BEYOND THE BEDSIDE

Careers Options for RTs Beyond Critical Care

Introduction

- Dan Dunmire is a Registered Respiratory Therapist and the Director of Clinical Services at Movair, an Austin, TX based medical device company. Beginning at UPMC Presbyterian in Pittsburgh, he spent ten years at the bedside in adult critical care in cardiac and neurological ICUs. Dan has also worked in the DME industry. Upon the launch of the LUISA ventilator to the US market, he took on the role of lead clinician at Movair. A lover of all things adrenaline-producing, his hobbies include skydiving, off-road driving, ziplining, and anything else that most "normal people" think is crazy. Dan lives with his wife and three kids in the Pittsburgh area.

OBJECTIVES

- Career Paths for RTs
- What is burnout?
- RTs away from the bedside
- Homecare, Sales, Marketing

FROM GRADUATION TO THE WORKFORCE

- According to a 2020 survey by the AARC of the respiratory therapy workforce, most responding RTs had an associates degree. Of the surveyed workforce, 17% had achieved a Bachelors Degree in any discipline.[1]
- Of the surveyed participants, almost 80% worked primarily in an acute care hospital.
- Many RT programs partner with local hospitals to find jobs for students and fill gaps in the local workforce.

1) AARC Human Resource Survey of Respiratory Therapists-2020

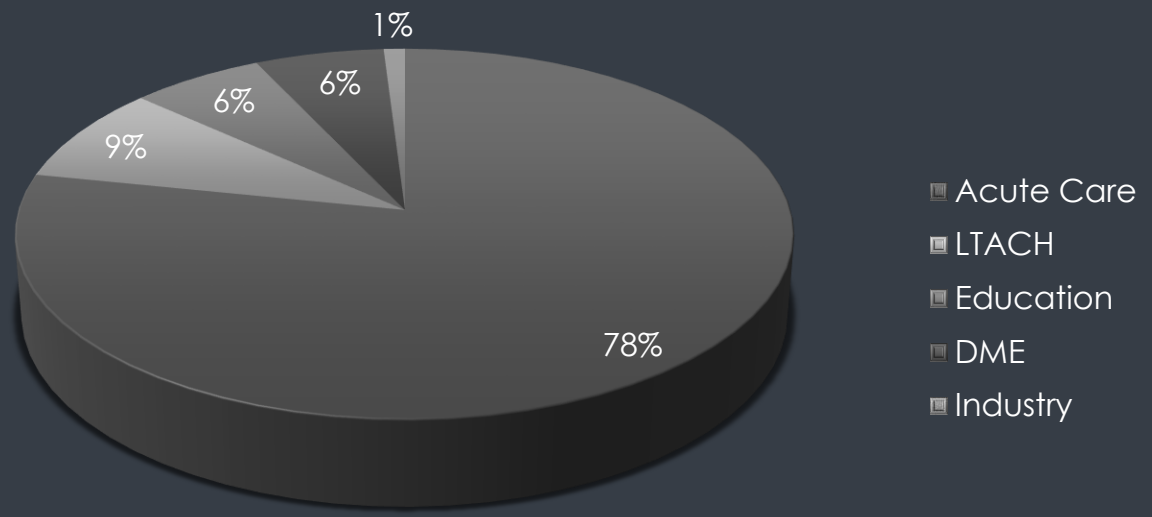
VARIOUS CAREER OPTIONS

When considering where to work, various roles can be loosely categorized as:

- Acute care- Hospital/ICU/Trauma Centers/ER
- Sub-Acute Care- LTACH and SNF
- Case Management, Discharge Planning, RT Navigator
- PFT and Sleep labs
- Homecare/DME
- Education
- Medical Sales or clinical education

BREAKDOWN OF RTS IN THE WORKFORCE

*RTs in the Workforce**



*Some RTs responded with more than one workplace

1) AARC Human Resource Survey of Respiratory Therapists- 2020

ACUTE CARE

- Approximately 80% of RTs work here
- Many RT programs have externship/preceptor opportunities with local hospitals that help ease workforce burdens and help graduating students find jobs quickly.
- Opportunities for advancement depends on size and scope of RT practice at various facilities.
  - Team Lead
  - Management
  - Clinical Preceptor/Educator

SUB-ACUTE CARE

- Respiratory care in LTACH and Skilled nursing facilities offers a different set of challenges
- Many LTACH hospitals are between 20-40 beds, and ventilator/RT ratios are often high
- Emphasis in LTACHs is often on multidisciplinary therapy, ventilator weaning and liberation
- SNFs that offer positions for RTs often include ventilator wings for long-term care patients, as well as NIV

