Interdisciplinary Trach Team:
WHERE DO I START ???

3. General Outline:

- Why do you need an airway management team?
- Facts – Figures – Complications of Tracheostomy Tubes & Cuffs
- Benefits of a Team Approach
- Who is on the Team?
- Establishing and Implementing Collaborative Protocols
- Documentation
- 12 Steps to Team Development
- Key Points
- Resources, Website links, Decannulation Protocol (upon request)

4. Teamwork Slide

5. What’s In a Name?

Airway Management Team
Interdisciplinary Trach Team
Multidisciplinary Trach Team
TRAMS®
Collaborative Trach Care Team

6. Why You Need a Trach Team

a. Communication
b. Patient safety
c. Risk of aspiration
d. Risk associated with trach tube
e. Infection control
f. Mechanical ventilation
g. Long-term tracheostomy
h. Education
i. Staff confidence
j. Plan of care
k. Continuity of care
l. Quality of care
m. Quality of life
7. Why is this patient still trached?
   We are ALL part of the rehab process and responsible for the patient’s SAFETY
   A TRACH IS A BIG DEAL

8. Indications for Tracheotomy
   - Prolonged intubation
   - Need for long-term mechanical ventilation
   - Need for permanent tracheostomy tube
   - Inability to intubate - trauma
   - Airway protection/secretion removal
   - Airway anomaly
   - Pt comfort
   - Facilitates weaning
   - Options for oral feeding and communication
   A tracheostomy alone is not the treatment for aspiration

9. Complications of Tracheostomy
   - Cuff
   - Trauma
   - Laryngeal anchoring
   - Reduced airway closure
   - No Airflow to upper airway
   - Reduced sensation
   - Reduced taste/smell
   - Loss of voice
   - Loss of positive a/w pressures
   - Peep
   - Cough
   - Swallow
   - Valsalva
   Anatomical Complications/Risk

10. Benefits of an Inter-disciplinary Trach/Airway Management Team
    - Facility
    - Patient
    - Staff

11. WHERE DO I START???
    “Study the past if you would define the future” Confucius

12. Identify the needs of your facility
    - Survey-staff knowledge and comfort levels; patient statistics
    - Review- protocols, statistics and events related to tracheostomy tubes/patients

13. Team Members
    “Strength lies in differences, not in similarities”
    RT – SLP – RN – OT/PT – RD – Case Manager/Pt care tech/Wound Nurse/Advisor
14. Team Members Roles -
   Co Treat & Cross Train
   Educate

   Nursing – at bedside, ADLs, Meds
   RCP – MV, Weaning & BPH
   SLP – Swallow eval and treatment/Speech
   OT/PT – ROM, Rehab & Strength, ADLs
   Case Manager – Discharge planning
   Wound Specialist – Stoma Care
   Family – Emotional support
   Physician – Orders/Consults
   Ancillary Staff – anyone who cares for the patient

15. Team Process

   Establish Team
   Develop Collaborative Protocols
   Educate Staff
   Implement Protocols
   Continue Education and Competencies

16. Clear Goals of the Team - There is no “I” in Team

   How will it function?
   Who will lead the team?
   How will it evolve?
   Get help organizing and resolving conflicts

   Daily or Weekly Rounds
      Discuss goals/plan of care
      Review – Record – Recommend

17. Suggested Protocols

   1. Timing of tracheostomy
   2. Types of tubes/cuffs used
   3. Communication Method
   4. Decannulation Pathway
   5. SLP Consults
   6. RT Consultants
   7. OT/PT Consults
   8. Nutrition Consults
   9. Wound/Stoma management
   10. Trach changes/down-sizing
   11. Cuff maintenance
   12. Oral care
   13. Bed control/pt placement
   14. Suctioning/BPH
   15. Oxygen and humidity
   16. Discharge planning
   17. Patient/Family Education
   18. Aspiration/VAP prevention
   19. Patient transport standards
   20. Passy-Muir® valve use
   21. MD responsibilities
   22. Staff competencies
   23. Standard/standing orders
   24. Emergency procedures
18. Actions
   Rounds
   Daily/Weekly
   Review - Record - Recommend
   Documentation and Data Collection
   Follow-up on plan of care implementation
   Use data for QI tool

19. Monitor Compliance
   Surveys
   Statistics
   Chart review
   Incident/non-compliance reports
       Use as teaching tool
   On-going and retrospective studies

20. Not shared

21. Suggested documents
   Bedside checklist
   Order sets
   Trach Team Rounds Records

22. Standing Orders
   Tracheostomy Protocol (for emergency items at bedside/trach team consult/plan of care)
   TT size and type/cuff up or down/cuff pressures
   TT security method (if sutures, when and who will remove)
   TT plans for initial tube change (when and who will change)
   Oxygen and humidity - and wean orders
   Suctioning and BPH
   Trach/Stoma care
   Oral care
   Consults
   Physician responsible and second call

23. Emergency Trach Box
   Trach Tubes – assorted sizes
   Spare Inner Cannulae - assorted sizes
   Sterile suction catheters - assorted sized
   Sterile gloves - assorted sized
   Saline/Sterile water bullets
   10 cc syringe
   Scissors/Kelly clamps/Dilator/Cricoid Hook
   Oral suction
   Water soluble lubricant
24. **Bedside Checklist**
- Resus bag and mask with filter and cap
- Suction source
- Suction catheters
- Saline or sterile water bullets or bottle
- Spare trach (same size and one smaller, custom if applicable)
- Obturator
- 10 cc syringe
- Suture removal kit
- Instructions for transport
- Emergency trach box (at bedside or proximal)

25. **Daily Rounds**
- Initial date of trach and date of present trach
- Trach tube size and type
- Sutures present/ plan for removal
- Decannulation - per protocol, per order, or unplanned
- Cuff pressure - Cuff deflated
- Trach security method
- Condition of tube, stoma, mouth, lips, other tissue
- Ventilator/respiratory status
- Nutritional status
- Method of communication
- Cough/secretion management
- Emergency equipment at bedside
- Subjective reports
- Findings/recommendations/care plan
- Documentation in the medical record

26. **Not shared**

27. **12 Steps**
1. Identify needs
2. Champion/Members
3. Define Goals
4. Sell it to Admin
5. Identify Barriers
6. Develop Protocols
7. Educate Staff
8. Cross-train
9. Team Rounds
10. Documentation
11. Monitor Compliance
12. Reach Goal
28. Key Points

• The management of tracheostomy patients is multi-disciplinary and requires active collaboration by all health care professionals.

• Assessment and reassessment by the team is crucial for ensuring safe, effective weaning and decannulation.

• The strength of the team lies in the differences of the members, not the similarities.

• A team approach can significantly impact weaning, rehab, decannulation time, LOS, cost and quality of life of the tracheostomized/ventilator dependent patient.

Thank you for joining this webinar on team development. Don’t forget to complete the survey to receive CEU credit and your certificate of completion.

The Passy-Muir® Team