TRACHEOSTOMY CARE STUDY

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

WARD CARE QUESTIONNAIRE

CONFIDENTIAL

Hospital number: | | | | | | | | | | | | | | **NHS number:** | | | | | | | | | | |

Who completed this questionnaire?

Name: _____ **Position:** _____

Hospital: _____ **Trust:** _____

To be completed for all patients with a surgical or percutaneous tracheostomy who have a ward stay with the tracheostomy in situ. The questionnaire should be completed (whichever occurs first) AT THE TIME OF DEATH, DISCHARGE FROM THE WARD, DECANNULATION, OR DAY 30 ON THE WARD WITH THE TRACHEOSTOMY IN SITU.

What is this study about?

NCEPOD is examining remediable factors in the process of care of ADULT patients (16 years or older) who undergo the insertion of a tracheostomy.

Data is being collected over a 4 month period from all sites where the insertion of a tracheostomy is undertaken across England, Wales, Northern Ireland, Jersey, Guernsey and the Isle of Man, from both the public and the independent sector (where applicable). Both surgical and percutaneous insertions undertaken on either an emergency or elective basis will be included in the data collection.

CPD accreditation:

Consultants who complete NCEPOD questionnaires make a valuable contribution to the investigation of patient care. Completion of questionnaires also provides an opportunity for consultants to review their clinical management and undertake a period of personal reflection. These activities have a continuing medical and professional development value for individual consultants. Consequently, NCEPOD recommends that consultants who complete NCEPOD questionnaires keep a record of this activity which can be included as evidence of internal/self directed Continuous Professional Development in their appraisal portfolio.

If you (the clinician completing the questionnaire) would like email confirmation of the completion of this questionnaire for your records, please clearly supply your email address below.

How to complete the form:

Information will be collected using two methods; box cross and free text, where your opinion will be requested.

This form will be electronically scanned. Please use a black or blue pen. Please complete all questions with either block capitals or a bold cross inside the boxes provided e.g.

Was this a standalone tracheostomy procedure?

☒ Yes ☐ No

If you make a mistake, please "black-out" the incorrect box and re-enter the correct information, e.g.

■ Yes ☒ No

Unless indicated, please mark only one box per question.

Questions or help?

A list of definitions is provided on page 2 of the questionnaire.

If you have any queries about this study or this questionnaire, please contact

tracheostomy@ncepod.org.uk

Or telephone: 020 7251 9060

Thank you for taking the time to complete this questionnaire. The findings of the study will be published in 2014.

FOR NCEPOD USE ONLY | | | | | | |

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DEFINITIONS

Elective procedure/ operation	A procedure or operation that is planned or booked in advance of routine admission to hospital.
Levels of ward care	Level 0: Patients whose needs can be met through normal ward care in an acute hospital. Level 1: Patients at risk of their condition deteriorating, or those recently relocated from higher levels of care whose needs can be met on an acute ward with additional advice and support from the critical care team. Level 2: (e.g. HDU) Patients requiring more detailed observation or intervention including support for a single failing organ system or post operative care, and those stepping down from higher levels of care. (NB: When Basic Respiratory and Basic Cardiovascular support are provided at the same time during the same critical care spell and no other organ support is required, the care is considered to be Level 2 care). Level 3: (e.g. ICU) Patients requiring advanced respiratory support alone or basic respiratory support together with support of at least two organs. This level includes all complex patients requiring support for multi-organ failure. (NB: Basic Respiratory and Basic Cardiovascular do not count as 2 organs if they occur simultaneously (see above under Level 2 care), but will count as Level 3 if another organ is supported at the same time).
Critical care	Level 2 and 3 care
Bed head signs	A sign available at the patient's bed space which allows the quick and easy communication of information, (National Tracheostomy Safety Project, 2012. Page 46)

CODES FOR SPECIALTY

SURGICAL SPECIALTIES

100 = General Surgery
101 = Urology
103 = Breast Surgery
104 = Colorectal Surgery
105 = Hepatobiliary & Pancreatic Surgery
106 = Upper Gastrointestinal Surgery
107 = Vascular Surgery
110 = Trauma & Orthopaedics
120 = Ear, Nose & Throat (ENT)
130 = Ophthamology
140 = Oral Surgery
145 = Maxillo-Facial Surgery
150 = Neurosurgery
160 = Plastic Surgery
161 = Burns Care
170 = Cardiothoracic Surgery
172 = Cardiac Surgery
173 = Thoracic Surgery
180 = Accident & Emergency
190 = Anaesthetics
192 = Critical/Intensive Care Medicine

