Respiratory Care Critical Element Pathway

Use this pathway for a resident who requires or receives respiratory care services (i.e., oxygen therapy, breathing exercises, sleep apnea, nebulizers/metered-dose inhalers, tracheostomy, or ventilator) to assure that the resident receives proper treatment and care.

Review the Following in Advance to Guide Observations and Interviews:

- ☐ *Most current comprehensive MDS/CAAs. If the most recent MDS is a quarterly, then review both the most recent comprehensive and quarterly MDSs. Review sections C, GG, J, and O.*
- ☐ Physician's orders (e.g., nebulizers, inhalers, tracheostomy or ventilator interventions, times of administration, parameters for pulse oximetry).
- ☐ Pertinent diagnoses.
- ☐ Care plan (e.g., respiratory treatment and care, possible complications, communication, equipment functioning and cleaning, procedures for emergencies).

Observations:

- ☐ During the provision of any type of respiratory care/services, does staff perform hand hygiene before and after respiratory care or contact with respiratory equipment and ensure appropriate PPE is used?
- ☐ **Respiratory Aerosolized Care (Nebulizer, Inhaler):**
  - Are sterile solutions (e.g., water or saline) used for nebulization*?*
  - Are single-dose vials used for only one resident;
  - If multi-dose vials are used, *is vial dated when opened,* are *the* manufacturer's instructions for handling, storing, and dispensing the medications followed*?*
  - Are nebulizers cleaned *per manufacturer's instructions* and stored per facility policy between treatments*? If no, see F880.*
- ☐ **Breathing Exercises:**
  - *Were* breathing exercises *performed as ordered (e.g.,* coughing/deep breathing, *percussion/vibration or postural drainage*)?
  - Does staff assess the resident's condition before and after the treatments?
- ☐ **Oxygen**:
  - *Is the use of oxygen being delivered as ordered by the physician?*
    - *Method (e.g., nasal cannula, transtracheal oxygen catheters, face mask);*
    - *Continuously or intermittently* ;
    - *Oxygen machine set at the correct liters*
  - Does the resident *exhibit* anxiety, distress, or discomfort? How does staff intervene*?*
  - What type of precautions are observed (e.g., proper handling of oxygen cylinders)(*F689)*;
  - Are "No Smoking" signs present wherever oxygen is *stored and/or* administered;
  - *D*oes staff clean and sanitize equipment, tubing, and the humidifier? *If No, see F880.*

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Respiratory Care Critical Element Pathway

☐ **Mechanical Ventilation or Tracheostomy:**

- *Is the resident able to make their needs known, such as writing, communication cards/boards, and/or computer access? (F656)*
- *Does staff intervene when a resident exhibits signs of anxiety, distress or discomfort?*
- *Is* the resident positioned as ordered;
- *Does the facility perform adequate oral care on the resident?*
- *Is the respiratory equipment plugged into the correct emergency power source?*
- *Does the facility have trach resuscitation equipment at the bedside (i.e. ambulation bag)?*
- *Do* staff respond *promptly* when an alarm sounds*?*
- *Is the tracheostomy site clean and free of signs of infection?*
- When changing a tracheostomy tube, does staff follow appropriate infection control practices, and replace the tube with the correct size and one that has undergone sterilization or disinfection?
- Does staff use appropriate infection control practices such as hand hygiene and PPE while providing tracheostomy and/or ventilation care, and/or other high-contact care activities?
- *D*oes staff respond *appropriately* if the resident has signs of an obstructed airway or need for suctioning (e.g., secretions draining from mouth or tracheostomy, inability to cough to clear chest, audible crackles or wheezes, dyspnea, restlessness or agitation)*?*
- Is sterile water used to fill humidifiers*?*
- Does staff take precautions not to allow condensate to drain toward the resident*?*
- Is a *new sterile* single-use open-system suction catheter *used each time* with sterile gloves*?*
- Is sterile fluid used to remove secretions from the suction catheter if the catheter is used for re-entry into the resident's lower respiratory tract*?*
- Are mesh nebulizers that remain in the ventilator circuit cleaned, disinfected, or changed at an interval recommended by manufacturer's instructions*?*
- *Are* machines or equipment maintained and cleaned with an appropriate disinfectant and stored *per manufacturer's instructions?*

Resident, Resident Representative, or Family Interview:

☐ *Are you able to* access call systems and communication devices?

☐ *Does* the facility involve you in decisions *regarding* your respiratory care? *If yes, does care reflect your preferences and choices?*

☐ *Are* your respiratory needs being met?

☐ *Have* you experienced any *complications*? *If yes,* what did staff do?

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Respiratory Care Critical Element Pathway

Staff Interviews (Nurse, DON, Respiratory staff):

- ☐ Who provides *respiratory care such as* suctioning, *tracheostomy, ventilator* and*/or* emergency care?
- ☐ What special procedures are used *to* monitor *the resident's respiratory status* (e.g., blood pressure, blood gases, respiratory rate, suction needs, and tracheostomy care)?
- ☐ *Did you receive training on*:
  - *O*xygen *administration*, nebulizer treatments*, tracheostomy care, suctioning; and*
  - Emergency interventions and use of equipment (including storage and disposal)*?*
- ☐ When and to whom do you communicate changes in the resident's condition*?*
- ☐ What are the procedures and availability of equipment and staff for emergency situations (e.g., decannulation, cardiac arrest, equipment malfunction*, power outages*)?
- ☐ *How do you know that the* machines or equipment are properly working*?*
- ☐ *When and to whom do you communicate problems with respiratory equipment?*

