Quality Of Tracheostomy Care: A Case Of Kenyatta National Hospital, Nairobi County.

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URI: http://hdl.handle.net/11295/61693
Date: 2013

Abstract:

Tracheostomy is a medical procedure usually done in patients who have upper airway obstruction due to neoplastic conditions or traumatic causes to ease air flow. This procedure is prone to complications and is associated with a lot of discomfort among clients. The discomfort is compounded by the prolonged period under which a patient remains on tracheostomy. (Engoren and Engoren 2004) This study was designed to explore and document the tracheostomy patients’ experiences as a way of understanding the needs as well as a means of designing specific interventions. Kenyatta National Hospital (KNH) is a leading facility in the country and other facilities benchmark care based on its level of operations. This study was conducted among consenting adult tracheostomy patients admitted at the Kenyatta National Hospital (KNH) surgical wards and those attending Ear Nose and Throat (ENT) clinic. It was a descriptive cross-sectional study with both qualitative and quantitative methods of data collection. Analysis of data was done using Statistical Package for Social Sciences (SPSS) version 18.0 and Nvivo program. Descriptive statistics were presented in frequency distribution tables, graphs and charts. The t-test and chi squares were used to determine associations between challenges for tracheostomy care and patient characteristics. Odds ratios and 95% confidence intervals were calculated for challenges and characteristics. Statistical significance was determined using a cut off value of 0.05. Results The study found out that respondents had various challenges and all of them (100% n=66) had challenges in communication, 80% (n=66) had had tube blockage and 77.3% (n=66) had no information of how long they would stay with the tube and had not been counseled on this. Tracheostomy self-care training was associated with the level of formal education and not age. Odds of care training were 13 fold greater among respondents with secondary and tertiary education compared with primary or no formal education OR=13.3(95% CI 1.2-6559). The hospital was found not to have enough trained nurses on tracheostomy care and only 3 nurses are trained on this. The ENT ward and A&E were found not to have adequate equipment and supplies. The ENT clinic and ENT ward were found to be understaffed with nurse to patient ratios of 1:15 and 1:17 respectively. Conclusion and Recommendation The study concludes that there is a low quality of tracheostomy care in KNH owing to the challenges undergone by patients. This is also evidenced by lack of trained nurses in tracheostomy care and also inadequate supplies and equipment for the procedures. It is therefore recommended that the hospital invests in training of personnel in tracheostomy care and also provide enough supplies and equipment for the procedures.