## TRACHEOSTOMY STUDY

National Confidential Enquiry into Patient Outcome and Death (NCEPOD) Data Collection Tool

	Hos	spital number							
A.	PATIENT DE	TAILS							
1.	Age at the time of	of insertion:							
2.	Date of hospital a	admission:		d d	m m	у у у	у		Unknown
3.	Date of tracheos	tomy insertion		d d	m m	y y y	у		Unknown
4.	What was the ur	gency of the proced	ure?						
	☐ Immediate	Immediate life, limi						aneou	ıs with
	Urgent	Acute onset or de conditions that ma fractures; and for hours of decision	y threaten the relief of pain o	e surviva	aÍ of limb	or organ;	for fixation	of ma	any
	Expedited	Patient requiring e life, limb or organ							hreat to
	Elective	Intervention plann to suit patient, hos			nce of ro	utine adm	ission to h	ospita	I. Timing
5a.	ВМІ	5b.	Was this:		Estimate	ed	Act	ual	
B.	INSERTION								
6a.	Did the patient ha	ave a trial of extuba	tion prior to tr	acheost	omy?	Yes	No		Unknown
6b.	If NO, were the r notes?	easons for this clea	rly documente	ed in the	case	☐ Yes	No		Unknown
7.	Was this a percu	taneous or surgical	tracheostomy	/?		Per	cutaneous		Surgical
8.	Was a consent fo	orm completed prior	to tracheosto	my inse	ertion?	☐ Yes	No		Unknown
9.	Was a WHO type procedure?	e surgical safety che	ecklist used di	uring thi	s	Yes	No		Unknown
10a.	Was a document tracheostomy ins	ed upper airway en ertion?	doscopy unde	ertaken o	during	☐ Yes	No		Unknown

10b. If YES, was this performed to confirm tracheal placement?

☐ Yes ☐ No ☐ Unknown

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)?  If NO/UNKNOWN please go to question 18	Yes No	Unknown					
13.	Was the FIRST tube change:	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					
17.	Unplanned tube changes 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?	Yes No	Unknown					
	If NO/UNKNOWN please go to question 22		<b>—</b>					
19a.	Was cuff pressure monitored adequately?	∐ Yes ∐ No	Unknown					
19b.	Was cuff pressure documented adequately?	Yes No	Unknown					
<b>20</b> a.	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					
	iiv)	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
<b>25</b> a.	Post insertion of tracheostomy, was this patient discussed at an MDT meeting whilst on a GENERAL WARD?		with	the tr		oston	Unknown d stay ny in situ
<b>25</b> b.	If YES, which of the following teams participated?		Got	y que	SUOI	IZIA	
	i) Physiotherapy ii) Critical care outreach iii) Speech & language therapy iiv) Dietetics		Yes Yes Yes Yes		No No No		Unknown Unknown Unknown 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
<b>28</b> a.	Was the patient reviewed by a Speech & Language therapist whilst on CRITICAL CARE?		Yes		No ritical	Care	Unknown stay with
					eostor		
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
<b>29</b> b.	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?  If NO/UNKNOWN please go to question XX	Yes No	Unknown
33b.	If YES, was a multidisciplinary agreement about minimum airway assessment established prior to decannulation?	Yes No	Unknown
Н.	DISCHARGE		
34.	Was the patient discharged from CRITICAL CARE (Levels 2 & 3) with the tracheostomy in situ?  If NO/UNKNOWN please go to question 39	Yes No	Unknown
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:	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?  If NO/UNKNOWN please go to the end	Yes No	Unknown
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 visability required?	Yes No	Unknown

41.	tracheostomies) routinely allocated to this patient?		☐ No	Unknown
42.	Was this discharge location an area designated for patients with tracheostomies?		☐ No	Unknown
43.	Was this an appropriate location for the patient with respect to the care of the tracheostomy?		☐ No	Unknown
44.	Was the patient discharged from a general ward with the tracheostomy in situ?		☐ No	Unknown
45a.	Is there a discharge summary in the patient record?		☐ 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	

