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.

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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	**Age-Specific Patient Type:**	
___ Manikin	**___ Infant ___ Pediatric ___ Adolescent**	
___ Simulated Patient/Test Lung	**___ Adult ___ Geriatric**	

Please place an "x" in the column that best describes the employee's level with each skill.

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.			