

Analysis of respiratory protocols and patient benefits



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Overview of Protocols

The American Association for Respiratory Care (AARC) (2008) describe the protocols for a respiratory therapist as: “ Initiation or modification of a patient care plan following a predetermined structured set of physician orders, instructions or interventions in which the therapist is allowed to initiate, discontinue, refine, transition, or restart therapy as the patient’s medical condition dictates” (AARC, 2008). The AARC (2008) says that the current medical field supports respiratory therapists’ protocols as a way to improve patient outcomes and provide them with the right amount of service. The protocols also help therapists deliver the correct amount of service to every patient. The protocols also ensure that all treatments have established indicators, and to reduce the amount of unnecessary care (AARC, 2008). This also helps to bring down the cost of healthcare.

Why Protocols were Established

Respiratory care protocols were established for many reasons. In recent years, most medical profession have developed and established protocols for their professions making it more necessary for respiratory care to do so also. Respiratory care is fairly a new profession, which Al-Marshad (2015) of the Saudi Journal of Medicine and Medical Sciences says, makes the importance of professional development even greater. Al-Marshad (2015) also says that the use of respiratory care protocols have provided many advantages to improve patient care. Also, it helps through the using of the resources that respiratory care has in a wise way. Al-Marshad (2015) claims that protocols are created based on clinical practice guidelines (Al-Marshad, 2015, p. 182).

How Patients Benefit from Protocols

Respiratory care protocols have two main purposes according to Modrykamien and Stoller (2013) of Respiratory Care. The RTs protocols say that respiratory care “ must provide clinical benefit for the conditions for which they are prescribed” (Modrykamien & Stoller, 2013, p. 1663). The other purpose for the protocols is to give respiratory treatments appropriately. That means that patients who are likely to benefit from the treatment are getting it. Patients who are not likely to benefit from respiratory care are not taken it anyway and charged for treatments that do not benefit them (Modrykamien & Stoller, 2013, p. 1663). For example, if a patient had Asthma attack for short time, they will require a short acting drug on regular basis. Furthermore, if patients passed their attack episode then patient will no longer require the short acting drug or rescue drug on regular basis and needs to be switched to long term maintenance drug, thus if the patient on RTs protocol then the RT will assess the condition and switch the patient without further costs caused by unnecessary use of Albuterol but if the patient is not on protocol then he or she will have to wait for the doctor to assess the condition which might take longer time and further costs.

How Hospitals Benefit from Protocols

Without protocols, procedures are ordered by the physician for a certain number of treatments or certain length of time for the treatment.

Respiratory therapists have to follow the orders of the physicians regardless of whether they thought the treatment is necessary or if further treatment is

necessary based on their professional opinion. Al-Marshad (2015) says this limits the respiratory therapist because their assessment of the situation was not considered. This often lead to waste of resources (Al-Marshad, 2015, p. 182). By following respiratory care protocols, RTs can reserve resources, charge the patient less and improve their experience by not treating patients who do not benefit from the treatment and by saving them healthcare costs. Also, it can help the hospital to get more patients because the doctor is not working alone but has the RTs help to treat and assess more patients. This is eventually can benefit the hospitals by admitting more patients and have more patients coming back because of the effectiveness of patient care that they had.

The belief that protocols can save hospital resources is evidence driven. Maselli and Fernandez (2013) of the journal, *Respiratory Care*, say, “ Several studies have shown that RT-driven protocols can not only optimize healthcare resource allocation but also have other important benefits. RT-driven protocols have shown to reduce medication side effects, hospital stay, prevent admissions to the ICU, and increase treatment effectiveness while reducing overall costs” (Maselli & Fernandez, 2013, p. 546). Because they improve patient care by treating and charging only those patients who can benefit from treatment, they save medical costs for the patient and the hospital. However, Ford (2015) of *Respiratory Care* offers the contradictory, “ The vast majority of reimbursement in the acute care setting is fixed using a per patient, per day, or per stay rate. Under such systems, the use of protocols can improve the ability of hospitals to remain profitable” (Ford,

2015, p. 758). Either way, hospitals either save resources or are able to provide them and remain profitable using protocols.

Limitations/Barriers to Implementing Protocols

Some people believe that the use of protocols increase the workload for respiratory therapist, and others believe it decreases the workload. One barrier to use of protocols is depend on who was establishing the protocol or ensuring its implementation. Metcalf, Stoller, Fry and Habermann (2015) of Respiratory Care say that protocols were used most often when they had physician support. The same was true for support from other respiratory therapists and the healthcare organization in general. Physicians might not approve protocol because of the increased in workload or might be that they prefer to be fully aware of the patient's treatments and improvements.

Algorithms in Respiratory Care Protocols

Respiratory care protocols can come in many forms. They can be written in worksheet format, in a narrative format, or they can be in an algorithm. Algorithms make it possible for the respiratory therapist to follow a path that recommends the use of respiratory care or determines if it is unnecessary or not beneficial. By following the algorithm, a respiratory therapist can determine whether the treatment is indicated for a particular patient or not. This makes the delivery of appropriate care plan more efficient and cost-saving.

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