



# Claim CE credit by TEXTING the code after the activity.

What you need to do:  
Ensure your mobile number is  
linked to your profile.

A screenshot of the Advocate Health website's user interface. At the top, the 'ADVOCATE HEALTH' logo is on the left, and a search bar with the text 'Find a course...' is on the right. Below the logo is a navigation menu with links for 'HOME', 'COURSES', 'GRAND ROUNDS/CASE CONFERENCES', 'RESOURCES', 'CE PRE PLANNING FORM', and 'CONTACT US'. A dark blue bar labeled 'My Account' contains five buttons: 'My Account', 'My Pending Activities', 'My Transcript', 'Edit My Profile', and 'Add/Edit Mobile Number'. The 'Add/Edit Mobile Number' button, which includes a smartphone icon, is highlighted with a red rectangular border. Social media icons for Facebook, X, LinkedIn, and a share icon are visible in the top right corner.

# Welcome to the April 2026 Nursing Grand Rounds

## *Better Together: Interdisciplinary Strategies That Elevate Trach Care*

### **This is a Microsoft Teams Meeting with Contact Hours**

- Focus is on the presenters with all participants muted
- Participants are encouraged to post questions/comments in the “Q&A” They will be addressed during the Q & A session at the end
- Details about evaluation and contact hours will be provided at the end
  - REMINDER – now a text code process – make sure your cell number is updated in the CE Learning platform in order to receive CEs
- Session is recorded and will be available as a digital self-learning module with continuing education credit on the CE Learning platform
- Please visit the Nursing Grand Rounds webpage for direct links.

# Disclosure:

None of the planners or presenters for this educational activity have relevant financial relationships to disclose with ineligible companies

## IPCE Designation and Accreditation



### Accreditation Statement

In support of improving patient care, Advocate Health is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

### Credit Statement(s)

#### American Nurses Credentialing Center (ANCC)

Advocate Health designates this live activity for a maximum of 1.0 ANCC contact hours. Nurses should claim only the credit commensurate with the extent of their participation in the activity.

# Learner Objectives



At the end of this session, learners should be able to:

1. Describe the rationale for implementing an interdisciplinary tracheostomy team
2. Identify core roles and contributions of each discipline
3. Explain the standardized rounding process
4. Discuss outcome measures associated with the interdisciplinary tracheostomy initiative



## AUDIENCE POLL

Which division and care environment are you attending from?



