

Chicagoland Respiratory Therapy Workforce Collaborative 2026 Action Plan & Working Groups

The Chicagoland Respiratory Therapy Workforce Collaborative is a volunteer-based, multi-stakeholder group focused on addressing the shortage of Respiratory Therapists in Cook and the collar counties. In 2026, the Collaborative will launch strategies identified at the Chicagoland Respiratory Therapy Workforce Summit hosted on November 4th, 2025. The Chicagoland Healthcare Workforce Collaborative (host of the Summit), will provide coordination support to volunteer leaders throughout 2026, and will support linkages and pass-offs to other groups as appropriate. The Summit Planning Committee will continue to provide oversight as the Collaborative's Steering Committee. This document outlines the structure of our work in 2026.

Action Plan

These strategies were developed by all attendees of the Summit in collaborative break-out rooms, then condensed and refined by the Steering Committee.

Objective #1 | Outreach: Increase the number of people applying to Respiratory Therapy (RT) programs in our region.

- Outreach Strategy #1: Increase awareness of RT careers, especially amongst middle and high schoolers.
- Outreach Strategy #2: Showcase & highlight varied career pathways.

Objective #2 | Training: Increase the number of students entering and completing RT degrees in our region.

- Training Strategy #1: Coordinate & leverage resources (financial and other) to maximize student access to academic & career support.
- Training Strategy #2: Provide training & professional development to faculty & clinical preceptors to successfully support students.
- Training Strategy #3: Increase coordination amongst educators and clinical leaders to maximize clinical rotation capacity and quality.

Objective #3 | Retention & Advancement: Increase the number of RTs staying in the field and advancing.

- Retention & Advancement Strategy #1: Support or create systems that increase evidence-based RT autonomy & decision-making.
- Retention & Advancement Strategy #2: Support leaders in fostering psychologically safe work environments where RTs are appreciated and encouraged to grow.

Steering Committee

The Steering Committee consists of the same 6 individuals who were recruited for the Summit Planning Committee. Their role is to oversee coordination between working groups, ensure the right people and organizations are involved in each working group, identify groups or organizations to “own” specific strategies or workstreams into the future, disseminate learnings broadly across the discipline, and guide the ongoing existence of the RT Workforce Collaborative as needed. Members of the committee include:

- Dana Evans, AARC, Advocate
- Brady Scott, Rush
- Peter Jaswilko, Triton College
- Jane Reynolds, Malcolm X College
- Manoze Kaushal, Malcolm X College
- Erin Cohan, Northwestern Medicine

Working Groups

Five working groups, led by Co-Chairs, will carry out the 6 strategies identified in the action plan, as assigned below. The Co-Chairs will lead their working groups in identifying actionable next steps, assigning and carrying out tasks, evaluating work, and reporting-out to the Collaborative.

Group	Assigned Strategies	Possible Members	Co-Chairs
#1: Outreach	<p>Outreach Strategy #1: Increase awareness of RT careers, especially amongst middle and high schoolers.</p> <p>Outreach Strategy #2: Showcase & highlight varied career pathways.</p>	Educators, hospital RT & HR leaders, HOSA, ISRC, school CTE leaders	Jorge Venida (Prime), LaToya Pryor (Moraine Valley)
#2: Student Resources	<p>Training Strategy #1: Coordinate & leverage resources (financial and other) to maximize student access to academic & career support.</p>	Educators, workforce development organizations, funders, ISAC, Clasp, etc	Manoze Kaushal (MXC), Violet Lara (Elgin College)
#3: Training Quality & Capacity	<p>Training Strategy #2: Provide training & professional development to faculty & clinical preceptors to successfully support students.</p> <p>Training Strategy #3: Increase coordination amongst educators and</p>	Educators, hospital RT leaders	Pam Nugent (Joliet Junior College), Peter Jaswilko (Triton)

	clinical leaders to maximize clinical rotation capacity and quality.		
#4: RT Autonomy	Retention & Advancement Strategy #1: Support or create systems that increase evidence-based RT autonomy & decision-making.	RT leaders, NBRC, AARC	Andy Klein (Rush), Alyssa Sichrovsky (Advocate)
#5: RT Job Quality	Retention & Advancement Strategy #2: Support leaders in fostering psychologically safe work environments where RTs are appreciated and encouraged to grow.	Hospital RT & HR leaders, workforce organizations	Patti DeJuillo (NM), Zacharia Abraham (UChicago Medicine)

Meeting Cadence & Scheduling

Monthly Working Group Meetings: Each working group will coordinate their own monthly meeting schedule, and decide whether to conduct meetings in-person or virtually.

Quarterly Leadership Meetings: The RT Workforce Collaborative Steering Committee and Working Group Co-Chairs will meet in-person on a quarterly basis in 2026, in January, April, August, and November. Co-chairs will report out on working group activities at these meetings. The November 2026 meeting may include all working group members (depending on coordination capacity).

2026 Benchmarks

April Quarterly	<ul style="list-style-type: none"> • Each working group has met twice • Working groups have conducted targeted recruitment to bring on more members and fill gaps • Working groups have identified 2-4 activities to pursue in 2026 that forward their strategy or strategies
August Quarterly	<ul style="list-style-type: none"> • Each working group has established timelines and measurable metrics for their activities in 2026 • Working group members have been assigned tasks and work is underway
November Quarterly	<ul style="list-style-type: none"> • Each working group has made progress in implementing their strategy or strategies; at least two defined activities have made measurable progress