



Improving Tracheostomy Care

Jed Grisel, MD

Head & Neck Surgical Associates

Disclosure

- I do not have any conflicts of interest or financial disclosures
- To receive contact hours for this continuing education activity, the participant must:
 - Attend the entire event
 - Complete the program evaluation at the completion of the event

Objectives

- Participants will identify the key drivers for high quality trach care
 - Standardized protocols and procedures
 - Wide spread education (staff, patient, and family)
 - Multidisciplinary involvement
 - Patient and family engagement
- Participants will describe how United Regional has implemented these key drivers into care at United Regional
- Participants will apply protocols beyond the index event and into the community and patient's homes

Case Study

- 78 yr. old female with longstanding history of respiratory failure requiring a tracheostomy with nighttime ventilator support
- Patient and her husband were independent with her tracheostomy care at home
- Admitted to hospital with a leg fracture after a fall

Case Study

- During the hospital stay, the patient stayed on the orthopedics specialty floor with a bi-weekly rounding team consisting of:
 - Airway Nurse Practitioner
 - Respiratory Therapist
 - Speech Therapist
 - Social Worker

- A tracheostomy care bundle was utilized during stay

- Tracheostomy tube was changed before discharge (as it had been 6 weeks since last change)

Case Study

- Patient was discharged to skilled nursing facility with plan of care to apply casting after swelling had subsided
- Six (6) days after discharge, the patient was found by her husband face down, blue with a dislodged tracheostomy tube
- Patient was admitted to the ICU after resuscitation with CPR at the nursing facility
- She coded in the ICU again without resuscitation and expired

Who's responsibility?

- ❑ Surgeon?
- ❑ Hospital team?
- ❑ Device Manufacturer?
- ❑ Skilled Nursing Facility?
- ❑ Patient?
- ❑ In a value-based model of healthcare, we ALL must jointly bear the responsibility and accountability together



Global Tracheostomy Collaborative

- GTC partners with hospitals and providers around the world
- Works together to improve the care, safety and quality of life of every individual with a tracheostomy or laryngectomy

www.globaltrach.org

Key Drivers

- Multi-disciplinary Care
- Standardized Policies and Procedures
- Broad Staff Education
- Patient and Family Involvement

Policies/Procedures

- ▣ General trach policy
- ▣ Suctioning a tracheostomy tube
- ▣ Cleaning a blocked Trach Tube
- ▣ Planned decannulation
- ▣ Emergency response to accidental decannulation
- ▣ Trach tube changing
- ▣ Mandatory trach equipment

Tracheostomy Care Bundle

- ❑ Safety Equipment in the Room (Blue Bins)
- ❑ Dressing and Tapes assessed/changed qshift
- ❑ Inner cannula patency (checked qshift)
- ❑ Suctioning qshift and prn (existing trach)
- ❑ Stay Sutures
- ❑ Tracheostomy ties assess for appropriate tightness

Education Plan

- Educate every staff member
- Educate every patient and family member:
 - Trach tube
 - Cleaning – changing the inner cannula
 - Supplies
 - Speaking valves
 - Next steps

