



# TRACHEOSTOMY CARE STUDY

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

## ORGANISATIONAL QUESTIONNAIRE

**CONFIDENTIAL**

Name of Trust: \_\_\_\_\_

Name of Hospital: \_\_\_\_\_

### Who completed this questionnaire?

Name: \_\_\_\_\_

Position: \_\_\_\_\_

### What is this study about?

NCEPOD is examining remediable factors in the process of care of 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.

### 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.

Does this hospital have a critical care unit?

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.**

### Who should complete this form?

This questionnaire should be completed by the Medical Director of the Trust or person(s) nominated by them who would have the knowledge to complete it accurately or be able to seek help to complete it accurately. People who should help with the completion of this form include clinical leads for surgery and critical care.

**To ensure confidentiality of the data, completed questionnaire must be returned directly to NCEPOD in the SAE provided.**

### 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](mailto: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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4 4 4 8 3 1 3 7 7 5 6 7 7

## DEFINITIONS

Elective procedure/ operation	A procedure or operation that is planned or booked in advance of routine admission to hospital.
Levels of ward care	<p>Level 0: Patients whose needs can be met through normal ward care in an acute hospital.</p> <p>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.</p> <p>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).</p> <p>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).</p>
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	107 = Vascular Surgery	161 = Burns Care
101 = Urology	110 = Trauma & Orthopaedics	170 = Cardiothoracic Surgery
103 = Breast Surgery	120 = Ear, Nose & Throat (ENT)	172 = Cardiac Surgery
104 = Colorectal Surgery	130 = Ophthalmology	173 = Thoracic Surgery
105 = Hepatobiliary & Pancreatic Surgery	140 = Oral Surgery	180 = Accident & Emergency
106 = Upper Gastrointestinal Surgery	145 = Maxillo-Facial Surgery	190 = Anaesthetics
	150 = Neurosurgery	192 = Critical/Intensive Care Medicine
	160 = Plastic Surgery	

### MEDICAL SPECIALTIES

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

## 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 - Other	





Please note, this form should be completed for each hospital in your Trust where tracheostomy tubes are inserted

## A. THE HOSPITAL

1. Type of hospital (Please tick one box only)

Single Specialty Hospital

University Teaching Hospital

District General Hospital ( $\leq 500$  beds)

Independent Hospital

District General Hospital ( $> 500$  beds)

Other

## B. INSERTION OF TRACHEOSTOMY TUBES

2a. Is the insertion of tracheostomy tubes considered a normal part of this HOSPITAL'S:

Elective practice <sup>def</sup>

Yes  No

Emergency practice

Yes  No

2b. Are laryngectomies undertaken at this HOSPITAL?

Yes  No

## C. AFTERCARE

3a. Please specify the number of wards (including critical care) where patients with tracheostomies are cared for:

--	--	--	--

Unknown

The questionnaire continues overleaf



3b. Please list the names and specialties of all wards (including critical care) where patients with tracheostomies are cared for: (this will enable us to liaise directly with these wards where necessary when undertaking the study)

No.	Ward name (Please write clearly in capital letters) If you have more than 10 wards which care for tracheostomy patients please complete the supplement sheet on pages 13 and 14
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

No.	Main specialty (please use codes on page 2)	Does this ward have the presence of nurses available 24 hours a day 7 days a week who can undertake:			
		Cuff management	Suctioning	Management of blocked/ displaced tube	Tube changes
1	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No





- 4a. How many tracheostomy insertions were performed between 1st April 2011 and 31st March 2012 within this HOSPITAL?       Unknown
- 4b. Is this:  An estimate  The actual number that occurred
- 4c. Of these, where were they undertaken and how was the number derived?
- In the critical care complex<sup>def</sup>       Estimate  Actual number  Unknown
- In theatre       Estimate  Actual number  Unknown
- Other       Estimate  Actual number  Unknown

## D. STAFF CAPACITY AND COMPETENCY

- 5a. Is there a named MEDICALLY TRAINED clinical lead for tracheostomy care in this HOSPITAL?  Yes  No
- 5b. If YES, what is their primary specialty? (please specify using codes on page 2)     Unknown
- 6a. Is there a named dedicated NON MEDICALLY TRAINED clinical lead for tracheostomy care in this HOSPITAL?  Yes  No
- 6b. If YES, what is their primary specialty?
- Physiotherapy  Yes  No
- Speech and Language therapy  Yes  No
- Nursing  Yes  No
- Other (Please specify)   Yes  No

