

# RT

FOR DECISION MAKERS IN RESPIRATORY CARE®

Our annual profile of  
some of the industry's top  
respiratory care  
departments

# BEST *of* 2012

## RESPIRATORY CARE DEPARTMENTS

### RT'S BEST OF 2012 PROGRAM PANEL



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Respiratory Care and Allied Health  
Orange Coast College



**Mark Grzeskowiak,**  
RCP, RRT, FAARC  
Manager, Education & Quality,  
Respiratory Care Services  
Long Beach Memorial  
Medical Center



**Michael J. Hewitt,**  
RRT-NPS, FAARC, FCCM  
Critical Care/Trauma  
Specialist & Consultant  
Tampa, Fla



**Kenneth J. Miller,**  
MEd, RRT-NPS, AC-E  
Clinical Educator  
Lehigh Valley Health Network



**Paul Nuccio,**  
MS, RRT, FAARC  
Director of Pulmonary Services  
Brigham and Women's Hospital  
& Dana-Farber Cancer Institute

**NOMINEES FOR BEST OF 2012 RESPIRATORY CARE DEPARTMENTS**

**Adventist GlenOaks Hospital**  
Glendale Heights, IL  
www.keepingyouwell.com

**Airway Oxygen Inc Homecare**  
Wyoming, MI  
www.airwayoxygeninc.com

**Akron Children's Medical Center**  
Akron, OH  
www.akronchildrens.org

**Alvarado Hospital Pulmonary Department**  
San Diego, CA  
www.alvaradohospital.com

**Arrowhead Regional Medical Center - Respiratory Care Services**  
Colton, CA  
www.arrowheadmedcenter.org

**Atenas College - Cardio Respiratory Program**  
Manati, Puerto Rico  
www.atenascollege.edu

**Baptist Health South Florida**  
Coral Gables, FL  
www.baptisthealth.net

**Bay Medical Center**  
Panama City, FL  
www.baymedical.org

**Billings Clinic**  
Billings, MT  
www.billingsclinic.com

**Blake Medical Center**  
Bradenton, FL  
www.blakemedicalcenter.com

**Bolivar Medical Center - Respiratory Therapy Department**  
Cleveland, MS  
www.bolivarmedical.com

**Bradley County Medical Center**  
Warren, AR  
www.bradleycountymedicalcenter.com

**Brentwood Subacute Healthcare Center**  
Burbank, IL  
www.brentwoodsahcc.com

**Bristol Hospital**  
Bristol, CT  
www.bristolhospital.org

**Centerpoint Medical Center**  
Independence, MO  
www.centerpointmedical.com

**Cherokee Nation WW Hastings Hospital**  
Tahlequah, OK  
www.cherokee.org

**Chestnut Hill Hospital**  
Philadelphia, PA  
www.chhealthsystem.com

**Children's Mercy Hospitals and Clinics**  
Kansas City, MO  
www.childrensmercy.org

**Children's of Alabama - Respiratory Care Service**  
Birmingham, AL  
www.childrens.al.org

**Christ Hospital-Respiratory Department**  
Jersey City, NJ  
www.chrishopital.org

**Clarinda Regional Health Center**  
Clarinda, IA  
www.clarindahealth.com

**Cleveland Clinic**  
Cleveland, OH  
www.clevelandclinic.org

**Community Howard Regional Health System**  
Kokomo, IN  
www.howardregional.org

**Cook Children's Medical Center**  
Fort Worth, TX  
www.cookchildrens.org

**Craig Hospital**  
Englewood, CO  
www.craighospital.org

**Crouse Hospital**  
Syracuse, NY  
www.crouse.org

**CSW Medical Corp**  
Warm Springs, GA  
www.centralstatehospital.org

**Cuyahoga Community College - Respiratory Care Program**  
Parma, OH  
www.tri-c.edu

**Dekalb Medical Downtown Decatur LTAC**  
Decatur, GA  
www.dekalbmedical.org

**Detroit Medical Center - Children's Hospital of Michigan**  
Detroit, MI  
www.childrensdmc.org

**Forrest City Medical Center**  
Forrest City, AR  
www.forrestcitymedicalcenter.com

**Frederick Memorial Hospital**  
Frederick, MD  
www.fmh.org

**Freeman Health System - West and East**  
Joplin, MO  
www.freemanhealth.com

**Geisinger Health System - Danville**  
Danville, PA  
www.geisinger.org

**HealthSouth City View Rehabilitation Hospital**  
Fort Worth, TX  
www.healthsouthcityview.com

**Hillcrest Hospital**  
South Tulsa, OK  
www.hillcrestsouth.com

**Indiana University Health LaPorte Hospital**  
LaPorte, IN  
www.iuhealth.org

**Inova Fairfax Hospital**  
Falls Church, VA  
www.inova.org

**Jameson Health System**  
New Castle, PA  
www.jamesonhealth.org

**John Peter Smith Hospital**  
Fort Worth, TX  
www.jpshhealthnet.org

**Kaiser Permanente - Los Angeles Medical Center**  
Los Angeles, CA  
www.kp.org

**Kindred Hospital Baldwin Park**  
Baldwin Park, CA  
www.khbaldwinpark.com

**Klingensmith HealthCare**  
Ford City, PA  
www.klingshc.com

**Leesburg Regional Medical Center**  
Leesburg, FL  
www.cfhalliance.org

**Lehigh Valley Health Network**  
Allentown, PA  
www.lvhn.org

**Lima Memorial Health System - Respiratory Care Department**  
Lima, OH  
www.limamemorial.org

**Longview Regional Medical Center - Respiratory Therapy Department**  
Longview, TX  
www.longviewregional.com

**Mayo Clinic**  
Rochester, MN  
www.mayoclinic.com

**Memorial Hospital of Converse County**  
Douglas, WY  
www.conversehospital.com

**Mena Regional Health System**  
Mena, AR  
