

# Early Tracheostomy Care Teaching on an Adult Oncology-Surgical Intensive Care Unit (SICU)

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## PROBLEM STATEMENT

- Tracheostomy care is to prevent airway compromise, maintain skin integrity around the stoma, and avoid life-threatening complications secondary to mucus plugs, accidental decannulation, or bleeding.
- Delayed trach care teaching is a clinical problem that puts tremendous stress on patients and family caregivers.

Causes	Consequences
Delayed trach care teaching	Inadequate self-management or care complications
Insufficient time and resources	Prolonged hospital stay
	Difficulty within the care continuum
	Increase risk for trach care complications

- Approximately 7% of patients in an adult oncology-surgical intensive care unit (ICU) at a metropolitan teaching hospital receive tracheostomy care (trach care) teaching before leaving the unit.
- External evidence denotes those with limited information regarding tracheostomy self-management often have difficulty within the care continuum and therefore increased risk for complications and readmissions.

## PURPOSE OF PROJECT/GOAL

- Purpose:** Translate a nurse-initiated trach care teaching bundle to fulfill early trach care teaching for those with tracheostomies on the proposed unit of implementation.
- Process Goal:** 100% compliance with use of the trach care screening algorithm on those eligible
- Outcome Goal:** 100% compliance with the initiation of an initial teaching session, followed by at least 70% compliance with session two.

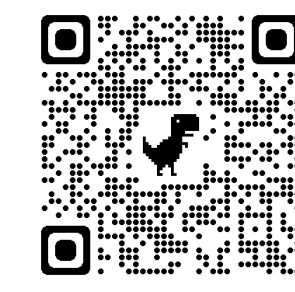
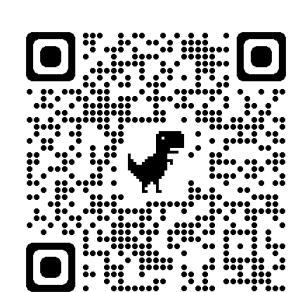
## METHODS

