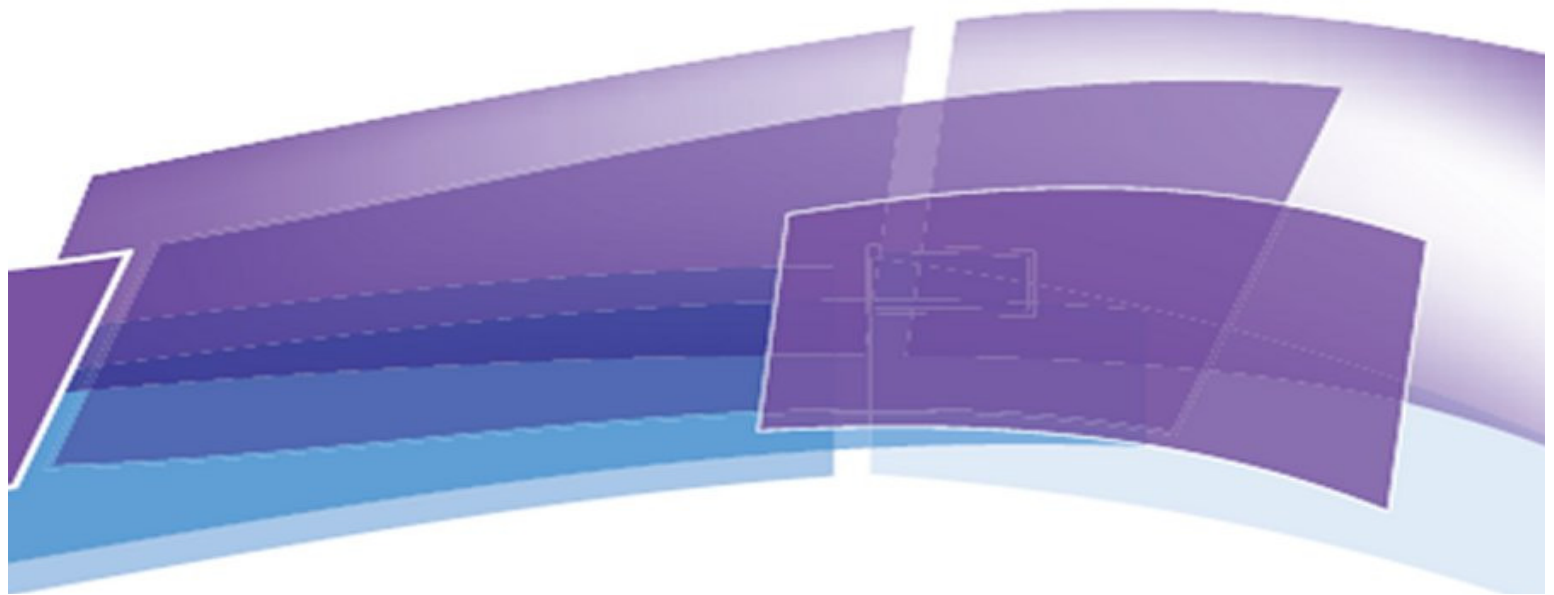


The Respiratory Health and Well-being Service Framework

Respiratory Competence Assessment Tool (R-CAT) 2012 Review Document.



**Published by
Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC)**

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SECTION 1

1.0 BACKGROUND

- 1.1 Service Frameworks have been recognised as a significant part of the service reform agenda for Northern Ireland, redesigning the way in which health and care will be delivered in the future via measurable, evidence-based standards¹.
- 1.2 During the production of the Respiratory Health and Wellbeing Service Framework (RHWSF) in the spring of 2007, it became clear that the emerging standards would require mapping for the nursing workforce, to assess their skills and competencies against those required to deliver the standards, in order to plan appropriate learning and development. At that stage Dr Carolyn Harper (Chair, RHWSF Regional Forum) formally invited the Northern Ireland Practice and Education Council for nursing and midwifery (NIPEC) to facilitate and assist the nursing group within respiratory care in this piece of work.
- 1.3 It was evident, during initial discussions, that it would not be practical within the six month time span of the project to cover the eight respiratory disease pathways identified in the RHWSF. It was agreed that concentration on asthma and Chronic Obstructive Pulmonary Disease (COPD) management and care would be of most benefit and a practical alternative to deliver within an achievable time frame. This selection was based on the assumption that many of the skills required to deliver health and care services to patients/ carers with asthma and COPD needs would be transferable to the care and management of patients/ carers within other disease groupings.
- 1.4 The Project Steering Group comprised representation from a range of organisations and individuals including: Health and Social Care (HSC) Trusts; Independent Health Care Providers (IHCP); patient representative groups, education providers, professional nursing groups and NIPEC. The recommendations of the Final Project Report² identified the need to review the Respiratory Competence assessment Tool (R-CAT), to ensure ongoing relevance. NIPEC identified this work as a priority for the work streams of the Business Plan 2011 – 2012.

