

# A STUDY OF STANDARD RESPIRATORY CLINICAL QUALITY METRICS MONITORED BY HOSPITALS IN PA

Jerin Juby MA, RRT<sup>1</sup>, Steve Gudowski BS, RRT<sup>2</sup>, Ryan Bechtel MS, RRT-ACCS<sup>3</sup>, Jennifer Mahone MHA, RRT-NPS, AE-C<sup>4</sup>, Jason Werkley BS RRT<sup>2</sup>, Bridget Gekas BS RRT<sup>1</sup>, Melissa Ash BS RRT<sup>1</sup>, Thomas Monaghan BS, RRT-NPS<sup>5</sup>, Ashley Grim MHA, RRT-NPS<sup>6</sup>, Kevin Trethaway BS RRT<sup>1</sup>, Laura Fantazzi BHA RRT<sup>1</sup>, Anoop George MPA, RRT<sup>7</sup>, Bradley A. Kuch MHA, RRT-NPS, FAARC<sup>8</sup>

*For the Pennsylvania Respiratory Research Collaborative*



<sup>1</sup>Respiratory Therapy Department, Thomas Jefferson University Hospital, Philadelphia, PA, United States; <sup>2</sup>Respiratory Therapy Program, Hospital of the University of Pennsylvania, Philadelphia, PA, United States; <sup>3</sup>Respiratory Therapy Department, Wellspan York Hospital, York, PA, United States; <sup>4</sup>Respiratory Therapy Department, Reading Hospital- Tower Health, West Reading, PA, United States; <sup>5</sup>Respiratory Therapy Department, Jefferson Hospital, Allegheny Health Network, Jefferson Hills, PA, United States; <sup>6</sup>Respiratory Therapy Department, Penn State Health Children's Hospital, Hershey, PA, United States; <sup>7</sup>Respiratory Therapy Department, Temple University Hospital, Philadelphia, PA United States; <sup>8</sup>Respiratory Therapy Department, UPMC Children's Hospital of Pittsburgh, Pittsburgh, PA

## Background

The Pennsylvania Respiratory Research Collaborative (PRRC) developed a group to study quality metrics monitored by respiratory departments in inpatient hospitals in PA. The study aims to understand the quality metrics tracked by and involving respiratory therapy departments in the state of PA.

## Methods

A survey related to quality metrics monitored by inpatient respiratory therapy departments was developed and sent to supervisors, managers, and directors of hospitals within the state of Pennsylvania on the PSRC listserv.

The survey period was April 25 – May 27, 2021

Survey committee members connected with PSRC executive director and board. An email went out to the PSRC listserv of respiratory therapy supervisors, managers, and directors in the state of PA. A reminder email was sent out two weeks after the first email. The respondents were asked not to complete the survey more than once.

A total of 110 respiratory leaders in hospitals with inpatient Respiratory Therapy departments were contacted. The survey was anonymous.

The survey was exempt as research by Wellspan IRB

**Disclosures:** None

## Results

- Centers by hospital category included Community Hospital (52.11%), Academic Teaching Facility (38.03%), Acute Rehabilitation (5.63%), Critical Access Hospital (1.40%), and Cancer Specialty (1.40%).
- Distribution of Hospital size included Less than 150 beds (35.21%), 150-300 beds (29.58%), 300-600 beds (25.35%), and greater than 600 beds (9.86%).
- Most common quality measures were ventilator-associated infections, medication barcode scanning, and COPD/PNA readmissions (Table 1).
- Quality metrics were shared with Respiratory Care Staff most commonly during staff meetings (Figure 1). Metrics are also reported to hospital administration as departmental report outs, operations, quality, and safety committees.
- The following metrics were listed the greatest number of times to be reported state-wide among PA Respiratory Care departments

