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Therapist driven protocols revisited

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Drastic changes in medical practice and payment for services in the United States has prompted a close look at how respiratory care is being delivered and how best to move forward in the ever changing environment. In fact, in some departments, routine care has been given over to nursing services while the respiratory therapist remains involved in the care of only the sickest patients. However, new laws being enacted have placed 'Chronic Obstructive Pulmonary Disease' as one of the diagnoses that will see hospitals "fined" for readmissions also known as "bounce backs". While education of these patients will become extremely important in the care process, additionally, the involvement of the respiratory therapist at the bedside will continue to prove imperative in assuring that treatment progresses optimally while they are inpatients in the acute care facility. This will include Respiratory Care Departments "taking back" therapy that has been previously "given away" to other departments. Therapist Driven Protocols, having been introduced in the late 1990's in the United States, empower the respiratory therapist to direct therapy based upon the patient's need after the physician writes an order for "Respiratory Care to assess and treat". The therapist then follows an algorithm that guides in choosing the proper therapy (through protocols established by department medical directors), frequency and medications based upon severity of patient illness and symptoms. Studies have shown that patients respond more quickly to treatment when a therapist is directly involved in guiding the care. Therapist involvement at all levels of care is essential to creating positive outcomes for these patients.

Biography

Camille Lowman has been the Director of Clinical Education, and Tenured Professor, for Tacoma Community College's Respiratory Care Program since 2007. Prior to accepting the position at TCC, she spent 28 years as a staff respiratory therapist in acute care performing mostly critical care respiratory care in adult medicine, pediatrics and neonatal. She served on a Neonatal Air/Ground Transport Team for 2 years, and on a Pediatric Critical Care Ground Transport Team for 6 years. She established and managed a Sleep Medicine Center, managed the Respiratory Diagnostics Department and Nutrition Department in a hospital for 6 years. She received her Respiratory Therapy Degree from Tacoma Community College in 1985 and her Bachelor of Science in Business Administration from Colorado Technical University in 2009. She is now pursuing a Master of Public Health from Benedictine University in Illinois.

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