

## **Project Title**

Storage & Documentation of Trachy Components

## **Project Lead and Members**

Project lead: Xanthe Chin Anne

Project members: Qatrunnada Binte Mohamad Shalan

## **Organisation(s) Involved**

Ng Teng Fong General Hospital, Jurong Community Hospital

## **Healthcare Family Group(s) Involved in this Project**

Nursing

## **Applicable Specialty or Discipline**

Intensive Care Unit

## **Project Period**

Start date: Nov 2020

## **Aims**

- Standardise storage of tracheostomy components
- Implement itemisation and documentation for trachy components

## **Background**

See poster appended / below

## **Methods**

See poster appended / below

## **Results**

See poster appended / below

## **Lessons Learnt**

A standardized method of storage, itemization and documentation has overall shown as useful in preventing the loss of trachy components. This project increases the productivity of staff while reducing costs and enabling a better patient experience, and can be looked into being applied for the care of all tracheostomized patients.

## **Conclusion**

See poster appended / below

## **Project Category**

Care & Process Redesign, Quality Improvement, Job Effectiveness, Value Based Care, Productivity, Operational Management, Logistics Management, Inventory Management

## **Keywords**

Tracheostomy, Itemisation

## **Name and Email of Project Contact Person(s)**

Name: Xanthe Chin Anne

Email: xantheannenp@gmail.com

# STORAGE & DOCUMENTATION OF TRACHY COMPONENTS

- SAFETY
- QUALITY
- PATIENT EXPERIENCE
- PRODUCTIVITY
- COST

**Members:**  
Xanthe Chin Anne & Qatrunnada Binte Mohamad Shalan

## Problem and Aim

### Problem for Improvement

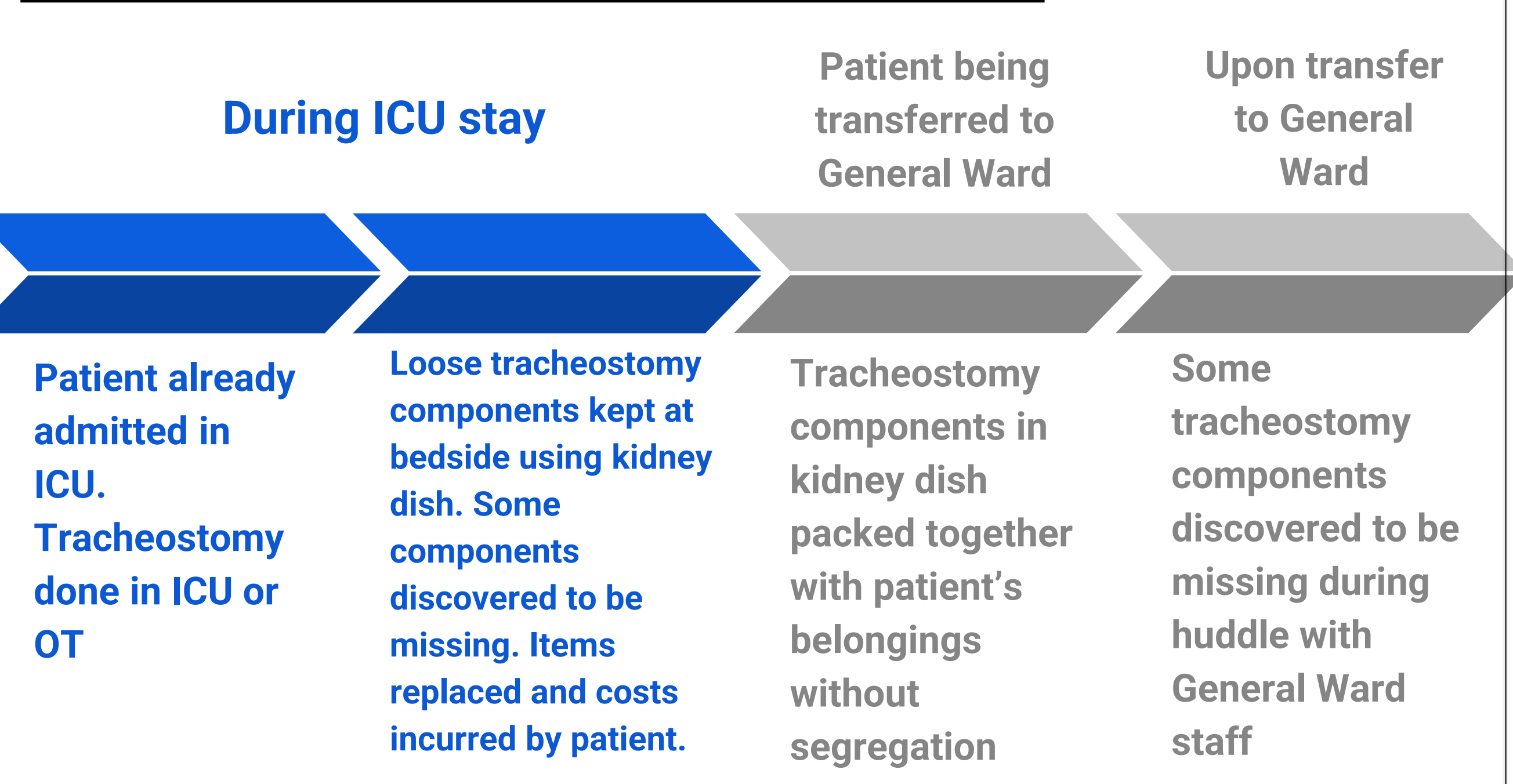
Approximately 30% of tracheostomized patients in the ICU experienced the loss of tracheostomy components (eg. Inner cannulas, occlusion caps, speaking valves) between September and October 2020. Investigations showed that this was due to varying methods of storage, along with the lack of itemisation and documentation. These loss requires the need to replace those missing components for patient care and use, hence incurring extra costs to patients.

