Surviving Healthcare Transformation

What Will It Take?

John Wilson BSRT, RRT-ACCS

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?

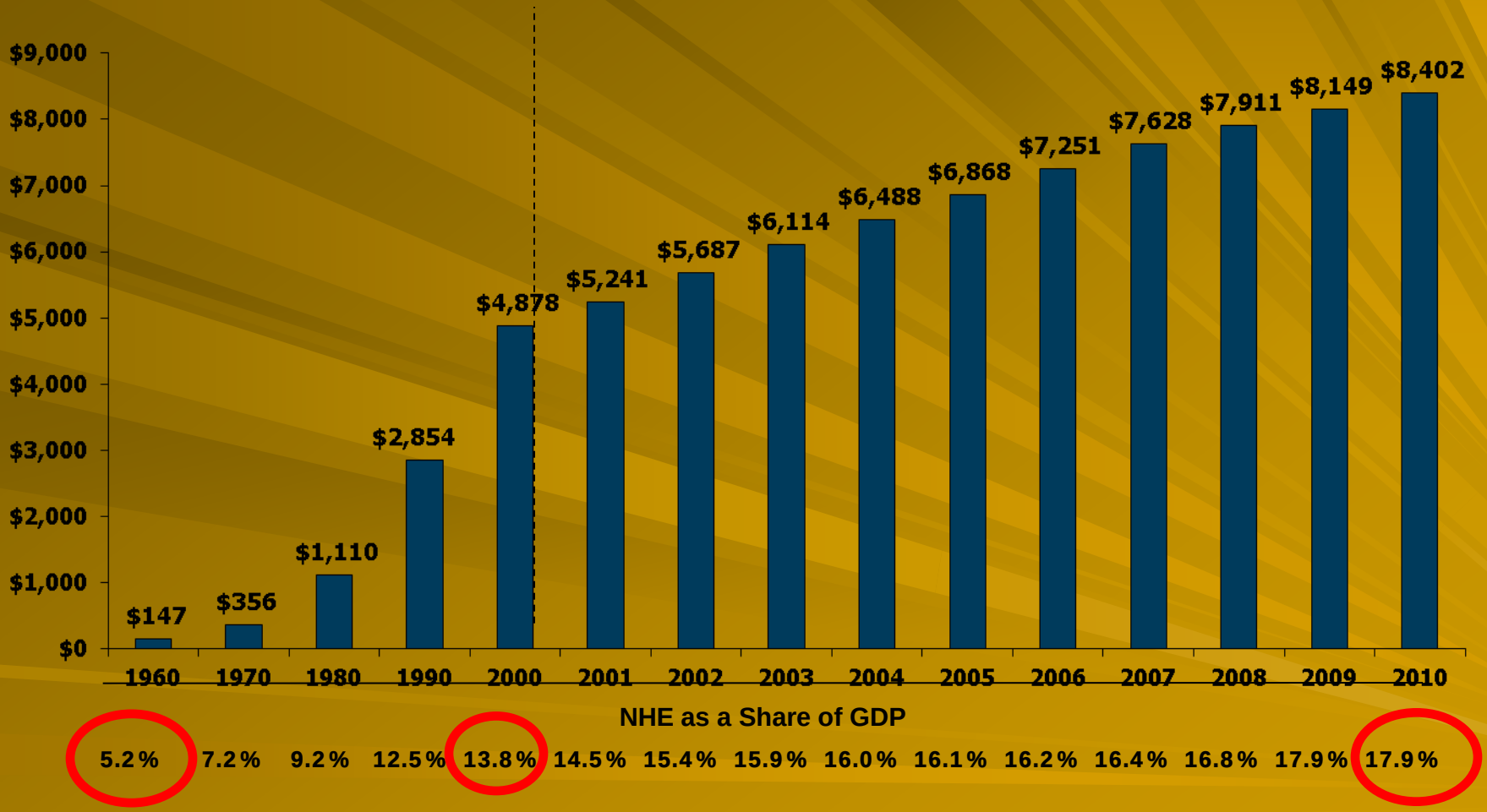
Why Healthcare Transformation?

- Rising Costs
- Declining Economy
- Aging Population

Why Healthcare Transformation?

