



The Tracheostomy Task Force: A Collaborative Approach to Improve Tracheostomy Maintenance and Care Compliance

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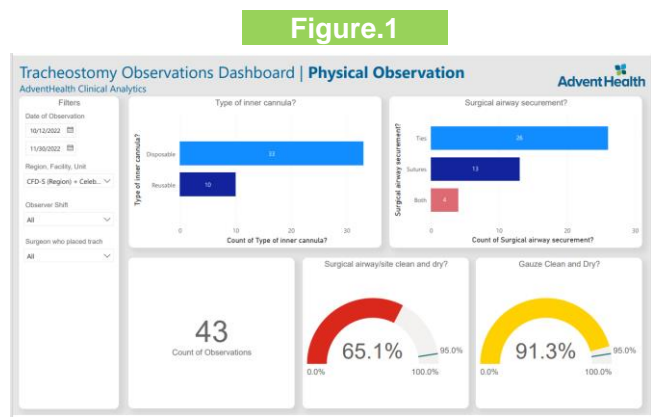
Background

- In 2022, our 317-bed facility identified gaps related to tracheostomy care and maintenance. While completing tracheostomy care, respiratory therapists (RTs) were reporting grossly soiled tracheostomy sites, dried blood, and copious respiratory secretions.
- We created a Tracheostomy Task Force (TTF) in September of 2022 with the objective of creating a rounding tool that could improve our care and maintenance.
- This quality assurance and process improvement strategy brought together a multidisciplinary team to combat complications and infections in patients with tracheostomies.

Methods

- Due to the limited research on tracheostomy patients, a retrospective literature review on best practices was conducted using material from the last 20 years to curate and aid in the construction of a tracheostomy rounding tool.
- Our tool focused on two key areas: physical observation of the tracheostomy site and documentation in the electronic medical record (EMR).
- Weekly rounding was conducted by the TTF over a period of a year, from October 2022 - October 2023, which included nursing, infection prevention, RTs and the head/neck coordinator.
- The rounding tools assessment of compliance were used as process indicators. Baseline data (Figure. 1) was collected over a period of two months followed by feedback and interventions in the following months.
- Completed observations were captured electronically via Microsoft Forms and integrated into a Microsoft Power Business Intelligence dashboard. The database provided a tool where teams could visualize compliance rates over the year and thus implement evidence-based improvement strategies and track progress.

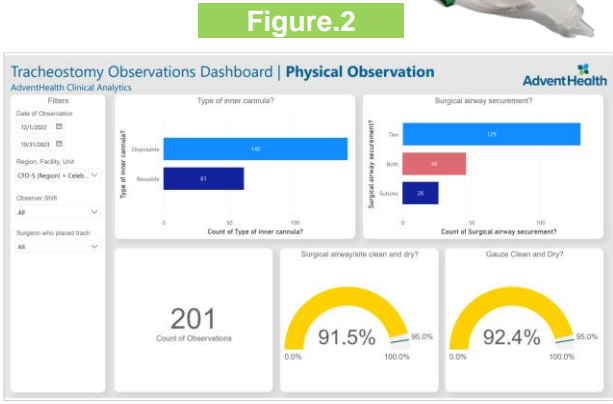
Results



Baseline compliance data from October 2022-November 2022

A total of **201** post-intervention observations were recorded from December 2022-October 2023 (Figure 2)

- By the end of our study, we yielded scores above 90%. With the addition of feedback and education we had an overall improvement.
- For the physical observation, 91.5% of tracheostomies were clean/dry.
- For EMR documentation, 85.1% (day shift) and 89.2% (night shift) documented the inner cannula being changed/cleansed.
- 90.6% (day shift), and 91.7% (night shift) documented performing tracheostomy care.



Physical observation of tracheostomy sites from December 2022-November 2023



Conclusion

- Our findings identified gaps in care and communication when it came to maintenance of tracheostomy sites.
- We discovered opportunities to improve communication between the respiratory therapy department and nursing as both professions share responsibilities on the care of artificial airways.
- The study highlighted an increased need for awareness and education on appropriate artificial airway maintenance with rounds expanding on inspecting laryngectomy sites and plans to expand on ventilated patients as well.
- Our taskforce and rounding tool findings demonstrate the impact of intentional auditing and quality assurance. In addition, it highlights the role that data visualization and electronic rounding can play in improving the quality-of-care tracheostomy patients receive.

Thinking Ahead

- Expanding utilization of tracheostomy audit tools and database as indicators of:
- Ventilator-associated events
 - Post-operative surgical outcomes
 - Trends in hospital length of stay
 - Fluctuations in hospital acquired infections
 - Increase demands for ventilation
 - Tracheostomy related complications

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Link to Tracheostomy Rounding Tool →

Nothing to disclose