Tracheostomy Study

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

ADVISOR ASSESSMENT FORM

NCEPOD number: ☐☐☐☐☐☐

A. PATIENT DETAILS

1. Age at the time of insertion: ☐☐☐

2. Date of hospital admission: ☐☐/☐☐/☐☐

3. Date of tracheostomy insertion: ☐☐/☐☐/☐☐

4. Date of admission to critical care: ☐☐/☐☐/☐☐

5a. Date of critical care discharge: ☐☐/☐☐/☐☐

5b. Time of critical care discharge: (24hr clock) ☐☐:☐☐

6a. Date of admission to the ward: ☐☐/☐☐/☐☐

6b. Time of admission to the ward: (24hr clock) ☐☐:☐☐

7a. Date of decannulation (if applicable): ☐☐/☐☐/☐☐

7b. Date of discharge (if applicable): ☐☐/☐☐/☐☐

7c. Date of death (if applicable): ☐☐/☐☐/☐☐

B. INSERTION

8. Was this a surgical or percutaneous tracheostomy? ☐ Surgical ☐ Percutaneous

9a. In your opinion, was there a clear indication for tracheostomy in this patient? ☐ Yes ☐ No ☐ Insufficient data

9b. Was the indication(s) clearly documented? ☐ Yes ☐ No ☐ Insufficient data

9c. If NO to 9a, in your opinion, why was a tracheostomy not indicated?

10a. Do you believe that that the timing for a decision to perform the tracheostomy insertion was appropriate? ☐ Yes ☐ No ☐ Insufficient data

10b. If NO, why not?

☐ Should have been performed later/after more consideration (i.e. in ICU not obvious that weaning would be prolonged)

☐ Patient unstable

☐ Should have been performed sooner

☐ Other (please specify)

11a. Do you believe that adequate consideration was made about anatomical suitability for the route of insertion? ☐ Yes ☐ No ☐ Insufficient data

11b. If NO, please specify

12a. In your opinion was there adequate preparation for the insertion procedure? ☐ Yes ☐ No ☐ Insufficient data

12b. If NO to 12a, do you believe that the urgency of the procedure contributed to poor preparation? ☐ Yes ☐ No ☐ Insufficient data

12c. If NO to 12a, what factors were inadequate? (answers may be multiple)

☐ Patient/family information/consent ☐ Equipment checks

☐ Patient factors e.g. inadequate clotting check/correction

☐ Seniority of team involved ☐ Number and/or skill mix of team

☐ Other (Please specify)

13a. Was there evidence of significant delay in providing appropriate STAFFING for tracheostomy insertion? ☐ Yes ☐ No ☐ Insufficient data

13b. If YES, please give details:

13c. If YES, do you feel this led to complications? ☐ Yes ☐ No ☐ Insufficient data

13d. If YES, please give details:

14a. Was there evidence of significant delay in providing appropriate equipment for percutaneous tracheostomy insertion? ☐ Yes ☐ No ☐ Insufficient data

14b. If YES, please give details:

14c. If YES, do you feel this led to complications? ☐ Yes ☐ No ☐ Insufficient data

14d. If YES, please give details:

15a. Was an adequate (documented) assessment of actual or potential airway difficulties made? ☐ Yes ☐ No ☐ Insufficient data

15b If NO, did this result in any subsequent problems?

Delayed procedure ☐ Yes ☐ No ☐ Insufficient data

Critical airway compromise during the procedure ☐ Yes ☐ No ☐ Insufficient data

Other (please specify) ☐ Yes ☐ No ☐ Insufficient data

16a. In your opinion do you feel that there were particular deficiencies in the equipment used for insertion? ☐ Yes ☐ No ☐ Insufficient data

16b. If YES, please give details:

17a. In your opinion do you feel that there were particular deficiencies in the patient monitoring used during insertion? ☐ Yes ☐ No ☐ Insufficient data

17b. If YES, what were these?

☐ Vital signs

☐ Full (appropriate) monitoring not used

☐ Monitoring duration inadequate

☐ Other (please give details below)

18a. In your opinion do you feel that there were deficiencies in the anaesthesia/sedation used at insertion? ☐ Yes ☐ No ☐ Insufficient data

18b. If YES, what were the deficiencies?