United Regional Experience

Adult Data Entry By Institution

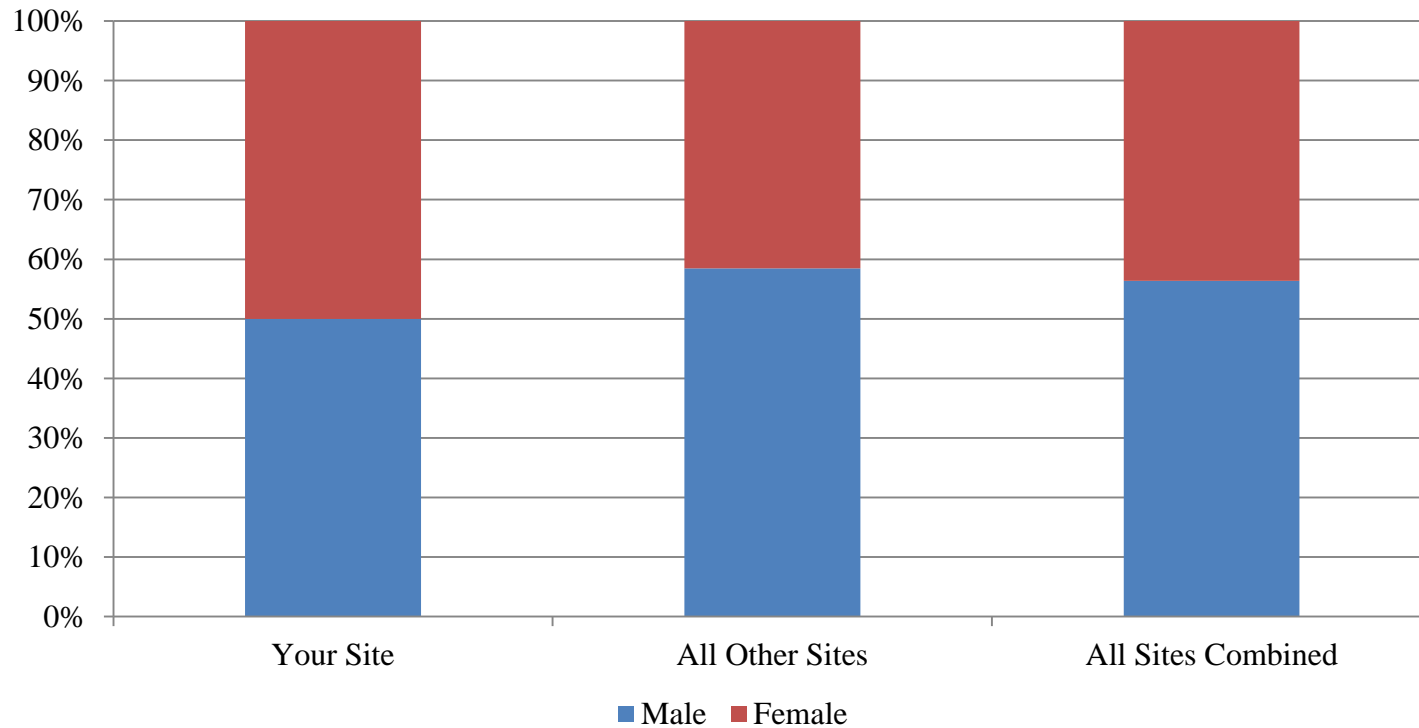
From August 1, 2014 to July 23, 2015, there have been 595 records of tracheostomy procedures performed by 12 member hospitals of the Global Tracheostomy Collaborative.

There were 400 records of **adult** patients. United Regional performed 100 tracheostomy procedures, accounting for 25% of all adult tracheostomy procedures during the report period.