Advocate Health Care



Atrium Health



Aurora Health Care



Wake Forest University  
School of Medicine

Now part of  **ADVOCATE**HEALTH

# ***Better Together: Interdisciplinary Strategies That Elevate Tracheostomy Care***

***Annette Mattea, DNP, RN, APN, CCNS, CNE***

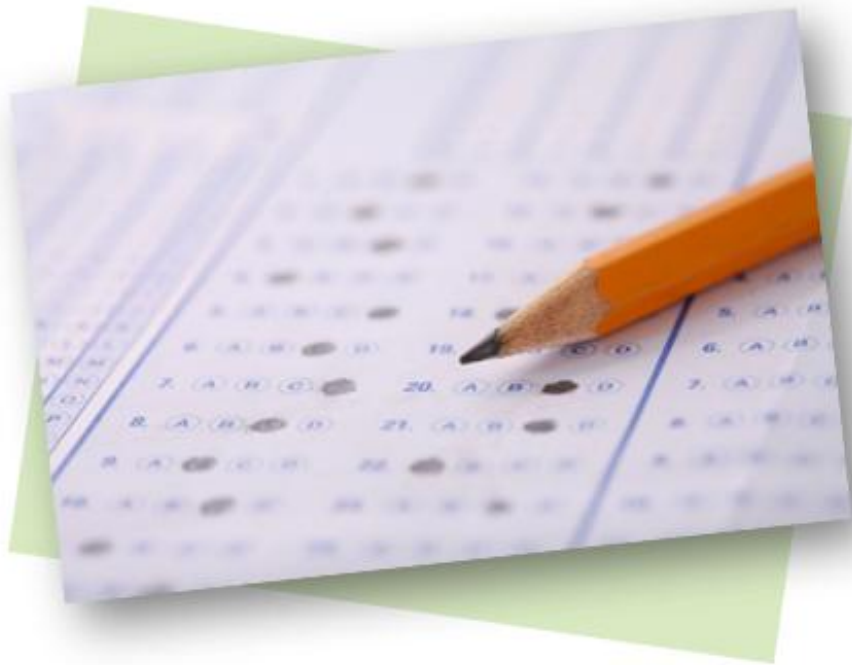
***Lindsay Meacham, MS, CCC-SLP***

***Mary Jennings, MSN, RN, NPD-BC, CCRN***

***Jessica Leddy, MSW, BSN, RN, NPD-BC, NE-BC, PCCN***

***Julie Bialas, MSN, APRN, CNP, CMSRN***

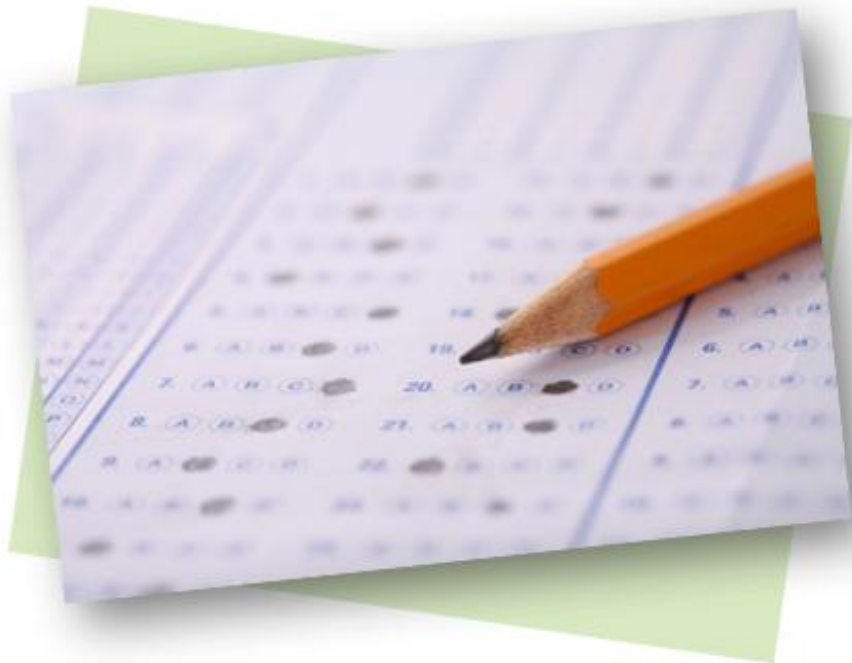
**Nursing Grand Rounds 04.16.2026**



## AUDIENCE POLL

What is your confidence level related to the care of a patient with a tracheostomy?

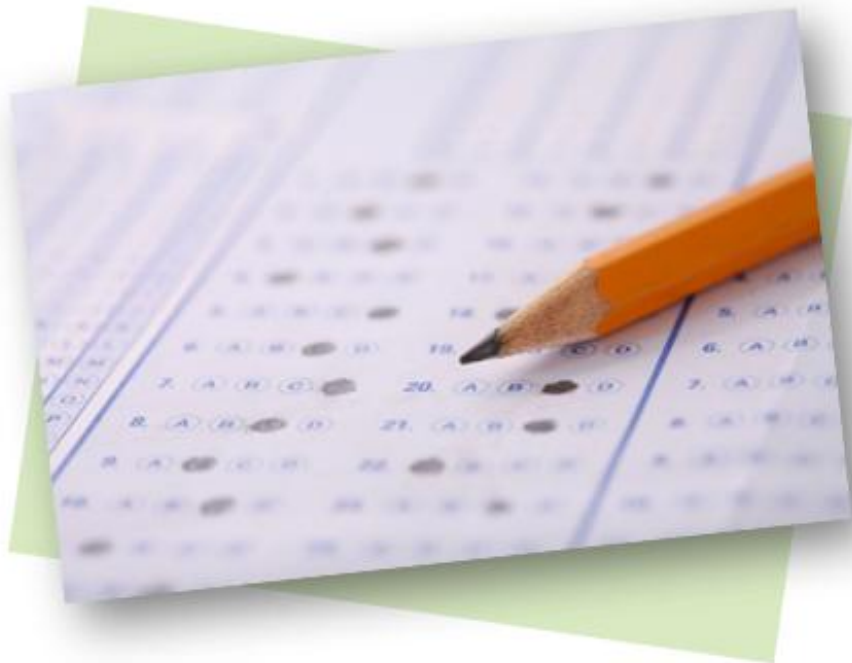
- Not confident
- Confident
- Extremely confident
- I don't work with tracheostomies



## **AUDIENCE POLL**

**What resources do you utilize when you have questions about a tracheostomy?**

- **Charge Nurse**
- **Experienced Nurse**
- **Rapid Response/Emergency Response Nurse**
- **Computerized Resources (policies, procedures, department resources...)**
- **Department Educator or Clinical Nurse Specialist**
- **Respiratory Therapist**
- **Speech Therapist**