☐ Anaesthesia/sedation drugs not recorded

☐ Other (please specify)

19a. Given your knowledge of the patient, do you feel that the TYPE AND SIZE of tracheostomy was appropriate for this patient? ☐ Yes ☐ No ☐ Insufficient data

19b. Given your knowledge of the patient, do you feel that the LENGTH of tracheostomy was appropriate for this patient? ☐ Yes ☐ No ☐ Insufficient data

20. If no inner cannula was used, was it clear why this decision was taken? ☐ Yes ☐ No ☐ Insufficient data

21a. Are there clear (documented) details of how the tube was secured? ☐ Yes ☐ No ☐ Insufficient data

21b. If YES, please specify (answers may be multiple):

☐ Sutures ☐ Tapes

☐ Other (please specify)

22a. Was there a documented post insertion assessment made of tracheostomy position? ☐ Yes ☐ No ☐ Insufficient data

22b. If YES, how was this achieved? (answers may be multiple)

☐ Capnography ☐ Chest X ray

☐ Endoscopy

22c. Do you believe that this assessment was conducted in a timely fashion in relation to insertion? ☐ Yes ☐ No ☐ Insufficient data

23a. Was there a documented post insertion record of adequacy of ventilation? ☐ Yes ☐ No ☐ Insufficient data

23b. If YES, how was this achieved? (answers may be multiple)

☐ Chest ausultation ☐ Capnography

☐ Blood gas estimation

23c. Do you believe that this assessment was conducted in a timely fashion in relation to insertion? ☐ Yes ☐ No ☐ Insufficient data

24a. If early complications occurred (within 4 hours of insertion), do you feel they could have been avoided? ☐ Yes ☐ No ☐ Insufficient data

24b. Were measures taken during daylight hours to prevent a recurrence of this complication (e.g. by instituting a prevention plan)? ☐ Yes ☐ No ☐ Insufficient data

25. If the operative procedure was performed by a trainee, do you feel that there was an appropriate level of supervision for this case? ☐ Yes ☐ No ☐ Insufficient data

26. If the anaesthetic procedure was performed by a trainee, do you feel that there was an appropriate level of supervision for this case? ☐ Yes ☐ No ☐ Insufficient data

C. PLANNED TRACHEOSTOMY TUBE CHANGES

27. Where was the patient being cared for at the time of the FIRST PLANNED tube change?

☐ Critical care complex (levels 2 & 3) ☐ Ward (levels 0 & 1)

☐ Other (please specify) _____

☐ NA – no tube change (please go to question XX)

28a. In your opinion was the FIRST PLANNED tracheostomy tube change conducted safely? ☐ Yes ☐ No ☐ Insufficient data

28b. If NO, in which areas do you consider there to have been deficiencies?

☐ Equipment ☐ Staff skills & competencies ☐ Monitoring

☐ Staff numbers ☐ Insufficient data

☐ Other (please specify) _____

29. In your opinion was the FIRST PLANNED tracheostomy change timely? ☐ Yes ☐ No ☐ Insufficient data

30a. Did the replacement tube include an inner cannula? ☐ Yes ☐ No ☐ Insufficient data

30b. If NO, is it clear why this decision was taken? ☐ Yes ☐ No ☐ Insufficient data

31. In your opinion, was the replacement tube appropriate to the patient needs? ☐ Yes ☐ No ☐ Insufficient data

32a. In your opinion, were subsequent tubes changes conducted with sufficient frequency in CRITICAL CARE? ☐ Yes ☐ No ☐ Insufficient data

☐ NA – no critical care stay

32b. If NO, please give details:

_____

33a. In your opinion, were tubes changes conducted with sufficient frequency in the WARD? ☐ Yes ☐ No ☐ Insufficient data ☐ NA – no ward stay

33b. If NO, please give details:

D. HUMIDIFICATION

34. Was clearance of secretions a problem in this patient? ☐ Yes ☐ No ☐ Insufficient data

35a. In your opinion, was humidification adequate? ☐ Yes ☐ No ☐ Insufficient data

35b. If NO, in which area was the patient being cared for?

