# STORAGE & DOCUMENTATION OF TRACHY COMPONENTS

❑ SAFETY
❑ QUALITY
☑ PATIENT EXPERIENCE
☑ PRODUCTIVITY
☑ COST

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## Problem and Aim

**Problem for Improvement**

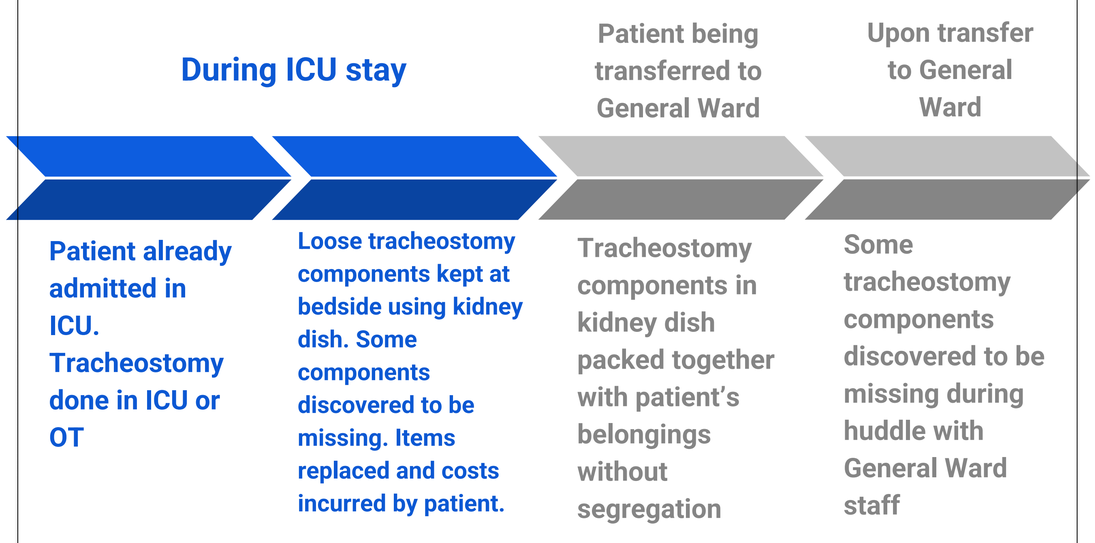
Approximately 30% of tracheostomized patients in the ICU experienced the loss of tracheostomy components (eg. Inner cannulas, occlusion caps, speaking valves) between September and October 2020. Investigations showed that this was due to varying methods of storage, along with the lack of itemisation 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:**

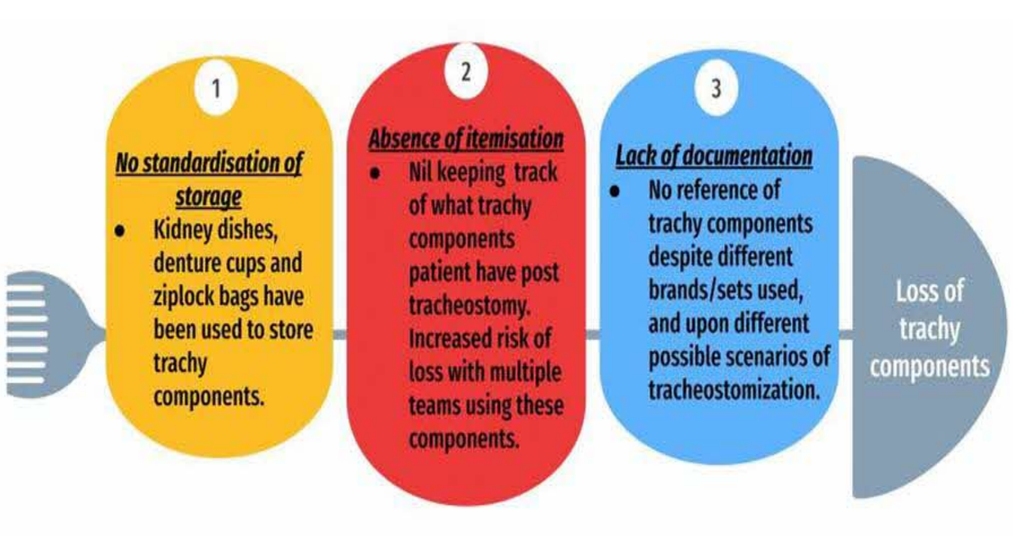
- Standardise storage of tracheostomy components
- Implement itemisation and documentation for trachy components