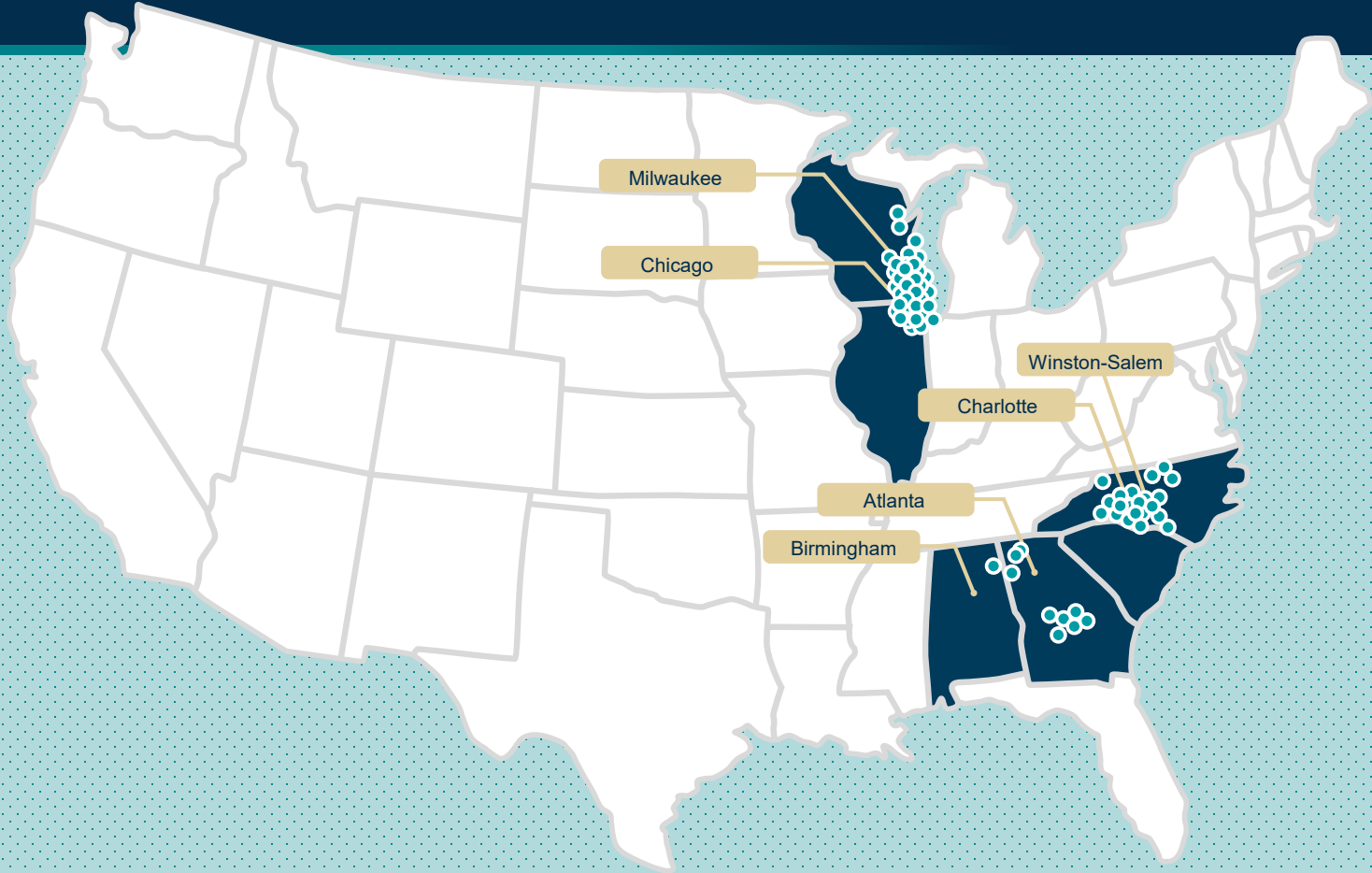


## AUDIENCE POLL

How frequently are you seeing patients with tracheostomies in your department or at your site?

- Daily
- Weekly
- Monthly
- Annually
- Never

# Advocate Health



# Advocate Good Samaritan Hospital

Chicagoland Suburbs

Over 850 Nurses

313 Beds

Level I Trauma Center

Primary Stroke Center

Magnet Designated



# What is an Interdisciplinary Tracheostomy Team?



1



**Improved  
Safety**

2



**Communication  
& Oral Diet**

3



**Improved  
Comfort**

# Benefits

Decreased time to decannulation

Reduced length of stay

Cost savings

Reduction in time to speech consult

Improved use of speaking valves

Reduction in time to swallowing

Reduction in adverse events

# Background



Inconsistencies in  
patient care  
management



Perceived lack of  
knowledge and skills



Low nurse comfort  
and confidence



# Interdisciplinary Tracheostomy Team

Patient Outcomes

Clinical Nurse Support

Satisfaction

Safety Compliance

Care

Education

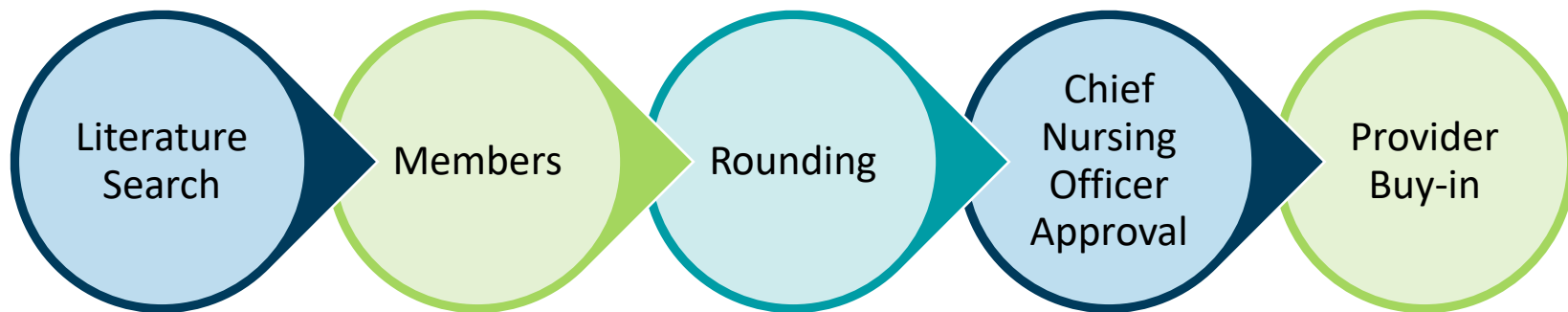
Bedside Assistance

Comfort Level

Progression

Length of Stay

# Creation



# 2024- Formation



# The Team

Speech Therapy

Respiratory Therapy

Nursing Professional Development Specialists

Clinical Nurse Specialist/Advanced Practice Nurse

Clinical Nurses

Physician Partner (Ad Hoc)



