



# Back to the Future!

Progression of the profession

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Robert M.  
Kacmarek

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...day  
Will Define the Future  
of Respiratory Care



## Creating a Vision for Respiratory Care in 2015 and Beyond

Robert M Kacmarek PhD RRT FAARC, Charles G Durbin MD FAARC,  
Thomas A Barnes EdD RRT FAARC, Woody V Kageler MD MBA,  
John R Walton MBA RRT FAARC, and Edward H O'Neil PhD

- More patients with acute on chronic illness ✓
- More complex care will require multi-disciplinary teams ✓
- Increasing out-patient management ✓
- Focus on prevention, “health promotion” ✓
- Increase cost for care (higher percentage paid by consumer) ✓
- Telemedicine and telecare will be used more ✓
- National and regional shortages of healthcare workers ✓
- Shortage of teaching faculty → decreased graduates ✓



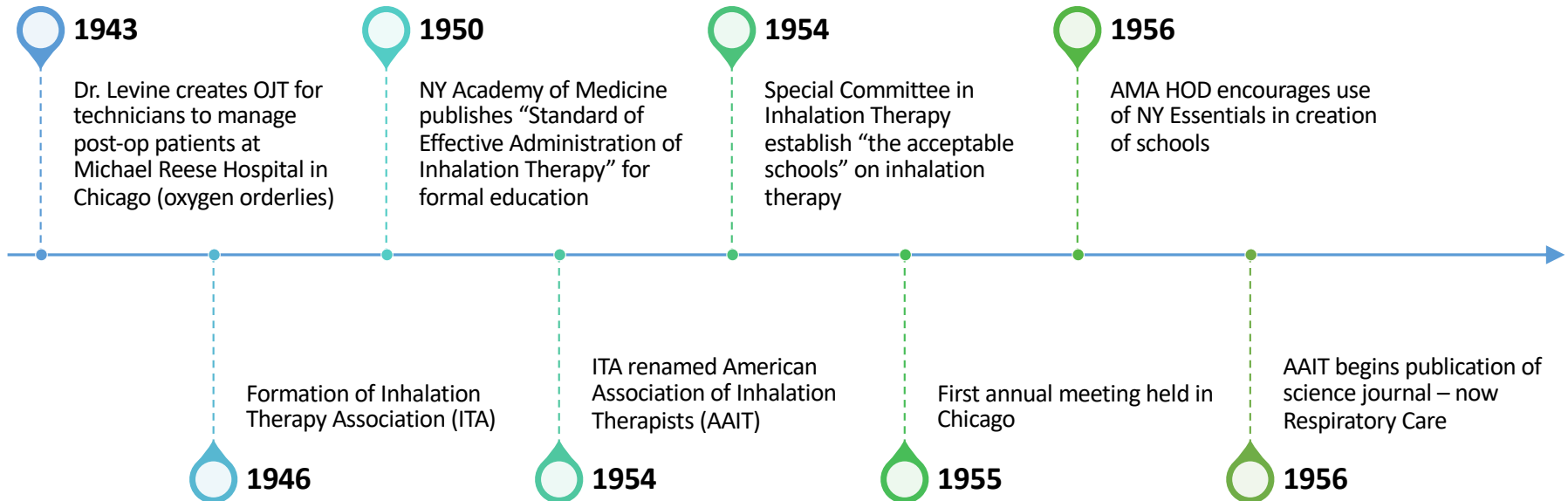




# Objectives

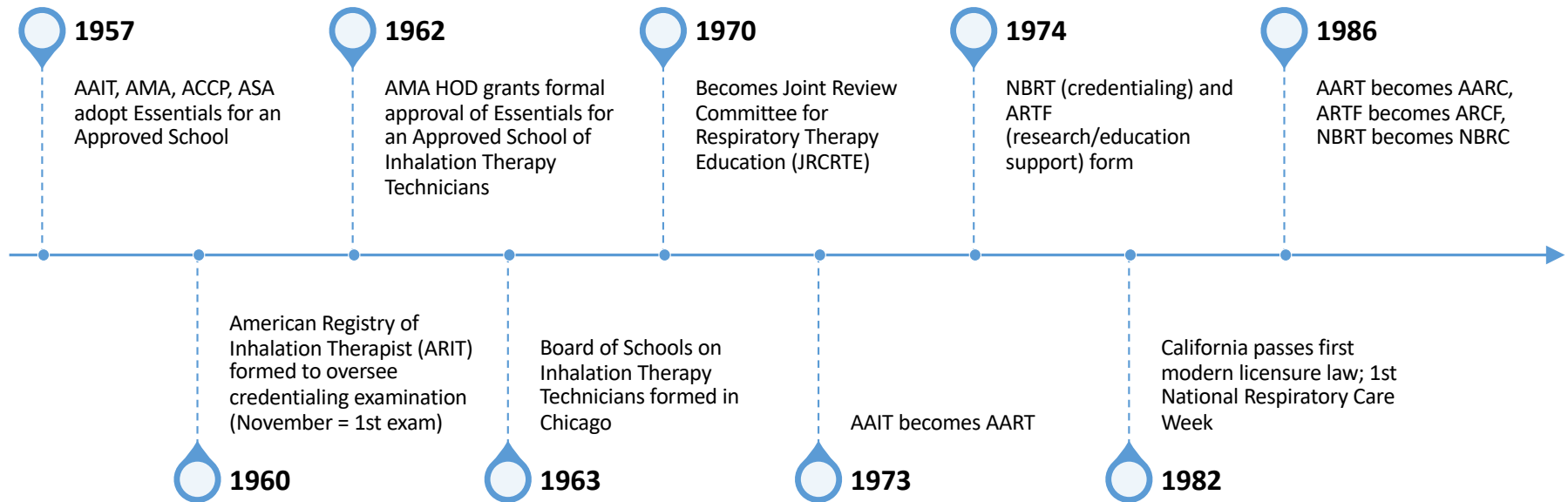
- Review history of respiratory care profession
- Discuss how the COVID-19 pandemic has changed healthcare
- Describe the continued need to show value of RCP
- Detail how we can do this moving forward

# History of our profession



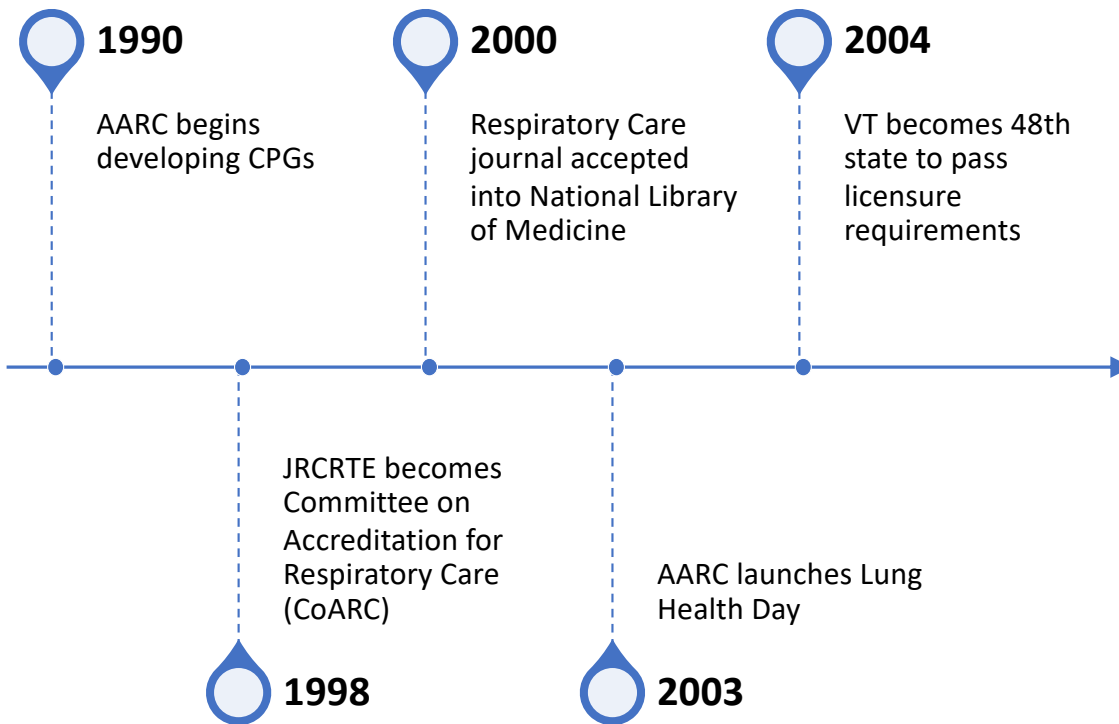
Source: [www.aarc.org/aarc/timeline-history/](http://www.aarc.org/aarc/timeline-history/)