- *Rising Costs*
- Declining Economy
- Aging Population

National Health Expenditures per Capita, 1960-2010

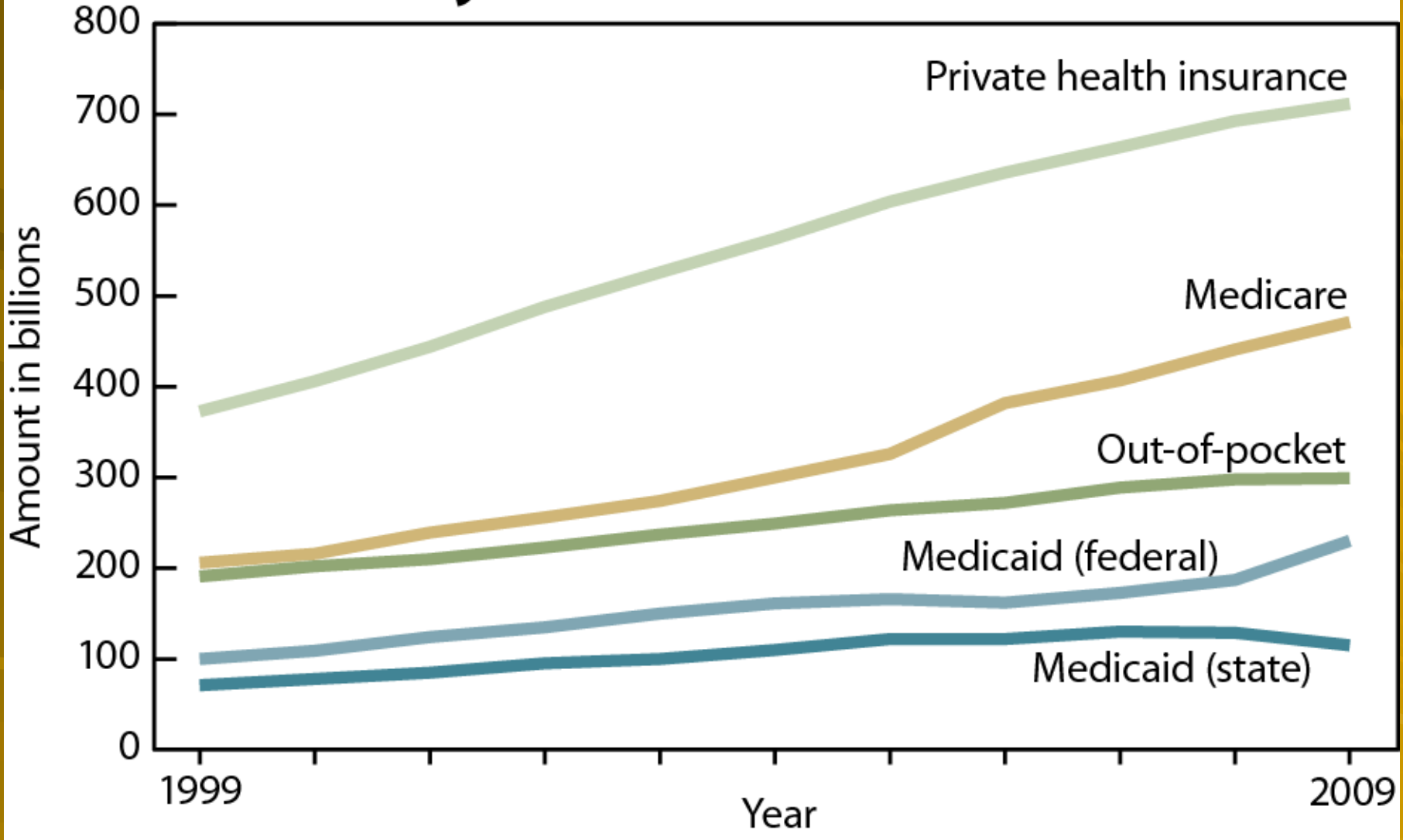


Notes: According to CMS, population is the U.S. Bureau of the Census resident-based population, less armed forces overseas and population of outlying areas, plus the net undercount.

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).

