

American Association for Respiratory Care
Board of Director Meeting
November 29-30, 2007
Orlando, Florida

Specialty Sections

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Adult Acute Care Section

AARC Activity Report

Winter, 2007

Chair: Nick Widder RRT

Recommendation: No recommendations at this time.

The Adult Acute Care Section continues to grow.

J. Brady Scott is the AAC SPOY. Brady is an up and coming member of the Association, and I expect that we will be hearing more from and about him soon.

The Section is waiting, with great anticipation, to hear about the results of the NBRC survey regarding the Adult Critical Care examination.

I am waiting to hear from the Elections Committee to hear who will be replacing me on the upcoming board.

Continuing Care and Rehabilitation Section

AARC Activity Report

November 2, 2007

Chair: Debbie Koehl, MS, RRT-AE-C

Recommendation #1: That the AARC participates in the preparation and writing of Performance Measures for Pulmonary Rehabilitation programs with the AACVPR and the ACCP.

Rationale: The AACVPR under the guidance of Dr. Brian Carlin has proposed writing performance measure guidelines for pulmonary rehabilitation. Dr. Carlin has suggested that perhaps ACCP could fund the project and that the AACVPR and the AARC provide clinical and expertise leadership in this project. Due to the fact that respiratory therapists are key in pulmonary rehabilitation programs, this would be an excellent joint project. This idea was discussed during the AACPR annual meeting in which I participated in the Pulmonary Liaison meeting via conference call.

Committee Charges:

- The Continuing Care Section resource listing has been updated and dated so that future updates can be tracked easier.
- Fall Bulletin has been submitted.
- Participated in AACVPR conference call for pulmonary liaisons during their annual meeting in Salt Lake City. Discussion centered around
 - Linkage with other professional societies
 - Joint Projects (see recommendation)
 - Reimbursement – in which the AARC was complimented on our continuous commitment to help secure NCD guidelines for pulmonary rehabilitation. Along with our current PR campaign with Grace Koppell.
 - Involvement with patient advocacy groups

Attended an asthma/copd alliance meeting sponsored by the ACCP in which lots of discussion surrounding the development of COPD coalitions was discussed. This would be an area in which the AARC and our affiliates could provide support for state coalitions.

AARC Diagnostic Specialty Section
AARC Quarterly Report
December 2007

Chair: Charles McArthur BA RRT RPFT **Liaison:** Patrick Dunne Med, RRT, FAARC

<mailto:mcarthur.charles@mayo.edu>

Recommendations: none at this time.

Section Activities

1. The section has conducted an e-mail survey to assess the standardization of pulmonary function prediction equations among our membership. We are analyzing the results and will present them at the section meeting in Orlando.
2. The monthly Electronic bulletins and quarterly bulletins are being published on time with relevant content to the specialty and with increasing submissions and feedback from the section membership.
3. The section gave input into the Infant PFT CPG.
4. We continue to develop a process for timely update of our resource list on the section website.

5. The diagnostic section submitted nominations for the 2006 specialty practitioner award

Education Section

AARC Activity Report

December 2007

Jeffrey J. Ward, MEd, RRT, FAARC, Chair
Mayo Clinic (Siebens 10-12D)
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Medical Advisor: Richard Sheldon, MD
AARC Staff: William Dubbs, MHA, RRT, FAARC

2007 Objectives

1. **Continue efforts to promote paradigm shift to broaden the scope of the Education Section.** The approach will be to recognize and provide service to the overlap in needs of both departmental-based staff development/in-service educators or clinical preceptors and school-based educators. Several hospital-based educators have suggested a subset/special group be formed within the larger Ed Section. Instead of that approach, at present the chair hopes to let the content of the e-Bulletin, quarterly bulletin, and venues at the summer forum and congress speak toward inclusion of the hospital based groups. The sections' actions should be seen as value-added in areas of orientation of new graduates, continuing (staff) education and patient education. In summary we will continue to highlight interrelationships, interdependence and commonalities between those involved in (primary) and continued professional education.
2. **Continue efforts to increase membership of the section to achieve 1,000 active members and BOD representation.**
3. **Conducts a survey Ed Specialty Section membership interests and solicits proposals for educational-based presentations/programs/posters for the 2007 AARC Summer Forum and International Respiratory Congress.**
4. **Solicits proposals for educational presentations/workshops at the Summer Forum and AARC International Congress and develop successful venues in concert with the Program Committees educational liaison.**
5. **Continues the Educator Academy** to provide novice educators with enhanced abilities in both instructional methodology as well as administrative skills.
6. **Finalizes development and implement the first Clinical Preceptor Training Program.**
7. **Continues ongoing functions of the Section:** (a) Quarterly Bulletin; (b) monthly e-bulletin; (c) assist in communication inside and outside the AARC; (d) monitor and support inter-section communication via the listserv; (e)

conduct bi-annual section business meetings; (f) enhance visibility of the education section within the AARC.

