

Respiratory Survey Readiness Tool

Ventilator/Tracheostomy Care

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 ventilator/tracheostomy care. This includes at a minimum:		
• Sufficient number of qualified professional staff.		
• Established resident care policies.		
• Staff trained and knowledgeable in ventilator/tracheostomy care, before admitting a resident that requires ventilator/tracheostomy care.		
Notes:		

Observation	Yes	No
Facility Has		
• Sufficient numbers of trained, competent, qualified staff, consistent with state practice acts/laws.		
• Identified who is authorized to perform each type of respiratory care service, such as mechanical ventilation, suctioning, and tracheostomy care.		
• Specified type and amount of supervision required, such as during delivery of care of a resident receiving mechanical ventilation with or without tracheostomy care.		
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		
• Resident is positioned properly/as ordered.		
• Resident makes his or her needs known (writing, communication cards/boards, computer access, etc.) and staff respond appropriately and timely.		
• Resident does not exhibit anxiety, distress, or discomfort. If they do, staff intervene appropriately.		
• Resident's oral cavity, surrounding skin, and eyes are without any concerns regarding hygiene or breakdown/ulcers.		
• Adequate oral care is provided for resident.		
• Resident's tracheostomy site is clean, without signs of infection/inflammation (e.g., redness, swelling, bleeding, or purulent discharge, odor and character of secretions).		
• Resident's tracheostomy dressing, if present, is clean, dry, and intact.		
• Staff provide ongoing assessment of respiratory status and resident response to care.		

Observation (Continued)	Yes	No
• Staff assesses resident's condition 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.		
◦ Need for suctioning.		
◦ Response to ventilation (e.g., signs of distress).		
◦ Ventilation is needed. If not needed, staff intervened appropriately prior to ventilating.		
Tracheostomy Tube Changes		
• Are performed by trained, qualified, competent staff (based upon state practice acts, state law, and professional standards of practice).		
• Follow appropriate infection control practices by using sterile technique.		
• Are replaced with a sterile, correctly sized cannula.		
Suctioning Care		
• Staff respond appropriately when resident shows 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).		
• Suction equipment is plugged into a power source with emergency backup.		
• Suction equipment is working, clean, and available for immediate use.		
• Sterile, single-use suction catheters are used each time with sterile gloves.		
• When a sterile, single use-suction catheter is used, sterile fluid is used to remove secretions from suction catheter prior to catheter re-entry into resident's lower respiratory tract.		
Ventilator		
• Ventilator equipment is plugged into a power source with emergency backup.		
• Ventilation is provided as physician ordered.		
• Humidifiers are filled with sterile water.		
• Regarding ventilator tubing, condensation does not drain toward resident.		
Equipment/Supplies		
• Mesh Nebulizers, which remain in ventilator circuit, are cleaned, disinfected, and changed at intervals recommended by manufacturer's instructions.		
• Ventilators and equipment are maintained, cleaned and disinfected according to manufacturer's instructions.		
• Ventilators and equipment are stored per manufacturer's instructions.		
Emergency Care		
• Alarms (power failure, dysfunction, high or low pressure, exhaled volume) are functioning properly, and staff respond promptly when alarms sound.		
• Emergency supplies (e.g., correct size emergency sterile tracheostomy equipment, suction equipment and manual resuscitator) are available at bedside and are in good working condition.		
• Emergency crash carts have appropriate supplies (e.g., correct size emergency sterile tracheostomy equipment, suction equipment and manual resuscitator, etc.) in good working order.		
Notes:		

Interview	Yes	No
Residents/Family/Representative		
Resident's communication method (e.g., 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 ventilation/tracheostomy care being used.		
Resident has not experienced any complications (e.g., decannulation, mucous plug, etc.). If they have, staff intervened appropriately.		
Staff wash their hands before, during (as needed), and after providing care.		
Facility Staff		
Staff is able to verbalize who provides resident ventilation care, such as suctioning, tracheostomy, ventilator and/or emergency care in accordance with state law, state practice acts, and standards of practice.		
Staff is able to verbalize what to monitor (e.g., vital signs, blood gases, suction needs, and tracheostomy care).		
Staff know resident's response to ventilation/tracheostomy care.		
Staff is able to verbalize when and to whom they communicate changes in resident's condition, respiratory care, and equipment problems.		
Staff is able to verbalize how ventilator/tracheostomy care (including settings) is communicated from one staff person to another.		
Staff is able to verbalize who provides ongoing monitoring of equipment (settings and monitoring of ventilation equipment settings) and assuring alarms (power failure, dysfunction, high or low pressured, exhaled volume) are functioning.		
Staff is able to verbalize access to a respiratory therapist or other professional for concerns related to ventilator and/or tracheostomy tube.		
Staff has received training in mechanical ventilation, tracheostomy care, and suctioning by an appropriate trainer and ventilation/tracheostomy care competencies have been assessed.		
Staff is able to verbalize who responds to ventilator alarms.		
Staff are able to verbalize how they know that equipment is working properly.		
Staff is able to verbalize procedures and availability of equipment and staff for emergency situations (e.g., accidental decannulation, cardiac arrest, mucous plug, equipment malfunction, power outages, etc.).		
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/equipment used for ventilator/tracheostomy care are properly working, maintained, and cleaned with a disinfectant.		
Staff is able to describe infection control practices for respiratory care, including enhanced barrier precaution (EBP).		
Notes:		