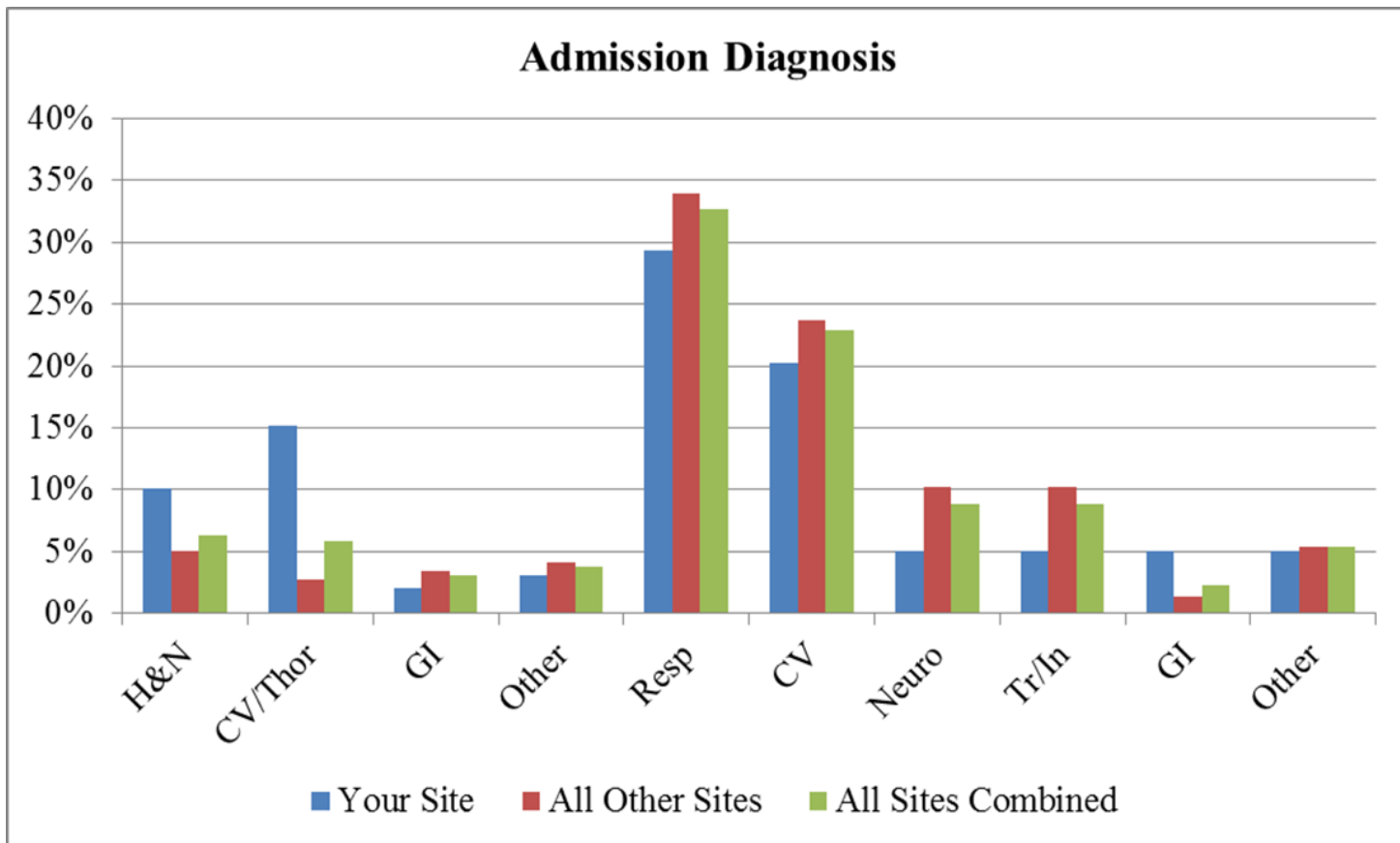
Adult Data Entry by Institution		
United Regional	All Other Sites	All Sites Combined
100 (25%)	300 (80%)	400