## Problem Analysis

### Process before interventions

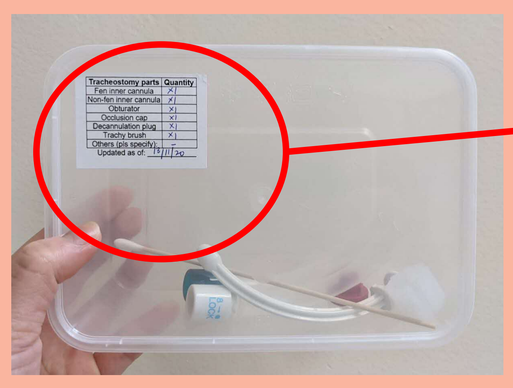



### Probable root causes




## 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): | |

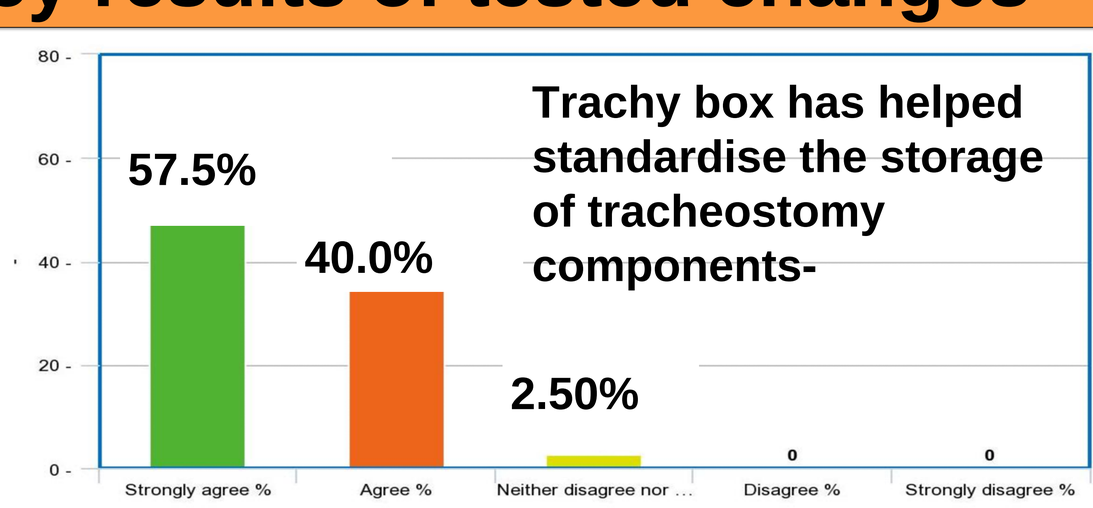
Updated as of: _____

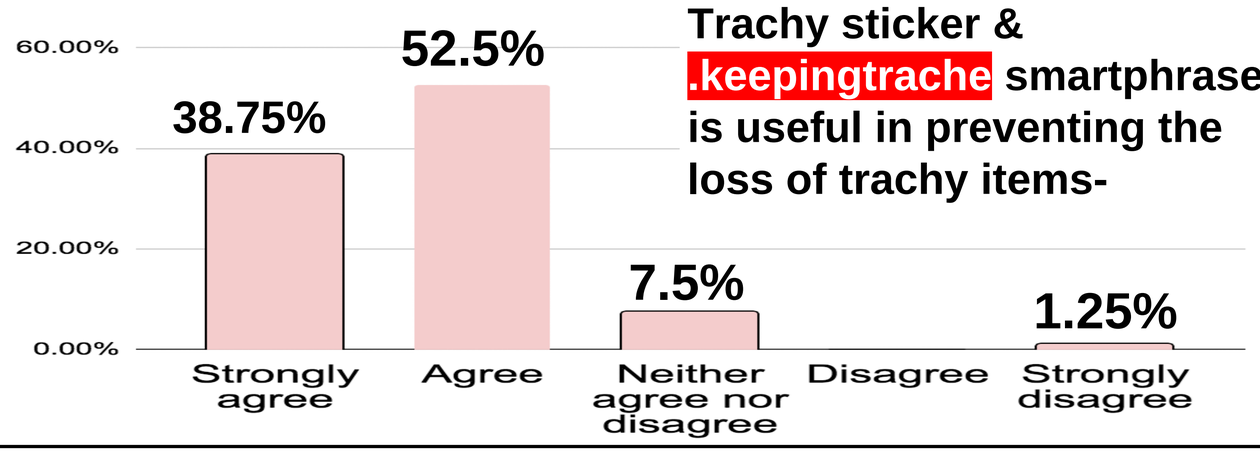
### 2. *Documentation of components using epic smartphrase:*

.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.**

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