



Surviving Healthcare Transformation

What Will It Take?

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Disclosure

Speaker Bureau – Monaghan Medical

Goals

- Have a basic understanding of why healthcare is transforming
- Explore how the Respiratory Care Profession is reacting to the changes
- Leave with some ideas you can put to use

Why Is Healthcare Transforming?

Why Healthcare Transformation?

- Rising Costs
- Declining Economy
- Aging Population

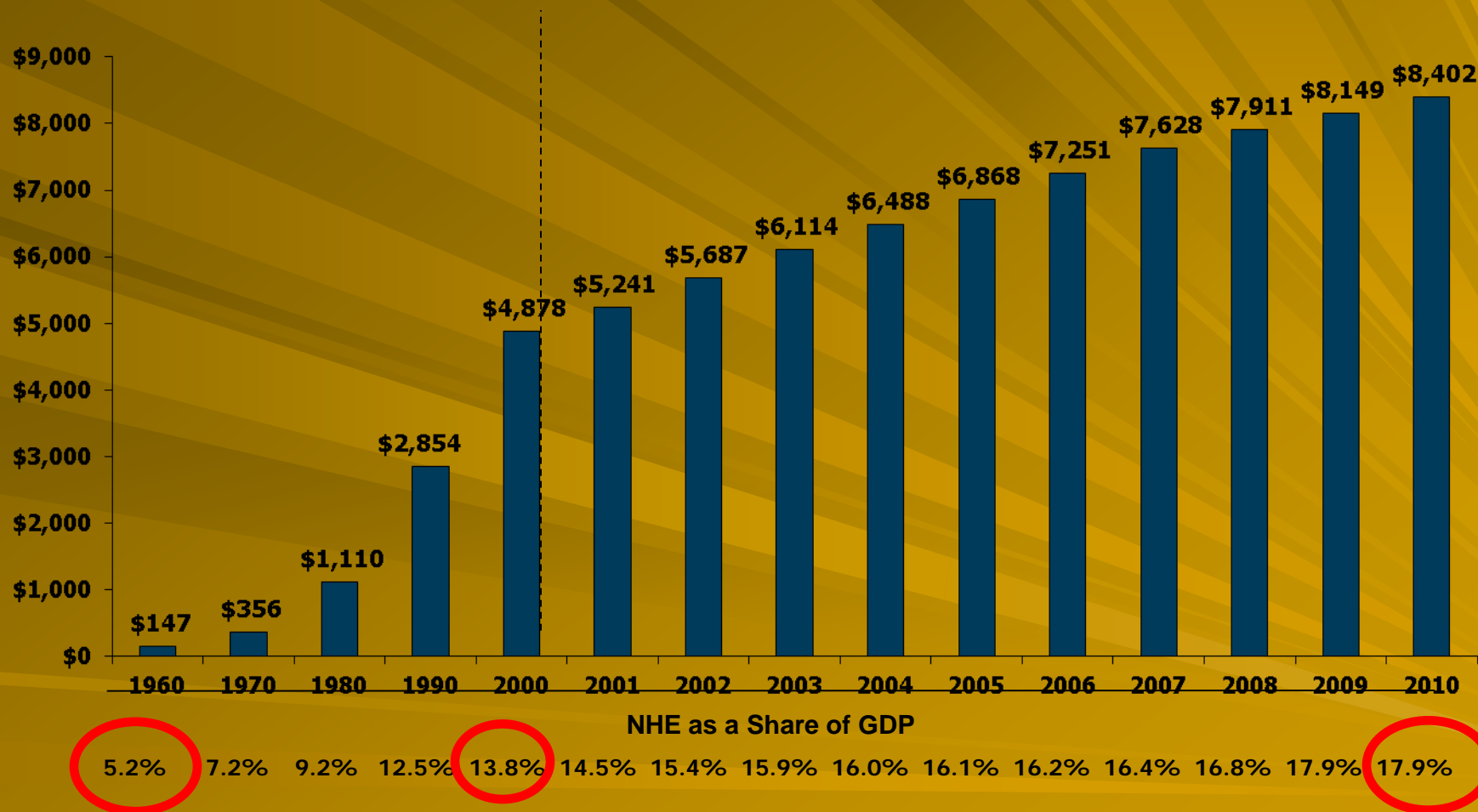
Why Healthcare Transformation?

