**Airway - Tracheostomy**

**Competency**

**General Information**

**Airway/Tracheostomy**

**General Information**

In health care, the only constant is change. Staying on top of the most recent material is a never-ending job. Facilities will need to ensure that they have a robust Trach Care Program and/or Trach Policies and procedures Program in place, along with employee education and a system to verify competence for quality care.

**F695 RESPIRATORY CARE**

**“§483.25(i)** Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents’ goals and preferences”. **[[1]](#footnote-1)**

**“INTENT §483.25 (i)** The intent of this provision is that each resident receives necessary respiratory care and services that is in accordance with professional standards of practice, the resident’s care plan, and the resident’s choice”. [[2]](#footnote-2)

**Description:**

The facility, in collaboration with the medical director, director of nurses, and respiratory therapist, as appropriate, must assure that resident care policies and procedures for respiratory care and services, are developed, according to professional standards of practice, prior to admission of a resident requiring specific types of respiratory care and services.

A variety of respiratory therapy modalities and care may be provided in the nursing home, including coughing/deep breathing, therapeutic percussion/vibration and postural drainage, aerosol/nebulizers, humidification, and therapeutic gas administration, BiPAP or CPAP, tracheostomy care and tracheal suctioning, and mechanical ventilation and oxygenation support.

“When providing respiratory care, the facility must, based on professional standards of practice:

* Have sufficient numbers of trained, competent, qualified staff, consistent with State practice acts/laws/scope of practice; and
* Identify who is authorized to perform each type of respiratory care service, such as responding to mechanical ventilator alarms, suctioning and tracheostomy care.”[[3]](#footnote-3)

“Staff should document, based on current professional standards of practice, the assessment and monitoring of the resident’s respiratory condition, including response to therapy provided, and any changes in the respiratory condition. Depending on the type of respiratory services the resident receives, physician orders and the individualized respiratory care plan, documentation should include, as appropriate:

* Vital signs, including the respiratory rate;
* Chest movement and respiratory effort, and the identification of abnormal breath sounds;
* Signs of dyspnea, cyanosis, coughing, whether position affects breathing, characteristics of sputum, signs of potential infection, or the presence of behavioral changes that may reflect hypoxia including anxiety, apprehension, level of consciousness; and
* Instructions for the resident on how to participate/assist in the respiratory treatments as appropriate.”[[4]](#footnote-4)

**Suggestions for Resources/Data to Support the Competency**

* Licensed Nurse(s):
	+ Assessment Process
	+ Person-Centered Care Plan Airway/Tracheostomy
	+ Implementation of interventions
	+ Documentation
	+ Demonstration/Evaluation
	+ CNA’s:
* Implementation of Person-Centered Care Plan interventions
* Communication
* Documentation and reporting
* Identification and Reporting of Change of Condition
* Interdepartmental Employees
	+ Based on facility policy and procedure
	+ “Qualified Personnel” a respiratory therapist, who is licensed or certified by the state to furnish specialized therapy service.

**F-Tag Reference General Information**

Examples of (Federal) F tags that could be cited during a survey inspection that are related to Airway and Trach care:

Other Tags, Care Areas (CA), and Tasks (Task) to Consider:

* F550 Resident Rights
* F552 Right to be informed/Make Treatment Decisions
* F555 Right to Choose
* F557 Dignity
* F558 Accommodations of Needs
* F578 Right to refuse/Discontinue Treatment, Formulate Advance Directive
* F658 Accommodation of needs, call system
* F580 Notification of Change
* F659 Qualified Persons
* F686 Pressure Ulcer
* F692 Nutrition and Hydration
* F725-726: Sufficient and Competent Staffing
* F838 Facility Assessment
* F841 Medical Director
* F842 Medical Records
* F865 QAA/QAPI
* F880 Infection Control

**Link to Critical Element Pathway**

CMS Respiratory Care Critical Element Pathway[[5]](#footnote-5) includes a guide that surveyors will utilize to review and guide observations and interviews. Areas for review include:

* Review of the MDS
	+ Section C
	+ Section G
	+ Section J
	+ Section O
* Physician orders
* Diagnoses
* Care Plan

Observations include identification of services as indicated in the plan of care, precautions, interactions, assistance, assistive devices, skill competency, and group programs.

Interviews lead the surveyor to discuss with both staff and resident/resident representation if services are provided, if they understand, refusals, supervision, encouraging resident participation, pain management, assistive devices, resident decline and more.

Record/Review/identify improvement decline, care plan revisions, implementation documentation, significant change, appropriate level of need matching the record and communication of identified changes in condition.

Use the Respiratory Care Critical Element (CE) Pathway, along with the interpretive guidelines when determining if the facility meets the requirements for providing care and services for a resident receiving services, in accordance with professional standards of practice, and the comprehensive person-centered care plan.

**References:**

Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf>

Centers for Medicare and Medicaid Services, Respiratory Care Critical Element Pathway. CMS 20081 (7/2018): <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html>

1. ,2 Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> [↑](#footnote-ref-1)
2. [↑](#footnote-ref-2)
3. ,4,Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> [↑](#footnote-ref-3)
4. [↑](#footnote-ref-4)
5. Centers for Medicare and Medicaid Services, Respiratory Care Critical Element Pathway. CMS 20081 (7/2018): <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html> [↑](#footnote-ref-5)