Background: The complication rates for tracheostomy patients could be serious and life threatening. As a result, length of stay (LOS) increases and patient outcomes can be negatively impacted. Examples of complications include accidental decannulation, bleeding and total occlusion. Studies suggest there is an inconsistency in tracheostomy care among providers and institutions. Other studies suggest stronger patient outcomes can result from improved staff training and appropriate protocols.

Purpose: The purpose of this study was to develop and test a clinical care pathway (CCP) and nursing education program to improve tracheostomy patient outcomes.

Method: A quasi-experimental pilot study examining the effect of a CCP compared LOS and complication rates of tracheostomy patients from admission to discharge. The population included veterans from a mid-Atlantic VA Medical Center. This study involved three phases.

Phase 1: Administer the Readiness for Hospital Discharge Scale (RHDS) to tracheostomy patients ‘preintervention.’

Phase 2: Provide nurses with an educational program pre and post test assessment.

Phase 3: Implement the CCP and evaluate patients’ readiness for discharge.

Results: There was a significant increase in the post-test scores, nursing comfort level providing tracheostomy care and nurses’ comfort level providing patient tracheostomy discharge education.

Conclusions and implications: The significance of this project improved overall tracheostomy care offered at a mid-Atlantic VA Medical Center. By standardizing tracheostomy care and properly educating nurses and patients, there was an increased patients’ readiness for hospital discharge and a decreased readmission rate related to tracheostomies.
A Pilot Program: Using Text Messaging to Improve Timely Communication to Tonsillectomy Patients
Laurie Newton, DNP, RN, CPNP-AC, PC
Cecille Sulman, MD

Approximately 1,500 tonsillectomies are performed annually at a large pediatric academic medical center each year. Families need to be educated on how to care for their child after this surgery. Most tonsillectomy patients are discharged home either the same day as surgery or after one night of observation, resulting in post-operative tonsillectomy recovery and care falling upon the patient’s family. Multiple quality improvement efforts to improve family education post tonsillectomy surgery have been performed over the last several years at a large pediatric academic medical center. None of these efforts, however, have focused on the use of technology to provide innovative patient education. The purpose of this project is to provide information to parents via text messages and videos to improve patient experience and outcomes following tonsillectomy. Families provided positive feedback, including that the texts were helpful, easy to understand, and reduced pre-operative and recovery anxiety. Also, none of these families needed to call the ENT clinic for any other questions or concerns. The recovery from tonsillectomy is not easy and this pediatric otolaryngology practice is always searching for new ways to improve care and education. Use of technology is an innovative approach and likely one that will be used more often in the future.
All health care professionals want to provide their patients with the best care possible. In order to accomplish this, the most current research must be incorporated into daily practice. Many medical specialty societies have developed clinical practice guidelines to help facilitate achievement of safe, high quality patient care. This manuscript highlights the clinical practice guideline recommendations developed and published through the American Academy of Otolaryngology–Head and Neck Surgery Foundation. Dissemination of clinical practice guidelines, to a broad audience, is essential to ensure implementation and adoption into practice. The key action statements and recommendation strength of each, from the American Academy of Otolaryngology–Head and Neck Surgery Foundation guidelines, are highlighted to help achieve these goals.
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Feature

A Collaborative Clinical Learning Initiative
Blake C. Alkire, MD, MPH; Jo-Ann Graziano, MM, RN; Cheryl Rath BSN, RN and Daniel G. Deschler, MD

The care of head and neck cancer patients is complex and requires the expertise of professionals from across the allied health spectrum. Perioperative nurses play a crucial role in ensuring that head and neck cancer patients receive high quality care, but are not afforded the opportunity to witness preoperative and postoperative management decisions. We hypothesized that shadowing a senior head and neck surgeon in an outpatient setting would result in improved understanding of clinical decision making and pathophysiology with the ultimate goal of improving patient care.

Symptom Occurrence and Symptom Distress
Susan C. McMillan, PhD, ARNP, FAAN; Carmen Rodriguez, PhD, ARNP-BC, AOCN; Hsiao-Lan Wang, PhD, RN, CMSRN, HFS and Amanda Elliott, PhD, ARNP

Departments

Guest Editorial
ORL Nurses – Calling for Leaders in Head and Neck Cancer Survivor Care
Joan Such Lockhart, PhD, RN, CORLN, AOCN, CNE, ANEF, FAAN

Highlights From The Hill
Zika on the Rise
Editor & Author: Jo Ferrero, RN, CORLN

Products Of Interest
Obstructive Sleep Apnea Devices
Editor & Author: Carolyn Waddington, MS, RN, FNP-C, CORLN