

Appendix 1 Australia & New Zealand Paediatric Tracheostomy Management Questionnaire

Participant Information

1. How many years have you been in practice?
 - <5
 - 1–10 years
 - >10 years
2. Have you completed post fellowship paediatric training?
 - Yes
 - No
- 3a. How many paediatric tracheostomies do you perform per year?
 - 1–5
 - 6–10
 - >10
- 3b. How many tracheostomies does your institution perform per year?
 - 1–5
 - 6–10
 - >10

Consent

4. Do you routinely have an MDT meeting prior to placement of a paediatric tracheostomy?
 - Only if indicated
 - Yes in all cases
- 5a. What surgical risks do you discuss when completing consent?
 - Death
 - Tube dislodgement
 - Bleeding—major/minor
 - Granulation tissue formation
 - Persisting tracheocutaneous fistula
 - Impact on the family unit
 - Other (please specify)
- 5b. Who is involved in educating/preparing the family for a tracheostomy?
 - ENT
 - ICU
 - Social worker
 - Psychologist
 - Speech pathologist
 - Dietician

- Tracheostomy CNC
- Nursing staff
- Paediatrician
- Occupational therapist
- Other (please specify)

5c. How is the consent information delivered?

- Verbal delivery
- Paper-based handout
- Video media
- Other (please specify)

5d. How often do you connect patients/families with a tracheostomised patient/family prior to the surgery?

- Never
- Sometimes but not routine offered
- Routinely offered

6. Who do you routinely involve in getting the consent?

- Consultant
- Accredited registrar
- Unaccredited registrar
- Resident
- Tracheostomy CNC
- ICU staff
- Other (please specify)

7. Do you have a standardised postoperative care protocol? (e.g., change ties day 3, first tracheostomy change at day 5)

- Yes
- No

8. Do you or does your hospital perform bedside percutaneous tracheostomies in paediatric patients <10 years of age?

- Yes
- No

9. Do you utilise a bedside safety card in the post-operative period?

- Yes
- No

9b. What information is included in your bedside safety card?

- Tube brand
- Tube size
- Cuff status
- Suction depth
- Laryngoscopy view
- Date of last tracheostomy change
- Date of next tracheostomy change
- Other (please specify)

Inpatient MDT

10. Do you conduct a weekly MDT of inpatient tracheostomy patients?

- Yes
- No

10b. Who participates in the MDT team?

- ENT surgeon
- ICU physician
- Paediatrician
- Respiratory technician
- Speech pathologist
- Dietician
- Occupational therapist
- Physiotherapist
- Social worker
- Nurse
- Other (please specify)

Staff education

11. Does your institution provide regular staff training for tracheostomy care (e.g., annually)?

- Yes
- No

Carer training

12. What is the usual duration of in-hospital carer training (relating to the tracheostomy care) for the patient/child prior to first discharge back out into the community?

(i.e., the average duration of admission following tracheostomy placement)

- <4 weeks
- 5–6 weeks
- 7–8 weeks
- >8 weeks

13. Who performs tracheostomy carer training

- ENT team
- Tracheostomy CNC medical team (ICU/Respiratory/Paediatrician)
- Nursing staff
- Other (please specify)

14. In what setting do you complete carer training?

Exclusively in hospital

- Mixed hospital and hospital based local accommodation (e.g., Ronald McDonald House)
- A combination of in-hospital and in-the-home education

15. What is the minimum number of carers you train?

- 1
- 2
- 3 or more

16. Do you have a checklist of required observed skills?

- Yes
- No

17. Do you routinely survey (questionnaire or feedback tool) patient/carer readiness for discharge?

- Yes
- No

Tracheostomy Go-Bag

18. Does your institution provide a tracheostomy “Go Bag”?

- Yes
- No

19. What is provided in the “Go-Bag” as standard? (If you answered “no” to Q18, please select from the following list, the equipment you would typically send home as standard)

- Tracheostomy tube (same size)
- Tracheostomy tube (smaller size)
- Suction catheter
- Tracheostomy dressing
- Tracheostomy ties
- Suction unit
- Syringe for cuff deflation
- Resuscitation bag and mask
- Normal saline
- Bulb syringe
- Scissors
- Heat-moisture exchange (HME) device
- List of emergency contacts
- Saturation monitor
- Other (please specify)

Emergency protocol card

20. Does your institution provide a carer emergency card?

- Yes
- No

20b. If yes to Q20, what information is provided on the emergency card?