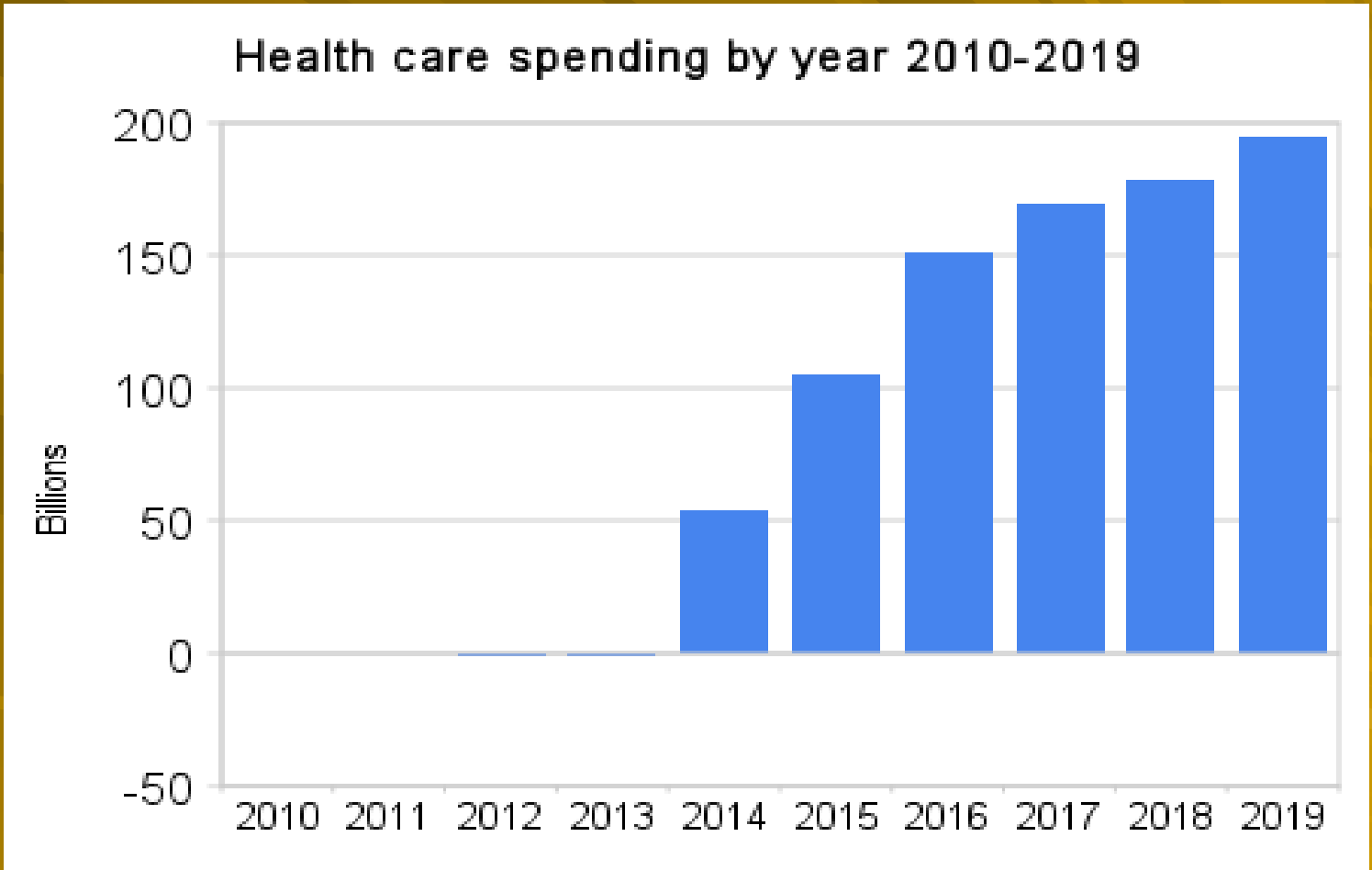
THE HENRY J. KAISER FAMILY FOUNDATION

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

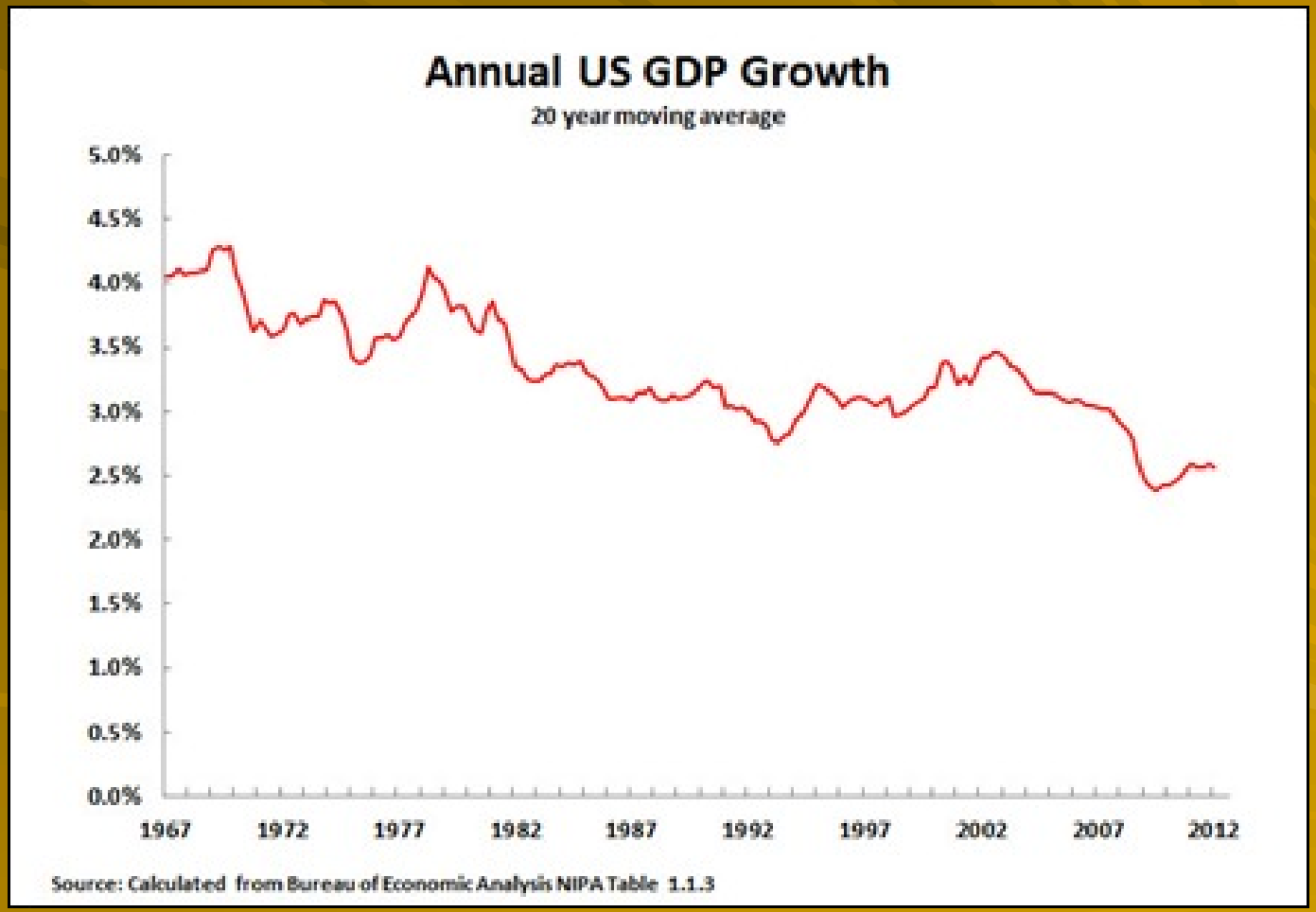


(Klein, "Size matters," 2009)

Why Healthcare Transformation?

