

The Future of RT Requires Leadership... And We are All Leaders

*Matthew S. Pavlichko, MS, RRT, RRT-NPS
2022-2023 PSRC President
2022 AARC SPOTY Leadership/Management*



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*Mr. Pavlichko is an employee of a medical device company



PENNSYLVANIA SOCIETY FOR RESPIRATORY CARE

Disclosures:

- ▶ Mr. Pavlichko is an employee of Vapotherm, Inc.
- ▶ Mr. Pavlichko is the President of the Pennsylvania Society for Respiratory Care

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Lecture Objectives

1. Understand the supply and demand problem of respiratory therapists and respiratory therapy leaders
2. Understand the paradigm of past succession planning
3. Identify that all RTs are leaders and can contribute to the progress of the profession

Value = Benefit/Cost



Ahh, the good old days





The Value of RTs in the 90's



=



But Matt, DRGs started in 1983?



Around 2005...

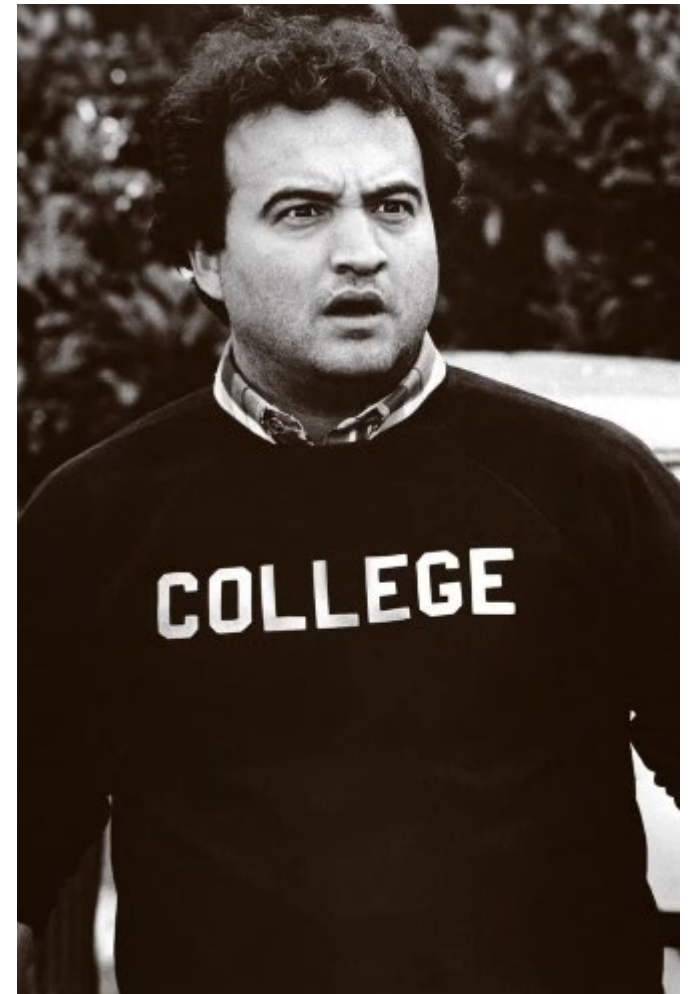


Why did I like the NICU so much?



My value as an RT...

- ▶ If I give another useless Duoneb!!!
 - ▶ I want to do work that matters
 - ▶ I want to align my values to those that help patients
-
- ▶ I felt powerless as a bedside therapist
 - ▶ I don't have a mentor
 - ▶ I need to be a leader to implement change
 - ▶ I guess I need to go back to school
 - ▶ Ugh