Record Review:

Does the medical record demonstrate:

- ☐ *The facility comprehensively assessed the resident and continues to assess and monitor respiratory status and related needs?*
- ☐ *Respiratory* interventions used (*e.g.,* medications, aerosol *generators*, chest physiotherapy, oxygen therapy, secretion clearance devices) *and the resident's response to interventions*?
- ☐ *Use* of airway *equipment* according to physician orders (size, type, cuffed or uncuffed, double or single cannula)?
- ☐ *T*he care provided for*:*
  - an artificial airway*;*
  - Cuff inflation (conditions for inflation/deflation);
  - Airway cleaning, tube changes; and
  - *Suctioning*?
- ☐ Does *the care plan* address respiratory care needs and other needs that may be impacted by respiratory care requirements, measureable goals, resident involvement, preferences, choices*, and address resident specific risk for complications*?
- ☐ Has the care plan been revised to reflect any changes?
- ☐ *If concerns are identified and a respiratory therapist(s) provides services in the facility, is there evidence they are qualified and have the training and competencies to provide specialized therapy services?*
- ☐ *When reviewing respiratory care orders, if the respiratory therapist has written therapy orders is there evidence the physician delegated the task of writing orders to the therapist and supervises the qualified therapist?*

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Respiratory Care Critical Element Pathway

Record Review (continued)

For **Mechanical Ventilation**, *does documentation reflect*:

☐ *Physician ordered* ventilator details for:

- Times on and off;
- Rate of oxygen;
- Mode of ventilation;
- Acceptable limits of dialed/measured exhaled volume; and
- Desired pressure ranges.
- *Preset tidal volume;*
- *Frequency of ventilator breaths;*
- *Positive End Expiratory Pressure (PEEP) level;*
- *Humidification and temperature of inspired gases;*
- Changes *related* to activity level such as exercise or sleep.

☐ *Use of ventilator settings according to physician orders?*

☐ Is routine machine maintenance and care completed (e.g., water changes/tubing changes, safety checks on alarms, and machine functioning checks)?

Critical Element Decisions:

1. Did the facility provide specialized care needs for the provision of respiratory care including tracheostomy care and tracheal suctioning, in accordance with professional standards of practice, and the resident's care plan, goals, and preferences?
   If No, cite F695

2. *Did the facility ensure the therapist(s) providing respiratory services in the facility was qualified, had training, and competencies to provide the service?*
   If no, cite F826
   N/A no concerns were identified, or respiratory services were not provided by a respiratory therapist(s).

3. *Did the resident's physician delegate the task of writing respiratory therapy orders to a qualified respiratory therapist, and provide supervision?*
   If no, cite 715
   N/A the respiratory therapist did not write respiratory orders.

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4. Did staff use appropriate infection control practices, such as hand hygiene and PPE when providing tracheostomy and/or ventilation care, and/or during high-contact care activities?
   If No, cite F880

5. For newly admitted residents and if applicable based on the concern under investigation, did the facility develop and implement a baseline care plan within 48 hours of admission that included the minimum healthcare information necessary to properly care for the immediate needs of the resident? Did the resident and resident representative receive a written summary of the baseline care plan that he/she was able to understand?
   If No, cite F655
   NA, the resident did not have an admission since the previous survey OR the care or service was not necessary to be included in a baseline care plan.

6. If the condition or risks were present at the time of the required comprehensive assessment, did the facility comprehensively assess the resident's physical, mental, and psychosocial needs to identify the risks and/or to determine underlying causes, to the extent possible, and the impact upon the resident's function, mood, and cognition?
   If No, cite F636
   NA, condition/risks were identified after completion of the required comprehensive assessment and did not meet the criteria for a significant change MDS OR the resident was recently admitted and the comprehensive assessment was not yet required.

7. If there was a significant change in the resident's status, did the facility complete a significant change assessment within 14 days of determining the status change was significant?
   If No, cite F637
   NA, the initial comprehensive assessment had not yet been completed; therefore, a significant change in status assessment is not required OR the resident did not have a significant change in status.

8. *Does the most recent resident assessment accurately reflect the resident's status* (i.e., comprehensive, quarterly, significant change in status)?
   If No, cite F641

9. Did the facility develop and implement a comprehensive person-centered care plan that includes measureable objectives and timeframes to meet a resident's medical, nursing, mental, and psychosocial needs and includes the resident's goals, desired outcomes, and preferences?
   If No, cite F656
   NA, the comprehensive assessment was not completed.

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10. Did the facility reassess the effectiveness of the interventions and review and revise the resident's care plan (with input from the resident or resident representative, to the extent possible), if necessary, to meet the resident's needs?
    If No, cite F657
    NA, the comprehensive assessment was not completed OR the care plan was not developed OR the care plan did not have to be revised.

Other Tags, Care Areas (CA), and Tasks (Task) to Consider: Dignity (CA), Right to be Informed and Make Treatment Decisions F552, Notification of Change F580, *Physician Delegation to Therapist F715,* Accommodations of Needs (Environment Task), Choices (CA), Right to Refuse F578, Pressure Ulcer (CA), Nutrition (CA), Hydration (CA), Sufficient and Competent Staffing (Task), *Rehab Services-Physician Order/Qualified Person F826*, Facility Assessment F838, Medical Director F841, QAA/QAPI (Task), *Maintenance of and safe operating equipment F908*.

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