MEDICAL SPECIALTIES

300 = General Medicine
301 = Gastroenterology
302 = Endocrinology
303 = Clinical Haematology
306 = Hepatology
307 = Diabetic Medicine
314 = Rehabilitation
315 = Palliative Medicine
320 = Cardiology
330 = Dermatology
340 = Respiratory Medicine
350 = Infectious Diseases
352 = Tropical Medicine
360 = Genito-Urinary Medicine
361 = Nephrology
370 = Medical Oncology
400 = Neurology
410 = Rheumatology
430 = Geriatric Medicine
500 = Obstetrics & Gynaecology
501 = Obstetrics
502 = Gynaecology
800 = Clinical Oncology
810 = Radiology
820 = General Pathology
823 = Haematology

CODES FOR GRADE

01 – Consultant
02 – Staff grade/Associate specialist
03 – Trainee with CCT
04 – Senior specialist trainee (ST3+ or equivalent)
05 – Junior specialist trainee (ST1&ST2 or CT equivalent)
06 – Basic grade (HO/FY1 or SHO/FY2 or equivalent)
07 - Nursing
08 - Physiotherapy
09 - Other

SECTION 1

STRUCTURED COMMENTARY

Please provide a brief summary of this case, adding any comments or information you feel relevant, (please write clearly for the benefit of the specialist advisory group who will be reviewing the questionnaires). You may also type on a separate sheet. You may like to fill in the summary once you have completed the rest of the questionnaire.

NCEPOD attaches great importance to this summary. Please give as much information as possible about the care of this patient.

A. PATIENT DETAILS

1. Age at the time of insertion: ☐☐☐

2. Sex: ☐ Male ☐ Female

3a. Date of tracheostomy insertion: ☐☐ ☐☐ ☐☐☐☐ ☐ Unknown
d d m m y y y y

3b. Time of tracheostomy insertion: ☐☐ ☐☐ (24 hour clock) ☐ Unknown
h h m m

4a. Date of discharge from critical care: ☐☐ ☐☐ ☐☐☐☐ ☐ Unknown
d d m m y y y y

☐ Not applicable

4b. Time of discharge from critical care: ☐☐ ☐☐ (24 hour clock) ☐ Unknown
h h m m

☐ Not applicable

5a. Date of admission to ward ☐☐ ☐☐ ☐☐☐☐ ☐ Unknown
d d m m y y y y

5b. Time of admission to ward: ☐☐ ☐☐ (24 hour clock) ☐ Unknown
h h m m

6. Type of tracheostomy insertion ☐ Surgical ☐ Percutaneous

7. Reason for questionnaire completion:

- ☐ Death (<=30 days)
- ☐ Decannulation (<=30 days)
- ☐ Discharge alive with tracheostomy in situ (<=30 days)
- ☐ Alive and day 30 after insertion in theatre and transferred straight to ward
- ☐ Alive and day 30 after leaving critical care (Please see definitions P2)

B. ORGANISATION OF CARE

8a. Were comprehensive risk assessment(s) relating to the tracheostomy undertaken on this patient before admission? ☐ Yes ☐ No ☐ Unknown

8b. If YES, did this determine:

The dependency of the patient ☐ Yes ☐ No ☐ Unknown

The level of observation required ☐ Yes ☐ No ☐ Unknown

The level of visability required ☐ Yes ☐ No ☐ Unknown

9. Were staff with particular competencies (in relation to the care of tracheostomies) routinely allocated to this patient? ☐ Yes ☐ No ☐ Unknown

C. ROUTINE CARE

10a. What was the frequency of routine monitoring of vital signs?

10b. Did this routine monitoring include:

- ☐ Respiration rate
- ☐ Oxygen saturation
- ☐ Temperature
- ☐ Any supplemental oxygen
- ☐ Systolic BP
- ☐ Heart rate
- ☐ Level of consciousnes

10c. Was a guideline or protocol for humidification or suction of the newly formed tracheostomy followed for this patient? ☐ Yes ☐ No ☐ Unknown

11. What BEDSIDE equipment was available for this tracheostomy patient? (Answers may be multiple)

- ☐ Operational suction unit with suction tubing attached and wide bore (e.g. Yankeur) sucker
- ☐ Appropriately sized suction catheters
- ☐ Non-powdered latex free gloves and aprons
- ☐ Eye protection
- ☐ Tracheal dilators
- ☐ Spare tracheostomy tubes of the same type as inserted: one the same size and one a size smaller
- ☐ Rebreathing bag and tubing
- ☐ Catheter mount or connection
- ☐ Tracheostomy disconnection wedge
- ☐ Tracheostomy tube holder and dressing
- ☐ 10ml syringe (if cuffed tube)
- ☐ Artery forceps
- ☐ Resuscitation equipment
- ☐ Cricoid hook
- ☐ Headlight/adequate illumination
- ☐ Bedside oxygen
- ☐ Stitch cutter
- ☐ Water soluble gel