# History continues



Source: [www.aarc.org/aarc/timeline-history/](http://www.aarc.org/aarc/timeline-history/)





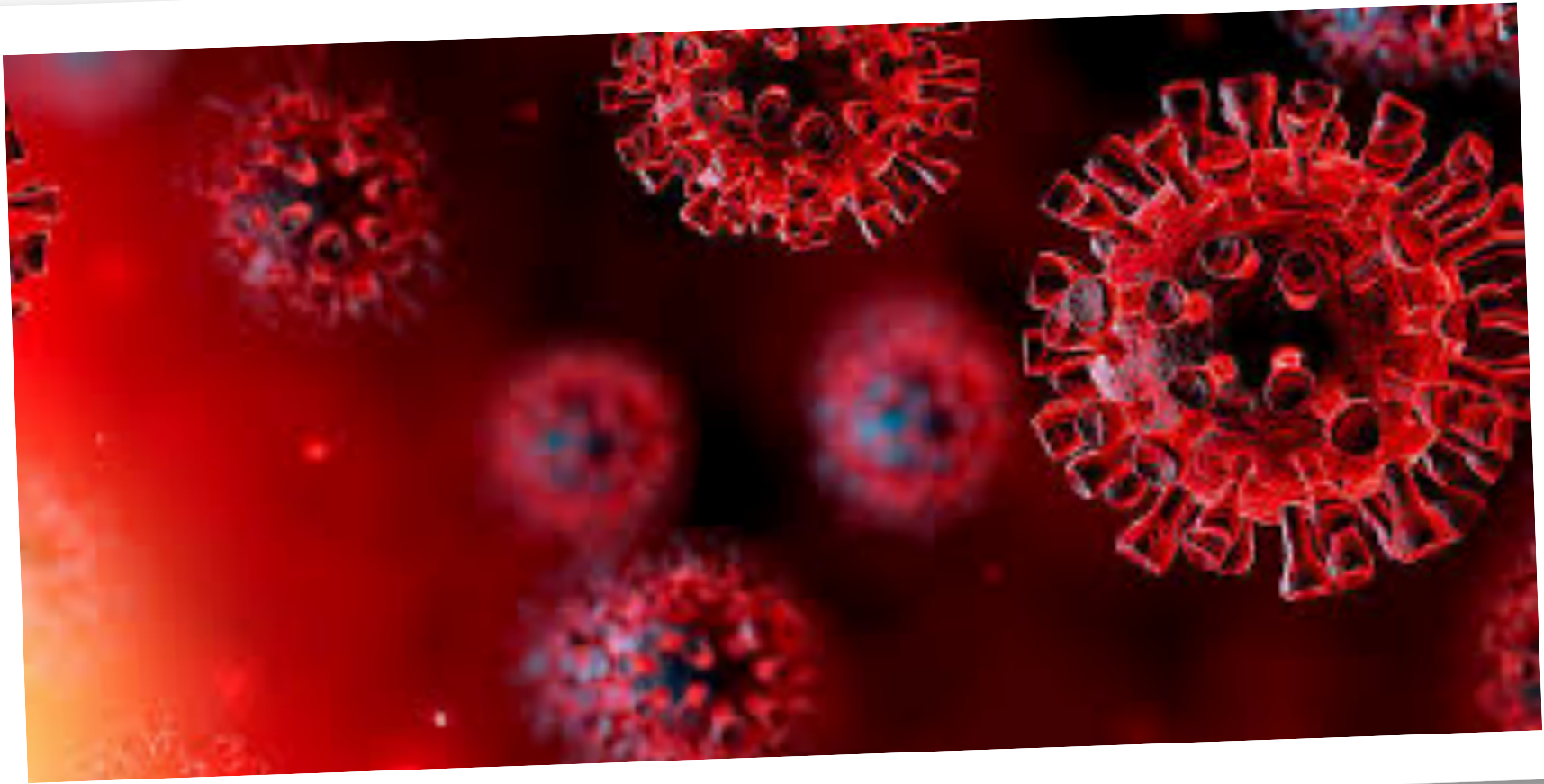
# History

Source: [www.aarc.org/aarc/timeline-history/](http://www.aarc.org/aarc/timeline-history/)

# Progression of the profession

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Oxygen Orderly → Inhalation Therapist → Technician → Respiratory Therapist → .....



