



Management Bulletin

Nov./Dec. '01

2

What's New on the
Homepage

The Word on the Web

4

News from the Joint
Commissions

Get it on the Web

JCAHO site Visit Reports

5

JCAHO Accreditation
Report

American Association
for Respiratory Care

Notes from the Chair

by Karen Stewart, MS, RRT

I would first like to extend my sympathy to all of you who may have known a victim of the September 11 disasters. I would also like to thank the AARC for its quick response to respiratory therapists who inquired about helping in the wake of the disasters. Names of volunteers were quickly collected, and the AARC established a means for the collection of donations. These were almost immediate responses.

On another note: As you probably know, the AARC 47th International Congress held in San Antonio at the beginning of December was a buying show and managers who attended the meeting with purchase orders in hand were able to obtain some significant dis-

counts. If you were one of them, please consider sharing your success with your fellow section members. Drop me at line at Karen.stewart@camc.org and let me know how it all worked out.

In case you have not visited the Management Section area on the AARC web site lately, please note that it has been reorganized for easier use. Items like the Swap Shop are more prominent and easier to find. The site also includes an updated version of the JCAHO reference guide. This guide contains the most pertinent JCAHO standards for respiratory care, along with recommendations on what needs to be done to meet the standard. (For more on the facelift, see the article in this issue.) ■

Management Section Specialty Practitioner of the Year: Lisa A. Molsbee, RRT

by Scott L. Bartow, RRT, MS, FAARC

The Management Section is proud to recognize Lisa A. Molsbee, RRT, as its 2001 Specialty Practitioner of the Year. Lisa is a Registered Respiratory Therapist who currently manages the cardio-respiratory services and Cardiac Rehab and Sleep Disorders Centers at Waukesha Memorial Hospital in Waukesha, WI. In addition to playing an instrumental role in developing and managing these programs, she has been proactive in promoting respiratory therapy within her hospital, involving RTs in sleep diagnostics, hyperbaric medicine, pulmonary rehabilitation, asthma education programs, NICU cross training, and open heart surgery. She performs competency testing for these services and is capable of staffing them when necessary. This allows for continued competency on her part, an enhanced rapport with her staff, and the firsthand knowledge necessary for the continued development of her programs.

Lisa works to promote the profession outside of her hospital as well. She participates in community student occupational mentor programs at the local high school and supports the local respiratory care associate degree program by providing a clinical site for students and serving on its advisory committee.

Waukesha Hospital has recognized the value that Lisa brings to the facility through continued support of her programs and by involving her in important hospital projects. Administrators have consistently promoted her as a manager. In addition, they have asked her to be their representative to the Voluntary Hospital Association and have recognized her skills by asking her to be the contract administrator for the Clinical Respiratory Group.

Lisa has been a major factor in the "Management Section" continued on page 2

"Management Section" continued from page 1
growth of the Waukesha Heart Association as well, devoting considerable time and effort leading the fund raising program for this most worthy foundation, and has also been active in coordi-

nating community cardiology and pulmonary programs.

A long-time member of the AARC, Lisa has been very active in state activities. This includes (but is not limited to) her roles as treasurer, secretary, and past chair of the annual state meeting. She is

also a member of the APT and AACVPR.

Lisa embodies the spirit of respiratory care, management, and professionalism. We congratulate her on her receipt of this important annual award from the AARC. ■

What's New on the Homepage

The Management Section area of the AARC web site (www.aarc.org) recently got a facelift. Here's a look at how the information has been better organized to make it easier for you to find the resources you need to cope with the day-to-day responsibilities of managing your facility or department:

Cost Reduction Strategies: Read cost-saving ideas from your colleagues around the country.

JCAHO Standards Applicable to the Provision of Respiratory Care in Acute Care Hospitals—Updated 2001: This reference identifies standards most applicable to the provision of respiratory services from *JCAHO's Comprehensive*

Accreditation Manual for Hospitals - The Official Handbook.

Management Bulletins: Read and print the *Management Bulletins*.

Management Electronic Mailing List: Participate in e-mail discussions with other members of the Management Section.

Management Resources: Take advantage of links to AARC Management Tools.

Protocol Article Bibliography: A comprehensive list of peer-reviewed articles that demonstrate the value of using protocols to deliver respiratory services.

