High Risks High Stakes: Developing a risk screening tool for unplanned tracheostomy decannulations

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Background

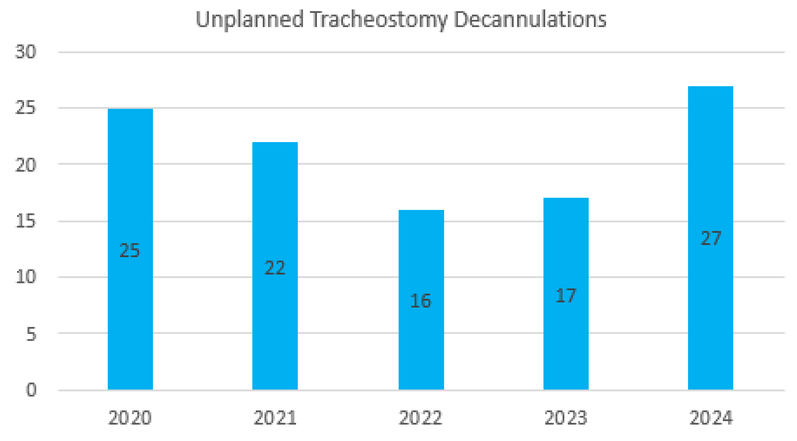
- An unplanned tracheostomy decannulation is an emergent situation which can lead to significant sequelae including death.
- An increase in unplanned tracheostomy decannulations was noted in the pediatric inpatient rehabilitation hospital and two long term care centers.
- In 2021, a serious safety event lead to reinvigorating our multidisciplinary Tracheostomy Decannulation Taskforce.

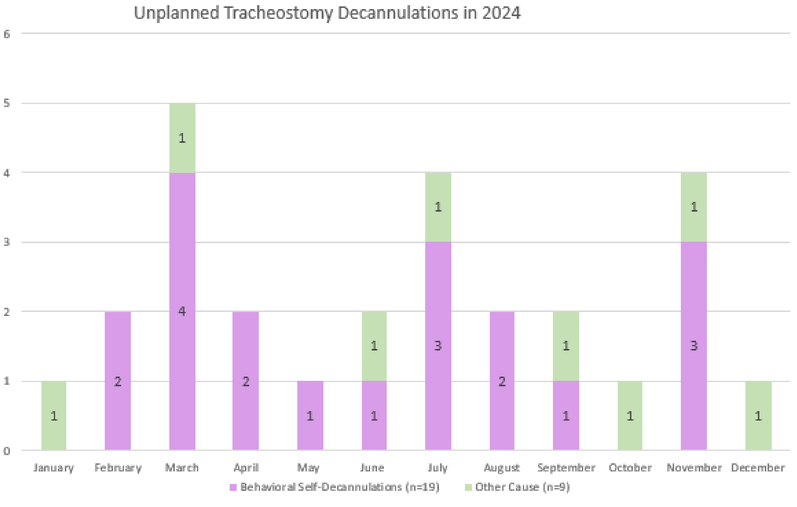
Objective

- To identify gaps and establish practices in order to reduce unplanned tracheostomy decannulations in our pediatric inpatient rehabilitation and long term care centers.

Methods

- A post tracheostomy decannulation huddle form was implemented in order to identify gaps.
- A literature review of factors which may increase the likelihood of an unplanned tracheostomy decannulation was completed by the Taskforce.
- Following this review, a Tracheostomy Decannulation Risk Screening tool was developed and initiated in the fall of 2022.
- An initial Tracheostomy Decannulation Risk Screen was completed during every admission of a patient with a tracheostomy by the admitting nurse
  - If a patient screened as high risk for unplanned decannulation, the nurse notified the medical provider for further assessment.
  - The medical provider placed a “High Risk Decannulation” order with individualized interventions when in agreement of the high risk factors.
- A Tracheostomy Decannulation Risk Screen was completed at a routine cadence to identify any changes in risk factors as our patients have long lengths of stay or reside in our long term care centers.





Decannulation Risk Screen

Post Decannulation Huddle

Results:

- Initial efforts proved successful in decreasing unplanned tracheostomy decannulations.
- However, a steady increase in unplanned tracheostomy decannulations in early 2024 lead the Taskforce to re-examine our efforts.
- Following an analysis of the events, the Taskforce identified a gap in interventions to address specific patient behaviors leading to behavioral self-decannulations.
- A Board Certified Behavior Analyst (BCBA) joined the Taskforce to collaborate with behavioral interventions.
- The multidisciplinary team collaborated to develop individualized behavioral interventions for patients who had a behavioral self-decannulation event. Interventions included structured schedules and distraction techniques.
- The team focused on a patient who accounted for 10 behavioral self-decannulation events and another who accounted for 4 behavioral self-decannulation events.

Conclusion and Next Steps

- Analysis of events and if the Tracheostomy Decannulation Risk Screening tool sensitized the clinical team for the potential of a decannulation event.
- Validate the screening tool and incorporate the tool into the EMR for ease of carryover.
- Continuous attention on identifying gaps, hardwiring interventions, and re-examining processes is essential to decreasing unplanned tracheostomy decannulation events
- Building accountability and elevating focus across the organization has been key to ensuring the multidisciplinary staff has a sensitivity to high risk factors and behaviors that may lead to unplanned tracheostomy decannulations.

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