Background and Objectives:
There has been discussion in our clinical EBP group around team members involved in the weaning and management of tracheostomy patients. Clinical experience of the group suggests the Speech Pathology involvement within a MDT setting is best practice for managing this patient group. The objective of this CAT was to find EBP literature supporting this clinical observation.

Critical Question [patient/problem, intervention, (comparison), outcome]:
In patients with a tracheostomy, does management by an identified multidisciplinary team improve patient outcome?

Search Terms/Systems:
Search terms- Multidisciplinary team; Tracheostomy; Weaning; Decannulation
Search engines- CIAP e journals; google scholar
Also manual searching of reference lists.

Selection Criteria: CAPs chosen addressed MDT management in tracheostomy patients. All articles were NH & MRC Level IV.

Results:
Key outcomes
- 2 articles showed trends in reduced cannulation times with MDT involvement (Cameron from 22.5 days to 16.5 days (P=0.08)
- 1 article showed MDT management in TBI and vascular patients reduced cannulation time vs no MDT management (p=0.004). N=33
- No significance in functional measures (FIM/EFA) within groups
- MDT management reduced mortality, mean length of stay and mean length of stay post ICU over the study period. Cameron study median patient LOS decreased from 60 days to 41.5 days (p=0.03)
- One way speaking valve use increased from 35% to 82% (P<0.01) and median time to a one way speaking valve trial decreased from 22 days to 6 days after TT insertion (P<0.01), Cameron study
- There were 2 tracheostomy related emergency calls pre TRAMS and none post TRAMS.
- MDT was cost effective - annual cost savings from implementing TRAMS was approx 8 x greater than the cost of service provision.
References:

Dysphagic patients with tracheotomies: a multidisciplinary approach to treatment and decannulation management.

An intensivist-led tracheostomy review team is associated with shorter decannulation time and length of stay: a prospective cohort study.


Clinical Group: NSW Tracheostomy & Critical Care EBP group

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