Restructuring/Reengineering Literature Bibliography: A bibliography of articles and peer-reviewed litera-

ture compiled by Steven Walston, PhD, one of the foremost researchers in hospital reengineering.

Restructuring's Next Wave: The Time to Prepare Is Now: Sam Giordano, MBA, RRT, and William H. Dubbs, MHA, RRT, take a look at lessons learned from restructuring efforts of the past and help managers apply that knowledge to the current resurgence of consultants in hospitals across the country.

Specialty Practitioner of the Year: Nominate a co-worker or colleague for this important annual award right online.

Swap Shop: Submit and download files with fellow Management Section members. ■

The Word on the Web

This issue features excerpts from three recent discussions on the Management Section listserv. The first two focus on 1) a particular consulting group and 2) home ventilators. The third resulted from the recent national tragedies. Management Section Chair Karen Stewart posted a question regarding disaster readiness on October 15, and within two days, 24 folks had responded. What you see here is just a sampling of those responses.

Please note that postings have been edited slightly for space and style considerations. And remember, if you have yet to join the listserv, all you have to do to start taking advantage of this valuable membership benefit is visit the Management Section area of AARC Online (www.aarc.org) and follow the directions to sign up.

The Hunter Group

Manager #1: Our Board of Directors has called in the Hunter Group. Can someone give me some information on what to expect from this wonderful group of people?

Manager #2: Hunter was at our hospi-

tal about five years ago. The first thing they did was replace upper management, including the CEO, with their own people. The fact that your BOD called in Hunter tells me that you may see the same. Hunter makes those very tough and unpopular decisions that administrators have a difficult time with. They have no qualms about cutting directors and slimming down mid-managers, as they leave in about a year and don't have to live with their decisions. They will get results and they will reduce expenses. We lost some outstanding individuals through the Hunter cuts, which have taken a few years to recover from. Regarding RC — my director and I were given a one hour meeting with the Hunter group to prove our worth and the value of the RC department. The result was my director lost his job the following week and I had no choice but to also cover his responsibilities. The clinical staff were left untouched. My experience with Hunter is they tend to focus on upper management and the executive and financial structure of your organization. They really did not get involved at the clinical level. The

"Word on the Web" continued on page 3

Management Bulletin

is published by the
American Association
for Respiratory Care
11030 Ables Lane
Dallas, TX 75229-4593
(972) 243-2272
FAX (972) 484-2720
e-mail: info@aarc.org

Debbie Bunch
Bulletin managing editor

Edwards Printing
Bulletin typesetting

Section Chair
Karen Stewart, MS, RRT
(304) 348-4367
karen.stewart@camcare.com

“Word on the Web” continued from page 2

good news is that the RC department, with the exception of our director, was left untouched. Our hospital did significantly reduce expenses and went from a \$20 million loss to a \$20 million gain. They helped turn the organization around and established a level of profitability that has been maintained over the past seven years.

Home ventilators

Manager #1: I am interested in knowing how other hospitals handle patients admitted with home care ventilators. Is the patient admitted to the regular floor? Does the respiratory care department check and maintain the vents? Do you have a policy?

Manager #2: We handle the patient’s home ventilator like any other ventilator in house. It is checked out by our biomed department for safety. We prefer to use our own ventilators, but most home ventilator patients want to use their own ventilator.

Manager #3: We follow same procedure as for any vent patient, sometimes using our own vents but allowing the patient to bring theirs in with a biomed check. In our place no vents are allowed on any floor, only in ICU, progressive care, NICU, etc. We don’t make an exception for home vents.

Manager #4: We have a policy. Provided our staff is familiar enough with the ventilator to sufficiently and safely support it, the patient may stay on their ventilator. If not, we move the patient to our ventilator on settings as similar to their home settings as possible. In any case, we make our regular ventilator check visits. If the patient is on their ventilator, we charge only for therapist time for the checks; no other charge is made, except for supplies we provide.