☐ Critical care (levels 2&3) ☐ Ward (levels 0&1)

☐ Both critical care and ward care ☐ Insufficient data

35c. If NO to 35a, in your opinion did the patient suffer any complications related to poor humidification? ☐ Yes ☐ No ☐ Insufficient data

35d. If YES to 35c, where did these occur?

☐ Critical care (levels 2&3) ☐ Ward (levels 0&1)

☐ Both critical care and ward care ☐ Insufficient data

E. CUFF PRESSURE

36a. In your opinion was tracheostomy tube cuff pressure monitored adequately? ☐ Yes ☐ No ☐ Insufficient data

36b. If NO, in which area was the patient being cared for?

☐ Critical care (levels 2&3) ☐ Ward (levels 0&1)

☐ Both critical care and ward care ☐ Insufficient data

37a. In your opinion was tracheostomy tube cuff pressure documented sufficiently frequently enough? ☐ Yes ☐ No ☐ Insufficient data

37b. If NO, in which area was the patient being cared for?

☐ Critical care (levels 2&3) ☐ Ward (levels 0&1)

☐ Both critical care and ward care ☐ Insufficient data

F. COMMUNICATION & SWALLOWING

38a. In your opinion was sufficient attention given to the patient's communication needs? ☐ Yes ☐ No ☐ Insufficient data

38b. If NO, why was this? (Answers may be multiple)

☐ Lack of SALT input ☐ Lack of speaking valve ☐ Cuff permanently inflated

☐ Other (please specify) ☐ Insufficient data

39a. In your opinion was sufficient attention paid to the patient's ability to eat/swallow safely with a tracheostomy in situ? ☐ Yes ☐ No ☐ Insufficient data ☐ Not applicable

39b. If NO, why was this? (Answers may be multiple)

☐ Lack of SALT input ☐ Cuff permanently inflated

☐ Other (please specify) ☐ Insufficient data

40. Do you think the patient received appropriate oral care? ☐ Yes ☐ No ☐ Insufficient data

G. INNER CANNULA CLEANING AND INSPECTION

41a. In your opinion, was the inner cannula cleaning and inspection adequate? ☐ Yes ☐ No ☐ Insufficient data ☐ NA – no inner cannula

41b. If NO, in which area was the patient being cared for?

☐ Critical care (levels 2&3) ☐ Ward (levels 0&1)

☐ Both critical care and ward care ☐ Insufficient data

H. MAJOR COMPLICATIONS

42. Did the patient suffer any of the stated major complications and if so, where was the patient being care for? (Answers may be multiple)

Complication		Did this reoccur?	Location	
			Critical care	Ward
Major bleeding	☐ Yes ☐ No	☐ Yes ☐ No	☐	☐
Pneumothorax	☐ Yes ☐ No	☐ Yes ☐ No	☐	☐
Accidental decannulation	☐ Yes ☐ No	☐ Yes ☐ No	☐	☐
Obstruction of tube	☐ Yes ☐ No	☐ Yes ☐ No	☐	☐
Other (please specify) If multiple please list the most important				
	☐ Yes ☐ No	☐ Yes ☐ No	☐	☐
	☐ Yes ☐ No	☐ Yes ☐ No	☐	☐
	☐ Yes ☐ No	☐ Yes ☐ No	☐	☐

Please answer the following questions regarding complications based on the information given above. If the patient experienced multiple episodes of the same complication please answer the questions with regard to the most serious episode.

HAEMORRHAGE

If the patient suffered an haemorrhage:

43. Where was the patient being cared for at the time?

☐ Critical Care (levels 2&) ☐ Ward (levels 0&1) ☐ Insufficient data

44a. In your opinion was the haemorrhage dealt with by the specialty team(s) with the correct competencies? ☐ Yes ☐ No ☐ Insufficient data

44b. If NO, what problems were there?