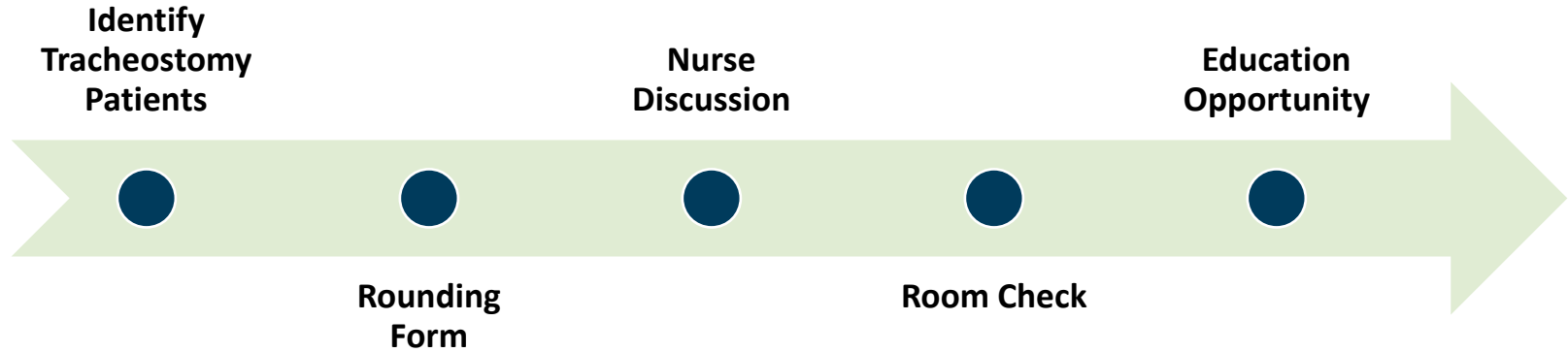
# Rounding Tool

Standardization

Multiple Revisions

ADVOCATE HEALTH		Tracheostomy Team Rounding Tool		
Patient Initials:	Age:	Admission Date: Reason:		Date Placed: <span style="float: right;">Established ENT / Trauma</span>
Room Number:				
Nurses Name:				
Trach Type/Size:	Cuffed Uncuffed	Inflated Deflated	Vent Dependent	Trach Exchanges:
Reason for Trach				ST Consult Date:
Upper Airway Obstruction	Prolonged Ventilation	Airway Protection	Ventilator (Y/N) Date weaned off:	1 <sup>st</sup> PMV Date: Recommended?
Respiratory Events				
	Mucous Plugging			
	Desaturation or Shortness of Breath			
	Skin breakdown: bleeding/Pressure Injury/MASD		Candidate for barrier or offloading device?	
	Not tolerating suction or Increased suction needs			
	Unplanned or Planned Decannulation- Date:		Review Emergency Sign	
	Rapid Response during admission:			
	Care Evaluation- past 12-24 hours (enter N/A if not started)			
	Trach site & care completed		When was the last trach care/inner canula changed?	
	Trach Accessories- Heat/Humidity, Cap, Speaking Valve, HME			
	Communication Plan:			
	Diet Plan:			
	Discharge Disposition (Home, SNF, LTACH) & anticipated date:			
	Self-care/Care-giver education/plan:		Fridays- focus on d/c teaching	
	Patient Satisfaction (Y/N):			
	Artificial Airway Care Plan was initiated (Y/N)			
Safety Review- all required items present				
	Ties and/or sutures clean/intact		Check ties (2-fingers)	
	Sign above head of bed			
	Sign filled out completely/accurately		Review Emergency Sign. Verify size with flange	
	Trach same size & size smaller		if uncuffed, recommend a cuffed same size	
	Inner canula (disposable vs non-disposable)		Look for extra inner canulas	
	Obturator		How do you use an obturator? Verify size w/trach	
	Ambu-bag with mask			
	Suction set-up		Check for re-used suction catheters	
Comments/Education Provided:				
Created: 1/3/25 Created by Tracheostomy Team Updated: 12/4/25 <span style="float: right;">Next Review date: 9/30/26</span>				

# Rounding Process



# Rounding Experience



EXIT

APN

STATCR

STATCR

PREVENTION  
WELL  
PREVENTION

# Rounding Tools

## Tracheostomy Team

Sorry we missed you during rounds!

Call as needed- A representative is available until 3pm

Date:  
Rounding member:  
Phone:

Activate Medical Alert for Emergencies  
Online Resources: PolicyTech & Lippincott

1

Access resources  
to help care for  
your tracheostomy  
tube at home.



Scan the QR code or visit  
[livingwithatrach.com](http://livingwithatrach.com)

### Tracheostomy information wallet reference card

Product name: \_\_\_\_\_

Product SKU: \_\_\_\_\_

Size: \_\_\_\_\_

Accessories: \_\_\_\_\_

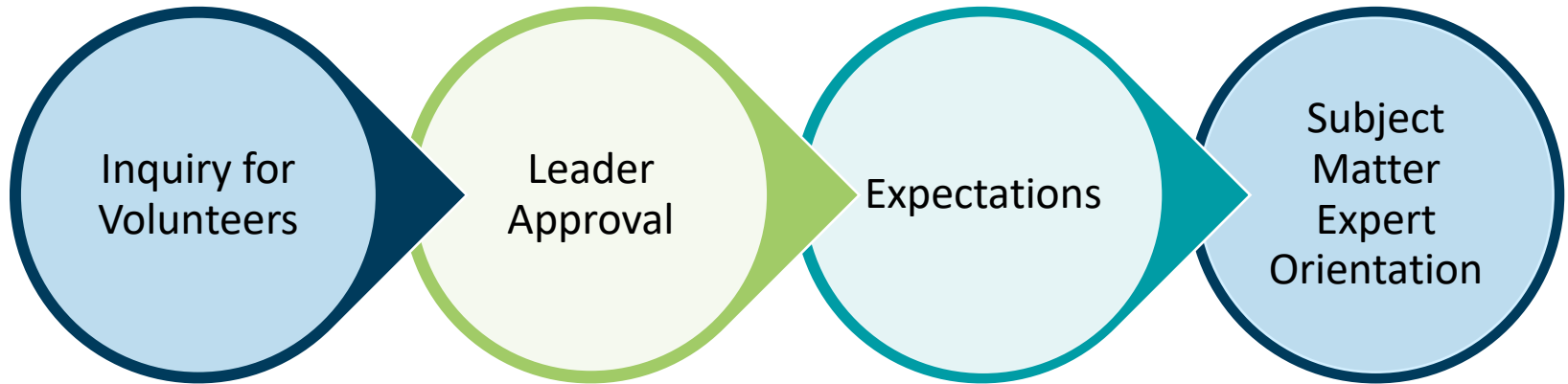
Instructions: \_\_\_\_\_

2



3

# Clinical Nurse Recruitment



# Same Patient . . . Different Journey

## Patient 1

- ✓ Motor Vehicle Accident
- ✓ Ventilator x 1 week
- ✓ Tracheostomy for prolonged ventilation



## Patient 2

- ✓ Motor Vehicle Accident
- ✓ Ventilator x 1 week
- ✓ Tracheostomy for prolonged ventilation



## Patient 1

- ✓ Weaned from ventilator
- ✓ Transferred to Step-down Unit



## Patient 2

- ✓ Weaned from ventilator
- ✓ Transferred to Step-down Unit
- ✓ Team Rounded and recommended:
  - ✓ Speech Therapy consult
  - ✓ Preventative foam dressing



## Patient 1

- ✓ Developing skin breakdown
- ✓ Frustration due to inability to communicate
- ✓ Enteral feeding initiated