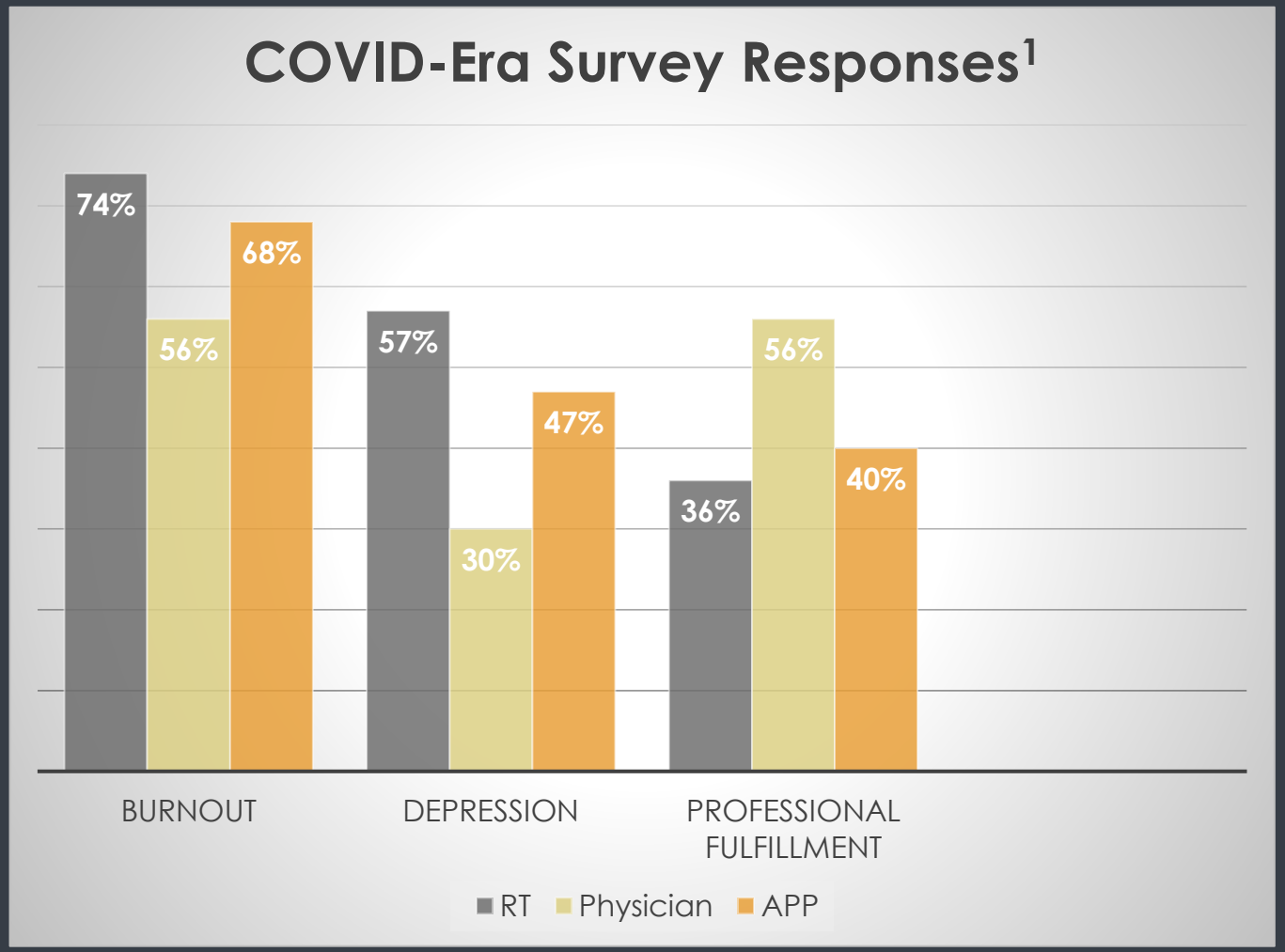
BURNOUT AND THE RT

- Brought on largely by the COVID-19 pandemic, discussions around healthcare professionals and burnout have recently taken center stage.
- According to a Washington Post/KFF poll of the hospital workforce, 30% of health care workers are considering leaving their profession altogether, and nearly 60% reported impacts to their mental health stemming from their work during the COVID-19 pandemic.[1]
- Depending on its severity, burnout can take from 6 months to several years to recover from.[2]

1) https://www.kff.org/report-section/kff-the-washington-post-frontline-health-care-workers-survey-toll-of-the-pandemic/

2) A. van Dam. A clinical perspective on burnout: diagnosis, classification, and treatment of clinical burnout. European Journal of Work and Organizational Psychology; 30(5); 2021.