Meanwhile... in 2008



2008

Productivity

- ▶ Recession
- ▶ Layoffs
- ▶ Unemployment





Over the next few years

Productivity



2013

My first managers job





2nd Day

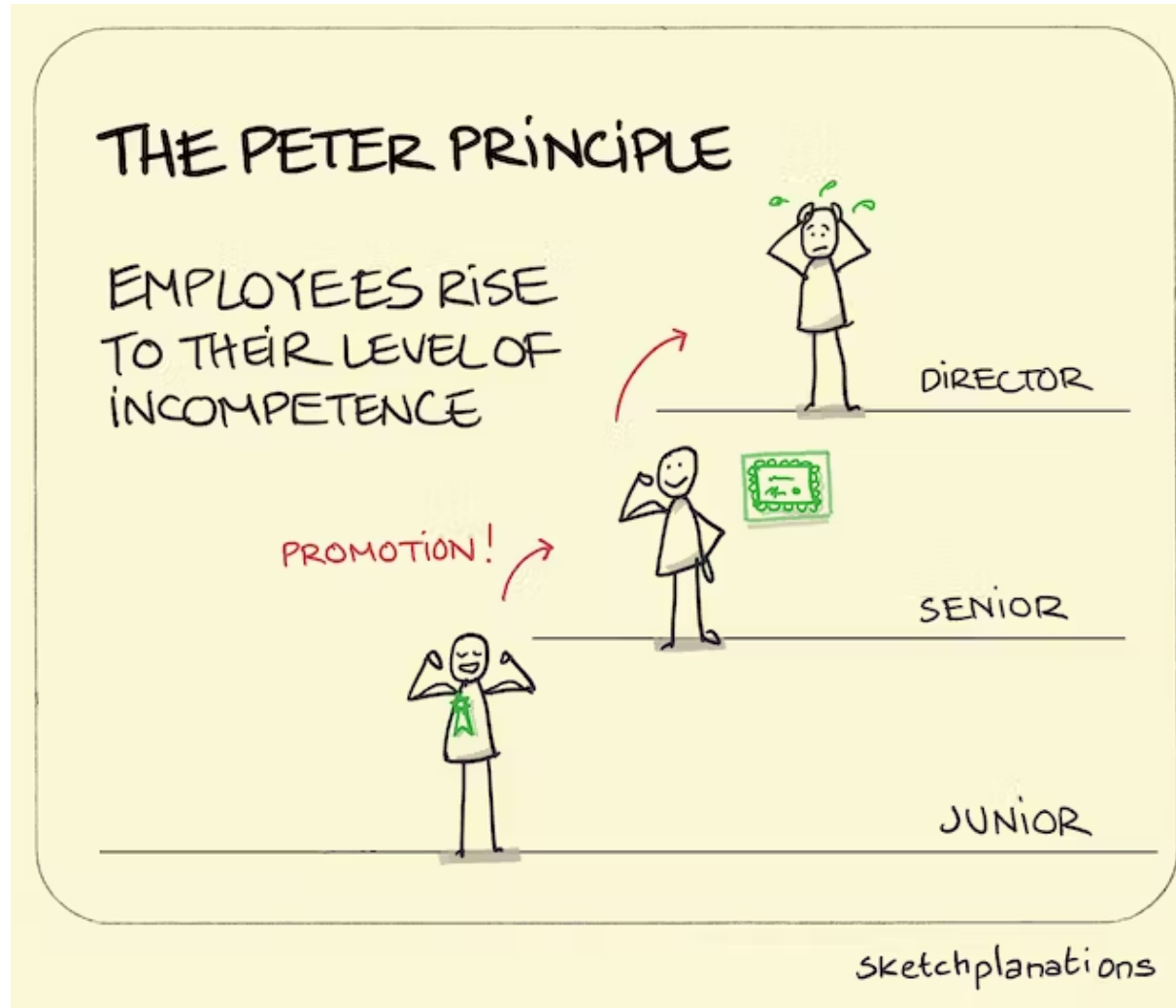




The value of every RT leader in the 2010's



90% of RT Leaders



Feeling defeated...

It became us vs. them



*In 2018, Something
Changed for Me*



One last chance...



Jan Bergen - "Do the job well, then make the job better"

The light bulb moment...

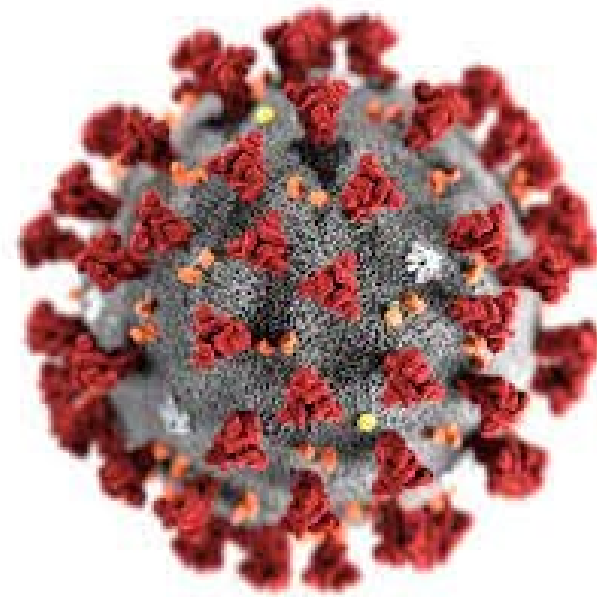


Value = Benefit/Cost



March 2020







Tony Pulido - “Only 2 ways to fix a staffing problem, more RTs or less work”

Where is the help, how long will this last, where are the RTs?





