**Airway - Tracheostomy**

**Competency**

**Suggested Implementation Checklist**

**Suggested Implementation Checklist: Airway/Tracheostomy Competencies**

| **Regulation** | **Recommended Action** |
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| **695 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, and 483.65 of this subpart.”[[1]](#footnote-1) | ☐ Review, revise and institute respiratory policy and procedures in accordance with the new RoP and the MDS 3.0 RAI Manual.  ☐ Review of facility policies, procedures and training materials to ensure best practice approach and current standards of practice are included. 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 include 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; (consistent with State Scope of Practice)  • 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  ☐Update all definitions and new terms in policies, procedures and education  ☐Develop a training plan for the Interdisciplinary Team  ☐ Include resident and resident representative involvement with care plan development/interventions and goals  ☐ Provide staff training on the revised respiratory policies and procedures.  ☐ Update training for orientation, annual, agency staff, as needed with regulatory changes.  ☐ Conduct updated training for Management Personnel on supervising and monitoring respiratory care per the new RoP requirements as indicated. |
| “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) | ☐ Ensure staff trained and knowledgeable in respiratory care *before admitting a resident that requires those services*   * Educate nursing staff and the interdisciplinary team about respiratory care according to professional standards of practice and other modalities such as therapy and nutrition services * Educate nursing staff and other IDT regarding emergency procedures including equipment failure, power outages, etc. * Educate residents and resident representatives about respiratory care and treatment modalities * Conduct updated training for nurses about supervising and monitoring for compliance * Review respiratory care procedures/program with the Medical Director and Pharmacy Consultant in conjunction with the Quarterly Quality Assurance Committee meeting |