■ *Rising Costs*

- Declining Economy

- Aging Population

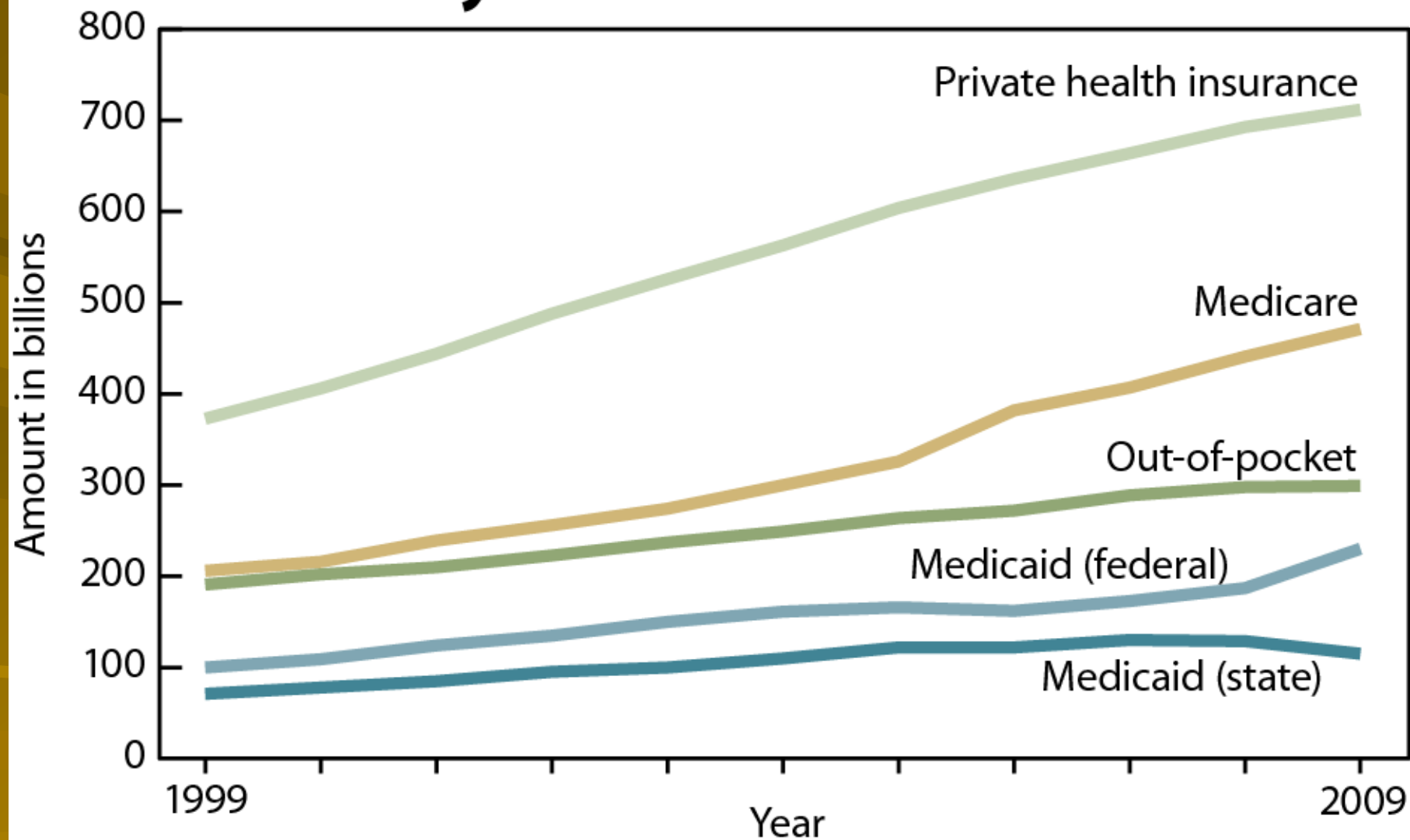
National Health Expenditures per Capita, 1960-2010



Notes: According to CMS, population is the U.S. Bureau of the Census resident-based population, less armed forces overseas and population of outlying areas, plus the net undercount.