Leadership response



Matt's Math:

16 hospitals

76 open positions

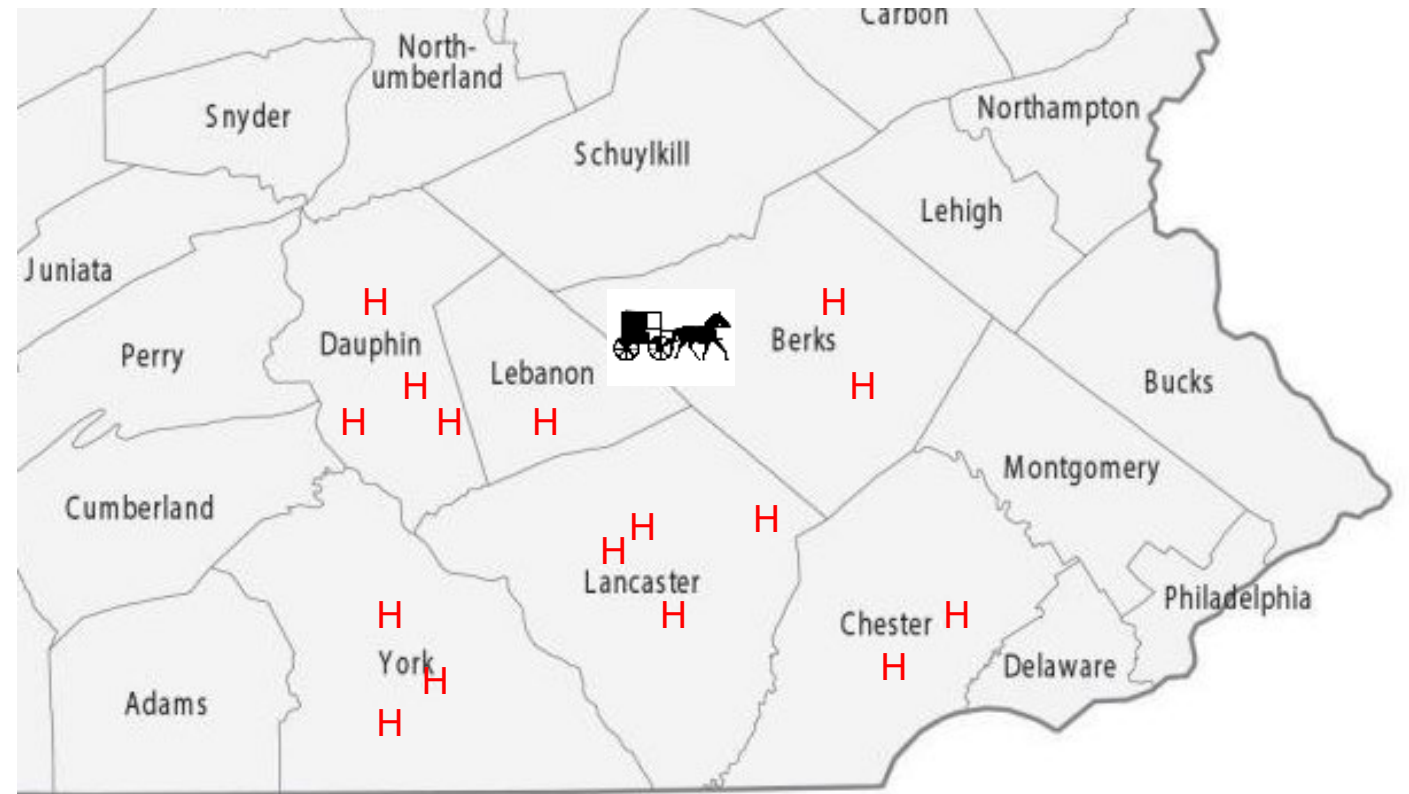
5 schools

35 grads

17 go to Philly

18 left

4 years to recover!!!



