

QUALITY IMPROVEMENT IN TRACHEOSTOMY CARE: A STANDARDISED MULTIDISCIPLINARY APPROACH

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Introduction

- Tracheostomy related adverse events remain a pervasive global problem that accounts for half of all airway-related deaths and hypoxic brain damage in critical care units. (British Journal of Anesthesia 2nd Edition by Elsevier Ltd)
- Primary nursing challenge in managing a tracheostomy case is to prevent or minimise tracheostomy -related complications.
- This study focuses on prevention of early complications related to tracheostomy care and thereby, accelerate the patient's recovery.



Objectives

1. To assess the knowledge and skill of nurses regarding the identification and management of tracheostomy related emergencies and complications before and after the intervention.
2. To minimise the occurrence of complications related to tracheostomy
3. To increase the overall patient satisfaction and thereby improving the patient experience during the hospital stay.
4. To minimise the average length of stay (ALOS) of tracheostomy patients.



Methodology

- Study Design : Quasi experimental-One group pre-test post -test design
- Setting : Medical & Surgical wards of Rajagiri Hospital
- Sample size & technique : 50 nurses through Convenient sampling
- Tools :
 - A procedure checklist to assess the nurse's competency and skill of performing tracheostomy care
 - A knowledge questionnaire to assess the level of knowledge regarding the care of patient with a tracheostomy tube.
 - Patient feedback checklist
 - Data collection period : October 2021-December 2021



Interventions

Improved Tracheostomy set



We care. We cure

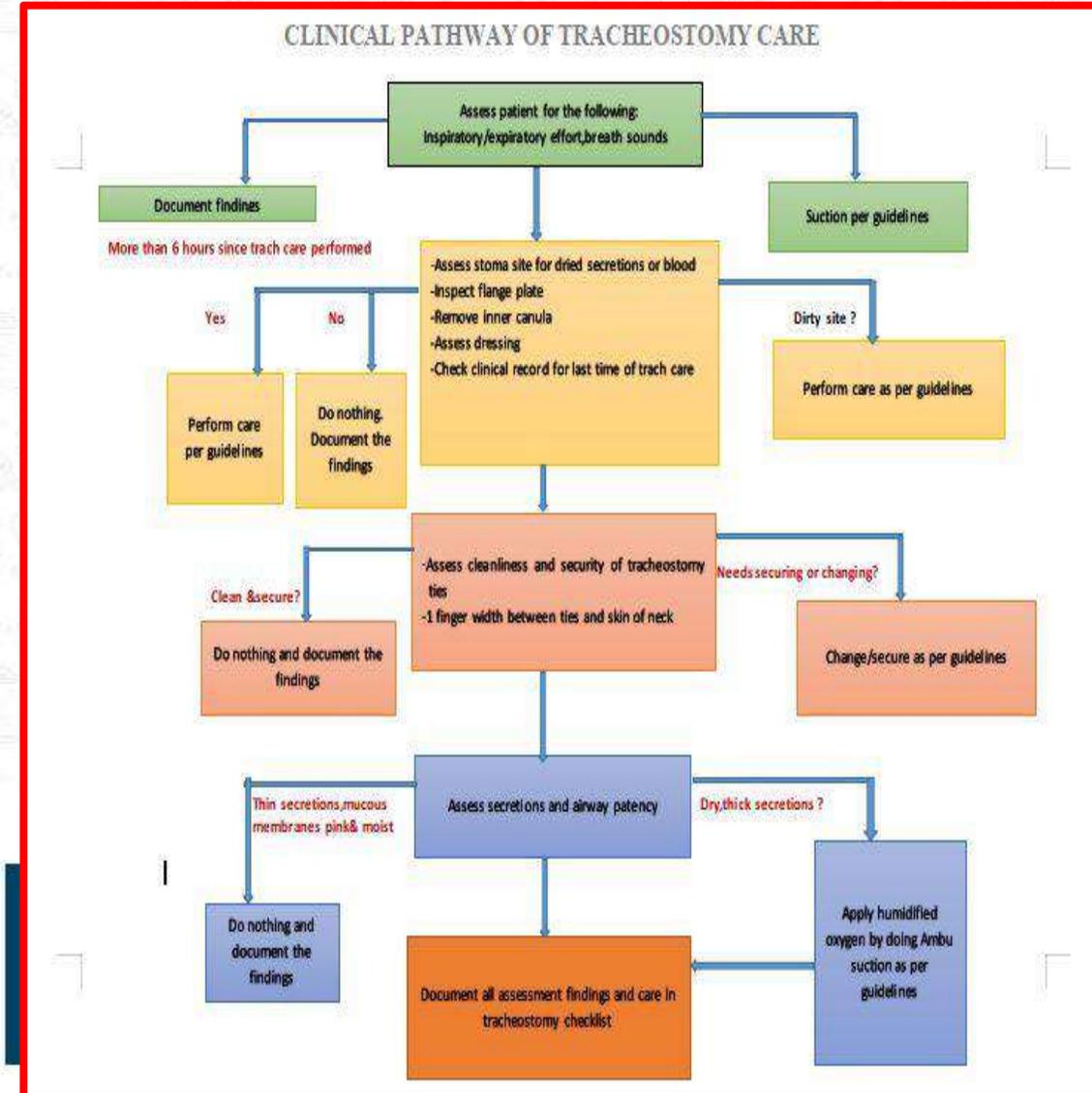
Video -assisted training on tracheostomy care and suctioning



