



**Respiratory Care
Building the Future**

Kansas Respiratory Care Society
37th Annual Education Seminar



**Respiratory Care – The Times They
Are a Changin’ So . . .
Lead, Follow, or Get Out of The Way!**

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Disclosure

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How many of you are managers?

How many of you feel like your job is easier than it's ever been before?

If you're not in management, how many of your managers look less stressed than they ever have before?

Our chosen profession has been constantly faced with challenges . . .

- 1960's – Medicare
- 1970's – Nearly DOA by legislation
- 1980's – DRGs
- 1990's – Healthcare Reform -1st Edition
- 1997 - Balanced Budget Act
- 2000's – Healthcare Reform, ACA

Let's face it – It's a jungle out there!

Will Rogers says . . .

- **“The only difference between death and taxes is that death doesn't get worse every time Congress meets.”**

**What is your perceived role in
the world of healthcare?**

**Are you a leader, a follower, or
do you just need to get out of the
way?**

Whatever your
perceived role... WE
NEED YOU to get in the
game!!!!

How have all these gyrations affected how and what we do?

**We've gone from a revenue generating profession
to a cost center in most places**

**These pressures combined with shrinking margins
has created the pressure to do more and more with
less and less!**

**In order for us to survive, to give us the possibility
to thrive, we've got to change our approach to our
challenges and our people!**

RCP – 2015 and Beyond

**Helped map the future for profession
Identified key attributes of the
changing system**

**Kacmerek, et al
RESPIRATORY CARE, March, 2009**

The Times, They are a Changin'! Key Attributes

Traditional

**Acute Care
In-Patient Focused
Manage the Symptoms
Departments
MD-directed
Tradition-based practice
Driven by volumes
Fee-for-service
Payment by procedure**

Now

**Chronic Care
Out-patient focused
Manage the Disease
ID Service Lines
Patient-Centered
Evidence-based Practice
Value-Driven
Incentivized fee-for-value
Pay for Performance**

If you're a leader, we need you to lead the charge for excellence. If you don't . . .

Patients and the quality of their care suffers

Therapists are thrust into the mundane routine of doing what we've always done the way we've always done it . . .

Nobody wins!

The bottom line is this . . .

- **Without effective leaders, therapists jobs are a heckuva lot harder**
- **Today's healthcare requires us, as directors and caregivers, to be much more resourceful and unfortunately, with the extra wrinkles, this hampers our efficiency!**
- **Again, when we don't lead, our patients suffer – it really does show up at the bedside. . .**

Will Rogers says . . .

- **“Good judgment comes from experience, and a lot of that comes from bad judgment.”**

You folks are critical to our being able to fulfill our mission!

- **We need to be reminded, we’re ALL part of a *cause, the mission of healing*, not just a business. . .**
- **We also need to be reminded, no margin, no mission. . .**
- **That’s why leadership is so critical!**

**“Mission” is why I love working for a
Catholic Health organization . . .**

Like the 1980 movie “The Blues
Brothers”, we’re on a mission for God!

**True enough, these are challenging
times. . .**

- **We can’t continue to maintain the
“status quo” – we’ll slowly go out of
business**
- **These are times that call for innovation!**
- **These are situations where everyone
needs help!**

Will Rogers says . . .

- **“Even if you’re on the right track, you’ll get run over if you just sit there.”**

Healthcare is absolutely under fire!

- **With shrinking reimbursements and escalating costs, it is becoming harder and harder to get anything new**
- **We’ve all got to do our homework!**
- **It’s critical for leaders to make intelligent, well-informed decisions**
- **We all need to use the evidence-base to help our leaders understand why it makes sense to invest in us!**
- **The cost of care extends far beyond the cost of supplies or equipment**

So, what's different now?

**Here's the big truth for all of
US . . .**

- **Our hospital's survival has rarely, if ever depended more on this connection for survival.**
- **That's really not a stretch!**

CMS Goals and Objectives

- **Transformation from a passive payer of services into an active purchaser of high-quality, cost-efficient healthcare**
- **Link payment to the quality and efficiency of care provided by creating incentives to provide quality care at a lower cost**

A goal of the program is to ultimately produce cost-savings to the Medicare program by avoiding costs associated with unnecessary procedures and avoidable hospitalizations

**NOW is the time to use
evidence-based practice to
guide the care we deliver every
day . . .**

Why does it matter?

**Those hospitals delivering the
highest quality, most cost-
efficient care will be rewarded
financially for their efforts. . .**

**Those unable to achieve
those goals will be financially
penalized. . .**

Will Rogers says . . .

- **“I don’t make jokes. I just watch the government and report the facts.”**

It really is a big deal . . .

- **Many experts are predicting $\frac{1}{4}$ - $\frac{1}{3}$ of all the hospitals in America will be bankrupt and out of business by 2020**
- **This is our wake-up call!**
- **Over one-half of the hospitals in Mississippi are currently operating at a deficit, similar to the national trend**

Well, I'm not a Leader . . .