2.0 INTRODUCTION

- 2.1 The overarching aim of the review was:

To review the Respiratory Competence Assessment Tool (R-CAT) against current best practice, standards and guidelines for respiratory care within asthma and Chronic Obstructive Pulmonary Disease (COPD) management and care to

¹ Department of Health, Social Services and Public Safety (2007) *Template for the Development of Service Frameworks for Health and Social Care*. Belfast, DHSSPSNI.

² Northern Ireland Practice and Education Council. (2008) *Learning and Development Strategy for Asthma and Chronic Obstructive Pulmonary Disease Care and Management (Nursing) with Supporting Competency Framework: Final Report. January 2008 – August 2008*. Belfast, NIPEC.

identify areas that require amendment and to make recommendations for changes to the original publication.

- 2.2 The following review objectives were designed to produce the outcomes required to complete the review:
- i) Complete a desk-top review of the best practice, standards and guidelines which are currently in place for asthma and COPD management and care against those used to complete the R-CAT (2008).
 - ii) Complete an analysis of the possible gaps and changes which might be required to the R-CAT.
 - iii) Make recommendations as to the need for and content of:
 - (a) new competencies required for insertion
 - (b) amendment of existing competency statements
 - (c) removal in part or full of existing competency statements where they are no longer appropriate or relevant.
 - iv) Conduct a limited consultation to seek the views of wider stakeholders.
 - v) Make appropriate amendments and publish the revised document on NIPEC website.

3.0 METHODOLOGY

- 3.1 The review ran from February to July 2012. An Expert Reference Group (ERG) was convened and comprised representation on behalf of NIPEC, and respiratory Nurse Specialists within HSC Trusts, with agreed Terms of Reference.
- 3.2 The ERG convened twice was responsible for achievement of the review objectives and implemented a plan for the review to achieve the aim and objectives which included a work programme encompassing the following methodologies:
- 3.2.1 A time limited review conducted to determine the best practice, standards and guidelines which are currently in place for asthma and COPD management and care.
 - 3.2.2 A mapping exercise carried out against best practice, standards and guidelines used to complete the R-CAT (2008).
 - 3.2.3 Analysis completed to identify possible gaps and changes which might be required to the R-CAT.
 - 3.2.4 Competency statements reviewed within the R-CAT to identify insertions, amendments and removals.

- 3.2.5 Stakeholders identified to whom a consultation document might be circulated to for comment.
 - 3.2.6 Development of a consultation pro forma to accompany the revised R-CAT document.
 - 3.2.7 Carry out a time limited consultation and amend the reviewed R-CAT on the basis of comments returned.
- 3.3 Challenges to the Review were focussed on the release of staff to attend meetings, therefore the ERG met once face-to-face, a smaller group meeting a further time to agree changes to the document before final draft. The time frame was adjusted therefore, to accommodate the challenges faced by clinical staff engaging in the process. Other than this factor the Review objectives were fully achieved.
- 3.4 The outcome from the Review process is detailed within Section 2 of this document and is intended to be viewed as an attachment to the original R-CAT document, and to be used in conjunction by the reader.



Section 2

SECTION 2

1.0 INTRODUCTION

- 1.1 This section contains the revised content of the R-CAT document and relates to the pages numbers within the hard-copy published version of the tool. Additions are represented in royal blue script.