## Patient 2

- ✓ Tolerating speaking valve x2 days
- ✓ Swallow evaluation completed
- ✓ Team rounded and recommended:
  - ✓ Capping trial
  - ✓ Suture Removal



## Patient 1

- ✓ Elevated WBC
- ✓ Suspected aspiration on tube feeding
- ✓ Depressed



## Patient 2

- ✓ Successful capping trial
- ✓ Discharge planning
- ✓ Team rounded and recommended:
  - ✓ Decannulation



## Patient 1

- ✓ Positive Sepsis screening
- ✓ Wound Care consulted



## Patient 2

- ✓ Successfully decannulated
- ✓ Discharged home



# Outcomes

# Details and Demographics: Patients

**103**  
Patients

**293**  
Rounds

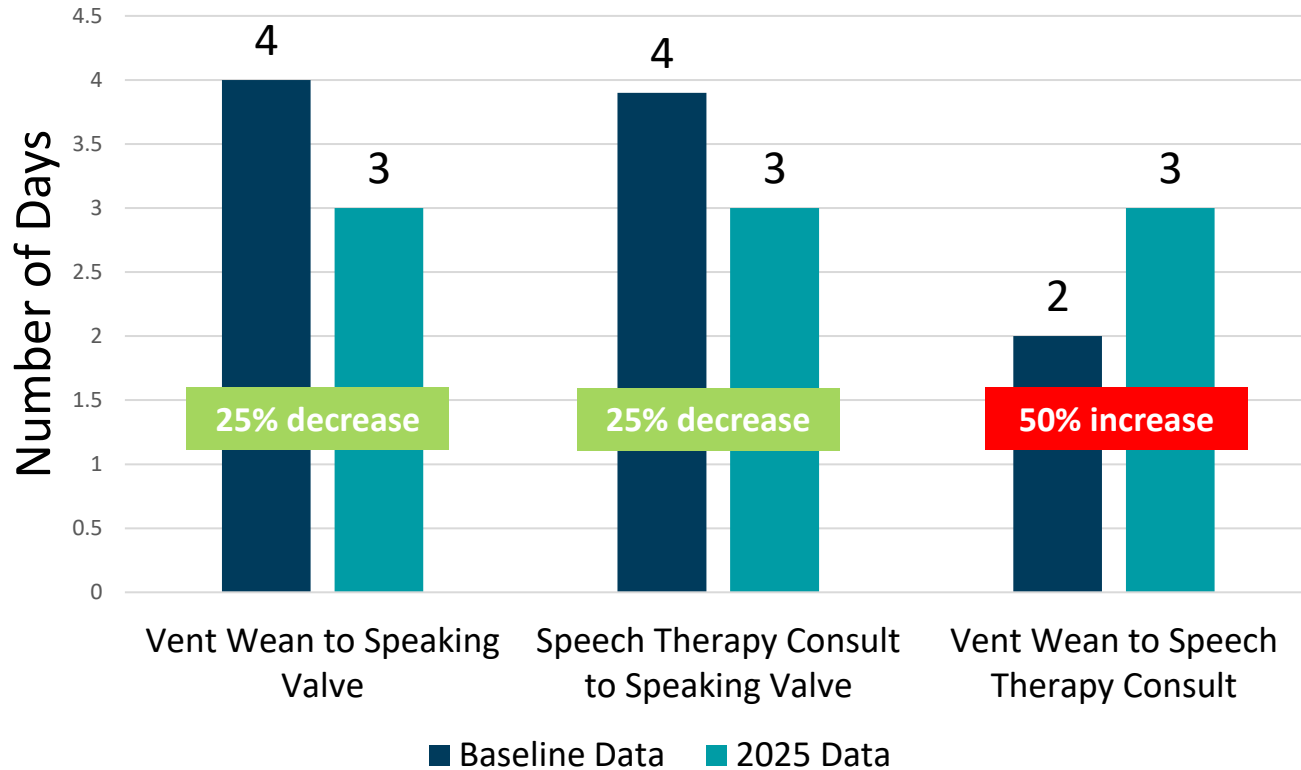
