NCEPOD On the Right Trach?

Hospital Number _____

Tracheostomy insertion

Recommendations	Data collection tool	Response		Action required
(1) Consent and WHO type (surgical) checklists should be adopted and used prior to tracheostomy insertion, wherever it is performed.	Q8. Was a consent form completed? Q9. Was a WHO type Surgical Safety Checklist used during this procedure?	Yes Yes	No No	
(2) The diameter and length of the tube used should be appropriate for the size and anatomy of the individual patient.	Q15. Did the tube have to be changed in the first seven days because the length or diameter was inappropriate?	Yes	No	
(3) Confirmation of tube placement must be obtained using capnography. This should be readily available and the events documented.	Q11a. Was there a documented post insertion assessment made of tracheostomy position? Q11b. If YES, was ventilation confirmed by capnography?	Yes Yes	No No	
(4) Appropriate positioning of the tube should be made using airway endoscopy. This should be readily available and the events documented.	Q10a. Was a documented upper airway endoscopy undertaken during tracheostomy insertion? Q10b. If YES, was this performed to confirm tracheal placement?	Yes Yes	No No	

Tube care in the patient with a tracheostomy

Recommendations	Data collection tool	Response		Action required
(5) When changing a tracheostomy tube factors that increase the risk of obstruction or loss of airway should be considered. These include tube size/ configuration and length. This is particularly important in the obese/high BMI patient.	Q12. Did the patient undergo any tube changes (planned or unplanned)?	Refer to audit tool		
	Q14. Was the replacement tube appropriate to the patient needs?	Yes	No	
	Q16. Was the FIRST PLANNED tracheostomy tube change conducted without significant patient deterioration?	Yes	No	
(6) Unplanned tube changes pose additional risks. All unplanned tube changes should be reported locally as critical incidents and investigated to ensure that lessons are learned and reduce the risk of future events.	Q13. Was the first tube change: (planned/unplanned)	Refer to audit tool		
	Q17. If UNPLANNED, was this reported locally as a critical incident?	Yes	No	
(7) Particularly careful consideration should be made at discharge from the critical care unit as to whether a cuffed tube is still indicated, and reasons must be documented. If it is, then there must be equipment and competences available on the ward for cuff pressure measurement.	Q18. Did the patient have a cuffed tube in situ at any point during their admission?	Refer to audit tool		
	Q19a. Was cuff pressure monitored adequately?	Yes	No	
	Q19b. Was cuff pressure documented adequately?	Yes	No	
	Q20a. Was the patient discharged from critical care to a general ward within the same hospital with their tracheostomy in situ?	Refer to audit tool		
	Q20b. Was the cuff inflated on discharge?	Refer to audit tool		
	Q21a. Was equipment available at the discharge destination (general ward) for cuff pressure measurement?	Yes	No	
	Q21b. Were staff with competencies (in relation to tracheostomy care) available at the discharge destination (general ward)?	Yes	No	
(8) Tube data should be more clearly recorded and made available for review at the bedside and	Q22. Were the following essential data readily available at the bedside for review:			

thereafter facilitated by a ‘passport’ for each patient, with all data included.	- Tube size - Tube type - Cuff pressure - Tube cleaning	Yes Yes Yes Yes	No No No No	
(9) All hospitals should adhere to recommendations already made by the National Tracheostomy Safety Project to maintain an essential box of equipment which is sufficiently portable to be moved around with the patient.	Q23. Was there a portable source of equipment containing essential equipment readily available at the bedside?	Yes	No	

The multidisciplinary care of tracheostomy

Recommendations	Data collection tool	Response	Action required
In order to facilitate decannulation and discharge planning multidisciplinary care needs to be established as part of the routine pathway for ALL (10) tracheostomy patients. Whilst on the critical care unit where there will be at least daily reviews, key additional team members should be involved at an early stage. The team composition should be flexible to properly reflect the patient's needs and provide excellent continuity of care. There are several key team members who one would expect should always participate, e.g. physiotherapy, speech and language therapy, outreach nurses and dietitians. Hospitals need to provide adequate staff to ensure this happens routinely and in a timely manner.	Q24a. Did the patient have a CRITICAL CARE stay with their tracheostomy in situ? Q24b. Whilst on CRITICAL CARE, was the patient reviewed on a daily basis by the multidisciplinary team? Q25a. Did the patient have a GENERAL WARD stay with their tracheostomy in situ? Q25b. Post insertion of tracheostomy, was this patient discussed at an MDT meeting whilst on A GENERAL WARD? Q25c. If YES, which of the following teams participated? - Physiotherapy - Critical care outreach - Speech & language therapy - Dietetics Q26. Whilst on A GENERAL WARD, was the patient reviewed on a daily basis by the multidisciplinary team?	Refer to audit tool Yes No Refer to audit tool Yes No Yes No Yes No Yes No Yes No Yes No	
(11) Involvement of Speech and Language Therapy in critical care needs to be facilitated particularly for more complex patients and to assist clinicians with high quality communication strategies as well as day to day ward care and according to patient needs.	Q28a. Was the patient reviewed by a Speech & Language therapist whilst on critical care? Q28b. If YES, was the frequency of these reviews appropriate to the needs of the patient? Q29a. Was sufficient attention given to the patient's communication needs? Q29b. If NO, was this as a result of a lack of Speech & language therapy input?	Yes No Yes No Yes No Yes No	
(12) There needs to be improved recognition of the	Q27a. Was this patient referred to a Speech & Language therapist?	Refer to audit tool	