www.menaregional.com

**Mercy Health System**  
Janesville, WI  
www.mercyhealthsystem.org

**Mercy Hospital Joplin**  
Joplin, MO  
www.mercy.net/joplin-carthagemo

**Methodist Le Bonheur Healthcare - Methodist Fayette Hospital**  
Somerville, TN  
www.methodisthealth.org

**Methodist Mansfield Medical Center**  
Mansfield, TX  
www.methodisthealthsystem.org

**Millennium Respiratory Services**  
Whippany, NJ  
www.millenniumrespiratory.com

**Morristown Medical Center - Respiratory Care Department**  
Morristown, NJ  
www.atlantichealth.org/morristown

**Mount Sinai Medical Center - Respiratory Therapy Department**  
Miami Beach, FL  
www.msmc.com

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**NOMINEES FOR BEST OF 2012 RESPIRATORY CARE DEPARTMENTS**

**Muhlenberg Community Hospital - Respiratory Care Services**  
Greenville, KY  
www.mchky.org

**Munson Medical Center**  
Traverse City, MI  
www.munsonhealthcare.org

**New York-Presbyterian/ Columbia Medical Center**  
New York, NY  
www.nyp.org

**North Country Hospital - Respiratory Care**  
**Cardiopulmonary Services**  
Newport, VT  
www.nchsi.org

**North Metro Medical Center**  
Jacksonville, AR  
www.northmetromed.com

**North Mississippi Medical Center Women's Hospital**  
Tupelo, MS  
www.nmhs.net

**Lourdes Hospital**  
Binghamton, NY  
www.lourdes.com

**Our Lady of the Lake RMC**  
Baton Rouge, LA  
www.ololrhc.com

**Paoli Hospital - Respiratory Care Department**  
Paoli, PA  
www.mainlinehealth.org/paoli



**Peterson Regional Medical Center**  
Kerville, TX  
www.petersonrhc.com

**Phoenix Children's Hospital**  
Phoenix, AZ  
www.phoenixchildrens.com

**Plaza Medical Center - RT Department**  
Fort Worth, TX  
www.plazamedicalcenter.com

**Presbyterian Healthcare - Pulmonary Function Lab**  
Charlotte, NC  
www.presbyterian.org

**Providence Portland Medical Center**  
Portland, OR  
oregon.providence.org

**Ralph H. Johnson VA Medical Center**  
Charleston, SC  
www.charleston.va.gov

**Rapid City Regional Hospital**  
Rapid City, SD  
www.regionalhealth.com

**Research Medical Center**  
Kansas City, MO  
www.researchmedicalcenter.com

**Robert Wood Johnson University Hospital - Respiratory Care Services**  
New Brunswick, NJ  
www.rwjuh.edu

**Roosevelt Warm Springs**  
Warm Springs, GA  
www.rooseveltrehab.org

**Roseland Community Hospital - Cardio Pulmonary Department**  
Chicago, IL  
www.roselandhospital.org

**Rutherford Regional Health System**  
Rutherfordton, NC  
www.rutherfordhosp.org

**Saint Vincent Charity Medical Center**  
Cleveland, OH  
www.stvincentcharity.com

**Saline Memorial Hospital**  
Benton, AR  
www.salinememorial.org

**Sanford Medical Center Fargo**  
Fargo, ND  
www.sanfordhealth.org

**Santa Clara Valley Medical Center - Respiratory Care Department**  
San Jose, CA  
www.scvmc.org



**Select Specialty Hospital - Longview**  
Longview, TX  
www.selectspecialtyhospitals.com

**Select Specialty Hospital - Nashville**  
Nashville, TN  
www.selectspecialtyhospitals.com

**Shands Hospital - Respiratory Care Department**  
Gainesville, FL  
www.shands.org



**South Miami Hospital**  
South Miami, FL  
www.baptisthealth.net

**South Pointe Hospital - Respiratory Care Services**  
Warrensville Heights, OH  
my.clevelandclinic.org

**Southeast Louisiana Veterans Health Care System - VA Medical Center**  
New Orleans, LA  
www.neworleans.va.gov

**Sparrow Ionia Hospital**  
Ionia, MI  
www.sparrow.org

**St John Macomb - Oakland Hospital / Macomb Center**  
Warren, MI  
www.stjohnprovidence.org

**St. Luke's Baptist Hospital - Department of Respiratory Care**  
San Antonio, TX  
www.baptisthealthsystem.com

**St Luke's Hospital**  
Chesterfield, MO  
www.stlukes-stl.com

**St. Mary's Health Care System**  
Athens, GA  
www.stmarysathens.org

**St Mary's Medical Center - Respiratory Care Department**  
Blue Springs, MO  
www.stmaryskc.com

**Sutter Auburn Faith Hospital**  
Auburn, CA  
www.sutterauburnfaith.org

**Sutter Roseville Medical Center**  
Roseville, CA  
www.sutterroseville.org

**Texas Health Harris Methodist Hospital Fort Worth**  
Fort Worth, TX  
www.texashealth.org

**The University of Arizona Medical Center - University Campus**  
Tucson, AZ  
www.azumc.com

**Thomas Hospital - Respiratory Therapy Department**  
Fairhope, AL  
www.thomashospital.com

**Thomas Jefferson University Hospital**  
Philadelphia, PA  
www.jeffersonhospital.org

**Tift Regional Medical Center**  
Tifton, GA  
www.tiftregional.com

**Trinity Health System**  
Steubenville, OH  
www.trinityhealth.com

**UAB Hospital Birmingham**  
Birmingham, AL  
www.uabmedicine.org

**UC San Diego Medical Center - Department of Respiratory Care**  
San Diego, CA  
www.respcare.ucsd.edu