- Rising Costs
- Declining Economy
- Aging Population

Declining Economy



Declining Economy

Why Healthcare Transformation?

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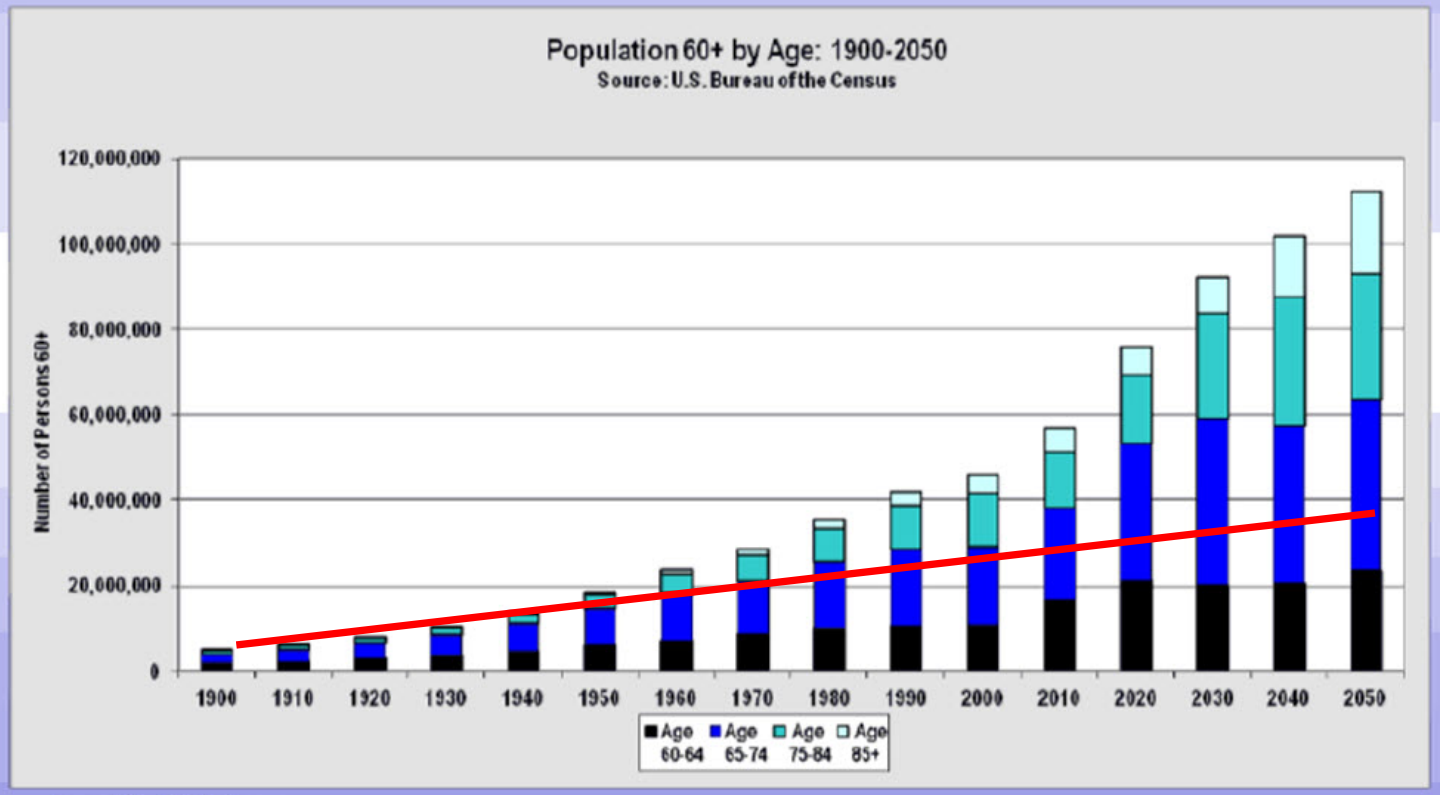
Aging Population