incidence of swallowing difficulty in tracheostomy patients at all points in the care pathway. Early referrals to Speech and Language Therapy with specific competences are recommended.	Q27b. Was the interval between insertion and referral appropriate to the needs of the patient?	Yes	No	
	Q30a. Did this patient have ongoing swallowing difficulties?	Refer to audit tool		
	Q30b. If YES, was the recognition of this timely?	Yes	No	

Complications and adverse events

Recommendations	Data collection tool	Response		Action required
(13) Bedside staff who care for tracheostomy patients must be competent in recognizing and managing common airway complications including tube obstruction or displacements and as described by the National Tracheostomy Safety Project algorithms.	Q31. Was the patient at all times cared for by a person competent to begin essential early management of accidental decannulation and/or obstruction?	Yes	No	
(14) Emergency action plans must clearly reflect the escalation policy in order to summon senior staff in the event of a difficult airway event. Equipment including capnography must be always available, checked and utilised in patient care and in training scenarios. This reinforces the recommendation in the NAP4 guidance.	Q32. Was this patient (continuously) cared for in an environment where there was a clear emergency escalation plan in force to summon senior staff when there was a difficult airway event?	Yes	No	

Outcomes of care in tracheostomy patients

Recommendations	Data collection tool	Response		Action required
(15) In patients undergoing a tracheostomy without a trial of extubation the reason should be clearly documented.	Q6a. Did the patient have a trial of extubation prior to tracheostomy? Q6b. If NO, were the reasons for this clearly documented in the case notes?	Refer to audit tool Yes	 No	
(16) Multidisciplinary agreement about minimum airway assessments prior to decannulation needs to be established including availability of equipment and competences.	Q33a. Was a successful decannulation/removal attempt made? Q33b. Was a multidisciplinary agreement about the minimum airway assessment established prior to decannulation?	Refer to audit tool Yes	 No	
(17) Unplanned and night time critical care discharge is not recommended, particularly in patients with a newly formed tracheostomy and/or patients recently weaned from respiratory support. This reinforces the Intensive Care Society's general recommendation about night time discharges.	Q34. Was the patient discharged from CRITICAL CARE (Levels 2 & 3) with the tracheostomy in situ? Q35. Was there sufficient care in discharge planning to a safe location for this patient? Q36. Time of discharge Q37. Was the discharge:	Refer to audit tool Yes Day time Planned	 No Night time Unplanned	
(18) Wards accepting tracheostomy patients should be in a state of readiness in terms of equipment and competences.	Q39. Was the patient admitted to a general ward with their tracheostomy in situ? Q40a. Were comprehensive risk assessment(s) relating to the tracheostomy undertaken on this patient before admission to the ward? Q40b. If YES, did this determine: - The dependency of the patient - The level of observation required - The level of visability required	Refer to audit tool Yes Yes Yes Yes	 No No No No	

	Q41. Were staff with particular competencies (in relation to the care of tracheostomies) routinely allocated to this patient?	Yes	No	
	Q42. Was this discharge location an area designated for patients with tracheostomies?	Yes	No	
	Q43. Was this an appropriate location for the patient with respect to the care of the tracheostomy?	Yes	No	
(19) Quality of discharge documentation should be improved. A structured and detailed summary must be provided between wards and between hospitals and the community at the point of transfer.	Q38a. Is there a critical care discharge summary in the patient record?	Yes	No	
	Q38b. If YES, does it detail:			
	- Care requirements for the tracheostomy	Yes	No	
	- Follow up plan for the tracheostomy	Yes	No	
	- Weaning plan for the tracheostomy	Yes/NA	No	
	- Who to contact if problems with the tracheostomy	Yes	No	
	- Who has responsibility for decisions about the tracheostomy	Yes	No	
	Q44. Was the patient discharged from a general ward with the tracheostomy in situ?	Refer to audit tool		
	Q45a. If YES. is there a discharge summary in the patient record?	Yes	No	
	Q45b. If YES, does it detail:			
	- Care requirements for the tracheostomy	Yes	No	
	- Follow up plan for the tracheostomy	Yes	No	
	- Weaning plan for the tracheostomy	Yes/NA	No	
	- Who to contact if problems with the tracheostomy	Yes	No	
	- Who has responsibility for decisions about the tracheostomy	Yes	No	