AMERICAN ASSOCIATION FOR RESPIRATORY CARE
9425 N. MacArthur Blvd, Suite 100, Irving, TX 75063-4706
(972) 243-2272, Fax (972) 484-2720
http://www.aarc.org, E-mail: info@aarc.org

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The American Association for Respiratory Care's (AARC) recent collaboration on releasing video resources targeting non-ICU RT extenders who may, during this state of emergency, find themselves working in the ICU assisting the RT in caring for large volume of mechanically ventilated patients. This resource explains in detail its intent; however, there are some concerns and misunderstandings in our RT community. We want to first share that the AARC does not want anyone other than a critical care, experienced respiratory therapist managing ventilators. Unfortunately, these pandemic times leave many of us facing staffing issues we haven't faced before.

The course that was developed was done so with the intent to provide a primer for those professionals, like physicians, who find themselves staffing an ICU under a pandemic staffing model when they have not done so before or recently. In that model, the RT assumes a leadership role over a great number of patients. The Society for Critical Care Medicine developed the staffing model below years ago in response to prior issues in the H1N1 pandemic and the crisis of caring for many mechanically ventilated patients at once. Note the ICU MD would be responsible for caring for almost 100 mechanically ventilated patients in this model and the RT for 24. This is clearly an unsafe RT:patient ratio and is only presented in this model because some support is offered from team members who can at least assess when the patient needs suctioning or can notify the RT when the patient's status changes.

Over the last 3 weeks, we have heard of physicians who are being recruited without training into the ICU and stories of how RTs are spending 2-3 hours a day training float personnel, like nurses, to work with patients on mechanical ventilation, taking away from the RT's ability to provide patient care. We are getting calls from our members who are being mandated to provide training to folks who typically work in outpatient settings, like pulmonary rehab and diagnostic labs, because those areas have been closed and the staff re-absorbed into the acute care side of the facility. This course in no way prepares a person to operate as an RT or even as an independent critical care clinician and it in no way provides a competency for mechanical ventilation or respiratory therapy in general. It simply provides a foundation of knowledge. The course we partnered on was designed not to push RTs out of jobs, but because there are RTs on the front lines right now in areas that have a high number of ventilated patients but not enough RTs to cover.

Again, the AARC does NOT endorse this crisis staffing model in non-pandemic times or in facilities that are not experiencing the patient surge that makes this staffing model necessary. This is not a safe model to follow if alternative means are available. The AARC absolutely believes the best person to care for the patient's cardiopulmonary care is the respiratory therapist. The intent of this project was not to demean, demote, or discard the vital role the RT holds in healthcare.

Please know that this was simply one project the AARC has been working on over the last few weeks. You can find more information about recent activities related to COVID-19, including issues with CMS, letters to the federal government, licensure updates, and science updates on the AARC website.

During this time of crisis, it is important that we work together, support each other, communicate and provide and utilize the best resources we can. We are hearing from many how thankful they are to have a resource such as this to provide during this pandemic. We are also hearing from many that they are concerned for their jobs as RTs and their patients during and after this pandemic. We ask you to work within your hospitals and grassroot networks to share the right information with our membership and with non-members. The AARC is here to support and advocate for our RTs, our patients and community partners. Please feel free to reach out to the AARC or to us if you have questions, concerns, or need to discuss. One thing we know for sure: when we work together, we can accomplish extraordinarily good things. Thank you for helping us to share the right message at the right time.

Thank you for all you are doing right now in caring for others and for leading your RTs. Your service, commitment and caring are greatly appreciated.

Sincerely,

Karen Schell, AARC President

Teri Miller, AARC Speaker of the House