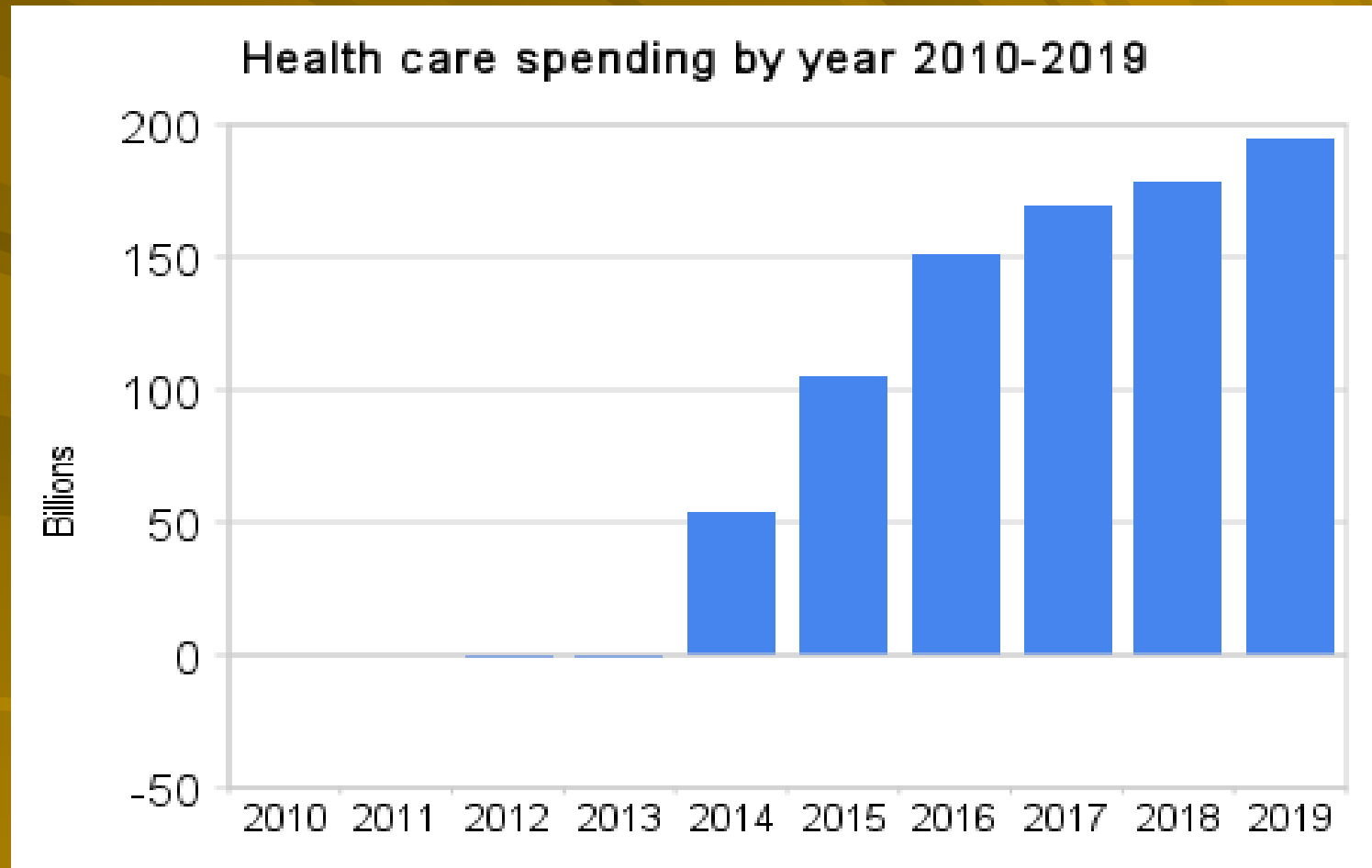
Source: Centers for Medicare and Medicaid Services, Office of the Actuary, National Health Statistics Group, at <http://www.cms.hhs.gov/NationalHealthExpendData/> (see Historical; NHE summary including share of GDP, CY 1960-2010; file nhegdp10.zip).

