

Long-term ventilation: Insertion of tracheostomy questionnaire

A. INTRODUCTION

What is this study about?

The aim of this study is to identify remediable factors in the care of patients who are receiving, or have received, long-term ventilation (LTV) before their 25th Birthday.

Inclusions:

Data has been collected on patients up to their 25th birthday who were receiving, or who had received, long-term ventilation between 1st April 2016 – 31st March 2018.

Long-Term Ventilation is defined as 'ventilation provided every day for 3 months (invasive and non-invasive) where the intention is/was to maintain the patient at home on continued ventilator support (not home oxygen)'.

Who should complete this questionnaire?

This form is to be completed for the admission where a tracheostomy insertion took place and where the intention was to use it to provide invasive ventilation (irrespective of whether it was anticipated to be LTV at the outset). It should be completed by a clinician involved in the team caring for the patient at the time of the tracheostomy insertion for example in critical care or ENT surgery. The admission during which the tracheostomy insertion took place will be referred to throughout this questionnaire as the 'index admission'.

Questions or help?

A list of definitions can be found here: <https://www.ncepod.org.uk/ltv.html>

If you have any queries about this study or this questionnaire, please contact: ltv@ncepod.org.uk or telephone 020 7251 9060.

CPD accreditation:

Consultants who complete NCEPOD questionnaires make a valuable contribution to the investigation of patient care. Completion of questionnaires also provides an opportunity for consultants to review their clinical management and undertake a period of personal reflection. These activities have a continuing medical and professional development value for individual consultants. Consequently, NCEPOD recommends that consultants who complete NCEPOD questionnaires keep a record of this activity which can be included as evidence of internal/self directed Continuous Professional Development in their appraisal portfolio.

This study was commissioned by The Healthcare Quality Improvement Partnership (HQIP) as part of the Clinical Outcome Review Programme into Child Health.

B. CLINICIAN DETAILS AND STRUCTURED COMMENTARY

1a. Professional group

1b. Grade

1c. Specialty

2. Please use the box below to provide a brief summary of this case, adding any additional comments or information you feel relevant. You should be assured that this information is confidential. NCEPOD attaches great importance to this summary. Please give as much information as possible about the care of this patient.

C. LEAD CLINICIAN/TEAM DETAILS

1a. Are you the lead LTV clinician/team providing the patient's usual LTV care?

Yes

No

1b. If answered "No" to [1a] then:

If NO, (you are not this patient's lead LTV CLINICIAN/TEAM) please provide details of the Hospital/Site where the patient's usual lead LTV clinician is based:

(Please do not supply clinician names)

1c. If answered "No" to [1a] then:

If NO, (you are not this patient's lead LTV CLINICIAN/TEAM) please provide details of the Trust/Health Board where the patient's usual lead LTV clinician is based:

(Please do not supply clinician names)

D. PATIENT SPECIFIC DETAILS

1a. Was the patient aged ≥ 2 years at the time of insertion?

- Yes No Unknown

**1b. If answered "Yes" to [1a] then:
If YES, please specify the age in years**

 Years

- Unknown

Value should be no more than 25

**1c. If answered "No" to [1a] then:
If NO, please specify the age in months**

 Months

- Unknown

Value should be no more than 24

2a. Was the patient aged ≥ 2 years when the LTV programme began?

- Yes No Unknown

**2b. If answered "Yes" to [2a] then:
If YES, please specify the age in years**

 Years

- Unknown

Value should be no more than 25

**2c. If answered "No" to [2a] then:
If NO, please specify the age in months**

 Months

- Unknown

Value should be no more than 24

3. Gender

- Male Female Unknown

4. Weight at the time of LTV initiation?

 kg

- Unknown

1. What was the principal diagnosis which led to the index admission? (Please specify)

2. What were the main underlying system failure (s) which led to this patient needing LTV? (Please tick all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Respiratory muscle weakness | <input type="checkbox"/> Central drive |
| <input type="checkbox"/> Upper airway obstruction | <input type="checkbox"/> Skeletal deformity e.g. Scoliosis |
| <input type="checkbox"/> Spinal cord injury | <input type="checkbox"/> Obesity hypoventilation |
| <input type="checkbox"/> Neurodisability | |

Please specify any additional options here...

