

## Outside Hospital Trach Protocol Answers

### Original Question(s):

- 1. Are PTs/OTs/SLPs trained in performing deep suctioning for patients with tracheostomies?**
- 2. What is your training process for PTs/OTs/SLPs to learn deep suctioning? How do they demonstrate competence?**
- 3. Are PTs/OTs/SLPs trained in completing trach changes?**
- 4. What is your training process for PTs/OTs/SLPs to learn trach changes? How do they demonstrate competence?**
- 5. What are your practices around PTs/OTs mobilizing patients with tracheostomies out of the room and/or off the unit?**
  - a. Are these therapists trained in deep suctioning and able to complete emergency trach changes?**
  - b. What other providers are required to accompany patients and therapists (RN, RT, etc.)?**
  - c. Do practices change if the patient is on a portable ventilator vs. lesser form of respiratory support (trach collar, HME, etc)**

### ORG A

1. Are PTs/OTs/SLPs trained in performing deep suctioning for patients with tracheostomies? **No, respiratory therapists and nurse**
2. What is your training process for PTs/OTs/SLPs to learn deep suctioning? How do they demonstrate competence? **n/a**
3. Are PTs/OTs/SLPs trained in completing trach changes? **No**
4. What is your training process for PTs/OTs/SLPs to learn trach changes? How do they demonstrate competence? **n/a**
5. What are your practices around PTs/OTs mobilizing patients with tracheostomies out of the room and/or off the unit? **therapists can take patients with a trach (and ventilator) to the rehab gym and rec room for therapy and/or recreation time. We are**

one floor, as our respiratory therapist and all nurse are easily accessible, by phone call or call bell for suctioning or code bell if an emergency

- a. Are these therapists trained in deep suctioning and able to complete emergency trach changes? **no**
- b. What other providers are required to accompany patients and therapists (RN, RT, etc.)? **RN or RT are only needed to be with patients with a trach if the patient is leaving the floor (i.e. therapeutic outing, medical appointment, walk outside, etc.)**
- c. Do practices change if the patient is on a portable ventilator vs. lesser form of respiratory support (trach collar, HME, etc.)? **if on a ventilator, it must be a RT that leaves the floor with the patient. If lesser form respiratory support (no vent), it can be RT or RN.**

### ORG B

All of our therapists (PT, OT, and ST) that go into ICUs have a trach suctioning competency. They receive education and have to complete a pass with a respiratory therapist. The RT is who signs them off as competent.

We do not do trach changes

### ORG C

At Org C, our OT, PT, and SLPs do not do deep suctioning, nor do we have a training/competency for it. This is something that we have spoken about with RT in the past but got put on the back burner to address due to other competing priorities. Thank you for creating this survey and for sharing the results.

### ORG D

1. Are PTs/OTs/SLPs trained in performing deep suctioning for patients with tracheostomies? **yes**
2. What is your training process for PTs/OTs/SLPs to learn deep suctioning? **How do they demonstrate competence? In-service provided by educational RT with practice with simulated practice. Therapist then performs with supervision on a patient. That supervision is typically during patient care and can be supervised by RN or RT.**
3. Are PTs/OTs/SLPs trained in completing trach changes? **no**

4. What is your training process for PTs/OTs/SLPs to learn trach changes? How do they demonstrate competence? **above**

5. What are your practices around PTs/OTs mobilizing patients with tracheostomies out of the room and/or off the unit? **Nurse or RT accompanies therapy if we leave the floor. We have treatment rooms on the floor that we can use. RT or RN helps transport to the room but then does not have to remain since we are still on the floor.**

a. Are these therapists trained in deep suctioning and able to complete emergency trach changes? **no**

b. What other providers are required to accompany patients and therapists (RN, RT, etc.)?

c. Do practices change if the patient is on a portable ventilator vs. lesser form of respiratory support (trach collar, HME, etc)? **No**

## ORGE

1. yes

2. They are validated by a SLP who has been in trach clinic for 15 years. Check offs completed on an trach'd babydoll

3. We have created a pilot group of PT/OT/SLP to be trained in emergency management of trachs and to perform trach changes

4. Small group emergency management simulation with trach and vent management, same education provided to families discharging with a new trach. 3 bedside trach changes performed by each therapist with the Trach team coordinator (an RT by background)

5. Currently therapists can take the patients out of the room and remain on the unit, independently. They need to bring the trach go bag, portable pulse ox, and portable suction. The go bag has same sized trach and a downsized trach. Our IPR gym is within the unit so therapists take the kids to therapy sessions without RN or RT. To leave the unit there has to be either a trained care giver, RN, or RT. This is what we are piloting, the therapists that are trained in emergency trach management and changes will be able to take the patients off unit. We have created guidelines to determine patient eligibility to go off unit with therapy only.