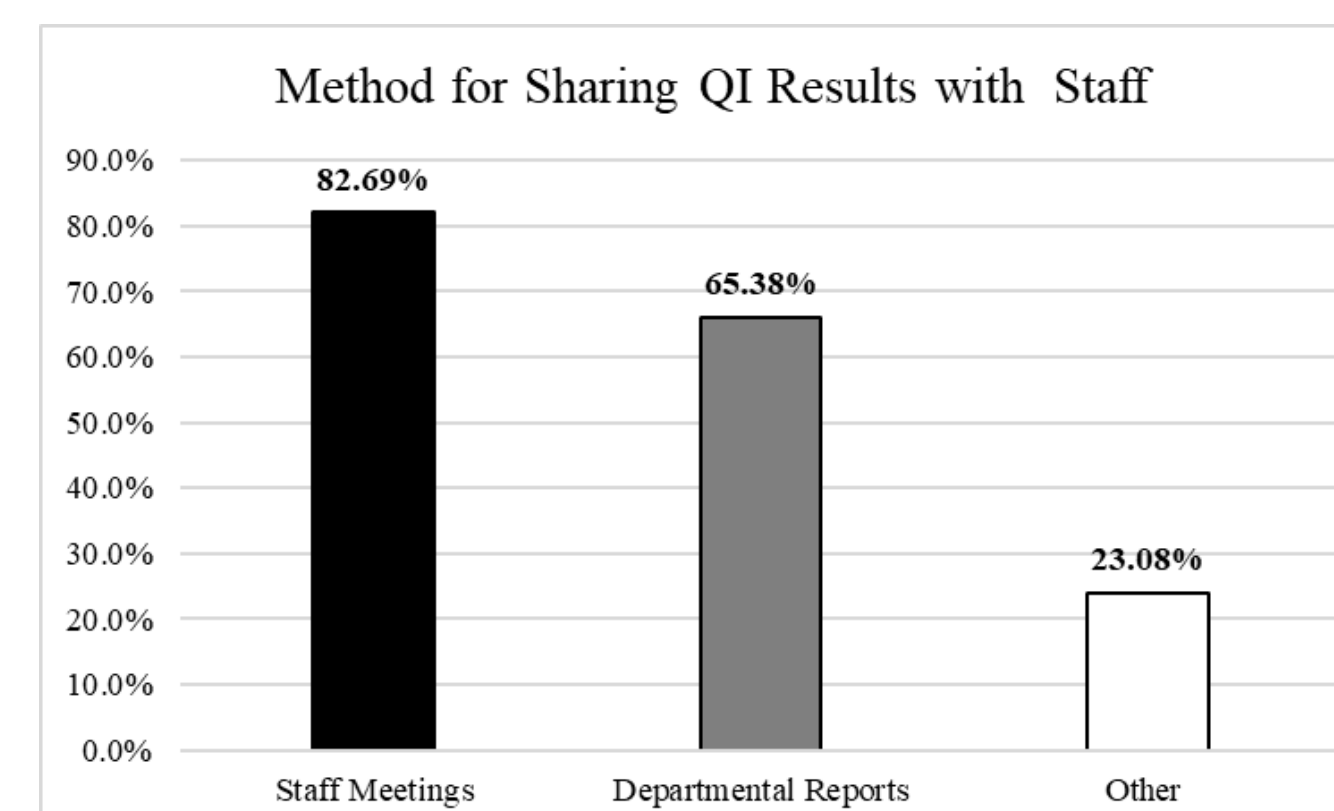


Figure 1: Distribution of Methods for Sharing QI Measure Results with Respiratory Care Staff. Other includes Departmental Dashboards, Reminders, Dailey Huddles, and Email.

Ventilator Associated Infections	86.54%
Barcode Medication Administration	78.85%
COPD and PNA Readmissions	73.08%
Mechanical Ventilation LOS	71.15%
Hand Hygiene Compliance	69.23%
VAP Bundle Compliance	67.31%
Missed treatments	65.38%
Unplanned Extubations	57.69%
Adverse events following respiratory therapy interventions	42.31%

Table 1: Percentage of hospitals tracking the metrics identified by the committee

## Conclusions

A large number of respondents are tracking similar metrics and reporting them internally. A statewide or nationwide reporting and benchmarking system managed by respiratory therapy will benefit the respiratory departments.