3. Did the patient have any other significant co-morbidities? (Please tick all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Poor cough | <input type="checkbox"/> Unsafe swallow |
| <input type="checkbox"/> Nutritional problems | <input type="checkbox"/> Congenital abnormalities of Head/Neck |
| <input type="checkbox"/> None | |

Please specify any additional options here...

4a. Was the patient dependent on other technologies?

- Yes No Unknown

**4b. If answered "Yes" to [4a] then:
If YES, please specify: (please tick all that apply)**

- Artificial feeding - tube
- Artificial feeding - PEG/RIG/PEJ
- Wheelchair
- Devices to assist with communication, hearing or vision
- Cough assist

Please specify any additional options here...

1. What was the date and time of the admission?

2a. Please indicate the type of hospital where the tracheostomy insertion was undertaken:

- | | |
|---|--|
| <input type="radio"/> DGH <500 beds | <input type="radio"/> DGH ≥500 beds |
| <input type="radio"/> Specialist Paediatric Tertiary Centre | <input type="radio"/> University Teaching Hospital |
| <input type="radio"/> Independent Hospital | <input type="radio"/> Unknown |

If not listed above, please specify here...

2b. How far is this hospital from the patient's home?

- | | | | |
|---------------------------------|-----------------------------------|------------------------------------|----------------------------------|
| <input type="radio"/> <25 miles | <input type="radio"/> 25-50 miles | <input type="radio"/> 50-100 miles | <input type="radio"/> >100 miles |
| <input type="radio"/> Unknown | | | |

3a. What type of centre is this hospital?

** LTV centre is defined as one which provides this patient with the normal support and review of their ventilatory care*

- | | | |
|---------------------------------------|-----------------------------------|-------------------------------|
| <input type="radio"/> Non LTV* centre | <input type="radio"/> LTV* centre | <input type="radio"/> Unknown |
|---------------------------------------|-----------------------------------|-------------------------------|

3b. If this is not an LTV centre for this age group was tracheostomy discussed with the lead local/regional provider for LTV?

- | | |
|-------------------------------|--|
| <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Unknown | <input type="radio"/> NA - is an LTV centre for this age group |

4. What was the date of the tracheostomy insertion?

5a. What was the date when the patient was first ventilated prior to the tracheostomy insertion? (Final episode of ventilation)

5b. Where was care provided immediately prior to the decision to undertake tracheostomy insertion?

- | | |
|--|--|
| <input type="radio"/> Paediatric Critical Care unit - Level 1 | <input type="radio"/> Paediatric Critical Care unit - Level 2 |
| <input type="radio"/> Paediatric Critical Care unit - Level 3 | <input type="radio"/> Adult (General) Critical Care unit - Level 2 |
| <input type="radio"/> Adult (General) Critical Care unit - Level 3 | <input type="radio"/> Neonatal unit |
| <input type="radio"/> Specialist respiratory ward | |

If not listed above, please specify here...

5c. Had there been attempts to wean the patient from ventilation during this admission, prior to the tracheostomy insertion being undertaken?

- | | | |
|---------------------------|--------------------------|-------------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Unknown |
|---------------------------|--------------------------|-------------------------------|

5d. If answered "Yes" to [5c] then:

If YES, how many failed weaning attempts on this admission were there?

 Attempts

Unknown

5e. If answered "Yes" to [5c] then:

If YES, did the weaning attempt involve a trial of extubation?

- | | | |
|---------------------------|--------------------------|-------------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Unknown |
|---------------------------|--------------------------|-------------------------------|

G. ANTICIPATED LEVEL OF DEPENDENCY ON LTV

1a. What was the anticipated level of dependency on LTV following tracheostomy insertion?

Please see definitions

- High (Level 1) Severe (Level 2) Priority (Level 3) Unknown

1b. What was the anticipated number of hours of ventilator free breathing per day?

