

Appendix 2: Practitioner competence translates to patient safety

The Position Statement to which this Appendix is attached has been composed with one overarching goal in mind: to ensure that the safety of patients to whom respiratory care is administered in the state of California is guaranteed. This goal, in turn, is optimized when that care is delivered by competent caregivers. Sometimes, certain elements of respiratory care furnished to patients across the continuum of care are thought to require minimal skill. For example, suctioning of a patient's airway is a skill that lies squarely within the purview of the respiratory care practitioner (RCP). Nevertheless, it is not uncommon for non-RCPs to perform this procedure within various settings across the entire care continuum, from Intensive Care Units, through outpatient clinics, to skilled nursing facilities (SNFs). Indeed, in some instances, lay people (either family members or patients themselves) undertake suctioning for home-bound patients. The awareness of this fact can lead unwary observers to trivialize the procedure, and mistakenly assume that caregiver skill/competence is a non-issue. This is an erroneous and potentially dangerous assumption.

At the outset, it must be appreciated that RCPs are required to satisfactorily complete a course in Airway Management, an integral component of the academic curriculum of schools which qualify graduates to sit for their credentialing examinations. Hence, any licensed RCP who applies for a position within a Respiratory Care Department in California will have completed didactic training pertaining to suctioning of the airway before s/he seeks employment. Nevertheless, the clinical competencies of RCPs are also rigorously verified by means of a structured, comprehensive, and highly codified Competency Assurance program. Furthermore, the requisite competencies are not only documented when the RCP is hired, they are confirmed at regular intervals thereafter by means of direct observation during a so-called "return demonstration". This is crucially important if the safety of patients is to be protected and ensured.

The following four pages incorporate an index of procedures for which RCPs' competencies are routinely verified; it represents a typical Respiratory Care Department's ongoing Competency Program. Some of the competencies relate to procedures that are carried out only in Intensive Care Units, such as Mechanical Ventilator Setting Adjustments (Form E6) and Ventilator Management (Form E17). On the other hand, some of the procedures, such as endotracheal suctioning, are furnished to patients throughout the entire continuum of care. Notice that Form D10: Nasotracheal Suctioning, Form E8: Artificial Airway Care, Form E11: Suctioning of the Artificial Airway, and Form F7: Suctioning of the Neonatal/Pediatric Artificial Airway, all relate to this procedure. This index has been excerpted from the "Orientation and Competency Assurance Documentation Manual for Respiratory Care, Second Edition", a resource published by Daedalus Enterprises, Inc., a wholly-owned subsidiary of the American Association for Respiratory Care (AARC). The AARC is the national voluntary professional organization for RCPs. The index is reproduced here in order to illustrate the broad range of clinical competencies that constitute the skills inventories of RCPs.

On the final page of this Appendix, a specimen of the first page (of four pages) of a single Competency Form (D10) is provided for your inspection. This particular competency was chosen because it describes a procedure that is undertaken for respiratory patients across the entire spectrum of clinical venues. It is useful to note how each of the psychomotor elements associated with the procedure is included. The detailed listing of each element ensures that the competence of the RCP is thoroughly evaluated, verified, and documented. We would respectfully suggest that the supremely comprehensive, authoritative, thorough, methodical, and systematic verification of caregivers' competencies embodied in a Competency Program such as this represents the optimal means currently available to ensure that the respiratory care afforded to each and every patient in California is, and remains, safe. It is vitally important to realize that a Competency Program such as this is integral to the ongoing practice of RCPs. In other words, the RCP is a category of practitioner the clinical competency of which, as it relates to respiratory skills, is not left to chance, but is repeatedly confirmed and documented.

Table of Contents

Chapter A - Initial Assessment and Documentation of Employee Experience, Education, and Credentials	1
Introduction	1
Documentation of Employee Experience, Education, and Credentials	1
Self-Assessment of Competencies/Skills	1
Verification of Self-Assessment.....	2
System for Verification of Credential Maintenance.....	2
FORM A-1 Self-Assessment Skills Checklist.....	2
Chapter B - Respiratory Care Department Safety and Infection Prevention	3
Introduction	3
FORM B-1 Safety Orientation Checklist.....	3
FORM B-2 Infection Prevention Orientation Checklist.....	3
Chapter C - Respiratory Care Department Orientation	4
Introduction	4
FORM C-1 Documentation of Department Orientation	4
FORM C-2 Review of Hospital Mission, Job Description and Educational Requirements.....	4
FORM C-3 Age-Specific Competencies.....	4
FORM C-4 Respiratory Care Information Management	4
Chapter D - Orientation and Competency Assurance for General Medical Surgical Care	5
Introduction	5
FORM D-1 General Medical/Surgical Care Orientation Checklist	5
General Medical/Surgical Care Competency Performance Evaluations.....	5
FORM D-2 Patient Assessment.....	5
FORM D-3 Pulse Oximetry Procedure	5
FORM D-4 Supplemental Oxygen Therapy: System Set-Up	5
FORM D-5 Aerosol Administration: System Set-Up	5
FORM D-6 Hand-Held Nebulizer	5
FORM D-7 Chest Physiotherapy	5
FORM D-8 Incentive Spirometry.....	5
FORM D-9 Intermittent Positive Pressure Breathing (IPPB)	6
FORM D-10 Nasotracheal Suctioning	6
FORM D-11 High Flow Humidified Oxygen.....	6
FORM D-12 High Frequency Chest Wall Oscillation.....	6
FORM D-13 EZPAP® Hyperinflation Therapy	6
FORM D-14 Positive Expiratory Pressure (PEP) Therapy	6