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| **F552 Right to be informed and make treatment decisions**  “§483.10(c) Planning and Implementing Care.  The resident has the right to be informed of, and participate in, his or her treatment, including:  §483.10(c)(1) The right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition.  §483.10(c)(4) The right to be informed, in advance, of the care to be furnished and the type of care giver or professional that will furnish care.  §483.10(c)(5) The right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers.”[[3]](#footnote-3) | Provide resident with information respiratory services procedures, medical information, risks/benefits of treatment.  Include resident/resident representative in the care planning/decision process |
| **F578 Right to refuse**  “§483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.”[[4]](#footnote-4) | Resident has the right to refused once information on the risks, benefits and specifics of the procedure/skill |
| **F561 Advance Directives**  “The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f)(1) through (11) of this section.”  483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part.  §483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident.”[[5]](#footnote-5)  **F578 “**§483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives).  (i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident’s option, formulate an advance directive.  (ii) This includes a written description of the facility’s policies to implement advance directives and applicable State law.  (iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met.  (iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual’s resident representative in accordance with State Law.  (v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time.”[[6]](#footnote-6) | If resident does not have an Advance Directive, provide education and offer assistance in formulation of an Advance Directive |
| **F580** Notification of change  “§483.10(g)(14) Notification of Changes.  (i) A facility must immediately inform the resident; consult with the resident’s physician; and notify, consistent with his or her authority, the resident representative(s) when there is—  (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;  (B) A significant change in the resident’s physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);  (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment);”[[7]](#footnote-7) | Review and update policies and procedures for notification of change of condition |
| **F558 Accommodation of needs, call system**  “§483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents.”[[8]](#footnote-8) | Review and update policies and procedures for resident with tracheostomy for communication with staff |
| **F659 Be provided by qualified persons**  “§483.21(b)(3) Comprehensive Care Plans  The services provided or arranged by the facility, as outlined by the comprehensive care plan, must—  (ii) Be provided by qualified persons in accordance with each resident's written plan of care.  (iii) Be culturally-competent and trauma–informed.”[[9]](#footnote-9) | Licensed Nurse training: Respiratory Services may include:   * Automatic self-adjusting positive airway pressure (APAP) * Bi-level positive airway pressure (BiPAP) * Continuous positive airway Pressure (CPAP) * Intermittent positive pressure breathing (IPPB) * Mechanical Ventilation * Noninvasive ventilation (NIV) * Obstructive Sleep Apnea (OSA) * Oxygen Therapy * Respiratory Therapy Services * Tracheotomy/Tracheostomy * Ventilator Assisted Individual (VAI * Monitoring signs and symptoms of infection * Communication policies * Documentation policies * Follow Nutrition/hydration as ordered by physician * Collaborate with nutrition services for diet * Monitor for food and fluid intake compliance * Communication with physician on resident lab work * Provide Staffing consistent with resident need as identified with census, acuity and facility assessment * Develop a person-centered plan of care * Other treatment modalities   Nursing Assistant training: Respiratory Services may include:   * Respiratory interventions for person-centered plan of care * Report/communicate |
| **F692 Nutrition and Hydration**  “§483.25(g) Assisted nutrition and hydration.  (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident—  §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident’s clinical condition demonstrates that this is not possible or resident preferences indicate otherwise;  §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health;  §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet.”[[10]](#footnote-10) | Collaborate with IDT, including physician, resident diet, hydration needs and orders |
| **757 Unnecessary Medications**  “§483.45(d) Unnecessary Drugs—General.  Each resident’s drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used—  §483.45(d)(1) In excessive dose (including duplicate drug therapy); or  §483.45(d)(2) For excessive duration; or  §483.45(d)(3) Without adequate monitoring; or  §483.45(d)(4) Without adequate indications for its use; or  §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or  §483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section.”[[11]](#footnote-11) | Policies and Procedures with education regarding unnecessary medications |
| **F880 Infection Control**  “§483.80 Infection Control  The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.”[[12]](#footnote-12) | Nurse and CNA training on Infection Control to include:   * Standard Precautions * Transmission-Based Precautions * PPE * Hand Hygiene * Blood Borne Pathogens * Monitoring for Signs/Symptoms of Infection |
| **F841 Medical Director**  “§483.70(h) Medical director.  §483.70(h)(1) The facility must designate a physician to serve as medical director.  §483.70(h)(2) The medical director is responsible for—   1. Implementation of resident care policies; and 2. The coordination of medical care in the facility.”[[13]](#footnote-13) | Medical Director to collaborate, review and approve all policies, procedures and protocols for respiratory care |
| **F842 Medical Records**  “§483.70(i) Medical records.  §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are—  (i) Complete;  (ii) Accurately documented;  (iii) Readily accessible; and  (iv) Systematically organized”[[14]](#footnote-14) | Documentation in the Medical Record to include:   * Resident care and services * Change of condition and follow up * Communication * Care Plan and revisions * Physician orders * All pertinent charting |
| **F838 Facility Assessment**  “§483.70(e) Facility assessment.  The facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies. The facility must review and update that assessment, as necessary, and at least annually. The facility must also review and update this assessment whenever there is, or the facility plans for, any change that would require a substantial modification to any part of this assessment. The facility assessment must address or include:  §483.70(e)(1) The facility’s resident population, including, but not limited to,  (i) Both the number of residents and the facility’s resident capacity;  (ii) The care required by the resident population considering the types of diseases, conditions, physical and cognitive disabilities, overall acuity, and other pertinent facts that are present within that population;  (iii) The staff competencies that are necessary to provide the level and types of care needed for the resident population;  (iv)The physical environment, equipment, services, and other physical plant considerations that are necessary to care for this population; and  (v) Any ethnic, cultural, or religious factors that may potentially affect the care provided by the facility, including, but not limited to, activities and food and nutrition services.”[[15]](#footnote-15) | Review and revise the facility assessment to include resident population requiring respiratory services  Review and revise the facility assessment aspect related to resources, competencies, vendor contracts, risk assessment, and emergency preparedness in accordance to the requirements  Educate governing body, leadership, staff on the facility assessment and its contents per Appendix PP |
| **Emergency Preparedness**  \*\* Refer to Emergency Preparedness, community risk assessment requirements as it relates to all hazards approach and continuance of respiratory services and care during a declared emergency | Review and revise the emergency preparedness plan in accordance to Appendix Z to include processes for continuance of respiratory services and care during an emergency |

**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 Critical Element Pathway. CMS 20081 (7/2018): <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html>
* Centers for Medicare & Medicaid Services State Operations Manual, Appendix Z (Emergency Preparedness – E Tags) <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/Advanced-Copy-SOM-Appendix-Z-EP-IGs.pdf>

1. 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. 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-2)
3. 3,4,5 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)
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