# TRACHEOSTOMY STUDY

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

Hospital number

## A. PATIENT DETAILS

1. Age at the time of insertion: __________

2. Date of hospital admission: __________
   d d  m m  y y y y  Unknown

3. Date of tracheostomy insertion: __________
   d d  m m  y y y y  Unknown

4. What was the urgency of the procedure?
   - [ ] Immediate  Immediate life, limb or organ-saving intervention; resuscitation simultaneous with intervention. Normally within minutes of decision to operate.
   - [ ] Urgent  Acute onset or deterioration of potentially life threatening conditions; for those conditions that may threaten the survival of limb or organ; for fixation of many fractures; and for relief of pain or other distressing symptoms. Normally within hours of decision to operate.
   - [ ] Expedited  Patient requiring early treatment where the condition is not an immediate threat to life, limb or organ survival. Normally within days of decision to operate.
   - [ ] Elective  Intervention planned or booked in advance of routine admission to hospital. Timing to suit patient, hospital and staff.

5a. BMI: __________  5b. Was this:  [ ] Estimated  [ ] Actual

## B. INSERTION

6a. Did the patient have a trial of extubation prior to tracheostomy?  [ ] Yes  [ ] No  [ ] Unknown

6b. If NO, were the reasons for this clearly documented in the case notes?  [ ] Yes  [ ] No  [ ] Unknown

7. Was this a percutaneous or surgical tracheostomy?  [ ] Percutaneous  [ ] Surgical

8. Was a consent form completed prior to tracheostomy insertion?  [ ] Yes  [ ] No  [ ] Unknown

9. Was a WHO type surgical safety checklist used during this procedure?  [ ] Yes  [ ] No  [ ] Unknown

10a. Was a documented upper airway endoscopy undertaken during tracheostomy insertion?  [ ] 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)?  
☐ 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?  
☐ Yes  ☐ No  ☐ Unknown

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?  

<table>
<thead>
<tr>
<th>i)</th>
<th>Physiotherapy</th>
<th>☐ Yes ☐ No ☐ Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>ii)</td>
<td>Critical care outreach</td>
<td>☐ Yes ☐ No ☐ Unknown</td>
</tr>
<tr>
<td>iii)</td>
<td>Speech &amp; language therapy</td>
<td>☐ Yes ☐ No ☐ Unknown</td>
</tr>
<tr>
<td>iv)</td>
<td>Dietetics</td>
<td>☐ Yes ☐ No ☐ Unknown</td>
</tr>
</tbody>
</table>

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