Source: [www.iso.org/COVID19](http://www.iso.org/COVID19)

# Post Pandemic Healthcare

- Strengthened information sharing and professional bonds
- Improved health care preparedness
- Acceleration in telemedicine
- Virtual Meetings
- Increased home health delivery
- Potential change in health insurance
- Racial and ethnic disparities magnified
- Constrained resources
- Weakened the workforce

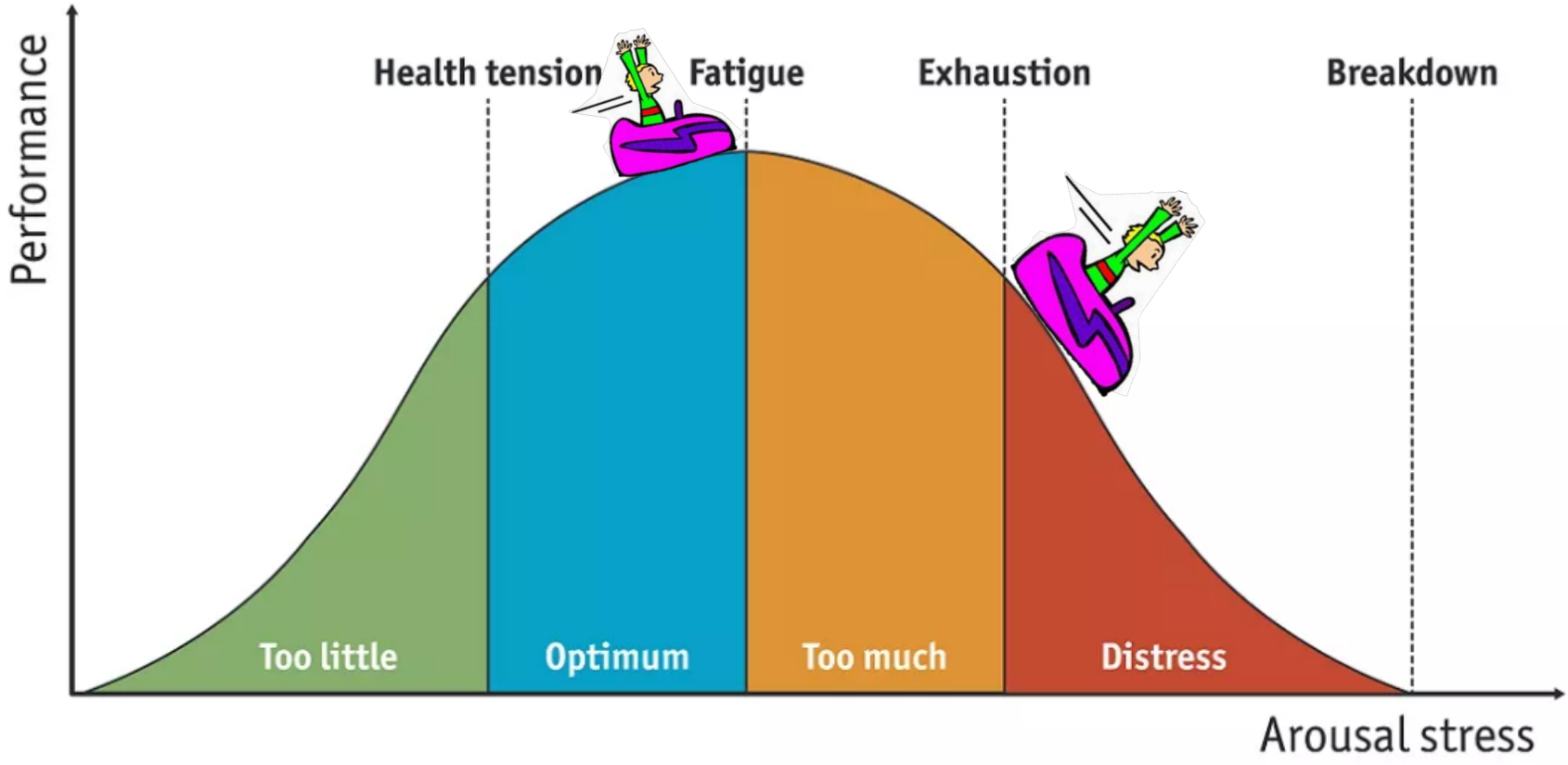


A photograph of an elephant walking across a savanna landscape. The elephant is the central focus, moving from left to right. The background features dry grass, scattered trees, and a clear blue sky. The word "BURNOUT" is superimposed in white, bold, sans-serif capital letters over the elephant's body.