Personal health care expenditures, by source of funds



SOURCE: CDC/NCHS, *Health, United States, 2011*, Figure 20. Data from the Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group, National Health Expenditure Accounts.

Rising Costs



(Klein, "Size matters," 2009)

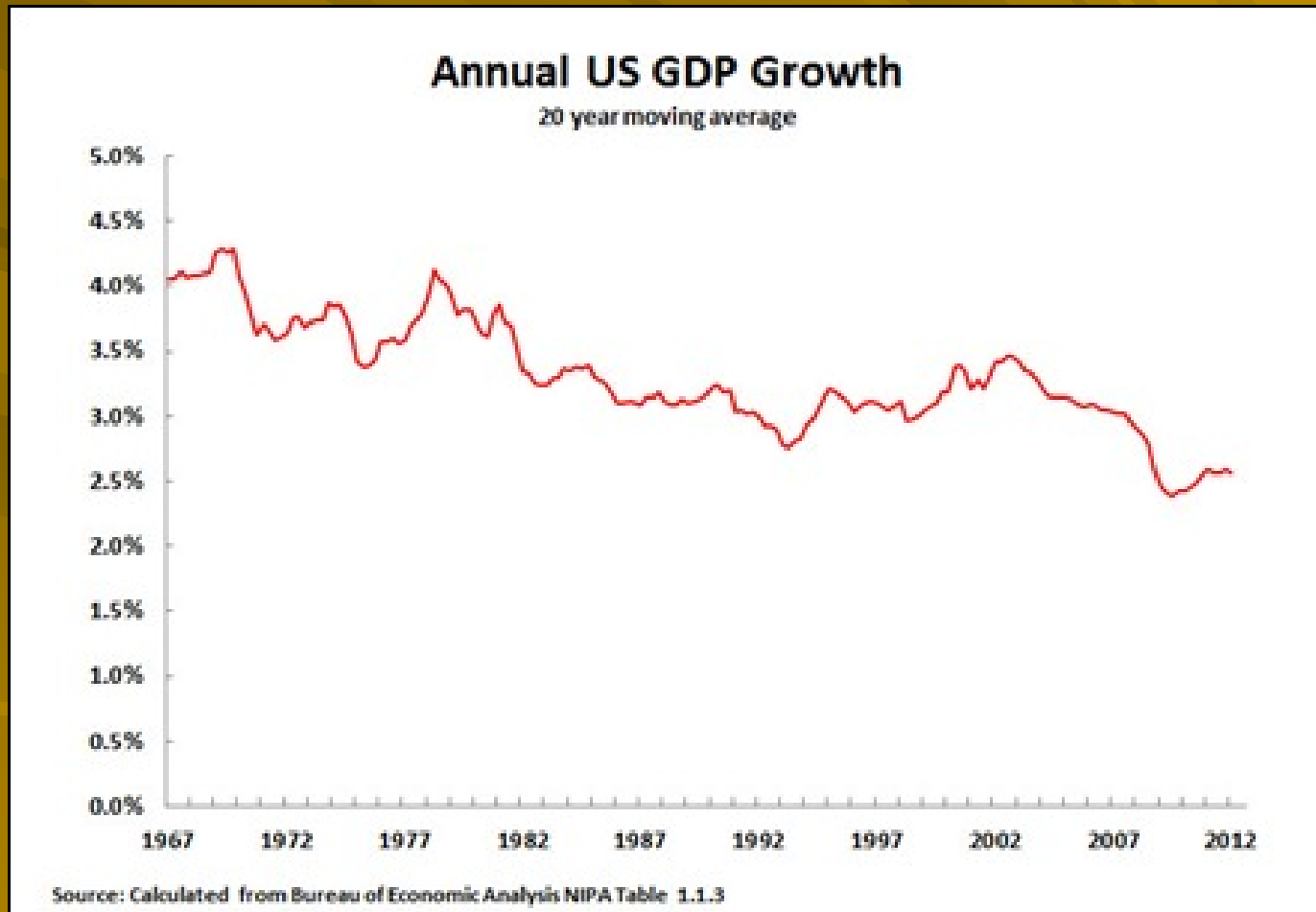
Why Healthcare Transformation?

