

Best Practices in Respiratory Care Productivity and Staffing

In line with its mission as a patient advocate and in order to ensure patient safety and cost-effective staffing levels in Respiratory Care Departments, the American Association for Respiratory Care has adopted the following position statement:

Any metric, model, or system that is used to define respiratory staffing levels within institutions should recognize and account for all the activities required of a Respiratory Care Department in that institution. These activities vary greatly among institutions, and therefore must be determined on a case-by-case basis and approved by the medical staff and administration by individual facilities.

Because of varying durations required to perform different Respiratory Care procedures, systems to determine staffing should be based upon statistically valid activity time standards for all the services provided by a department. Because of the significant variability in the nature and types of care rendered in treating patients in need of respiratory services, unweighted metrics such as patient days, etc., should not be used to determine respiratory therapist staffing levels.

Use of unweighted metrics of workload may lead to the determination of inaccurate staffing requirements. A sole focus on CPT coded procedures to determine staffing levels or other standards based exclusively on billable activities can lead to the omission of a significant number on non-billed activities from the estimated respiratory care workload and result in underestimating the number of staff needed. Appropriate staffing levels help assure that a consistent standard of Respiratory Care is provided throughout the facility. Adequate staffing levels decrease the potential for error and harm by providing respiratory therapists adequate time to perform required functions and can contribute to greater levels of patient satisfaction.

Additionally, it is recognized that health care reforms and programs may provide new opportunities in which value metrics can be applied. In such cases respiratory care resources can be justified and productivity assessed through value outcomes, inclusive of indicators of quality, cost reductions, customer satisfaction, penalty reduction, decrease readmissions, and other metrics that can be linked directly to the activities of respiratory therapists.

The AARC has adopted a new Position Statement; “Best Practices in Productivity and Staffing: Value Efficiency”¹ and an accompanying Issue Paper; “Determining the Value-Efficiency of Respiratory Care.” Both of these documents provide additional balanced analysis methods of metrics for measuring and reporting the productivity and efficiency of Respiratory Care Departments. Thus, providing additional methods and tools for balancing department staffing levels to meet patient care workloads.

Understanding Respiratory Care services places patients at risk for unsafe incidents, missed treatments, and delays in medication delivery, as well as increases the liability of risk for the facilities. Patient harm is directly related to inadequate staffing and must be reported to the appropriate state and federal regulatory agencies.

¹ <https://www.aarc.org/wp-content/uploads/2021/01/best-practices-productivity-staffing-value-efficiency.pdf>

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9425 N. MacArthur Blvd., Ste. 100, Irving, Texas 75063

T: 972.243.2272 W: www.aarc.org

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