FORM D-15	Breath Actuated Nebulizer (BAN)	6
FORM D-16	Intrapulmonary Percussive Ventilation (IPV®).....	6
FORM D-17	Adult CPAP	6
FORM D-18	Non-Invasive Positive Pressure Ventilation (BiPAP®)	6
FORM D-19	General Medical/Surgical Care Competency Evaluation Summary	6

Chapter E - Orientation and Competency Validation for Adult Critical Care 7

Introduction	7
FORM E-1 Adult Critical Care Orientation Checklist.....	7
Adult Critical Care Competency Performance Evaluations	8
FORM E-2 Mechanical Ventilator System Set-Up	8
FORM E-3 Oral Endotracheal Intubation	8
FORM E-4 Extubation of Artificial Airway	8
FORM E-5 Ventilator Circuit Change.....	8
FORM E-6 Mechanical Ventilator Setting Adjustments	8
FORM E-7 Adult Ventilator Monitoring: Patient/System Check.....	8
FORM E-8 Artificial Airway Care	8
FORM E-9 Spontaneous Mechanics	8
FORM E-10 Arterial Line Set-Up.....	8
FORM E-11 Suctioning of Artificial Airway	8
FORM E-12 Tracheostomy Tube Replacement	8
FORM E-13 GlideScope®	8
FORM E-14 RiFL Scope®	8
FORM E-15 Continuous Nebulization	8
FORM E-16 Assisting Percutaneous Tracheotomy	8
FORM E-17 Ventilator Management	8
FORM E-18 Laryngeal Mask Airway Insertion	8
FORM E-19 Artificial Airway Stabilization Device	8
FORM E-20 Heliox Administration	8
FORM E-21 Ventilator Mode Modification	8
FORM E-22 Transport Ventilator Set-Up.....	8
FORM E-23 High Frequency Oscillatory Ventilation - Adult.....	8
FORM E-24 Adult Critical Care Competency Evaluation Summary.....	8

Chapter F - Orientation and Competency Validation for Neonatal/Pediatric Respiratory Care 9

Introduction	9
FORM F-1 Neonatal/Pediatric Orientation Checklist	9
Neonatal/Pediatric Competency Performance Evaluations.....	9
FORM F-2 Supplemental Oxygen Therapy – Oxygen Hood System Set-Up.....	9
FORM F-3 Neonatal/Pediatric Patient/Ventilator System Check	9
FORM F-4 Neonatal/Pediatric Mechanical Ventilator System Set-Up	9

FORM F-5	Nasal/ET CPAP System Set-Up	9
FORM F-6	Capillary Blood Gas Sampling for Neonatal Patients.....	9
FORM F-7	Suctioning of Neonatal/Pediatric Artificial Airway.....	9
FORM F-8	Neonatal/Pediatric Patient Assessment	9
FORM F-9	Surfactant Administration	9
FORM F-10	Transcutaneous Monitoring – System Set-Up.....	9
FORM F-11	Small Particle Aerosol Therapy (SPAG) System Set-Up	9
FORM F-12	Supplemental Oxygen Therapy – Oxygen Tent System Set-Up.....	10
FORM F-13	Aerosol Drug Administration	10
FORM F-14	Nitric Oxide Administration	10
FORM F-15	NeoPuff™ T-Piece Resuscitation Device.....	10
FORM F-16	High Frequency Oscillatory Ventilation – Neonatal/Pediatric.....	10
FORM F-17	Neonatal/Pediatric Competency Evaluation Summary	10
Chapter G - Orientation and Competency Validation for Diagnostic Testing		11
Introduction		11
FORM G-1	Diagnostic Testing Orientation Checklist	11
Diagnostic Testing Competency Performance Evaluations		11
FORM G-2	Electrocardiogram (ECG)	11
FORM G-3	Bronchoscopy Assisting	11
FORM G-4	Blood Gas Analysis: Fully Automated.....	11
FORM G-5	Bedside Spirometry	11
FORM G-6	Pulmonary Function Testing	11
FORM G-7	Arterial Puncture for Blood Gas Analysis	11
FORM G-8	Blood Gas Sampling: Arterial Line	11
FORM G-9	Metabolic Testing.....	11
FORM G-10	Radial Arterial Line Insertion.....	11
FORM G-11	Bar Code Labeling of Blood Gas Samples.....	12
FORM G-12	ABG Machine Maintenance	12
FORM G-13	Diagnostic Testing Competency Evaluation Summary	12
Chapter H - Special Procedures		13
Introduction		13
Special Procedures Competency Performance Evaluations.....		13
Sleep Diagnostic Testing		13
FORM H-1	Polysomnography	13
FORM H-2	Polysomnography with CPAP Titration	13
FORM H-3	Auto-Titrating CPAP	13
FORM H-4	Multiple Sleep Latency Test	13
FORM H-5	Overnight Pulse Oximetry Study	13
Neurodiagnostics.....		13
FORM H-6	Electroencephalogram (EEG)	13

