

**From the Chief Medical Officer
Dr Michael McBride
And the Chief Nursing Officer
Professor Martin Bradley**



Department of
**Health, Social Services
and Public Safety**

www.dhsspsni.gov.uk

AN ROINN

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MÁNNYSTRIE O

**Poustie, Resydënter Heisin
an Fowk Siccar**

BEST PRACTICE CIRCULAR

Subject:

Reducing the risks associated with the management of a patient with a tracheostomy

For action by:

Chief Executive, HSC Board, for cascade to:

- *CSCG leads*

Chief Executive, PHA, for cascade to:

- *Director of Public Health*
- *Director of Nursing & AHPs*

Chief Executives, HSC Trusts, for cascade to:

- *Medical Directors*
- *Directors of Nursing*
- *Leads, AHPs*
- *Leads, Critical Care Outreach Teams*
- *Patient Safety Officers*
- *CSCG Leads*

Chief Executive RQIA for cascade to:

- *Independent Sector*
- *Relevant Regulated Establishments*

For Information to:

- Director, Safety Forum
- Chief Executive, NIPEC
- Professor Patrick Johnston, Head of School of Medicines, Dentistry and Biomedical Sciences, QUB
- Professor Linda Johnston, Head of Nursing & Midwifery, QUB
- Professor Hugh McKenna, Head of Life and Health Sciences, UU
- Dr Owen Barr, Head of School of Nursing, UU
- Dr Terry McMurray, Postgraduate Dean, NIMDTA
- Professor Paul McCarron, Head of School of Pharmacy, UU
- Professor David Woolfson, Head of School of Pharmacy, QUB
- Manager, CCaNNI

Summary of Contents:

The purpose of this Circular is to highlight current best practice on management of a patient with a tracheostomy

Enquiries:

Any enquiries about the content of this Circular should be addressed to:

Safety & Quality Unit
DHSSPS
Room D2.4
Castle Buildings
Stormont
BELFAST
BT4 3SQ

Tel: 028 9052 2239

Qualityandsafety@dhsspsni.gov.uk

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Related documents

Protecting patients who are neck breathers, NPSA 2005

HSS(MD) 34/2005: NPSA Patient Safety Observatory Report and Bulletin

Standards for the care of adult patients with a temporary tracheostomy, Intensive Care Society (revised July 2008)

Acute Life-Threatening Events Recognition and Treatment (ALERT[®]) training (<http://alert-course.com>)

Superseded documents

N/A

Status of Contents:

Best Practice

Implementation:

Ongoing

CMO Group material can be accessed on:

<http://www.dhsspsni.gov.uk/index/phealth/professional.htm>

SQS Directorate material can be accessed on:

<http://www.dhsspsni.gov.uk/index/phealth/sqs.htm>

Working for a Healthier People

Chief Medical Officer Group



INVESTOR IN PEOPLE

DH1/09/81158

Dear colleagues

REDUCING THE RISKS ASSOCIATED WITH THE MANAGEMENT OF A PATIENT WITH TRACHEOSTOMY

Following an incident involving the failure to appropriately manage a patient with a tracheostomy, we wish to draw your attention to the current best practice on this issue.

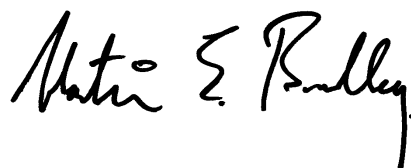
The content of the attached BEST PRACTICE CIRCULAR at Annex A, has been approved for regional dissemination.

We would ask you to bring this to the attention of relevant practitioners and key health and social care staff within your organisation. They should consider the best practice for their setting and take appropriate steps to minimise the risk to their patients, clients or pupils of a similar incident.

Yours sincerely



Dr Michael McBride
Chief Medical Officer



Professor Martin Bradley
Chief Nursing Officer

REDUCING THE RISKS ASSOCIATED WITH THE MANAGEMENT OF A PATIENT WITH A TRACHEOSTOMY

Trusts should have a policy in place which outlines the management of patients with a tracheostomy based on and which meet national standards and NPSA guidance. Policies should reflect the multi-disciplinary nature of, and changing status of, the patient's needs and should be disseminated through organisational risk management processes to all staff and all areas involved in the care of a patient with a tracheostomy. Policies must identify care pathway options appropriate for patients who have had a recent tracheostomy procedure, as well as patients who have an established tracheostomy and are "neck breathers". They must include clear guidance on:

- The appropriate placement and transfer of the patient in all clinical areas along the care continuum from admission to discharge including critical care, high dependency, and all other clinical environments and ward areas.
- Continuous assessment of the patient's care requirements as frequently as required.
- The tracheostomy care pathway.
- Resuscitation guidelines for a patient with a tracheostomy.
- The roles and responsibilities of the multi-disciplinary team undertaking the patient's care.

