Tracheostomy Management Redesign

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Background

Our quality improvement project originated related to concerns about patients with tracheostomies being readmitted with complications to HNPU. Readmissions with tracheostomy complications for the first six months of 2022 doubled. Our current practice of beginning discharge education upon admission and continuing through discharge was inconsistent. There was no formal checklist to eliminate variation. Additionally, the shift in staffing model from permanent nurses to more travel staff impacted care delivery. Finally, there was variation in product use, physician practice, order sets, and discharge education throughout the units in the hospital.

Purpose

The purpose of this project is to standardize care delivery and reduce complications causing readmissions to the hospital related to tracheostomy care.

The goal is to reduce readmissions on Head & Neck, Plastics and Urology (HNPU) related to tracheostomy complications by 25%.

Frameworks & Tools

The dates used for my research were 2015-2022. Information gathered was introduced to the team. It was implemented first in our unit and then throughout the hospital. The databases used were CINAHL, Google, Google Scholar, and Pubmed. We also surveyed the nursing staff on HNPU to determine their comfort level with caring for patients with tracheostomies

References

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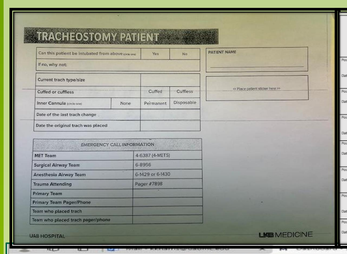
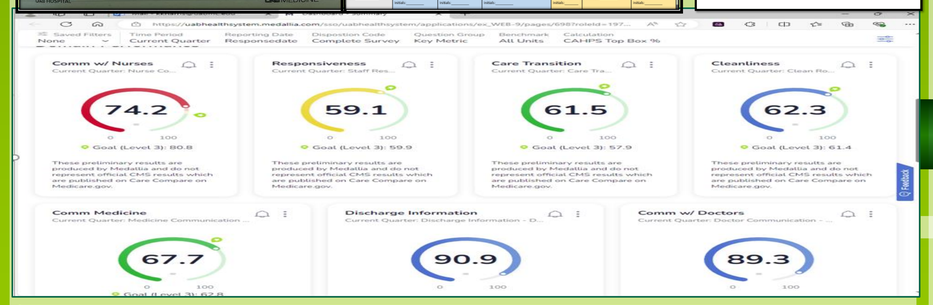
Methods

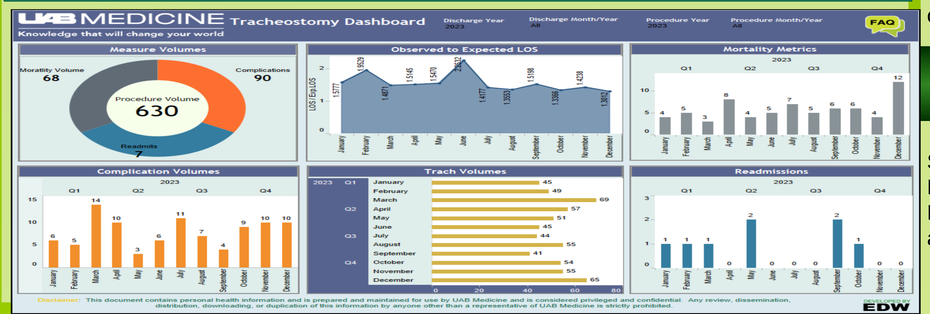
The original data was collected on our unit by searching through admission and discharged records, daily assignment sheets, and gathering data from case management. We also surveyed the nursing staff to gather information on their comfort level with caring for tracheostomy patients. PDSA method will be used utilized in implementing the project. The trial date for implementing the project was July11-25, 2022.

PDSA methodology for the project

Plan: Identified the problem-increase in readmissions with tracheostomy complications
Do: Search for possible solutions. The managers at HNPU talk with the physicians, read charts, survey the nursing staff, and talk with the case managers.
Study: Conducted numerous meetings and discussed ways to eliminate the problem and increase the amount of teaching our patients received while in the hospital. We also piloted several different brands of tracheostomies.
Act: Implemented the teaching checklist. The teaching checklist will be added to the education required before the patient is discharged from the hospital. In addition, the nursing and respiratory staffs have been educated on the new tracheostomies. And the changes to impact are ongoing.

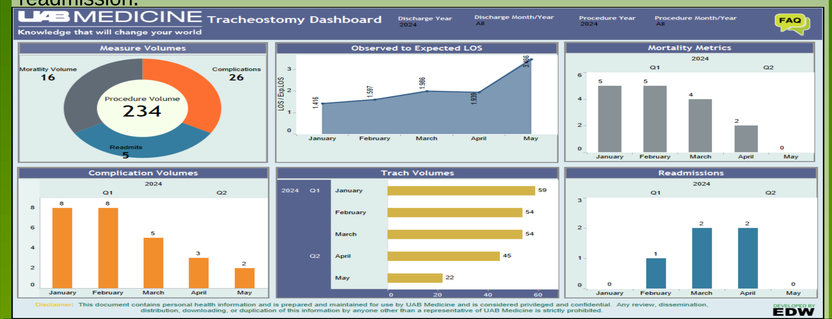






Results

The goal of our team was to reduce the rate of readmissions by 25% was met. After piloting new tracheostomy equipment and implementing further education, we saw improvement in our patients' care. During our pilot study, we only had one readmission.



Discussion

- We standardized tracheostomy products for the hospital.. We had great discussion and collaboration by our physician partners.
- Next, we standardized power plans to decrease variation in care. This improves staff satisfaction for respiratory therapists and nurses floating to multiple units with help from Nursing Informatics.
- We collaborated with Case Management to create an assessment tool for competent care partners to assess social and economic barriers for early intervention.
- We revised the Tracheostomy Care booklet for patient education. We created a checklist for staff and patients for trach care.
- Next steps-We are working on a trach care video for low literacy and visual learners with assistance from the Department of Simulation.
- The video will be available on Dragon, UAB patient portal, and/or YouTube.

Implications for Practice

The findings of this project has led to improved communication throughout the hospital by our interdisciplinary teams, improved education and charting for staff, and decreased readmission of our tracheostomy patients. Next steps include a care map for daily milestone for patient education. Limitations of project are this is the first year of implementation.

Special Thanks

Special thanks to UAB Care, UAB Central Supply, Respiratory Care Department, HNPU Nursing staff, HNPU ENT and OMFS physicians, Laura Rogers, Care Management, Duane Trahan, Speech Therapy, John Mardant, Nursing Informatics, and Department of Simulation.