

Respiratory Therapy Protocol Program

Protocol Implementation Outline

In preparation for approval to initiate a protocol program:

- Review (audit) appropriateness of care based on accepted evidence based guidelines.
- Apply costs of misallocated care to be presented on a spreadsheet
- Present results to Medical Director
- Develop protocol program work flow description:
 - The physicians order will read: RT assess and treat, or wording similar to that used by the other ancillary departments. (PT assess and treat/PT consult)
 - For inhaled medication orders, the physician will need to write a medication order in addition to the RT Consult order.
 - Upon receipt of an order the RT will:
Assess the patient for therapeutic indications for therapy and Order any of 4 basic protocols: oxygen, inhaled medications, bronchial hygiene, and volume expansion. Within these protocols there may be multiple delivery methods that the therapist can choose to use depending on the patients condition. In addition the RT will order frequency, change frequency, change mode, or D/C therapy according to the patients changing clinical status. The physician will be called if the patients' condition worsens, or if the clinical course deviates from expected. Response to therapy will be documented according to hospital policy.
(It must be clearly understood by all therapists what "worsens" means!)
- Present data and overview of program work flow to appropriate administrative personnel. To include *but not limited to*
 - Chief medical Staff
 - Medical Director
 - Director Patient Care Services
 - Appropriate Nursing personnel
 - Those whose units pilot (s) are to begin on
 - Quality person who sits on the Medical staff committees
 - Utilization Review
 - Director of Finance

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For most hospitals, the above-mentioned individuals sit on the Medical Staff Executive Committee. It may be decided to present the overview upfront to your executive committee for buy-in at a very early stage. You want the RT Department as a whole to function under the Medical Staff. The goal is to try to make it "their program". Ideally, you want RT to implement the Medical Staff's Program!

- Present info as above to Respiratory Care Staff

- Explain project
- Include staff in development of “the process”
- Answer questions
- Promote professionalism!
- Develop Implementation Calendar (to include all of the following)
 - Develop the protocols
 - Customize and regionalize existing available protocols
 - Develop your own
 - Use existing available protocols
 - Present protocols to appropriate medical staff (not all!!)
 - When to present to Medical executive committee
 - Do you need to pass before P&T committee
 - Pilot start date
 - Staff education will begin/end
 - Expansion of program
 - Medical records re: any new forms that you will be using
 - Do you need to pass before P&T committee
 - Presentations to appropriate “other departments” prior to start.
 - Presentations to Pilot unit staff
- Decide how the process will work
 - What is your anticipated “go live date”
 - Pilot? Where? (Remember, you want good outcomes!)How long before you measure outcomes
 - Pilot by Physician groups
 - Pilot by a particular Dx.
 - Pilot by nursing unit?
 - What outcomes will you be measuring?
 - When and how will you determine how to expand the program
 - What to call the program? (What does PT call their program?)
 - Will all staff evaluate? Or just the chosen few?
 - Where will you chart? Do you need new forms
 - How will you communicate what you are doing to physicians
 - Will you need new charting forms
 - How will you use computer
 - How will you assure consistency among RT staff
 - Can you input algorithms if using computers
 - Can you do a daily report? Will med director attend regularly
 - Audit all restarts
 - Audit all changes by physician
 - Daily QA. Must be done. You only get one chance
- RT Staff education
 - How will you determine competency
 - What will you teach
 - How much will education cost the hospital
 - Books?
 - Film initial sessions

- How will you do new staff orientation?
- Different pay scales?
- Nursing Education (Nursing can “make or break this program”
Educate them well.
 - Can they attend RT’s education
 - CEU’s
 - Educate all shifts. RT’s on off shifts to educate (they need ownership)
- Physician Education (peers)
 - Majority by Medical Director. (There must be buy-in by med director)
 - Visiting physicians
- Administrative issues
 - This is a physician-driven program” (at least to start with)
 - Physician must initiate
 - Can over-ride (within certain limits, rules are set up at the beginning)
 - Can D/C at any point
 - Can RT’s “write orders”
 - Do all protocols need to go by Executive Committee of the Medical Staff
?
 - Prior to pilot
 - After pilot prior to expansion
 - Medical records to review any new forms
- When and how to expand

Data, data, data: Necessary to justify, expand, do QA, and document consistency among staff!!

If your program meets your expectations PUBLISH!!

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