Supply < Demand

Is this sustainable?

Is this viable?

Too costly

Not happening fast enough

Moreerts.com?



Did you know, today is no
more COVID day?
5/11/23



Increasing Cost without Benefit =

Financial Management

6 hospital closures in 3 months

Alan Condon - Updated Tuesday, March 21st, 2023



From decreasing inpatient volumes to reimbursement challenges and rising demand for outpatient care, various factors lead hospitals to shut down or enter bankruptcy.

Here are six hospitals that closed or announced plans to close in the last three months:

Editor's Note: This webpage was updated March 21 and will continue to be updated.

1. Eastern Niagara Hospital in Lockport, N.Y., will close June 17 after years of financial turbulence. In November 2019, the hospital filed for Chapter 11 bankruptcy protection and signed a management agreement with Buffalo, N.Y.-based Catholic Health. The system has

Report finds hospital infections soared during the pandemic. Here's how the Tampa Bay region fared

WUSF Public Media - WUSF 89.7 | By Stephanie Colombini
Published May 11, 2023 at 5:00 AM EDT



Back to old habits...

We've always done it this way!



How are we going to fix this?



RTs are Leaders


We can fix any problem!

We are innovative!

10 CHARACTERISTICS OF A

GOOD LEADER

1. INTEGRITY
2. DELEGATION
3. COMMUNICATION
4. SELF-AWARENESS
5. GRATITUDE
6. LEARNING AGILITY
7. INFLUENCE
8. EMPATHY
9. COURAGE
10. RESPECT

 Center for Creative Leadership



John Maxwell - “All things can be improved”



Value = Benefit/Cost



What do patients want?



What do hospitals want?



What do RTs want?



What does everyone want?

Increase the benefit will decrease the cost

LOS

ED Throughput

Ventilator Liberation

ICU Throughput

Dec. HAI

Dec. HAPI

Readmissions

Focus on health

Ambulation

A-F bundle

Pulmonary Rehab/Navigation



Practice Evidence Based Medicine and Evidence Based Leadership

RESPIRATORY CARE search

Home Content Authors Reviewers CRCE Open Forum Podcast Videos

Editorial | Editor's Choice

Optimizing Respiratory Therapy Resources by De-Implementing Low-Value Therapies

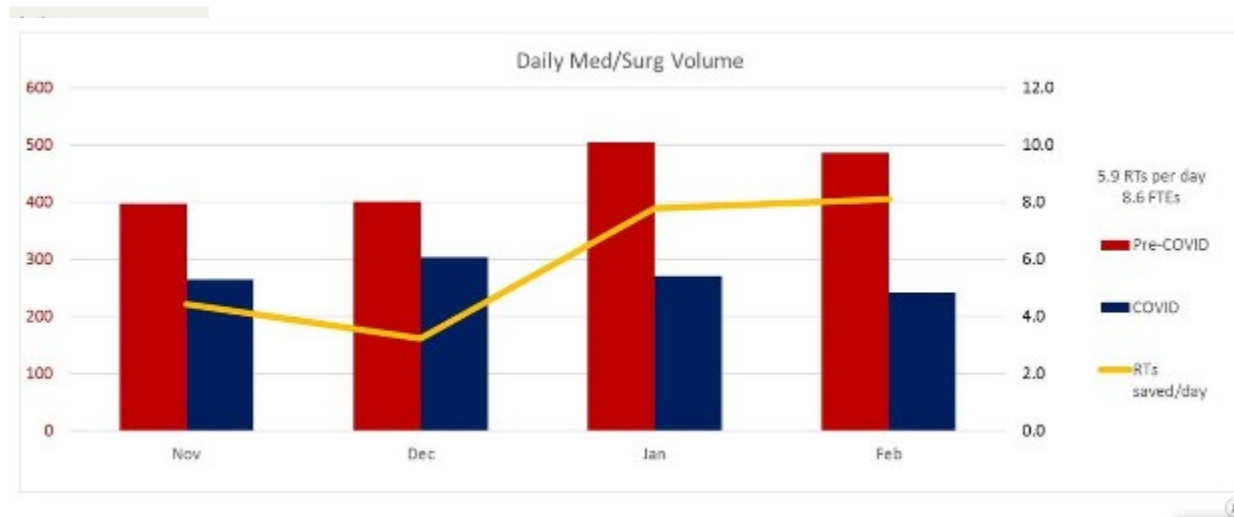
Kellianne Fleming, Jessica L. George, Sarah J. Bazalak, Julie A. Hoeske, Adam D. Biggs, Curtis M. Landry, Randolph J. Lipchik and Jonathon D. Truitt
Respiratory Care May 2023, 68 (5) 559-564, DOI: <https://doi.org/10.4187/respcare.10712>

Article Figures & Data Info & Metrics References PDF

Evidence-Based Leadership: The Foundation of a Culture of Quality

What is Evidence-Based Leadership?