Manager #5: We don’t have a policy, but we usually follow normal ventilator care procedures. I’ve always been told to charge as we would if we provided the equipment, because it’s the care, not the

equipment that we are charging for. We currently have two home vent patients in-house, both quadriplegics. One has two full-time, round-the-clock caregivers who stay in his ICU room and perform nearly all of his nursing and respiratory care. The patient has asked to limit the number of hospital caregivers to lower his risk of infection and he is just more comfortable with his private duty nurses. We honor his requests, but perform one vent check at the start of the shift, just to document settings, and introduce our staff to the patient and his nurses and offer assistance anytime during the shift, if needed. This has seemed to be a good compromise for this patient. The other gentleman is receiving very routine care from our staff. We always ask that either the DME provider or the patient bring the operator manuals and keep them at the bedside. The DME providers have, on occasion, also provided onsite in-servicing.

Manager #6: We have manuals on the most commonly-used home ventilators that are brought into our hospital. We cross train all our critical care practitioners (CCP) on these ventilators. Should a CCP not be familiar with a particular ventilator we will not assign him/her that ventilator. But it does let us know that there is a training opportunity (need) to inservice that individual(s) to bring them up-to-date with that piece of equipment.

Manager #7: If our staff is not familiar with the ventilator, we have someone from the DME company come in and inservice us. We also have a liability form for the family to sign if they want to take care of the ventilator while the patient is hospitalized.

Disaster response

Karen Stewart: I am interested in knowing how many of you or your hospitals are reviewing your disaster plans and what your role has been in the planning?

Manager #1: Yesterday, key staff members and members of the Health Department met to discuss our readiness. We received a packet from the American

Hospital Association titled “Disaster Readiness Advisory #2” (the first was published September 21). These advisories can be obtained from the AHA web site at www.aha.org. This packet is provoking a lot of thought regarding our readiness.

Manager #2: Our safety office referred everyone to review the disaster plan. In RC, we created a short, self-learning packet on bio-terrorism, due to the respiratory connection. (Editor’s Note: The packet is located on the Management Section home page Swap Shop.)

Manager #3: Here is the link to the CDC site that is doing updates on a regular basis: http://www.bt.cdc.gov/. I think most of us are in the same boat, looking hard at internal and external response.

Manager #4: We are in the process of looking at our plan with a BIG emphasis on the chemical and bio-terrorism part. We’re looking at what the most common chemical and biological agents are, and it looks like RT will be a key provider. I believe at our institution RT will be asked to participate in the triage of any chemical or biological outbreak that would hit this area. My belief is that RT throughout the country could and should be right in the thick of this planning, as we would most likely be called upon to provide care.

Manager #5: We are in the process of writing a hospital wide evacuation plan with respect to the JCAHO standard. We are to write it thinking “worst case scenario” — such as, you cannot transfer critical patients to another acute care facility and must take pretty much everything with you to another site that only provides shelter, water, and power but no O2. Anyone been asked to go to this extreme?■

Bulletin Deadlines

Table with 2 columns: Issue, Date editor must have copy. Rows include January/February, March/April, May/June, July/August, September/October, November/December.

The AARC Online Buyer's Guide
Your Ultimate Resource for Respiratory Product Information
http://buyersguide.aarc.org

News from the Joint Commission

Editor's Note: The following information comes from recent issues of the JCAHO's email newsletter.

Disease Specific Care Certification

Program: This new program will provide a comprehensive evaluation of disease- or condition-specific services. Certification will be based on an assessment of compliance with relevant standards and criteria, along with the effective use of evidence-based clinical guidelines and outcomes measurement. The first three programs will focus on diabetes, chronic heart failure, and asthma. Standards are being developed in the following areas: Program Management, Clinical Information Systems, Delivering Clinical Care, Supporting Self-management, and Performance Measurement and Improvement.

ORYX update: The Executive Committee of the Board of Commissioners recently approved a modification to the ORYX requirements allowing for hospitals with an average daily census of 10 or less, regardless of outpatient volume, to be exempt from the requirement to transmit data via a selected vendor. A new fee structure for listed measurement systems when transmitting core measure data to JCAHO was also approved, and feedback from an ORYX core measure pilot project is helping staff modify hospital core measures. Five participating measurement systems and 83

hospitals are participating in the pilot project, and staff also visited a random sample of 16 pilot-participating hospitals to assess reliability of core measure data abstraction. Of 34 data elements abstracted, 25 showed agreement rates in excess of 90 percent.