United Regional Experience

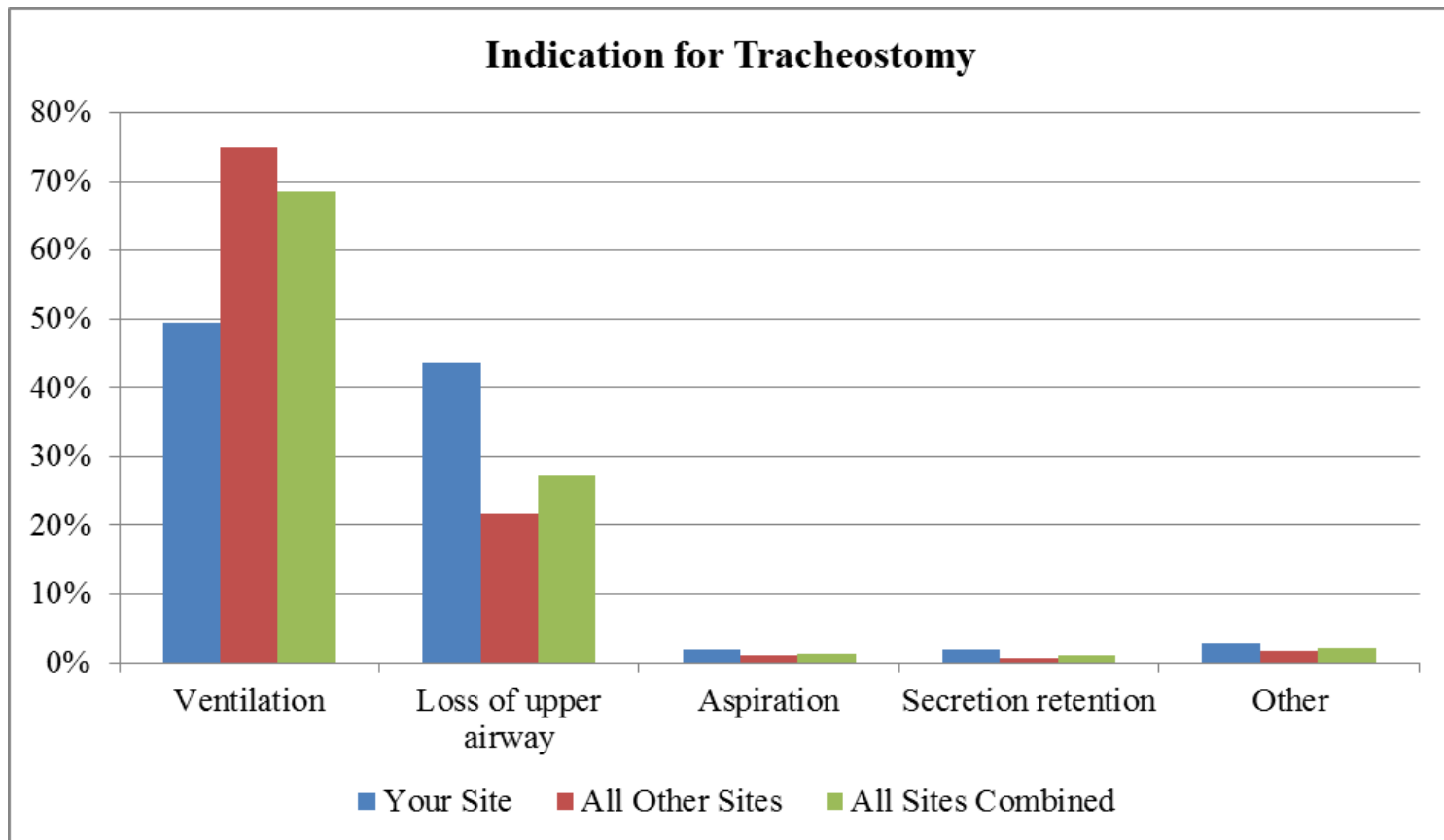
Adults: Gender



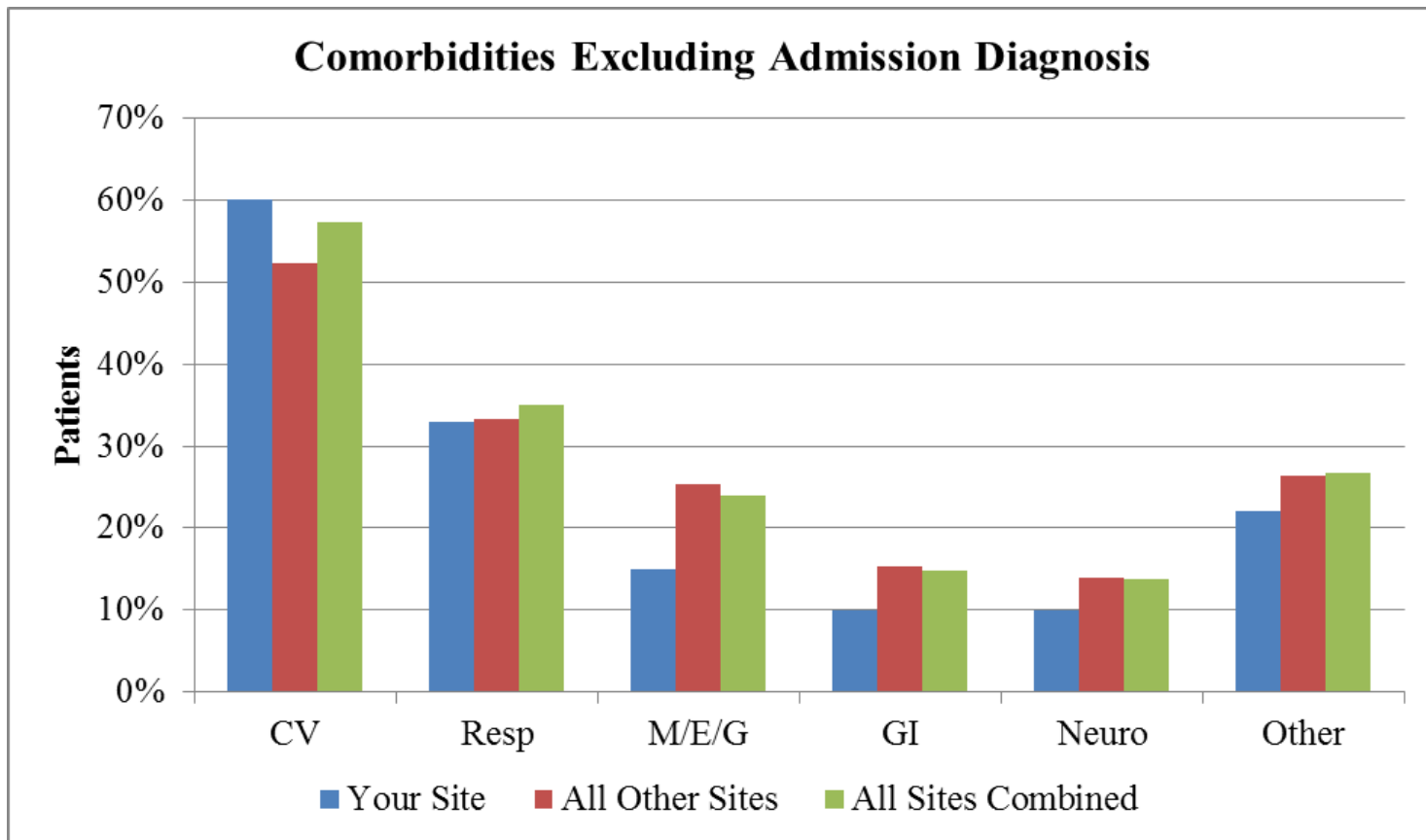
United Regional Experience



United Regional Experience

