

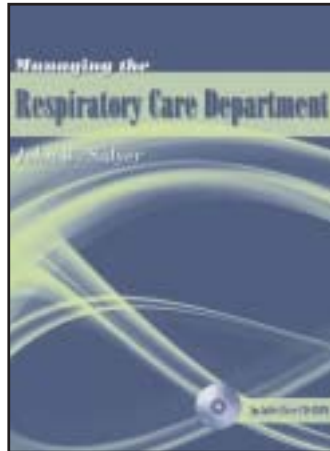


MANAGING THE RESPIRATORY CARE DEPARTMENT *A New Text by John W. Salyer*

Reviewed by Michael McPeck BS RRT FAARC

A little over a year ago, Focus Journal discontinued its respiratory book reviews in order to make room for additional and more varied content. However, a new book has come along that has caused us to perform an ad hoc backpedal maneuver, also known as a "flip-flop" in the contemporary vernacular. Said book is *Managing the Respiratory Care Department* by John W. Salyer. In fact, the release of Salyer's book compelled me to immediately throw down the other book I was reading, "The Rise and Fall of George W. Bush," so I could be the first in the world to rush a review of Salyer's book into print. I was particularly excited about the release of this book because I know John Salyer as a professional colleague and have come to appreciate his wit, wisdom and faux pompousness over the years. So, right off the bat, I suspected that this was a book that would be both entertaining and informative. As usual, I was correct. But I also realize that, while there are numerous comprehensive books about respiratory care and respiratory therapy available, there is very little in print about how to run a respiratory care department – certainly nothing as down-to-earth and practical as John Salyer's new book. As for my qualifications, I maintain that I am eminently competent to review this new release and to offer a bold opinion because, as a former respiratory care department manager for many years, I, like John Salyer, started out not having the foggiest idea what I was doing. I was guided chiefly by my intuition and, hopefully, by what little bit of common sense was included in my inherited genetic material. Over the years I learned a number of new tricks, soaked up as much as I could from other managers, and made enough mistakes to fill a book. Only I didn't. But John Salyer did. And his is a book well worth reading if you intentionally aspire to become a respiratory care department manager, or have accidentally become one regardless of how recent or long ago. John lets it all hang out in one of the most honest and self-deprecating management books I have ever had the pleasure to read. I would also particularly recommend this book to those in the respiratory therapy field who have the good sense to not pursue a management job but still want to know what might be going on inside the heads of their managers.

Let's begin with some stats because, as one of the Immutable Truths that Salyer has sprinkled throughout his book clearly states:



"You cannot manage what you do not measure." The metrics on this hardcover textbook include 486 pages, 9 chapters, and 8 appendices at a cost of 65 dollars. Each chapter includes numerous Tables and Figures to bolster and support the subject matter. A number of Case Studies are scattered throughout the book with real life examples no doubt taken from the life and times of John Salyer, Director of Respiratory Care. The facts are real but names have been changed to protect the guilty. As an extra added attraction, the book comes with a Windows and Mac compatible CD containing practically all the aforementioned tables and figures plus a great many forms and documents from his managerial career that the author has clearly taken great pains to include. If it were not for the current cloud of fear and suspicion so generously spread about by the Music Industry these days, I suspect that John might have also included on the CD a few MP3 files from Pink Floyd, Steely Dan, the Mothers of Invention and Alice in Chains, among others to whom

he acknowledged a heavy debt a gratitude formed during the writing of the book. Obviously, I can't repeat everything that has been included in this book in order to convey my appreciation for it. And if I repeat too much of it here, it might ruin it for you when you read it. So perhaps the best way for me to convey the content of this book would be to offer a thinly disguised rehash of the table of contents, which I will do without mentioning the chapters by name.