### Critical Care

- 7a. Does this HOSPITAL have a critical care unit?  Yes  No
- 7b. If YES to 7a, how many separate units are there?      Unknown
- 7c. If YES to 7a, is a difficult airway trolley IMMEDIATELY available within the critical care unit(s)?  Yes  No
- 7d. If YES to 7a, is the equipment to perform bronchoscopy/fibreoptic laryngoscopy IMMEDIATELY available within the critical care unit(s)?  Yes  No
8. Is a list maintained within this HOSPITAL of practitioners considered competent by the Trust in the undertaking of a percutaneous tracheostomy?  Yes  No
- 9a. Is there a Critical Care Outreach Team in this HOSPITAL?  Yes  No
- 9b. If YES to 9a, do they support the care of patients with a tracheostomy in this HOSPITAL?  Yes  No
- 9c. If YES to 9a, are they available 24 hours a day 7 days a week?  Yes  No

### Theatre

- 10a. Is there on-site Head & Neck specialist surgery cover 24 hours a day, 7 days a week?  Yes  No





- 10b.** If YES to 10a, does this include a RESIDENT TRAINEE clinician?  Yes  No
- 10c.** If YES to 10b, please specify their grade: (please use codes on page 2).      Unknown
- 10d.** If YES to 10a, does this include a dedicated on call consultant?  Yes  No
- 10e.** If YES to 10a, please give any further details as to the structure of this service:

- 11a.** In the case of SINGLE SPECIALTY HOSPITALS, is there on site specialist surgical cover available 24 hours a day 7 days a week with the relevant competencies for the care of a tracheostomy?  Yes  No
- 11b.** If YES to 11a, does this include a RESIDENT TRAINEE clinician?  Yes  No
- 11c.** If YES to 11b, please specify their grade: (please use codes on page 2).      Unknown
- 11d.** If YES to 11a, does this include a dedicated on call consultant?  Yes  No
- 11e.** If YES to 11a, please give any further details as to the structure of this service:

- 12a.** Is there an anaesthetist competent in endoscopic intubation available on-site 24 hours a day, 7 days a week?  Yes  No
- 12b.** If YES to 12a, does this include a RESIDENT TRAINEE clinician?  Yes  No
- 12c.** If YES to 12b, please specify their grade: (please use codes on page 2).      Unknown
- 12d.** If YES to 12a, does this include a dedicated on call consultant?  Yes  No
- 12e.** If YES to 11a, please give any further details as to the structure of this service:

- 13.** Is there a specialist Head & Neck WARD in this HOSPITAL?  Yes  No
- 14a.** Is there a specialist Head & Neck THEATRE in this HOSPITAL?  Yes  No
- 14b.** If YES, are there dedicated specialist Head & Neck theatre staff?  Yes  No
- 14c.** If YES, are these staff available 24 hours a day, 7 days a week?  Yes  No
- 15.** Is there a theatre available 24 hours a day, 7 days a week staffed to deal with emergency/urgent surgery?  Yes  No
- 16a.** Are there specialist Head & Neck cancer nurses in this HOSPITAL?  Yes  No
- 16b.** Are there specialist Head & Neck nurse practitioners in this HOSPITAL?  Yes  No
- 16c.** Are there specialist tracheostomy care nurses in this HOSPITAL?  Yes  No





- 17a.** Does this HOSPITAL have a Speech and Language Therapy service?  Yes  No
- 17b.** If YES to 17a, do they offer an inpatient service to the GENERAL WARDS?  Yes  No
- 17c.** If YES to 17a, do they offer an inpatient service to the CRITICAL CARE unit(s)?  Yes  No
- 17d.** If YES to 17a, is there a specialist Head & Neck Speech and Language therapist?  Yes  No
- 17e.** If YES to 17a, do the therapists use Fibreoptic Endoscopic Examination of swallowing?  Yes  No
- 18a.** Does this hospital have a physiotherapy unit?  Yes  No
- 18b.** If YES to 18a, are there specialist physiotherapists for tracheostomy care?  Yes  No
- 18c.** If YES to 18a, is there daily physiotherapy input (available 24 hours a day, 7 days a week) for patients with a tracheostomy on CRITICAL CARE?  Yes  No
- 18d.** If YES to 18a, is there daily physiotherapy input (available 24 hours a day, 7 days a week) for patients with a tracheostomy on GENERAL WARDS?  Yes  No
- 18e.** If YES to 18a, is there a planned escalation policy if physiotherapists have concerns regarding a patient?  Yes  No
- 19a.** Is there a tracheostomy MDT for patients care for on CRITICAL CARE?  Yes  No
- 19b.** If YES, please list membership (specialties involved):

- 19c.** If YES to 19a, does this include laryngectomy patients  Yes  No
- 19d.** If NO to 19c, is there a laryngectomy MDT?  Yes  No
- 19e.** If YES, please list membership (specialties involved):