- Rising Costs

- Declining Economy

- Aging Population

Declining Economy



Declining Economy



Why Healthcare Transformation?

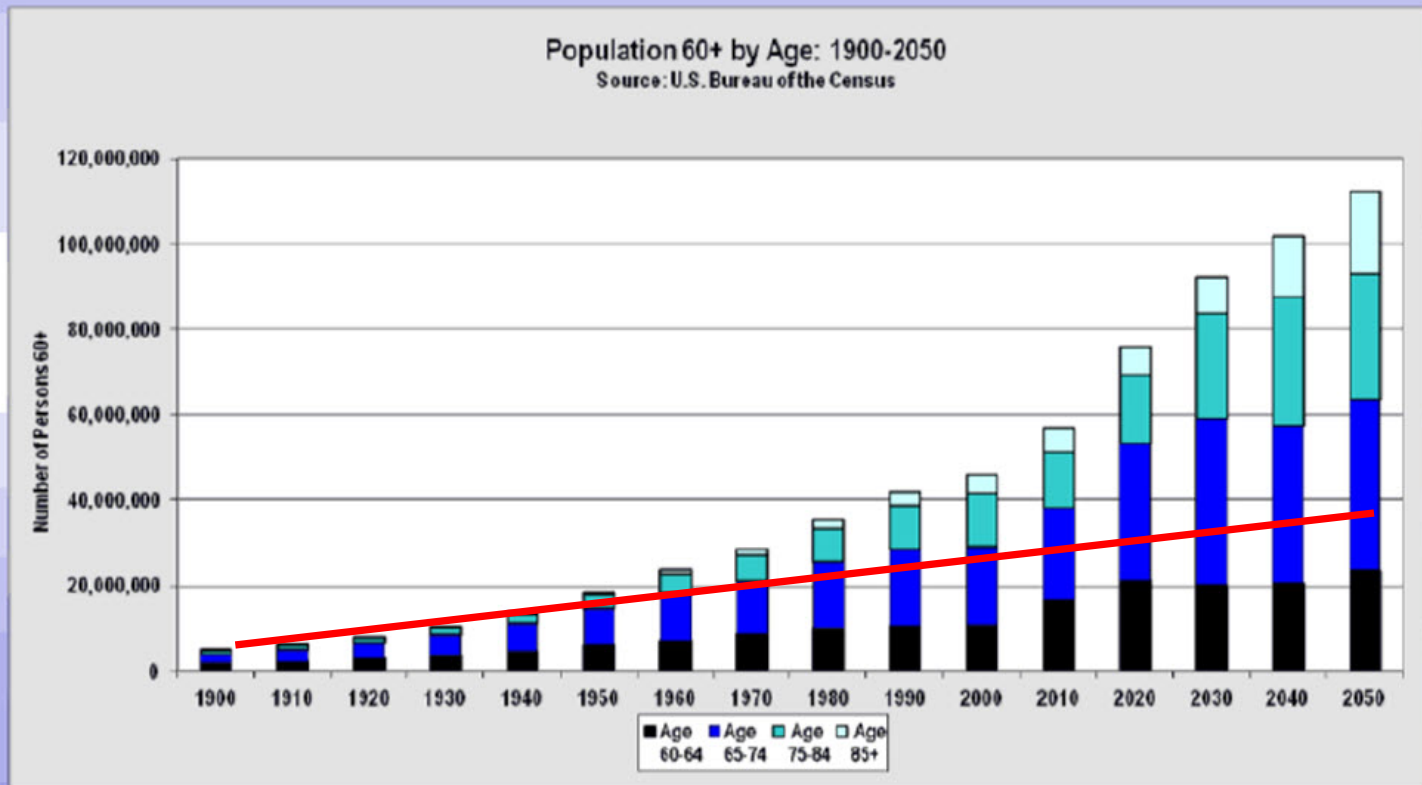
- Rising Costs

- Declining Economy

- Aging Population

Aging Population

Aging US Population Total Numbers by Age Group



Source: U.S. Administration on Aging using the Census data

As Professional Respiratory Therapists -

- What will we do?
- How will we *choose* to react?
- Every single one here today will make a decision

"Duck
and
Cover"



Duck - & - Cover

Is this what we will do?

I believe our profession has a better plan.



AARC – 2015 and Beyond

- What will the future health care system look like?
- What will the roles and responsibilities of respiratory therapists be in the future system?
- What competencies will be required for RTs to succeed in the future?
- How do we transition the profession from where it is today to where we need to be in the future?



Profession and Professional

What do they mean?

Definitions

■ Profession

- A vocation or occupation requiring special, usually advanced, education, knowledge, and skill

Source: (Black's Law Dictionary 6th ed)

Root word: "profess"

AFFIRM

Mastery of specialized
knowledge and skill

DECLARE

Definitions

■ Professional

- One *engaged* in one of the learned professions or in an occupation requiring a high level of training and proficiency

Source: (Black's Law Dictionary 6th ed)

- Elevates the role of the profession above a job or occupation

Engaged - Antonym

Withdraw





Professional

A Higher Standard

- Make sound decisions based on critical thinking skills
- Function as leaders in our area of expertise
- Put patients needs first, over the needs of the group
- Commit to profession as a lifelong endeavor



Professional

Societal Expectations

- Professional credentials
- Professional code of ethics
- Standards of practice
- Maintenance of knowledge and skills
- Peer review process
- Research and publication



Professional

Patient Expectations

- Personal integrity
 - Honesty
 - Reliability
- Confidentiality
- Appreciation for diversity
- Strong work ethic
- Sound judgment



Professional

Education

Knowledge and Skills

- General education
- Psychomotor and cognitive skills
- Interpersonal skills
- Teaching and administrative skills
- Research skills



Professional

Image

Appearance

- Conservative apparel
- Grooming
 - Hair
 - Nails
 - Hygiene
- Subtle use of jewelry



Professional

Image

Appearance

- Light, natural use of makeup
- Limit use of personal phones
- Verbal and non-verbal communication “in sync”



“I understand you’re having a little trouble breathing”

Professional

Image

Attitudes and Behaviors

- Positive attitude
- Mature behavior
- Proper etiquette
- Accept responsibility



Professional

Image

Attitudes and Behaviors

- Thorough and timely completion of tasks
- Communication technology skills
- Professional competence

2015 and Beyond Attributes

Guidelines for Change

2015 and Beyond Attributes:

- Maintain an adequate respiratory therapist workforce throughout the transition.
- Address unintended consequences such as respiratory therapist shortages.

2015 and Beyond Attributes:

- Require multiple options and flexibility in educating both students and the existing workforce. (e.g. affiliation agreements, internships, special skills workshops, continuing education, etc)
- Require competency documentation options for new graduates..

2015 and Beyond Attributes:

- Support a process of competency documentation for the existing workforce.
- Assure that credentialing and licensure recommendations evolve with changes in practice.
- Address implications of changes in licensing, credentialing and accreditation.

2015 and Beyond Attributes:

- Establish practical timelines for recommended actions.
- Assure that emerging conference recommendations must be supported by a plurality of the stakeholders in attendance.

2015 and Beyond Attributes:

- Reflect the outcomes of the previous two 2015 and Beyond conferences
- Identify the agencies most appropriate to implement identified elements.

