Speaking valves 4.

Hospital stay and length of time to vocalisation using length of time tracheostomy tubes are in place, length of multidisciplinary care has been shown to reduce the processes. However, a co-ordinated approach to delivering care at the most appropriate time. This is often difficult to achieve particularly when it relies on referral to the correct member of the team advising and/or involving the team.

Multidisciplinary Care:

- Truly multidisciplinary care involves the correct member of the team advising and/or delivering care at the most appropriate time. This is often difficult to achieve particularly when it relies on referral processes. However, a co-ordinated approach to multidisciplinary care has been shown to reduce the length of time tracheostomy tubes are in place, length of hospital stay and length of time to vocalisation using speaking valves.

Institution Wide Protocols:

- Institution wide protocols and a robust policy will form an important basis for education and raised awareness of tracheostomy care. Part of this may involve organisational policies such as the cohorting of tracheostomy patients to help ensure they are cared for by experienced, tracheostomy trained staff at your hospital will have access to forums and webinars sharing quality improvement techniques and details of models of care with those teams who have already implemented them.

Patient and Family Involvement:

- Patient care is at the heart of everything the GTC stands for. Whilst a number of changes may be organisational, tracheostomy quality improvement can still be centred on the patient. Whilst a reduction in harm through tracheostomy related incidents is beneficial patients often cite time to vocalisation and time to oral diet as the outcomes of care that really matter to them. The themes of nutrition and communication were also highlighted by Professor Steven Hawking when he addressed the attendees at the GTC’s European Launch.

Measuring Improvement:

The GTC provide a secure on-line database to help measure improvements in care. Used as an audit tool this can drive care forward as well as producing evidence to support new approaches to care institutions may adopt. Data collected includes demographics, clinical characteristics, typical outcome metrics and adverse events.

References:


FIG 1: The need for improvement in tracheostomy care

[Image of a bar chart showing the need for improvement in tracheostomy care]