Six years of MDT tracheostomy management at CCDHB

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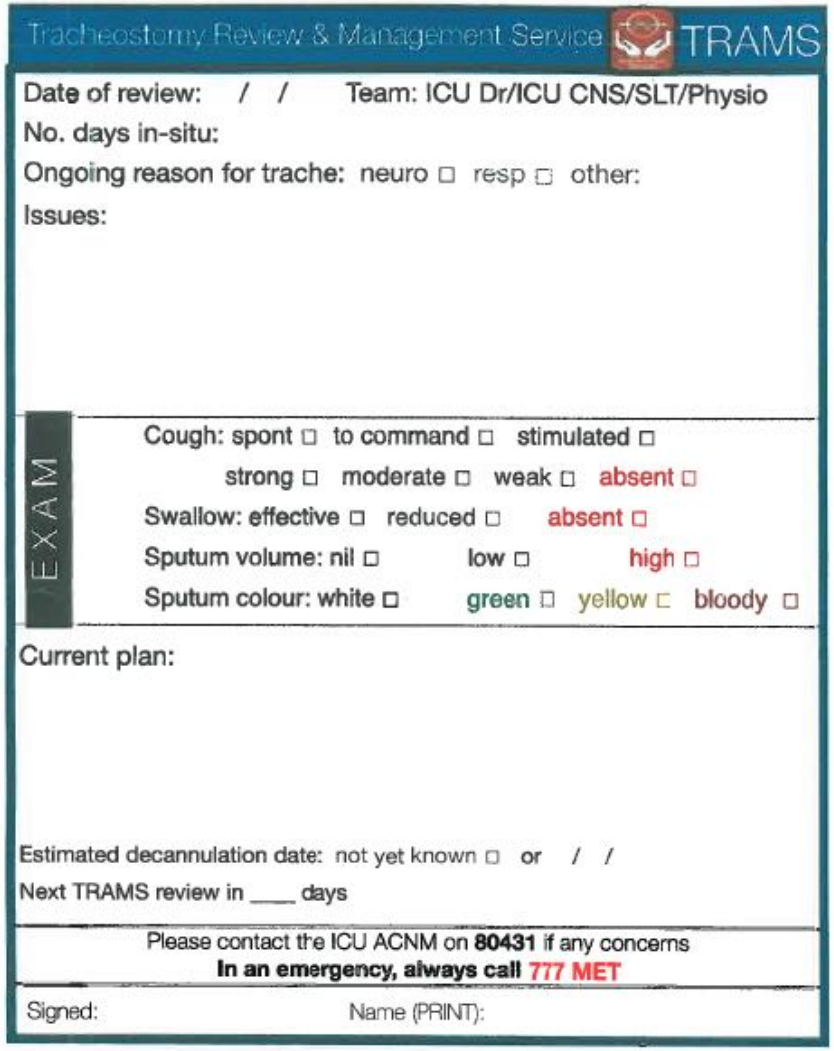
Outline

- Background and history of TRAMS
- Roles, responsibilities and processes
- Outcomes following introduction of TRAMS
- Challenges

Introduction and background

- Concerns re: trache management on ward
  - Poor documentation
  - Poor coordination
  - No lead decision-maker
  - Unsafe practice
  - Perceived delays in decannulation
- Introduced to Austin Health TRAMS model
  - In Melbourne, Australia
  - Coordinated, centralised trache care
  - Multidisciplinary decision making
- Formally launched TRAMS in April 2011

Roles, process and responsibilities



Tracheostomy Review & Management Service TRAMS

Date of review: / / Team: ICU Dr/ICU CNS/SLT/Physio

No. days in-situ:

Ongoing reason for trache: neuro □ resp □ other:

Issues:

EXAM

Cough: spont □ to command □ stimulated □

strong □ moderate □ weak □ absent □

Swallow: effective □ reduced □ absent □

Sputum volume: nil □ low □ high □

Sputum colour: white □ green □ yellow □ bloody □

Current plan:

Estimated decannulation date: not yet known □ or / /

Next TRAMS review in ____ days

Please contact the ICU ACNM on **80431** if any concerns

In an emergency, always call 777 MET

Signed: Name (PRINT):

Outcomes

	Pre-TRAMS	Post-TRAMS
Traches inserted in ICU	n=138	n=228
Transferred to ward	n=22 (16%)	n=58 (25%)
Ward	Neuro (75%), Surg (10%), Cardiothoracic (10%), Med (5%)	Neuro (84%), Med (10%), Rehab (2%), Paed (2%)
Decannulated by TRAMS	n=17 (77%)	n=41 (71%)
Days cannulated	M=20 (IQR 9,24)*	M=13 (IQR 9,29)*
Days from ICU d/c to decannulation	M=14 (IQR 4,17)*	M=7 (IQR 3,18)*

*Excl. outlier with 207 days of cannulation

Outcomes

- Reduction in preventable complications
- Improvement in documentation
- Improved MDT input
- Clear decision making around weaning and decannulation
- Better understanding of ward capabilities

Challenges

- Funding
- Discharging to other wards in DHB
- Retention of knowledge for ward staff
- Challenging patients
- Team stability and succession planning

Final thoughts

- TRAMS has improved care of patients with tracheostomies
- Reducing time on wards with tracheostomies has reduced risk to patients
- We need formal resource
- Recommend considering TRAMS model for other DHBs

Questions