

### **Course Objectives**

1. Identify key roles and members of the team.
2. Discuss how the team can impact outcomes of the tracheostomized and/or ventilator dependent patient.
3. List three goals of an interdisciplinary tracheostomy management team.
4. Describe how the use of the PMV® valve may be integrated into a weaning/decannulation protocol.

**Slide 4:** General Outline

**Slide 5:** Team Success Slide

**Slide 6:** What's In A Name?

**Slide 7:** Why You Need A Trach Team

- Cost of care
- Length of stay
- 1. Communication
- 2. Patient Safety
- 3. Risk of Aspiration
- 4. Risks associated with trach tube
- 5. Infection Control
- 6. Mechanical Ventilation
- 7. Long-term tracheostomy
- 8. Education
- 9. Staff confidence
- 10. Plan of care
- 11. Continuity of care
- 12. Quality of care
- 13. Quality of life

**Slide 8:**

Why is this patient still trached?

We are ALL part of the rehab process and responsible for the patient's SAFETY.

**Slide 9: Indications for Tracheotomy**

- Prolonged intubation
- Need for long-term mechanical ventilation
- Need for permanent tracheostomy tube
- Inability to intubate - trauma
- Airway protection/secretion removal
- Airway anomaly
- Pt comfort
- Facilitates weaning
- Options for oral feeding and communication
- A tracheostomy alone is not the treatment for aspiration

**Slide 10: Complications of Tracheostomy**

Cuff

- Trauma
- Laryngeal anchoring
- Reduced airway closure

No Airflow to upper airway

- reduced sensation
- reduced taste/smell
- loss of voice

Loss of positive a/w pressures

- peep
- cough
- swallow
- Valsalva

Anatomical Complications/Risk

**Slide 11: Benefits of Interdisciplinary Team**

Patient                      Facility                      Staff

**Slide 12: WHERE DO I START ???**

*"Study the Past If You Would Define the Future" Confucius*

**Slide 13: Identify the Needs of Your Facility**

- Survey staff knowledge and comfort levels
- Survey patients
- Review present protocols, statistics and events related to tracheostomy tubes

**Slide 14: Team Members: "Strength lies in differences, not in similarities"**

RN RT SLP OT PT RD  
Case Manager, Wound Specialist, Pt Care Technician, Advisor

**Slide 15: Team Members Roles, Cross-Train, Co-Treat**

**Slide 16:** Team Process

**Slide 17:** Team Process: Initial Plans

1. Identify a champion
2. Organize the team
  - a. Who will lead the team
  - b. What are the members roles and responsibilities
  - c. Meetings plans
  - d. Goals and target dates
  - e. Plans for daily rounds, documentation and recording
3. Develop collaborative protocols
4. Educate staff
5. Start.....GO TEAM!

**Slide 18:** Team Process: Daily Rounds

1. Daily rounds
  - a. Who will perform
  - b. Documentation in medical record
  - c. Recording information for QI
2. Monitor Compliance
  - a. Encourage reporting of non-compliance
  - b. Identify barriers
3. Education
  - a. Patient and families
  - b. Staff

**Slide 19:** Team Process: On-going

1. Review and maintain Stats
  - o Who, What and Why?
2. Continuing Education and Competencies
3. Review and Revise Processes as Necessary
4. Team Meetings: on-going
  - o Monthly/Quarterly

**Slide 20:** Team Process: Review

1. Establish Team – Find a Champion – Plan
2. Develop Collaborative Protocols
3. Educate Staff Implement Protocols
4. Continue
  - Education – Competencies - Monitor Compliance

**Slide 21:** Suggested Protocols

1. Timing of tracheostomy
2. Types of tubes/cuffs used
3. Communication Method
4. Decannulation Pathway
5. SLP Consults
6. RT Consults
7. OT/PT Consults
8. Nutrition Consults
9. Wound/Stoma management
10. Trach changes/down-sizing
11. Cuff maintenance
12. Oral care
13. Bed control/pt placement
14. Suctioning/BPH
15. Oxygen and humidity
16. Discharge planning
17. Patient/Family Education
18. Aspiration/VAP prevention
19. Patient transport standards
20. Passy-Muir® valve use
21. MD responsibilities
22. Staff competencies
23. Standard/standing orders
24. Emergency procedures

**Slide 22:** Sample Documents

**Slide 23:** Tracheostomy/Decannulation Algorithm Sample Document  
(Available upon Request)

**Slide 24:** Decannulation Algorithm: Phase I

Pre-Trach: Team Consult

Has Patient Failed to Wean from MV?

