CLINICAL BOTTOM LINE:
Trends indicate that a Multi-Disciplinary Tracheostomy Team may reduce cannulation time in TBI & vascular patients, within a rehabilitation setting.

Clinical Question [patient/problem, intervention, (comparison), outcome]:
'In patients with tracheostomies, does management by an identified multidisciplinary team improve patient outcomes?'

Citation:

Design/Method:
Retrospective descriptive study with a reference group. Evaluated functional rehabilitation progress using the FIM and EFA-calculated therapists, nurses and physicians caring the patient.

Participants:
45 patients with tracheostomy admitted to rehabilitation unit between 1997 and 2003.

Experimental Group:
33 patients (7 in vegetative state) – 17 TBI + 18 vascular, mean age 47.29 years. Admitted between 2000-2003.

Control Group:
12 patients (4 in vegetative state) – 8 TBI + 4 vascular, mean age of 35.53 years. Admitted 1997-2000.

Results:
Reduced length of cannulation time with the MDT group (p = 0.004) No significant difference in FIM an EFA measures – all patients made most improvement post decannulation.

Comments – Strengths/weaknesses of paper
FIM is not sensitive enough tool for examining outcomes. Groups not homogeneous – inequality within groups of patient severity

Level of Evidence (NH&MRC): Level IV

Appraised By: Tracheostomy & Critical Care Discussion & EBP Group  Date: April 2009
Guidelines for completion of the CAP

Clinical Bottom Line
The consensus of the reviewers on implications of the paper on clinical practice. Whilst this may be somewhat subjective, it is hoped that robust discussion, the Level of Evidence and your comments on the design will enable you to produce a practical/realistic 'bottom line'. Many of the papers in Speech Pathology may have limitations, but the Clinical Bottom line should be aimed to help clinicians apply what evidence there is.

Clinical Question
This should ideally include four components:
- the patient or problem
- the intervention (or diagnostic test or prognostic factor)
- the comparison intervention or test (optional)
- the outcome

Design
Refer to pages 12 to 15 of the EBPIG Resource Package for guidance in reviewing the design used.

Comments on Design
Pages 12 to 15 of the Resource Manual should again assist here. You may also find it useful to refer to the forms 'Evaluating case studies/case series' and 'Critical appraisal sheet' adapted from Dr Lil Mikuletic's (see 'Critiquing/Appraising the Evidence').

Level of Evidence
It is recommended that the paper you are reviewing be rated against the NH&MRC Levels of Evidence, as reproduced here. The levels may be updated from time to time by the NH&MRC, but use of the ratings listed here will ensure consistency across CATs and groups. These levels are listed with comments on pages 15 and 16 of the Resource Package.

<table>
<thead>
<tr>
<th>LEVEL</th>
<th>Description</th>
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<tr>
<td>I.</td>
<td>Evidence obtained from a systematic review of all relevant controlled trials</td>
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<tr>
<td>II.</td>
<td>Evidence obtained from at least one properly designed randomised controlled trial</td>
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<td>III.</td>
<td>Evidence obtained from well-designed pseudo-randomised controlled trials (alternate allocation or some other method)</td>
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<td>Evidence obtained from comparative studies with concurrent controls and allocation not randomised (cohort studies), case-control studies, or interrupted time series with a control group</td>
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<td>Evidence obtained from comparative studies with historical control, two or more single-arm studies or interrupted time series without a parallel control group</td>
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<tr>
<td>IV.</td>
<td>Evidence obtained from case series, either post-test or pre-test and post-test</td>
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