

TRACHEOSTOMY REVIEW AND MANAGEMENT SERVICE

CLINICAL POLICY

MANAGEMENT OF PATIENTS WITH A TRACHEOSTOMY AT AUSTIN HEALTH

Staff this document applies to:

- Medical, Nursing, Physiotherapy and Speech Pathology staff across all Austin Health campuses and in the community who manage patients with a tracheostomy tube in situ.

Related Austin Health policies, procedures, or guidelines:

[Discharge of a Patient with A Tracheostomy to Sub-Acute campus Or Community](#)

[ENT Tracheostomy Direct to Ward Post-Operative Transfer \(Ward 6 West\)](#)

[Oxygen Therapy Manual](#)

[Tracheostomy Care Changes in Response to Suspected or Confirmed Covid-19](#)

[Mandatory Tracheostomy Equipment & Emergency Tracheostomy Management Poster](#)

All other Tracheostomy Policies & Procedures: accessible from [OPPIC](#) (search “tracheostomy”)

Tracheostomy e-Learning packages: Austin Health staff access from ATLAS

Purpose:

Patients with a tracheostomy comprise a high-risk group. Patients with a tracheostomy at Austin Health may be cared for in ICU, theatre, Emergency, across all wards and campuses, or in the community setting. The need for specialist, interdisciplinary care to manage this population is well documented.

Policies, guidelines, procedures, and a consistent standard of care should be in place to ensure quality and safety for the tracheostomy patient group. Ongoing, coordinated tracheostomy education must be readily available for all patients, families, and staff. Ongoing education of these groups is provided by TRAMS.

Aims of Tracheostomy Care at Austin Health:

- To provide safe, patient-centred care based on best available evidence.
- To partner with tracheostomy patients and families in all aspects of tracheostomy care at Austin Health
- To ensure that care is coordinated and standardised across all campuses and into the community.
- To ensure that multidisciplinary groups of specialists liaise and coordinate this care.
- To ensure that ongoing tracheostomy education is readily available for all staff.
- To ensure that tracheostomy procedures are current, accessible, and adhered to by all Austin Health staff.
- To maintain our position as a global leader in tracheostomy care
- To partner, collaborate/benchmark with other tracheostomy specialists around the world. Austin Health is a founder and lead site of the Global Tracheostomy Collaborative.

Austin Hospital Setting

- **In the event of an emergency, Austin Health emergency procedures should be followed.**
- [Tracheostomy Review and Management Service \(TRAMS\)](#) is a consultative service that co-ordinates all tracheostomy care, policy and procedure and education across Austin Health
- TRAMS operates Mon-Fri 8.30am-5pm. Outside of TRAMS hours, contact ICU for assistance.
- Ultimate management / decision making about a patient with a tracheostomy tube rests with the parent medical unit.
- ICU staff manage patients with tracheostomy tubes in the ICU setting in line with Austin Health tracheostomy procedures & guidelines
- The ENT Department manage ENT tracheostomy patients in the acute setting. TRAMS co-manage acute ENT patients upon referral on Cerner from ENT medical staff.
- The [Victorian Respiratory Support Service \(VRSS\)](#) is the state-wide specialist service for patients requiring chronic mechanical ventilation. This includes patients ventilated via tracheostomy who are admitted for acute care. TRAMS consults on the VRSS patients during acute admissions of new referrals to the VRSS ward. After a VRSS patient has been discharged to the community following an acute admission they are managed by the VRSS Outreach team. TRAMS will only consult on VRSS community patient readmissions upon request from the VRSS.
- **In the event of a tracheostomy emergency, specialist support may be required from ICU, ENT, thoracic surgery, faciomaxillary, anaesthetics, and interventional radiology.**

Heidelberg Repatriation Hospital (HRH) and Royal Talbot Rehabilitation Centre (RTRC)

- **In the event of an emergency, Austin Health emergency procedures should be followed.**
- The VRSS consults on management of patients who require invasive ventilation via a tracheostomy at HRH and RTRC
- TRAMS consults on management of patients with a tracheostomy (and no ventilation) at HRH and RTRC. See: [Discharge Of A Patient With A Tracheostomy To Sub-Acute campus Or Community](#)
- Prior to transfer to HRH or RTRC, the VRSS or TRAMS staff will contact the parent medical unit to establish their needs for support, education, equipment, and tracheostomy tube changes.

Community setting

- **In the event of an emergency in the community, carers or patients should call for an ambulance on 000.**
- TRAMS manage patients with a tracheostomy (and no ventilation) who are discharged from Austin Health to the community. TRAMS staff work closely with the parent unit and community health care providers to ensure safe discharge from acute care. Services provided include, assessment, carer education, management advice, tracheostomy tube changes, consumables, equipment provision and maintenance.
- The VRSS Outreach team manage patients requiring long-term invasive ventilation via a tracheostomy who are discharged from Austin Health to the community. Services provided include support, tracheostomy tube changes, respiratory assessment, carer education, equipment provision and management.
- Austin Health (TRAMS) offer the Tracheostomy Patient and Family Tracheostomy Forum 1-2 times per year. Patients, families, and clinicians are all invited to attend. The focus is on wellbeing while living in the community with a tracheostomy including sharing stories, guest speakers, celebrating successes and discussing challenges.