FORM H-7	Ambulatory Electroencephalogram (EEG)	13
	Pulmonary Rehab Procedures	13
FORM H-8	Pulmonary Rehab Development of Individualized Treatment Plan	13
FORM H-9	Pulmonary Rehab Individual Exercise Session	13
FORM H-10	Pulmonary Rehab Breathing, Retraining and Patient Education	13
FORM H-11	Pulmonary Rehab Group Exercise Session	13
FORM H-12	Pulmonary Rehab Program Operation of Equipment and Supplies	14
FORM H-13	Pulmonary Rehab Program Patient Outcomes Assessment	14
	Chronic Disease Management	14
FORM H-14	COPD Disease Navigator: Acute Care	14
FORM H-15	COPD Disease Navigator: Initial Assessment of COPD Patient	14
FORM H-16	Asthma Education	14
FORM H-17	Allergy Skin Testing	14
	Institute for HealthCare Improvement Initiatives	14
FORM H-18	Early Mobilization of Ventilator Patient	14
FORM H-19	Rapid Response Team	14
FORM H-20	RC Role in Ventilator Bundle: Spontaneous Breathing Trial (SBT) and Weaning	14
FORM H-21	Bar Code Scanning for Medications	14
	Non-Invasive Cardiology Procedures	14
FORM H-22	Exercise Treadmill Stress Test	14
FORM H-23	Exercise Stress Echo Test	14
	Miscellaneous Procedures	14
FORM H-24	Vascular Ultrasound for Arterial Puncture	14
FORM H-25	Medication Storage Machine	14
FORM H-26	RC Consult: Assess and Treat Protocol	14
Chapter I - Orientation Documentation and Program Evaluation		15
	Introduction	15
	Final Orientation Evaluation	15
	Orientation Process Evaluation	15
FORM I-1	Interim Orientation Evaluation	15
FORM I-2	Final Orientation Evaluation	15
FORM I-3	Employee Evaluation of Department Orientation	15
Chapter J - Preceptor Training and Competency Assessment		16
	Method of Training: Rater Calibration	16
	Common Errors during Competency Assessment	17
	Effective Use of Feedback	17
	Process vs. Product Assessments	18
	Role of Self-Assessment	18
Chapter K - System for the Selection, Ongoing Assessment, Maintenance, and Improvement of Skills and Competency		20

Madison Memorial Medical Center, Respiratory Care Dept

CLINICAL PERFORMANCE EVALUATION

Employee: R. C. Practitioner	Procedure: Nasotracheal Suctioning	FORM D-10	
Date: February 31, 2016	Setting: Pulmonary Rehab Clinic		
___ Patient ___ Manikin ___ Simulated Patient/Test Lung	Age-Specific Patient Type: ___ Infant ___ Pediatric ___ Adolescent ___ Adult ___ Geriatric		
<i>Please place an "x" in the column that best describes the employee's level with each skill.</i> A = Acceptable U = Unacceptable N/A = Not Applicable			
	A	U	N/A
Preliminary Steps			
Acquires requisition or report.			
Obtains appropriate equipment/supplies according to Clinical Practice Guidelines.			
Reviews medical records for precautions/complications.			
Verifies physician order and assesses for appropriateness.			
Ensures patient privacy, washes hands, and implements standard precautions.			
Patient Interaction and Equipment Preparation			
Introduces self and identifies department.			
Correctly identifies patient using two patient identifiers (wristband and birth date).			
Explains procedure, provides patient/family education & confirms understanding.			
Properly assembles equipment. Have bag mask resuscitator available at bedside.			
Adjusts negative pressure (-80 to -120 mm Hg) or per institution policy.			
Positions patient's head and neck as tolerated and modify procedure as necessary.			
Preoxygenates patient for 2 minutes prior to procedure.			
Aseptically puts on sterile gloves and lubricates suction catheter.			
Atraumatically inserts suction catheter into nostril avoiding nasal turbinates			
If obstruction noted, withdraws catheter & attempts contralateral nostril.			
Instructs patient to take a deep breath, if able, to facilitate tracheal access.			
Only applies suction only when withdrawing catheter.			
Assess for cough stimulation. Limit suction time to less than 10 seconds.			
Maintains supplemental oxygen throughout procedure.			
Assesses for signs of intolerance to therapy.			
Encourages patient to cough and expectorate secretions during and post therapy.			
Withdraw catheter and allow for patient recovery.			
Reassess patient and evaluate the need to repeat the procedure.			
Patient Evaluation and Termination of Procedure			
Evaluates SpO2, respirations, pulse/ECG throughout suctioning procedure.			
Auscultates breath sounds before and after procedure.			
Terminates procedure; responds to adverse reaction/notifies appropriate personnel.			
Documentation and Records			
Appropriately documents procedure in medical records and completes charge.			
Effectively communicates results to other members of the healthcare team.			