**2.8**  
Rounds  
Per Patient

**64**  
Average Patient  
Age

**71%**  
New  
Tracheostomies

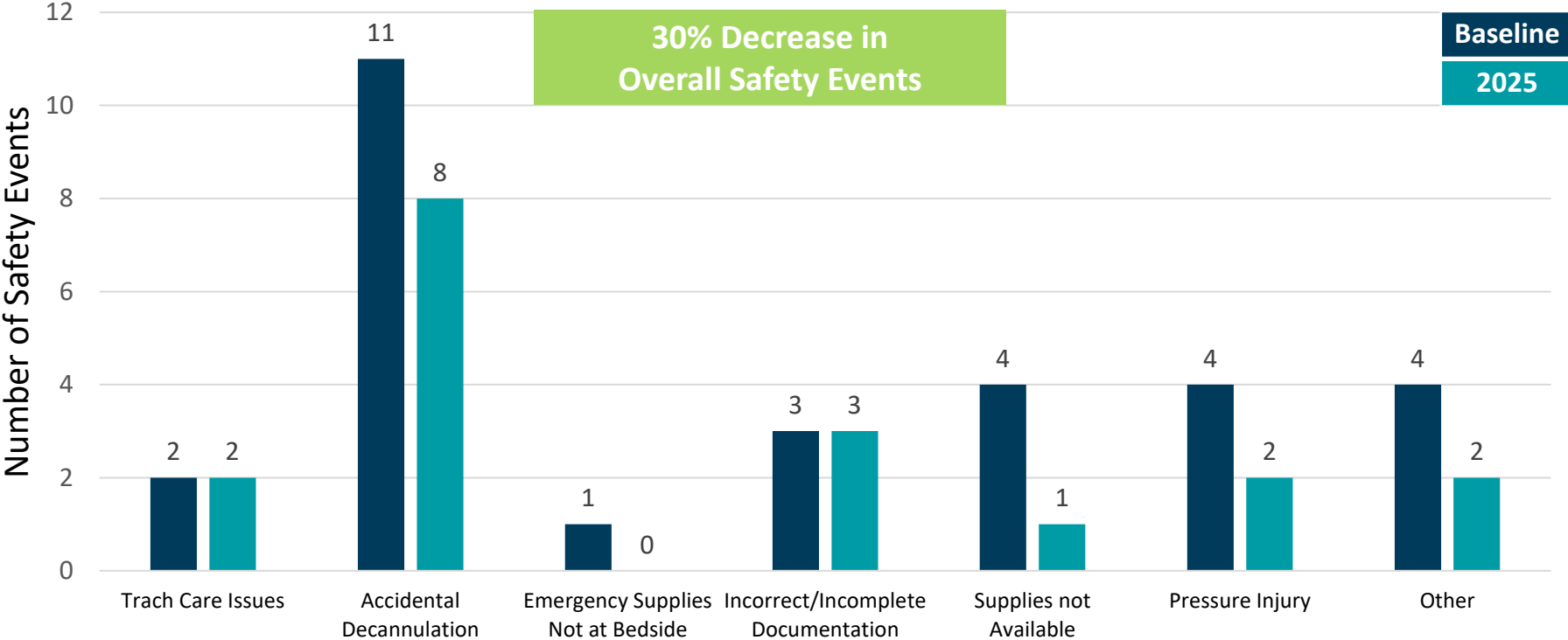
**47%**  
Trauma

# Speech Therapy Outcomes

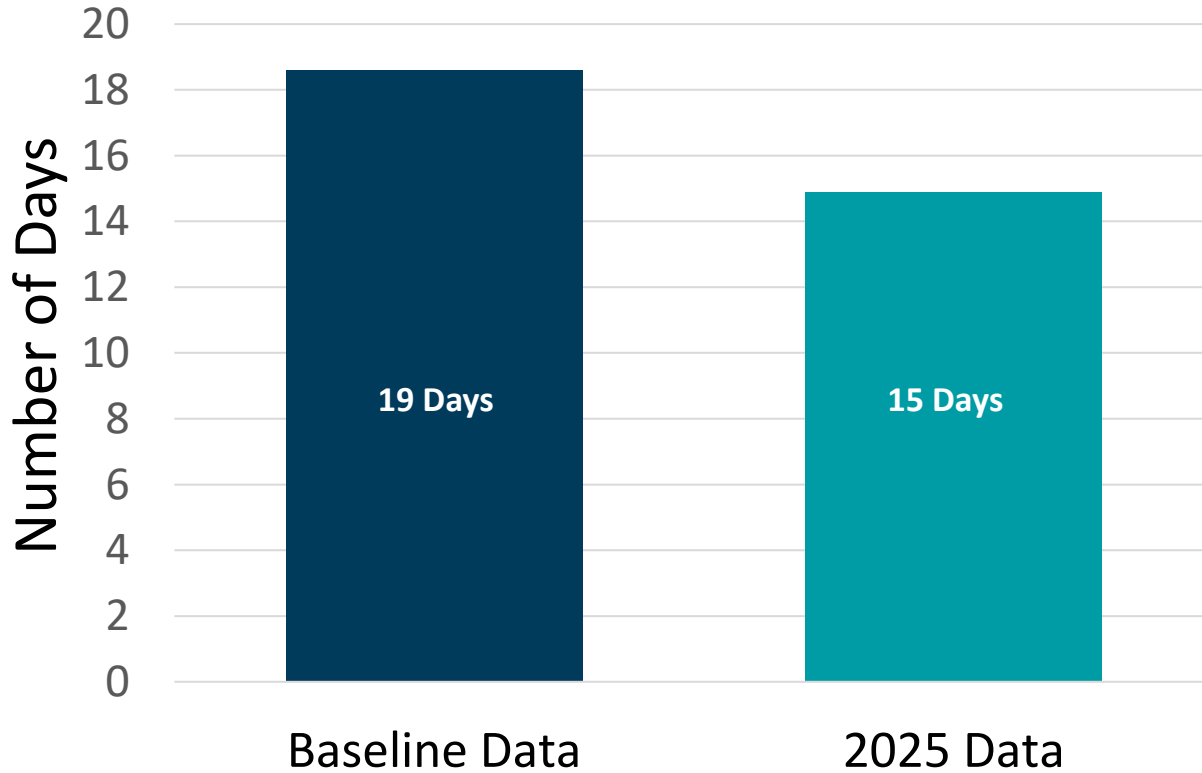


# Tracheostomy-related Safety Events by Type

## Baseline vs 2025



# Length of Stay



**21% Reduction  
(-3.7 Days)**

# Details and Demographics: Nurses

**78**  
Nurses

**293**  
Rounds

**3.8**  
Rounds  
Per Nurse

**70%**  
Critical Care/  
Stepdown

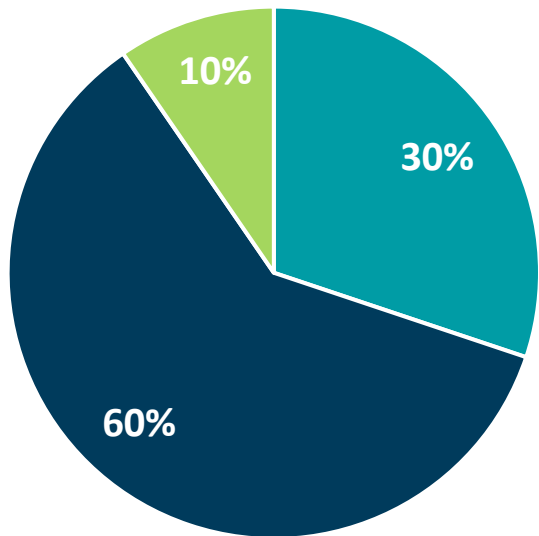
**73**  
Completed  
Pre Survey

**28**  
Completed  
Post Survey

# Nurse Comfort

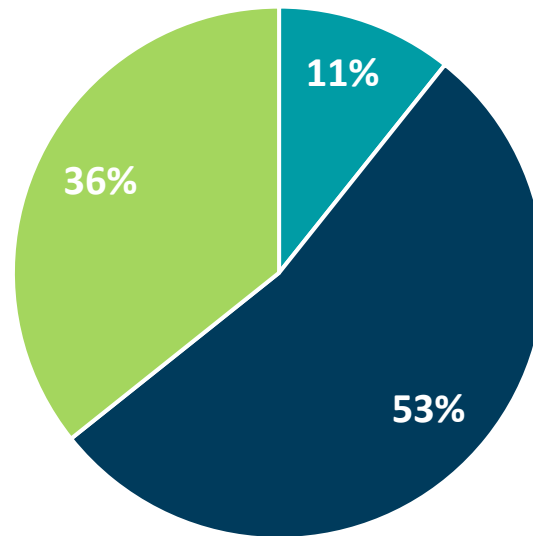