45a. In your opinion was the haemorrhage dealt with by the appropriate seniority of team? ☐ Yes ☐ No ☐ Insufficient data

45b. If NO, which grades were not present? (Please use grade codes)

☐☐ ☐☐ ☐☐ ☐☐ ☐☐ ☐☐ ☐☐

46a. Was the complication (haemorrhage) recognised in a timely manner? ☐ Yes ☐ No ☐ Insufficient data

46b. If NO, please give further details:

47a. Was the complication (haemorrhage) adequately managed? ☐ Yes ☐ No ☐ Insufficient data

47b. If NO, please give further details:

48a. Was the complication (haemorrhage) avoidable? ☐ Yes ☐ No ☐ Insufficient data

48b. If YES, please give further details:

49. If the patient experienced multiple episodes of haemorrhage, please give further details.

50**.** Were measures taken during daylight hours to prevent a recurrence of this complication (e.g. by instituting a prevention plan)? ☐ Yes ☐ No ☐ Insufficient data

PNEUMOTHORAX

If the patient suffered a pneumothorax:

51. Where was the patient being cared for at the time?

☐ Critical Care (levels 2&) ☐ Ward (levels 0&1) ☐ Insufficient data

52a. In your opinion was the pneumothorax dealt with by the specialty team(s) with the correct competencies? ☐ Yes ☐ No ☐ Insufficient data

52b. If NO, what problems were there?

53a. In your opinion was the pneumothorax dealt with by the appropriate seniority of team? ☐ Yes ☐ No ☐ Insufficient data

53b. If NO, which grades were not present? (Please use grade codes)

☐☐ ☐☐ ☐☐ ☐☐ ☐☐ ☐☐ ☐☐

54a. Was the complication (pneumothorax) recognised in a timely manner? ☐ Yes ☐ No ☐ Insufficient data

54b. If NO, please give further details:

55a. Was the complication (pneumothorax) adequately managed? ☐ Yes ☐ No ☐ Insufficient data

55b. If NO, please give further details:

56a. Was the complication (pneumothorax) avoidable? ☐ Yes ☐ No ☐ Insufficient data

56b. If YES, please give further details:

57. If the patient experienced multiple episodes of pneumothorax, please give further details.

58. Were measures taken during daylight hours to prevent a recurrence of this complication (e.g. by instituting a prevention plan)? ☐ Yes ☐ No ☐ Insufficient data

ACCIDENTAL DECANNULATION

If the patient suffered an accidental decannulation (i.e. the tube was accidentally displaced or removed)

59. Where was the patient being cared for at the time?

☐ Critical Care (levels 2&) ☐ Ward (levels 0&1) ☐ Insufficient data

60a. In your opinion was the accidental decannulation dealt with by the specialty team(s) with the correct competencies? ☐ Yes ☐ No ☐ Insufficient data

60b. If NO, what problems were there?

61a. In your opinion was the accidental decannulation dealt with by the appropriate seniority of team? ☐ Yes ☐ No ☐ Insufficient data

61b. If NO, which grades were not present? (Please use grade codes)

☐☐ ☐☐ ☐☐ ☐☐ ☐☐ ☐☐ ☐☐

62a. Was the complication (accidental decannulation) recognised in a timely manner? ☐Yes ☐No ☐Insufficient data

62b. If NO, please give further details:

63a. Was the complication (accidental decannulation) adequately managed? ☐Yes ☐No ☐Insufficient data

63b. If NO, please give further details:

64a. Was the complication (accidental decannulation) avoidable? ☐Yes ☐No ☐Insufficient data

64b. If YES, please give further details:

65. If the patient experienced multiple episodes of accidental decannulation, please give further details.

66. Were measures taken during daylight hours to prevent a recurrence of this complication (e.g. by instituting a prevention plan)? ☐Yes ☐No ☐Insufficient data

OBSTRUCTION

If the patient suffered an obstruction:

67. Where was the patient being cared for at the time?

☐Critical Care (levels 2&) ☐Ward (levels 0&1) ☐Insufficient data

68a. In your opinion was the obstruction dealt with by the specialty team(s) with the correct competencies? ☐Yes ☐No ☐Insufficient data

68b. If NO, what problems were there?