REVIEW CONTENT

DOMAIN 1 – CORE LEARNING AND DEVELOPMENT

Competence Area 2: Management and Monitoring

Tier 1 Knowledge

Additional Competence:

9. Awareness of the contributing factors to enhance concordance with medication regimes.

Tier 2 Skills

Addition:

7. Arrange or instigate follow-up of patient for review of management plan and adherence to medication.

Additional Competence:

11. Assess adherence to prescribed medication through routine systematic prescription checking.

DOMAIN 2 – ASSESSMENT AND MONITORING ACTIVITIES

Competence Area 6: Allergy Testing

Tier 1 Knowledge

Removal:

2. Outline the link between asthma and the ~~other~~ atopic diseases: eczema and allergic rhinitis.

Tier 3 Skills

Addition:

3. Interpret results from assessment to formulate allergy management plan with patient/carer and provide written information in the form of an individual management plan.

DOMAIN 3 – TECHNOLOGICAL INTERVENTIONS

Competence Area 1: Inhalers

Tier 2 Skills

Addition:

2. Consideration of requirement for carrying out an objective assessment of inspiratory flow rates.

Competence Area 3: Oxygen Therapy

Revision:

Competence statement for three Tiers:

This competence refers to the knowledge, skills and attitudes required to implement oxygen therapy in acute exacerbations of COPD and asthma and home and ambulatory oxygen therapy in the long term management of COPD.

Addition:

Tier 2 Skills

- 3a. Consider referral for flight assessment in patients at risk of hypoxaemia who intend to use air travel.

Tier 3 Skills

5. Develop risk management plans to support patient independence and safe provision of therapy for patients requiring oxygen and ambulatory oxygen systems.

5. Adrenaline Autoinjectors

Competence statement:

This competence refers to the knowledge, skills and attitudes required to ensure that patients use Adrenaline Auto-injectors (AAI) safely and effectively – when such have been prescribed for patient at risk of anaphylaxis.

Rating Scale: 1 Needs a lot of development

2 Needs some development

3 Is well developed

T1 Knowledge	1	2	3
1 Describe the different AAIs that can be prescribed and their effects and side-effects			
2 Describe the basic care of AAIs			
3 Describe the rationale for good AAI technique			
4 Describe how to assess patient for effective AAI technique			
5 Describe the quality assurance and risk management mechanisms relative to AAI use to ensure safe and effective treatment			
6 Describe the relevant organisational infection prevention and control protocols			
7 Describe criteria and/or sources of referral for patients who are at risk of anaphylaxis – these patients may have presented with a generalised allergic reaction			
T1 Skills	1	2	3
1 Assess and optimise patient AAI technique through demonstration of correct technique to patient/carer (using trainer device) and observation of the patient/carers			
2 Provide the patient/carer with information on the effects of medication and how to minimise or deal with side-effects			
3 Refer to specialist or senior practitioners for guidance and/or assessment in a timely manner			
4 Accurately document findings and actions			
T1 Attitudes	1	2	3
1 Value the unique needs of patient/carer			

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T2 Knowledge		1	2	3
1	Identify the prescription criteria for AAIs			
2	Explain the effects, contraindications and possible drug interactions of this medication			
3	Identify the variety of devices available			
4	Describe the benefits and limitations of the range AAIs			
5	Explain behavioural (e.g. needle phobia) and physical traits that may reduce adherence to AAI use in patient/carer			
6	Describe relevant clinical guidelines and how they apply to practice			
T2 Skills		1	2	3
1	Routinely assess, review and optimise patient adherence to AAI regime and ability to use AAI			
2	Liaise with senior and/or specialist colleagues regarding alternative AAI devices for patients assessed as physically unable to use a specific device			
3	Act as resource for patient/carer and other nurses or health professionals regarding AAIs			
4	Refer to appropriate resources to assist behaviour modification			
5	Maintain an evidence based risk assessment and update as necessary			
T2 Attitudes		1	2	3
1	Show motivation to work in partnership with the patient/carer to select suitable AAI in line with current guidelines			

5. Adrenaline Autoinjectors

Competence statement:

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T3 Knowledge	1	2	3
1 Critically evaluate the evidence base of AAI technology and new devices as they become available			
2 Critically evaluate the effectiveness of specific AAI devices in individual patients			
3 Evaluate new innovative ways for assessing AAI technique, involving user/carer groups, nursing colleagues and other relevant sectors/agencies			
4 Identify ways of assessing the AAI learning needs of nurses and other health professionals			
T3 Skills	1	2	3
1 Recommend/prescribe suitable AAIs for patient based on a holistic assessment			
2 Provide regular updates to nurses/multi-professionals and other healthcare sectors regarding effectiveness of treatment and devices			
3 Maintain evidence based risk assessment; implement and update as necessary			
4 Liaise with relevant bodies/organisations as necessary			
T3 Attitudes	1	2	3
1 Show willingness to provide clinical leadership to support work of nurses and multi-professionals.			