Aging US Population Total Numbers by Age Group



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

stockguy22

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

DECLARE

Mastery of specialized knowledge and skill

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.

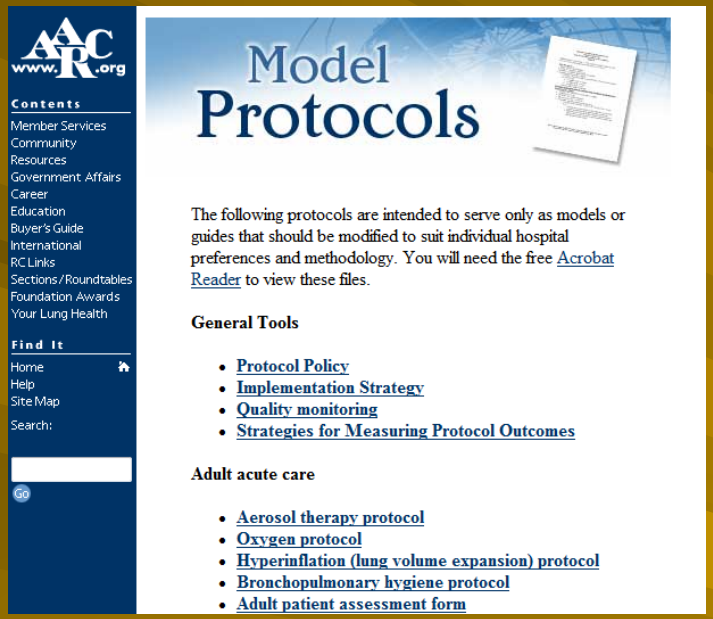
Transforming Where You Work

Forsyth Medical Center - Winston Salem, NC

Successful Transformation

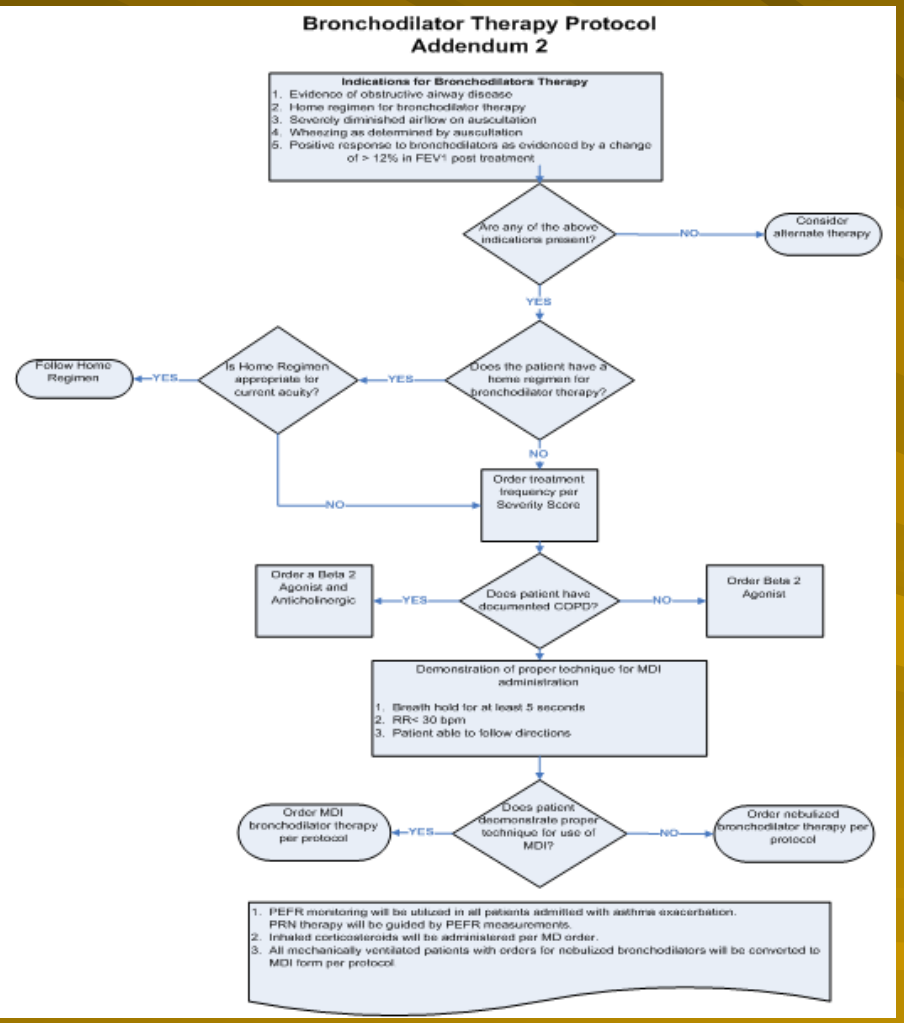
- Promote Professionalism for Respiratory Therapists
- Evidenced based medicine in everything we do
- Do more with less
- Work at the top of our license

