

The In's and Out's of Respiratory Therapy

March, 2023

Our time together today...

- ✓ **What is Respiratory Therapy**
- ✓ **The Role of a Respiratory Therapist**
- ✓ **How will your resident's benefit**
- ✓ **How can your community financially benefit from Respiratory Therapy**

What is Respiratory Therapy?

- Provided by a qualified professional (respiratory therapists, respiratory nurse).
- Assessment, treatment, and monitoring of patients with acute or chronic lung pulmonary problems.
- Respiratory therapy services include, volume therapy (incentive spirometer & deep breathing exercises), aerosol therapy (nebulizer and MDI treatments), assessing breath sounds, cough assist (acapella, chest vest therapy), CPAP, BIPAP and mechanical ventilation, etc

Role of the Respiratory Therapist

- All new admissions at a minimum will be screened by the RT
- Patients with a respiratory diagnosis, recent upper respiratory infection, or pneumonia should have automatic orders for RT to *Evaluate and Treat*
- The RT will treat patients daily that are on caseload
- RTs will work closely with physicians, advanced practice registered nurses (APRN's), and nursing staff updating plans of care as necessary
- Common modalities RTs utilize are Incentive Spirometers, Acapella, and The Breather

Role of the Respiratory Therapist continued...

- Educate patient and family members about modalities, breathing techniques, disease processes, and medication management
- Works alongside physical, occupational, speech therapists, giving a comprehensive approach to therapy
- Provides in-services and competency training to the nursing staff
- Maintains a daily tracking log showing what patients they have seen each day and for how many minutes

Respiratory Therapists and Respiratory Trained Nurses

➤ Competency training can be provided and documented by the respiratory therapist within the scope of their credentials. Some examples of trainings include:

- Artificial Airway Care
- Adult CPAP
- *Hand-held Nebulizer*
- Metered Dose Inhaler
- Nebulizer Medication
- *Oxygen Therapy*
- *Pulse Oximetry*
- Trach Tube Insertion
- Adult BiPAP
- Chest Physiotherapy
- *Incentive Spirometry*
- Nasotracheal Suctioning
- Overnight Pulse Ox
- *PEP – Acapella*
- Speaking Valve
- *Patient Assessment*

When Residents can benefit from Respiratory Therapy

- New diagnosis of CHF (congestive heart failure) or CHF exacerbation
- New diagnosis of COPD (chronic obstructive pulmonary disease) or COPD exacerbation
- New Diagnosis of OSA (obstructive sleep apnea) or noncompliant with PAP (positive airway pressure) device
- Reoccurring URI (upper respiratory infection) x 1 year
- Resident is having an increase in shortness of breath
- Resident has a decrease in their pulse oximetry
- Resident breath sounds are not clear
- Resident has an increased usage with their rescue medication
- New onset of cough
- Resident tires more easily with normal tasks
- Resident was recently discharged from hospital without a SNF (skilled nursing facility) stay
- Resident is a smoker and would like help/support quitting
- Current respiratory medications are becoming ineffective
- Poor Oxygen safety or compliance
- Changes in sleep (increased fatigue or insomnia)

Resident Diagnoses' that trigger Respiratory Therapy

- ✓ **Guillain-Barre syndrome**
- ✓ **Parkinson's Disease**
- ✓ **Pneumonia**
- ✓ **Lung cancer**
- ✓ **Recent surgery**
- ✓ **Dysphagia**
- ✓ **COPD**
- ✓ **Neuromuscular disease**
- ✓ **CHF**
- ✓ **OSA**
- ✓ **PE (Pulmonary Embolism)**
- ✓ **Dyspnea**
- ✓ **Oxygen dependence**