D. TUBE CHANGES ON THE WARD

ONLY TO BE COMPLETED ON PATIENTS WHO HAD A 1st OR 2nd TUBE CHANGE ON THIS WARD

If the patient had their first tube change on this ward please go to question 12

If the patient ONLY had a second tube change on this ward please go to question 16

If the tube had previously been changed twice or more prior to this ward admission please go to question 22

FIRST CHANGE

12a. Please specify the date of the first change ☐☐ ☐☐ ☐☐☐☐ (d d / m m / y y y y) ☐ Unknown

12b. Time of first change ☐☐ ☐☐ (h h / m m) (24 hour clock) ☐ Unknown

13a. Was this: ☐ Planned ☐ Unplanned ☐ Unknown

13b. If UNPLANNED, what were the reasons for this?

☐ Tube blocked ☐ Tube displaced

☐ Unknown ☐ Other (Please specify) ____

14. If PLANNED, how many trained/skilled members of staff were present for the tube change? ☐☐ ☐ Unknown

15a. What type of tracheostomy tube was used to replace? (Please answer all)

i) ☐ Cuffed ☐ Uncuffed ☐ Unknown

ii) ☐ Non-fenestrated ☐ Fenstrated ☐ Unknown

iii) ☐ Inner tube ☐ No inner tube ☐ Unknown

iv) ☐ Sub glottic aspiration port ☐ No sub glottic aspiration port ☐ Unknown

v) ☐ Standard length ☐ Adjustable flange tube ☐ Unknown

vi) ☐ Minitracheostomy

vii) ☐ Other (please specify) ____

15b. Please give details as to why this tube was used:

____

15c. What size tracheostomy was used? ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ Unknown

☐ Other ____

SECOND CHANGE

16a. Please specify the date of the second change: ☐☐ ☐☐ ☐☐☐☐ ☐ Unknown

d d m m y y y y

16b. Time of second change: ☐☐ ☐☐ (24 hour clock) ☐ Unknown

h h m m

17a. Was this: ☐ Planned ☐ Unplanned ☐ Unknown

17b. If UNPLANNED, what were the reasons for this?

☐ Tube blocked ☐ Tube displaced

☐ Unknown ☐ Other (Please specify) ____

18. If PLANNED, how many trained/skilled members of staff were present for the tube change? ☐☐ ☐ Unknown

19a. What type of tracheostomy tube was used to replace? (Please answer all)

i)	☐ Cuffed	☐ Uncuffed	☐ Unknown
ii)	☐ Non-fenestrated	☐ Fenstrated	☐ Unknown
iii)	☐ Inner tube	☐ No inner tube	☐ Unknown
iv)	☐ Sub glottic aspiration port	☐ No sub glottic aspiration port	☐ Unknown
v)	☐ Standard length	☐ Adjustable flange tube	☐ Unknown
vi)	☐ Minitracheostomy		
vii)	☐ Other (please specify)		

19b. Please give details as to why this tube was used:

19c. What size tracheostomy was used? ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ Unknown

☐ Other

20. Was a Trust or ward guideline for changing the tracheostomy tube followed for this patient? ☐ Yes ☐ No ☐ Unknown

21a. Were there more than two tracheostomy tube changes since insertion? ☐ Yes ☐ No ☐ Unknown

21b. If YES, how often thereafter was this patients tracheostomy tube changed as a planned procedure?

☐ Weekly ☐ More than once weekly

☐ No fixed policy ☐ Other (Please specify)

☐ Unknown

E. CUFF PRESSURE MONITORING

22a. Do you have the equipment to measure cuff pressure? ☐ Yes ☐ No ☐ Unknown

22b. Was cuff pressure monitored? ☐ Yes ☐ No ☐ Unknown

☐ Not applicable - equipment not available
Please go to question 22c

☐ Not applicable - cuffed tube not used
Please go to question 26

22c. Was the cuff continuously inflated? ☐ Yes ☐ No ☐ Unknown

22d. If NO, how often was the cuff deflated? (Please specify)

23a. Was a daily assessment made of the need for cuff deflation? ☐ Yes ☐ No ☐ Unknown

23b. Was a daily assessment made on the outcome of deflation whilst a cuffed tube was in used? ☐ Yes ☐ No ☐ Unknown