**Population:**  
Patients with tracheostomies on the unit met teaching criteria

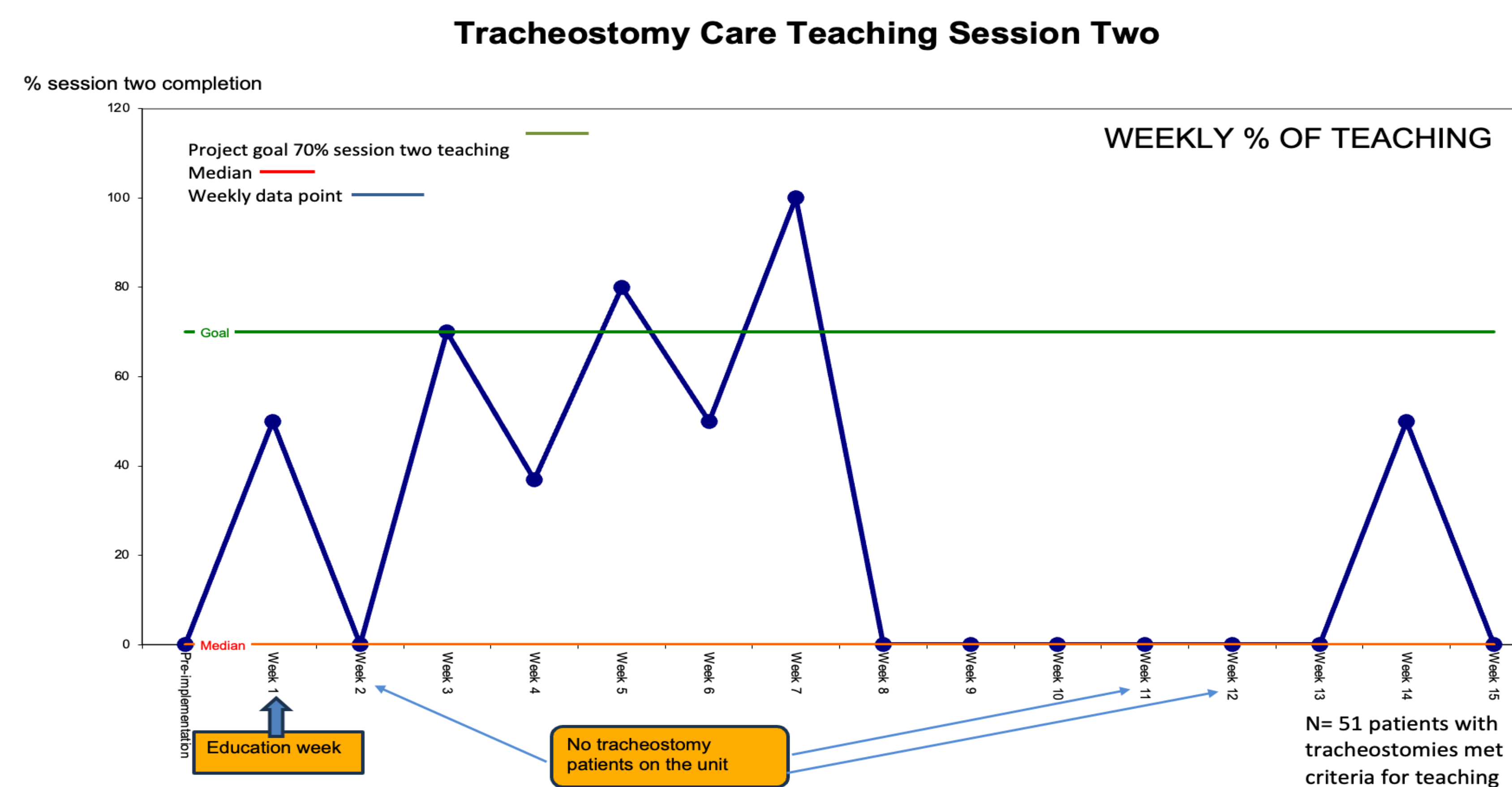
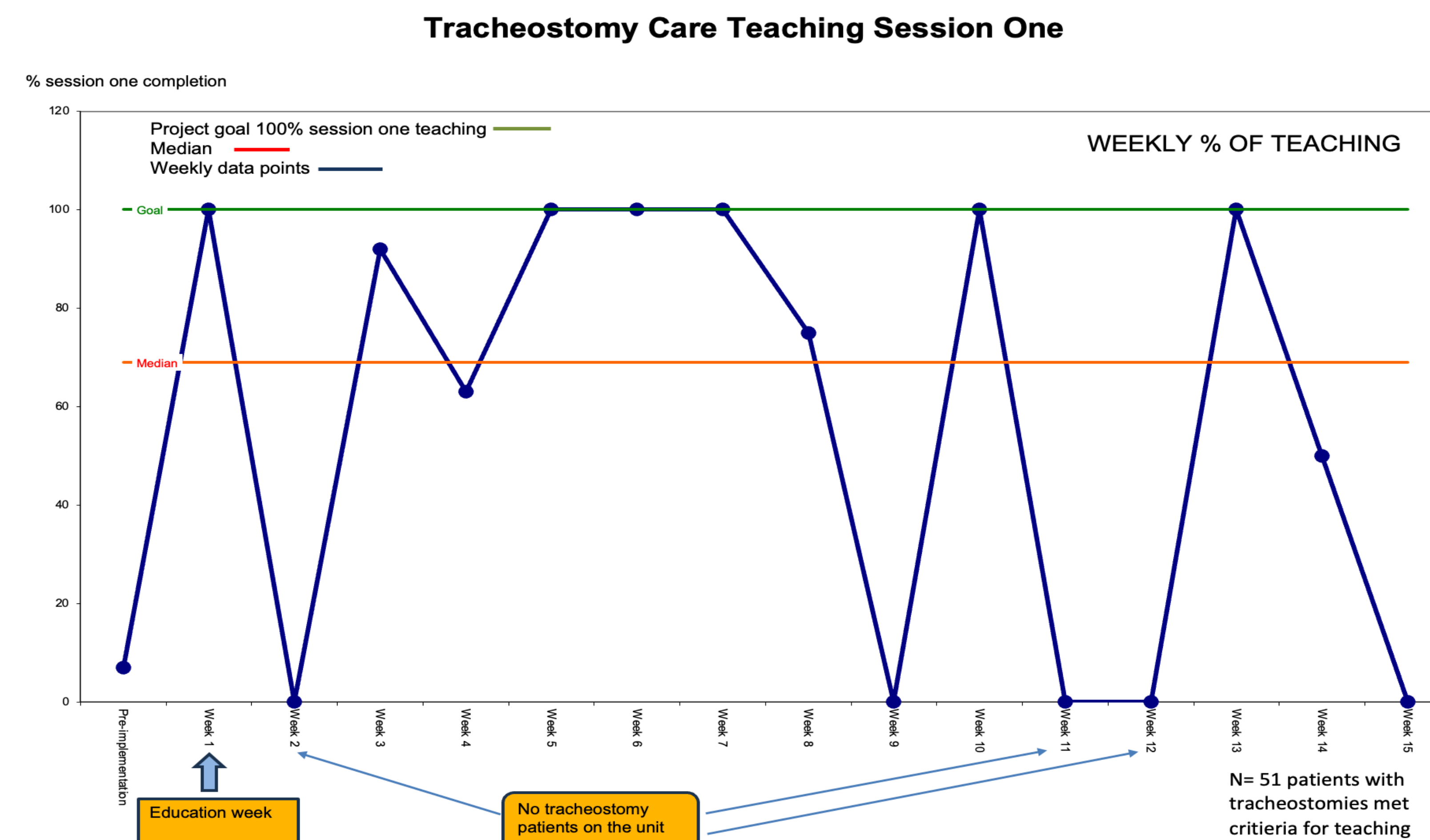
**Measures:**  
Trach care teaching audit tool