Respiratory Protocols



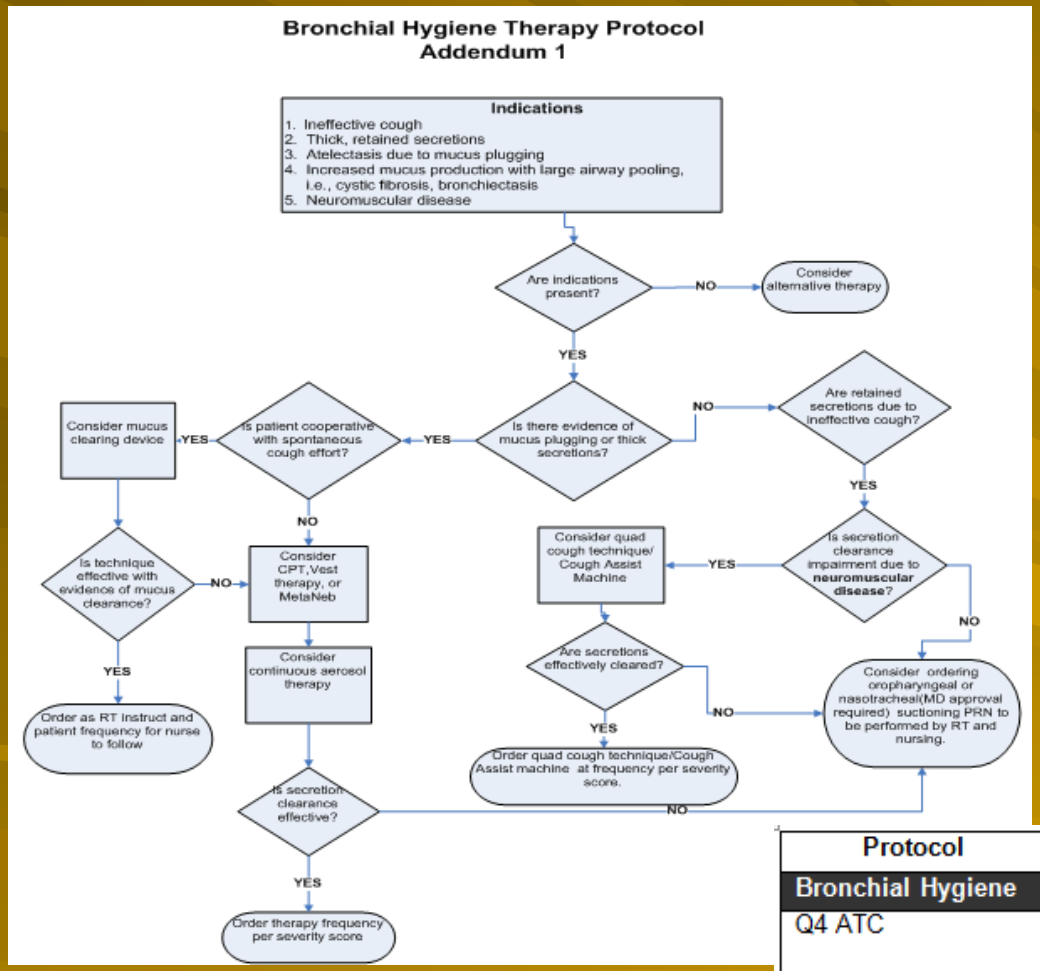
Respiratory Protocols

Bronchodilators



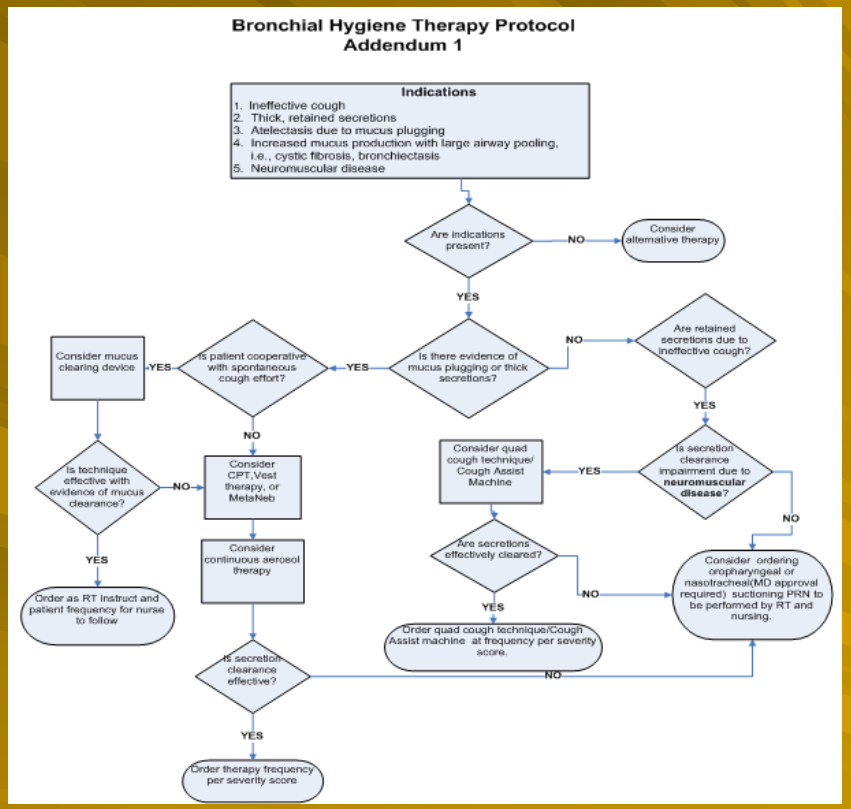
Protocol	Indications	Severity Score
Aerosol Neb / MDI		
Q4, ATC & PRN	Severe Wheezing, severe dyspnea, unable to sleep	1 & 2
Q6 or QID, & PRN at night	Moderate wheezing, Hx of asthma	3