24. How often does the protocol/guideline (if present) suggest that cuff monitoring should be undertaken?

- ☐ No protocol/guideline
- ☐ Continuous monitoring
- ☐ Once every shift
- ☐ More than once a shift but not continuously
- ☐ Unknown
- ☐ Other (Please specify) ☐

25. How often was cuff pressure monitored and recorded?

- ☐ Continuous monitoring
- ☐ Once every shift
- ☐ More than once a shift but not continuously
- ☐ Cuff pressure not monitored
- ☐ Unknown
- ☐ Other (Please specify) ☐

F. INNER CANNULA CLEANING

26. Was an inner cannula used for this patient at any stage whilst on this ward? ☐ Yes ☐ No ☐ Unknown

If NO, go to question 28

If YES:

27a. How often does the protocol/guideline (if present) suggest that the inner cannula inspection and cleaning (if required) should be undertaken?

- ☐ No protocol/guideline
- ☐ Hourly
- ☐ Two hourly
- ☐ Four hourly
- ☐ Eight hourly
- ☐ Once every shift
- ☐ Patient specific
- ☐ Other (Please specify) ☐
- ☐ Unknown

27b. How often is it documented that the inner cannula was inspected and cleaned (if required) for this patient?

- ☐ Hourly
- ☐ Two hourly
- ☐ Four hourly
- ☐ Eight hourly
- ☐ Once every shift
- ☐ Other (Please specify) ☐
- ☐ Unknown

G. MULTIDISCIPLINARY TEAM

28. Please indicate whether the following teams were available on site whilst this patient was being cared for on your ward, and whether there was any delay in accessing the service?

Service	Availability	Was there a delay in accessing the service?	If YES, how long was the delay? HH:MM
Physiotherapy	☐ Yes 24/7 ☐ Yes <24/7 ☐ No ☐ Unknown	☐ Yes ☐ No	☐☐ ☐☐
	If there was a delay, did this impact on the patient? ☐ Yes ☐ No ☐ Unknown		
Critical care outreach	☐ Yes 24/7 ☐ Yes <24/7 ☐ No ☐ Unknown	☐ Yes ☐ No	☐☐ ☐☐
	If there was a delay, did this impact on the patient? ☐ Yes ☐ No ☐ Unknown		
Service	**Availability**	**Was there a delay in accessing the service?**	**If YES, how long was the delay? DAYS**
Speech & Language therapy	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No	☐☐
	If there was a delay, did this impact on the patient? ☐ Yes ☐ No ☐ Unknown		
Dietetics	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No	☐☐
	If there was a delay, did this impact on the patient? ☐ Yes ☐ No ☐ Unknown		
Head & Neck/ Specialist tracheostomy nurse	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No	☐☐
	If there was a delay, did this impact on the patient? ☐ Yes ☐ No ☐ Unknown		

29a. Post insertion of tracheostomy, was this patient discussed at an MDT meeting? ☐ Yes ☐ No ☐ Unknown

29b. If YES, in addition to the ward clinical teams, which teams participated in the MDT meeting?

Physiotherapy	☐ Yes	☐ No	☐ Unknown	☐ NA - not available
Critical Care Outreach	☐ Yes	☐ No	☐ Unknown	☐ NA - not available
Speech & Language therapist	☐ Yes	☐ No	☐ Unknown	☐ NA - not available
Dietetics	☐ Yes	☐ No	☐ Unknown	☐ NA - not available
Head & Neck specialist nurse	☐ Yes	☐ No	☐ Unknown	☐ NA - not available

30a. At what point did this patient see a physiotherapist after ward admission?

☐ <12 hours ☐ Between 12 - 24 hours ☐ >24 hours ☐ Unknown

☐ Other (please specify) ☐ NA - did not see physiotherapist

30b. Thereafter how often did this patient see a physiotherapist?

☐ Daily ☐ 2 - 3 times a week ☐ Weekly ☐ Unknown

☐ Less often (please specify) ☐ NA - did not see physiotherapist

30c. Was this appropriate to the needs of this patient? ☐ Yes ☐ No ☐ Unknown

30d. If NO, please give further details

31a. At what point was this patient referred to Speech & Language therapy (SALT) following the tracheostomy insertion?

☐ <24 hours ☐ Between 24 - 48 hours ☐ >48 hours ☐ Unknown

☐ Other (please specify) ☐ NA - not referred to SALT
(Please go to Q32a)

31b. How long following referral did it take to be assessed by a Speech & Language therapist?

☐ <24 hours ☐ Between 24 - 48 hours ☐ >48 hours ☐ Unknown

☐ Other (please specify)

31c. Thereafter how often did this patient see a Speech and Language therapist?