Hours

- Unknown

2. When the tracheostomy was inserted with a view to commence LTV, was it:

- As a bridge to definitive therapy or in anticipation of recovery with growth
 As "Destination" therapy (with no immediate plan to discontinue)
 Unknown

H. TRACHEOSTOMY INSERTION DETAILS AND INITIAL AFTER CARE

It is understood that the decision to perform a tracheostomy insertion is a process and that the timing of specific decisions and events may be difficult to provide accurately in retrospect. Patients may be ventilated for some period before a formal decision to undertake tracheostomy insertion is made or there may be evidence of deteriorating respiratory function. We would ask that clinicians provide information with as much accuracy as possible and refer to clinical records from the time.

Long-Term Ventilation is defined as 'ventilation provided every day for 3 months (invasive and non-invasive) where the intention is/was to maintain the patient at home on continued ventilatory support (not home oxygen).

1. Prior to this admission had the need for a tracheostomy been anticipated?

- Yes No Unknown

2a. Did the patient require additional oxygen when the tracheostomy insertion was undertaken?

- Yes No Unknown

2b. If answered "Yes" to [2a] then:

If YES what was the inspired oxygen when the tracheostomy was inserted?

 kPa

3. What was the date of tracheostomy insertion?

4a. What was the grade of the clinician performing the tracheostomy insertion?

- Consultant
 Staff grade/Associate specialist
 Trainee with CCT
 Senior specialist trainee (ST3+ or equivalent)
 Junior specialist trainee (ST1&ST2 or CT equivalent)
 Basic grade (HO/FY1 or SHO/FY2 or equivalent)
 Specialist Nurse (Nurse consultant, nurse practitioner, clinical nurse specialist)
 Senior staff nurse, enrolled nurse (EN) etc)
 1st Level nurse, staff nurse (RGN)
 Non-registered staff (HCA etc.)
 Unknown

If not listed above, please specify here...

4b. What was the speciality of the clinician performing the tracheostomy insertion?

- | | |
|--|---|
| <input type="radio"/> Critical care medicine | <input type="radio"/> Paediatric intensive care |
| <input type="radio"/> Paediatrics | <input type="radio"/> Paediatric respiratory medicine |
| <input type="radio"/> Paediatric cardiology | <input type="radio"/> Paediatric neurology |
| <input type="radio"/> Accident and emergency (A&E) | <input type="radio"/> Paediatric cardiology |
| <input type="radio"/> General medicine | <input type="radio"/> Acute internal medicine |
| <input type="radio"/> Respiratory medicine | <input type="radio"/> Neurology |
| <input type="radio"/> Rehabilitation | <input type="radio"/> Palliative medicine |
| <input type="radio"/> Ear, nose and throat (ENT) | <input type="radio"/> Paediatric surgery |
| <input type="radio"/> Anaesthetics | <input type="radio"/> General surgery |
| <input type="radio"/> Unknown | |

If not listed above, please specify here...

4c. Did the operator form a part of the multi-professional decision-making process prior to the procedure?

- Yes No Unable to answer

5. What was/were the indication(s) for tracheostomy insertion?

- LTV Absent/ineffective cough Difficult / unsafe airway
 Unknown

Please specify any additional options here...

6. What was the urgency of the procedure?

- Scheduled/Elective Urgent/Emergency Unknown

7. Was the patient considered potentially difficult for tracheostomy insertion? (i.e. a "difficult airway")

- Yes No Unknown

8. What type of tracheostomy insertion was performed?

- Percutaneous Surgical Unknown

9a. Were there any delays organising and/or performing the tracheostomy insertion?

- Yes No Unknown

**9b. If answered "Yes" to [9a] then:
If YES, please give details:**

10a. Were there any immediate complications?

