

# TrachPhone HME Clinical Evidence

Initial findings from a quality improvement project comparing patient outcomes before using the TrachPhone HME and at intervals after commencing use of TrachPhone HME. A previous version of this project was completed with patients living at home with tracheostomies and the Atos Clinical Education Team are now reproducing this with inpatients currently being treated in acute hospitals.

## Acute Hospital Project

### Project Overview

- Project length 3 weeks minimum (1 week baseline info, 2 weeks QI, follow-up data gathered at end of 2 week period).

### Inclusion Criteria

- Patients in a hospital environment with an existing tracheostomy who are not currently using the TrachPhone HME.

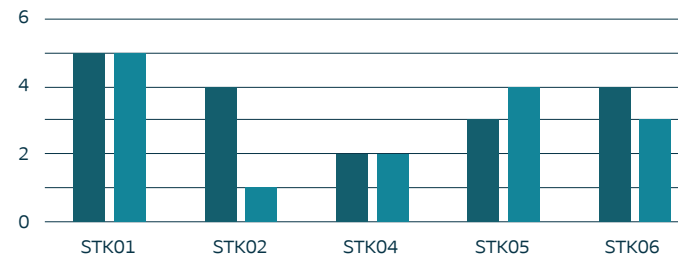
### Exclusion Criteria

- Patients who are acutely unwell and/or would not be safe to commence use with an HME
- Patients who demonstrate any contraindications to use of the TrachPhone HME as dictated by the product IFU.
- Patients who have not had their tracheostomy for the minimum time required to collect baseline data (1 week).

## Conclusions

- ✓ From the initial data collection patients who changed from the competitor HME to TrachPhone HME saw a decrease in both their mucus thickness and mucus volume.
- ✓ Secondary to these changes, patients also required a lower daily frequency of tracheal suction when using TrachPhone HME.
- ✓ The number of HME devices used also decreased during the intervention.
- ✓ There were no adverse events during the use of TrachPhone HME for this QI project.
- ✓ The initial results suggest the TrachPhone HME may offer benefit to secretion thickness and volume in patients admitted to the acute hospital. The reduction in number of HME's used and frequency of tracheal suction required also suggests long-term cost comparison could be a consideration, however for all outcomes, more data from further participants would be beneficial to draw final conclusions.

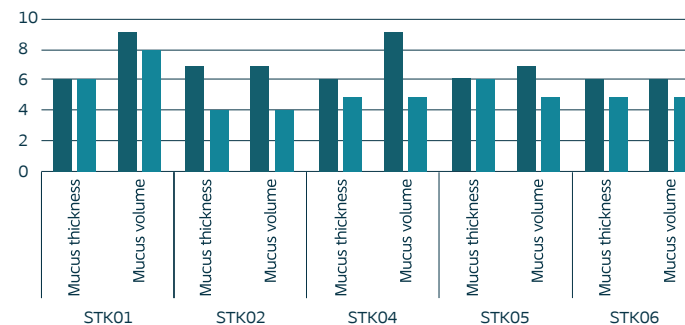
Average number of devices used per day at baseline (with competitor HME) and at follow up (with TrachPhone HME)



● Baseline ● Follow up

The average number of HME's used per day dropped from 18 to 12. Average daily frequency of tracheal suction decreased from 17 at baseline to 13 at follow-up across the group.

Mucus thickness and volume



● Baseline ● Follow up

Mucus thickness and mucus volume were rated from 1-10, as follows:  
1 = Extremely thin/extremely low volumes 10 = Extremely thick/copious volumes

**100%**  
of patients experienced a decrease in either mucus thickness, mucus volume, or both.