☐ Daily ☐ 2 - 3 times a week ☐ Weekly ☐ Unknown

☐ Less often (please specify)

31d. Was this appropriate to the needs of this patient? ☐ Yes ☐ No ☐ Unknown

31e. If NO, please give further details

32a. Were attempts made to facilitate communication? ☐ Yes ☐ No ☐ Unknown

32b. If YES, what methods were used to facilitate communication?

☐ Fenestrated tube ☐ Other insufflation devices

☐ Picture/alphabet chart ☐ Pen/paper

☐ Speaking valve ☐ Other electronic device

☐ Other (please specify)

32c. Was the use of a speaking valve considered? ☐ Yes ☐ No ☐ Unknown

32d. Please give further details:

33. Was advice sought from Speech & Language therapy regarding communication assessment or needs for this patient? ☐ Yes ☐ No ☐ Unknown

34a. Was the patient allowed to drink? ☐ Yes ☐ No ☐ Unknown ☐ Not applicable

34b. IF YES to 34a, was this with cuff deflation? ☐ Yes ☐ No ☐ Unknown ☐ Not applicable

34c. If YES to 34b, was this:

☐ Before Speech & Language Therapy assessment ☐ After Speech & Language Therapy assessment ☐ Unknown

☐ Other assessment (please specify)

34d. IF YES to 34a, was this with cuff inflation? ☐ Yes ☐ No ☐ Unknown ☐ Not applicable

34e. If YES to 34d, was this:

☐ Before Speech & Language therapy assessment ☐ After Speech & Language therapy assessment ☐ Unknown

☐ Other assessment (please specify)

35. Did this patient have ongoing swallowing difficulties? ☐ Yes ☐ No ☐ Unknown

36a. At what point was this patient referred to a dietitian following the tracheostomy insertion?

☐ <24 hours ☐ Between 24 - 48 hours ☐ >48 hours ☐ Unknown

☐ Other (please specify) ☐ NA - not referred to dietician **(Please go to Q37)**

36b. How long following referral did it take to be assessed by a dietitian?

☐ <24 hours ☐ Between 24 - 48 hours ☐ >48 hours ☐ Unknown

☐ Other (please specify)

36c. Thereafter how often did this patient see a dietitian?

☐ Daily ☐ 2 - 3 times a week ☐ Weekly ☐ Unknown

☐ Less often (please specify)

36d. Was this appropriate to the needs of this patient? ☐ Yes ☐ No ☐ Unknown

36e. If NO, please give further details

37. Did the patient require on-going artificial hydration and nutrition e.g. NGT, PEG? ☐ Yes ☐ No ☐ Unknown

38. Was a guideline for feeding/nutritional support followed for this patient? ☐ Yes ☐ No ☐ Unknown

H. COMPLICATIONS ON THE WARD

39. Did the patient have any of the following complications on the ward, and if so, please note the number of days post insertion that these occured for the first time, whether they happened more than once, and how these complications were managed (answers may be multiple)

☐ None

Please go to question 41

Complication (significant enough amount to cause clinical concern or need an intervention)		If YES, number of days post insertion of the first occurance:	Did this reoccur	How were these complications managed? Please use the following codes and give further details where appropriate: A = Readmission to critical care B = Reventilation C = Antibiotics D = Emergency theatre attendance E = Other (please specify)
a) Surgical emphysema	☐ Yes ☐ No	☐☐ Days	☐ Yes ☐ No	
b) Pneumo-mediastinum	☐ Yes ☐ No	☐☐ Days	☐ Yes ☐ No	
c) Pneumothorax	☐ Yes ☐ No	☐☐ Days	☐ Yes ☐ No	
d) Accidental de-cannulation/ displacement	☐ Yes ☐ No	☐☐ Days	☐ Yes ☐ No	
e) Obstruction	☐ Yes ☐ No	☐☐ Days	☐ Yes ☐ No	
f) Bleeding - minor	☐ Yes ☐ No	☐☐ Days	☐ Yes ☐ No	
g) Bleeding - major	☐ Yes ☐ No	☐☐ Days	☐ Yes ☐ No	
h) Infection - local	☐ Yes ☐ No	☐☐ Days	☐ Yes ☐ No	
i) Infection - mediastinitis	☐ Yes ☐ No	☐☐ Days	☐ Yes ☐ No	
j) Infection - respiratory	☐ Yes ☐ No	☐☐ Days	☐ Yes ☐ No	
k) Aspiration	☐ Yes ☐ No	☐☐ Days	☐ Yes ☐ No	
l) Fistula formation - trache-oesophageal	☐ Yes ☐ No	☐☐ Days	☐ Yes ☐ No	
m) Fistula formation - trache-arterial	☐ Yes ☐ No	☐☐ Days	☐ Yes ☐ No	