Tracheostomy maintenance bundle

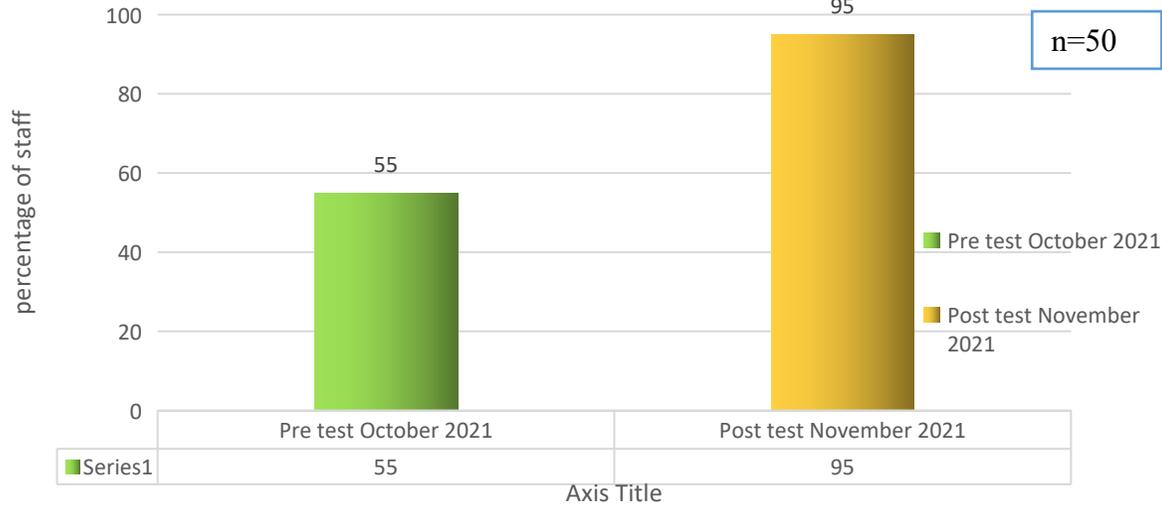
TRACHEOSTOMY CARE CHECKLIST			PATIENT LABEL																				
1. Tracheostomy done on:																							
2. Type of tracheostomy tube: (1) Metal/iron-metallic (2) Tube with/without inner cannula (3) Tube is Cluffed/uncluffed																							
3. Tracheostomy tube changed on:			4. Tracheostomy tube removed on:																				
Sl. No.	CONTENT	Date Time																					
1	Hand hygiene (yes/no)																						
2	Patency of tube (yes/no)																						
3	Head and Elevation - 35 to 45 (yes/no)																						
4	Suction done (yes/no)																						
5	Type of secretions: Mucoid/Thick/Purulent (yellowish/blood stained)																						
6	Size of suction catheter used																						
7	Tracheostomy dressing (clean/isolated)																						
8	Dressing changed (yes/no)																						
9	Tracheostomy tie (clean/isolated)																						
10	Tracheostomy tube cuff pressure adequate (yes/no)																						
11	Inner cannula present (yes/no)																						
12	Cuff inflated with 7cc (yes/no)																						
13	If yes-Cuff deflated-how many minutes																						
14	If no-Date from deflation not done																						
15	Patient Feed on - RT/Oral																						
16	SP02-silver tube Temporary closing continuous monitoring																						
R/N Signature with Emp ID																							
RAJH/FO/NSG/033			Rev 00																				
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Clinical pathway on Tracheostomy care

