

Improving UK Tracheostomy Care

NHS

VS



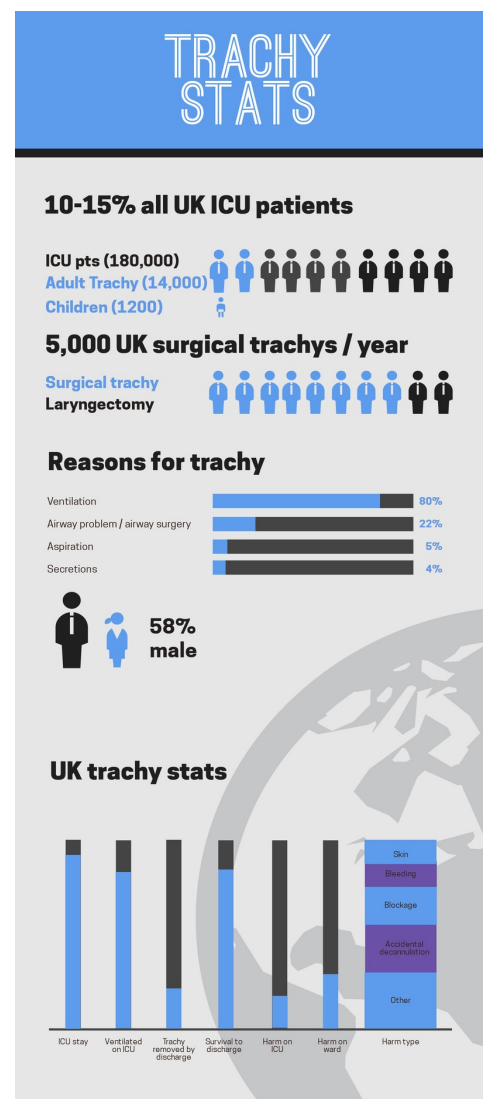
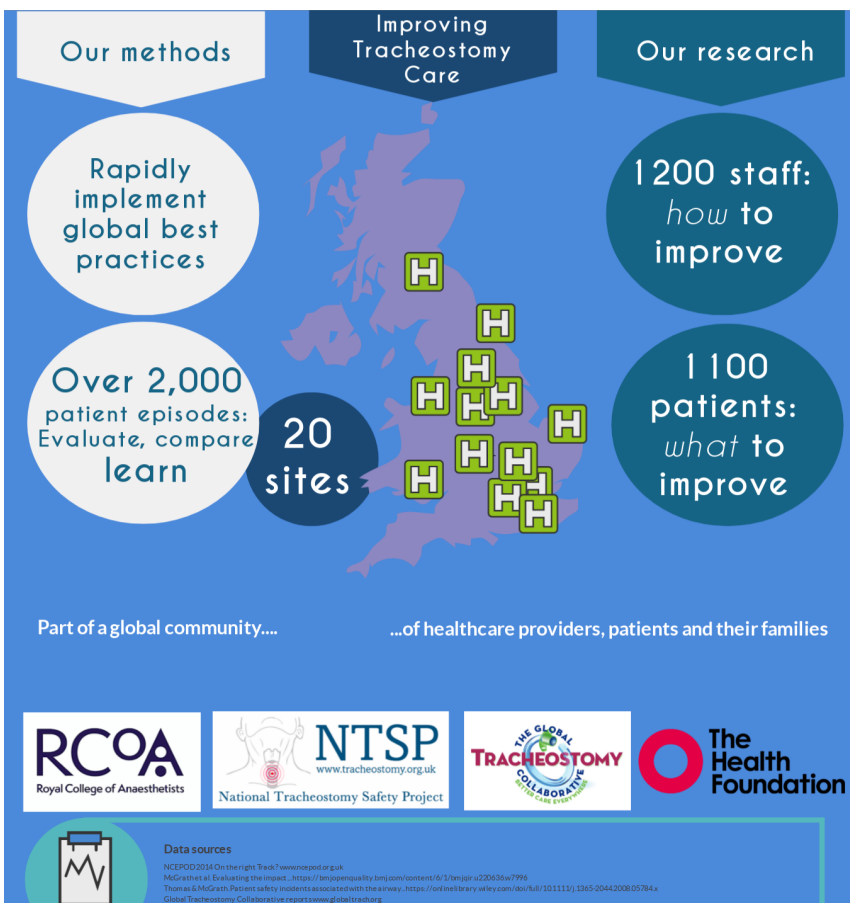
Current care

Global Tracheostomy Collaborative sites

What is it? An ambitious 3-year project, funded by the Health Foundation, to evaluate the impact of diverse NHS hospitals participating in the Global Tracheostomy (Quality Improvement) Collaborative (GTC). 20 UK sites from Scotland, Wales and England joined the GTC in 2016, including major teaching and district general hospitals, and adults and children's services.



Why do we need it? Around 20,000 UK patients per year have a new tracheostomy, impacting patients and their families, especially with eating, drinking and communication. Significant harm occurs if staff aren't trained and hospitals can't deliver safe care.^{1,2} We demonstrated significant improvements in the **quality** and **safety** of care in our pilot.³



Interim results 2018

Current care

Delays in starting oral intake
Lack of ICU Speech & Language Therapists
Under-used endoscopic assessment (FEES)
Fear of feeding trials



Global Tracheostomy Collaborative sites

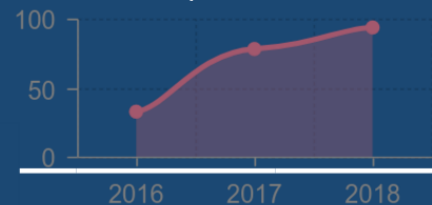
100% SLT on ICU
More patients seen within 48hrs by SLT
Faster first oral intake
Increased use of FEES

Eating & drinking

Delays in vocalisation attempts
Fear of cuff deflation
Under-used 'Speaking Valves'
Under-used alternative techniques



Significantly earlier vocalisation
New techniques ('ACV') used in ICUs

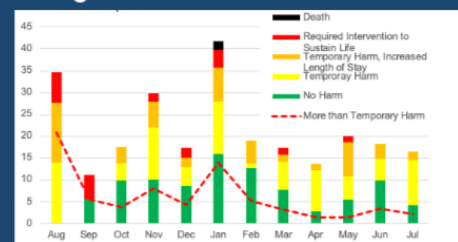


Communication

Preventable harm in 30% of cases
Education, equipment, training
Poorly thought out care
Inadequate responses



Significant reduction in harm

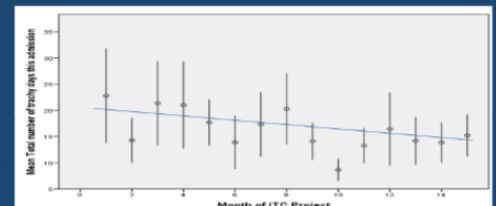


Safety

Un-coordinated care
Lack of multidisciplinary teams
Unclear / competing pathways
Silo working



Early results from 1,241 patients:
significantly reduced hospital stay



Hospital stay

Delays, readmissions and harm
contribute to the costs of care
ICU bed around £2,000 per day



£430,000

saved on ICU length of stay
reduction alone (for 304
patients at one site)

Cost of care