- **I'll let the big dogs worry about that!**

Not so quick!

- **You've got a key role to play here !**

Respiratory Therapists, (Leaders and Followers), have unique opportunities to impact these processes by being active, engaged professionals versus treatment providers!

It's time to bring your "A-Game"!!!!!!

**"Too many patients, too little time" -
What are Our Options?**

- **Utilization of a formal procedure to assess patient needs and insure delivery of appropriate therapies**
- **Utilization of protocols**
- **Utilization of a breath-actuated nebulizer to decrease treatment-delivery time**
- **Self-administration program**
- **Any combination of the above**

All of these offer great opportunities for us to lead!

2003 - The "Lay of the Land"

- **Heavy Treatment Loads - average of 25 patients per round per therapist**
- **HHN Circuit change-outs 3 times per week**
- **Majority of our therapists were frustrated and burned out**
- **One-on-one therapy seemed like all but a "pipe dream"**

A few more details . . .

- **In the midst of a leadership void**
- **People were in positions based on tenure – not ability to lead**
- **Staff morale was nearly off the chart – the bottom of the chart!**
- **Simply put, we were a very good mediocre department!**

We put Humpty-Dumpty together again!

- **We destroyed our org chart**
- **Placed people in positions based on their skills, talents and passions**
- **Implemented a “servant-leader” model**
- **Began mandating one-on-one care**
- **Empowered our therapists to take care of our patients the way they deserve to be treated!**

A major catalyst was the conversion to BANs. . .

- **Reduced the time for therapy to 5 minutes or to sputter – whichever came first**
- **Reduced the frequency of change-outs from 3 times weekly to once a week**
- **All but eliminated missed therapies due to therapists unavailability**
- **Delivered therapies that our patients responded to in a much better fashion – anecdotally and from a clinical perspective**

What s the big deal?

- **RESPIRABLE DOSE !!!!**
- **This is the “holy grail” of aerosol delivery**
- **This is the most critical end point of aerosol effectiveness – that is, how much of the medication is getting to where it needs to go – the lung periphery**

Here's what matters !

- **It's not about how quickly we can empty a neb – it's about how effectively we can get medication to where it needs to go so it can do what it needs to do!**

Additional considerations

- **Decreased treatment times (12-breath, 3 minute and 5 minute protocols utilized across the nation)**
- **Avoid concurrent therapy**
- **Decrease recidivism**
- **Improved management of patient's chronic disease processes**
- **Less caregiver drug exposure – 96% of aerosol never reaches environment**
- **Some local officials, especially with heavy H1N1, mandated BAN for administering meds to these patients**

Intangibles Associated with the Conversion

- **Patients will love your therapists for making the change**
- **Your therapists will love you for empowering them to take better care of their patients - directly reflected in attendance and turnover rates**
- **Administration will hopefully at least “like” the facts - it s hard to argue with the evidence!**

Demonstrating our value has simply never been more critical!

It's time for a Culture Shift!

**The Three-Dimensional
Culture Shift Required
for Survival**

A Culture of Discovery

A Culture of Development

A Culture of Destiny

**Culture eats strategy for lunch
every day!**

**Leadership has to be sensitive to
and intentional about positively
influencing the culture!**

**Let s talk about leadership a bit
—
What does it look like?**

**John Maxwell has what he calls
the “High Road Principle” –**

What does that look like?

**We go to a higher level when we
treat others better than they treat
us**

**High Roaders understand that it s not
what happens to you but what happens
in you that really matters . . .**

**High Roaders commit themselves to
traveling the high road continually**

**High Roaders see their own need for
grace, and therefore, they extend it
to others . . .**

**High Roaders are not victims; They
choose to serve others**

Your challenges. . .

- **Commit to the what's required for today's environment – Be a High Roder, regardless of your position**
- **Commit to equipping your therapists and educating your leaders with the evidence to help them make sound decisions**
- **Followers - you need to understand and acknowledge the critical component of your role in health care!**
- **Make that commitment to life-long learning – we need educated professionals!**
- **Acknowledge and bask in the critical role you play in our futures!**

Will Rogers says . . .

- **“There are three kinds of men. The one that learns by reading. The few who learn by observation. The rest of them have to pee on the electric fence for themselves.”**

Stay on the High Road

- **Care more than others think is wise,**
- **Risk more than others think is safe,**
- **Dream more than others think is practical,**
- **Expect more than others think is possible,**
- **Work more than others think is necessary**

The high road is often not the easiest road, but it is the only one that leads to the highest level of living.

**Whether you are a Follower or a Leader, we must
remember this . . .**

**Complaining is not a
strategy!!!!!!**

**Some closing thought candy
from Will Rogers . . .**

**“If you want to be successful, it’s
just this simple. . .**

Know what you’re doing.

Love what you’re doing.

And believe in what you’re doing.”

And one final thought . . .

**“Live in such a way that you
would not be ashamed to sell
your parrot to the town
gossip.” - Mr. Will Rogers**

Thanks!!!!

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