69a. In your opinion was the obstruction dealt with by the appropriate seniority of team? ☐ Yes ☐ No ☐ Insufficient data

69b. If NO, which grades were not present? (Please use grade codes)

☐☐ ☐☐ ☐☐ ☐☐ ☐☐ ☐☐ ☐☐

70a. Was the complication (obstruction) recognised in a timely manner? ☐ Yes ☐ No ☐ Insufficient data

70b. If NO, please give further details:

71a. Was the complication (obstruction) adequately managed? ☐ Yes ☐ No ☐ Insufficient data

71b. If NO, please give further details:

72a. Was the complication (obstruction) avoidable? ☐ Yes ☐ No ☐ Insufficient data

72b. If YES, please give further details:

73. If the patient experienced multiple episodes of tube obstruction, please give further details.

74. Were measures taken during daylight hours to prevent a recurrence of this complication (e.g. by instituting a prevention plan)? ☐ Yes ☐ No ☐ Insufficient data

I. OTHER ADVERSE EVENTS

75a. Do you feel that this patient suffered serious long term effects from a clinically significant tracheostomy related complication? ☐ Yes ☐ No ☐ Insufficient data

75b. If YES, what were these? (Answers may be multiple)

☐ Hypoxic brain damage

☐ Myocardial ischaemia

☐ Severe local sepsis

☐ Insufficient data

☐ Other (please specify)

J. SUCCESSFUL PLANNED DECANNULATION (removal of tube after weaning/airway assessment)

76a. Was a successful decannulation/removal attempt made? ☐ Yes ☐ No ☐ Insufficient data

77. If YES, where was the patient being cared for at the time?

☐ Critical Care (levels 2&) ☐ Ward (levels 0&1) ☐ Insufficient data

78. In your opinion, was a sufficient assessment of the airway made prior to decannulation? ☐ Yes ☐ No ☐ Insufficient data

79. In your opinion, was sufficient equipment available prior to decannulation? ☐ Yes ☐ No ☐ Insufficient data

80a. In your opinion was there an appropriate weaning process carried out (from assisted ventilation/augmented oxygen delivery) prior to decannulation? ☐ Yes ☐ No ☐ Insufficient data

80b. If No, why not?

☐ Weaning too rapid ☐ Lack of senior involvement in decision making

☐ Poor timing in terms of availability of staff to observe/assist if decannulation failed

☐ Other (please specify) ☐

K. DISCHARGE

81a. Was the patient discharged from CRITICAL CARE (levels 2 & 3) with the tracheostomy in situ? ☐ Yes ☐ No ☐ Insufficient data

81b. If YES, do you feel that there was sufficient care in discharge planning to a safe location for this patient ☐ Yes ☐ No ☐ Insufficient data

81c. If NO, was this because of: (Answers may be multiple)

☐ Time of discharge ☐ Day of discharge ☐ Type of tube in place

☐ Concerns about location of care

☐ Concerns about competencies of team receiving patient

☐ Concerns about details/summary provided at discharge

☐ Other (please specify) ☐

82a. Was the patient discharged from a WARD (levels 0&1) to home/other institution with the tracheostomy in situ? ☐ Yes ☐ No ☐ Insufficient data

82b. If YES, do you feel that there was sufficient care in discharge planning to a safe location for this patient ☐ Yes ☐ No ☐ Insufficient data

82c. If NO, was this because of: (Answers may be multiple)

☐ Time of discharge ☐ Day of discharge ☐ Type of tube in place

☐ Concerns about location of care

☐ Concerns about competencies of team receiving patient

☐ Concerns about details/summary provided at discharge

☐ Patient not suitable/fit for discharge

☐ Inadequate equipment available at home/destination

☐ Other (please specify)

L. DEATH

83a. Did the patient die in the admitting hospital prior to the removal of the tracheostomy tube? ☐ Yes ☐ No ☐ Insufficient data

83b. If YES, in your opinion did the death occur directly as a result of a tracheostomy related complication? ☐ Yes ☐ No ☐ Insufficient data

83c. If YES to 83b, do you believe death was potentially avoidable? ☐ Yes ☐ No ☐ Insufficient data

83d. If YES, how?

