

American Association for Respiratory Care

Position Statement

Concurrent Therapy

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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:

Concurrent therapy, also known as "treatment stacking", means providing a defined patient treatment that has a standard treatment time based on a 1:1 caregiver-patient ratio to more than one patient at a time. It is the position of the American Association for Respiratory Care that systems used to define respiratory care staffing levels, inclusive of the practice of concurrent therapy, should be in compliance with the AARC Position Statement "Best Practices in Respiratory Care Productivity and Staffing". Concurrent therapy when applied as a staffing reduction measure, without regard for the quality of therapy provided is a practice not supported by the Association.

Managers are advised to audit their operations to determine if therapists are practicing concurrent therapy. If concurrent therapy is practiced, the reasons should be determined. If concurrent therapy is mainly due to inadequate staffing levels to accommodate *average* workload, then the manager should seek to obtain more staff or implement alternative approaches such as protocols, triage, staggered work hours, etc. If concurrent therapy is practiced mainly to accommodate the occasional unavoidable *peak* work load, then appropriate measures should be implemented to assure that each patient is assessed for appropriateness of unsupervised therapy. A written policy should state when and how concurrent therapy may be applied in this context.

The Association also realizes that there is significant variability related to the reasons concurrent therapy may be practiced. Such practices must be determined on a case-by-case basis and approved by the medical staff and administration in individual hospitals. The practice can only be supported when the patients in question have undergone a thorough individual assessment to document that their safety and outcomes will not be compromised by failing to receive one-on-one care.

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