COVID-19 AND BURNOUT



1) M. Kerlin, et al. Critical Care Clinician Wellness during the COVID-19 Pandemic: A Longitudinal Analysis. Annals of the American Thoracic Society. 19(2).

Case Management

- Case management involves both managing and coordinating patient's in-facility care as well as preparing discharge plans for home. RTs are often an ideal fit for case management in post-acute care, as many patients in these settings are suffering from respiratory illnesses.
- Case management can be a great way to leverage both respiratory knowledge and previous relationships and networks to advance your career. It can be a rewarding career choice, and RTs are well suited for the job.

PULMONARY NAVIGATORS

- Pulmonary navigators could correctly be termed an emerging, specialized subsection of case management. With an eye on difficult to contain readmissions, pulmonary disease navigators handle the needs of complex respiratory failure patients, COPD, IPF, and others at high-risk for readmissions.

WHY ARE READMISSION IMPORTANT?

- As a part of the Affordable Care Act, the Healthcare Readmission Reduction Program penalizes hospitals up to 3% of their total Medicare reimbursement for repeat readmissions deemed "Preventable."
- According to most recent statistics, a majority of acute care hospitals in the US market were penalized in 2020 and 39 were penalized at the maximum 3% penalty.[1]
- COPD readmissions have historically stayed around 22.5%,[2] although this number has started to fall in recent years. .

1) https://kffhealthnews.org/news/article/hospital-readmission-rates-medicare-penalties/
2) T. Shah, et al. COPD Readmissions-Addressing COPD in the Era of Value-based Health Care. Chest. 2016 Oct; 150(4): 916–926.

READMISSIONS BY THE NUMBERS

$521M in total penalties

82% of eligible facilities penalized

Medicare Readmission Penalties[1]

$217,000 average penalty

19% COPD Readmission Rate

1) https://kffhealthnews.org/news/article/hospital-readmission-rates-medicare-penalties/

ROLE OF THE NAVIGATOR

- RTs working as Pulmonary Navigators are involved in chart review, medication reconciliation and education, discharge planning, and helping to suggest and arrange appropriate equipment and follow-up care.
- The goal in most cases is to develop both a relationship and a comprehensive view of a patient's underlying condition, taking a holistic approach to care and reducing readmissions.

A GROWING OPPORTUNITY

- RT NAVIGATORS EXIST AT HOSPITALS NATIONWIDE, AND FOCUSED PROGRAMS HAVE SHOWN MEASURABLE RESULTS IN TERMS OF READMISSION REDUCTION.[1,2]
- AS LEADERSHIP CONTINUES TO EVALUATE READMISSION CONTROL MEASURES, RTS CONTINUE TO BE PUT INTO A POSITION TO USE THEIR SPECIALIZED TRAINING TO MAKE AN IMPACT.

1) Implementation of a Pulmonary Disease Navigator Program for 30-day Chronic Lung Disease Readmission Reduction. Intermountain Health.
2) https://www.pihhealth.org/health-services/respiratory-pulmonary/pulmonary-disease-navigator/

PFT AND SLEEP LABS

- Both PFT labs and sleep labs offer an opportunity for RTs to get more deeply involved in the diagnostic side of respiratory care. This presents unique challenges and builds a different skillset than acute care.
- Upstream of the majority of respiratory hospital admissions are diagnostics for sleep apnea, COPD, and myriad other respiratory illnesses.
- RTs in the outpatient setting may be involved in running diagnostic testing, helping to develop plans of treatment, and are often involved in patient education surrounding the disease process(es) present.

EDUCATION

- "…AND HOW SHALL THEY LEARN WITHOUT A TEACHER?"
- RT PROGRAMS ARE CONTINUOUSLY LOOKING FOR QUALIFIED INSTRUCTORS, CLINICAL COORDINATORS, AND EDUCATORS. DEPENDING ON THE TYPE OF INSTITUTION AS WELL AS THE DEGREE PROGRAMS OFFERED, VARIOUS EDUCATION REQUIREMENTS MAY BE NECESSARY.
- WITH THE PROLIFERATION OF DISTANCE LEARNING SINCE THE COVID-19 PANDEMIC, THERE ARE MORE OPPORTUNITIES THAN EVER TO GET INVOLVED IN EDUCATION.

