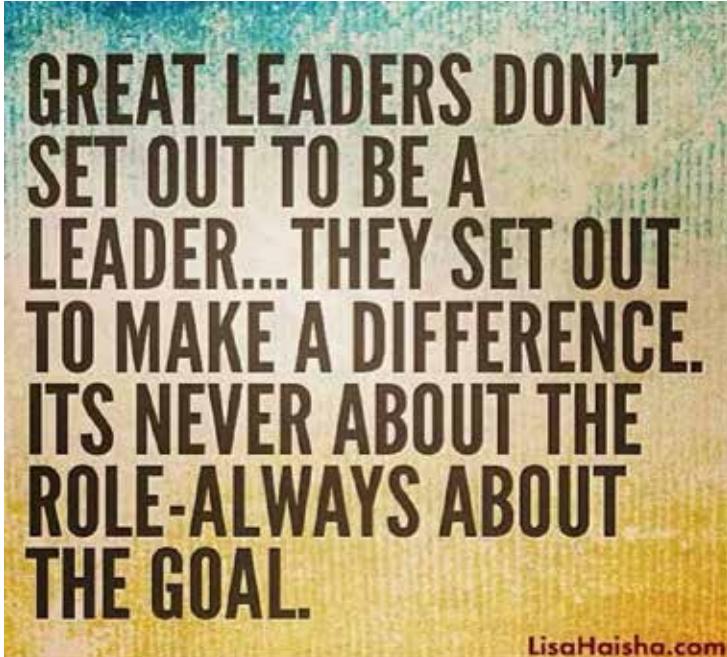


Respiratory Therapy Leadership, Part Two.

Kelly Lewis, BA, RRT-NPS



In this second installment on the topic of Leadership, I present to you another management conundrum. In case you missed last month's post, here is a quick recap:

The Respiratory Care Board in California changed the continuing education requirements to include courses in Leadership and communication and grant credit for attending certain upper-level meetings.

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Here is this month's management/leadership challenge:

NEONATOLOGY TODAY is interested in publishing manuscripts from Neonatologists, Fellows, NNP's and those involved in caring for neonates on case studies, research results, hospital news, meeting announcements, and other pertinent topics.

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In a very busy 20-bed NICU, the BioMed tech is seen looking at all the clean ventilators in the equipment room. Asking if I can help her, she hands me a notepaper and says, “I need these two ventilators; they are overdue for preventive maintenance (PM).” We looked at the ID numbers on the clean vents, and none match. This means these two vents are likely on babies. I look through the rooms and find the two vents. They are on the two sickest babies in the unit.

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The BioMed tech tells me that I have to change out the vents because her supervisor says they cannot go past PM dates. The machines need to go with her today. The Neonatologist said otherwise, as did I. I asked if any other NICU vents needed PM and promised that as soon as the babies were stable enough, I would call her to let her know she could take those ventilators. I'd even deliver the vent to her if she wanted. In a huff, she left. Later, I got a call from my Director: give BioMed the vents. I explained that these babies were not stable enough to tolerate being bagged right now. My Director explained that his colleague, the Director of BioMed, has deadlines to meet. I referred my Director to the Neonatologist. We left the babies on.

Fast forward to about two months later. I am the only RT in the unit and got called to a crash C-section on a 33-week gestation baby. I set up the ventilator and left it running to warm and humid the circuit. In the DR, the baby was fine, requiring only SiPap. We bring the baby back to the NICU room, and wait a minute, er, where is the ventilator I set up - the one that was designated for this baby, a 33-week gestation C-section baby? I asked the shift lead, the nurses, and finally, my Director. No answers. After stabilizing the baby, I thought: “Noooooooooooo.....”. I placed a call to BioMed. She had indeed come and picked up a vent slated for use on a baby in the process of being born - a vent that was warming up and, technically, in my eyes, in use. The unit nurses were too busy

to notice that anything was amiss. What if that baby had been intubated and needed that vent? “That vent was due for PM, and you know we must stay on top of our PM deadlines,” Miss BioMed quipped. My Director had nothing to say about it, but the Neonatologist sure did. I do not think I can print that conversation here.

Discussion:

In terms of Leadership, what would you have done as a department director? As a NICU RT? As a neonatologist? What solutions could the RT and BioMed Director have devised to satisfy patient demand and equipment maintenance needs?

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