Q6 PRN	Intermittent wheezing	4

Respiratory Protocols -
Bronchial Hygiene



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



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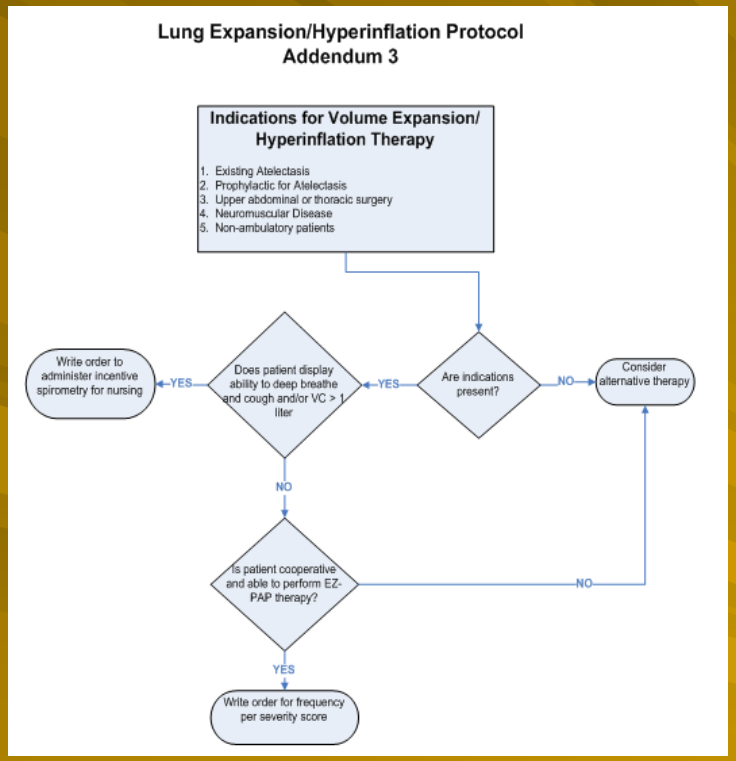
Respiratory Protocols – Lung Expansion / Hyperinflation

