

- 11a. Was a documented post insertion assessment made of tracheostomy position? Yes No Unknown
- 11b. If YES, was ventilation confirmed by capnography? Yes No Unknown

C. TUBE CARE

12. Did this patient undergo any tube changes (planned or unplanned)? Yes No Unknown
If NO/UNKNOWN please go to question 18
13. Was the FIRST tube change: Planned Unplanned Unknown
14. Was the replacement tube appropriate to the patients needs? Yes No Unknown
15. Did the tube have to be changed in the first seven days following insertion because the length or diameter was inappropriate? Yes No Unknown
- Planned tube changes**
16. Was the FIRST PLANNED tracheostomy tube change conducted without significant patient deterioration? Yes No Unknown
- Unplanned tube changes**
17. If UNPLANNED, was this reported locally as a critical incident? Yes No Unknown
18. Did the patient have a cuffed tube in situ at any point during their admission?
If NO/UNKNOWN please go to question 22
- 19a. Was cuff pressure monitored adequately? Yes No Unknown
- 19b. Was cuff pressure documented adequately? Yes No Unknown
- 20a. Was the patient discharged from critical care to a general ward within the same hospital with their tracheostomy in situ? Yes No Unknown
- 20b. Was the cuff inflated on discharge? Yes No Unknown
- 21a. Was equipment available at the discharge destination (general ward) for cuff pressure measurement? Yes No Unknown
- 21b. Were staff with competencies (in relation to tracheostomy care) available at the discharge destination (general ward)? Yes No Unknown
22. Were the following essential data readily available at the bedside for review?
- i) Tube size Yes No Unknown
- ii) Tube type Yes No Unknown
- iii) Cuff pressure Yes No Unknown
- iv) Tube cleaning Yes No Unknown

23. Was there a portable source of equipment containing essential equipment readily available at the bedside? Yes No Unknown

D. THE MULTIDISCIPLINARY TEAM

24. Whilst on CRITICAL CARE was the patient reviewed on a daily basis by the multidisciplinary team? Yes No Unknown
- 25a. Post insertion of tracheostomy, was this patient discussed at an MDT meeting whilst on a GENERAL WARD? Yes No Unknown
- NA - no general ward stay with the tracheostomy in situ
Go to question 27a
- 25b. If YES, which of the following teams participated?
- i) Physiotherapy Yes No Unknown
- ii) Critical care outreach Yes No Unknown
- iii) Speech & language therapy Yes No Unknown
- iv) Dietetics Yes No Unknown
26. Whilst on a GENERAL WARD was the patient reviewed daily by the multidisciplinary team? Yes No Unknown
- 27a. Was the patient referred to Speech & Language Therapy? Yes No Unknown
- 27b. If YES, was the interval between insertion and referral appropriate to the needs of the patient? Yes No Unknown
- 28a. Was the patient reviewed by a Speech & Language therapist whilst on CRITICAL CARE? Yes No Unknown
- NA - no critical care stay with the tracheostomy in situ
- 28b. If YES, was the frequency of these reviews appropriate to the needs of the patient? Yes No Unknown

E. COMMUNICATION & SWALLOWING

- 29a. Was sufficient attention given to the patient's communication needs? Yes No Unknown
- 29b. If NO, was this as a result of a lack of Speech & language therapy input? Yes No Unknown
- 30a. Did this patient have ongoing swallowing difficulties Yes No Unknown
- 30b. Was the recognition of this timely? Yes No Unknown

F. MAJOR COMPLICATIONS

31. Was the patient at all times cared for by a person competent to begin essential early management of complications such as accidental decannulation or obstruction? Yes No Unknown

32. Was this patient (continuously) cared for in an environment where there was a clear escalation plan in force to summon senior staff if there was a difficult airway event? Yes No Unknown

G. DECANNULATION

- 33a. Was a successful decannulation/removal attempt made? Yes No Unknown
If NO/UNKNOWN please go to question XX
- 33b. If YES, was a multidisciplinary agreement about minimum airway assessment established prior to decannulation? Yes No Unknown

H. DISCHARGE

34. Was the patient discharged from CRITICAL CARE (Levels 2 & 3) with the tracheostomy in situ? Yes No Unknown
If NO/UNKNOWN please go to question 39
35. Was there sufficient care in discharge planning to a safe location for this patient? Yes No Unknown
36. Time of discharge: Day time 07:00 - 21:59 Night time 22:00 - 06:59 Unknown
37. Was the discharge: Planned Unplanned Unknown
- 38a. Is there a critical care discharge summary in the patient record? Yes No Unknown
- 38b. If YES, does it detail:
- i) Care requirements for the tracheostomy? Yes No
 - ii) Follow up plan for the tracheostomy? Yes No
 - iii) Weaning plan for the tracheostomy? Yes No NA
 - iv) Who to contact if problems with the tracheostomy? Yes No
 - v) Who has responsibility for decisions about the tracheostomy? Yes No
39. Was the patient admitted to a general ward (Levels 0 & 1) with their tracheostomy in situ? Yes No Unknown
If NO/UNKNOWN please go to the end
- 40a. Were comprehensive risk assessments relating to the tracheostomy undertaken before admission to the ward (Level 0 & 1)? Yes No Unknown
- 40b. If YES, did this determine:
- i) The dependency of the patient? Yes No Unknown
 - ii) The level of observation required? Yes No Unknown
 - iii) The level of visibility required? Yes No Unknown

41. Were staff with particular competencies (in relation to the care of tracheostomies) routinely allocated to this patient? Yes No Unknown
42. Was this discharge location an area designated for patients with tracheostomies? Yes No Unknown
43. Was this an appropriate location for the patient with respect to the care of the tracheostomy? Yes No Unknown
44. Was the patient discharged from a general ward with the tracheostomy in situ? Yes No Unknown
- 45a. Is there a discharge summary in the patient record? Yes No Unknown
- 45b. If YES, does it detail:
- i) Care requirements for the tracheostomy? Yes No
- ii) Follow up plan for the tracheostomy? Yes No
- iii) Weaning plan for the tracheostomy? Yes No NA
- iv) Who to contact if problems with the tracheostomy? Yes No
- v) Who has responsibility for decisions about the tracheostomy? Yes No