- 20a.** Is there a tracheostomy MDT for patients care for on GENERAL WARDS?  Yes  No
- 20b.** If YES, please list membership (specialties involved):

- 20c.** If YES to 20a, does this include laryngectomy patients  Yes  No
- 20d.** If NO to 20c, is there a laryngectomy MDT?  Yes  No





20e. If YES, please list membership (specialties involved):

20f. Does this HOSPITAL have access to a voice restoration service within the TRUST?  Yes  No

## E. TRAINING

21. Is a record maintained to ensure up-to-date competence and training of the following staff in the care of patients with tracheostomies?
- |  |          |                          |     |                          |    |
|--|----------|--------------------------|-----|--------------------------|----|
|  | Medical  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|  | Nursing  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|  | Clinical | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
- 22a. Are training programmes delivered in accordance with evidence based guidelines on the management of a tracheostomy?  Yes  No
- 22b. If YES to 22a, does this include training in the practice of changes for the emergency re-establishment of the blocked airway?  Yes  No
- 22c. If YES to 22a, does this include training in the practice of difficult tube changes? (i.e. in the unstable/new stoma)  Yes  No
- 23a. Does this HOSPITAL have a stated level of competency expected for staff caring for the tracheostomy patient?  Yes  No
- 23b. If YES, how is this competence described or determined? (Please specify) (Answers may be multiple)
- |  |   |
|--|---|
| <input type="checkbox"/> Local or regional course  | <input type="checkbox"/> Regular refresher training |
| <input type="checkbox"/> Other (please specify) <input style="width: 150px; height: 20px;" type="text"/> | <input type="checkbox"/> Unknown                    |
24. Is the training and support in the care of patients with a tracheostomy coordinated locally by the clinical lead? (Either medical or non-medical)  Yes  No
25. Do NURSES undertake tube changes (under medical supervision) to prepare them to undertake urgent tube changes?  Yes  No
26. Do TRAINEE DOCTORS undertake tube changes (under supervision) to prepare them to undertake urgent tube changes?  Yes  No

## F. POLICIES AND PROCEDURES

- 27a. Is there an approved policy for the management of TRACHEOSTOMIES in the TRUST?  Yes  No
- 27b. If YES, does this cover:
- |  |  |
|--|--|
| Critical care <input type="checkbox"/> Yes <input type="checkbox"/> No | Ward care <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|
- 28a. Is there an approved policy for the management of LARYNGECTOMIES in the TRUST?  Yes  No





**28b.** If YES, does this cover:

Critical care

Yes

No

Ward care

Yes

No

**29a.** Does the hospital have a standardised SURGICAL procedure for the insertion of tracheostomies?

Yes

No

**29b.** If NO, how are decisions made regarding the insertion of tracheostomies in theatre? E.g. each surgeon works independently. (Please specify)

**30a.** Does the hospital have a standardised procedure for the insertion of tracheostomies in CRITICAL CARE

Yes

No

**30b.** If NO, how are decisions made regarding the insertion of tracheostomies in theatre? E.g. each intensivist works independently. (Please specify)

**31a.** Is there a guideline for changing the tracheostomy tube?

Yes

No

**31b.** If YES, is this guideline ward or Trust based?

Ward based

Trust based

Other (please specify)

Unknown

**32.** Does this HOSPITAL have a guideline or protocol for humidification and suction of the newly formed tracheostomy?

Yes

No

**33a.** Does this HOSPITAL have a guideline or protocol for cuff monitoring?

Yes

No

**33b.** If YES to 33a, are there specific guidelines for different areas within the HOSPITAL? i.e. critical care/ward care.

Yes

No

**33c.** If YES to 33a, how often does this protocol/guideline suggest that cuff monitoring be undertaken in CRITICAL CARE?

Continuous monitoring

Once every shift

More than once a shift but not continuously

Other (please specify)

Unknown

**33d.** If YES to 33a, how often does this protocol/guideline suggest that cuff monitoring be undertaken on GENERAL WARDS?

Continuous monitoring

Once every shift

More than once a shift but not continuously

Other (please specify)