- Yes No Unknown

10b. If answered "Yes" to [10a] then:

If YES, did these relate to (please tick all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Bleeding - minor | <input type="checkbox"/> Bleeding - Major (requiring return to theatre) |
| <input type="checkbox"/> Obstruction | <input type="checkbox"/> Accidental decannulation |
| <input type="checkbox"/> Air leaks (pneumothorax, surgical emphysema) | |
| <input type="checkbox"/> Infection - local | <input type="checkbox"/> Infection - mediastinitis |
| <input type="checkbox"/> Infection - respiratory | <input type="checkbox"/> Aspiration |
| <input type="checkbox"/> Tracheal damage | <input type="checkbox"/> Unknown |

Please specify any additional options here...

10c. If answered "Yes" to [10a] then:

Did any of these complications require an escalation of care? (Return to theatres, transfer or increased level of care)

- Yes No Unknown

I. CONSENT FOR TRACHEOSTOMY INSERTION

1. What date was the consent form signed?

2a. What risks were discussed /documented?

- | | |
|---|---|
| <input type="checkbox"/> Bleeding - minor | <input type="checkbox"/> Bleeding - major (requiring return to theatre) |
| <input type="checkbox"/> Obstruction | <input type="checkbox"/> Accidental decannulation |
| <input type="checkbox"/> Air leaks (pneumothorax, surgical emphysema) | <input type="checkbox"/> Infection - mediastinitis |
| <input type="checkbox"/> Infection - local | <input type="checkbox"/> Aspiration |
| <input type="checkbox"/> Infection - respiratory | <input type="checkbox"/> Death |
| <input type="checkbox"/> Tracheal damage | |
| <input type="checkbox"/> Unknown | |

Please specify any additional options here...

2b. Was LTV specifically listed on the consent form as an indication for tracheostomy?

- Yes No Unknown

3a. What was the grade of the clinician who signed the consent form?

- Consultant
 Staff grade/Associate specialist
 Trainee with CCT
 Senior specialist trainee (ST3+ or equivalent)
 Junior specialist trainee (ST1&ST2 or CT equivalent)
 Basic grade (HO/FY1 or SHO/FY2 or equivalent)
 Specialist Nurse (Nurse consultant, nurse practitioner, clinical nurse specialist)
 Senior staff nurse, enrolled nurse (EN) etc)
 1st Level nurse, staff nurse (RGN)
 Unknown

If not listed above, please specify here...

3b. What was the specialty of the clinician who signed the consent form?

- | | |
|--|---|
| <input type="radio"/> Critical care medicine | <input type="radio"/> Paediatric intensive care |
| <input type="radio"/> Paediatrics | <input type="radio"/> Paediatric respiratory medicine |
| <input type="radio"/> Paediatric cardiology | <input type="radio"/> Paediatric neurology |
| <input type="radio"/> Accident and emergency (A&E) | <input type="radio"/> Paediatric cardiology |
| <input type="radio"/> General medicine | <input type="radio"/> Acute internal medicine |
| <input type="radio"/> Respiratory medicine | <input type="radio"/> Neurology |
| <input type="radio"/> Rehabilitation | <input type="radio"/> Palliative medicine |
| <input type="radio"/> Ear, nose and throat (ENT) | <input type="radio"/> Paediatric surgery |
| <input type="radio"/> Anaesthetics | <input type="radio"/> General surgery |
| <input type="radio"/> Unknown | |

If not listed above, please specify here...

4a. Was the patient able to fully participate in the consent process?

- Yes No Unknown

4b. If answered "No" to [4a] then:

If NO was this because: (Please tick all that apply)

- Patient was considered too young to participate in this discussion
- Patient lacked competence/capacity
- Patient had specific communication difficulties
- Unknown

Please specify any additional options here...

**4c. If answered "No" to [4a] and "Patient lacked competence/capacity" to [4b] then:
If the patient did not have competence/capacity was this clearly documented as part of
the consent process?**

- Yes No Unknown

4d. If answered "Yes" to [4a] then:

**If YES (the patient participated in the discussion and consent process prior to
tracheostomy insertion) was this documented in the notes and/or on the consent form?**

- Yes No Unknown

This section should be completed if the primary intention was to complete tracheostomy for LTV at the outset

1a. Was the primary intention at the outset to complete a tracheostomy insertion to provide long-term ventilation?