- No emergency card provided
- Tracheostomy tube type
- Tracheostomy tube size
- Duration of tracheostomy
- Reason for tracheostomy

- ◊ Contact details for hospital team
- ◊ Contact details for tracheostomy CNC Emergency algorithm (e.g., call for help, remove speaking valve/cap, remove inner cannula, change tracheostomy tube)
- ◊ Other (please specify)

Consumables

21. How do your patients access consumables

- ◊ Online order
- ◊ Via tracheostomy CNC via outpatient clinic
- ◊ Self-purchased
- ◊ Unsure
- ◊ Other (please specify)

22. Who covers the cost of consumables?

- o State based funding (e.g., ENABLE, MASS) Hospital funding program
- o Self-funded
- o Unsure
- o Other (please specify)

Outpatient tracheostomy tube practices

23. How frequently do you recommend patients change their tracheostomy tube?

- o Weekly
- o 4 weekly
- o 6 weekly
- o >6 weekly

24. How many tracheostomy tubes do you recommend patients have access to?

- o One replacement and one size smaller
- o More than this
- o Less than this

25. How many times do you advocate that patients can re-use a tracheostomy tube before discarding it? (Assuming this is a paediatric tracheostomy and doesn't have an inner cannula)

- ◊ Once
- ◊ 2–5 times
- ◊ >5 times
- ◊ Other (please specify)

26. Does this differ for cuffed tubes?

- o Yes
- o No

27. Have you/your patient's experienced significant supply chain issues in the last 6 months affecting their access to tracheostomy tubes?

- o Yes
- o No

Outpatient review practices

28. How often do you recommend outpatient review for stable long-term tracheostomy patients assuming the cuff is still working?

- ◊ Fortnightly
- ◊ Monthly
- ◊ Every 2–3 months
- ◊ Every 6 months
- ◊ Annually
- ◊ Other (please specify)

29. Who routinely participates in the outpatient clinic services?

- ◊ ENT surgeon
- ◊ ICU physician
- ◊ Respiratory physician
- ◊ Paediatrician
- ◊ Tracheostomy CNC ENT clinic nurse
- ◊ Speech therapist
- ◊ Dietician
- ◊ Occupational therapist
- ◊ Social worker
- ◊ Psychologist
- ◊ Other (please specify)

30. Does your institution offer a multi-disciplinary outpatient service?

- o Yes
- o No

Elective laryngobronchoscopy surveillance

31. How often do you perform laryngobronchoscopy surveillance on the stable long-term tracheostomy patient?

- ◊ 6 monthly
- ◊ 12 monthly
- ◊ Only if indicated
- ◊ Other (please specify)

Tracheostomy CNC

32. Does your institution employ a tracheostomy CNC?

- o Yes
- o No

32b. Who funds their position?

- ◊ ENT Department
- ◊ Department of Surgery
- ◊ Respiratory Department
- ◊ Neurology Department
- ◊ Children's Hospital funded employee
- ◊ Joint funding between departments
- ◊ Unsure
- ◊ Other (Please specify)

32c. Did you experience barriers securing funding for this position?

- Yes
- No

32d. What barriers were experienced?

- ◊ No barriers experienced
- ◊ Securing funding
- ◊ Obtaining adequate FTE
- ◊ Determining roles and responsibilities
- ◊ Other (please specify)

Community support

33. Do you have a community tracheostomy support group associated with your institution?

- Yes
- No

33b. How do these members communicate?

- ◊ Regular meetings
- ◊ Social media
- ◊ Whatsapp
- ◊ Other (Please specify)

Decannulation protocols

34. Do you have a standardised protocol for decannulation?

- Yes
- No

Adverse event reporting

35. Do you have a reporting database for adverse events (that is in addition or separate from your departmental morbidity & mortality meetings)?

- Yes
- No

36. What outcomes are reported?

- ◊ No reporting database
- ◊ Length of hospital stay
- ◊ Length of ICU stay
- ◊ Ventilated hours
- ◊ Time to decannulation
- ◊ Accidental decannulation
- ◊ Tube obstruction
- ◊ Hypoxia/respiratory arrest
- ◊ Bleeding
- ◊ Tracheostomy associated ED presentations
- ◊ Trial of speaking valve
- ◊ Trial of capping
- ◊ Swallow function
- ◊ Other (please specify)

37. Is your institution partnered with the Global Tracheostomy Collaborative?

- Yes
- No

38. Would you or someone from your institution be interested in being involved in tracheostomy quality-improvement projects for Australia/New Zealand?

If yes, please enter best contact details (otherwise please skip the question)

Thank for taking the time to complete the questionnaire