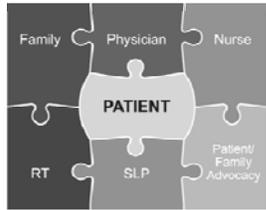


Welcome to Passy-Muir's Event Webinar:

The Home Care Tracheostomy Team:
Navigating and Networking

- If you have not registered for this event, go to the Education Portal to complete your registration. ep.passy-muir.com
- This is an "Audio Broadcast" meeting, which means that the audio signal will be sent out through your computer. A toll telephone number will also be available. Use the "Communicate" section of the file menu for audio options.
 - Call-in toll number (US/Canada) + 1-415-655-0001
 - Access code: 665 220 327
- The audio for this meeting is one-way, so the presenter will not be able to hear the attendees, nor will the attendees be able to hear each other.
- If you have a question for the presenter, please use the Q and A (not the chat box), to the lower right of meeting window.
- After the webinar ends, you will have an opportunity to fill in your evaluation in the Passy-Muir Education Portal
- If you have a technical issue, please call Passy-Muir at 949-833-8255, or email Daniel at dcarrillo@passy-muir.com

THE HOME CARE TRACHEOSTOMY TEAM:
NAVIGATING AND NETWORKING



Disclosure Statement

- Passy-Muir, Inc. has developed and patented a licensed technology trademarked as the Passy-Muir® Tracheostomy and Ventilator Swallowing and Speaking Valve. This presentation will focus primarily on the biased-closed position Passy-Muir Valve and will include little to no information on other speaking valves.

Presenter



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Disclosure: Financial — Employee of Passy-Muir Inc.
Nonfinancial — No relevant nonfinancial relationship exists.



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Nonfinancial — Co-founder/VP TrachCare, Inc.; Board of Directors, Global Tracheostomy Collaborative



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Respiratory Therapist
Nurse On Call

Disclosure: Financial —Employed by Nurse On Call and receives a salary
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Course Objectives

- Define the purpose and goals of the tracheostomy home care team.
- Identify health care professions and resources essential to an effective tracheostomy home care plan.
- Describe and develop key educational components in the development of a successful and effective tracheostomy home care team.

Care for the Patient with a Tracheostomy at Home:

An Experience



My Son Will

The challenges

- Care systems are often fragmented
- Communication is often one or two dimensional, between the family & one provider rather than inter-disciplinary focused
- Family is put in the middle of collaboration between specialists, to be the connector
- Lack of coordination of care
- Team members leave & change over time



The Home Trach Care Puzzle

- It makes sense only when the pieces are put together.

The Patient Centered Medical Home

- Its components include patient-centered care with an orientation toward the whole person, comprehensive care, care coordinated across all the elements of the health system, superb access to care, and a systems-based approach to quality and safety

Taylor, EF, et al. (2011). Agency for Healthcare Research and Quality. AHRQ Publication No. 11-0064

Institution of a tracheostomy care team contributed to: increased speaking valve use

Study	Piv Team (%)	Pul Team (%)
Cameron et al (2009)	~35%	~80%
de Mestral et al (2011)	~25%	~70%
LeBlanc et al (2010)	~35%	~70%

Tracheostomy Team and Speaking Valve Use Improves Outcomes

- Faster decannulation time (from 22.5 to 16.5 days)
- Decreased Length of Stay (from 60 to 41.5 days)
- Improved outcomes
- Decreased cost of care (annual savings of \$402,465)
- Fewer tracheostomy-related complications

De Mestral (2011). Canadian Journal of Surgery. Jun 54(3):167-72.
Cameron (2009). Critical Care and Resuscitation. 11(1):14-19
Cetto (2011). Clinical Otolaryngology. 35(5): 482-488
Speed (2012). Journal of Critical Care.

Reducing Cost of Care

- Hospital Care \$21,570/Month
- In-home care \$7,050/Month
- Cost Difference \$14,520/Month

Respiratory Care, June 2012, Vo. 57, No. 6, Long-Term Home Mechanical Ventilation in the United States.
Angela C. King RPF1, RRT-NPS.

Reduced Frustration

- Integration into family and social structure
- Improved living environment
- Increased communication and participation in care

Respiratory Care, June 2012, Vo. 57, No. 6, Long-Term Home Mechanical Ventilation In The United States, Angela C. King RRT, RRT-ACNP.

Reducing Frustration: Improving Communication

- "These findings call for an increased sensitization to the needs of this population among staff in critical care, acute and community settings.
- Integrated community support services are required to help counter the significant distress endured by these families."

Carnvale, F. et al (2006). Pediatrics. 117: e48

Key components of an effective team

- Appropriately chosen team members
- Establish written standards
- Interdisciplinary education
- On-going monitoring

Cetto, R., et al (2011). Clinical Otolaryngology, Oct:36(5):482-8.

Building the Team

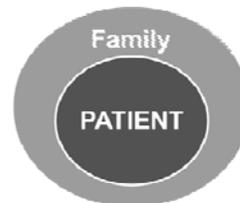


Patient

The heart of any team...the individual living with a trach.



