

PARTNERSHIP FOR SAFETY: KEEPING PATIENTS SAFE

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OBJECTIVES

- Define the collaborative nature of safety
- Articulate the role of the respiratory therapist in critical care
- Apply evidence-based ventilator protocols
- Implement medication and infection control standards
- Utilize standardized communication frameworks
- Address clinician well-being and systemic safety



SAFETY IS A TEAM SPORT

- Patient safety is not a siloed responsibility, it is the collective output of every clinician on the floor
- No single discipline holds all the keys to safety
- We share the same patient first objective
- RT's, nurses, physicians, and support staff form a safety net
- Error Detection and "Stopping the Line"



THE RT'S ROLE IN SAFETY

- Respiratory therapists (RTs) play a critical role in patient safety by managing complex life-support equipment, monitoring vital physiological data, and intervening in acute respiratory crises
- Expert management of mechanical ventilation
- Airway management and patency
- Prevention of ventilators associated events
- Rapid response and acute crises
- Physiologic monitoring and data interpretation



THE FOUNDATIONS OF SAFETY

- SBAR: The Bedrock
 - It eliminates ambiguity during critical handovers
- Proactive versus reactive
 - A mature safety culture heavily favors proactive identification of system vulnerabilities
- Technology and human factors
 - Electronic Health Records often creates new risks
- The “Just culture” philosophy
 - In a "blame-free" or "punitive" culture, people hide their mistakes, and the system



THE JUST CULTURE PHILOSOPHY

- The "Just Culture" philosophy is a framework for safety and accountability that shifts the focus from "who is to blame" to "why did this happen."
- Shared accountability
- Focus on systems
- Encouragement of reporting
- Distinction between behaviors
 - Human error
 - At risk behavior
 - Reckless behavior



APPLICATION OF “JUST CULTURE” FOR RESPIRATORY THERAPISTS

- Respiratory therapy is a high-stakes, technology-dependent field
- Mindful clinical practice
- Standardizing speak up culture
- Support after adverse events
- Systemic optimization
- The substitution test
 - When an error occurs, management asks: *"If we put another qualified RT in this exact same environment, with the same tools and pressures, would they make the same error?"* If the answer is yes, the error is recognized as a system flaw, not a personal failure.



CLINICAL COLLABORATION

- Clinical collaboration between a respiratory therapist (RT), a nurse (RN), and a physician is a cornerstone of patient safety, particularly in critical care and acute respiratory management
- Multidisciplinary rounding
 - Synchronizes the care plan, ensures all team members are on the same page
- Verification of respiratory interventions
- Medication safety
- Standardization of protocols
 - The team works together to implement evidence-based protocols



VENTILATOR SAFETY PROTOCOLS

- Respiratory therapists (RTs) play a pivotal role in preventing ventilator-associated pneumonia (VAP) by managing the airway, optimizing ventilator performance, and implementing evidence-based clinical "bundles."
- Preventing ventilator associated pneumonia
- Minimizing ventilator duration
 - Daily spontaneous breathing trials (SBTs) and assess readiness for extubation
- Airway management and cuff pressure
- Sedation management



MEDICATION SAFETY

- Respiratory therapists (RTs) play a critical role in ensuring patient safety through rigorous medication management and administration protocols. Here is how they enhance safety in this domain
- Verifying indications and dosage
- Adherence to the five rights of medication administration
 - Right Patient, Right Drug, Right Dose, Right Route, and Right Time
- Monitoring adverse drug reactions
- Compatibility and stability checks
- Infection control protocols



PREVENTING HOSPITAL ACQUIRED CONDITIONS

- Respiratory therapists (RTs) play a frontline role in patient safety by strictly adhering to evidence-based protocols to minimize the risk of Hospital-Acquired Infections (HAIs)—specifically Ventilator-Associated Pneumonia (VAP)—and prevent iatrogenic harm
- Adherence to ventilator bundles
- Subglottic secretion drainage
- Circuit management and condensation control
- Lung protective ventilation
 - Low tidal volume strategy, PEEP
- Patient ventilator asynchrony management



