To educate, standardize, and implement Code Aorta process across Baylor Scott and White Health facilities to help improve care and ensure safe passage of patients from transferring facilities with aortic emergencies. In addition, integrating the use of advance imaging technology to expedite the required intervention. The larger goal is to nationally share the aortic emergency pathway to increase success rate and improve patient outcomes.

**BACKGROUND**

Acute Aortic dissection (Type A) is an emergency that has a mortality rate of 1% each hour that treatment is delayed. Therefore, delays in intervention reduce the success rate and increase fatalities. Prompt treatment may also reduce length of stay (LOS) and improve resource utilization.

From January 2015 to December 2015, our average facility arrival (door) to OR time was 6.11 hours with an average LOS was 14.01 days for aortic emergencies.

**PURPOSE**

To develop and implement a standardized process that streamlines the care of patients with aortic emergencies that results in an increased success rate or patient survival, and can serve as a model for the rest of the country.

**METHODS**

The Code Aorta process was implemented in January 2016, and since then mortality improved with all Code Aorta patients surviving. Also in comparison to the year prior, the average arrival time to OR time was reduced from 6.11 hours to 1.24 hours; and the length of stay was reduced from 13.6 days to 9.9 days. The Code not only improved outcomes but had an estimated supply savings of approximately $200,000 or $25,000 per patient.

**RESULTS**

<table>
<thead>
<tr>
<th></th>
<th>2015 Average LOS (Days)</th>
<th>2016 Average LOS (Days)</th>
<th>N =</th>
<th>N =</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code Aorta</td>
<td>14.01</td>
<td>9.9</td>
<td>17</td>
<td>29</td>
</tr>
<tr>
<td>Non-Code Aorta</td>
<td>13.59</td>
<td>11.36</td>
<td>38</td>
<td>29</td>
</tr>
</tbody>
</table>

*Denotes Several Outliers

**CONCLUSION**

The Code Aorta process was implemented in January 2016, and since then mortality improved with all Code Aorta patients surviving. Also in comparison to the year prior, the average arrival time to OR time was reduced from 6.11 hours to 1.24 hours; and the length of stay was reduced from 13.6 days to 9.9 days. The Code not only improved outcomes but had an estimated supply savings of approximately $200,000 or $25,000 per patient.

**RECOMMENDATIONS**

To educate, standardize, and implement Code Aorta process across Baylor Scott and White Health facilities to help improve care and ensure safe passage of patients from transferring facilities with aortic emergencies. In addition, integrating the use of advance imaging technology to expedite the required intervention. The larger goal is to nationally share the aortic emergency pathway to increase success rate and improve patient outcomes.