Unknown





- 34a.** Does this HOSPITAL have a protocol/guideline for inner cannula inspection and cleaning?  Yes  No
- 34b.** If YES to 34a, are there specific guidelines for different areas within the HOSPITAL? i.e. critical care/ward care.  Yes  No
- 34c.** If YES to 34a, how often does this protocol/guideline suggest that the inner cannula is inspected and cleaned in CRITICAL CARE?
- Hourly  Two hourly  Four hourly  
 Eight hourly  Once every shift  Unknown  
 Other (please specify)
- 34d.** If YES to 34a, how often does this protocol/guideline suggest that the inner cannula is inspected and cleaned on GENERAL WARDS?
- Hourly  Two hourly  Four hourly  
 Eight hourly  Once every shift  Unknown  
 Other (please specify)
- 35a.** Does this HOSPITAL have a protocol or guideline for changing the tracheostomy tube?  Yes  No
- 35b.** If YES to 35a, are there specific guidelines for different areas within the HOSPITAL? i.e. critical care/ward care.  Yes  No
- 36a.** Does this HOSPITAL have a procedure for the management of patients whose tracheostomy is blocked or displaced?  Yes  No
- 36b.** If YES, does this cover:
- Critical care  Yes  No      Ward care  Yes  No
- 36c.** If YES to 36a, are all staff made aware of this?  Yes  No
- 36d.** If YES to 36a, do all staff (working on wards which care for tracheostomy patients) receive training in the management of this problem?  Yes  No
- 37a.** Does this HOSPITAL have a resuscitation policy covering the patient with a tracheostomy but whose upper airway may still be patent?  Yes  No
- 37b.** Does this HOSPITAL have a policy covering the patient who is totally reliant on breathing through the stoma in the neck, i.e. a laryngectomy stoma?  Yes  No
- 38.** Is there a protocol for the management of neck breathers who present as an emergency?  Yes  No
- 39.** Is the management of neck breathers covered in mandatory resuscitation training within this TRUST?  Yes  No
- 40a.** Does this HOSPITAL use National Early Warning Scoring systems (NEWS)?  Yes  No
- 40b.** If NO, does it use another Trigger or Track and Trigger system?  Yes  No





- 41a.** Does this HOSPITAL have a procedure and/or tools for checking "safe swallow", e.g. a swallow screen?  Yes  No
- 41b.** If YES, does this cover:  
 Critical care  Yes  No      Ward care  Yes  No
- 42.** Does this HOSPITAL have a policy and/or procedures for patients with a tracheostomy or laryngectomy to be able to communicate effectively?  Yes  No
- 43.** Does this HOSPITAL have a guideline for feeding/nutritional support of the patient with a tracheostomy?  Yes  No

**G. AUDIT**

- 44a.** Is there regular multi-disciplinary audit of tracheostomy care?  Yes  No
- 44b.** If YES, does this cover:  
 Critical care staff  Yes  No      Ward care staff  Yes  No

**H. DISCHARGE PLANNING**

- 45a.** Is there written discharge information available for PATIENTS regarding tracheostomies?  Yes  No
- 45b.** Is there written discharge information available for CARERS regarding the patient with a tracheostomy?  Yes  No
- 45c.** If YES, does this cover:

	Patients		Carers	
Discharge from critical care	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Discharge from ward to ward	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Discharge to the community	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- 46.** Is there the availability 24 hours a day, 7 days a week, of contact arrangements for tracheostomy patients?  Yes  No

**Thank you for taking the time to complete this questionnaire**



Funding for this study was provided by The Healthcare Quality Improvement Partnership (HQIP) as part of The Clinical Outcome Review Program into medical and surgical care.

**NCEPOD**  
**Ground Floor, Abbey House**  
**74 - 76 St John Street**  
**London**  
**EC1M 4DZ**



**Supplement sheet**

**3b.** Please list the names and specialties of all wards where patients with tracheostomies are cared for: (this will enable us to liaise directly with these wards where necessary when undertaking the study)

<b>Number (No.)</b>	<b>Ward name (Please write clearly in capital letters)</b> If you have more than 10 wards which care for tracheostomy patients please complete the supplement sheet
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	

<b>No.</b>	<b>Main specialty (please use codes on page 2)</b>	<b>Does this ward have the presence of nurses available 24 hours a day 7 days a week who can undertake:</b>			
		<b>Cuff management</b>	<b>Suctioning</b>	<b>Management of blocked/ displaced tube</b>	<b>Tube changes</b>
11	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
14	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
15	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
16	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
17	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
18	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
19	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
20	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



**Supplement sheet**

**3b.** Please list the names and specialties of all wards where patients with tracheostomies are cared for: (this will enable us to liaise directly with these wards where necessary when undertaking the study)

<b>Number (No.)</b>	<b>Ward name (Please write clearly in capital letters)</b> If you have more than 10 wards which care for tracheostomy patients please complete the supplement sheet
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	

<b>No.</b>	<b>Main specialty (please use codes on page 2)</b>	<b>Does this ward have the presence of nurses available 24 hours a day 7 days a week who can undertake:</b>			
		<b>Cuff management</b>	<b>Suctioning</b>	<b>Management of blocked/ displaced tube</b>	<b>Tube changes</b>
21	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
22	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
25	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
26	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
27	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
28	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
29	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
30	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

