THE CALIFORNIA SOCIETY FOR RESPIRATORY CARE
ANNOUNCES RELEASE OF THE WHITE PAPER, “Concurrent Therapy”.

WHITE PAPER DENOUNCES THE PRACTICE
OF CONCURRENT THERAPY

WATSONVILLE, California, February 27, 2007 – The California Society for Respiratory Care, has released a historic position paper that denounces the practice of concurrent therapy (stacking treatments).

The California Society for Respiratory Care (CSRC) is California's largest Respiratory Care Professional Society. The CSRC is known for patient care advocacy, professional excellence, promotion of healthcare safety and advancement of professional practice. The CSRC is pleased to release a Position Paper regarding Concurrent Therapy.

CSRC implores the respiratory profession, healthcare providers, healthcare institutions and the public, to bring to a halt this practice of misused, misguided and unsafe healthcare practice.

Attached is the "White Paper" which was approved for distribution at the last Board of Director’s meeting (February 10, 2007) in Ontario, California.

This "White Paper" marks another important milestone for the CSRC as it advocates for greater commitment to patient care and professionalism for Respiratory Care in California.

If you have any questions regarding this document, all inquiries are welcome. Please call or e-mail the contacts as listed.
Position Statement
“Concurrent Therapy”

The California Society for Respiratory Care (CSRC), having completed comprehensive research into the practice of “Concurrent Therapy”, has concluded that, aside from declared disaster, there is no compelling medical, ethical or safety rationale for the continuation of this practice.

The CSRC takes the position that concurrent therapy (CT), as defined below, should rapidly be abandoned and as needed, legislatively addressed; in the interest of patient safety, interventional efficacy and the ethical practice of Respiratory Therapy.

“Concurrent therapy” in Respiratory Care is defined as rendering simultaneous inhaled medication aerosols, to more than one patient, in unmonitored patient care areas, by one therapist.

Concerns surrounding this practice have been widely expressed, including those from: JCAHO, Medicare/Medicaid (CMS), and the California Respiratory Care Board. JCAHO calls CT “a problem“, Medicare says of CT, “it is not being delivered according to Medicare coverage guidelines: that is, the therapy is not being provided individually.” The California Respiratory Care Board states “we would strongly discourage any organization from adopting a policy which leaves patients unattended for administration of medication and continues “this practice would be contradictory to safe practice”.

While each group addressed primarily, the safety compromise of concurrent therapy, none directly speak to the ethical dilemma of the conscientious therapist. This ethical morass is created when an employer requires or actively condones the practice of CT. It is for the aforementioned with patient safety concerns, that the CSRC implores the profession, healthcare providers, healthcare institutions and the public, to bring to a halt this example of misused, misguided and unsafe healthcare practice.

Based on clinical data, which concluded that Respiratory Care interventions are over utilized by as much as sixty percent, the CSRC recommends the use of clinical tools to optimize utilization in an effort to diminish the perceived need of CT. Such tools may include, but should not be limited to assessment driven, evidence based and outcome oriented interventional protocols. Utilization appropriateness may also be geared to patient education toward self administration.

Aside from Clinical Tools, computer workload leveling tools should be considered in providing better scheduling of therapy which is more in line with clinical and patient needs. Such tools used in conjunction with assessment based protocols as opposed to existing schedule formulation practices, may lead to a decrease in utilization as well as an improved concentration of skilled Therapist time for higher acuity patients.
In summary, the CSRC advocates for patient safety, therapeutic efficacy and ethical responsibility in proposing the abandonment of the practice of CT. The CSRC supports appropriate assessment driven use of Respiratory Care services to minimize misallocation of ordering practices, to relegate the unsafe and unconscionable practice of CT, to a thing of the past.

3. CA Respiratory Care Board Website, License Information, Scope of Practice, Table of Inquiries and the Board's Responses Listed by Subject, Reference 2003 C-15