39. Continued...

Complication (significant amount to cause clinical concern or need an intervention)		If YES, number of days post insertion of the first occurance:	Did this reoccur	How were these complications managed? Please use the following codes and give further details where appropriate: A = Readmission to critical care B = Reventilation C = Antibiotics D = Emergency theatre attendance E = Other (please specify)
n) Tracheal damage - to tracheal ring/necrosis	☐ Yes ☐ No	☐☐ Days	☐ Yes ☐ No	
o) Dysphagia	☐ Yes ☐ No	☐☐ Days	☐ Yes ☐ No	
Other (please specify) If multiple please list the most important				
p)	☐ Yes ☐ No	☐☐ Days	☐ Yes ☐ No	
q)	☐ Yes ☐ No	☐☐ Days	☐ Yes ☐ No	
r)	☐ Yes ☐ No	☐☐ Days	☐ Yes ☐ No	

40. If the patient experienced one of the following MAJOR complications, please give details of the most senior members of medical staff present during the first hour of their management.

Complication	**Grade**	**Specialty**
a) Bleeding - major ☐ NA - did not experience complication	☐☐ Grade ☐ Unknown ☐☐ Grade ☐ Unknown ☐☐ Grade ☐ Unknown ☐☐ Grade ☐ Unknown	☐☐☐ Specialty ☐ Unknown ☐☐☐ Specialty ☐ Unknown ☐☐☐ Specialty ☐ Unknown ☐☐☐ Specialty ☐ Unknown
b) Pneumothorax ☐ NA - did not experience complication	☐☐ Grade ☐ Unknown ☐☐ Grade ☐ Unknown ☐☐ Grade ☐ Unknown ☐☐ Grade ☐ Unknown	☐☐☐ Specialty ☐ Unknown ☐☐☐ Specialty ☐ Unknown ☐☐☐ Specialty ☐ Unknown ☐☐☐ Specialty ☐ Unknown

40. Continued...

Complication	Grade	Specialty
c) Accidental decannulation/ displacement ☐ NA - did not experience complication	☐☐ Grade ☐ Unknown ☐☐ Grade ☐ Unknown ☐☐ Grade ☐ Unknown ☐☐ Grade ☐ Unknown	☐☐☐ Specialty ☐ Unknown ☐☐☐ Specialty ☐ Unknown ☐☐☐ Specialty ☐ Unknown ☐☐☐ Specialty ☐ Unknown
d) Obstruction ☐ NA - did not experience complication	☐☐ Grade ☐ Unknown ☐☐ Grade ☐ Unknown ☐☐ Grade ☐ Unknown ☐☐ Grade ☐ Unknown	☐☐☐ Specialty ☐ Unknown ☐☐☐ Specialty ☐ Unknown ☐☐☐ Specialty ☐ Unknown ☐☐☐ Specialty ☐ Unknown
Other (please specify) If multiple please list the most important		
e)_____	☐☐ Grade ☐ Unknown ☐☐ Grade ☐ Unknown ☐☐ Grade ☐ Unknown ☐☐ Grade ☐ Unknown	☐☐☐ Specialty ☐ Unknown ☐☐☐ Specialty ☐ Unknown ☐☐☐ Specialty ☐ Unknown ☐☐☐ Specialty ☐ Unknown
f)_____	☐☐ Grade ☐ Unknown ☐☐ Grade ☐ Unknown ☐☐ Grade ☐ Unknown ☐☐ Grade ☐ Unknown	☐☐☐ Specialty ☐ Unknown ☐☐☐ Specialty ☐ Unknown ☐☐☐ Specialty ☐ Unknown ☐☐☐ Specialty ☐ Unknown
g)_____	☐☐ Grade ☐ Unknown ☐☐ Grade ☐ Unknown ☐☐ Grade ☐ Unknown ☐☐ Grade ☐ Unknown	☐☐☐ Specialty ☐ Unknown ☐☐☐ Specialty ☐ Unknown ☐☐☐ Specialty ☐ Unknown ☐☐☐ Specialty ☐ Unknown

I. ADVERSE EVENTS RELATING TO THE TRACHEOSTOMY

41a. Was there evidence of clinical hypoxia (e.g. confusion or cyanosis) in this patient during this ward stay? ☐ Yes ☐ No ☐ Unknown

41b. If YES, was this as a result of a tracheostomy related complication? ☐ Yes ☐ No ☐ Unknown

41c. If YES, please give details for each episode:

41d. If YES, was this confirmed by SaO2 monitoring? ☐ Yes ☐ No ☐ Unknown

41e. What was the lowest recorded:

