Tracheostomy is a frequently performed procedure in critically ill patients whether in the ICU or chronically intubated patients in the medical or surgical wards. It is performed for several indications, mostly due to prolonged ventilation or toileting of bronchial secretions. Tracheostomy could be performed either as an open procedure in the theater or as percutaneous. Ward staff are required to give regular tracheostomy care.

However, there are several complications which could be immediate, early or late including hemorrhage, pneumothorax, tube blockage and granulation tissue formation. Specialized tracheostomy teams have been created to follow-up patients who need regular tube care, wound care, suctioning, education, advice and prompt intervention in cases such as tube blockage and dislodgement. In situations such as general wards where this knowledge may be sparse, a structured support network for the ongoing care of the tracheostomized patient is required. It should be imperative that the perioperative and early care of patients with tracheostomies is carried out in a dedicated and structured manner.

Previous studies of the impact of multidisciplinary tracheostomy teams for tracheostomy care have shown a significant reduction in time of decannulation and postoperative tracheostomy complications and management. A study by Norwood showed promising results in which fewer patients were discharged from the ICU to the wards with tracheostomy tubes and the number of tracheostomy related complications on the wards were significantly reduced due to the follow-up by multidisciplinary tracheostomy teams. A study by Charles de Mestral et al concluded that standardized care provided by a specialized multidisciplinary tracheostomy team was associated with fewer tracheostomy-related complications and an increase in the use of a speaking valve. Another study showed that an intensivist-led tracheostomy team is associated with shorter decannulation time and length of stay which may result in financial savings for institutions.

The aim of this study is to assess the impact of a specialized multidisciplinary tracheostomy team on tracheostomy care.