Creating and Sustaining RN Ventilator/Tracheostomy Competency: A Collaborative Effort
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Problem:
Clinical Nurse Leaders (CNLs) were concerned that nursing care for ventilator/tracheostomy patients was not following current evidence-based literature, there were no standardized procedures, and a lack of formal education and orientation for new staff regarding these patients.

Evidence:
After an extensive literature review of current practice, collaborating with experts, and benchmarking in the community, CNLs found practice changes were needed in the current care of ventilator/tracheostomy patients.

Strategy:
An interdisciplinary workgroup, including Respiratory Therapy (RT) was formed to gather evidence, update protocols, and create a hands-on, interactive, evidence-based educational in-service for Nurses. Management allowed overtime and compensatory time to cover the unit so working staff could attend and participate.

Practice Change:
Nurses are required to attend the competency in-service prior to caring for ventilator/tracheostomy patients. Specific changes in care of this population included: suctioning both orally and in-line before/after turns, monitoring cuff pressures, and Ventilator Associated Pneumonia (VAP) prevention.

Evaluation:
A questionnaire was administered pre and post implementation to determine staff knowledge and confidence in caring for this population.

Results:
Test scores assessing staff knowledge averaged 33% correct pre-implementation and 90% correct post-implementation (N = 20). Staff level of confidence increased from an average of 6.2 to 8.2 on a 10-point scale, with zero being totally unconfident and 10 being completely confident. As of early March, 83% of staff have completed the competency training; the remaining nurses are scheduled to complete the in-service by mid-March.

Recommendations:
An education plan should be developed for new nurses and yearly ventilator/tracheostomy education should be provided to maintain nurse competency and confidence in caring for these patients. Sufficient time should be allocated to maintain competencies.
Lessons Learned:
Involving RT in the planning and education strengthened collaboration between RT and nursing. Nurses appreciated having a hands-on, interactive in-service that allowed sufficient time to cover the topic. Nurses could focus on the education because they were not caring for patients during the in-service.

Bibliography:


