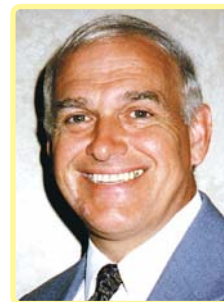


## STAFFING ISSUES IN HOME CARE: WHERE ARE WE HEADED?

*Kenneth A. Wyka, MS, RRT, FAARC*



Almost everyone recognizes that there is a staffing shortage in respiratory care. I say almost everyone since there are those departments, which for whatever reason, seem to always enjoy full staffing. They have little or no attrition and seem to attract RTs easily when staffing needs arise. And then, there are those departments that have high attrition and seem to always be looking for staff. The shortage of competent, qualified RTs is a real concern throughout the country and needs to be seriously addressed. The need is felt in hospitals and other healthcare facilities, but seems to be a major issue in home care. This article will take a hard look at home care staffing and what is being done to resolve the problem. Some of the "solutions" being used are troubling and may bring about even greater problems.

By the year 2020, COPD is projected to be the third leading cause of death in the U.S. It is currently the fourth leading cause. No one can argue the fact that chronic lung patients are best cared for in the home provided that both equipment and services are readily available. But with the continued reductions in reimbursement for home oxygen, respiratory medications and durable medical equipment, will the needed equipment and clinical support be there? Suppose a significant number of home care companies go out of business due to cuts in equipment reimbursement. Who will provide the care for patients with COPD and other chronic lung diseases? The answer to this question is that probably a small number of companies will survive the storm and continue to be in business. But what kind of service will they be able to provide given a question-

able reimbursement outlook and increased patient numbers?

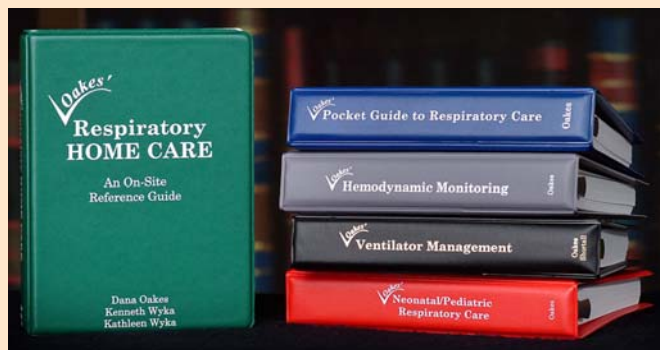
Add to this the availability of qualified home care RTs. It is an accepted fact that an RT can provide the best level of care in the home to a chronic lung patient. However, in some areas of the country, home care companies are using licensed practical nurses (LPNs) to provide respiratory home care. Depending on which state this practice is occurring, there may be licensure laws or state regulations that are being violated. In some states, LPNs cannot perform patient assessments. So how can patients be evaluated for oxygen conserving systems if LPNs are employed and being sent to patient homes for this type of assessment? I am sure some physicians, especially those who believe in the knowledge and skills of RTs, will not take too kindly to this kind of practice and may even stop referring patients to companies who use LPNs instead of RTs for patient home care visits.

A viable solution to the staffing issue in home care simply lies in attracting more RTs to work for home care providers. Some RTs work in hospitals and part-time or per diem for a home care company. However, if those RTs work in a department that is responsible for referring patients for home oxygen, there can be a potential conflict of interest if oxygen patients are being sent to a company that hospital-based RTs work for. They must be cautious because of the penalties that exist, including fines, imprisonment and possible loss of licensure depending on the extent of the violation. In addition, the RT shortage problem is not really solved if there is a mass exodus of RTs from the hospital to the home for full time employment. It helps the home care companies but hurts the hospitals.

So what do we do? We can open more schools instead of closing them. We can expand the programs currently offering respiratory therapy education programs so they can educate more students and produce more graduates. But you will need faculty, classrooms and labs and more clinical sites. It can be extremely costly and in some areas of the country this is definitely not an option. Hopefully, something will be done to address the staffing shortages in both hospitals and home care. On the positive side, at least for the RT, salaries have increased because of supply and demand. This trend will probably continue, especially with the large number of "baby boomers" retiring in the next ten years. But not so fast! If the staffing shortage is not satisfactorily addressed, these RTs will be needed in the work force. You may be semi-retired and work 2 to 3 days a week helping out in a hospital department or home care company. Perhaps you will finally retire full time when you are 90 years old, too tired or incapacitated to work or simply dead.

But let's say we have more RTs in the work force. Will they be attracted to work in home care? What about today. Why do some RTs work in home care and others will not even entertain the idea. Salaries, benefits, being on-call and work challenges are some of the more common reasons cited. Salaries in home care are getting better as are benefit packages and the type of work conditions being offered. Many RTs in home care work Monday to Friday and are on-call every other weekend to once every 3 to 4 weeks, depending on staffing. Week day on-call tends to be less troublesome in terms of the number and type of calls received. Home care companies pro-

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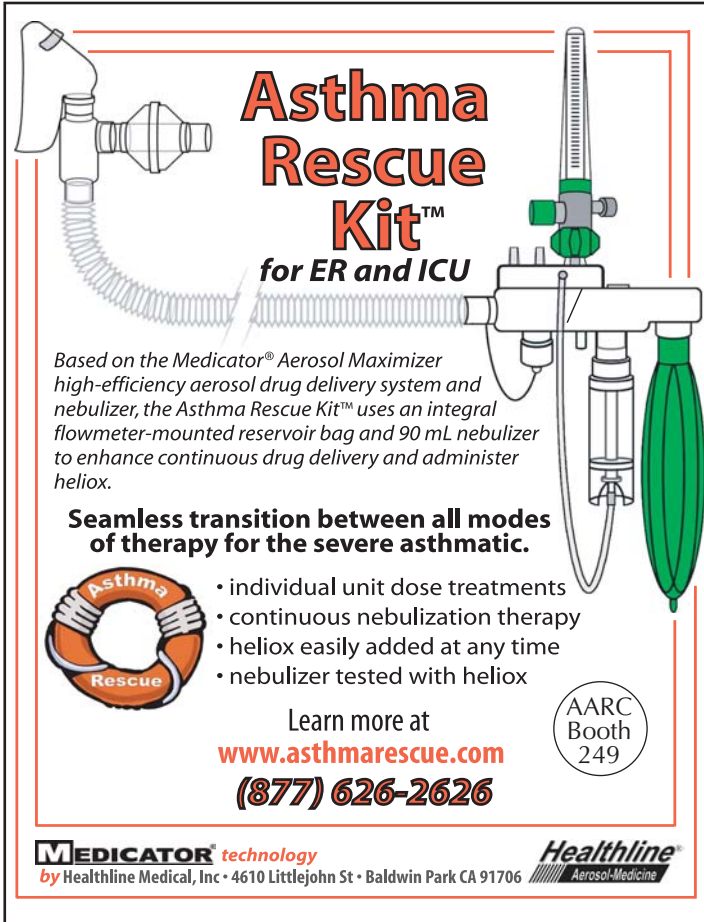
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annual basis. The current reductions are based upon the assumption that 5% of all home oxygen patients will be utilizing either a portable oxygen concentrator or a home tranfill system.

CMS has established a number of safe guards into the new regulations to protect the interests of the patient. Durable medical equipment providers will not be allowed to switch out a patient's oxygen unless one of the following conditions applies:

- Equipment is lost, stolen or cannot be repaired
- A Physician orders a different oxygen system
- A Patient wishes to upgrade their system signing beneficiary notices acknowledging their financial responsibilities
- Patient who moves out of a service area is allowing a new provider either on a temporary or permanent basis

As of 2004, home oxygen therapy accounted for \$2.7 billion of the \$11.1 billion (24%) CMS paid to provide durable medical equipment, prosthetics, orthotics and supplies for a patient in their private residence. The goal of CMS is to allow new cost effective technology to be made available to their patients while at the same time providing an avenue for the traditional methods of providing portable oxygen therapy. There are pro's and con's to the different types of oxygen systems available and based upon clinical and lifestyle needs of a patient different types of oxygen systems can be more advantages than others.

As the durable medical equipment industry moves into 2007 these changes will provide a challenge to each organization as the costs to provide services (wages, benefits, vehicles, fuel, etc.) continue to rise. Providing quality patient services under with reimbursement which will be the same and declining in the future is a hurdle that every home care provider faces on a regular basis. Now that CMS has put into writing their reimbursement plan along with their updated Quality Standards, the home oxygen therapy provider has the opportunity to strategize on how to provide appropriate quality services to their patients, physicians and referral sources.

*Jim Stegmaier RRT-NPS, RPFT, CCM is a veteran home care therapist who appears regularly in Focus. He is the Director of Operations for Allegiant Medical Equipment Corporation in Lorraine, Ohio and can be reached at [stegmaierjp@aol.com](mailto:stegmaierjp@aol.com)*

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viding home ventilator services and other types of high tech care offer challenging employment for the RT seeking a rewarding career in respiratory care. It's not just oxygen, compressor/nebulizer or CPAP set-ups anymore.

So where do we go with the shortage of RTs in the home? The answer to this problem lies with all of us. Not just with the schools or the AARC or the government (state or federal levels). We need to address the larger picture of RT shortage in the profession as a whole, and then perhaps, more qualified practitioners will decide on home care careers and take the positions that are available. Reimbursement for RT home visits will not hurt. This is still being debated in Congress and hopefully, in the near future, there will be a reimbursement mechanism for respiratory therapist home care visits. Remember, COPD is on the rise, and so will the need for home care RTs to conduct patient assessments and deliver the highest level of care possible.