

Surviving Before Thriving:
Respiratory Care At The Fork In The Road

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Chair, Respiratory Section

Society of Critical Care Medicine



Conflict of Interest Disclosures

I wish to disclose the following potential conflicts of interest:

Type of Potential Conflict	Details of Potential Conflict
Grant/Research Support	
Consultant	
Speakers' Bureaus	Monaghan Medical, Hollister
Financial support	
Other	

The material presented in this lecture has no relationship with any of these potential conflicts

My Guarantee To You:

- This Talk Is An **Invitation**
- This Talk Will Provide **Motivation**
- This Talk Will Provide **Validation**
- This Talk Will Cause **Aggravation**

Why THIS Talk?

- The Medical Environment Is Changing: **In a Hurry!**
- Reimbursement Structures Are Rapidly Changing (and not to our advantage!)
- Payor Mixes Are Awful
- The Number Of Low Resource And Non-Resource Patients Is **Increasing**
- Every Discipline & Every Department Is Under The Microscope

Why THIS Talk?

- It's All About What Value We Bring To The Table: **Now More Than Ever**
- Respiratory Therapy Is An Easy Target And It Is Our Own Fault
- How Do We Increase Our Value?
- We Cannot Thrive Unless We Simply First Survive

Our Wake-Up Call

- Realizing That “Good Enough” Isn’t
- Are Some Folks In The Wrong Seat Of The Bus?
- The Need To Establish Standards, Expectations, And Accountabilities
- The Need To Operate With Oneness Rather Than Everyone Having Their “Own Way” (Protocols!)
- We Must Change From a Q4 Based Mentality

Must Do's:

- Reinvent Our Profession And Our Practice
- Become At The Bedside, Solutions Based Experts
- Earn The Respect As a Discipline That Nursing Enjoys
- Lead The Charge To Knock Down The Silo's
- Reestablish Ourselves As Innovators

Where Do We Need To Be Going?

- **Change From a More Reactive Practice To An Aggressive & Proactive Practice**
- **Enhanced Student Rotations: EMBRACE THE STUDENTS!!**
- **Seek Ways To Serve**
- **Clinical Ladders**

Where Do We Need To Be Going?

- **Raise The Bar For Level of Practice And Behavioral Expectation**
- **Research & Publishing**
- **Product Development**
- **Beta Site Testing**



How Do We Get There?

News Flash:
Incentive Spirometry, Albuterol & Mucomyst Ain't It!

Payor Mixes Are At Critical Mass

Some Real Life Examples:

Hospital A: 71%

Hospital B: 54%

Hospital C: 55%

Hospital D: 69%

Where Does Your Hospital Lie?

AARC Clinical Practice Guideline Incentive Spirometry 2011

1. Incentive Spirometry alone is **NOT recommended** for routine use in the pre operative and post operative setting to prevent post operative pulmonary complications.
4. Routine use of Incentive Spirometry to prevent atelectasis in patients after upper abdominal surgery is **NOT recommended**.
5. Routine use of Incentive Spirometry to prevent atelectasis after coronary artery bypass graft surgery is **NOT recommended**.
6. It **IS suggested** that a **volume oriented** device be selected as an "Incentive Spirometry" device

Changing Tradition

Surgical Patients: Aggressive & Proactive

Medicine Patients: Aggressive & More Effective

Easiest Pathways:

Redefine Oxygen Therapy

Positive Pressure & Vibratory Therapy

High Efficiency Nebulizers

ABG's With Lactate (ED & Rapid Response)

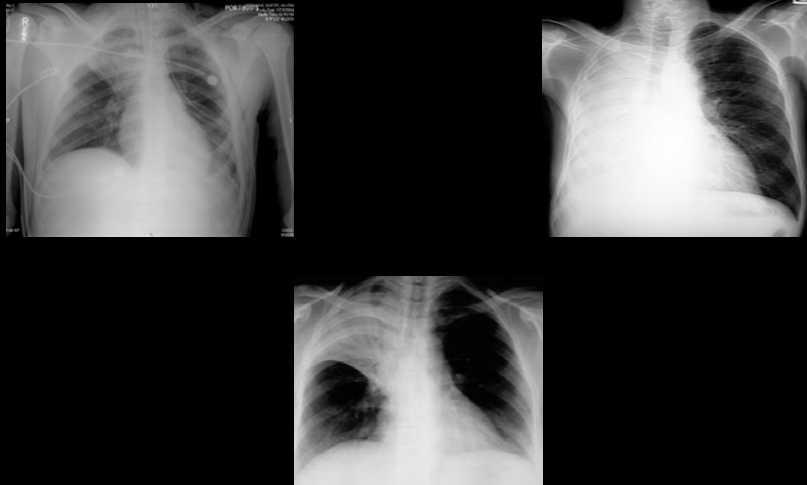
Additional Opportunities

INFECTION?
NOT ON MY WATCH.

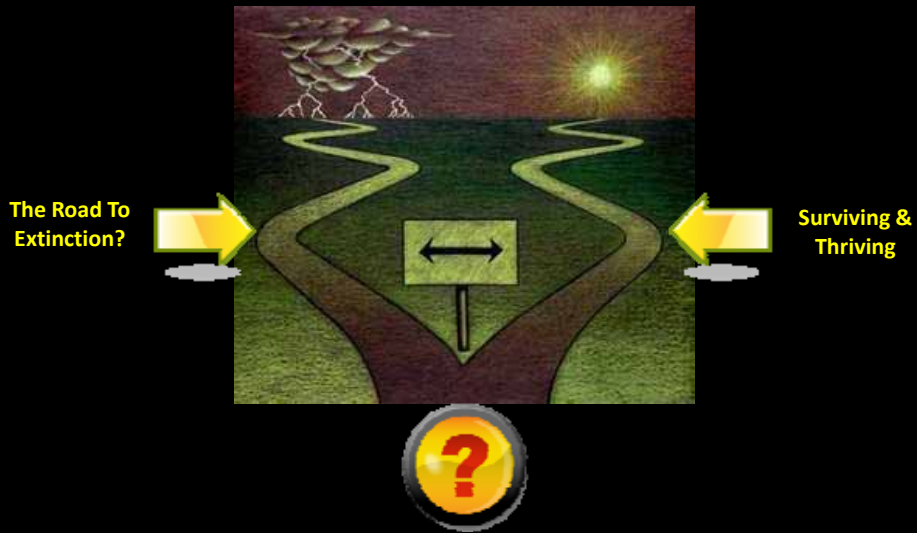


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This Is Our Past & Our Present It Cannot Be The Mainstay Of Our Future



The Fork In The Road...



Which Way Are YOU Headed?

If You Need Still More Convincing:

Kentucky One Health System, Louisville, Ky:

Laying Off 500 People; Eliminating Additional 200 Positions

Turning Over ED Respiratory Functions To Nursing

This Includes Treatments, ABG's, Vent Management, Etc.

Nurses To Get a 4 Hour "Refresher Class" In Respiratory Therapy

How Did We Get To This?

This Presentations Final Takeaway:

Remember The Most Expensive Words In Medicine:

"But That's The Way We've Always Done It"

Questions?



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