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

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 H20
- 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 H20
- Spare Trach (*custom)
- Spare Inner Cannulae
- Obturator
- 10 cc syringe
- Suture removal kit
- Instructions for transport/O2 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 7. Educate Staff
2. Champion/Members 8. Cross-Train
4. Sell it to Admin 10. Documentation
5. Identify Barriers 11. Monitor Compliance
6. Develop Protocols 12. Reach Goal

Slide 33: Course Objectives
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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.