Including, But Not Limited To…

Kelly Welton, BA, RRT-NPS

Just when we thought we were nearing the end of the CoVid crisis, new details emerged.

"Many RTs, RNs, and others did the money grab, never looking back. And they don't need to; travel contracts are still alive and well, although the salary has come down."

Many RTs, RNs, and others did the money grab, never looking back. And they don't need to; travel contracts are still alive and well, although the salary has come down. Even with the horror stories of staff RTs and RNs letting travelers do all of their work, the opportunities to branch out, learn more and explore what other hospitals do and how they do it provide just enough gravitational pull to keep staff moving through the maze of States and licensure requirements. And although I'd love to go on (and on) about how absurd it is that we have a NATIONAL Board for Respiratory Care that administers the exams that we must pass to work, the individual licensure is by State. I'm reminded of people who make a living doing expedited Passport and Visa services. For a price, you can get someone to jump through all those hoops for you and get you a valid passport in record time. Why not start a business expediting State RT licenses? It's all a bunch of hoops and money, no more. The delays in care due to licensure constraints state-to-state during the pandemic are unconscionable. But that's not what today's article is about.

"Why not start a business expediting State RT licenses? It's all a bunch of hoops and money, no more. The delays in care due to licensure constraints state-to-state during the pandemic are unconscionable. But that's not what today's article is about. "

Another more subtle shift is occurring at a more critical level- Neonatologists. I recently read a letter to the editor of a small newspaper about a local hospital spending millions on building a new NICU. "We don't' need another NICU!" the author states, "We need social services for the homeless and better access to care for the disadvantaged." And although I don't disagree, I can't think of one hospital that went to the expense to build more NICU beds just for show. Since building more NICUs means the need for more NICU staff, this is where it gets scary. A new grad Neonatologist with many school bills to pay is faced with several choices when taking their first job. Major medical center? Or rural setting? What is the cost of living for each? What will their schedule and co-coverage look like? In Southern California, where housing is expensive no matter where you go, the top offer for the least amount of call is usually the winner.

"A new grad Neonatologist with many school bills to pay is faced with several choices when taking their first job. Major medical center? Or rural setting? What is the cost of living for each? What will their schedule and co-coverage look like? In Southern California, where housing is expensive no matter where you go, the top offer for the least amount of call is usually the winner. "

This leaves smaller hospitals with less Neonatology staff holding the bag for 24-hour call and coverage, often several days a week. The pay may be less and the call even longer in rural areas. Who needs inexpensive housing if you're never going to see it? New grad neonatologists may not want to bring their large medical center training down a few levels by staffing a level II NICU. They've been trained for action, for all kinds of emergencies that befall the offspring of a nation that can't stop growing. As such, large center NICUs will likely continue to be built, while smaller NICUs will bear the brunt of what shows up for them, prepared or not. How can we even this out? A NICU with top RNs, RTs, and ancillary staff still can't run without an MD. But it's the same song being sung again.

"As such, large center NICUs will likely continue to be built, while smaller NICUs will bear the brunt of what shows up for them, prepared or not."

Attracting and keeping top talent requires more than just money and prestigious titles. No one in healthcare should be made to care for so many patients a week that they crash and burn. We did this during CoVid out of necessity. But even if Covid disappeared tomorrow, the patients, large and small, will not. It took the pandemic to pay RTs and RNs what we are worth at the expense of exhausting us all. Let's do the same for Doctors, not just with money, but by leveling the playing field so that no one MD is working twice as many hours as a colleague at the next hospital down the road. Because if we have a mass exodus of Neonatologists the same way we just had a mass retirement of RTs and RNs, where does that leave those families in need of NICU care?

"Let's do the same for Doctors, not just with money, but by leveling the playing field so that no one MD is working twice as many hours as a colleague at the next hospital down the road. Because if we have a mass exodus of Neonatologists the same way we just had a mass retirement of RTs and RNs, where does that leave those families in need of NICU care?"

Disclosures: The author is President of the Academy of Neonatal Care, A Delaware 501 C (3) not for profit corporation.

NT

Corresponding Author

--
Kelly Welton, BA, RRT-NPS
President,
Academy of Neonatal Care
La Quinta, California, United States
Website: www.AcademyofNeonatalCare.org
Phone: 877-884-4587
Email: Educator@academyofneonatalcare.org