M. ASSESSMENT OF CARE

84a. Do you believe the standard of tracheostomy care at INSERTION demonstrated:

- ☐ **Good practice**: a standard of care you would expect from yourself, your trainees, and your institution
- ☐ **Room for Improvement**: aspects of CLINICAL care that could have been better
  Option boxes to be inserted
- ☐ **Room for improvement**: aspects of ORGANISATIONAL care that could have been better
- ☐ **Room for improvement**; aspects of CLINICAL AND ORGANISATIONAL care that could have been better
- ☐ **Less than satisfactory**: SEVERAL ASPECTS OF CLINICAL AND/OR ORGANISATIONAL care that were well below a standard you would expect from yourself, your trainees and institution
- ☐ Insufficient data

84b. Please categorise your reasons for room for improvement or less than satisfactory, please indicate the factors in assigning this grade (for example if room for improvement in clinical care, please tick all clinical factors that apply, if room for improvement in clinical and organisational care please tick all clinical and organisational factors that apply)

Clinical

- ☐ Patient unsuitable for tracheostomy at time of procedure
- ☐ Patient inadequately prepared
- ☐ Tracheostomy procedure inadequate
- ☐ Type of tube selected (size, type, length)
- ☐ Inner cannula care inadequate/ineffective
- ☐ Tube securing technique inadequate
- ☐ Tracheostomy not secured on patient moving
- ☐ Self decannulation
- ☐ Suctioning inadequate
- ☐ Humidification inadequate
- ☐ Cuff management inappropriate
- ☐ Wound care inadequate
- ☐ Monitoring and/or frequency of observation inadequate
- ☐ Tube change procedure inadequate
- ☐ Weaning process unclear and/or inappropriate
- ☐ Other (please specify)

Organisational

- ☐ Communication inadequate
- ☐ Documentation inadequate
- ☐ Consent procedure inadequate
- ☐ Time delays affecting patient outcome
- ☐ Timing of procedure inappropriate
- ☐ Timing of tube changes inappropriate
- ☐ Timing of weaning/discharge inappropriate
- ☐ Seniority of team involved inadequate
- ☐ Nursing ratio inadequate for clinical care needs
- ☐ Visibility and/or monitoring of patient inappropriate
- ☐ Staffing inadequate for procedure
- ☐ Staffing inadequate for after care
- ☐ Staffing directly involved in complications inadequate/inappropriate
- ☐ Problems not escalated appropriately
- ☐ Environment not suitable for tracheostomy care
- ☐ Other (please specify)

85a. Following the tracheostomy insertion (either surgically or percutaneously), did this patient have a critical care (level 2&3) stay?

85b. If YES, do you believe the standard of tracheostomy care in CRITICAL CARE (level 2&3) demonstrated:

- ☐ **Good practice**: a standard of care you would expect from yourself, your trainees, and your institution
- ☐ **Room for Improvement**: aspects of CLINICAL care that could have been better
- ☐ **Room for improvement**: aspects of ORGANISATIONAL care that could have been better
- ☐ **Room for improvement**; aspects of CLINICAL AND ORGANISATIONAL care that could have been better
- ☐ **Less than satisfactory**: SEVERAL ASPECTS OF CLINICAL AND/OR ORGANISATIONAL care that were well below a standard you would expect from yourself, your trainees and institution
- ☐ Insufficient data

85c. Please categorise your reasons for room for improvement or less than satisfactory, please indicate the factors in assigning this grade (for example if room for improvement in clinical care, please tick all clinical factors that apply, if room for improvement in clinical and organisational care please tick all clinical and organisational factors that apply)

