



BRACING FOR THE FUTURE: HOW THE RESPIRATORY THERAPY PROFESSION CAN ADAPT TO THE HEALTHCARE CRISIS

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It's coming whether you like it or not, and it will be here sooner than you think. The "baby boomer" generation, born between 1946 and 1964, will arrive at the age of 65 between 2011 and 2029. The Center of Health Workforce Studies states: "Between 2000 and 2020, the U.S. population will add 19 million older adults. Overall, the numbers of older adults in this country will grow 138% in the next fifty years. By the year 2050, one of every five Americans will be age 65 or older." This trend will have direct implications on the field of Respiratory Care due to the fact that respiratory care practitioners (RCP) routinely see patients with chronic diseases that are disproportionately concentrated within the geriatric population. Combine these increased admission rates with growing RCP vacancy rates and we have a serious crisis to solve.

Survival of the Fittest

Due to factors such as declining reimbursement rates, rising costs of technology and increased competition between healthcare facilities driving up the cost of wages, healthcare as we now know it will have to change if it is to remain financially solvent. These changes will take their shape in the form of improved efficiencies in the way clinicians perform their duties and utilize technology. For example, we are currently witnessing the increased utilization of nurse practitioners to meet patient demands as physicians become more difficult to recruit. We are also seeing the skills of paramedics being utilized within emergency departments (ED) throughout the country as vacancy rates for registered nurses (RN) skyrocket.

Changes such as these will continue to occur as hospital administrators seek to invest in clinicians who can offer them the most "bang for their buck." RCPs, therefore, will need to acquire and maintain strong, critical thinking skills in a variety of areas to remain in high demand and avoid having some of their key skills usurped by other professions. To adapt to these changes, RCPs will need to be more diligent in asserting their skills and abilities that they are actually licensed to perform.

Improving Efficiencies

The implementation of therapist-driven protocols will be vital in assuring that the best possible care is provided to cardiopulmonary patients in the coming years. Protocols will help establish credible paths in which non-pulmonary physicians and prescribing practitioners can confidently provide the best possible care for their pulmonary patients. The implementation of protocols, however,

must be carried out with utmost attention. Respiratory managers should assure that physicians, RCPs, and RNs are all appropriately solicited for what will work best within their particular hospital. It is also important that protocols are designed so as not to be reduced to mindless checkmarks, nor made so complex that they cannot be performed in a reasonable amount of time.

The efficient use of protocols in addition to the intelligent use of technology will also help stem the tide of overly difficult therapist workloads. According to my experience, there are nebulizers currently on the market that provide superior respirable doses and noticeably improved clinical outcomes to patients in only 3 to 5 minutes (e.g., VixOne; Westmed, Inc; Tuscon, Ariz.; and the Aeroclipse; Monaghan Medical Corp; Plattsburgh, NY). Although they are more expensive, the timesavings should allow RCPs to focus more attention on the patients who truly need their services and thereby help decrease the overall average length of stay of pulmonary patients.

Since studies have proven that metered dose inhalers (MDI) are just as effective as hand-held nebulizers for the majority of patients who require aerosol therapy, it is also imperative to incorporate the transition from hand-held nebulizers to MDIs into the protocol mix.

Improving Marketability

As the years progress and technology expands, it will be very difficult for RCPs to keep up to date with ever-expanding research and development within the sphere of respiratory therapy. It will therefore be important for the profession to implement processes for RCPs to advance in their knowledge and skills. Career ladders are strong tools that will provide a way for RCPs to grow professionally and be rewarded for their efforts, while also providing an objective way for managers to attract and sustain high performers.

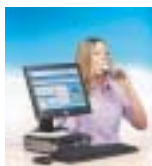
To be successful, however, career ladders must provide ways for RCPs advance professionally, and not just offer financial rewards to those who perform additional duties. Many competent RCPs leave the profession because the field has not developed ways in which the most ambitious can advance in their careers. Thus, the profession will thrive best in an environment that has the ability to sustain its most tenured and talented experts as inexperienced new graduates enter the field.

The National Board for Respiratory Care has the ability to help rectify this problem by creating additional credentials that

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would assist RRTs in acquiring and maintaining the skills necessary to specialize in areas that will only continue to grow. Hypothetical credentials such as the RRT-CVS (Cardiovascular Specialist) could potentially lend credibility to allowing RRTs to administer cardiovascular agents during cardiac stress testing and assist in cardiac catheterizations, which are normally roles reserved strictly for RNs. Multitasking practices such as allowing RNs to refocus their expertise in procedures that only they are licensed to perform will result in improved efficiencies without sacrificing quality

Education is Key

As nurse practitioners and physician assistants are given more responsibility to assess and treat patients, it is imperative that RCPs possess the appropriate levels of education necessary to develop and recommend the best care plans possible for their patients. The Committee on Accreditation for Respiratory Care can assist the profession in this arena by requiring accredited respiratory therapy educational programs to raise the RRT educational requirements to the baccalaureate level. Although this will add to the overall cost of healthcare on one end, on the other, it will save hospitals money long-term by allowing them to employ clinicians that can safely and efficiently multitask.

Although improving the educational requirements within the field of respiratory care is important, maintaining the associate-degree level certified respiratory therapist (CRT) credential will be vital to assuring there are appropriate numbers of therapists to

provide fundamental respiratory care for all. There are many people who are considering a second career in healthcare. Understandably, many of these folks do not have the time and money to devote to four or more years of college. However, they do possess the skills necessary to effectively meet the mission of the respiratory care profession. CRTs who do not wish to advance to higher credentials should therefore be permitted to continue in assuring that vital technical duties are completed at their highest level.

Transitions described here will not occur until professional growth is actually possible. Moreover, this professional growth must offer the actual possibility to acquire higher levels of responsibility unavailable to those who do not possess the same level of training and education. As it currently stands, there is no difference in the educational requirements of a CRT and an RRT. Although there is a valid argument in adjusting the wage scale of an RRT slightly more than that of a CRT due to the objective demonstration of having the critical thinking skills necessary to pass the registry examinations, it is not fitting in most instances when both credentials routinely perform the same duties and require the same level of education.

These professional changes will only happen once pay scales match job descriptions, and job descriptions are differentiated according to education and credentials. But most of all, only managers possess the tools necessary to help make these changes, and they must take it seriously. Life for the respiratory therapy manager is going to be even more challenging within the coming years than it is already.