Medical Record Review	Yes	No
Resident's medical record accurately reveals his/her respiratory status.		
Physician Orders		
There are orders for type of airway detailing:		
• Size.		
• Type.		
• Cuffed or uncuffed.		
• Double or single cannula.		

Medical Record Review (Continued)	Yes	No
There are orders for ventilator detailing:		
• Times on and off.		
• Rate of oxygen.		
• Mode of ventilation.		
• Acceptable limits of dialed/measured exhaled volume.		
• Desired pressure ranges.		
• Present tidal volumes.		
• Frequency of ventilator breaths.		
• Positive End Expiratory Pressure (PEEP) level.		
• Humidification and temperature of inspired gasses.		
• Changes related to activity level such as exercise or sleep.		
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 the most recent MDS, also review the most recent quarterly MDS/CAAs.)		
The facility continues to assess and monitor respiratory status and related needs, such as:		
• 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.		
• 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.		
• Ventilation status, potential for weaning, and activities of daily living status related to mechanical ventilation.		
• Psychosocial needs, such as depression or anxiety.		
• Communication needs.		
• Potential for weaning.		
• Oral hygiene needs and condition of eyes (ulcers).		
• Nutritional needs, bowel or bladder functioning, skin integrity, visual/hearing deficits.		
• Advance directives.		
• Activities of daily living (ADL) changes/limitations related to ventilator use.		
• Significant change in resident's condition and whether facility conducted a significant change comprehensive assessment within 14 days. A "significant change" is a decline or improvement in a resident's status that:		
◦ Will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions, is not "self-limiting;"		
◦ Impacts more than one area of resident's health status; and		
◦ Requires interdisciplinary review and/or revision of the care plan.		
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. It includes measurable goals and reveals resident involvement, preferences, and choices. It addresses resident-specific risks for complications, which include: unplanned decannulation, aspiration and potential for respiratory infection, nutritional complications related to tube feedings/gastric distress, increased or decreased carbon dioxide levels, development of oral or ocular ulcers, barotrauma, deep vein thrombosis due to immobility, airway complications such as tracheal infections, mucous plugging, tracheal erosion and or stenosis.		
Care plan reflects resident specific monitoring of respiratory status.		
Care plan has been revised to reflect needed changes as applicable.		

Medical Record Review (Continued)	Yes	No
Medication Administration Record/Treatment Administration Record		
Record reflects the physician ordered type of airway is used (size, type, cuffed or uncuffed, double or single cannula).		
Record reflects physician ordered ventilator details are used.		
Record reflects ventilation is being provided as physician ordered and resident's response to intervention.		
Record reflects assessment and documentation of resident's oxygen saturation.		
Record reflects ventilator and suction equipment are plugged into a power source with emergency backup.		
Record reflects care provided for:		
• An artificial airway.		
• Cuff inflation (conditions for inflation/deflation).		
• Airway cleaning/tube changes.		
• Suctioning.		
Record reflects documentation of equipment function, noting:		
• Appropriate configuration/settings of ventilator control panel.		
• Alarm function (power failure, dysfunction, high or low pressured, exhaled volume).		
• Cleanliness of filters.		
• Cleanliness of self-inflating manual resuscitator.		
Record reflects machine maintenance, noting:		
• Water changes.		
• Tubing changes.		
• Safety checks on alarms.		
• Machine functioning checks.		
Record reflects emergency supplies (e.g., correct size emergency sterile tracheostomy equipment, suction equipment, and manual resuscitator) are available at bedside and are in good working condition.		
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.		
Record reflects documentation of equipment related problems and responses, noting:		
• Failure and malfunction of ventilator equipment.		
• Inadequate warming or humidification of inspired gases.		
• Inadvertent changes in ventilator settings.		
• Accidental disconnection of ventilator.		
• Accidental decannulation.		
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 ventilator/tracheostomy care.		
Notes:		