- Yes No Unknown

1b. If answered "Yes" to [1a] then:

Is there a clear record of how and when the decision to undertake tracheostomy insertion for LTV was made?

- Yes No Unknown

2. If answered "Yes" to [1a] then:

What was the date that it was clear that a tracheostomy would be required?

3. If answered "Yes" to [1a] then:

How was the decision made to undertake tracheostomy insertion?

4a. If answered "Yes" to [1a] then:

Was a multi-professional meeting held to discuss tracheostomy insertion and long-term ventilation?

- Yes No Unknown

4b. If answered "Yes" to [4a] and "Yes" to [1a] then:

Who was present? (Please tick all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Paediatrician | <input type="checkbox"/> Respiratory physician | <input type="checkbox"/> Paediatric intensivist |
| <input type="checkbox"/> Intensivist | <input type="checkbox"/> Specialist tracheostomy nurse | <input type="checkbox"/> Specialist other nurse |
| <input type="checkbox"/> Physiotherapist | <input type="checkbox"/> Occupational therapist | <input type="checkbox"/> Speech & language therapist |
| <input type="checkbox"/> Dietician or nutritional team | <input type="checkbox"/> Otorhinolaryngologist | <input type="checkbox"/> Community based team |
| <input type="checkbox"/> Psychologist | <input type="checkbox"/> Patient advocate | <input type="checkbox"/> Social worker |
| <input type="checkbox"/> Patient | <input type="checkbox"/> Parent Carers | <input type="checkbox"/> Not documented |

5a. If answered "Yes" to [1a] then:

Was the patients GP included in the MDT decision making process to undertake tracheostomy insertion and commence LTV?

- Yes No Unknown

5b. If answered "No" to [5a] and "Yes" to [1a] then:

If NO, was the patient's GP informed of the decision to perform a tracheostomy insertion and commence LTV?

- Yes No Unknown

5c. If answered "Yes" to [1a] then:

Was the patients GP informed of the tracheostomy insertion and the decision to commence LTV prior to the patient leaving this unit?

- Yes No Unknown

6a. If answered "Yes" to [1a] then:

Were the implications of ongoing tracheostomy care at home discussed with the parent/carers?

- Yes No Unknown

6b. If answered "Yes" to [6a] and "Yes" to [1a] then:

If YES what was discussed? (Please tick all that apply)

- Long term/life-long need for tracheostomy care
- Possible critical incidents
- Modifications to home environment
- Need for additional 24/7 care
- Escalation of care when problems arise
- Immediate tracheostomy problems
- Early tracheostomy problems
- Length of hospital stay post-insertion
- Long-term tracheostomy problems, e.g. gastric distension, secretion clearance
- Long-term outcome of underlying condition(s)
- Unknown

Please specify any additional options here...

6c. If answered "Yes" to [6a] and "Yes" to [1a] then:

When was tracheostomy insertion and LTV first discussed with the patient/parent/carers?

6d. If answered "Yes" to [6a] and "Yes" to [1a] then:

How many conversations did the team making the decision to undertake tracheostomy insertion and commence LTV have with patient/parent/carers prior to the decision being made?

- Unknown

7a. If answered "Yes" to [1a] then:

Were there any differences of opinion between clinicians about whether tracheostomy was the most appropriate treatment decision for this patient?

- Yes No Unknown

7b. If answered "Yes" to [7a] and "Yes" to [1a] then:

If YES how were these resolved? (Please tick all that apply)

- Involvement of a Clinical ethics committee
- External Mediation
- Formal multidisciplinary discussion
- Informal multidisciplinary discussion
- Within hospital second opinion
- NA - Tracheostomy was inserted without consideration of LTV need
- NA - Remain unresolved
- Unknown

Please specify any additional options here...