### Project aim:

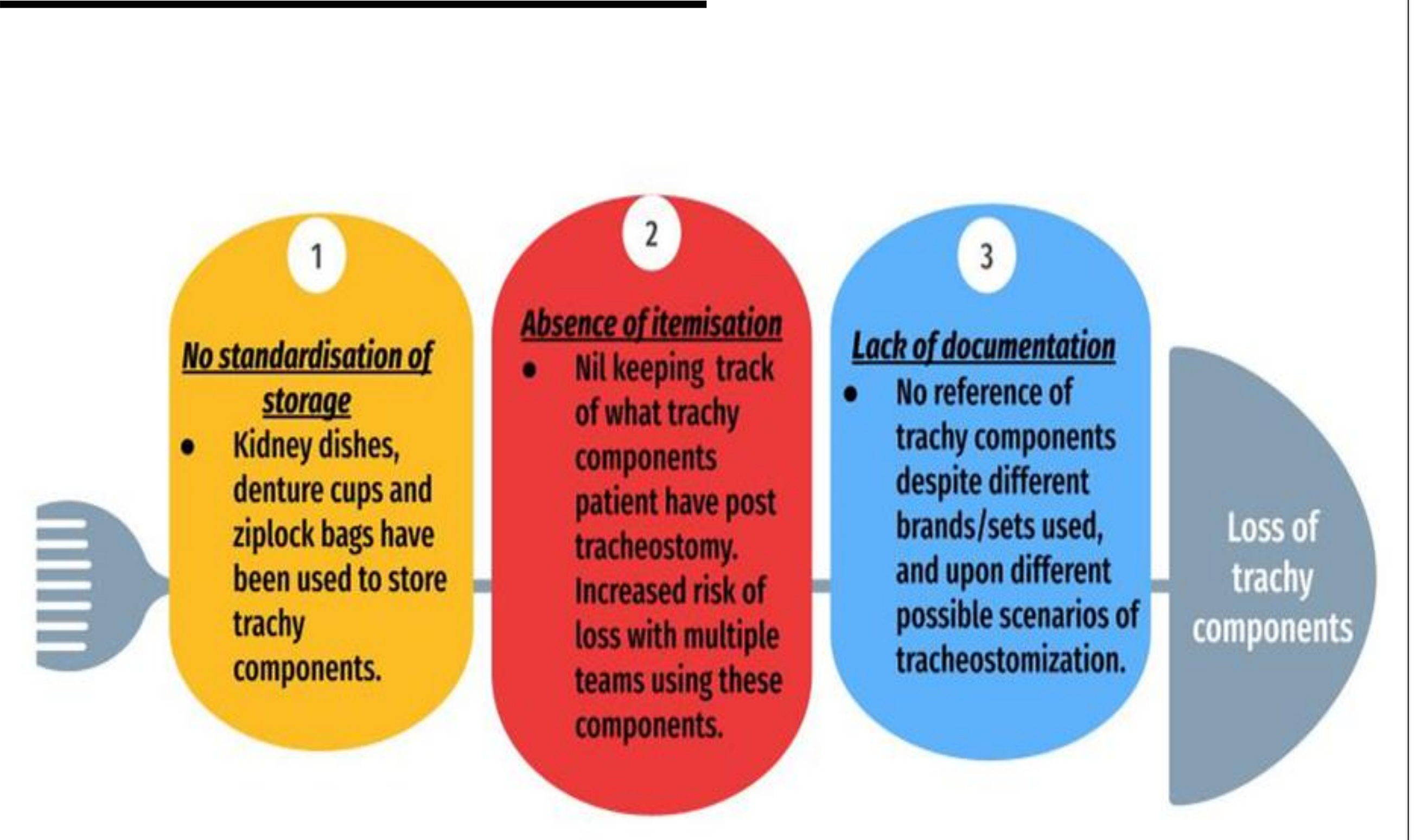
- Standardise storage of tracheostomy components
- Implement itemisation and documentation for trachy components