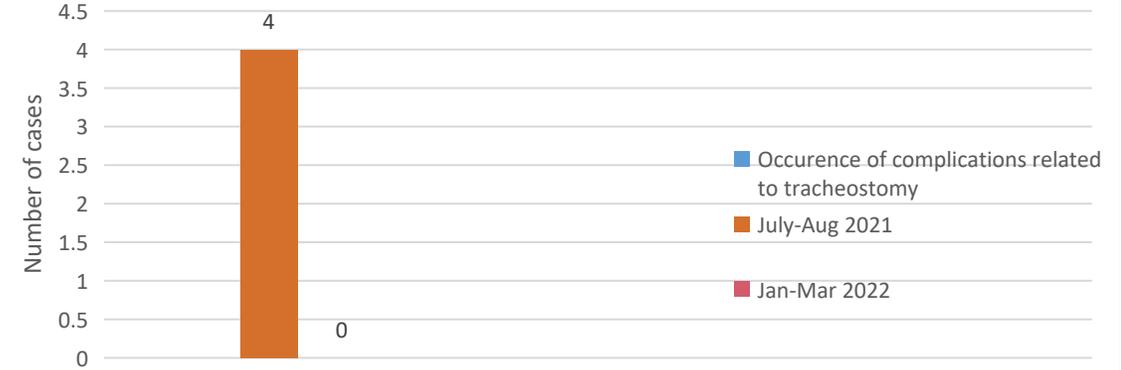


Results

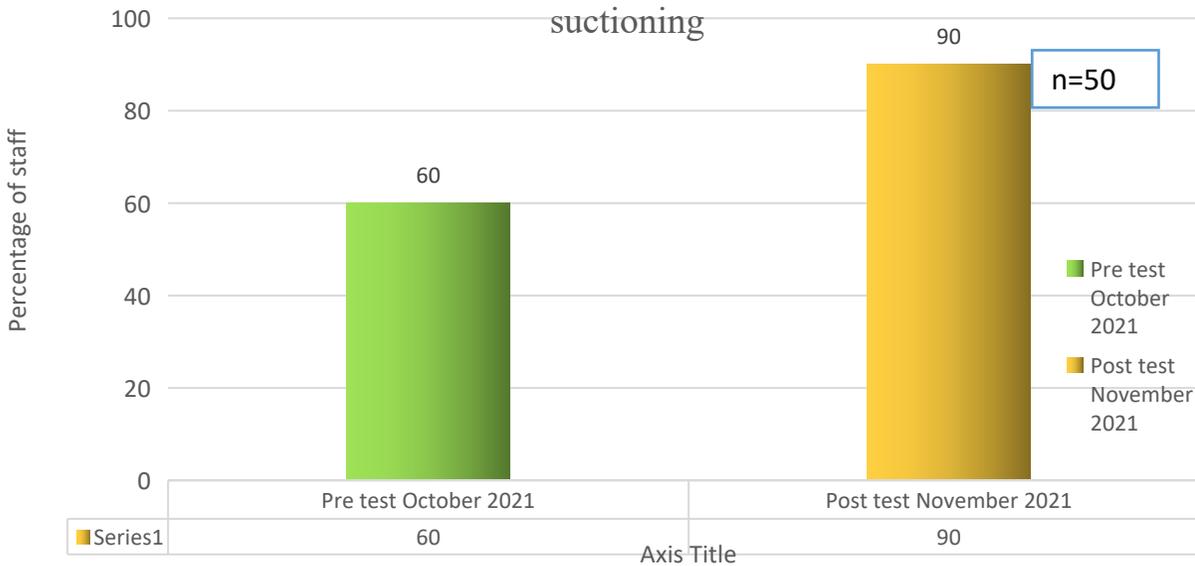
Level of knowledge of nurses on tracheostomy



