**Airway - Tracheostomy**

**Competency**

**Leader’s Guide**

**Leaders Guide**

CMS, as outlined in F695, indicates that “The intent of this requirement 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.”[[1]](#footnote-1)

Based upon its facility assessment, the resident population, diagnosis, staffing, resources and staff skills/knowledge, the facility must determine whether it has the capability and capacity to provide the needed respiratory care/services for a resident with a respiratory diagnosis or syndrome that requires specialized respiratory care and/or services. This includes at a minimum,

* Sufficient numbers of qualified professional staff,
* Established resident care policies and
* Staff trained and knowledgeable in respiratory care *before admitting a resident that requires those services.[[2]](#footnote-2)*

“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.”[[3]](#footnote-3)

It is important that all staff understand the expectations of the regulators. Providers are obligated to comprehensively assess each individual resident and design an individualized plan to support the resident achieving his or her highest level of function.

“The policies and procedures, based on the type of respiratory care and services provided, may include, but are not limited to:

* “Oxygen services, including the safe handling, humidification, cleaning, storage, and dispensing of oxygen;
* Types of respiratory exercises provided such as coughing/deep breathing and if provided therapeutic percussion/vibration and bronchopulmonary drainage;
* Aerosol drug delivery systems (nebulizers/metered-dose inhalers) and medications (preparation and/or administration) used for respiratory treatments;
* BiPAP/CPAP treatments;
* Delineation for all aspects of the provision of mechanical ventilation/tracheostomy care, including monitoring, oversight and supervision of mechanical ventilation, tracheostomy care and suctioning, and how to set, monitor and respond to ventilator alarms;
* Emergency care which includes staff training and competency for implementation of emergency interventions for, at a minimum, cardiac/respiratory complications, and include provision of appropriate equipment at the resident’s bedside for immediate access, such as for unplanned extubation;
* Procedures to follow in the advent of adverse reactions to respiratory treatments or interventions, including mechanical ventilation, tracheostomy care and provision of oxygen;
* Respiratory assessment including who can conduct each aspect of the assessment, what is contained in an assessment, when and how it is conducted, the type of documentation required;
* Maintenance of equipment for respiratory care in accordance with the manufacturer specifications and consistent with federal, state, and local laws and regulations, such as oxygen equipment, or equipment for mechanical ventilation if provided, how and by whom the equipment is serviced and how it is maintained;
* Emergency power for essential equipment such as mechanical ventilation, if provided;
* Infection control measures during implementation of care, handling, cleaning, storage and disposal of equipment, supplies, biohazardous waste and including infection control practices for mechanical ventilation/tracheostomy care including the use of humidifiers; and
* Posting of cautionary and safety signs indicating the use of oxygen”[[4]](#footnote-4)

Organizational Leaders will need to ensure competency of all staff members involved with respiratory care/services. Adequate resources for the program will need to be evaluated including:

* Staff
	+ RN Nurse
	+ Licensed Nurses
	+ CNA’s
	+ Interdisciplinary Staff with resident contact
* Documentation Considerations
	+ Paper vs. Electronic Health Record
	+ Assessment/Evaluation Forms
	+ Care Planning
	+ Implementation and documentation of interventions
	+ Documentation
* Education
	+ RN Nurse
	+ Licensed Nurses
	+ CNA’s
	+ Interdisciplinary Staff with resident contact (per facility policy)
* Evaluation and Monitoring
	+ Identification of Responsibility
	+ System to Evaluate
	+ QAPI Considerations
* Supplies and Equipment
* Medication Management

**Reference**

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>

1. 1,2,3 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. [↑](#footnote-ref-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-4)