



## ***Respiratory Care* Publication Identifies Respiratory Compromise as a Critical Safety Issue for Managing Hospitalized Patients to Reduce Respiratory Failure and Death**

*Respiratory Compromise Institute Monograph Recommends Better Detection and Earlier Intervention of Respiratory Compromise to Reduce Morbidity and Mortality in At-Risk Patients*

**Vienna, VA** – May 2, 2017 – The Respiratory Compromise Institute (RCI) today announced that a monograph published in the April issue of *Respiratory Care* provides a foundation to identify patients at risk for respiratory compromise. The monograph also recommends that clinicians implement monitoring and intervention strategies to reduce these patients’ risks for respiratory failure and death. Currently, guidelines from numerous medical societies recommend the use of monitoring for patients at risk of respiratory compromise to provide early detection and intervention.

Respiratory compromise is a potentially life threatening state of unstable respiratory health that encompasses respiratory failure and arrest. Respiratory failure requiring emergency mechanical ventilation occurs in more than 44,000 patients each year in the United States, and the ECRI Institute just recently identified opioid administration and monitoring in acute care as a top ten patient safety concern.

The monograph is the output from a sentinel workshop of expert representatives from seven national physician, nurse and respiratory therapist medical societies who met to address the issue of identifying, detecting and treating respiratory compromise from a clinical practice perspective. The workshop sought to lay the groundwork for future research and analysis that could help guide the medical community on how to identify respiratory compromise early and intervene promptly to reduce the incidence of respiratory compromise and thereby prevent respiratory failure.

“Hospitalized patients have an unacceptably high incidence of respiratory failure and death, and intervening at the earliest stages of respiratory compromise will be essential to reduce patients’ risks and improve outcomes,” said Timothy A. Morris, MD FCCP, Professor of Clinical Medicine, Clinical Service Chief of the Pulmonary, Critical Care and Sleep Division at UC San Diego Medical Center in Hillcrest, President of the Respiratory Compromise Institute and lead author of the monograph. “Classifying at-risk patients based on their physiologic profiles may enable the development of risk-specific monitoring strategies and early interventions that can prevent further respiratory decline.”

The monograph identified six distinct patient sub-types based on physiologic parameters: impaired control of breathing, impaired airway protection, parenchymal lung disease, increased airway resistance, hydrostatic pulmonary edema and right ventricular failure. The monograph also included guidelines for identifying patients with each type of respiratory compromise, early signs of respiratory compromise, and parameters for monitoring patients' pulmonary and other vital functions.

"A key challenge in preventing and mitigating respiratory compromise in hospitalized patients is that it affects a diverse population of patients and may have different manifestations based on patients' pre-admission respiratory status and co-morbid conditions," said Phillip Porte, Executive Director of RCI. "Currently, today's paradigms focus on rescuing patients in respiratory failure rather than preventing progression of respiratory compromise, and we believe our monograph provides a framework for the medical community to explore that can reduce the incidence of respiratory compromise."

Monitoring strategies identified for several patient sub-types include simple and non-invasive methods such as pulse oximetry, EKG, capnography, and monitoring of heart and breathing rates. Identifying patient sub-groups in which these and other monitoring are most beneficial is an important first step toward improving patient outcomes in a cost-effective manner.

### **About Respiratory Compromise**

Respiratory compromise, which includes respiratory distress, insufficiency, failure and arrest, can occur across numerous clinical scenarios. For example, respiratory compromise may appear post-operatively or may be drug-induced by the delivery of a sedative, opioid, or analgesic to patients who were not properly assessed or properly monitored.

According to the U.S. Department of Health & Human Services, Agency for Healthcare Research and Quality, respiratory compromise is the [third most rapidly increasing hospital inpatient cost](#) in the U.S., with \$7.8 billion spent on respiratory compromise in U.S. hospitals in 2007. [Respiratory compromise increases patient mortality](#) rates by over 30 percent and hospital and ICU stays by almost 50 percent. RCI defines respiratory compromise as a state in which there is a high likelihood of decompensation into respiratory insufficiency, respiratory failure or death that could be prevented or mitigated through specific interventions (enhanced monitoring and/or therapies).

### **About Respiratory Compromise Institute**

The Respiratory Compromise Institute brings together a broad-based coalition of organizations, companies, and individuals dedicated to reducing—and eventually eliminating—preventable adverse events and deaths due to respiratory compromise.

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