Transforming Where You Work

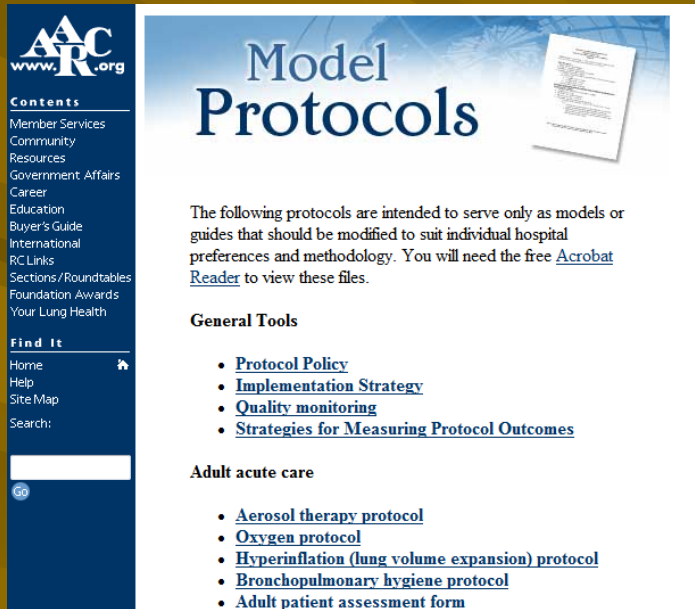


Forsyth Medical Center - Winston Salem, NC

Successful Transformation

- Promote Professionalism for Respiratory Therapists
- Evidenced based medicine in everything we do
- Do more with less
- Work at the top of our license

Respiratory Protocols



AACR
www.aacr.org

Contents
Member Services
Community
Resources
Government Affairs
Career
Education
Buyer's Guide
International
RC Links
Sections / Roundtables
Foundation Awards
Your Lung Health

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Model Protocols

The following protocols are intended to serve only as models or guides that should be modified to suit individual hospital preferences and methodology. You will need the free [Acrobat Reader](#) to view these files.

General Tools

- [Protocol Policy](#)
- [Implementation Strategy](#)
- [Quality monitoring](#)
- [Strategies for Measuring Protocol Outcomes](#)

Adult acute care

- [Aerosol therapy protocol](#)
- [Oxygen protocol](#)
- [Hyperinflation \(lung volume expansion\) protocol](#)
- [Bronchopulmonary hygiene protocol](#)
- [Adult patient assessment form](#)



Cleveland Clinic
Respiratory Therapy
Pulmonary, Allergy, & Critical Care Medicine

SUBJECT	CONSULT SERVICE HANDBOOK
DATE ISSUED	
AREAS AFFECTED	All Hospital Floors
PREPARED BY	Lucy Kester
APPROVAL	James K. Stoller, M.D.
REVISION DATES	May 2004, 2007, 2008

RESPIRATORY THERAPY CONSULT SERVICE

Respiratory Care Patient-Driven Protocols 3rd Edition



Excellent resource for the development, implementation, or refinement of care plans.
MEMBER: \$90.00
Nonmember: \$130.00

[DETAILS](#) [ADD TO CART](#)

Respiratory Protocols

Bronchodilators



Bronchodilator Therapy Protocol Addendum 2

Indications for Bronchodilators Therapy

1. Evidence of obstructive airway disease
2. Home regimen for bronchodilator therapy
3. Severely diminished airflow on auscultation
4. Wheezing as determined by auscultation
5. Positive response to bronchodilators as evidenced by a change of > 12% in FEV₁ post treatment

Are any of the above indications present?

NO → Consider alternate therapy

YES →

Does the patient have a home regimen for bronchodilator therapy?

YES → Is Home Regimen appropriate for current acuity?

NO → Order treatment frequency per Severity Score

Follow Home Regimen

Order a Beta 2 Agonist and Anticholinergic

Does patient have documented COPD?

YES → Order a Beta 2 Agonist and Anticholinergic

NO → Order Beta 2 Agonist

Order Beta 2 Agonist

Demonstration of proper technique for MDI administration

1. Breath hold for at least 5 seconds
2. RR < 30 bpm
3. Patient able to follow directions

Order MDI bronchodilator therapy per protocol

Does patient demonstrate proper technique for use of MDI?

YES → Order MDI bronchodilator therapy per protocol

NO → Order nebulized bronchodilator therapy per protocol

Order nebulized bronchodilator therapy per protocol

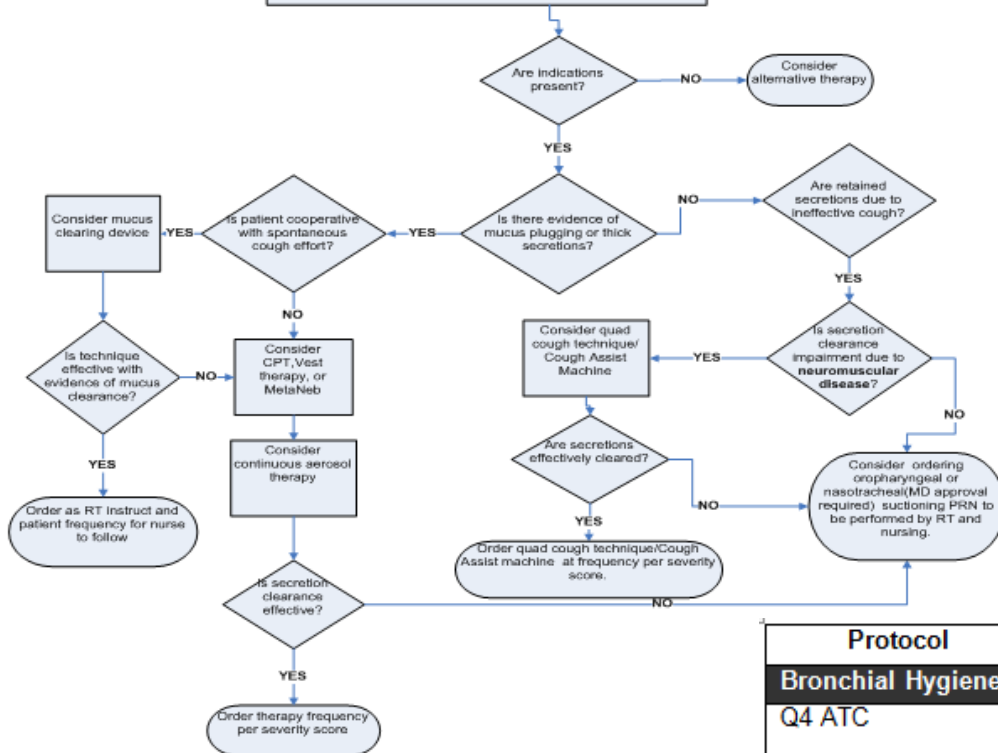
1. PEFr monitoring will be utilized in all patients admitted with asthma exacerbation. PRN therapy will be guided by PEFr measurements.
2. Inhaled corticosteroids will be administered per MDI order.
3. All mechanically ventilated patients with orders for nebulized bronchodilators will be converted to MDI form per protocol.