Tracheostomy Care Process:

Referrals

- Patients with a newly inserted tracheostomy will be managed in the ICU for the first night, with the exception of selected ENT patients - see related ENT Guideline [ENT Tracheostomy Direct to Ward Post-Operative Transfer \(Ward 6 West\)](#)
- A comprehensive plan for transition to an appropriate ward will be developed by relevant clinicians involved in the patient's care.
- When a patient with a tracheostomy is ready for discharge from ICU, ICU staff will contact TRAMS directly on Role Based Communicator (RBC), extension 3095 or by placing a TRAMS referral on Cerner.
- Patients discharged from ICU with a tracheostomy and ventilation require referral to VRSS and TRAMS.
- When a patient with a tracheostomy arrives on the ward, the nurse in charge will contact TRAMS on RBC or place a TRAMS referral on Cerner (with the exception of ENT acute).
- ENT patients are seen by TRAMS upon referral on Cerner from ENT medical staff.

Patient Management

- The parent medical unit has ultimate responsibility for patient management.
- The bedside nurse must ensure that all mandatory tracheostomy equipment is in place prior to the arrival of the patient. (See [Mandatory Tracheostomy Equipment & Emergency Tracheostomy Management Poster](#))
- The [Emergency Tracheostomy Management Poster](#) must be placed above the patient's bed
- TRAMS conducts twice weekly rounds at the Austin campus and individual patient reviews as required. Patients at HRH or RTRC are seen as required. TRAMS provide support to staff on all campuses and in the community as required.
- For acute ENT patients, the bedside nurse and ENT medical staff must ensure mandatory tracheostomy equipment and [Emergency Tracheostomy Management Poster](#) are at the bedside.

Discharge from Austin Health with a Tracheostomy

- **Patients who are transferred to another hospital:** The discharge summary to the receiving hospital should include information on the history of the patient's tracheostomy (including insertion method / date and the most recent date the tracheostomy was changed), current type of tracheostomy tube and current care regime.
- **Patients who are discharged to the community:** The patient and carers will receive all tracheostomy education and training prior to discharge. Ideally, this should take place over several sessions, generally over 2 weeks. VRSS or TRAMS staff will work closely with the parent medical unit to ensure that all training has taken place prior to discharge.

Education includes emergency procedures, routine tracheostomy care, schedule for tracheostomy tube changes, list of equipment and consumables, ordering information and schedule of ordering. Names and contact details of relevant staff are provided to the patient, family, and community health care providers. Patients are provided with a customised booklet and wallet card, which reflect the patient's individual requirements.

Tracheostomy Education for Austin Health Staff:

- Tracheostomy Interdisciplinary Tracheostomy Program and e-learning packages are accessible on ATLAS.
- Tracheostomy Policies, guidelines and procedures are located in [OPPIC](#).

- The [TRAMS Pulse site](#) contains: Tracheostomy resources such as Tracheostomy Clinical Instruction Sheets and announcements of upcoming educational events
- The TRAMS external website www.tracheostomyteam.org contains information for patients, families, and clinicians (including e-learning packages) who are external to Austin Health
- TRAMS and VRSS Outreach staff are available to provide individual patient consults, multidisciplinary in-services, education, and training.
- TRAMS conducts annual Interprofessional Tracheostomy Workshops
- Clinical nurse educators, clinical support nurses and allied health staff also provide education sessions. All content is coordinated and based on the Austin Health tracheostomy policies and procedures.

Reporting Responsibilities:

- **TRAMS reports to the Deteriorating Patient Committee (DPC).** The Interdepartmental Tracheostomy Committee holds the Interdepartmental Tracheostomy Forum (ITF) twice per year and shares the minutes with the DPC.
- The Interdepartmental Tracheostomy Forum is held twice a year. The objective of the forum is to improve patient safety, improve communication across departments and disciplines involved in tracheostomy care. The following can be reviewed at each forum: Consumer experiences, policies & procedures, risk data, education, and equipment issues. TRAMS organises this meeting with representation from the following services: Respiratory Medicine, Thoracic Surgery, ICU, ENT, Anaesthetics, Plastics, Maxillofacial, and the disciplines of medicine, nursing, physiotherapy, speech pathology.
- TRAMS is a member of the Austin Health Airway Committee which also reports to the Deteriorating Patient Committee.
- Tracheostomy data is collected by TRAMS on all inpatient admissions (with the exception of ENT acute and VRSS readmissions). Data is entered into the Global Tracheostomy Collaborative (GTC) RedCap data base. TRAMS receives quarterly reports on Austin Health tracheostomy data and also aggregate data which includes other GTC Member Hospital data. Community tracheostomy data is collected by TRAMS and the VRSS.

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Global Tracheostomy Collaborative www.globaltrach.org

Tracheostomy Review and management Service www.tracheostomyteam.org

National Tracheostomy Safety Project (NTSP) <http://tracheostomy.org.uk>

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