## Overall Comfort Level (Pre-)

■ Uncomfortable ■ Comfortable ■ Very Comfortable



## Overall Comfort Level (Post-)

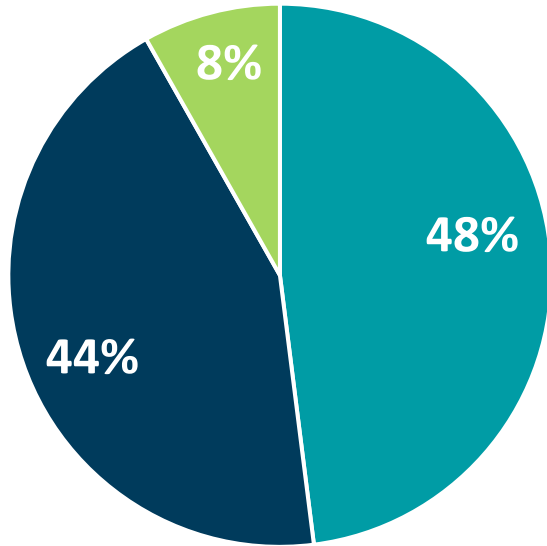
■ Uncomfortable ■ Comfortable ■ Very Comfortable



# Nurse Confidence

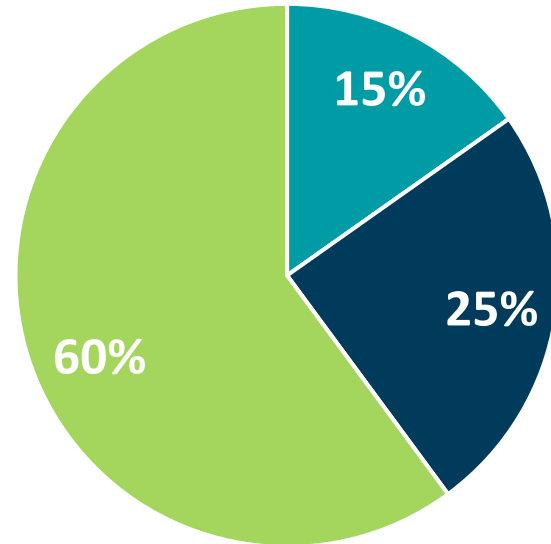
## Confidence in Tracheostomy Care (Pre-)

■ Not Confident ■ Confident ■ Very Confident



## Confidence in Tracheostomy Care (Post-)

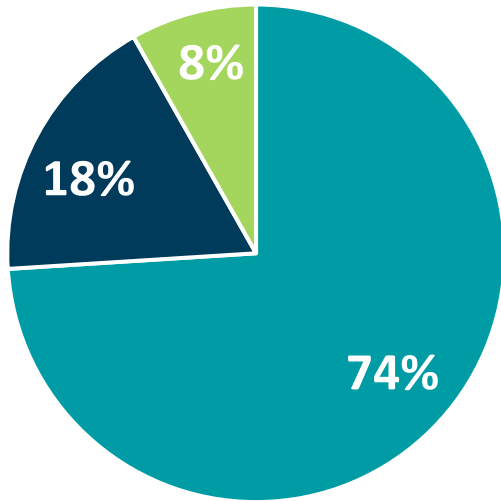
■ Not Confident ■ Confident ■ Very Confident



# Nurse Confidence

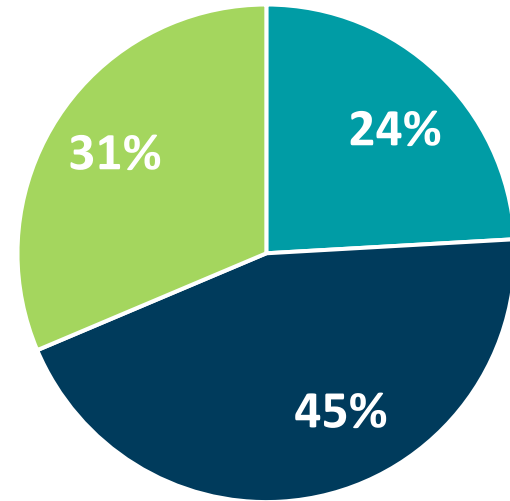
## Confidence in Emergency Management (Pre-)

