



Interdisciplinary Approach to Tracheostomy Management



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Why the need to implement a tracheostomy team in the acute rehab setting?



- General inconsistencies with management of patients with tracheostomy
- Barrier to therapy
- RT services now available
- Increase in discharges to home (tracheostomy being barrier)
- Patient/Family Education
- Staff Confidence/Knowledge
- Patient Safety/Gyms vs nsg unit locations
- Quality of Care
- Overall Outcomes


Right Choice. Right Setting. Right Outcome. 2

- Tube management (including downsizing, etc)
 - Missed the trach
- Initiation of PMSV and capping trials
 - Suctioning needs
- Decannulation process
 - trach care
- Emergency procedures
- Care/cleaning
- Patient and family education



Right Choice. Right Setting. Right Outcome. 3

The Tracheostomy Team




<p>Current Members</p> <ul style="list-style-type: none"> • Respiratory Therapist • Transition Nurse • Speech Pathologist • Physical Therapist 	<p>Future Members</p> <ul style="list-style-type: none"> • Physician • Pulmonologist • Occupational Therapist • Wound Care
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Right Choice. Right Setting. Right Outcome. 4

Tracheostomy Rounds



- Rounding on current in house patients with tracheostomy
- Conducted weekly
- Assessing patients through examination and discussion with RNs and therapists
- Monitoring Compliance
 - Bedside Checklist
- Confirming education has been initiated with patient/family
 - Tracheostomy Care Checklist for Care Partner Training
- Follow up with recommendations to all disciplines
- Review and revising processes as necessary

Right Choice. Right Setting. Right Outcome. 5

Bedside Checklist Example

Kessler Institute for Rehabilitation- Saddle Brook Campus
Multidisciplinary Tracheostomy Team
Bedside Checklist

Name/Room #: _____
 Date: _____

- Resuscitation bag and mask with filter and cap
- Suction Source
- Suction catheters
- Saline bullets/Bottle of Sterile H2O
- Spare Tracheostomy tube
- Spare inner cannulae
- Ambu bag

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Tracheostomy Care Checklist for Care Partner Training

Kessler Institute for Rehabilitation- Saddle Brook Campus
Tracheostomy Care Checklist for Care Partner Training

Name: _____

Signature of staff who completed training: _____

Tracheostomy Care Skills/Theory	Observed/Verbalized	Performed
1. Understands what a tracheostomy is <ul style="list-style-type: none"> a. A surgical opening of the external opening (tracheostomy) into the trachea and insertion of an airway tube to maintain the airway's patency 		
2. Demonstrates understanding what a trach looks like with and without capping		
3. Care Partner role with tracheostomies <ul style="list-style-type: none"> a. Assist the staff with tracheostomy and trach care (not to perform the actual procedure) b. Demonstrate holding the tracheal tube in place while staff changes the ties c. Understands that tracheal suctioning is a sterile procedure d. Recognizes the emergency of disconnection events e. Visualizes equipment that must be at the head of the bed for all tracheostomy patients <ul style="list-style-type: none"> - Observer: this goes with patient if they leave the room <ul style="list-style-type: none"> ... Oxygen tank filter ... Suction canister ... Suction set up f. Visualizes what a Power Mist Speaking Valve or eye looks like and what it is used for 		

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Positive Outcomes

- Increased implementation of PMSV and capping
- Improved training with staff
- Carry over of recommendations to other disciplines
- Improved interdisciplinary communication
- Role of RT at campus

Right Choice. Right Setting. Right Outcome.
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Obstacles/Barriers

- Starting the team/team members
- Difference in recommendations between rounds and pulmonologist (i.e. initiating cough assist/capping trials, etc.)
- Carry over of recommendations following tracheostomy rounds

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Goals



- In-service staff on initiative and education
- Standardizing Documentation in Medical Records
- Competency of PT/OT staff in use of cough assist and with tracheostomy care
- Consistent and early training of family
- Creation of "go bag" for families/patients
- Expand to other campus as needed

Goals: Developing Collaborative Guidelines and Competencies



- Oxygen weaning
- Suctioning/Cough assist
- Patient positioning
- Passy-Muir Valve/thermovent/Cap Use
- Emergency Procedures for accidental decannulation or plugs

Possibilities for Future Research



- Track tracheostomy patients' length of stay/discharge home
- Investigate whether initiation of tracheostomy team contributed to:
 - Increased use of PMSV or capping
 - Sooner decannulation time
- Case study

Key Points



- The management of the patients with tracheostomy is interdisciplinary and requires active collaboration by all health care professionals
- Assessment and weekly recommendations from the tracheostomy team facilitates effective communication and initiation of decannulation process
- Team approach can impact patient safety, family education, decannulation time, discharge disposition, and length of stay

Questions?



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