**7c. If answered "Yes" to [7a] and "Yes" to [1a] then:
If YES, please give further details:**

**7d. If answered "Yes" to [7a] and "Yes" to [1a] then:
If YES, did this result in significant delays in tracheostomy insertion?**

Yes No Unknown

**8a. If answered "Yes" to [1a] then:
Were there any differences of opinion between clinicians and parent carers or the patient about whether tracheostomy was the most appropriate treatment modality for this patient?**

Yes No Unknown

**8b. If answered "Yes" to [8a] and "Yes" to [1a] then:
If YES how were these resolved? (Please tick all that apply)**

- | | |
|---|--|
| <input type="checkbox"/> Involvement of a Clinical ethics committee | <input type="checkbox"/> External Mediation |
| <input type="checkbox"/> Formal multidisciplinary discussion | <input type="checkbox"/> Informal multidisciplinary discussion |
| <input type="checkbox"/> Within hospital second opinion | <input type="checkbox"/> Ongoing access to psychological support |
| <input type="checkbox"/> Unknown | |

Please specify any additional options here...

**8c. If answered "Yes" to [8a] and "Yes" to [1a] then:
If YES, please give further details:**

**8d. If answered "Yes" to [8a] and "Yes" to [1a] then:
If YES, did this result in significant delays in tracheostomy insertion?**

Yes No Unknown

**9a. If answered "Yes" to [1a] then:
Was the patient given written/other media information to view prior to the decision to undertake tracheostomy insertion and commence LTV being made?**

Yes No Unknown Not applicable

9b. If answered "Yes" to [1a] then:

Were parent carers given written/other media information to view prior to the decision being made to undertake tracheostomy insertion and commence LTV?

Yes

No

Unknown

Not applicable

1. Please specify the date the patient was established on a stable level of long-term ventilation (i.e. fit to step down to Level 2 care or less):

2a. How was the adequacy of ventilation following tracheostomy insertion at the point of step down of care assessed? (Please tick all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Capnography | <input type="checkbox"/> Blood gases | <input type="checkbox"/> Oximetry |
| <input type="checkbox"/> Tidal volume measurements | <input type="checkbox"/> Leak measurements | <input type="checkbox"/> Visual chest movement |
| <input type="checkbox"/> Patient wellbeing | <input type="checkbox"/> Unknown | |

Please specify any additional options here...

2b. How would the adequacy of ventilation be assessed as a routine hereafter?

- | | | |
|--|--|--|
| <input type="checkbox"/> Capnography | <input type="checkbox"/> Blood gases | <input type="checkbox"/> Oximetry |
| <input type="checkbox"/> Tidal volume measurements | <input type="checkbox"/> Leak measurements | <input type="checkbox"/> Visual chest movement |
| <input type="checkbox"/> Patient wellbeing | <input type="checkbox"/> Unknown | |

Please specify any additional options here...

2c. How often (routinely) was this planned to be assessed after discharge to home/community care?

- | | | | |
|-------------------------------|---------------------------------|---------------------------------|--------------------------------|
| <input type="radio"/> Monthly | <input type="radio"/> 3 monthly | <input type="radio"/> 6 monthly | <input type="radio"/> Annually |
| <input type="radio"/> Unknown | | | |

Please answer these questions irrespective of whether the patient has been discharged as yet for LTV to the intended home/community location

1a. After tracheostomy insertion, was the patient discharged to another location in your hospital?

- Yes No Unknown

**1b. If answered "Yes" to [1a] then:
If YES, was this to a specialist respiratory ward?**

- Yes No Unknown

**1c. If answered "Yes" to [1a] then:
If YES, were there any specific problems relating to the tracheostomy following discharge to another ward?**

- Yes No Unknown

**1d. If answered "Yes" to [1a] and "Yes" to [1c] then:
If YES, what were these? (Please tick all that apply)**

- | | |
|---|---|
| <input type="checkbox"/> Bleeding - minor | <input type="checkbox"/> Bleeding - Major (requiring return to theatre) |
| <input type="checkbox"/> Obstruction | <input type="checkbox"/> Accidental decannulation |
| <input type="checkbox"/> Air leaks (pneumothorax, surgical emphysema) | |
| <input type="checkbox"/> Infection - local | <input type="checkbox"/> Infection - mediastinitis |
| <input type="checkbox"/> Infection - respiratory | <input type="checkbox"/> Aspiration |
| <input type="checkbox"/> Tracheal damage | <input type="checkbox"/> Problems with tube changes |
| <input type="checkbox"/> Unknown | |

Please specify any additional options here...