Protocol	Indications	Severity Score
Aerosol Neb / MDI		
Q4, ATC & PRN	Severe Wheezing, severe dyspnea, unable to sleep	1 & 2
Q6 or QID, & PRN at night	Moderate wheezing, Hx of asthma	3
Q6 PRN	Intermittent wheezing	4

Respiratory Protocols - Bronchial Hygiene

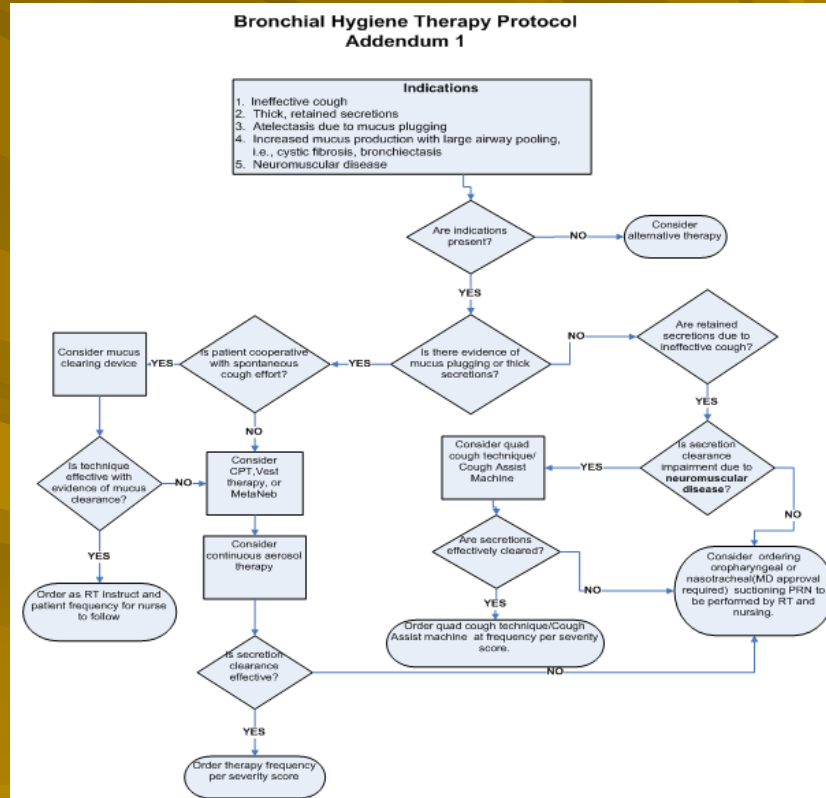
Bronchial Hygiene Therapy Protocol Addendum 1

- Indications**
1. Ineffective cough
 2. Thick, retained secretions
 3. Atelectasis due to mucus plugging
 4. Increased mucus production with large airway pooling, i.e., cystic fibrosis, bronchiectasis
 5. Neuromuscular disease



Protocol	Indications	Severity Score
Bronchial Hygiene		
Q4 ATC	Copious secretions, dyspnea, unable to sleep, mucus plug	1
QID & PRN at night	Moderate secretions	2
TID	Small amts secretions w/poor cough & hx secretions	3
Q shift W/A	Unable to deep breathe and cough spontaneously	4

