historically have been viewed as an element of airway management and so are uncommonly tracked via a quality management system, and most electronic health records do not include a core data set for these events, making tracking difficult. If these events are not tracked, then they are not seen as a problem worthy of prevention measures.

- American College of Emergency Physicians (ACEP)
- American Society of Anesthesiologists (ASA)
- Association of Air Medical Services (AAMS)
- National Association of Emergency Medical Technicians (NAEMT)
- National Association of EMS Physicians (NAEMSP)
- Society for Airway Management (SAM)
- Society for Pediatric Anesthesia (SPA)
- Society of Critical Care Medicine (SCCM)

### ***Patient Safety and Quality Improvement Organizations***

- Airway Safety Movement (ASM)
- Anesthesia Patient Safety Foundation (APSF)
- Children's Hospitals' Solutions for Patient Safety Network (SPS Network)
- CMS Strategic Innovation Engine (IMPAQ)
- Do It for Drew Foundation (DI4D)
- Emergency Medicine Patient Safety Foundation (EMPSF)
- Patient Safety Movement Foundation (PSMF)

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Thus, a major focus of the coalition is to encourage hospitals to implement a core data set. The initial step is for hospitals to critically assess their own rate of unplanned extubations. The SAM statement added, "If your incidence rate of preventable deaths is not zero, then you should implement a quality improvement program to get you to zero."

—AN Staff

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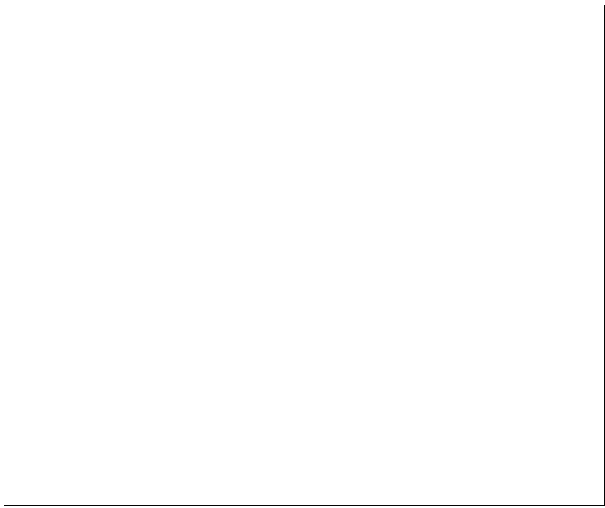
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