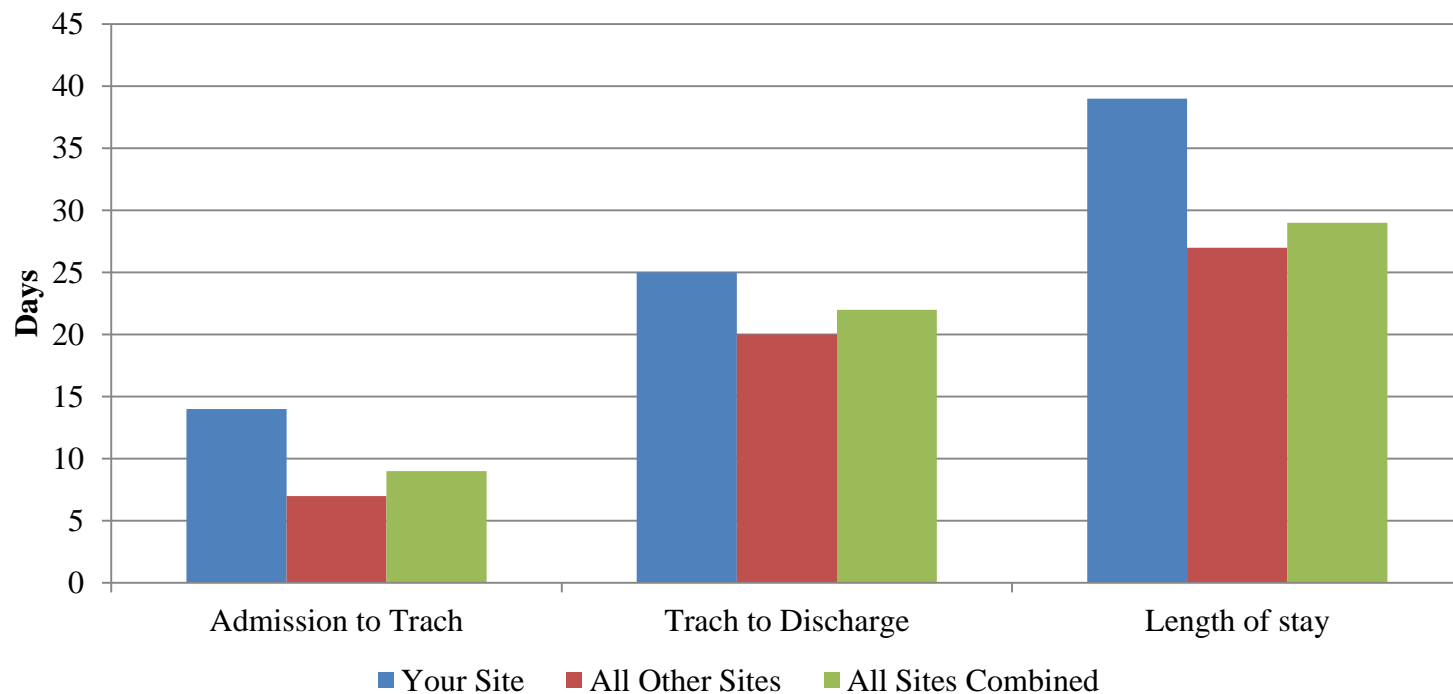


United Regional Experience



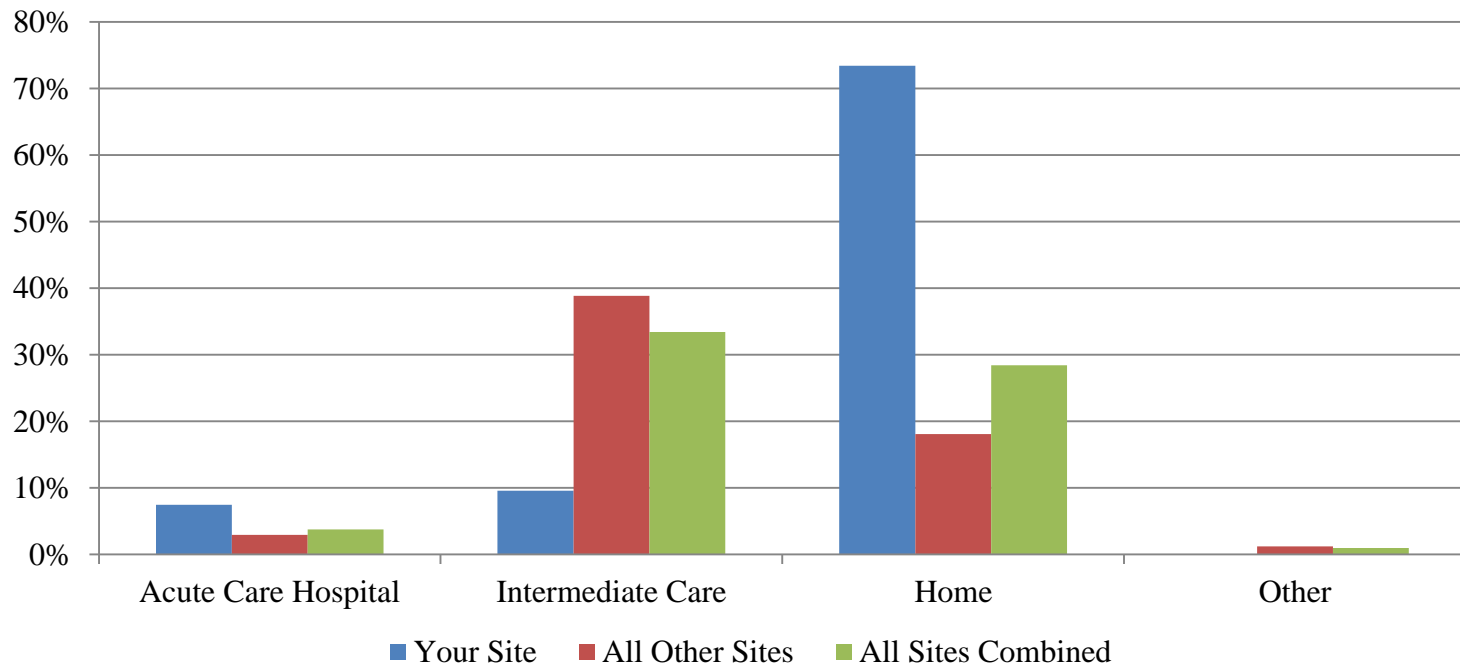
United Regional Experience

**Patients Surviving to Discharge:
Average Duration Between Events**