COLLECTIVE HYGIENE

- **Hand hygiene is #1 safety step**
 - Interrupts transmission pathways
 - Controls multi drug resistant organisms
 - Eliminates reservoir sites
- **Impact on Patient Safety**
 - Protects vulnerable populations
 - Decreases morbidity and mortality
 - Reduces healthcare cost
 - Builds trust and standards of care



THE ROLE OF COMMUNICATION AND HANDOFFS IN PATIENT SAFETY

- Reduction of Sentinel events
- Mitigation of information loss but
- Implementation of standardized frameworks such as SBAR
- Promoting multidisciplinary collaboration
- Empowerment of patient and family input
- Creating a culture of psychological safety
- Closing the communication gap



CRISES AND RAPID RESPONSE

- Rapid response teams (RRTs) are specialized clinical teams designed to intervene early when a patient's condition begins to deteriorate, aiming to prevent cardiac or respiratory arrest. Respiratory therapists (RTs) are core members of these teams due to their specific expertise in cardiopulmonary physiology and airway management
- Proactive intervention
- Multidisciplinary collaboration
- Goal of stabilization



CRISES AND RAPID RESPONSE

- The role of the respiratory therapist
- Airway management
- Assessment of gas exchange
- Oxygen and ventilatory support
- Diagnostic troubleshooting
- Arterial blood gas analysis
- Decision support



DATA AND IMPROVEMENT

- Measuring patient safety metrics in respiratory care is essential for transforming raw clinical data into actionable quality improvements. By systematically tracking these indicators, respiratory departments can move from reactive troubleshooting to proactive, evidence-based care.
- Vent days
- Reintubation rates
- Near misreporting
- Data-driven process integration
- Understanding ventilator associated events



LEARNING FROM NEAR MISSES

- Learning from "near misses"—incidents that could have resulted in patient harm but did not, either by chance or timely intervention—is one of the most effective ways to improve clinical systems and prevent future adverse events. For a respiratory therapist (RT), analyzing these events is a critical component of high-reliability practice.
- Foster a non punitive just culture environment
- Identify systemic latent failures
- Refine standardized protocols



UNDERSTANDING BURNOUT

- Defining the State
 - Burnout is characterized by three core dimensions: emotional exhaustion, depersonalization, and a diminished sense of personal accomplishment.
- Systemic Drivers:
 - Burnout is rarely the result of a single "weak" individual
- Impact on the Bedside:
 - When clinicians are burned out, they are more susceptible to cognitive fatigue, risk of medical errors, decreased empathy, and reduced communication effectiveness



UNDERSTANDING CLINICIAN BURNOUT



- Safety and well-being considerations
 - Ensuring the safety and well-being of clinicians at the bedside is critical not only for the health of the individual provider but also for the safety and quality of patient care
- Psychological safety
- Physical safety
- Moral distress
- Need for rest and recovery
- Strategies for mitigation



STRATEGIES FOR MITIGATION OF BURNOUT

- Organizational Commitment
 - Shift the focus from "fixing the individual" to "fixing the system"
- Peer Support Systems
 - Developing "second victim" programs
- Sustainable Staffing Models
 - Implementing evidence-based staffing levels ensures that the workload is manageable
- Meaningful Recognition
 - Develop a culture that explicitly recognizes the difficult work of bedside clinicians improves morale and strengthens team cohesion.



BUILDING THE FUTURE

- Foster Professional Connectivity
 - Proactively introduce yourself to respiratory therapists you do not yet know to build a stronger, more collaborative support network.
- Identify Clinical Vulnerabilities
 - Actively engage with your colleagues by asking, "What is our biggest safety risk right now?" to identify and address critical gaps in real-time.
- Advocate for Safety
 - Commit to speaking up immediately whenever you observe a safety gap, ensuring that concerns are addressed before they can impact patient care or staff well-being.



SUMMARY

- Safety as a collective responsibility
- Critical role of the respiratory therapist
- Adopting a just culture philosophy
- Multidisciplinary collaboration
- Evidence based protocols for vap prevention
- Standardized communication frameworks
- Proactive crises management
- Well-being and systemic optimization



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