Plan of Correction for Survey Date: 08-08-2014

Tracheostomy Care-Changing Trach

Staff H, LPN Training

Staff H has completed tracheostomy review class on Monday, August 11, 2014 and will continue to be monitored with a preceptor present during weekly tracheostomy changes for individuals residing in the facility as well as unannounced skills checks on a weekly basis.

The ongoing, required, annual, forty-hour DDA skills training schedules for August and September are enclosed and staff has begun the training as of 08-18-2014.

Sincerely,

Second Family, Inc.
1009 Minna Avenue
Capitol Heights, MD 20743
301-925-7034 (o)

Changing the Tracheostomy Tube

Staff I, LPN

I. Steps to prepare for the tracheostomy change:

Have Ac bit bag on the bed and Oprency for use as needed.

Regular trachtsizes for the individual is taped at the head of the bed. Emergency downsized trachtsizes are at feeding pole in Emergency bag.

Tracheostomies are [illegible] weekly or (PRN) [illegible]

Make sure there [illegible] with all tracheostomy changes.

A. Gather the equipment and explain what you're going to do before the procedure.

1. Sterile [illegible] tube and downsize/emergency [illegible] tube with obturator [illegible]
2. Lubricant and saline bullets if prescribed by physician
3. Clean catheter sterile suction kit
4. Rolled towel to place under individual's shoulders/neck if needed
5. Blunt-tipped scissors
6. New trach tube [illegible] holders
7. Gloves [illegible] Sterile
8. 4x4 [illegible] pongies and Normal Saline solution [illegible] around the [illegible] site. (Tube, Saline bottles with individual's initials and date when saline is opened.)

[illegible] g the [illegible] (con[illegible])

II. Changing the tracheostomy:

A. Wash hands with soap and water. Dry hands with clean towel or paper towel.

B. Position individual so that the chin is pointing toward the ceiling and the head is tilted back. If the individual is lying down, a rolled towel or small blanket under the shoulders/neck can help him or her stay in the right position.

C. Get a new trach tube (sterile/disinfected) with the ties attached. Check the size of the trach tube on the wings to see that it is proper size.

D. Remove the inner cannula if there is one.

E. Insert the obturator into the new trach tube. Apply sterile gloves.

F. Hold the old trach tube firmly in one hand. Cut twill tape ties and make sure they are free from the back of the neck. If you use Velcro ties, remove ties from the trach tube.

G. Remove the old tube with one hand (or your helper can pull the old tube out). Drop the old tube immediately (later insert obturator to obtain mucous plug result). Sometimes the individual can tolerate having the helping person wipe the stoma with Normal saline on a 4x4 gauze sponge before the new trach tube is put in place. (Not all individuals can tolerate the procedure.)

H. Place your index finger and your thumb on the protruding outward neck of the new trach tube. Use the lubricant prescribed by the individual's physician to lubricate the end of the trach tube (normal saline may be used if a lubricant is not ordered).

I. Pick up the new tube with your free (sterile) hand. Make sure to check the obturator to see if it is firmly in place.

J. Gently and quickly insert the clean tube (the curve of the tube should be inserted downward into the trachea).

K. As quickly as possible, take the obturator out with your free hand as you continue to hold the outer cannula in place. Have your helper wash the back of the neck with soap and water and dry the area while you hold the trach in place.

L. Attach trach tie snugly around the neck making sure Velcro closure is on cotton fabric not on skin. If you use Velcro ties, measure the amount needed to secure tube tightly, and cut off remainder.

M. Check to make sure that you can get no more than one finger under the ties. Check Velcro closure to make sure not on individual's neck, it can irritate the individual's skin by always being in the same spot. Never let go of the trach tube until the ties are secure!

N. Suction the individual if necessary. Clean the stoma if it was not cleaned before or during the change procedure.

O. If the trach tube has an inner cannula, insert it and lock it into place.

P. Place a split 4x4 gauze sponge under the trach tube or those individuals that have excessive secretions (change often during shift to prevent breakdown). No 4x4 under trach tube can be down as well (to provide healthy environment and visual continuity).

Q. Disinfect the old tube according to the procedure of the agency or facility so it is ready for another use (only in emergency).

R. Wash your hands.

S. Chart the type and size of the trach tube changed, the condition of the stoma, note any drainage, trach tube patency, midline position, type of tie securing the trach tube and how the individual tolerated the procedure.