**Union Hospital - Respiratory Department**  
Terre Haute, IN  
www.uhhg.org

**Unity Hospital**  
Fridley, MN  
www.allinahealth.org

**University of Miami Hospital**  
Miami, FL  
www.umiamihospital.com

**University of New Mexico Hospital**  
Albuquerque, NM  
hospitals.unm.edu

**VA New Jersey Health Care System**  
East Orange, NJ  
www.newjersey.va.gov

**Valley Nursing and Rehabilitation Center**  
Taylorsville, NC  
www.valleyrehab.com

**Wesley Medical Center**  
Hattiesburg, MS  
www.wesley.com

**West Georgia Medical Center**  
LaGrange, GA  
www.wghealth.org

**Wheaton Franciscan Healthcare - All Saints**  
Racine, WI  
www.mywheaton.org



## Protocol Driven

BY PHYLLIS HANLON

*Protocol-driven practice together with state-of-the-art equipment and passionate, dedicated staff prove to be a winning combination for both patients and the hospital.*

When he was a student, respiratory care practitioner Long Nguyen completed a semester-long residency at Santa Clara Valley Medical Center (SCVMC) in San Jose, Calif, and knew immediately he had found his number one choice for employment. The growth opportunities, thorough, ongoing training, and—most of all—the people convinced him that this hospital was the best place to work.

SCVMC, a 524-bed public teaching hospital, is one of the largest medical centers in Northern California. The facility runs its own residency program and also partners with a program out of Stanford University. The hospital serves as the hub of emergency medical services in this part of the state, and its patient population includes nearly 75% medically indigent adults.

SCVMC provides a range of services, including inpatient, outpatient, and acute care and comprises six adult intensive care units and a neonatal intensive care unit; a burn center; a rehabilitation trauma unit; and a spinal cord unit. One of the hallmarks of the hospital is its close collaborative relationship with its respiratory care department, which plays an integral role in managing and maintaining the health of all its patients.

Craig Ivie, RCP, manager of the department, started working at SCVMC in 1991 and assumed his current position in 2004. He reports that the respiratory therapy department includes close to 90 therapists who perform, on average, 800 procedures every day within every area of the hospital. The department's positive impact on patient care throughout the facility—particularly in the ICUs—can be attributed to several protocols,

## Santa Clara Valley Medical Center



Respiratory therapists Long Nguyen and Connie Park evaluate a critical care neonate in the level III NICU.

the first of which was developed and implemented in 1994.

### PROTOCOLS BENEFIT PATIENTS AND STAFF

According to Ivie, 90% of the department's work—from ventilator management and oxygenation therapy to specific intrapulmonary percussive ventilation (IPV) and bronchodilator treatment—is protocol driven. "This puts respiratory therapy in the middle of the multidisciplinary team in the ICUs. We round with the team and provide input. These protocols have improved communication between team members," he says.

The first protocols, which were written over a 2-day period by a group of 17 respiratory care therapists, were implemented in the medical intensive care unit (MICU) and surgical

intensive care unit (SICU). "We figured out where the care should go. We went through the approval process and took changes from the physicians. There are so many disciplines, and we had to develop protocols accepted by all areas. Our therapists did a great job making it work," Ivie says. All protocols have been developed according to American Association for Respiratory Care (AARC) effective guidelines, based on outcomes. "If the protocols didn't benefit the patients, we couldn't grow the program in all adult areas," he adds.

Respiratory care practitioner John Dietrich, a 19-year veteran of SCVMC who administers the protocol in the MICU and cardiac intensive care unit (CICU), says, "The protocol saves time and moves the patient quicker than a nonventilator care protocol."

Within 1 year of implementation, the protocols



From left, Long T, Steven Tam, and Sue Rodriguez discuss a ventilated spinal cord injury patient in the rehabilitation trauma unit.

were expanded to all units throughout the hospital, except for the neonatal and pediatric units where a lead pediatric respiratory therapist acts as a liaison between the nursing staff and the respiratory therapy department. "We respond to high-risk deliveries and have a high level of involvement," says Ivie. "Because respiratory therapy works so well with the nurses, our suggestions are readily accepted. Through patient rounds, we figure out how best to treat."

