COMMUNITY TRACHEOSTOMY DISCHARGE AND TRAINING PROGRAM

Prior to leaving hospital, a person with a tracheostomy and their carers must be adequately equipped with the appropriate knowledge, skills, equipment and care plan to ensure they can be safely cared for in the community.

The TRAMS community tracheostomy discharge and training program consists of a comprehensive two week education and training program prior to discharge. The program is completed by the patient and a core group of carers prior to discharge until the patient is adequately prepared for discharge.

The program includes:
- Basic tracheostomy care
- Equipment set up, use of and maintenance
- Emergency management
- Developing a patient specific care plan
- In-patient rehabilitation (for tracheostomy training) if patient and family require extended time and supervision to learn skills

Resources provided to patient and carers:
- Tracheostomy discharge manual: Emergency management, care plan and equipment manuals.
- TRAMS contact details for phone support during business hours
- 2 weeks consumables from discharging ward (provided by TRAMS thereafter)
- Follow up appointment for review and tracheostomy change (6 weeks post d/c)

Post discharge the patient is supported with community services:
- TRAMS home visit on day of discharge, week 3 then as required
- Hospital In the Home (HITH) for 2 weeks tracheostomy review

Tracheostomy review and tube changes
- Pt attends Outpatient clinic with TRAMS for 6-8 weekly review and tracheostomy change

Tracheostomy Equipment Supplied:
- Suction Unit x 2 - One unit must have internal battery
- Nebuliser pump
- Heated humidifier Unit - suitable for tracheostomy i.e. reaches 37 degrees
- Consumables – refer to “Order Form” for list

Funding:
Austin Health TRAMS provide all tracheostomy related education and training, supply and maintenance of tracheostomy related equipment and ongoing tracheostomy consumables. TRAMS are not a state wide service. TRAMS only provide tracheostomy discharge service to Austin Health patients.