SaO_2 ☐☐☐ % ☐ Unknown

PaO_2 ☐☐.☐ KPa **OR** ☐☐☐ mmHg ☐ Unknown

41f. How long was the patients oxygen saturation at this level? ☐☐ ☐☐ (24 hour clock) ☐ Unknown

h h m m

41g. Do you think this episode of clinical hypoxia caused the patient harm? ☐ Yes ☐ No

42a. Did the patient have a cardiac arrest at any point during the ward care period? ☐ Yes ☐ No ☐ Unknown

42b. If YES, was this as a result of a tracheostomy complication? ☐ Yes ☐ No ☐ Unknown

42c. If YES, what was the cause of this complication? (Please tick all that apply)

☐ Tube blockage ☐ Tube displacement

☐ Haemorrhage ☐ Other (Please specify)

☐ Unknown

43. Did the patient suffer any of the following tracheostomy/airway related adverse outcomes during the critical care period?

a) Respiratory arrest ☐ Yes ☐ No ☐ Unknown

b) Persistant deterioration of cerebral status after airway complication ☐ Yes ☐ No ☐ Unknown

c) Death ☐ Yes ☐ No ☐ Unknown

SECTION 2: END POINT

PLEASE COMPLETE ONE SECTION ONLY

J. DECANNULATION

ONLY TO BE COMPLETED ON PATIENTS WHO UNDERWENT SUCCESSFUL DECANNULATION OR REMOVAL ON THE WARD <= 30 DAYS FOLLOWING ADMISSION

44a. Was a successful decannulation/removal attempt made? ☐ Yes ☐ No ☐ Unknown

44b. If YES, what was the date of tracheostomy decannulation/removal? ☐☐ ☐☐ ☐☐☐☐ ☐ Unknown
d d m m y y y y

44c. What was the time of tracheostomy decannulation/removal? ☐☐ ☐☐ (24 hour clock) ☐ Unknown
h h m m

45. Was an airway endoscopy performed prior to tracheostomy decannulation/removal? ☐ Yes ☐ No ☐ Unknown

46. What other preparation for decannulation/removal was made? E.g. cuff deflation, speaking valve use etc.

47. What safety measures were in place at decannulation/removal? (Please tick all that apply)

Airway devices

- ☐ A range of tracheal and tracheostomy tubes
- ☐ Laryngoscopes, bougies, airway exchange catheters and aids to intubation
- ☐ Laryngeal masks
- ☐ Ready to access fibre-optic bronchoscope

Equipment

- ☐ A means of oxygen insufflation (e.g. suction catheter or airway exchange catheter
- ☐ A means of ventilatory support (e.g. self inflating bag)
- ☐ A means of reopening the stoma (e.g. tracheal dilator forceps)
- ☐ Access to a tracheostomy kit
- ☐ Effective suction equipment

Monitoring

- ☐ ECG
- ☐ Pulse oximeter
- ☐ Automated BP recordings
- ☐ Capnograph

47. Continued...

Medications

- ☐ Anaesthetic drugs
- ☐ Vasopressor agents
- ☐ Atropine
- ☐ Access to resuscitation equipment (e.g. defibrilator)

48a. What type of tracheostomy tube was removed (Please answer all)

i)	☐	Cuffed	☐ Uncuffed	☐	Unknown
ii)	☐	Non-fenestrated	☐ Fenstrated	☐	Unknown
iii)	☐	Inner tube	☐ No inner tube	☐	Unknown
iv)	☐	Sub glottic aspiration port	☐ No sub glottic aspiration port	☐	Unknown
v)	☐	Standard length	☐ Adjustable flange tube	☐	Unknown
vi)	☐	Minitracheostomy			
vii)	☐	Other (please specify)			

48b. What size tracheostomy was removed? ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ Unknown

☐ Other

49a. What was the grade of clinician undertaking the removal? (Please use grade codes on page 2) ☐☐ ☐ Unknown

49b. What was the specialty of clinician undertaking the removal? (Please use grade codes on page 2) ☐☐☐ ☐ Unknown

50. Was more than one attempt made at decannulation? ☐ Yes ☐ No ☐ Unknown

51a. Are you aware of any complications arising from a decannulation attempt? ☐ Yes ☐ No ☐ Unknown

51b. If YES, did this result in:

Admission or readmission to critical care	☐ Yes	☐ No	☐ Unknown
Other (please specify)	☐ Yes	☐ No	☐ Unknown

51c. Please give any other further details:

K. DISCHARGE

ONLY TO BE COMPLETED ON PATIENTS WHO WERE DISCHARGED ALIVE WITH THE TRACHEOSTOMY IN SITU FROM THIS WARD <= 30 DAYS FOLLOWING ADMISSION