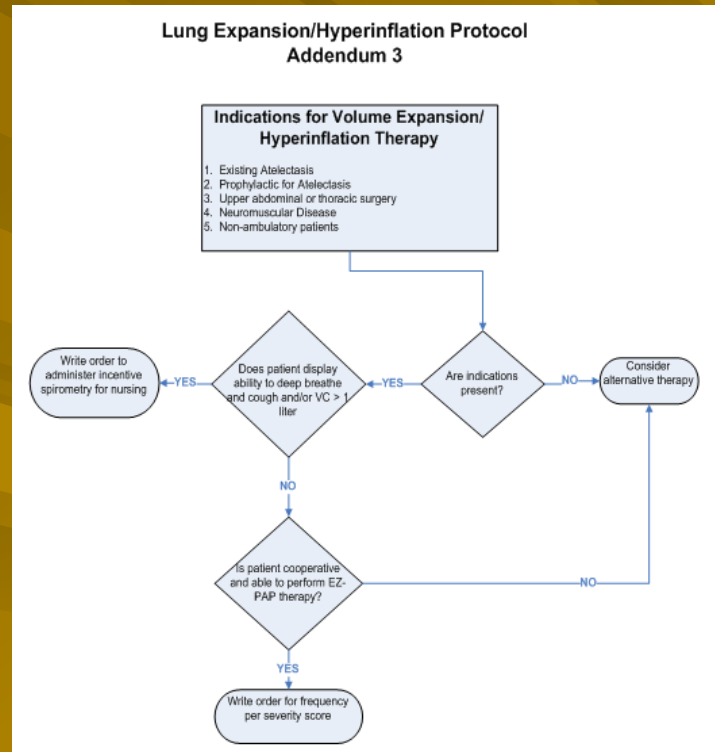
Respiratory Protocols - Bronchial Hygiene



Protocol	Indications	Severity Score
Bronchial Hygiene		
Q4 ATC	Copious secretions, dyspnea, unable to sleep, mucus plug	1
QID & PRN at night	Moderate secretions	2
TID	Small amts secretions w/poor cough & hx secretions	3
Q shift W/A	Unable to deep breathe and cough spontaneously	4

Respiratory Protocols – Lung Expansion / Hyperinflation

TAKE A DEEP BREATH



AMBULATION

Protocol	Indications	Severity Score
Lung Expansion		
Q4 W/A & PRN at night	Severe atelectasis, poor oxygenation	1
QID	High risk for persistent atelectasis, existence of same	2
TID	At risk for developing atelectasis	3
Q shift W/A	Prevention of atelectasis	4
Instruct, & 1 follow up	Patient is able to perform well on their own	5



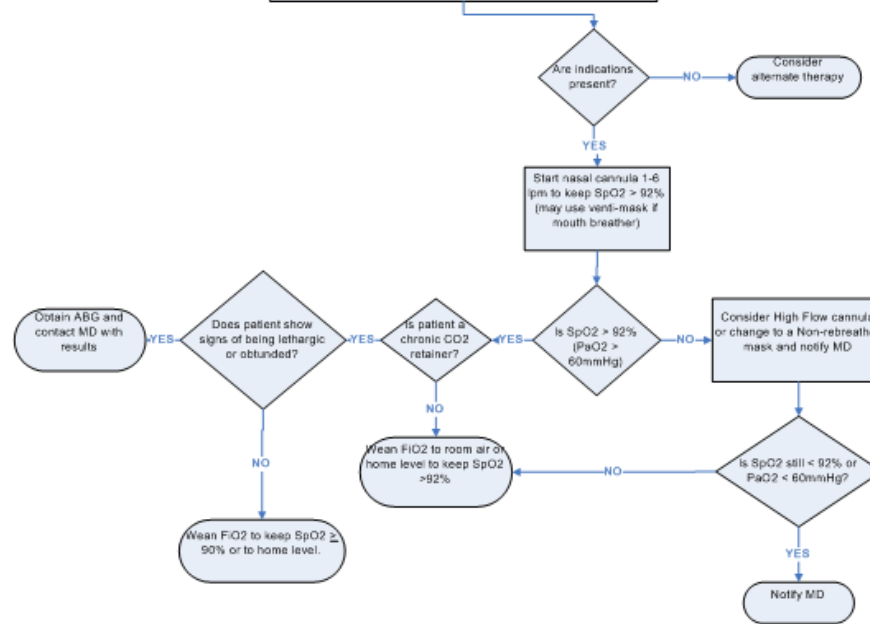
Respiratory Protocol – Oxygen Therapy



Oxygen Therapy Protocol Addendum 4

Indications for oxygen therapy:

1. Room Air PaO₂ < 60mmHg
2. Room Air SaO₂ < 90%
3. Acute Care situation where hypoxemia is suspected
4. Dyspnea
5. Acute MI
6. SpO₂ < 92% or MD goal
7. SpO₂ ≤ 90% for documented CO₂ retainers or MD goal



Wean for
SpO₂
Goal

Humidification is Crucial

Respiratory Protocols

- Focus on high risk patients
- Proactive vs. reactive
- Reduce LOS and transfers to higher level of care

Summary

- Healthcare is transforming as we speak
- The answer is not to Duck and Cover
- Practice at the top of our license basing care on the available evidence
- Professionalism in the Respiratory community is vital to our survival

Thanks for all your hard work
and commitment to our
profession!

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