Evidence-Based LeadershipSM is an approach to leadership modeled after the concept of evidence-based medicine and is designed to hardwire the behaviors that have been shown through evidence to have the greatest impact on patient outcomes. The Evidence-Based Leadership framework serves two purposes: It provides the structure for hardwiring behaviors, and it solidifies a culture of accountability.



Matt's Math:

- ▶ Reduce 26 mucomyst aerosols per day
- ▶ 15 minutes per treatment
- ▶ 2372.5 hours per year

▶ **1.26 FTEs saved**

- ▶ Large Academic Hospital
- ▶ Running 30 HFNC in ICU per day
- ▶ Move 10 to the med-surg floors
- ▶ \$500/day/patient

▶ **\$1.8 Million**



The Challenge

RTs

What could you change to improve benefit or decrease cost?

Administrators

Make their suggestions a reality
SAY YES!!!!!!!!!!!!!!!



In Conclusion



Leadership

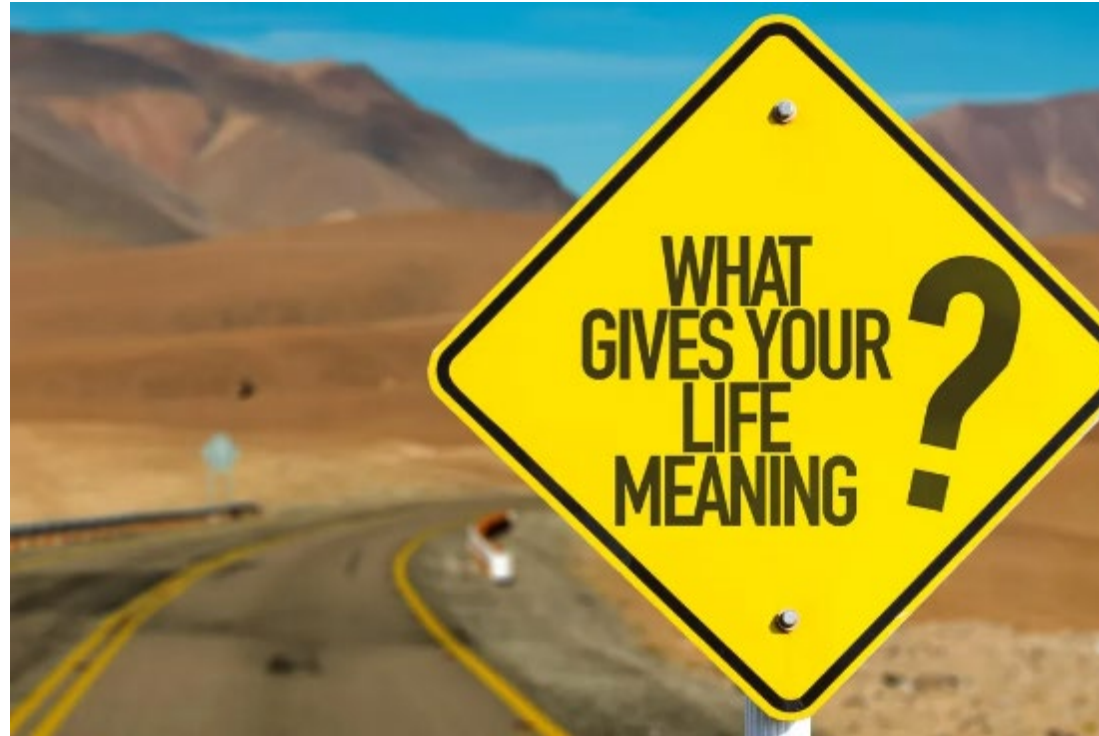
Problem Solving

Innovation

Inc Benefit

Dec Cost

Inc Value



Thank you!