52a. What was the date of discharge? ☐☐ ☐☐ ☐☐☐☐ (d d / m m / y y y y) ☐ Unknown

52b. What was the time of discharge? ☐☐ ☐☐ (h h / m m) (24 hour clock) ☐ Unknown

53a. What type of tracheostomy tube was in situ? (Please answer all)

i)	☐ Cuffed	☐ Uncuffed	☐ Unknown
ii)	☐ Non-fenestrated	☐ Fenstrated	☐ Unknown
iii)	☐ Inner tube	☐ No inner tube	☐ Unknown
iv)	☐ Sub glottic aspiration port	☐ No sub glottic aspiration port	☐ Unknown
v)	☐ Standard length	☐ Adjustable flange tube	☐ Unknown
vi)	☐ Minitracheostomy		
vii)	☐ Other (please specify)		

53b. What size tracheostomy was in situ? ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ Unknown

☐ Other

53c. If a cuffed tracheostomy was in situ, was the cuff inflated on discharge? ☐ Yes ☐ No ☐ Unknown

54a. Where was the patient discharged to?

☐ Critical care unit (different hospital)	☐ Specialist ward (same hospital) - Head & Neck
☐ General ward (same hospital)	☐ Specialist ward (same hospital) - Other (please use specialty codes on P2) ☐☐☐
☐ Other secondary care facility	☐ Community care (including nursing home, rehabilitation unit or other specialist unit outside of this or another hospital)
☐ Home	☐ Unknown
☐ Other (please specify)	

54b. If this patient was readmitted to critical care, why was this?

As a result of a tracheostomy/airway related complication? ☐ Yes ☐ No ☐ Unknown

Other (please specify)

54c. Please give any other further details:

55a. Were there any concerns about the location the patient was discharged to with respect to the care of the tracheostomy? ☐ Yes ☐ No ☐ Unknown

55b. If YES, what were the concerns? (Please tick all that apply)

- ☐ Ability to provide routine tracheostomy care
- ☐ Ability to recognise tracheostomy complications
- ☐ Ability to manage tracheostomy complications
- ☐ Follow up arrangements for tracheostomy
- ☐ Weaning and decannulation plan and practice
- ☐ Other (please specify) ☐

56. What support was in place for the patients follow up? (Please specify)

☐

L. DEATH

ONLY TO BE COMPLETED ON PATIENTS WHO DIED WITH THE TRACHEOSTOMY IN SITU <= 30 DAYS FOLLOWING ADMISSION

57a. What was the date of death? ☐☐ ☐☐ ☐☐☐☐ (d d m m y y y y) ☐ Unknown

57b. What was the time of death? ☐☐ ☐☐ (24 hour clock) (h h m m) ☐ Unknown

57c. What was the cause of death as stated on the death certificate? ☐ Unknown

☐

58a. In the event that this patient died, was this: ☐ Expected ☐ Unexpected

58b. Do you believe that this was as a result of a tracheostomy related complication? ☐ Yes ☐ No ☐ Unknown

58c. If YES, please give further details:

☐

M. ON THE WARD WITH THE TRACHEOSTOMY IN SITU

ONLY TO BE COMPLETED ON PATIENTS WHO ARE STILL ON THE WARD WITH THE TRACHEOSTOMY IN SITU >30 DAYS FOLLOWING WARD ADMISSION. PLEASE COMPLETE AS NEAR AS POSSIBLE TO DAY 30 FOLLOWING WARD ADMISSION.

59a. What type of tracheostomy tube was in situ? (Please answer all)

i)	☐ Cuffed	☐ Uncuffed	☐ Unknown
ii)	☐ Non-fenestrated	☐ Fenstrated	☐ Unknown
iii)	☐ Inner tube	☐ No inner tube	☐ Unknown
iv)	☐ Sub glottic aspiration port	☐ No sub glottic aspiration port	☐ Unknown
v)	☐ Standard length	☐ Adjustable flange tube	☐ Unknown
vi)	☐ Minitracheostomy		
vii)	☐ Other (please specify)		

59b. What size tracheostomy was in situ? ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ Unknown

☐ Other

60. Why was the patient still on the ward? (answers may be multiple)

- ☐ Ongoing need for secondary medical care
- ☐ Difficulties in securing approrpriate community care
- ☐ Difficulty in finding a specialist rehabilitation unit
- ☐ Other (please specify)

61a. Is there a plan of discharge for this patient? ☐ Yes ☐ No ☐ Unknown

61b. If NO, why not?

Thank you for taking the time to complete this questionnaire

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