

Respiratory Care Survey Readiness Tool

Breathing Exercises

(Coughing/Deep Breathing, Therapeutic Percussion/Vibration, and/or Postural Drainage)

Based on the [CMS-20081 Respiratory Care Critical Element Pathway](#), this tool is designed to guide providers in preparing for the annual Ohio Department of Health survey of respiratory care and services. This tool is not all encompassing.

Facility Assessment	Yes	No
Based upon facility assessment, resident population, diagnosis, staffing, resources and staff skills/knowledge, facility has determined it has capability and capacity to provide needed respiratory care/services for a resident with a respiratory diagnosis or syndrome that requires breathing exercises. This includes at a minimum:		
• Sufficient number of qualified professional staff.		
• Established resident care policies.		
• Staff trained and knowledgeable in breathing exercises, before admitting a resident that requires breathing exercises.		
Notes:		

Observation	Yes	No
Infection Control Regarding Resident Care		
• During provision of any type of respiratory care/services, staff perform hand hygiene before, during (as needed), and after respiratory care or contact with respiratory equipment and ensures appropriate personal protective equipment (PPE) is used. If resident requires enhanced barrier precaution (EBP), then EBP is used.		
• Regarding enhanced barrier precaution (EBP), 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.		
Resident		
Breathing exercises (coughing/deep breathing, percussion/vibration, or postural drainage) are provided as physician ordered.		
Staff assesses resident's condition before and after breathing exercise and documents:		
• Vital signs with pulse oximetry.		
• Auscultation via stethoscope.		
• Presence of dyspnea (e.g., use of accessory muscles, tripod positioning, etc.).		
• Signs of infection (e.g., fever, chills, malaise, sputum, etc.).		
• Level of cognitive functioning/ability to understand.		
• Presence of coughing with or without sputum.		
• Response to breathing exercises (e.g., decreases dyspnea with exertion, etc.).		
• Need for breathing exercises. If not needed, staff intervenes appropriately prior to providing breathing exercises.		
Resident does not present with anxiety, distress, or discomfort. If they do, staff intervenes appropriately.		
Equipment/Supplies		
Breathing exercise equipment (e.g., incentive spirometry, etc.) is cleaned and sanitized according to manufacturer's instructions.		
Breathing exercise equipment (e.g., incentive spirometry, etc.) is stored properly.		
Emergency crash carts have appropriate supplies (e.g., oral airways, nasal trumpets, ambu bags, etc.) in clean and good working order.		
Notes:		

Interview	Yes	No
Residents/Family/Representative		
Resident's communication method (verbal, note pad, communication board, etc.) is known and used by all staff.		
Resident is able to access the call system and communication device.		
Resident is involved in decisions regarding their respiratory care and care reflects preferences and choices.		
Resident's respiratory needs are met.		
Resident has been provided information regarding breathing exercise interventions being used.		
Resident has not experienced any complications. If they have, staff intervened appropriately.		
Staff wash their hands before, during (as needed) and after providing care.		
Facility Staff		
Staff know residents' response to breathing exercises.		
Staff is able to verbalize when and to whom they communicate changes in resident's condition, respiratory care, and equipment problems.		
Staff has received training in breathing exercises by an appropriate trainer, and breathing exercise competencies have been assessed.		
Staff is able to verbalize what special procedures are used to monitor resident's respiratory status (e.g., blood pressure, blood gases, respiratory rate, etc.).		
Staff are able to verbalize how they know equipment is working properly.		
Staff is able to verbalize procedures and availability of equipment and staff for emergency situations.		
Staff has received training in emergency interventions and use of equipment (including storage and disposal).		
Staff is able to verbalize who is responsible to assure that machines or equipment used for breathing exercises (e.g., incentive spirometer, etc.) is properly working, maintained, and cleaned with a disinfectant.		
Staff is able to describe infection control practices for respiratory care.		
Notes:		

Medical Record Review	Yes	No
Resident's medical record accurately reflects their respiratory status.		
Physician Orders		
There is an order for type of breathing exercise with frequency and duration of exercise.		
If the respiratory therapist has written therapy orders, there is evidence the physician delegated the task of writing orders to the therapist and supervises the qualified therapist.		
Assessment		
Most current comprehensive MDS/CAAs sections C, GG, J and O are accurate and reflect resident's condition. (If comprehensive is not most recent MDS, also review most recent quarterly MDS/CAAs.)		
The facility continues to assess and monitor respiratory status and related needs such as:		
<ul style="list-style-type: none"> Medical health status, including comorbidities that may affect respiratory status, such as cognitive loss, neuromuscular or skeletal disorders, cardiovascular conditions, presence of upper or lower respiratory disorders, chronic infections, central nervous system disorders, and urinary or gastric disorders. 		
<ul style="list-style-type: none"> Respiratory function and identification of conditions that may be maintained or improved based upon interventions, or conditions that may indicate decline and need for specific comfort measures to meet respiratory needs. 		
<ul style="list-style-type: none"> Psychosocial needs such as for depression or anxiety. 		
<ul style="list-style-type: none"> Communication needs. 		
<ul style="list-style-type: none"> Oral hygiene. 		
<ul style="list-style-type: none"> Nutritional needs, bowel or bladder functioning, skin integrity, visual/hearing deficits. 		
<ul style="list-style-type: none"> Advance directives. 		

Medical Record Review (Continued)	Yes	No
Care Plan		
If applicable, baseline care plan addressed minimum healthcare information necessary to properly care for immediate respiratory needs of resident.		
The care plan is comprehensive and identifies respiratory care needs and other needs that may be impacted by respiratory care requirements, has measurable goals, and reveals resident involvement, preferences, choices, and addresses resident-specific risk for complications.		
Care plan reflects resident-specific monitoring of respiratory status.		
Care plan has been revised to reflect needed changes as applicable.		
Treatment Administration Record		
Record reflects respiratory interventions are being provided as physician ordered (spirometry, chest physiotherapy, etc.) and resident's response to intervention.		
Progress Notes		
Record did not reflect any complications, or record did reflect complications with appropriate staff response, notification of physician/representative and change to care plan.		
Respiratory Therapist		
There is evidence respiratory therapists are qualified and have training and competencies to provide specialized therapy services.		
Notes:		

Facility Policy Review	Yes	No
Review of facility policy and procedures for respiratory care and services revealed standards of care are met regarding breathing exercises.		
Notes:		