Ivie points out that standardizing procedures has expedited care and improved staff efficiency. "After the first year, we compared data using the protocols. We had reduced the length of stay by 2.7 days. Every year since then, we've continued to reduce the lengths of stay. Now we are down to 3.78 days per patient. A reduced ICU stay usually means a reduced overall hospital stay," he says. "But the biggest impact has been the increased communication between everyone in the medical center. The protocols give residents, nurses, and doctors a guide as to what to do next to wean the patient from a ventilator."

The respiratory department is especially pleased with the outcomes in the spinal cord unit. "The respiratory therapist has to spend an hour to an hour and a half doing secretion management, bronchodilation, ventilation, T-tube insertion, and monitoring vital capacities. We do a lot of huddles—multidisciplinary meetings—looking at total care of the patient," says Ivie. "Someone with a fresh injury can spend between 21 and 28 days in the spinal cord ICU. We try to get them off the ventilator or to best case scenario as soon as we can."

### POSITIVE OUTCOMES IN-HOSPITAL AND AT HOME

While the protocol is achieving its goal of restoring a spinal cord patient's normal breathing pattern as soon as medically possible, it has proven to have additional benefits. Ivie says, "Getting the ventilator home care company to take on an indigent patient [upon discharge] had been challenging. It could take up to 3 weeks to get approval. Then we needed to bring in the equipment and train the family and patient to use it. That took another week or two. So now we were up to 5 weeks," he says.

With the protocol in place, patients begin using LTV1200 ventilators as soon as they pass the initial injury phase. Ivie says, "We start the training and approval process right then. When the patient is ready to go home, it eliminates 5 extra weeks of being an inpatient. This makes a big difference in patient satisfaction. Physicians and staff are also much happier."

Therapists have the luxury of choosing from several equipment options, including VDR4 high frequency ventilators for patients with acute respiratory distress syndrome (ARDS), which have increased survival rate to home by as much as 65%. Therapists also use online IPV for patients with pneumonia, mucus plugs, and asthma; continuous IPV for aggressive treatment designed to move patients out of the ICU within 24 hours; and SenTec monitors to treat the sickest patients.

"Our therapists are proud of the work they are doing as a county hospital. We are

fortunate administration allows us to obtain state-of-the-art equipment. We have a fleet of 60 Servo-i ventilators and 10 GE Carestations for use in the nursery," Ivie says. "Our therapists have a wide choice when it comes to equipment to treat."

In addition to working in the special units, respiratory therapists contribute significantly to care in the emergency room, very often running three or four ventilators simultaneously; administering metered dose inhalers, small valve nebulizers, and BiPAP; and starting initial ventilation. Additionally, four respiratory therapists perform as many as 1,500 studies annually in the pulmonary function department and also answer equipment-related questions.

SCVMC participates in a residency program with Stanford University and also sponsors its own. Respiratory therapists interact routinely with residents and attendings at bedside and during rounds, assisting with training at all levels and guiding interns as part of their education. Ivie says, "We have a dynamic relationship with residents."

SCVMC has been involved in numerous studies throughout the years, specifically with the NICU and spinal cord rehabilitation therapies. Dietrich notes that in the respiratory field several studies have examined ways to successfully ventilate spinal cord patients. This year the respiratory care department is launching its first primary study, a lung recruitment trial that will research more viable ways to treat ARDS. "We hope to see how we can open lungs, keep them open, ventilate better, and wean the patient



From left, Craig Ivie teaches John Dietrich, Joanne McKee, and Donna Nickolopoulos how to use the VDR4 high frequency ventilator.





The respiratory care team at Santa Clara Valley Medical Center.

better. By venting more of the lung, we can use lower pressure, which is better for the lung," says Ivie. "We'll look at oxygenation to reduce length of stay." The department's therapists plan to measure functional residual capacity (FRC) and record outcome data, which will help identify more effective ways to wean patients off ventilators sooner.

### NEW TECHNOLOGY AND ADDED SPACE INCREASE PRODUCTIVITY

Until 8 years ago, the respiratory therapy department utilized manual charting, a cumbersome, time-consuming, somewhat inefficient means of tracking procedures, care, and costs. "We partnered with rehabilitation services to purchase the [MediLinks] program from MediServe Corp in 2004. This purchase has brought tremendous benefits business wise and professionally," says Ivie. "Notes are legible and concise. We have increased our charge capture by up to \$200,000 a month. This has helped our overall productivity."

Therapists use 200 wireless, full-size laptops on movable carts that can easily travel from one unit to another. Ivie notes that the county recently signed a contract with software company Epic and the entire medical facility will be fully integrated by May 2013.

In spring 2014, the respiratory care department will be on the move—to a new building on campus. The new structure will add 200 beds and 32 ICU beds to the existing ones at SCVMC. Respiratory care will occupy a larger space with 1,000 square feet for storing equipment. "The main report area

will seat 48 staff members. There will be a locker/break room and computer workstations with AV equipment for educational in-service programs," says Ivie. "We'll have piped-in air and O<sub>2</sub> as well as 60 vents." He explains that the department uses more than 100 vents to test equipment so this will facilitate the task. "We can test several at a time and do routine maintenance." A small conference room/library will accommodate 10 to 12 people.