Staff Development Calendar August, 2014.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
17	18	19	20	21	22	23
	@Brightseat with 8:00am-2:00pm	@Brightseat with 8:00am-2:00pm Day	@Brightseat with 8:00am-2:00pm Day	@Brightseat with 8:00am-2:00pm Day	@Brightseat with 8:00am-2:00pm Day	
24	25	26	27	28	29	30
	@Brightseat with 4:00pm-5:00pm Total Time: 4hrs	@Brightseat with 4:00pm-5:00pm. Total Time: 4hrs	@Brightseat with 4:00pm-8:00pm Total Time: 4hrs	@Brightseat with 4:00pm-8:00pm. Total Time: 4hrs		

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Staff Development Calendar Sept. 2014.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		2	3	4	5	6
		@Brightseat 2:00am-2:00pm	@Brightseat 8:00am-2:00pm	DDA 1 @Brightseat 2:00pm-3:30pm	DDA 2 @Brightseat 8:00am-4:30pm	
7	8	9	10	11	12	13
	@Brightseat 4:00p-8:00pm	@Brightseat 4:00p-8:00pm	DDA 1 @Brightseat 4:00p-8:00pm	DDA 2 @Brightseat 4:00pm-8:00pm	DDA Continue @Brightseat 4:00PM-8:00pm	
14	15	16	17	18	19	20
	@Brightseat 8:00am-2:00pm Day	DDA Continue @Brightseat 8:00am-2:00pm	@Brightseat 8:00am 2:00p Day	@Brightseat 8:00am-2:00pm Total Time: 4hrs Day		
21	22	23	24	25	26	27
	@Brightseat 4:00pm-8:00pm	DDA Continue @Brightseat 4:00pm-8:00pm	@Brightseat 4:00pm-8:00pm	@Brightseat 4:00pm-8:00pm		
28	29	30				
	@Brightseat 8:00am-2:00am	@Brightseat 2:00am 2:00pm				

Staff II, LPN

1. Steps to prepare for the tracheostomy change:

II. Changing the tracheostomy:

A. Wash hands with soap and water. Dry hands with clean towel or paper towel.

B. Position individual so that the chin is pointing toward the ceiling and the head is tilted back. If the individual is lying down, a rolled towel or small blanket under the shoulders/neck can help him or her stay in the right position.

C. Get a new trach tube (sterile/disinfected) with the ties attached. Check the size of the trach tube on the wings to see that it is proper size.

D. Remove the inner cannula if there is one.

E. Insert the obturator into the new trach tube. Apply sterile gloves.

F. Hold the old trach tube firmly in one hand. Cut twill tape ties and make sure they are free from the back of the neck. If you use Velcro ties, remove ties from the trach tube.

G. Remove the old tube with one hand (or your helper can pull the old tube out). Drop the old tube immediately (later insert obturator to obtain mucous plug result). Sometimes the individual can tolerate having the helping person wipe the stoma with Normal saline on a 4x4 gauze sponge before the new trach tube is put in place. (Not all individuals can tolerate the procedure.)

H. Place your index finger and your thumb on the protruding outward neck of the new trach tube. Use the lubricant prescribed by the individual's physician to lubricate the end of the trach tube (normal saline may be used if a lubricant is not ordered).

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Changing the Trach Tube (Cont.)

K. As quickly as possible, take the obturator out with your free hand as you continue to hold the outer cannula in place. Have your helper wash the back of the neck with soap and water and dry the area while you hold the trach in place.

L. Attach trach tie snugly around the neck making sure Velcro closure is on cotton fabric not on skin. If you use Velcro ties, measure the amount needed to secure tube tightly, and cut off remainder.

M. Check to make sure that you can get no more than one finger under the ties. Check Velcro closure to make sure not on individual's neck, it can irritate the individual's skin by always being in the same spot. Never let go of the trach tube until the ties are secure!

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P. Place a split 4x4 gauze sponge under the trach tube or those individuals that have excessive secretions (change often during shift to prevent breakdown). No 4x4 under trach tube can be down as well (to provide healthy environment and visual continuity).

Q. Disinfect the old tube according to the procedure of the agency or facility so it is ready for another use (only in emergency).

R. Wash your hands.

S. Chart the type and size of the trach tube changed, the condition of the stoma, note any drainage, trach tube patency, midline position, type of tie securing the trach tube and how the individual tolerated the procedure.

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24	25	26	27	28	29	30
	@Brightseat with [illegible] 6:00pm Total Time: [illegible]	@Brightseat with [illegible] Total Time: [illegible]	@Brightseat with [illegible] Total Time: [illegible]	@Brightseat with [illegible] Total Time: [illegible]		
31						

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		2 @Brightseat 8:00am-2:00pm	3 @Brightseat 8:00am-2.00pm	4 DDA 1 @Brightseat 8:00am 3.30pm	5 DDA 2 @Brightseat 8:00am-3.30pm	6
7	8 @Brightseat 4:00p-8:00pm	9 @Brightseat 4:00p-8:00pm	10 DDA 1 @Brightseat 4:00p-8:00pm	11 DDA 2 @Brightseat 4:00pm 8:00pm	12 DDA Continue @Brightseat 4:00pm-8:00pm	13
14	15 @Brightseat 8:00am 2:00am Day	16 DDA Continue @Brightseat 8:00am-2.00pm	17 @Brightseat 8:00am-2:00p Day	18 @Brightseat 8:00am-2.00pm Total Time Our Day	19	20
21	22 @Brightseat 8:00pm-8:00pm	23 DDA Continue @Brightseat 8:00pm 8:00pm	24 @Brightseat 8:00am-8:00am	25 @Brightseat 4:00pm 8:00pm	26	27
28	29 @Brightseat 8:00am-2:00pm	30 @Brightseat 8:00am 2:00pm				