**Strategies:**  
-Nursing trach care competency validated by unit champions  
-Teaching guide developed by ENT department  
-Clinical screening algorithm for eligibility

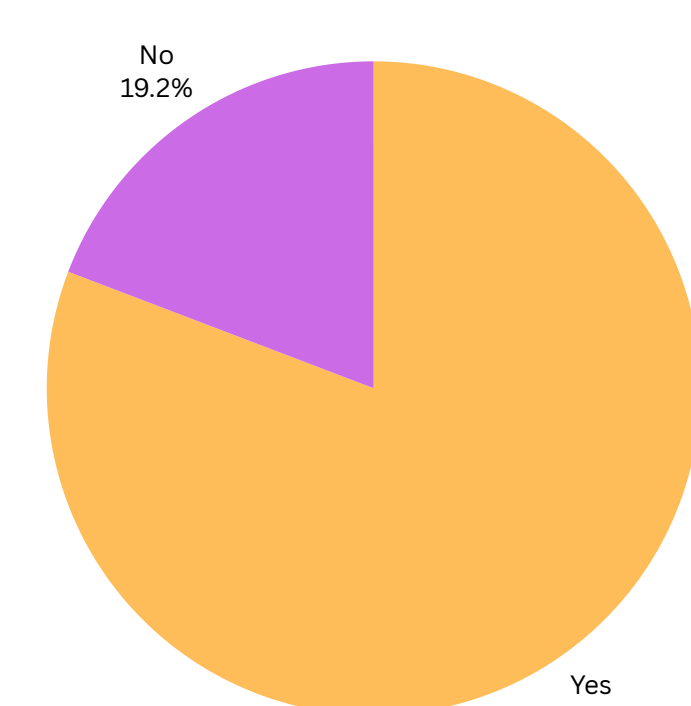
**Intervention**  
Nurse-initiated tracheostomy care teaching bundle