Establish Need for Tracheostomy

WWWWH

What is the Plan? Evaluate Communication Needs and Swallow

**Slide 25:** Decannulation Algorithm: Phase II

Trach is Performed

Is Patient Vented?

Probable LTAC Placement?

Probable LT Trach?

Is Patient Non-Vented or Weaned from MV?

Probable Rehab Placement or LT Trach?

**Slide 26:** Decannulation Algorithm: Phase III

Decannulation Criteria Met?

Yes – Decannulate and continue to monitor, eval swallow

No – Why? Continue to monitor and eval swallow and communication

**Slide 27:** Standard Order Set

- Tracheostomy Protocol (for emergency items at bedside, Trach Team Consult and general plan of care)
- TT (size/type) Cuff (up/down) Cuff pressure
- TT secured (if sutures, when and who will remove)
- TT plans for initial tube change (when and who will perform)
- Oxygen and humidity
- Suctioning and BPH \*
- Trach/Stoma Care \*
- Oral Care \*
- Consults - #1 SLP for swallow and communication
- Physician responsible for emergencies/2nd call

**Slide 28:** Emergency Trach Box

- Trach Tubes – assorted sizes
- Spare Inner Cannulae – assorted sizes
- Sterile Suction Catheters – assorted sizes
- Sterile Gloves – assorted sizes
- Trach tube securing device
- Saline Bullets/Sterile H<sub>2</sub>O
- 10 cc syringe
- Scissors/Kelly clamps/Dilator
- Cricoid Hook
- Oral suction
- Water soluble lubricant

**Slide 29:** Bedside Checklist

- Resuscitation Bag and mask w/filter and cap
- Suction source
- Suction catheters
- Saline bullets/Bottle of Sterile H<sub>2</sub>O
- Spare Trach (\*custom)
- Spare Inner Cannulae
- Obturator
- 10cc syringe
- Suture removal kit
- Instructions for transport/O<sub>2</sub> set-up
- Emergency Trach Box at Bedside

**Slide 30:** Daily Rounds

- Date of initial trach and Date of present trach
- Trach Tube Size and Type
- Sutures Present / Plan for removal
- Decannulation (per order or self)
- Cuff Pressure or Cuff Deflated
- Trach security method
- Condition of tube/stoma/mouth/lips/other tissue
- Ventilator/Respiratory Status \*
- Nutritional Status
- Method of Communication
- Cough/secretion management
- Emergency Equipment at Bedside
- Subjective Reports
- Findings/recommendations/care plan
- Documentation in medical record

**Slide 31:** Daily Rounds Record Sample Form  
(Available Upon Request)

**Slide 32:** Team Process: Review 12 Steps

1. Identify needs
2. Champion/Members
3. Define Goals
4. Sell it to Admin
5. Identify Barriers
6. Develop Protocols
7. Educate Staff
8. Cross-Train
9. Daily Team Rounds
10. Documentation
11. Monitor Compliance
12. Reach Goal

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**Slide 34:** Key Points to Remember

- The management of tracheostomy patients is multi-disciplinary and requires active collaboration by all health care professionals.
- Assessment and reassessment by the team is crucial for ensuring safe, effective weaning and decannulation.
- The strength of the team lies in the differences of the members, not the similarities.
- A team approach can significantly impact weaning, rehab, decannulation time, LOS, cost and quality of life of the tracheostomized/ventilator dependent patient.