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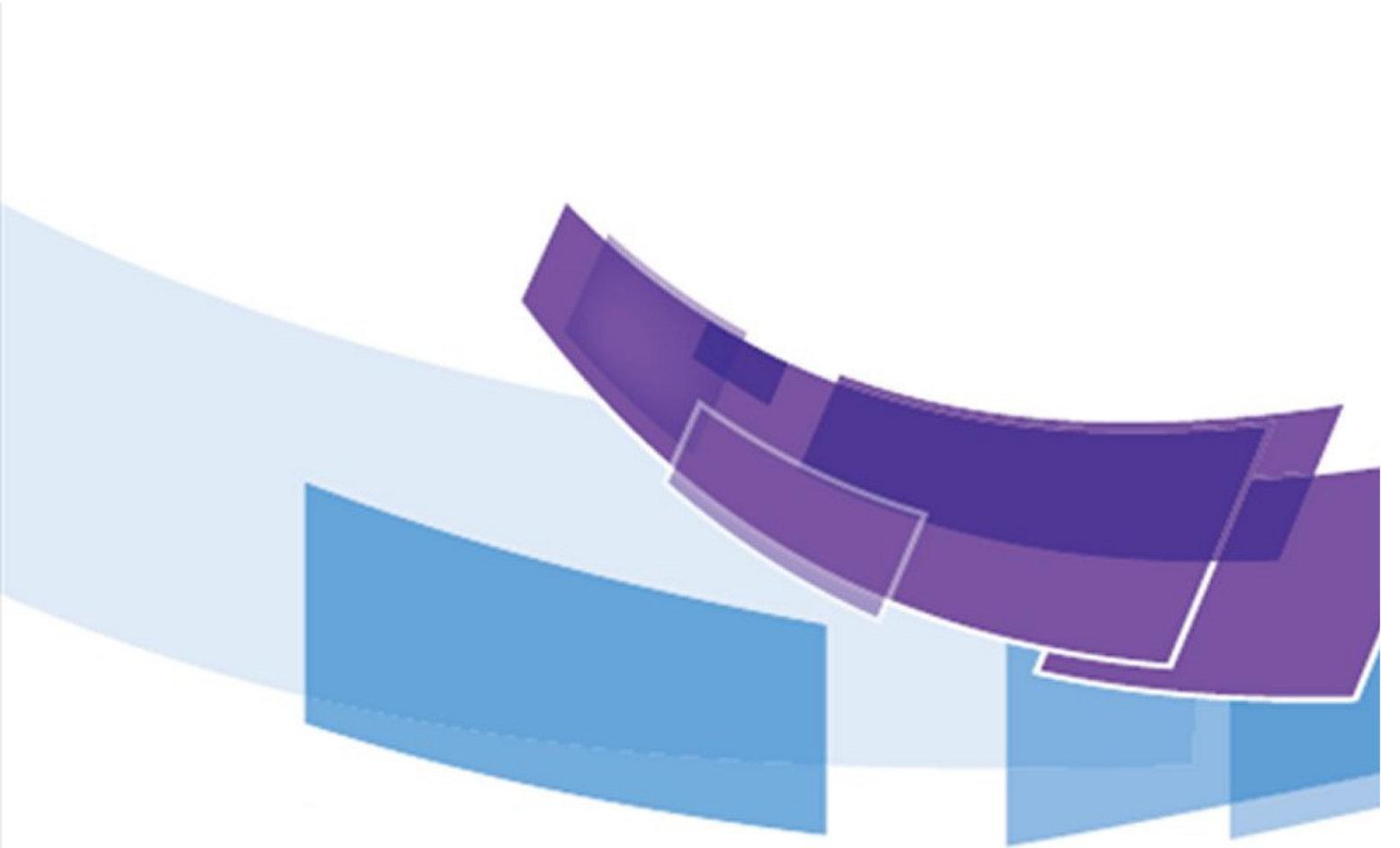
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