Chapter 1 starts off with a brief obligatory nod toward the academic and clinical preparations one would presumably require to become an RT manager. But the real value to this chapter lies in what follows, wherein a variety of other skills, or what I'd call "street smarts," and how they are applied, are discussed. Suffice it to say, lots of people may be well educated, or exceptionally talented clinicians, but that doesn't mean they will be good managers. It takes something else, some of which might be found in this chapter by those savvy enough to spot it. Chapter 2 goes into some depth about how hospitals are organized and offers some guidance and tips for navigating and communicating within that particular type of bureaucracy. I'd say this is probably a good thing for an aspiring man-

ager to grasp, for I have known a great many skilled RT clinicians who have worked in hospitals for years and yet have little idea of the true political structure in which they function and how it affects them and their job. Not to diminish the importance of the RT department, this chapter helps to realize the important political reality that RT departments are merely one cog on a really large wheel. Chapter 3 is an interesting mix of John's observations, analysis and bias about the inner workings of the RT department. In some ways this chapter is a blueprint for departmental organization, but it also explains some of the differences that invariably exist from one department to another. A nice touch, although way too brief for my liking, is the piece he tacked on at the end of this chapter about "The Saga of Decentralization." Decentralization is still around and contemporary managers may still be dealing with it, or its aftereffects. Chapter 4 gets into some of the specific metrics that can explain to a COO or CFO-type what the department actually does. I mentioned earlier John has a thing about measuring stuff. Well, this chapter will help you figure out ways of measuring lots of stuff ranging from the budget, to productivity, to costs, to severity of illness and inflation (so you can adjust other measurements accordingly), to quality and to patient safety.

Chapter 5 is about measuring stuff too, but it is more specifically concerned with staffing and scheduling, the matching of staff to clinical requirements, analysis of absenteeism and how to deal with it plus the double-edged sword called agency staffing. Chapter 6 gets into issues involving hospital and departmental billing and has some fairly good explanation about the nature of billing systems, the importance of billing, billing errors and the relationship of billing to productivity. This chapter includes a discussion of RVUs (relative value units) and how they may be used for benchmarking purposes. There is a brief discussion about how pricing is set and how hospitals typically engage in cost-shifting and markups. Another area that I would have liked to have seen expounded upon in greater depth is the discussion about CPT and billing codes. The AARC has entered that fray and has made some excellent material available to members to help them better grasp how to classify various procedures for proper billing. It would have been nice to include some of this information if possible. Chapter 7 is one of the more in



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depth chapters in the book. It involves budgeting and covers both capital budgeting and the recurring operating budget in a great amount of detail that obviously reflects the authors skill and familiarity in this area. As such I recommend it highly for the new department manager as well as the seasoned manager who might need to learn a couple new tricks. Chapter 8 is a bonus of sorts, as it expounds on the budgeting chapter and digs into the challenges we all face due to the onslaught of new technology. This is a part of the book well worth reading and the author is to be commended including for such a broad, lucid and frank discussion. The final chapter, 9, is about staff development and spends a great deal of time discussing those aspects of department life and operation that impact upon helping staff members to be successful. The areas touched upon in this chapter include communication (clinical and intradepartmental), credentialing, recruitment, hiring, retention, compensation, recognition, orientation, continuing education, performance evaluation and many other facets of staff development that are undertaken to help staff members grow and develop. Following these chapters there is another 161 pages of Appendix material covering a wide range of issues and reference information that can be useful to the respiratory therapy department manager. There is just too much to list here but, as a teaser, I will say it includes a number of well-thought-out and very detailed technical competencies.

Books often serve the unintended purpose of acting as a mirror, reflecting not only the writer's knowledge about a particular subject, but also his experience, successes and failures. A book on the same topic by another writer would, perhaps, be boring and pedantic and not much fun to read. But this book is both fun and informative at the same time owing, in great part, to the author's honesty and incisive analysis of all that goes on around him plus his recognition of the lessons imparted not only by his many successes, but also by his few failures. Again, I recommend it highly to managers and staff alike. To order *Managing the Respiratory Care Department*, please visit www.jbpub.com or call 1-800-832-0034. For quantity discounts use extension 8229.

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