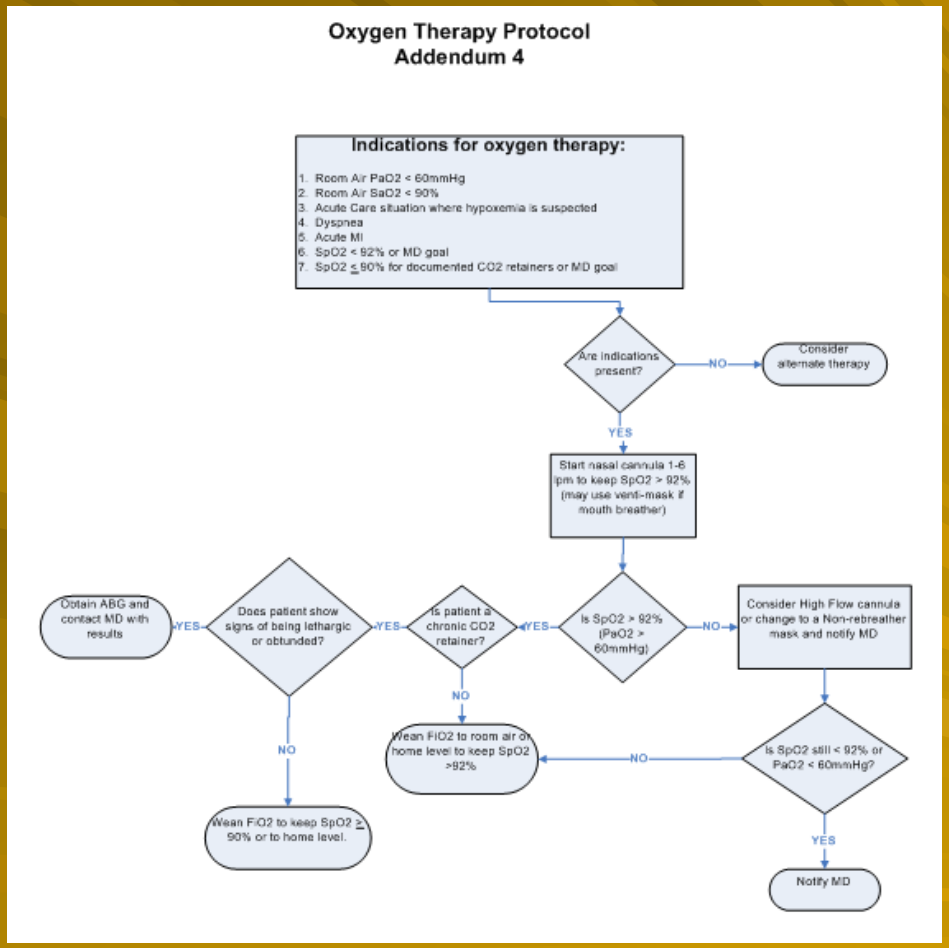
TAKE A DEEP BREATH

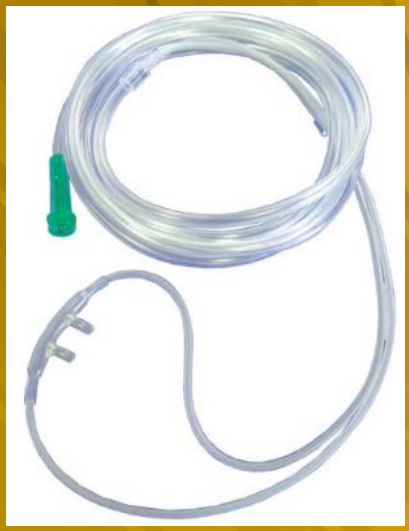


AMBULATION

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





Wean for S_pO2 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 in 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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