EDUCATION

- Clinical Instructors, Lab Coordinators, Adjunct Faculty, etc.
- Hours and environment are typically more controlled, and an emphasis on education provides a completely different pace of career than the bedside
- 22 new RT programs submitted letters of intent to COARC in 2022.[1]

1) 2022 Report on Accreditation in Respiratory Care Education. CoARC.

RT EDUCATION BREAKDOWN

13% RT growth rate from 2022-2032, according to BLS

429 RT schools accredited by CoARC

77 BSRT programs

DME and Homecare

- An underserved area of RT specialty, Durable Medical Equipment (DME,) and homecare provides employment for ~6% of RTs.
- Opportunities in homecare can be diverse and will likely vary based on the size of the company and any specialized areas of care.
- Many homecare companies focus on "Complex Respiratory Equipment," including airway clearance, NIV and invasive ventilation.

DME AND HOMECARE

- Homecare offers a unique experience, allowing practitioners to treat patients in their home environment.
- DME companies often hire respiratory therapists for field work, per diem equipment setup or sales roles, for which many clinicians are well-suited.
- As a clinical sales rep, RTs can utilize their product and disease knowledge to educate physicians, RNs, discharge planners and Medical Assistants on the importance of appropriate sleep and respiratory care.

HOMECARE FOR THE RT

Managing patients in clinic and in patient homes.

Branch/Location/Region Management

DME Sales, with call points including sleep labs, hospitals, case management, pulmonary clinics

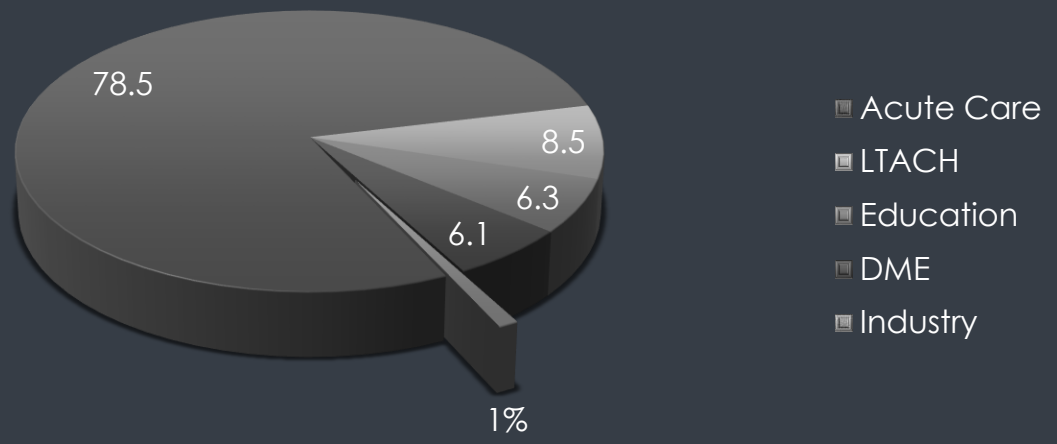
RTS IN INDUSTRY

"Industry" is a broad term encompassing product specialists, medical device sales, and clinical specialists.

RTs in these positions typically work for some type of medical device company, lending their expertise for either clinical or sales support.

RTS IN INDUSTRY

RTs in the Workforce



INDUSTRY CAREERS

Of the 1% of RTs in industry positions, they encompass hundreds of products: Ventilators, Sleep Products, Bronchoscopes, Tracheostomy Tubes and Supplies, Speaking Valves, and so on.

Industry careers allow a unique shift to the business side of respiratory care, and the skills you learn will be entirely different from the bedside.

DME Sales, marketing positions, clinical coordinators/liasions are often precursors to industry positions

Other Opportunities

- While there were many opportunities discussed, this is far from an exhaustive list; There are several other ways RTs can make an impact beyond the bedside.
- Jobs in research, outpatient facilities, pulmonary clinics, telehealth and other locations are not as common, but are options.

SUMMARY

There are many different ways and environments in which to practice Respiratory Care, but they are tied together by a common theme: **Treating patients with respiratory diseases effectively and with dignity, and training others to do so.**

Although bedside care at acute hospitals is responsible for ~80% of the workforce, there are many opportunities for RTs to refine their goals, specialize in a certain area, and become content experts.

When considering career choices, doing so with an open mind will open possibilities that you may not have considered before.