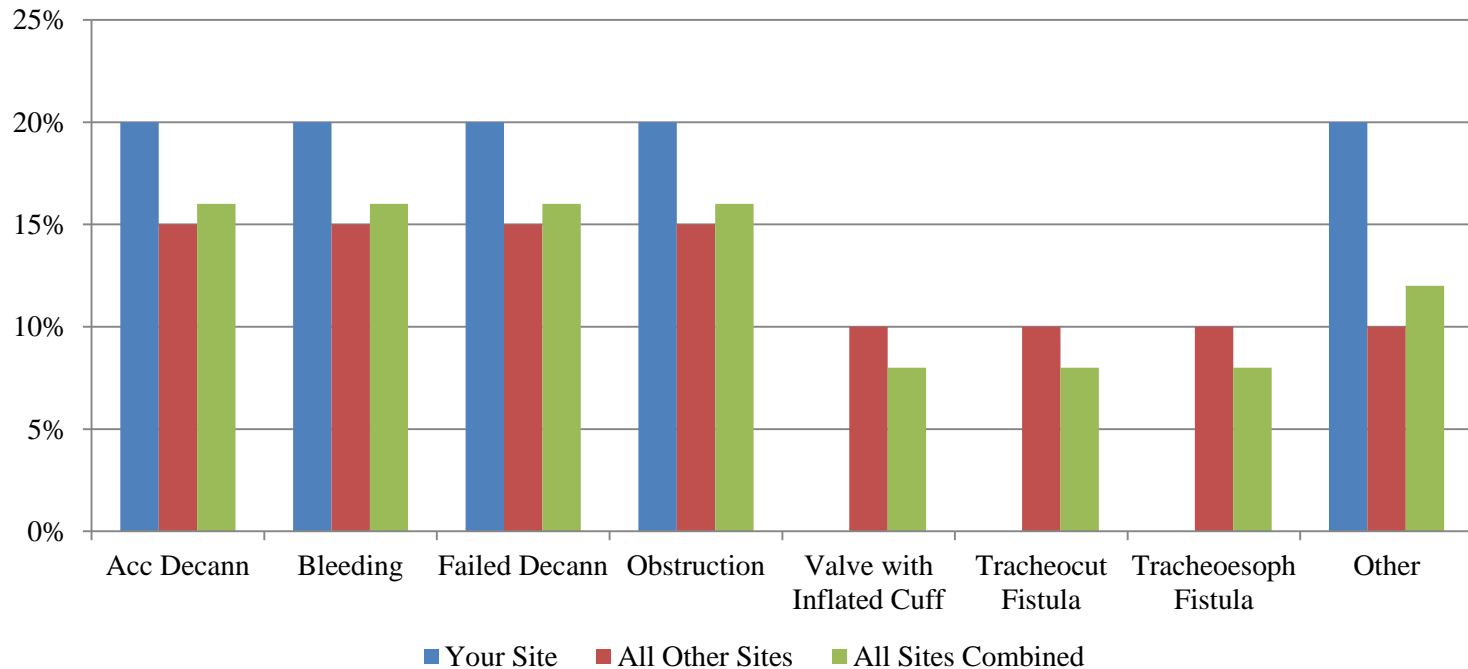
United Regional Experience

Discharge Location



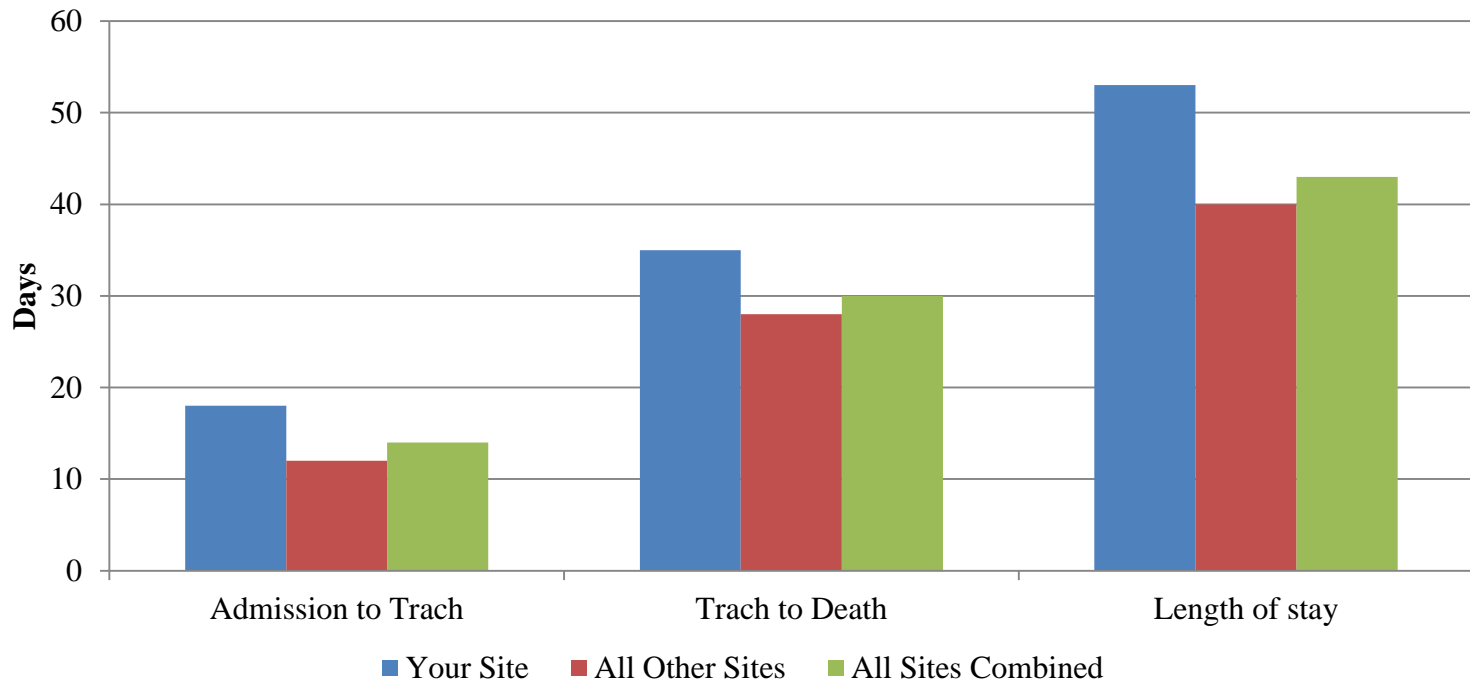
United Regional Experience

Types of Adverse Events



United Regional Experience

**Patients NOT Surviving to Discharge:
Average Duration Between Events**





Invitation



WHAT: INTERNATIONAL TRACHEOSTOMY SYMPOSIUM

WHERE: Johns Hopkins University School of Medicine
Turner Bldg. 720 Rutland Ave. Baltimore, MD

WHEN: APRIL 29 & 30, 2016

CHECK IT OUT!

www.hopkinscme.edu/CourseDetail.aspx/80038429



Questions



Thank you