### PERKS LEAD TO LONGEVITY AND JOB SATISFACTION

While most of the therapists at SCVMC are veterans in the field, recent graduates sometimes join the team. "Hiring someone new is good because we have an opportunity to mold that person into the kind of therapist that works well for the institution," Ivie says. "They have to be aggressive, use the skills they've been taught and what they learn here. We are so protocol driven, the person can't fear talking to the doctors. They have to take the initiative and advocate for the patient."

Due to the working environment, excellent benefits, and opportunities for growth, SCVMC has retained many of the same respiratory therapists for several years. "It's quite common for staff to stay. We have fabulous benefits, the pay is okay, and we have a great retirement/medical package. Because of everything you see and can do, staff gets vested in the county system. We also enjoy autonomy that may not be afforded at other hospitals," he says, citing a less than 2% turnover rate.

Staff also benefit from the department's

firm belief in ongoing training and education. An initial orientation of 6 weeks with more intense training for specific practice areas is just the beginning. Throughout the year, the department sponsors between eight and 12 lectures that offer CEUs. "For instance, a pulmonologist might come in to give a chest x-ray interpretation refresher," Ivie says. He has been involved with the California Society for Respiratory Care (CSRC) in the greater Bay region and notes that the department encourages participation in conferences and classes and provides tuition reimbursement and leave to attend the session.

Ask Dietrich why he's remained at SCVMC for nearly 20 years and he'll immediately respond, "It's the people I work with. Most of them have been here for 10 years or more. It's like a family." He adds that the opportunity to work in several different areas within the hospital keeps the job fresh and exciting. "You're not pegged to one role. You can grow and do what you want," he says. "Job satisfaction in this department is high. Several therapists have been here for 20+ years."

Nguyen, a relative newcomer with 3 years under his belt, agrees completely. He has had the opportunity to work in rehabilitation, the burn unit, the ICU, med/surg, and the NICU and says he enjoys the challenge that each different area poses. "We see some interesting cases. We are encouraged to think about how we can solve a problem," he says.

Nguyen plans to stay at SCVMC for the long haul and looks forward to learning more and growing professionally. "I'm still green, but the other therapists are helping me learn the ropes," he says. "They've made me feel very welcome."

*Phyllis Hanlon is a contributing writer for RT. For further information, contact RTeditor@allied360.com.*



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## Children's of Alabama



Respiratory therapists at Children's of Alabama find themselves working in one of the 10 busiest pediatric hospitals in the nation.

## Supporting the Mission

BY ROBERT W. PARK, BS, RRT

*Respiratory therapists at Children's of Alabama work to provide a better childhood for all children.*

Children's of Alabama has provided specialized medical care for ill and injured children across the state and throughout the southeastern United States since 1911. It is the only hospital in Alabama dedicated solely to the care and treatment of children. It is home to Alabama's only pediatric trauma center and the only pediatric burn center in the Southeast.

Children's of Alabama is one of the 10 busiest pediatric hospitals in the nation with more than 634,000 outpatient and nearly 14,000 inpatient visits in 2011. Outpatient care is provided through primary care offices and outpatient centers throughout Alabama.

Ten divisions within Children's of Alabama were recently ranked among the best children's hospital programs in the nation by *US News & World Report*. These included pulmonology, neurology and neurosurgery, orthopedics, urology, neonatology, cancer, cardiology, gastroenterology, endocrinology, and nephrology.

A 750,000-square-foot expansion facility, The Benjamin Russell Hospital for Children, opened August 4, 2012. The additional space expanded Children's from a total of 275 patient beds to 332 patient beds plus 48 neonatal intensive care unit bassinets. With the expansion, the hospital plans to add two new services—pediatric transplant and pediatric cardiology—which will make it the only comprehensive pediatric health care facility in the state.

### RESPIRATORY CARE AT CHILDREN'S OF ALABAMA

Respiratory therapists at Children's of Alabama practice in an environment conducive to learning and professional growth. They work with other health care professionals committed to providing family-centered care to patients in a variety of settings. Realistic staffing ratios and a supportive team environment help to ensure that each patient is treated safely and effectively.

Currently, more than 120 respiratory therapists are available on staff to ensure that each patient receives the highest quality care. One department manager oversees the day-to-day operations of the acute and chronic care areas. Another oversees the day-to-day operations of the critical care areas. A dedicated staff of respiratory therapists is regularly assigned to work in each area with the goal of enhancing the consistency of patient care.

Practicing in the acute and chronic care areas of the hospital affords respiratory therapists the opportunity to develop and expand essential skills while caring for patients of all ages and treatment needs. Acute care respiratory therapists played an integral role in the development and implementation of the inpatient asthma care pathway utilized at Children's of Alabama. Since initial implementation in April 2011, use of the pathway has been associated with decreased length of stay and a reduction of hospital charges for these patients. When compared to patients receiving usual care, pathway patients have a 50% reduction in length of stay and a 33% reduction in charges per admission. Additionally, respiratory therapists have contributed greatly to the development of a standardized inpatient asthma education class for patients and their families. Acute care respiratory therapists play vital roles in caring for children admitted to the Home Ventilator Program and are also valued members of a nationally recognized cystic fibrosis center.

Included within critical care areas at Children's of Alabama are a 22-bed pediatric ICU, a 20-bed cardiovascular ICU, a 48-bed neonatal ICU, and a 6-bed regional burn center. Critical care respiratory therapists function as integral members of the

patient care team, working closely with physicians and nurses to provide care following the most current medical practices and utilizing the latest technologies.