BURNOUT

# Stress curve

The human function curve



Ali, British Journal of Psychiatry 2016; 209(5): 399.

# Burnout

- Insomnia, depression, anxiety, PTSD
- Individual symptoms; rooted in systems
  - Inadequate support, escalating workloads, moral injury
- Inability to provide the care you wish to provide *Murphy, N Engl J Med 2022;387:577*
- Adverse patient outcomes, reduced staff well-being, lapses in professionalism, negative effect on health system functioning *Miller, Respir Care 2021;66:715*
- 36% of RTs met diagnostic criteria for post-traumatic stress disorder, a rate higher than nurses and physicians *Burr, Respir Care 2020;65:1019*

# Key Drivers of Burnout

Miller, *Respir Care* 2021;66:715

Table 3. Key Drivers of Burnout

| Key Drivers                                    | Cited by Respondents |
|--|----------------------|
| Poor leadership                                | 70 (31.7)            |
| Staffing                                       | 68 (30.8)            |
| High work load                                 | 65 (29.4)            |
| COVID-19                                       | 30 (13.6)            |
| Lack of recognition                            | 28 (12.7)            |
| Lack of appreciation                           | 22 (10.0)            |
| Lack of time off/long hours                    | 20 (9.0)             |
| Lack of respect                                | 19 (8.6)             |
| Lack of resources                              | 18 (8.1)             |
| Stress   | 18 (8.1)             |
| Emotional toll                                 | 16 (7.2)             |
| High acuity                                    | 14 (6.3)             |
| Lack of autonomy                               | 12 (5.4)             |
| Lack of professional development opportunities | 12 (5.4)             |
| Change   | 11 (5.0)             |
| Pay  | 9 (4.1)              |

Data are presented as *n* (%). There were 95 unique drivers total. Includes only those key drivers mentioned by > 5% of respondents.



# Addressing Burnout

- Self-care (EAP, exercise, nutrition, mindfulness, yoga, etc.)
- Raise Awareness
- Formation of a committee (“Wellness Champions”)
- Reaching out after events/debriefing
  
- Demonstrating value
- Create cultures of well-being
  - Policy change
  - Encourage the use of supports
- Reduce administrative burden
  - “Getting Rid of Stupid Stuff” Hawaii Pacific Health

*Murphy, N Engl JMed 2022;387:577*

*Kleinpell, Crit Conn 2021;20(4).*



...Rooted in systems...

...Inability to provide the care you wish to provide

*Murphy, N Engl JMed 2022;387:577*

# Change

- Be the catalyst!!
- Solution oriented staff member
  - Come with ideas, not simply the problem
- Open minded manager
  - Staff know best!
  - Collaborate with others

A portrait of Satya Nadella, CEO of Microsoft, wearing glasses and a dark suit. The background is a gradient from light blue to dark grey. The word "VALUE" is written in white capital letters on the left side of the image. A solid orange horizontal bar is positioned at the bottom of the image.

VALUE



## Determining the Value-Efficiency of Respiratory Care

Robert L Chatburn, Richard M Ford, and Garry W Kauffman

*Chatburn, Respir Care 2021;66:12*

“Efficiency means doing things right, while effectiveness means doing the right things”

-W. Edwards Deming

# Progression of the Profession

- Q4 Albuterol administration
  - Assessment Based Scoring Algorithm
- COPD exacerbation admission to the ED
  - Outpatient disease education
- Adjustment of MV settings based on MD order
  - Therapist driven protocol
- Routine Patient-Ventilator Assessments
  - RRT involvement in tele-ICU



Physical Therapist



# Value

- Value excellence, not effort
- Embrace risk, not rules
- Pursue collaboration, not control
- Activate people, not positions

NE

ATL

3

28

3RD

2:17

# Conclusions

- RT profession has progressed significantly since 1947
  - We still have work to do! (Be a patriot, not a Falcon)
- COVID has positively and negatively changed healthcare
- Burnout is significant
  - YOU must make change to bring *value* to patient care



My sincere  
appreciation  
and gratitude.

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