Placement of patients

Patients with a tracheostomy require continuous monitoring, to inform appropriate clinical decision making, review of care planning, and appropriate placement by the multi-disciplinary team. The frequency of monitoring and review will be determined by the patient's condition and needs.

All patients with a tracheostomy should be admitted /transferred to a clinically suitable environment based on the patient's needs, with appropriate, equipment, staffing, skills and competencies.

It is advisable to manage a patient with a tracheostomy in hospital with direct monitoring based on clinical need, and local clinical environment, for example, if a patient requires isolation then one to one care may be required unless there is a central camera monitoring system.

Management of Risk

A patient with a tracheostomy should have a continuous risk assessment carried out to minimise any risk which would affect the best expected outcome.

The frequency of risk assessment should be determined by the patient's condition, clinical environment, staffing levels, skills and competence.

Trusts who are not able to develop systems to reduce risks effectively in all clinical areas should consider identifying designated areas where the risks are reduced.

Appropriate equipment

It is essential that all staff caring for a patient with a tracheostomy have training in, and access to, equipment appropriate to the patient's changing condition and needs.

There should be clear documentation of the specific tracheostomy equipment required by the patient and this should be accessible and near the patient at all times. It should be listed, reviewed and replaced as frequently as required.

Trusts should consider the development and use of individual visual alerts to support clinical decision-making during critical events.

Communication between multi-disciplinary team

Documentation and communication systems should clearly identify that multidisciplinary care planning and decision-making is being communicated to all staff having input to the care of a patient with a tracheostomy.

Documentation should identify who is leading the care management plans and individual episodes of care to ensure responsibility and timeliness of communication of any changes in the patient's condition is acted upon.

Specific protocols should be in place at higher risk times, for example, admission, transfer, shift handover, and any critical events or deterioration of the patient's condition (ie. Early Warning Systems).

Skills and Competence in the Resuscitation of Patients who are Neck Breathers (temporary or established)

Staff who are required to manage the care of, attend and resuscitate patients who are neck breathers should be skilled and competent to do so.

Trusts should consider the use of the 40 minutes discretionary training during Intermediate Life Support and reference made at Basic Life Support sessions for the management of patients who are neck breathers.

Protocols should identify the need for an identified leader during resuscitation events and this should be recorded.

Trusts should have systems in place to ensure appropriate skills and competences are available within care environments where neck breathing patients are managed. ***This training should include the awareness that it is not possible to treat patients who are neck breathers in an emergency situation with "bag and mask" ventilation via the mouth.***

Management plans should identify the likelihood of patients requiring resuscitation due to other risk triggers, for example, co-morbidities, agitation, sedation, frequently blocking tubes, increased suction requirements, infection and/or changing Early Warning Scores. Trusts should have clear escalation protocols in place to support practitioners in the resuscitation

and management of neck breathing patients, including access to specialist advice from the development of Critical Care Outreach Teams.

Current best practice

The National Patient Safety Agency is currently developing a Safer Practice Notice which will identify the main risks to patients who are neck breathers and it will outline what action is required to improve safety for these patients.

In the meantime, your attention is drawn to the following best practice:

- Intensive Care Society guidelines on ***Standards for the care of adult patients with a temporary tracheostomy*** (which should be read in conjunction with NPSA guidance). (www.ics.ac.uk/icmprof/downloads/ICS%20Tracheostomy%20standards.pdf)
- The NPSA published guidance in March 2005 on ***Protecting patients who are neck breathers***. This focussed on the management of patients with laryngectomies and other long term neck breathers when requiring emergency care. (<http://www.npsa.nhs.uk/nrls/improvingpatientsafety/patient-safety/tracheostomy/>)
- Following this the NPSA became aware of other patient safety incidents, including four deaths occurring in acute care relating to tracheostomy management. This issue was further scoped and a report published in a subsequent Patient Safety Bulletin in July 2005 (<http://www.npsa.nhs.uk/nrls/patient-safety-incident-data/bulletins-and-newsletters/archive/>). This was brought to the attention of the HSC on 1 November 2005 by Chief Professionals Letter HSS(MD) 34/2005 (<http://www.dhsspsni.gov.uk/hssmd34-05.pdf>)

You will wish to bring the contents of this document to the attention of staff, particularly those involved in governance and risk management within your organisation who need to be aware of this alert in order to assist in complying with the *Quality Standards for Health & Social Care* –

- Criterion 5.3.2 (preventing, detecting, communicating and learning from adverse incidents and near misses);
- Criterion 5.3.3(d) (ensuring that clinical interventions are carried out under appropriate supervision and by appropriately qualified staff); and
- Criterion 5.3.3(f) (implementing evidence based practice through the use of guidance from the NPSA).