### THE MISSION

The mission of Children's of Alabama is to provide the finest pediatric health services to all children in an environment that fosters excellence in research and medical education. Children's of Alabama respiratory therapists work to support the mission by being advocates for all children and by participating in community outreach programs to educate the public about issues affecting children's health and well-being. Children's of Alabama respiratory therapists share a passion for working with children and a dedication to realize the vision of providing a better childhood for all children.

*Written in collaboration with the editors of RT Magazine.*



Children's of Alabama

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www.childrensal.org



## CSW Medical Corporation's RTs Are Among the Best

BY ALEX SAINT-AMAND, MBA, RRT, AND BEVERLY SAINT-AMAND, BA, RN, RRT

***The AARC's 2011 Long Term Care Specialty Practitioner of the Year and his wife describe how they teamed top respiratory therapists to bring the best in RT services to rural hospitals in Georgia.***

The best RT departments are not always found in large metropolitan hospitals. Some of the best departments can be found in small community or rural hospitals. Such is the case with the RT departments at Roosevelt Warm Springs Institute and Central State Hospital. Both departments are managed and staffed by CSW Medical Corp, a small corporation owned and operated by two respiratory therapists, Alex and Beverly Saint-Amand. CSW Medical was envisioned in the mid 1980s when the need for high-quality health care in the rural setting was identified. Initially focusing on the care of patients in their home, CSW expanded its corporate philosophy into the hospital setting. With clinical backgrounds in nursing, cardiology, and ultrasound, as well as respiratory therapy, CSW established multi-dimensional hospital RT departments that offer a wide array of services above and beyond the routine RT department. This has been beneficial for CSW's partner hospitals as they team to provide top quality respiratory therapists who are cross trained to cover essential services not offered elsewhere in the hospital.

For almost 50 years, Roosevelt Warm Springs (RWS) has provided quality rehabilitation care beginning with Franklin Delano Roosevelt's founding treatment for polio. Its long tradition of rehabilitation for polio patients continued with two hospitals and outpatient services. Inpatients are served in either the long-term acute care hospital (LTACH) or the inpatient rehabilitation hospital (IRF). CSW Medical manages and staffs the RT department at RWS with registered respiratory therapists who have the personality and

## CSW Medical Corp



Alex and Beverly Saint-Amand use their respiratory therapy background to fill the need for high-quality health care in rural areas.

experience to work with some of the most difficult cases. They interact with all hospital disciplines, the patients, and their families to effect the best outcomes. They are cross-trained for vascular and cardiac ultrasound and provide point of care laboratory testing and phlebotomy services. In 2010, the RWS LTACH began accepting long-term ventilator patients for ventilator care and weaning. With the program still in its infancy, its success rate has exceeded 80%, outperforming many of the larger vent weaning units. With both an LTACH and IRF on the premises, RWS is able to progress patients from the LTACH, to the IRF, and then to home. This makes a seamless transition for the patients and their families.

Beverly states, "Our respiratory therapists want to see the best outcomes for our patients. They routinely attend team conferences and interact daily with physical therapy, occupational therapy, speech, nursing, case management, and physicians to see that our patients are getting the best care. We have developed protocols that allow us to progress patients forward with their therapy without having to wait for physician intervention. We earned the respect of our professional medical staff, and they support our decision making wholly."

Central State Hospital (CSH) provides skilled and intermediate nursing home care for clients with significant medical and nursing needs in addition to mental illness or developmental disabilities. It takes unique and dedicated RTs to work in this environment of care. Often abandoned by their families, these patients will break your heart every day. CSW's respiratory

therapists meet this challenge head on. RT at CSH is the "go to" department. They provide daily rounds on patients, identifying those who are at risk for aspiration pneumonia, and have implemented treatment protocols to prevent acute hospital admissions. With a high population of tracheostomized patients, they work closely with the nursing department and physicians to ensure the safety of their patients. In addition to routine and specialized RT services, CSH's RT department also performs EEG testing on its many neurologically impaired patients, ensuring they receive appropriate treatment for their disorder. Without RT to provide this vital service, many of these patients would have to be transferred to outside facilities.

Often asked how they have managed to survive almost 30 years of working together, Alex and Beverly insist they can't imagine anything different. "It's not work when you love what you do." And it helps that we have the best RTs!

*Written in collaboration with the editors of RT Magazine.*

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## A Passion to Lead

BY BEVERLY NATALE, MAS, RRT

**The hospital has been ranked among the top 50 hospitals by US News and World Report.**

Morristown Medical Center, part of Atlantic Health, has been recognized by Castle Connolly Medical Ltd, publishers of America's Top Doctors, as the best hospital in New Jersey 2 years in a row. The respiratory care department at the medical center promotes a healthy work environment, skilled communication, true collaboration, effective decision-making, appropriate staffing, meaningful recognition, quality leadership, supportive medical direction, and, finally, a passion to lead. All of these factors work together to result in superior patient care delivered with respect, dignity, compassion, and pride.