**2a. If answered "Yes" to [1a] then:
What size of tracheostomy was in place at discharge?**

mm Unknown

**2b. If answered "Yes" to [1a] then:
Was this a cuffed or uncuffed tube?**

- Cuffed Uncuffed Unknown

3a. What was the outcome of the admission?

- | | |
|--|--|
| <input type="checkbox"/> Discharged alive - normal residence | <input type="checkbox"/> Discharged alive (non LTV centre) |
| <input type="checkbox"/> Discharged alive - hospice | <input type="checkbox"/> Still an inpatient |
| <input type="checkbox"/> Died | <input type="checkbox"/> Unknown |

Please specify any additional options here...

**3b. If answered "Discharged alive - normal residence", "Discharged alive (non LTV centre)" or "Discharged alive - hospice" to [3a] then:
If DISCHARGED ALIVE, what was the date of discharge?**

**3c. If answered "Died" to [3a] then:
If DIED, what was the date of death?**

4a. Did the patient have a care package at discharge which clearly specified their tracheostomy needs?

- Yes No Unknown Not applicable

4b. If answered "Yes" to [4a] then:

If YES, did this include a tracheostomy "passport" or similar?

A tracheostomy passport as "a readily accessible short document/card which specifies size and type of tracheostomy tube and any special requirements."

- Yes No Unknown Not applicable
-

5a. Were there/have there been any CLINICAL problems with delivery of invasive ventilation prior to discharge/whilst waiting for discharge?

- Yes No Unknown Not applicable

5b. If answered "Yes" to [5a] then:

If YES did these/have these resulted in any delays in discharge/planning discharge?

- Yes No Unknown Not applicable

5c. If answered "Yes" to [5a] then:

If YES, to what do you attribute these delays: (please tick all that apply)

- Clinician or carer risk assessments
- Team competencies/need for additional training
- Difficulties with communication between teams
- Additional equipment
- Additional structural changes to patient environment
- Re-housing
- Need to agree funding for increased care package
- Unknown
- Not applicable

Please specify any additional options here...

5d. If answered "Yes" to [5a] then:

If YES, in your opinion what could have been done to reduce these delays?

6a. Does/Did the patient have any NON-CLINICAL problems which contributed to a delay in discharge?

- Yes No Unknown Not applicable

6b. If answered "Yes" to [6a] then:

If YES, did these/have these resulted in any delays in discharge/planning discharge?

- Yes No Unknown Not applicable

6c. If answered "Yes" to [6a] then:

If YES, to what do you attribute these delays:

- Clinician or carer risk assessments
- Team competencies/need for additional training
- Difficulties with communication between teams
- Additional equipment
- Additional structural changes to patient environment
- Re-housing
- Need to agree funding for increased care package
- Unknown
- Not applicable

Please specify any additional options here...

6d. If answered "Yes" to [6a] then:

If YES, in your opinion what could have been done to reduce these delays?

7a. Was there any disagreement about the safety of discharge?

- Yes No Unknown Not applicable

7b. If answered "Yes" to [7a] then:

If YES, please specify:

8a. Was an emergency health care plan provided at discharge?

- Yes No Unknown Not applicable

8b. If answered "Yes" to [8a] then:

If YES, were the patient's family and care team provided with a copy of this?

- Yes No Unknown Not applicable

8c. If answered "Yes" to [8a] then:

If YES, was the patient's GP provided with a copy of this plan?

- Yes No Unknown Not applicable
-

9. Did the patient have a tracheostomy passport at discharge?

Yes

No

Unknown

Many thanks for taking the time to complete this questionnaire