

Tracheostomies and Laryngectomies

August 2023 Issue 12

Welcome to August 2023 edition of welearn. #welearnWednesday

Each Month we present **key learning themes** from local **serious incidents, investigations, complaints, litigation, or coroner cases.**

The learning may not have had a direct link to your area of work. However, the learning provides an opportunity to reflect on some of the wider issues for you to consider of which we are seeking some impact such as reduction in Never Events.

This Month we are sharing learning

on

the provision of safe and high-quality care for patients

with

Tracheostomies

and

Laryngectomies.



#welearnWednesday

- In the UK 5000 surgical tracheostomies and 12-14000 percutaneous tracheostomies are performed each year
- 10-15% of all ICU patients require a tracheostomy (often temporary)
- 30% patients experience an incident, with high levels of measurable harm reported
- Laryngectomies are rarer but this increases vulnerability

The Issues

- Care is provided by multiple professions
- Across many locations
- No structured system or pathway in place
- Inconsistent access to emergency and essential equipment
- No training programme
- Lack of ownership
- Lack of staff confidence
- Serious incidents

The Findings from local Incidents



The Impact:

- Patient safety
- Poor Quality of care
- Poor Patient experience
- Increased length of stay (LOS)
- Poor Staff experiences: under prepared and unsatisfied staff with non-compliance with National Guidelines

Learning from Incidents:

- Lack of following best practice
- Silo decision making
- Centralise emergency equipment not utilised
- Need for NTSP Algorithms and Bedheads

Next Steps:

- Create and implement a tracheostomy pathway – Unity
- Cohort wards
- Develop and deliver standardised training programme
- Gather evidence for a Multi-disciplinary Tracheostomy Team

The impact of getting Tracheostomy and Laryngectomy care, right?

Limit adverse events

Improve quality and safety of care to patients

Improved patient experience

Greater staff confidence and job satisfaction

Reduce LOS on wards

Enhance patient flow

Reduce waste – monetary and environmentally

The image below shows secretions cleared from a laryngectomy patient's airway in an emergency by one of the CCOT. The outcome could have been very different.



A tracheostomy patient was readmitted to ICU on 2 occasions, both times from a cohort ward and on both occasions requiring mechanical ventilation. Further IR1s and EMRT calls required.

- **Poor patient journey**
- **Poor patient experience impacting on-going recovery**



The sums:

- **2 additional** ICU stays with ventilation required
- **39 additional** ICU bed days
- ICU bed days £1300-1500
- Total : £50,700 - 58,500

Additional examples

- 2 different patients identified as potentially suitable for tracheostomy removal
- Delays of 10 and 26 days from identification to intervention
- Cause – lack of ownership, lack of MDT shared decision-making
- Result – **Poor patient experience**
- **Increased LOS**
- At £250 per ward bed day, these 2 patients potentially cost £9000 due to delays in intervention.

Solutions based on National Recommendations



Emergency equipment can be obtained for both tracheostomy and laryngectomy patients from the

Critical Care Outreach Team 24/7

Bleep 6000 at City

Bleep 6234 at Sandwell



They will provide an emergency box with appropriate equipment inside.



SIZE MATTERS:

Please ensure you know what type and size of tracheostomy the patient has or ask for support if unsure.

Emergency bedhead signs must be populated accurately and displayed in clear view, in colour.

TRACHEOSTOMY

This patient has a **TRACHEOSTOMY**
There is a potentially patent upper airway (Intubation may be difficult)

Surgical / Percutaneous

Patient RFX: _____
Performed on (date): _____

Trache Tube Size/Make: _____

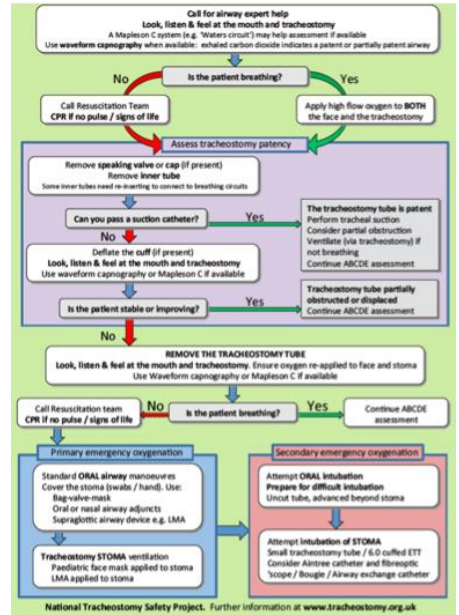
Cuff Pressure Check: _____ cmH₂O

Cuff Volume Check: _____ ml

Tracheostomy type circled on figure:
For Unger/ Adjustable Trachea has the position of the flange been marked and is it visible on the trachea tube?
Indicate location and function of any sutures:
Laryngoscopy grade and notes on upper airway management:

Emergency Call: 2222 ask for the Anaesthetic Emergency Team (AET)

Turn over for Emergency Management Algorithm www.tracheostomy.org.uk



This patient has a **LARYNGECTOMY**
and CANNOT be intubated or oxygenated via the mouth

Follow the LARYNGECTOMY algorithm of breathing difficulties

Patient RFX: _____
Performed on (date): _____

Trache tube size/make: _____

Cuff pressure check: _____ cmH₂O

Cuff volume check: _____ ml

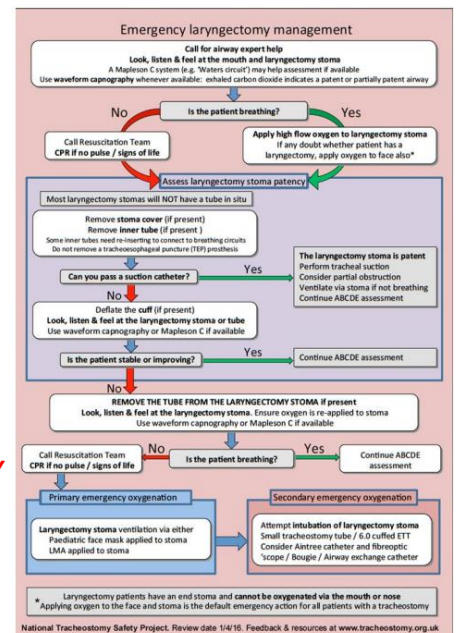
This patient should / should not have a tracheostomy as circled in the figure.
For Unger/ Adjustable Trachea has the position of the flange been marked and is it visible on the trachea tube?
Indicate location and function of any sutures:
The trachea (and pipe) ends at the neck stoma?

Emergency call: 2222 ask for the Anaesthetic Emergency Team (AET)

Turn over for Emergency Management Algorithm www.tracheostomy.org.uk

Emergency bedhead signs must be populated accurately and displayed in clear view, in colour.

LARYNGECTOMY



Education:



- In collaboration with Atos Medical, a train the trainer study was run in November 2022 for all Cohort Ward Practice Development Nurses and senior nurses. This consisted of theory and practical aspects of care.
- A educational slide set has been produced and shared with all cascade trainers to support their onward teaching.
- An **e-learning module is about to be launched** to be completed by all staff working on cohort wards. This will cover core theoretical training allowing **greater time for practical learning with cascade trainers.**

Pathway and care-plan

A workflow and care plan has been written based on resources produced by the National Tracheostomy Safety Project.

<https://www.tracheostomy.org.uk/>

The Unity build is pending but an Auto text is available – please ask you Practice Development Nurse about this.

Cohort Wards – Patients should only be admitted to the following wards.

AMUs cross-site

Lyndon 2

Priory 2

Priory 4

Newton 4

Priory 5

D15

D17

Critical Care Units



If you work in an area that looks after tracheostomy or laryngectomy patients, **do you feel prepared?**

If not, please contact your PDN, Critical Care Outreach Team, Physio team, Head and Neck CNS, ENT CNS.

For **additional support** and information, you can also visit the **National Tracheostomy Safety Project** website by following the QR code below:



Going forward...

- Complete build of Unity care plan and launch with key resources, flags and alerts.
- E-learning module launch - for completion by all staff caring for tracheostomy patients
- Continued cascade training and local ownership to increase staff knowledge and confidence
- Continued data collection to demonstrate impact of pilot Trache Team
- Educational display competition for cohort wards
- Use of Simulation for practical aspects of emergency and daily care
- Laryngectomy teaching resource and lunchtime learning session
- Connect page for altered airway resources

Please complete this tracheostomy survey by following the link or QR code below.

<https://forms.office.com/e/vdMWYPySHV>



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