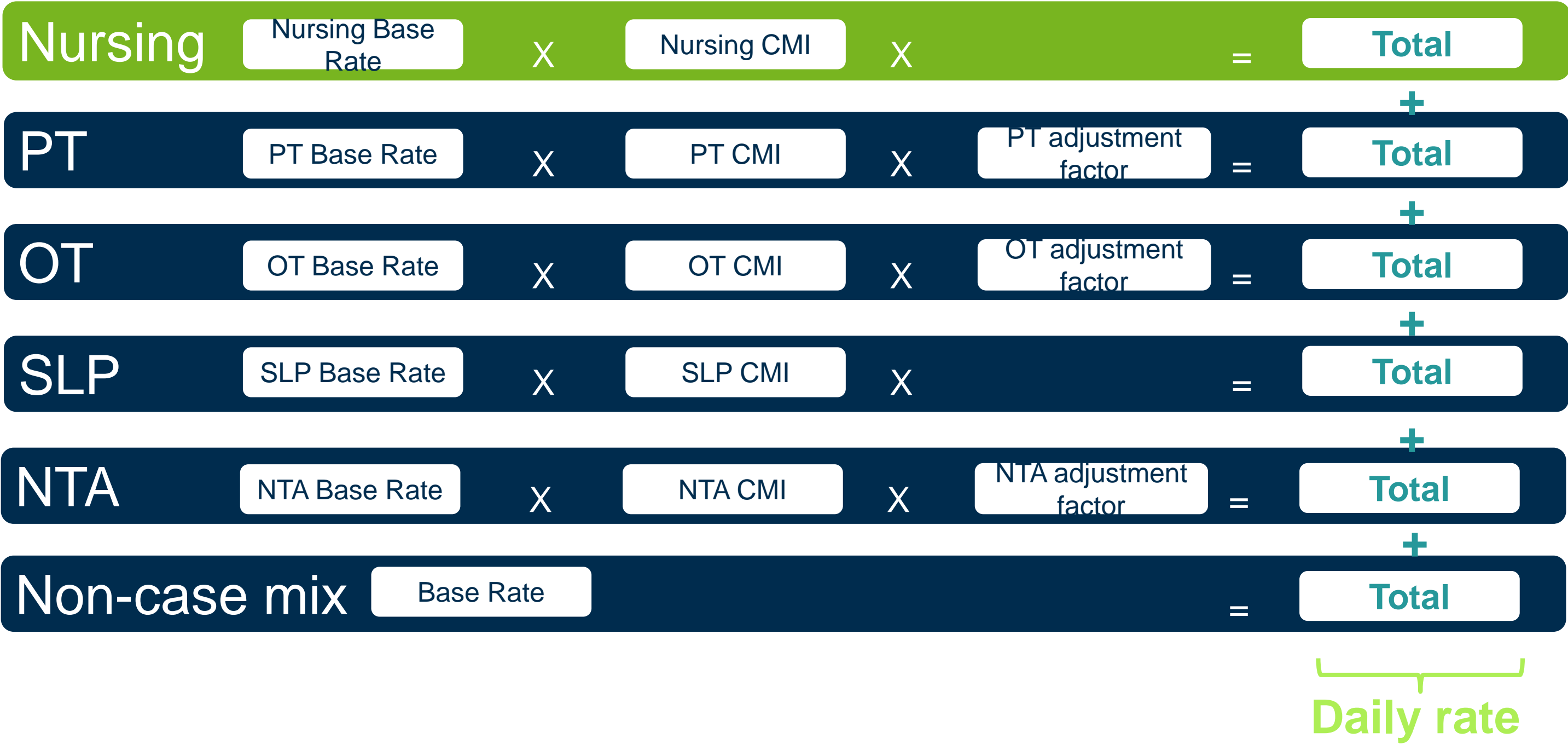
Other indicators to make a referral to RT

- **New moist nonproductive cough**
- **New diagnosis of respiratory disease**
- **Possible aspiration**
- **Coughing while eating**
- **Upper respiratory symptoms**
- **New RT medication order**
- **Low grade temp with the following signs or symptoms:**
 - Dry or moist cough
 - Nasal congestion
 - Sore throat
 - Tightness in chest
 - Chills

Respiratory in PDPM

- PT, OT and SLP all have individual components payments that contrite to the patient's total daily payments.
- Respiratory therapy is recognized under skilled nursing component payment for specific nursing categories.

PDPM Rate Refresher



Financial Benefit under PDPM payment

Some patients qualify for either a Clinically Complex or Special Care Low category based on diagnoses as well as function scoring on section GG of the MDS.

Some differentiating diagnoses and special qualifications for each of the categories are listed below.

✓ Clinically Complex

- ✓ I2000 – Pneumonia
- ✓ O0100C2 - Oxygen therapy while a resident

Financial Benefit under PDPM payment continued...

To qualify for the Special Care High category, the Nursing Function Score can be anywhere from 14 or lower. The most common respiratory qualifying diagnoses are listed below:

- Special Care High
 - I6200 **AND** J1100C – Chronic obstructive pulmonary disease **AND** shortness of breath
 - J1550A **AND** I2000 – Fever **AND** Pneumonia
 - **O0400D2 – Respiratory therapy for all 7 days**

Key Considerations

- Evaluations and initial RT treatment must be completed on day one or day two.
- Respiratory therapy services must be ordered by the patient's physician
- The physician's order must include a statement of frequency, duration, and scope of treatment
- To qualify for Special Care High without one of the specific Special Care High diagnoses, the patient must be seen for respiratory therapy services 7x/week

Interim Payment Assessment (IPA) as needed

- *If a patient who requires respiratory therapy services 7x/week does not receive them by the ARD*
- *MDS coordinator can confer with the interdisciplinary team to assess the possibility of completing an Interim Payment Assessment (IPA).*
- *The IPA is completed when there are changes in the patient that, if completed, would secure additional payment for needed services.*
- *If the interdisciplinary team determines that an IPA is warranted, the 7 days of RT services, delivered and captured on the IPA, can increase the nursing component RUG to a Special Care High category (given that all functional and diagnostic criteria also continue to be met).*

Success Stories

Thank you!

Any Questions?