## Problem Analysis

### Process before interventions

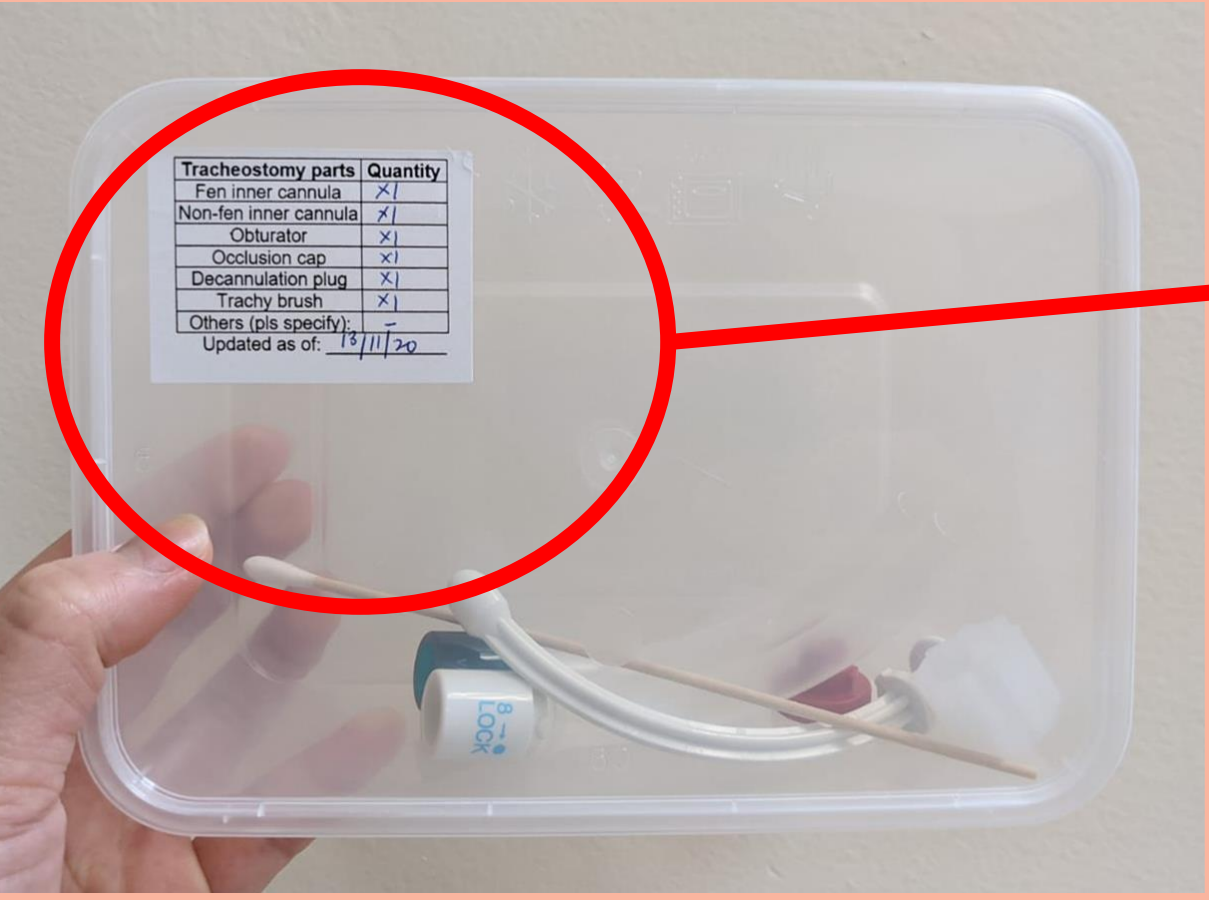


### Probable root causes



## Selected & tested changes

### 1. Trachy box & Itemisation of trachy components



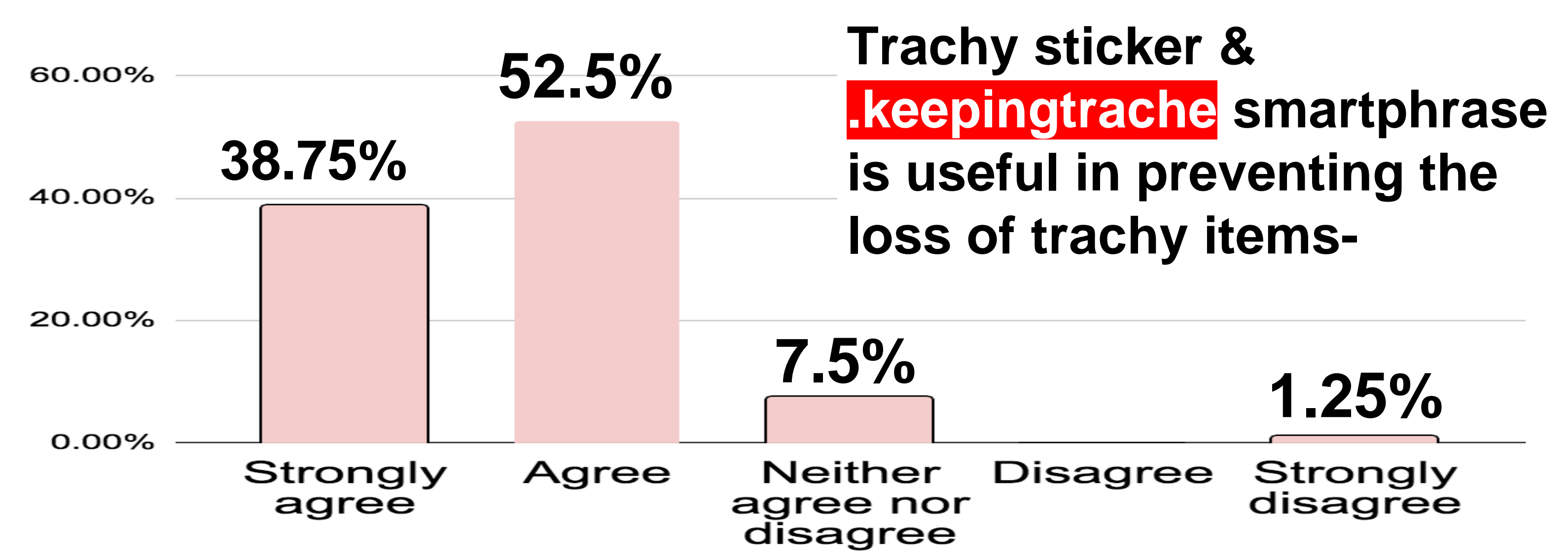
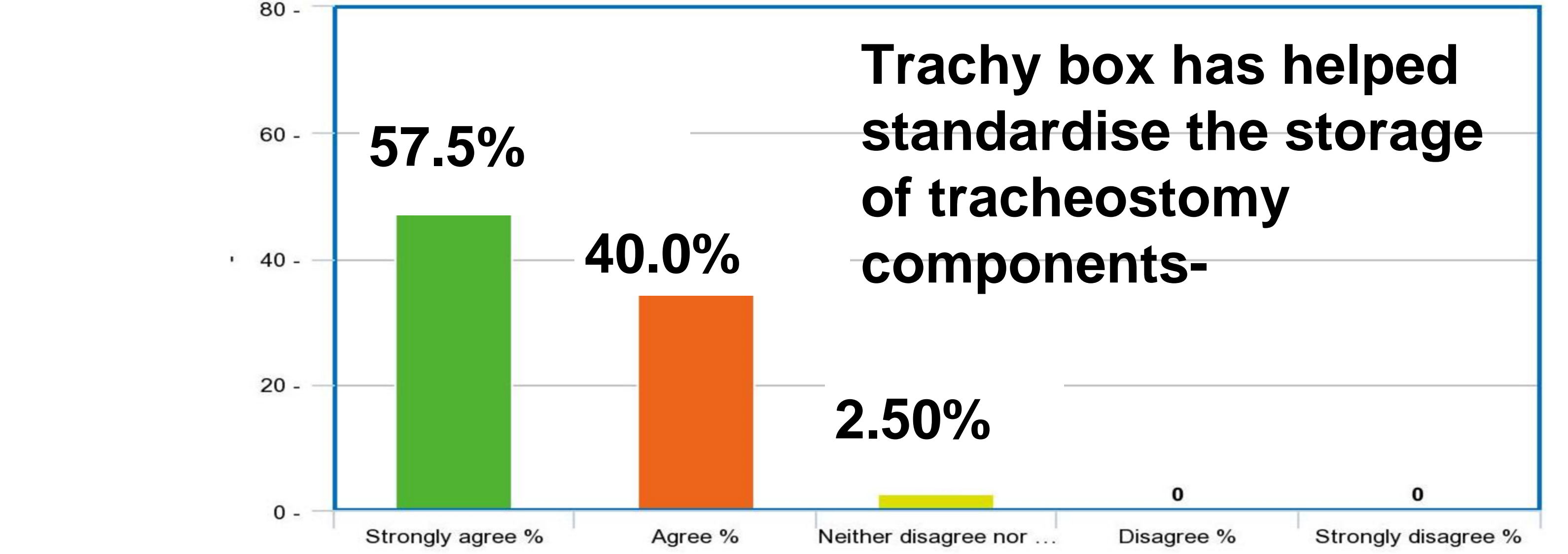
Tracheostomy parts	Quantity
Fen inner cannula	
Non-fen inner cannula	
Obturator	
Occlusion cap	
Decannulation plug	
Trachy brush	
Others (pls specify):	
Updated as of: _____	

### 2. Documentation of components using epic smartphrase

**.Keepingtrache** upon these 5 scenarios--

1. After **bedside tracheostomy** in ICU
2. After planned/emergency **change of patient's trachy** in ICU
3. During ICU admission **post tracheostomy procedure in OT**
4. After **new items have been added** to patient's trachy box (by Dr/Nurse/RT/ST)
5. After patient is **transferred to ICU (from home/GW/OT) with pre-existing trachy**

## Survey results of tested changes



Feedback received: **To add in a 6th scenario during documentation-**

### 6. Prior to GW transfer

## Spread Changes, Learning Points

A standardized method of storage, itemization and documentation has overall shown as useful in preventing the loss of trachy components. This project increases the productivity of staff while reducing costs and enabling a better patient experience, and can be looked into being applied for the care of all tracheostomized patients.