Our therapists support local, regional, and national efforts to promote the advancement and involvement of the respiratory care profession, including participation in community health fairs and spirometry screenings, and planning regional and national cystic fibrosis (CF) conferences. Among its many innovative programs, the respiratory care department is particularly proud of its "unit-based teams" model of care, designed to improve clinical expertise, improve continuity and consistency of care, and improve patient outcomes and education. A lead therapist heads each of the seven teams and all team members must be proficient (via competencies) in the requirements of the hospital unit they serve. We have found that the unit-based team concept not only accomplishes the goals it was designed to achieve, but it also provides a better allocation of resources, improves communication with physicians and nurses, and improves the satisfaction level of the respiratory care staff.

The department also has developed the Respiratory Therapist Professional Advancement Career Track (RT PACT) program to empower and recognize therapists who choose to further grow and develop professionally. Therapists are given the option to pursue the development of professional, clinical, educational, and leadership skills to enhance their own careers, as well as promote the profession and the image of respiratory as a whole.

## Morristown Medical Center



The respiratory care staff at Morristown Medical Center strives to provide superior patient care and advance the profession.

The respiratory care department uses a shared governance model for self-leadership, which increases employee satisfaction. From the practice council, which approves and recommends activities that affect the staff's daily work, to the professional development council, which helps identify and support the staff and their educational needs, the goal is to develop and support the entire respiratory staff in their work.

The department is an integral part of the Atlantic Health Accountable Care Organization (ACO)—formed to improve patient care quality, reduce costs, and streamline health care delivery—and offers expertise in the areas of chronic obstructive pulmonary disease (COPD), congestive heart failure, and pneumonia. In developing the Atlantic Health ACO, the leadership at Morristown felt that it was important to have the clinical expertise of a respiratory care practitioner on the Pulmonary Workgroup Committee. I have the privilege of serving not only as a participatory member, but as a team leader for the workgroup. In addition, the department actively supports the Atlantic Health Pulmonary Center of Excellence, which provides comprehensive, state-of-the-art pulmonary services to adult and pediatric patients for a range of conditions, including lung cancer, sleep disorders, CF, and COPD.

During these changing times in health care, participation in evidence-based research to guide our clinical practices and in hospital research to further advance the practice of respiratory care gives two examples of how we evolve our roles and model of care delivery. We have presented an abstract to the

American Association for Respiratory Care demonstrating the effectiveness of using home spirometers to identify early exacerbation in CF, and are actively involved in other CF research efforts. For example, the airway clearance technique, manual oscillatory positive expiratory pressure (MOPEP), was developed and tested at Morristown and is now used at many CF centers around the country. Research performed by respiratory care practitioners at Morristown also is being considered for a multi-center, blinded study at CF centers in the Mid-Atlantic region. Our leadership team, consisting of clinical coordinators, lead therapists, charge therapists, and shared governance council chairs, guides and supports our staff to reach their full potential.

I am proud of the many accomplishments and awards earned by our staff, and I am privileged to work with such a leading, innovative team of highly skilled, compassionate professionals.

*Written in collaboration with the editors of RT Magazine.*



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## Growing and Thriving

BY ALISON WERNER

**As the hospital grows, Paoli Hospital's respiratory therapists work to transform patient care and outcomes.**

In only 3 years, Paoli Hospital, a member of The Main Line Health System, has metamorphosed from a medium-sized suburban community hospital—the “little hospital up on the hill”—to a level two trauma center serving Philadelphia's Chester County. The transformation drastically increased the workload facing the respiratory therapists at Paoli, but they have more than risen to the challenge and now focus on better improving patient care and outcomes.

Paoli—one of only 50 hospitals in the nation to take part in the Pebble Project, a joint research effort with The Center for Health Care Design to apply evidence-based “best practices” to the design of health care facilities—opened a new 500,000-square-foot patient care pavilion in 2009, almost doubling the size of the hospital, and increasing the number of licensed beds from 157 to 214. The expansion required Karen Kofalt, MS, RRT, director of respiratory care, pulmonary diagnostics, and cardiac rehabilitation, to grow the respiratory care department to meet the new needs, bringing the number of full-time equivalent (FTE) respiratory therapists to 15, or approximately 23 employees.

This staff serves both the respiratory care and pulmonary diagnostic departments, yet they don't work in a vacuum. Patients receive care from an integrated team of registered respiratory therapists, registered nurses, and physicians. This team approach, and a close relationship with the nursing staff in particular, allows the respiratory care department to focus its efforts on critical care patients in the intensive care unit and emergency department. The nursing staff in turn does much of the respiratory floor care, with the respiratory care staff serving as consultants available to do reevaluations as needed.

“The relationship with nursing is very strong and I think extremely essential to the respiratory staff providing the quality care they need to at the bedside,” says Kofalt.

## Paoli Hospital



The respiratory care staff at Paoli Hospital is charged with serving both the respiratory care and pulmonary diagnostic departments.

This integrated approach allows the respiratory therapists to also staff the hospital's state-of-the-art pulmonary diagnostic department, featuring a diagnostic lab, pulmonary rehabilitation program, and maintenance program. The department—the third in the country to have its outpatient chronic obstructive pulmonary disease (COPD) program certified by the Joint Commission Disease Certification—identifies patients with lung issues who are then referred to the rehab program by a physician. The 12-week program provides patients with twice weekly education and exercise training sessions. Once they graduate, rehab patients are encouraged to join the department's self-pay maintenance program. Unlike a local gym, the maintenance program provides patients with supervision and monitoring, including blood pressure and blood saturation, and also allows them to work out with others like themselves. Three respiratory therapists and five exercise physiologists staff the pulmonary diagnostic department, and as Kofalt says, “They do an amazing job. They are the brains behind the success of our COPD disease certification.”

