


Preventing  
Tracheostomy-Related  
Hospital-Acquired  
Pressure Injuries  
(HAPIs):  
A CNS-Led Quality  
Improvement Project



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## Disclosures

- No financial disclosures
  - No conflicts of interest
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## Background; Spring, 2014

- Four patients developed trach flange device-related skin injuries
  - ENT and wound care nurse contacted
  - Proposal for foam dressing immediately following stoma creation
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## Process Development

- Included key stakeholders:
  - Case Manager
  - Registered Nurses
  - Respiratory Therapist
  - Wound care nurse
  - Nursing Leadership
  - Intensivists
  - ENT



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## Standardizing Care

Procedure Date	Time	Assessment of Trach site (Circle all that apply)
		E D U B M S ER OTHER:

Date/time; suture removal date

E = edema

D = drainage

U = ulceration

B = bleeding

M = Mepilex®  
(foam dressing)

S = sutures

ER = erythema

Other = other

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## Standardizing Care

- Wound care nurse consult
- Foam dressing under all new trachs
- RN will assess and track
- Sutures removed in a timely manner
- CNS will follow patients until suture removal

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## Challenges



- Teaching hospital
- Resident rotation
- New staff RNs
- Sustaining practice

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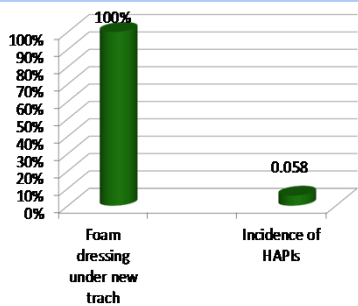
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## Outcomes



Post-intervention

May, 2014 through November, 2016

n = 22

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## Spring, 2015

- Original focus for ICU's
- Standardized care
  - Care and suture removal
  - Patient assessment and site maintenance
  - Inadvertent loss of airway
  - Policy and Procedure

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## Trach Care Team

- Hospital-wide multidisciplinary team
  - Post-op care to RNF
  - Patient education
  - Discharge instructions
  - Documentation
- Post-discharge
  - Long-term care
  - Out-patient visits
  - Home care



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## Expanded Focus

- Patients to RNF
- Update order sets
- Standardize equipment
- Documentation



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## Process Improvement

- Patient education process
- PERC Pack
- Manikin
- Mirror
- Home care
- Follow-up care
- Provider notification



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# Trach Travel Bag (TTB)



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