

Quality Improvement: Multi-Disciplinary Tracheostomy Care

Liberty Hospital staff identified a need to develop a post-operative tracheostomy teaching and discharge plan. The goal is to provide education and resources to patient and family throughout their hospital stay and at time of discharge to home.

A multidisciplinary task force reviewed current process and identified opportunities for improvement. The following disciplines were represented: nursing, respiratory therapy, social workers, care management, palliative care, central supply and home health. The task force identified two “trach care super users” or experts, Nancy Buehrer, RRT, TTS and Casey Rozolsky, RRT to lead this process. The trach care super users partnered with nursing and other disciplines to promote education and consistent practice as this is a team effort.

1. Patients with tracheostomies – new or existing will be identified. Place an order for Trach Care consult (order can be entered by physician, nurses, respiratory therapy, care managers or social workers).
2. Patient will be asked to identify a caregiver who will be responsible for learning along with the patient, how to care for the tracheostomy. This person can be a family member, friend, or neighbor. However, they must be willing to go through the training.
3. Trach care super users will begin the education process. The patient and the designated trainer will begin tracheostomy care teaching as soon as possible.
4. Teaching will include suctioning techniques, changing inner cannula and trach ties, signs and symptoms of infection, skin care, and how to live a “new normal” – living with a trach.
5. A “Home Care for Trachs” booklet and a trach demo buddy has been created. This booklet will be reviewed with the patient and their designated trainer during their hospital stay and will be used as their education resource guide while at home. Patient and designated trainer are encouraged to practice frequently with the demo buddy. The demo buddy is individualized to each patient regarding their specific needs.
6. If trach care super users are unavailable (evenings), patient and designated trainer will be observed by nursing and respiratory therapy staff.
7. Durable Medical Equipment (DME) needs for the patient will be assessed. Patient will be asked to choose a DME company and that company will be contacted by trach super users. Trach care super users will contact social worker for assistance for those patients with complex discharge needs.
8. Prior to discharge, the health care team will determine if the patient and designated trainer have been adequately prepared for a safe discharge. In addition, they will ensure DME has been ordered/delivered, Home Health services arranged, and contact numbers have been provided.

This task force identified a need for increased staff education, both RN and RT staff; identification of “trach experts”; development of a consistent and systematic approach to care of the patient with a trach; a written educational resource for both patients and staff to use while in-patient and for patients in their home environment. Our goal to promote safety and quality care has been met.