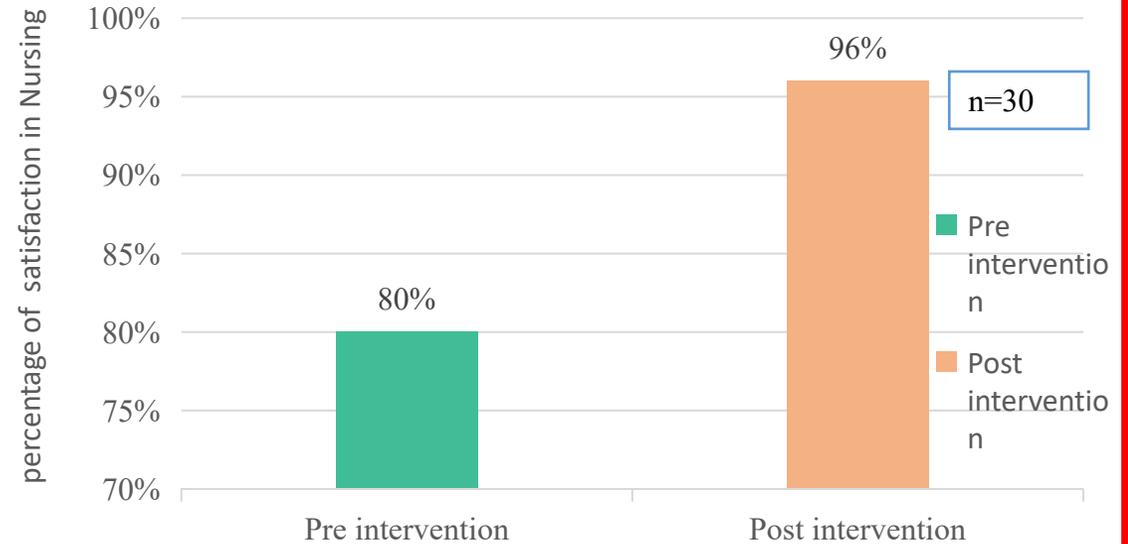
Occurrence of complications related to tracheostomy



Level of competency of nurses on tracheostomy care & suctioning



Percentage of satisfaction in Nursing care



Discussion

- The introduction of interventions for the standardised tracheostomy care can reduce the incidents of complications and infections, which has in turn, helped in early decannulation thereby reducing the length of stay of patients (ALOS)
- Monitoring the patients by using tracheostomy checklist every 4th hrly can help in identifying the early warning signs thereby paving a way to proactive and predictive nursing care.
- Cohorting ensured that the patients are cared by tracheostomy care specialised nurses and customised tracheostomy set ensured the easy and appropriate availability of articles.
- The use of clinical pathway will help in providing patient centric and outcome specific care to improve the safety and quality of nursing care.
- Periodic training and reinforcements were conducted among the nurses to sustain the quality of care.



THANK YOU