The same skill and dedication that went into creating a successful COPD program found its way into the staff's efforts to reduce patient ventilator days and cases of ventilator associated pneumonia (VAP). Paoli averages about 1,800 ventilator days annually and has an “extremely low” VAP rate, according to Kofalt—a trend the department strives to maintain. “Obviously, decreasing infection between patients and preventing VAP are extremely important to us as we move toward the era of value based purchasing where hospitals won't necessarily get reimbursed for hospital acquired infections. So we strive to maintain a safe environment for our patients and staff. Our

focus and education supports our commitment to preventing hospital acquired infections,” she says.

Another department priority has been to decrease noninvasive ventilation and the number of patients intubated and put on ventilators. The use of high flow nasal cannulas is instrumental in this effort.

“We're using a lot of high flow nasal cannulas and we're noticing that our noninvasive days are really decreasing. It's also preventing patients from being transferred to a higher level of care,” says Kofalt. “Right now, we're in the process of formulating a few case studies to show to our doctors how successful we are with this tool. It's something that we're very excited about, and it's going very well.”

The success of Paoli's respiratory care staff is clear. It has thrived amidst rapid growth, and all the while maintained a commitment to quality patient care and improved patient outcomes. As Kofalt says, “I'm extremely proud of the care we give and the staff's commitment to patient outcomes.”

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## Enriching Care

BY PHYLLIS HANLON

*The respiratory team at Shands Hospital takes advantage of a world-class facility and unique opportunities to enrich patient care.*

Nestled within the small college town of Gainesville, Fla, sits Shands Hospital, a world-class medical facility whose respiratory care practitioners play a key role in patient care. The positive influence of its respiratory team is apparent throughout every department in this teaching/research institution.

According to Tracy R. Holden, MBA, RRT, RCP, director of cardiopulmonary and neurodiagnostic services, business as usual involves access to top-of-the-line equipment and fully computerized charting. "We have computers on wheels for staff so they can do procedures at the bedside, like blood gas testing and measuring electrolytes," she says. The department comprises 160 full-time respiratory care practitioners.

Several ongoing educational and training opportunities help keep staff up-to-date on the most current research, techniques, and equipment in the field. "Two educational coordinators provide training at three different in-house conferences every year," says Holden, adding that Harvard University also conducts a 6-month project management course on-site. The administration encourages staff to attend state and national conventions as well.

Moreover, both the hospital and the department have joined the national movement toward 4-year degrees for respiratory care therapists. Holden notes that the hospital's affiliations with the University of Florida, as well as its own teaching facilities, facilitate obtaining a degree.

### RESEARCH OPPORTUNITIES ENRICH THE WORK

Respiratory therapists at Shands have a unique opportunity to become involved in several research initiatives. For instance, Holden reports

## Shands Hospital



In the last 3 years, the respiratory care department at Shands Hospital has expanded, adding 49 new positions.

that the medical director, Michael A. Jantz, MD, who is ranked #2 nationally in his field, has done significant research on bronchial thermoplasty. Severe asthmatics who are not maintained on medications, but whose lives are controlled by their illness, have shown positive outcomes, Holden explains. "After 6 years of study, they have little to no asthma issues. Fewer than 10 centers do this," she adds.

Additionally, therapists have worked with David W. Kays, MD, who specializes in diaphragmatic hernias, and has used extracorporeal membrane oxygenation (ECMO) extensively to help many patients survive what used to be a terminal diagnosis. An accredited Center of Excellence in ECMO, Shands received an Award for Excellence in Life Support for its ECMO program.

### TEAMWORK ENHANCES WORK AND PLAY

While equipment, education, and research opportunities enhance their jobs, staff unanimously agree that the people make the biggest difference at Shands. The scope of experience—time on the job ranges from 2 to 20 years—offers a balance of fresh, new ideas and proficiency. Holden looks for academically qualified individuals who have integrity and a good outlook on patient care, and will advocate for them, and who demonstrate teamwork. "To fit in, they have to be dedicated, have energy and a positive attitude," she says.

In the last 3 years, the respiratory care department has created 49 new positions. One of the ways in which the department fills those slots is through its residency program, which

instills confidence and enhances self-esteem. "We offer a 2- to 5-week preceptorship where students learn the job," says respiratory practitioner Tom Selig. "The students come in and see how we function. They get to know the doctors and evaluate the hospital, and the department gets a 5-week job interview."

Not only does the respiratory care staff collaborate during work hours, but they also extend their camaraderie outside the hospital. All staff is invited to—and a majority participate in—several activities from holiday parties and golf outings to camping trips and tubing at one of the 40 natural springs in the area. Selig says, "These activities bolster teamwork."

Practitioner Leonile Kicnurse attributes the cohesiveness and progress in the department to Holden. "We are going in the right direction due to our director's vision and leadership. She supports us and allows us to grow," she says.

Holden, in turn, credits her staff for its dedication. "We want the best of the best, people who are committed to the excellence of the team. Our goal is not to be one of the best, but to be the best in the nation."

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