Family



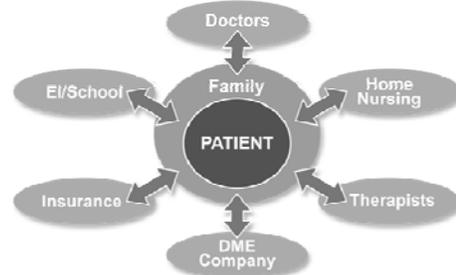
Family Role

- There is little or no coordination between clinicians and institutions, leaving patients and their families to navigate this system on their own and often to serve as the main conduit of information between the clinicians they see.

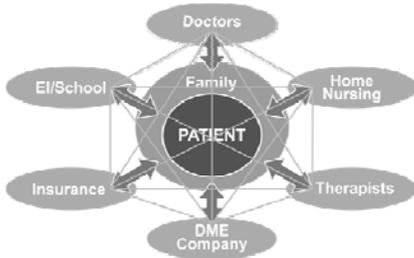


Taylor, EF, et al. (2011). Agency for Healthcare Research and Quality. AHRQ Publication No. 11-0064

The multiple components & complexity of care in the home



The ideal team: communication, collaboration & coordination



The Benefits to a Home Trach Team

- Networking
- Allows a patient & family to identify allies in navigating the system
- The patient's treatment plans will more likely focus on the whole patient rather than separate, system-based issues
- The foundation will be in place to better handle challenges that the come up with the patient's care
- Allows the family to have more time to be a family, rather than taking on multiple provider roles

Tips for laying the groundwork

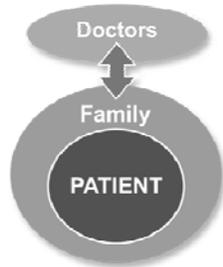
- Help the patient & family recognize the importance of a team approach
- Identifying key team members- "allies"
- Develop communication strategies and tools to promote communication between providers
- Identify the "ingredients" and create systems for multi-disciplinary care

Promoting Advocacy: Resources for Patients & Families

- Website for patients & families: www.tracheostomy.com
- Resource for online learning: www.pasy-muir.com
- Encourage development of support groups: www.trachcare.org
- Promote Advocacy for Better Tracheostomy Care: Global Tracheostomy Collaborative: www.globaltrach.org
- Model of a Home Vent Visiting Team: CAPE Boston Children's Hospital <http://www.childrenshospital.org/clinicalservices/Site2699/mainpage52699P0.htm>

Online family support Facebook groups:
Tracheostomy
TrachCare
Moms of Trach Babies
Kids with Vents

Primary Care Physician

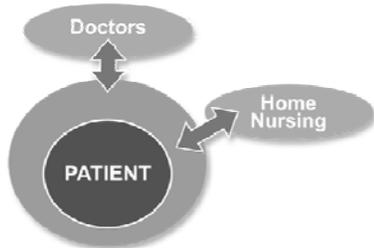


Doctor's Role as Coordinator

- The Primary Care Clinician is identified as the ultimate coordinator of care in the Patient Centered medical Home.

Taylor, EF, et al. (2011). Agency for Healthcare Research and Quality. AHRQ Publication No. 11-0064

Nursing



Bayada



Passy-muir.com

- Screen shot of our home page



Bayada Nursing Training Protocol

1. Study a self-directed learning module
2. Take a tracheostomy test
3. Perform a hands-on independent demonstration on trach care
4. Optional simulation lab
5. Nurse works in the home with a preceptor

Coordination of Services Note

COORDINATION OF SERVICES NOTE

Client Name: _____ DOB: _____ Client #: _____

COMMUNICATION TO:

Client Mgr. Pharmacy PT HHA Other

Care Manager Family/Condition Equipment Co. Lab C/P Other

Insurance Company HAI/PA P/T Other

REASON FOR NOTE: (Check as appropriate and explain in Comments section below)

Order for Care Lab Results Missed Shift/Visit

Reassignment Date Change Date Supplies Needed

New/Existing Order Change in Hours Changes to Home

Services on Hold Instructions to Employer Change in Medical Status

Revised Visit Frequency Update Client/Family of Schedule Instructions for Care Assignment

Verification of Insurance Coverage Other

COMMENTS:

Pediatric Nursing Assessment

PEDIATRIC NURSING ASSESSMENT

Client Name: _____ DOB: _____ Client #: _____

REASON FOR NOTE:

Order for Care Lab Results Missed Shift/Visit

Reassignment Date Change Date Supplies Needed

New/Existing Order Change in Hours Changes to Home

Services on Hold Instructions to Employer Change in Medical Status

Revised Visit Frequency Update Client/Family of Schedule Instructions for Care Assignment

Verification of Insurance Coverage Other

COMMENTS:

Nursing Assessment (Adult)

NURSING ASSESSMENT

Client Name: _____ DOB: _____ Client #: _____

REASON FOR NOTE:

Order for Care Lab Results Missed Shift/Visit

Reassignment Date Change Date Supplies Needed

New/Existing Order Change in Hours Changes to Home

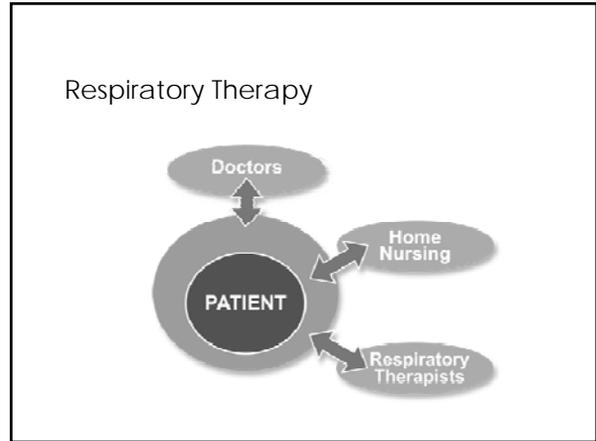
Services on Hold Instructions to Employer Change in Medical Status

Revised Visit Frequency Update Client/Family of Schedule Instructions for Care Assignment

Verification of Insurance Coverage Other

COMMENTS:

Respiratory Therapy



Tracheostomy Patient Services

- Respiratory Therapy
- Nursing
- Speech-Language Pathology
- Occupational Therapy
- Physical Therapy

Role of the Respiratory Therapist

- Education on Suctioning
- Education on Tracheostomy Care
- Assess the need for Heated Humidity
- Assess the need for Oxygen
- Verify the presence of Emergency Equipment and Supplies



THERAPY

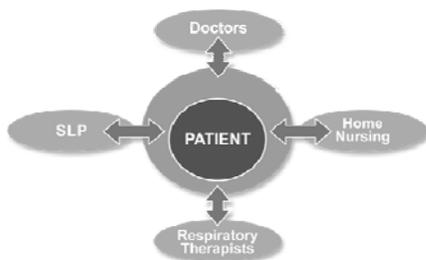
DME vs. Home Health

- DME: Equipment Rental
 - Limited home visits for equipment monitoring
- Home health: No third party payment
 - Home therapy and education

Resources:

- www.passy-muir.com/homecare
- www.passy-muir.com/education
- www.kramesstaywell.com
- www.youtube.com/watch?v=Wimw7bz0fLo

Speech-Language Pathology



Role of the Speech-Language Pathologist

- Promote the development of communication
- Developmental feeding skill advancement
- Dysphagia management.



Role of SLP

- Communicate with team
- Provide ongoing education to patient and family
- Continually seek further educational opportunities



Questions to ask:

- Why was the tracheostomy placed?
- At what age was the tracheostomy placed?
- What size tracheostomy is in place?
- Who manages the need for the tracheostomy and is there a weaning plan in place?

More Questions to ask:

- Does the individual use a ventilator or supplemental oxygen at any point during the day or night?
- Are there structural / tissue concerns we need to consider?
- Does the individual currently use a Passy-Muir® Valve?
- Can the individual vocalize around the tracheostomy site without a PMV in place?

More questions to ask:

- Does the individual currently eat, and if so, what does that mealtime look like?
- Does the individual ever sound "wet" during rest, vocalizations, or a mealtime?
- Does the individual cough to clear secretions independently?

Opening Communication

- Complete company specific HIPPA compliant consent to share form at onset of service delivery to include all medical and therapeutic team members the individual/ family choose to ensure open lines of communication immediately.

Mealtime Connections' Release

Contact with team:

- Contact physician after initial evaluation to identify their weaning and tracheostomy maintenance plan
- Establish communication and feeding goals with the individual and family that can support that plan.
- SLP should try to contact key team members to support a collaborative plan of care, determine if joint or overlapping visits are possible on occasion.
- Email or call those the family listed on the consent to share form to maintain contact and support collaborative care.

Ongoing communication:

- SLP should try to call or email team members collectively when changes occur that impact the weaning plan

Barriers to communication

- The rate of communication due to team member availability and/or schedules (contact with MD, RT, nursing, other therapists).

Resources:

- Identify if the medical professional managing the tracheostomy has a nurse educator or equivalent who provides advanced training on the ventilator, tracheostomy, and PMV.

Resources:

- www.asha.org
- www.mealtimeconnections.com
- www.feedingmatters.org
- [Pediatric Tracheostomy Home Care Guide](#) by Cynthia M. Bissell

Additional Educational Opportunities

- Self-study webinars available on demand
 - Getting Started
 - Ventilator Application
 - Swallowing
 - Pediatric
 - Special Populations
- Live group webinars
- www.passy-muir.com
- Passy-Muir Inc. is an approved provider of continuing education through ASHA, AARC, and California Board of Nursing Credit

Receiving CEU's for this Course

- You will have 5 days from the time this courses ends to complete the evaluation, which is required to receive credit.
 - Look in your email for a reminder link, or type this into your Internet browser's address bar:
 - ep.passy-muir.com
- If you are a **late registrant**, the meeting code is: **k2597p703**
 - If you are already registered, you do not need to use this code