



# The Teaching and Discharge Planning of Altered Airway Patients to Prevent Delayed Discharges

Sasha Dowdeswell: Interim Head and Neck Matron

## Background:

The Trust care for Herefordshire, Worcestershire and Gloucestershire Head and Neck cancer patients. Patients with altered airways following a laryngectomy or tracheostomy require education in self-management of their airway prior to discharge. Patients must be able to clean around the stoma, perform suctioning, administer nebulisers, change inner tubes and clean tubes regularly during the day, change stoma dressings and ties daily. Currently, there is no training record/patient competency for nursing staff to assess against. Nurses document in general patient notes regarding self-management. Due to operational pressures and staff turnover, this causes time constraints in teaching patients and their families. Also there is no continuity of care for teaching due to lack of patient competency record, which cause delays with discharges. Equipment for suction machine and nebuliser machine are ordered during admission. Delays occur in delivery of these machines which need to be in place prior to discharge home.

## Aim:

To reduce the length of stay of airway patients who are medically fit for discharge by 10% on ward 2b within 9 months, from improving airway teaching, patient education and discharge planning.

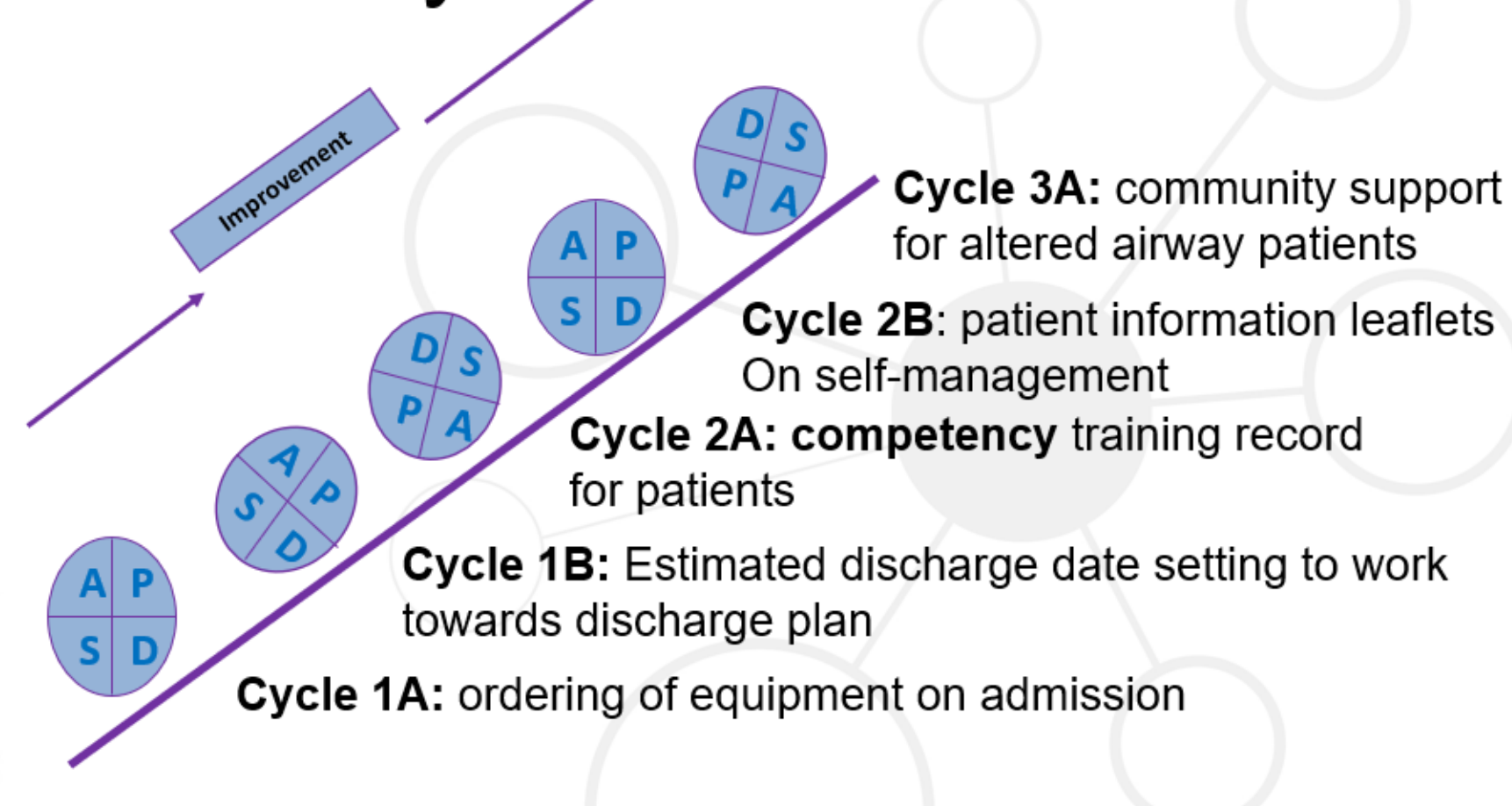
## Method:

- Gather ward nursing staff feedback from altered airway discharge experiences.
- Meet with stakeholders to discuss the current process and areas for improvement.
- Developed a patient information leaflet for education on how to manage their own tracheostomy and laryngectomy.
- Developed a patient/carer teaching framework to standardise the airway training.
- Audit commenced to review the number of days patients remained in hospital once being reviewed as medically fit for discharge. To explore what the cause of delay was for each patient.

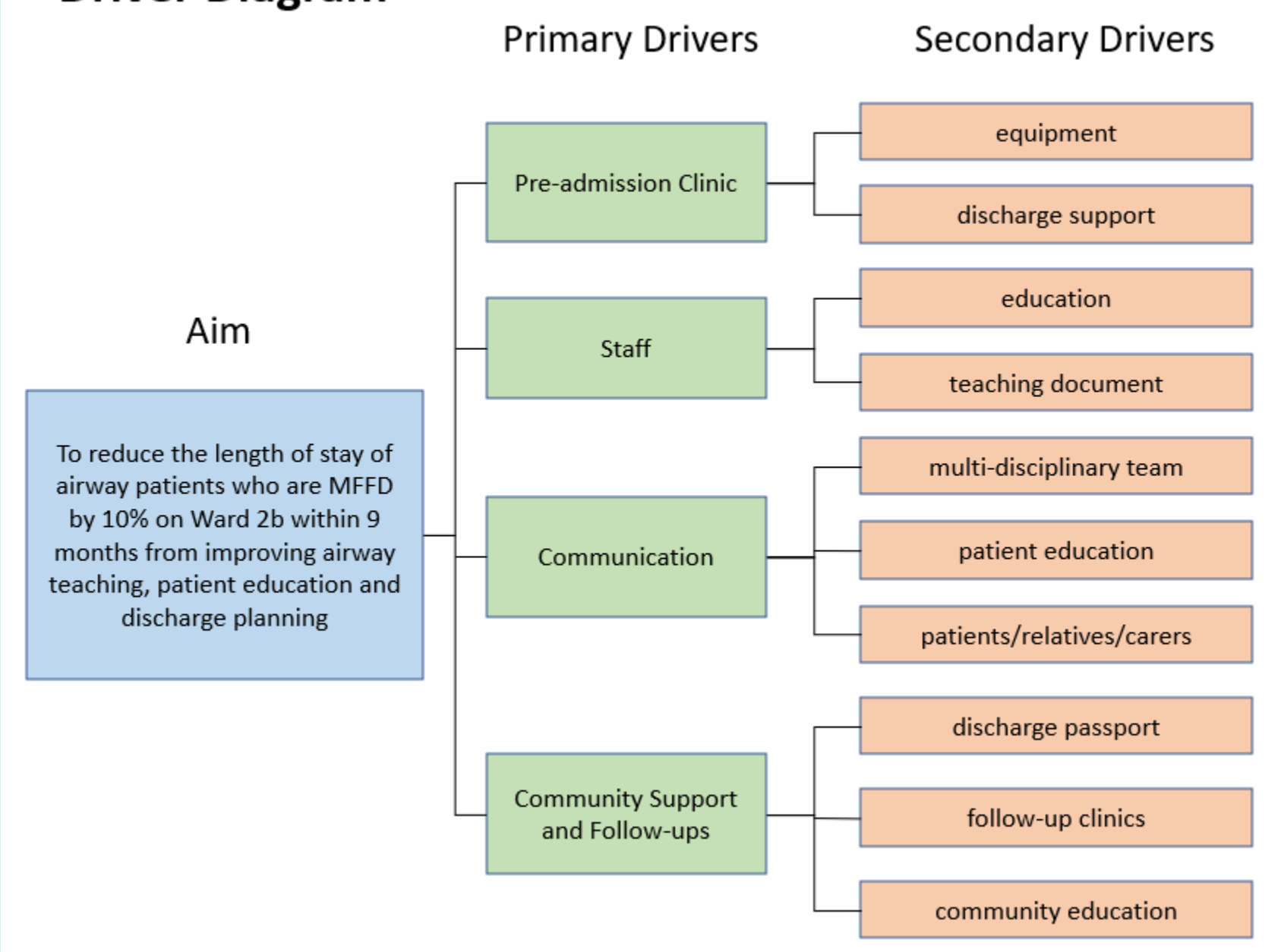
## QI Team:

Ward Management Team: Kimberley Legge, Safiya Mathew, Rachel Ruita  
 Ward 2b nursing staff  
 General Managers Head and Neck  
 Altered Airway Clinical Lead: Charlie Hall  
 Matron Head and Neck: Priscilla Adeva  
 Speech and Language Team  
 ENT Outpatient Managers Sarah Hill and Wendy Read  
 Clinical Nurse Specialists  
 ENT clinicians

## PDSA Cycles

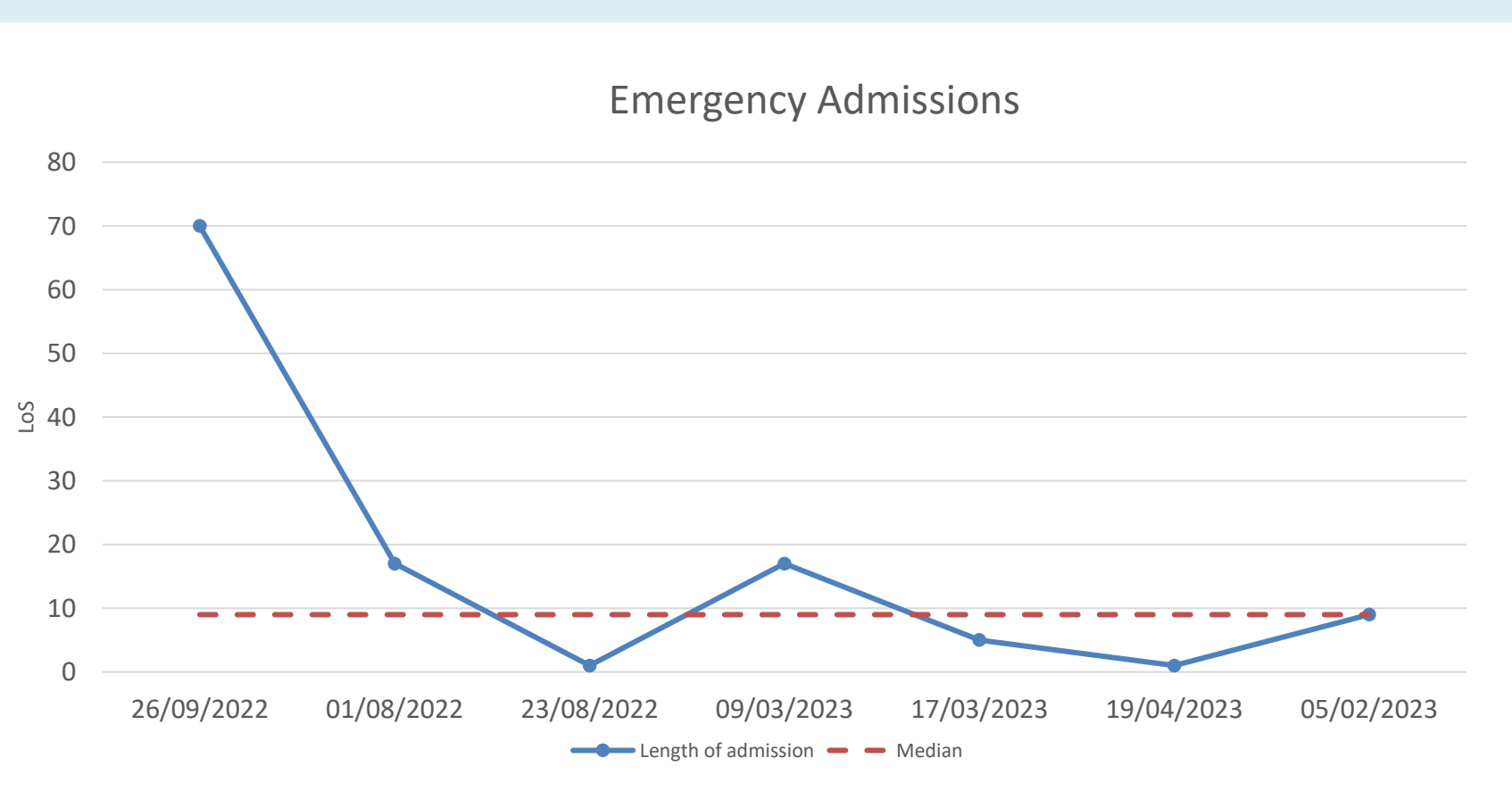
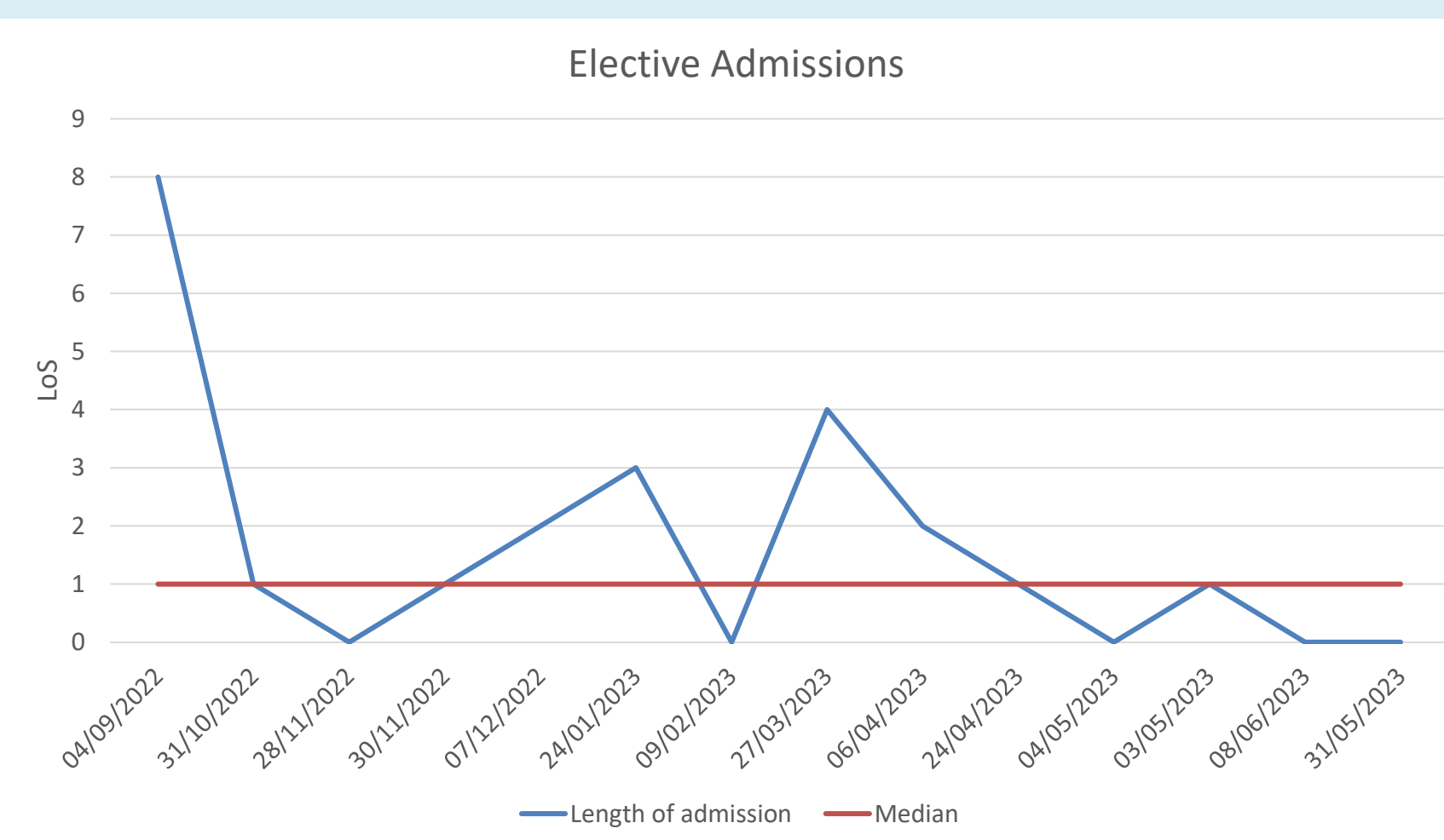


## Driver Diagram



## Measures and Key Results

- Outcome: number of days of inpatient stay after reviewed as medically fit for discharge
- Process: Patient education and teaching training record. Documentation of training record.
- Balancing: Emergency admissions and elective admissions variances.



## Next Steps:

- Patient leaflets to be reviewed and implemented for self management of tracheostomy/laryngectomy
- Patient competency care plan assessment record to be implemented once reviewed
- Discharge process to be shared with departments who also care for altered airway patients e.g. DCC/Oncology, Paediatrics and Neurology.
- Explore an introduction for an Advanced Altered Airway Practitioner role to support with integration of services to community settings via a business case proposal submission.