Enhancing Tracheostomy Care: A Multidisciplinary Approach through Critical Care Outreach Team (CCOT) Involvement

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Tracheostomy care

- Complex, high-risk intervention
- Specialist MDT input essential
- Coordinated care improves safety & recovery
- Guidelines + collaboration reduce variability

CCOT Role

In the UK, Critical Care Outreach Teams (CCOTs) play a vital role in supporting tracheostomy care on hospital wards by (NICE, 2018):

- Supports ward staff with complex airways
- Expertise in emergencies, monitoring, education
- Prevents deterioration, enables timely escalation
- Bridges ICU and ward care

Baseline

- CCOT only involved during deterioration
- No routine reviews or structured input
- Variable skills and training gaps
- MDT round: no nursing/CCOT, remote & time-consuming

Challenges

- Focused on ICU patients, limited ward integration
- Time-consuming & duplicative
- Lack of clear accountability
- Poor communication with ward teams
- Learning not cascaded

Method – PDSA cycle

- Introduce structured weekly bedside MDT rounds
- Expand MDT to include ICU and ward doctors, CCOT, physiotherapists, speech therapists and ward nursing staff (bedside, NIC)
- Ensure comprehensive care without over-reliance on ICU clinicians.
- Expanded CCOT role: reviews, checks, education
- Improved documentation with proforma/EPIC
- ICU + CCOT collaboration on tracheostomy changes

Interventions

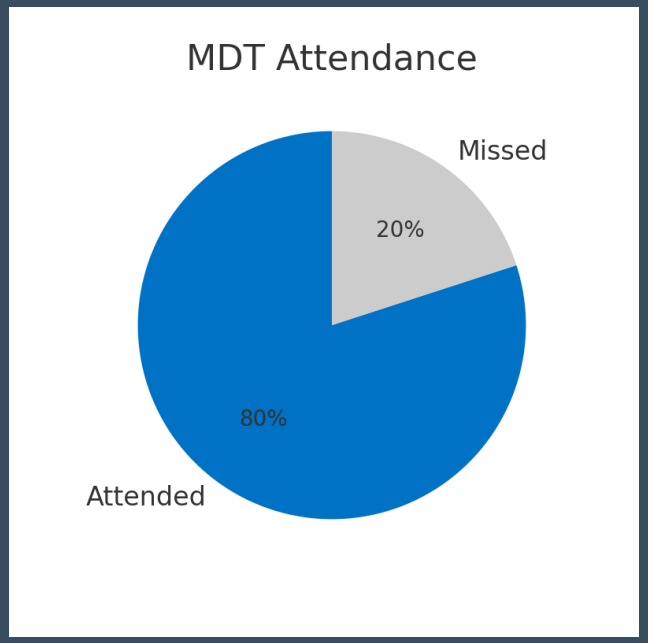
- Bedside reviews with nurse involvement
- Exclude ICU patients from MDT
- CCOT chairs MDT, bridges ICU/wards/therapies
- Nursing teams lead audits, equipment choices
- EPIC flowchart for care & safety checks
- Accountability– ICU consultant responsible to support routine tracheostomy changes

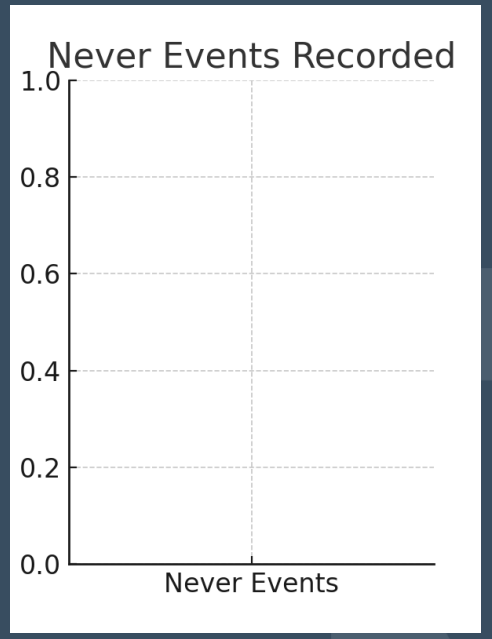
CCOT New Routines

- Routine review of all ward tracheostomy patients
- Template for safety checks & documentation
- Lead MDT meetings + cascade audits
- Training & simulations
- Oversight of routine changes

Outcomes (6 Months Post)

- Staff survey: 90% practice enhanced, 97% care improved
- Overall rating: 4.4/5
- No never events recorded
- Consistent MDT attendance (~80%)
- 80% tracheostomy changes within guidance





What’s Going Well

- CCOT = first point of contact
- Staff confident in emergencies & routine care
- Policy under review, audits embedded
- Strong ICU & therapy collaboration
- EPIC flowchart implemented

Lessons Learned

- ICU physician input essential
- Ongoing nursing education key
- Accountability improves safety
- Documentation & safety checks vital
- Ward staff value CCOT support

Implications

- MDT model improves safety & workflow
- Potential: expand CCOT remit
- Framework supports continuous improvement
- Empowers ward teams

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THANK YOU

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