Good marks: JCAHO received high marks in a recent survey of health care CEOs. In the telephone interview portion of the survey, more than 95% of CEOs ranked their recent onsite survey experience as good or better; nearly 96% said the value of accreditation to their organization was good or better, and nearly 94% said their likelihood of reapplying for accreditation was good or better. JCAHO attributed these good marks in part to improved turnaround time for delivering survey reports to organizations, which now averages 32 days.

Patient Safety Management Profile (PSMP): The PSMP, which is being proposed as a means of providing more relevant information to accredited organizations and the public regarding health care organization compliance with safety-related standards, will be implemented initially in the hospital program and subsequently rolled out to the other accreditation programs. A task force is providing advice regarding potential modification of the profile to address concerns raised by hospitals and state hospital associations earlier this year.

Health Insurance Portability and Accountability Act (HIPAA): In preparation for the April 2003 implementation

date, the Joint Commission is developing a model Business Associate Agreement that will meet all HIPAA requirements and provide a uniform agreement for accredited health care organizations. The model agreement should be ready for distribution to health care organizations by the end of 2002.

EApp: All accredited organizations due for survey are now receiving information about JCAHO's new web-based, electronic survey application, or EApp, approximately six months before their next triennial survey. This technology allows organizations to enter and update their survey application on JCAHO's secure Extranet web site, "Jayco."

Reuse of single use devices (SUDs): A new survey completed by JCAHO for the Food and Drug Administration finds that hospitals are reusing medical devices intended for single use at a relatively low rate. Only 11% of the 800 hospitals polled reuse SUDs and only 2% reuse Class III devices that pose the highest risk to patient safety. The most commonly used Class III devices are electrodes used during angioplasty for coronary artery disease. Other reused Class III devices include endotracheal tubes and angioplasty catheters. The report shows that 80% of hospitals reusing SUDs rely on commercial vendors registered and listed with the FDA to reprocess these devices. ■

Get it on the Web

Want the latest news from the section in the quickest manner possible? Then access the *Bulletin* on the Internet! If you are a section member and an Internet user, you can get your section newsletter a week and a half to two weeks earlier than you would get it in the mail by going to your section homepage at: http://www.aarc.org/sections/section_ind

ex.html. You can either read the *Bulletin* online or print out a copy for later.

The AARC is encouraging all section members who use the Internet to opt for the electronic version of the *Bulletin* over the mailed version. Not only will you get the newsletter faster, you will be helping to save the AARC money through reduced printing and mailing costs. These

funds can then be applied to other important programs and projects, such as ensuring effective representation for RTs on Capitol Hill.

To change your option to the electronic section *Bulletin*, send an email to: mendoza@aarc.org. ■

JCAHO Site Visit Reports

The following site visit report was posted recently on the AARC web site:

Home Care

Aloha Medical Supplies and Services, Inc.

Patrick Velis

Inspection Date: August 5, 2001

What was the surveyors' focus during

your last site visit?

Human resources and performance improvement (CQI).

What areas were cited as being exemplary?

Chart organization.

What suggestions were made by the surveyors?

CQI (performance improvement).

What changes have you made to improve compliance with the guidelines?

Hired part-time CQI person.

Additional comments: 88% passing — having an incorrect prescription on O₂ flow really hurt us. ■

JCAHO Accreditation Report

The AARC is currently seeking information on JCAHO accreditation site visits. Please use the following form to share information from your latest site visit with your colleagues in the Association. The information will be posted immediately on the AARC web site at http://www.aarc.org/members_area/resources/jcaho.html and will also be featured in the *Bulletin*.

Accreditation visit you are reporting (choose one):

- Home Care
- Hospital
- Long Term Care
- Pathology & Clinical Laboratory Services

Inspection Date: _____

Facility Name: _____

Contact: _____
(Please provide name and e-mail address.)

1. What was the surveyors' focus during your site visit? _____

2. What areas were cited as being exemplary?

3. What suggestions were made by the surveyors?

4. What changes have you made to improve compliance with the guidelines?

Additional comments:

Mail or fax your form to:
William Dubbs, RRT
AARC Associate Executive Director
11030 Ables Lane
Dallas, TX 75229
FAX (972) 484-2720

American Association for Respiratory Care
11030 Ables Lane
Dallas, TX 75229-4593

**Non-Profit Org.
U.S. Postage
PAID
Permit No. 7607
Dallas, TX**