Using Respiratory Therapists in a Primary Care Model

Who:
Crouse Hospital

What:
Crouse Lung Partners

Where:
Syracuse, NY

Team members:
Respiratory care medical director, administrative director, managers, and supervisors; staff respiratory therapists; nurses; educational services; pharmacy; information technology; nutritional services; physical therapy; hospitalist, psychiatric, and pulmonary physicians; care coordination; senior services; heart failure transition coaches; and a master’s level quality improvement analyst.

Team objective:
The Lung Partners team was formed to develop an inpatient primary respiratory care model that would bring traditional disease management responsibilities into the hospital setting.

Why it was established:
COPD patients were mainly being cared for by hospitalists; and with each readmission, the hospitalist would likely be different. The discharge planning process was also fragmented. It was felt that respiratory therapists could play a key role in managing the burden of COPD in a primary care model that followed the National Asthma Education and Prevention Program’s asthma guidelines.

Who leads the way:
A professor in the Whitman School of Management at Syracuse University, who is implementing it as a major Six Sigma project.

Organizational support:
Syracuse University and Crouse Hospital administration.

Who does what:
Respiratory therapists are the transition coaches for COPD patients. The transition coach administers the patient’s treatments, provides needed education, and performs assessments for COPD-related problems (anxiety, depression, mobility, nutritional issues, etc.) to address those problems. The coach also helps to coordinate the discharge plan, calls the patient at home in the first 24 hours, and visits the patient at home in the first 72 hours. Other team members supported the training and development of the therapists to take on this role and provided infrastructure support to the program as a whole.

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Training/Development:
Respiratory therapists earmarked as transition coaches received training in a wide variety of areas in order to fulfill their responsibilities.

Barriers:
Since the respiratory therapy department is paper based and financial constraints prohibited the acquisition of a commercially available information system to manage the department, the team worked with the information technology department to build Lung Partners into the mainframe system and develop a clinical data management process to support the primary RC function. Relative value units (RVUs) also had to be defined and a productivity model based on these RVUs developed. Scheduling was also a challenge because RTs now have a patient load, and their patients are on different floors. To be compliant with the timing constraints of medication delivery times, a new scheduling process had to be developed to allow the treatment time to be individualized and married to the workflow.

Measures of success:
Metrics include LOS, cost per case, 30-day readmission rates, medication error rates, need for stat treatment rates, patient satisfaction, RT satisfaction, functionality as measured by the SF-36, and timeliness of treatments.

Going forward:
The team hopes to continue working together to model a successful disease management program and to continue its relationship with the Whitman School of Management at Syracuse University.

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