

**TITLE:** Neonatal protocols for respiratory therapists working in community hospitals

**Author:** Tina Harper, BSRT, RRT-RCP

**Institution:** University of North Carolina at Charlotte, Bachelor of Science in Respiratory Therapy program (BSRT), Department of Kinesiology

**Background:** Respiratory Care Practitioners (RCP's) are healthcare professionals that provide care for patients who have trouble breathing. The training for RCP's includes a limited time learning to care for the neonatal patient. Working in a hospital that does not primarily provide neonatal care can be challenging when having to deal with a sick newborn. A broader skill set from RCP's is essential in caring for a premature or sick newborn, particularly when one considers that The Affordable Care Act now requires Medicare to pay hospitals based on quality of care, not just quantity. In order for the RCP to continue providing value based and quality care for all patients, the bar must be raised to meet the new standards set forth over the coming years.

**Methods:** Compared and contrasted neonatal outcomes between delivery hospitals, Observational Studies, Randomized surveys of respiratory therapists who work in small newborn intensive care nurseries, Interviews of varied health care professionals specific to the field of neonatology

**Results:** Twenty adult critical care RCP's were interviewed in North Carolina. Of the twenty RCP's interviewed, 90% felt prepared for an imminent high risk delivery. 55% of the RCPs did not know how to properly stabilize a neonatal patient on a mechanical ventilator while administering medication, however. Forty percent of the RCPs did not know appropriate settings on the mechanical ventilator while stabilizing a neonatal patient

**Conclusions:** RCP's working in community hospitals have a disadvantage when charged with caring for a sick neonatal patient. Graduate RCP's are trained to be skilled and proficient when working with all patient populations but the exposure to neonatal respiratory care is limited. Challenges, for the RCP working in a community hospital, can threaten patient safety and neonatal outcomes. There are enough differences between providing neonatal respiratory care and adult respiratory care to warrant additional training. Although many RCP's feel proficient and competent when working in a NICU, survey clinical questions and interviews showed that there are learning opportunities in the areas of ventilator settings and chest x-ray interpretation. A standard of care needs to be established in community hospitals that offer the services that are rendered in a level three NICU. Consistency and lung protective measures need to be practiced in the delivery room setting. Some of the available learning tools include NRP certification and S.T.A.B.L.E. certifications. RCP's working in community hospitals could also benefit from quarterly education in-service programs that incorporate neonatal ventilator management, chest film interpretation and other issues that could arise while stabilizing a sick neonate. The collaboration with the respiratory care managers and an alliance with administration could facilitate success. A mutual working relationship between the respiratory care department and the neonatal intensive care department is crucial, however. Inevitable changes are on the horizon for the health care system in the United States. Hospitals are now being reimbursed based on the

quality of the care provided, not quantity. A delay in care provided and incompetence is costly. Further, it is far less expensive to treat a neonatal patient as problems develop than it is to treat a neonatal patient that has been symptomatic for hours, months or even days.