Clinical	**Organisational**
☐ Patient unsuitable for tracheostomy at time of procedure	☐ Communication inadequate
☐ Patient inadequately prepared	☐ Documentation inadequate
☐ Tracheostomy procedure inadequate	☐ Consent procedure inadequate
☐ Type of tube selected (size, type, length)	☐ Time delays affecting patient outcome
☐ Inner cannula care inadequate/ineffective	☐ Timing of procedure inappropriate
☐ Tube securing technique inadequate	☐ Timing of tube changes inappropriate
☐ Tracheostomy not secured on patient moving	☐ Timing of weaning/discharge inappropriate
☐ Self decannulation	☐ Seniority of team involved inadequate
☐ Suctioning inadequate	☐ Nursing ratio inadequate for clinical care needs
☐ Humidification inadequate	☐ Visibility and/or monitoring of patient inappropriate
☐ Cuff management inappropriate	☐ Staffing inadequate for procedure
☐ Wound care inadequate	☐ Staffing inadequate for after care
☐ Monitoring and/or frequency of observation inadequate	☐ Staffing directly involved in complications inadequate/inappropriate
☐ Tube change procedure inadequate	☐ Problems not escalated appropriately
☐ Weaning process unclear and/or inappropriate	☐ Environment not suitable for tracheostomy care
☐ Other (please specify)	☐ Other (please specify)

86a. Did this patient have a ward (level 0&1) admission with the tracheostomy in situ (either from critical care or from theatre)?

86b. If YES, do you believe the standard of tracheostomy care on the WARD (level 0&1) demonstrated:

- ☐ **Good practice**: a standard of care you would expect from yourself, your trainees, and your institution
- ☐ **Room for Improvement**: aspects of CLINICAL care that could have been better
- ☐ **Room for improvement**: aspects of ORGANISATIONAL care that could have been better
- ☐ **Room for improvement**; aspects of CLINICAL AND ORGANISATIONAL care that could have been better
- ☐ **Less than satisfactory**: SEVERAL ASPECTS OF CLINICAL AND/OR ORGANISATIONAL care that were well below a standard you would expect from yourself, your trainees and institution
- ☐ Insufficient data

86c. Please categorise your reasons for room for improvement or less than satisfactory, please indicate the factors in assigning this grade (for example if room for improvement in clinical care, please tick all clinical factors that apply, if room for improvement in clinical and organisational care please tick all clinical and organisational factors that apply)

Clinical	**Organisational**
☐ Patient unsuitable for tracheostomy at time of procedure	☐ Communication inadequate
☐ Patient inadequately prepared	☐ Documentation inadequate
☐ Tracheostomy procedure inadequate	☐ Consent procedure inadequate
☐ Type of tube selected (size, type, length)	☐ Time delays affecting patient outcome
☐ Inner cannula care inadequate/ineffective	☐ Timing of procedure inappropriate
☐ Tube securing technique inadequate	☐ Timing of tube changes inappropriate
☐ Tracheostomy not secured on patient moving	☐ Timing of weaning/discharge inappropriate
☐ Self decannulation	☐ Seniority of team involved inadequate
☐ Suctioning inadequate	☐ Nursing ratio inadequate for clinical care needs
☐ Humidification inadequate	☐ Visibility and/or monitoring of patient inappropriate
☐ Cuff management inappropriate	☐ Staffing inadequate for procedure
☐ Wound care inadequate	☐ Staffing inadequate for after care
☐ Monitoring and/or frequency of observation inadequate	☐ Staffing directly involved in complications inadequate/inappropriate
☐ Tube change procedure inadequate	☐ Problems not escalated appropriately
☐ Weaning process unclear and/or inappropriate	☐ Environment not suitable for tracheostomy care
☐ Other (please specify)	☐ Other (please specify)

Cause for concern cases – occasionally NCEPOD will refer cases that have been identified as "5" – less than satisfactory when it is felt that further feedback to the trust concerned is warranted. This is usually due to an area of concern particular to the hospital or clinician involved, and not for issues highlighted across the body of case-notes. This process has been agreed by the NCEPOD Steering group and the GMC. The medical director of the trust is written to by the Chief Executive of NCEPOD explaining our concerns. This process has been in operation for ten years and the responses received have always been positive in that they feel we are dealing with concerns in the most appropriate manner. If you feel that this case should be considered for such action, please cross: ☐

87a. Are there any issues that you feel should be highlighted in the report? ☐ Yes ☐ No

87b. If YES, please give details:

88a. Would this case form the basis of a good case study to highlight a specific theme in the report? ☐ Yes ☐ No

88b. If YES, please give a brief case history below:
