Tracheostomy care at The Royal London Hospital: Patient experiences from February to April 2021.

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INTRODUCTION

Tracheostomy tube placement is a common hospital practice used to aid delivery of oxygen to the lungs, to help clear secretions from the airway or bypass upper airway obstruction (Sherlock, 2009). Tracheostomy insertion often results in alterations to an individual's basic needs such as respiration, communication, nutrition, mobility and quality of life. However, there is little information available regarding patient experience of having a tracheostomy.

At The Royal London Hospital (RLH), an average of 33 tracheostomies were performed each month from 22nd February to 30th April 2021. Tracheotomised patients were cared for in specialised and non-specialised areas of the hospital, by a Multi-Disciplinary Team (MDT) which included Anaesthetists, Critical Care Consultants, Critical Care Outreach Team, Nursing staff, Speech and Language Therapists and Physiotherapists.

Given the increase of tracheostomies performed during this time, as a result of the second surge of the Covid-19 pandemic, there was a wealth of increased opportunity to collect patient experience data about tracheostomy care at the RLH.

METHODOLOGY

Participants (n=28) were inpatients at RLH that were recruited from February to April 2021, from a mixed range of age, sex, ethnicities and aetiologies of injury, not limited to patients with Covid-19. Patients had to have been decannulated and able to communicate and engage in discussion about their tracheostomy experience to participate.

A mixed methodology approach was used for the project. Patient questionnaires were used to identify patient feedback related to six key elements:

- Suctioning
- Mouthcare
- Cuff deflation and use of OWV
- Eating and drinking
- Decannulation and aftercare

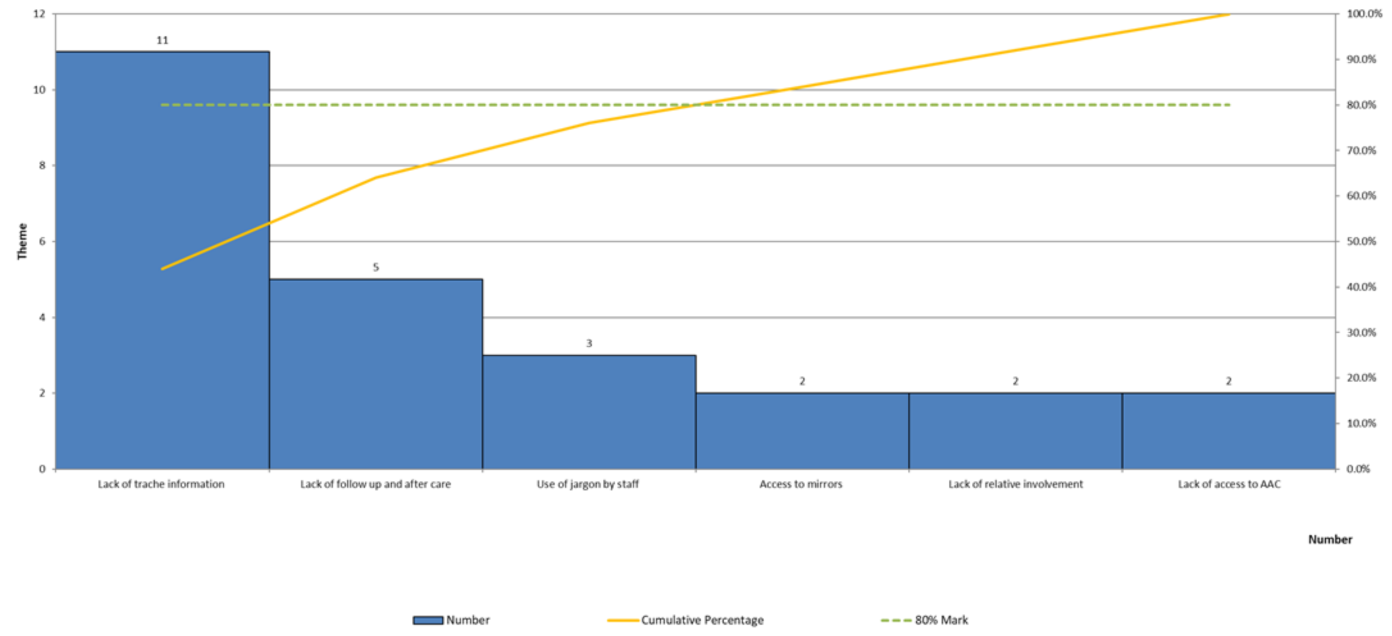
A five point Likert rating scale (Likert, 1932) was also used to generate mean satisfaction scores related to the six key aforementioned care domains. Alongside questionnaires, five patients completed more in-depth interviews that were recorded for more information and for future training purposes

ANALYSIS

A Pareto chart was used to identify the most frequent themes raised by the patients.

This allowed for prioritisation for areas of change, which were further discussed with a patient focus group.

Pareto Chart showing key themes



RESULTS

Results highlighted a range of both positive and negative patient experiences related to tracheostomy care at the RLH.

Key themes identified included:

1. Timing
2. Presentation and comprehension of patient information
3. Access to communication resources
4. Aftercare
5. Increased family involvement.

PATIENTS COMMENTS

The staff clearly explained how the procedure is done

Suctioning- I felt vulnerable but then I was happy to have a clear chest

I felt like I was on the outside looking in...I felt very vulnerable

They explained first why they were doing it which helped!

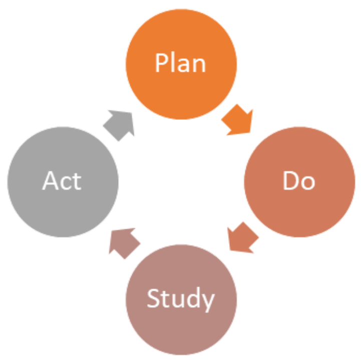
I didn't understand the language one way valve – do I have something metal in my throat now that helps me to talk?

CONCLUSION AND IMPLICATIONS

The data collected emphasises that a patient's experience of having a tracheostomy is a multifaceted combination of emotions, psychological and physical experiences. Implications for practice indicate that information and care provided to patients needs to be more comprehensive, and it should be personalised to suit individual patient needs.

Application of the Plan, Do, Study, Act cycle (Coury, 2017) allowed for implementation of change on a small scale, building on the learning from this cycle in a structured way before Trust wide implementation.

Repetition of this project is needed to consolidate change and to continue the improvement of tracheostomy care and overall patient experience.



RELATED LITERATURE

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