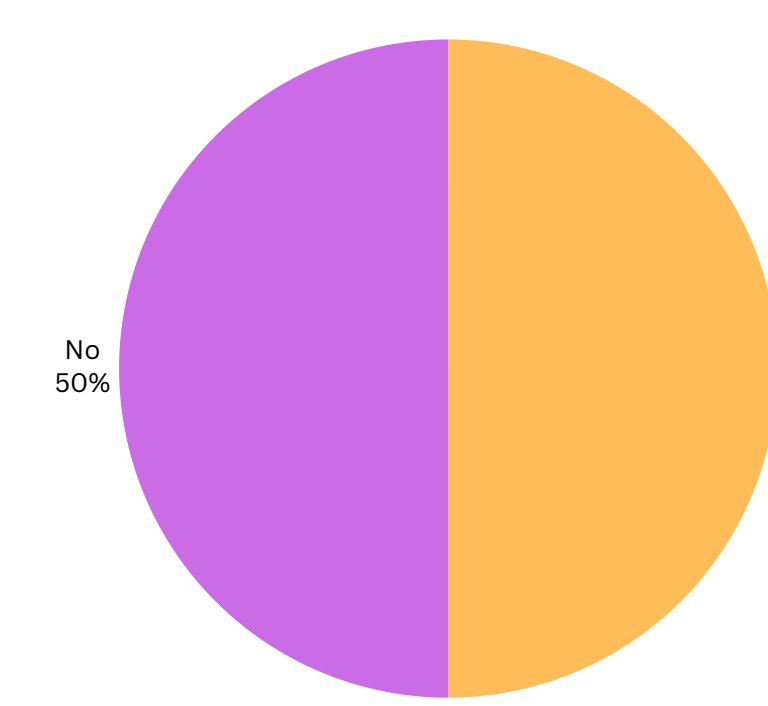
## RESULTS



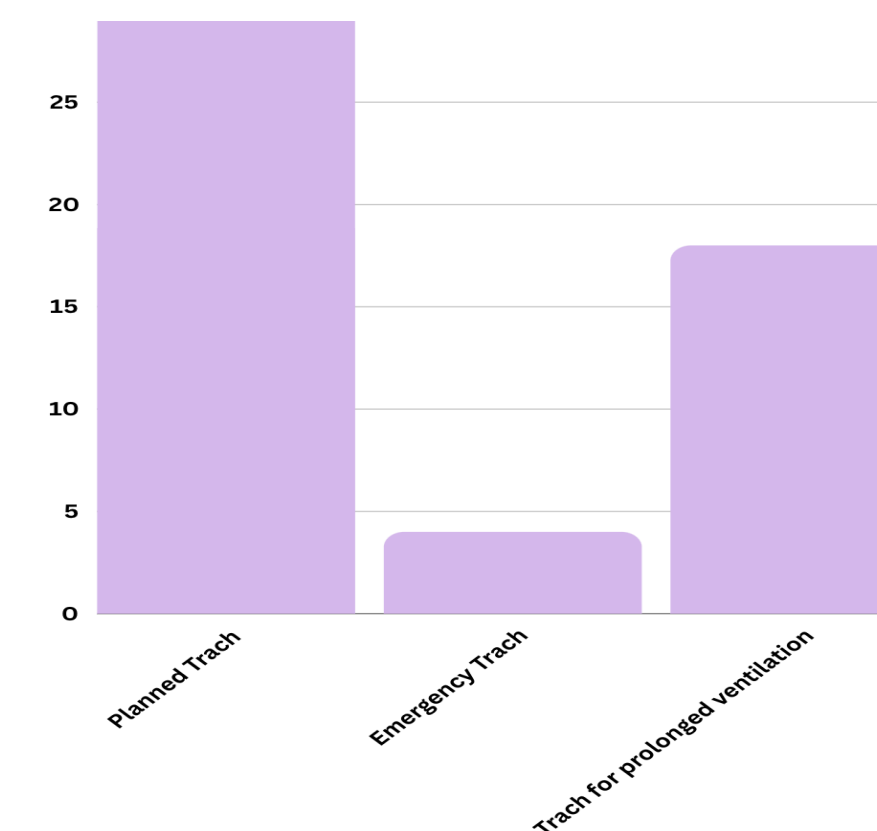
Session one completion



Session two completion



Indication for trach



## DISCUSSION WITH LIMITATIONS

Use of a **nurse-initiated trach care bundle** for trach patients was successfully implemented in this site

- 100% (n=68) of patients admitted to the unit were screened for tracheostomy teaching, and 75% (n=51) met the criteria for teaching such as alert and oriented, independently perform ADLs, understand instruction, and can give feedback.
- Outcome goal was average 58.6% patients received for session one and 21.9% received session two.
- Limitations included low participation by staff, which was affected by high nursing turnover with influx of travel nurses. Another factor was several weeks there were no trach patients admitted to the unit, therefore it skewed outcome data. Also, patients with complications not readmitted to the ICU, thus unable to track total number of complications.

## CONCLUSION

### Usefulness & Contribution:

- Nurse-initiated trach care teaching has been shown to increase knowledge on tracheostomy care and is supportive of the transition to home and potentially reduce trach-related complications.
- Intervention is simple, cost-effective, and fundamental care competency for discharge preparedness.

### Sustainability & Spread:

- Integration of teaching into daily to-do list for nurses.
- Retention and recruitment of champions for the purpose of committee governance.

### Implications & Future Steps:

- Ongoing opportunity at this site for future quality improvement initiatives targeting trach care teaching

## REFERENCES

