

Mrs Brooke DUGGAN

K Read, B Duggan.

Princess Alexandra Hospital, Woolloongabba, Brisbane, Queensland.

Identifying Slow To Wean Tracheostomy Patients: A National Allied Health Benchmarking Consortium Investigation Of Factors That Delay Or Facilitate Decannulation

Abstract:

Patients with tracheostomies are significant in number in most hospitals represented within the National Allied Health Benchmarking Consortium (NAHBC). These patients utilize a high number of hours of allied health time, while large degree of variance exists in relation to the time utilized per inpatient episode. A range of factors may influence this including differences in clinical management, models of care, and patient complexity. Clinically, it is accepted that these patients can cause large variances in the hospital length of stay and that allied health input is essential for tracheostomy weaning. Currently, there is limited evidence or published guidelines to direct allied health staff involvement in the slow to wean patient, and optimize patient care.

This project aimed to profile patients with a tracheostomy that are slow to wean (ie slow from the time of insertion to removal of the tracheostomy), define this population and look at best practice management of these patients. Preliminary analysis has identified the neurology/neurosurgical population as a key patient group that falls into the slow to wean category (i.e. greater than 30 days from insertion of tracheostomy to removal of tracheostomy).

This presentation will outline the characteristics of the 'slow to wean' patient and the specific breakdown of allied health input in managing these patients. Specific focus will be given to the effect of mobility, respiratory status, co-morbidities (e.g. COPD, smoker, obesity), speaking valves, and tube type and size that impact on the decannulation outcomes for tracheostomised patients.

The results from this project will guide clinicians regarding optimal care for slow to wean patients in the Neurological/Neurosurgical population. Additionally the results will highlight clinical evidence for prognostic indicators in the slow to wean population.

Acknowledgements to the National Allied Health Benchmarking Consortium for their support and involvement in data collection.