

**The Society of Thoracic Surgeons
Data Managers' Electronic Abstract Submission Form**

(Electronic Deadline: August 15, 2003, Midnight CDT)

ID# __01_____ (for internal STS use only)

1. **Authors' Information:** Please provide full name and title for each participating author.

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Author's Title: Chief of Cardiac Anesthesia

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Author's Title: _____

For additional authors please submit a second form.

2. **Institution(s) Information:** Please provide name of Institution(s).

Institution Name: Southcoast Hospitals Group - Charlton Site

City and State of Institution: Fall River, Massachusetts

Institution Name: _____

City and State of Institution: _____

Institution Name: _____

City and State of Institution: _____

For additional institutions please submit a second form.

3. **Title of Abstract:**

Title: Provide the title of the abstract. Please provide a short and specific title which indicates the nature of the study. Please use the following formatting guidelines; title case, no periods, no abbreviations. Example: This is a Properly Formatted Title

Using the STS Data Collection Tool to Help Define Factors that Reduce Intubation Times

4. Abstracts are limited to 250 words and must be typed and electronically submitted. The 250 limit does not include the title of the abstract or the author(s) name or title(s).

I. **Background:** A brief statement of the purpose of the study and the current state of research in the field.

Charlton Memorial Hospital, the Fall River site of Southcoast Hospital Group, is a community hospital that initiated an open-heart program in April 2002. By educating nurses on the relationship between intubation time and Propofol infusion, SHG has taken a multi-disciplinary approach in achieving the lowest possible intubation times.

II. **Methods or Study Population:** The methods of study or experimental approach clearly, but briefly, defined.

In addition to the standard STS data elements, we added four additional elements (Cardiac Index [CI], Body Temperature [BT], Chest Tube Drainage [CTD], and Inotropes administration [INO]). The study was conducted over a 4 month period. Patients included were the propranol infused CABG and valve cases with no contra-indication for early wean..

III. **Results:** A summary of the results of the study, including sufficient details to support the conclusions made. To summarize results you may include one table (not to exceed 10 columns, 10 rows), or one graph, or one illustration (jpg file not to exceed 4" x 3" at 300 dpi).

Low Body Temperature and high Chest Tube Drainage showed a medically relevant difference in intubation times, no administration of Inotropes showed a statistically significant and medically relevant difference. Low Cardiac Index showed a statistically insignificant difference. The results appear in the table below:

Intubation Time			t test and probability
	Average (Min)	No.	
CI\leq2.0	139.0	3	t = 0.38
CI$>$2.0	157.4	36	p = 0.62
BT$<$35.0	281.3	4	t = 2.94
BT\geq35.0	141.7	35	p = 0.08
CTD$>$100	219.4	8	t = 1.51
CTD\leq100	139.6	31	p = 0.08
INO	222.4	11	t = 3.04
no INO	129.9	37	p = 0.01

IV. **Conclusion:** A statement concerning the significance of the work and its implications for further research.

The primary reason that body temp below 35 degrees, chest tube drainage less than 100cc/hour and Inotrope administration impacted intubation time was that according to our early wean and extubation protocol, these factors prevented the nurses from discontinuing Propofol and allowing the patients to awaken. Propofol is a sedative/amnestic that is used in the peri-operative period for cardiac surgery patients to allow the nursing staff to manipulate awakening the patient post-operatively, once they are stable enough to wean and extubate.

By using the STS tool we were able to correlate our extubation protocols with observed outcomes thereby increasing quality patient care.