■ Not Confident ■ Confident ■ Very Confident



## Confidence in Emergency Management (Post-)

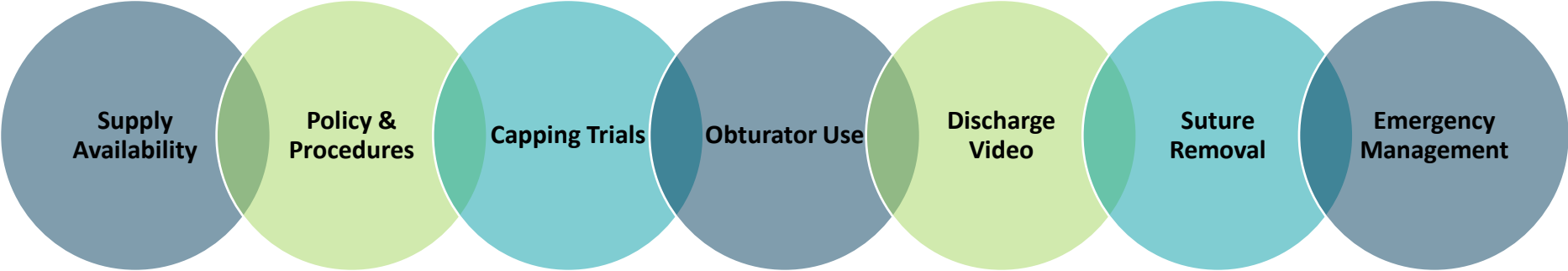
■ Not Confident ■ Confident ■ Very Confident



# Planned Decannulations

22

# Identified Gaps



# Interdisciplinary Rounding Has:



Improved synergy with adherence to safety measures



Created fewer delays in speech therapy consultation



Improved the time to speaking valve



Improved nurse knowledge/confidence



Impacted length of stay



Supported with planned decannulations

# 2025- Implementation

Rounding  
Data Collection

“Sorry we missed you” Card  
Night Shift Education  
Request for Clinical Nurse  
Members

Requested Policy and Sign  
updates  
Developed Clinical Nurse  
Member Orientation

Feb/Mar 2025

Aug 2025

Nov/Dec 2025

Jan 2025

July 2025

Oct 2025

Edited Rounding Tool  
Rounding with Model  
Impacted Supply Availability

Discharge Cards + Video  
Physician-provided  
Education  
Clinical Nurses Members  
Identified

Clinical Nurse Members  
Join  
Lippincott Critical Note  
Published

# Provider Testimonials

This should be  
standard of care  
across all  
Advocate sites

Dr. Chan, Head & Neck Surgeon

The addition of a trach care nursing team has been an incredible movement towards high-quality care and safety. Knowing that experts are available to assist in managing a trach helps prevent avoidable complications of tracheostomy. It also improves the comfort level of both the hospital, care team, patient, and family. I am very happy with the work our trach team has provided since its inception.

Dr. Thakkar, Head & Neck Surgeon

# Nurse Testimonials

I thought rounding with the trach team was very helpful while precepting, and a chance for new grad nurses on orientation to go over trach care and types of trachs prior to practicing on patients. I think it helps nurses to feel more confident and comfortable when taking care of patients with trachs.

Sarah, Medical-Surgical RN

I like the trach visual aid and education provided

Rosa, Critical Care Stepdown RN

I like education at bedside. I like clinical nurses being part of the rounding process and visibility for other nurses of their involvement

Carly, Critical Care RN

# Illinois Division Pediatric Tracheostomies

Advocate Children's Hospital- Oak Lawn and Park Ridge

Interdisciplinary Synergy

Weekly/Bi-weekly Care Conferences

Key Players:

- Care Management
- Bedside Nurse
- Bedside Respiratory Therapist
- Respiratory Therapy Educator
- Pomologist
- Parent/Primary Care-taker

**Advocate Children's Contact Information**

[Alyssa.Sichrovsky@aah.org](mailto:Alyssa.Sichrovsky@aah.org)

[Beverly.Lullo@aah.org](mailto:Beverly.Lullo@aah.org)

# Next Steps



Patients with  
Laryngectomy



In-line  
Speaking Valves



Feedback  
Surveys



Resource  
Standardization



# References

- Bartow, C., Collins, N., Kopp, E., (2018) "Benefits of a Multidisciplinary Tracheostomy Team:Acute Care Experience." *Perspectives of the ASHA Special Interest Groups*. Sig 13 Vol 3 (Part 3).89-100
- Mestral., C. et al. (2011). "Impact of a specialized multidisciplinary tracheostomy team ontracheostomy care in critically ill patients." *Can J Surg*. Vol 54. (No 3). 167-172
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- Ninan, A., et al. (2023) "Effectiveness of interprofessional tracheostomy teams: A systematicreview." *Journal of Clinical Nursing*. Vol 32. 6967-6986
- Speed, L., & Harding, K. E. (2013). Tracheostomy teams reduce total tracheostomy time and increase speaking valve use: A systematic review and meta-analysis. *Journal of Critical Care*, 28(2), 216 e1–216e10.

# Questions and Contact Information

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## Claiming Credit

1. Text code **BUWTAK** to (414) 219-1219
2. You will also receive a reminder email within 24 hours with instructions on how to claim your credit
3. To fully claim credit, go to “MY ACTIVITIES/Pending Activities” tab to complete evaluation and/or assessment

**Texting the code alone will not give your credit. You will need to go online.**

Please direct any related IPCE questions to [cme@aah.org](mailto:cme@aah.org)

# May Campaign: “Bring a Friend”

- Invite teammate(s) to attend May Nursing Grand Rounds with you
- Participants will be entered into a prize drawing for each person they bring!
- Prize: \$25 AH GC

Scan to Register



## “Best Place to Care” Starts With Us: Voice, Evidence, Empowerment

### Presenters:

**Kate Schmidt, MSP, BSN, RN, HNB-BC**

**Krystall Lott, DNP, MSN-NE, RN, CMSRN, NPD-BC**

### Panelists:

**Caleb Barrett, BSN, RN, Merly Chirayil DNP, RN, CPHQ,**

**Monique Denysschen, DNP, APH, BSN, RN, & Ernst Robinson, MBA, BSN, RN**



### Overview:

Advocate Health is implementing the “Best Place to Care” framework with strategies to combat clinician burnout with system-wide efforts to influence and enhance nurse well-being. Participants will learn about the Together As One peer support program and its role in fostering connection, resilience, and a culture of support. The session will also feature a nurse panel sharing authentic perspectives on how they sustain their own well-being and that of their teams and patients in everyday practice.

Scan here to register and receive an email with calendar invite **or** join day of



Registration on the CE Learning Platform: [Click here to Register](#)