Accomplishments to date toward achieving 2007 Goals

Goal 1. Continues efforts to promote paradigm shift to broaden the scope of the Education Section.

- Through the quarterly Bulletin:
 - Hospital-based educators have been solicited by the chair and the Bulletin editor to write about their needs in areas of staff development and issues such as documenting competency assurance.
 - The overlap between school and department educators has been emphasized through the selection of articles.
 - Through postings on the Ed Section's list server
 - A special distribution e-mail list was developed in August '07 with names of 40+ hospital-based educators after approval from the AARC office
- Through the monthly E-bulletin:
 - The quality of the linked updates with regard to journal articles related to medical/allied health education and national changes/trends continue to improve through the assistance of the chair and Debbie Bunch
- Through Web Cast and Educator Swap-shop
 - A well publicized web cast on tuberculosis curriculum (applicable for both schools and clinical departments) was broadcast on April 25, 2007. It was placed on the on-line Swap Shop on June 12th
- The section's Resource Directory was updated in early 2007.

Goal 2. Continues efforts to increase membership of the section to achieve 1,000 active members and BOD representation

- **The section achieved this goal on April 7, 2007 as the active membership reached 1,004 and 1,075 total members.**
- **The section membership has continued to grow into the 3rd quarter of 2007. Active membership has reached 1,175 (an additional 171 active members since April) with a total of 1,234.**
- The promotion of the Educator Academy and the pending Clinical Preceptor Program are both efforts to enhance skills/competency of both new school-based faculty as well as clinical-based educators
- Two "notes from the chair" articles were published in the winter, spring quarter 2007 Education specialty Section Bulletins which highlighted the services currently provided by the Section and described those slated for the future.
- The fall "notes from the chair" for fall 2007 highlighted the need for curriculum development in disaster preparedness and was accompanied by two articles that provided examples of how

programs and departments are facilitating training events in this area.

Goal 3. Conducts a survey of Ed Specialty Section membership interests and solicit

proposals for educational-based presentations/programs/workshops/posters

for the 2007 AARC Summer Forum and International Congress

- A survey was conducted at the 2006 forum. Results have been tabulated (n=75) and the summary document was made available via the section's listserv.
- An updated survey for 2008 activities was approved for distribution by the AARC BOD and electronic access has facilitated. The Section's internal program review group will analyze the results at the Orlando International Congress.

Goal 4. Solicits proposals for educational presentations

/programs/workshops/posters at the Summer Forum and AARC International Congress and develop successful venues in concert with the Program Committees educational liaison.

- The section chair worked in cooperation with Bill Galvin in reviewing potential proposals submitted through the AARC's on-line Easy Street system. Proposals that were education-related were triaged in accordance with their value as well as their appropriateness within coherent themes for either the Summer Forum or International Congress.
- Worked with abstract Committee Chair Ellen A. Becker, PhD, RRT-NPS to solicit contributions to both Summer Forum and Congress posters/abstracts
- Four education-based research abstracts were presented at the 2007 Summer Forum. [Of interest is that all 4 were from hospital-based educators.]

Goal 5. Continues the Educator Academy.

- An Educator Academy proposal was reviewed for presentation at the 2007 Reno/L. Tahoe Summer Forum that has congruent features with the NBRC test item-writers workshop. It was decided that it would be best not to compete with the NBRC in terms of content or time overlap. The next Educator Academy will resume at the Orlando International congress.
- The Educator Academy Part IV will be conducted at the 2007 International Congress. Three presentations will be provided with the theme of "improving student test performance."

Goal 6. Finalizes development and prepares for implementation of the first Clinical Preceptor Training Program

Update on the process for developing a model program:

The Clinical Preceptor Training Work Group continues to work on the details

of a Clinical Preceptor Training Program for respiratory care education program faculty and hospital-based clinical preceptors alike. The program content will have utility to managers and supervisors looking to enhance mentoring, evaluating and improving performance of new employees. The

Work Group will have a final report and proposal to the AARC by the end of January 2008.

The members of this working group are:

Randy Baker, Erna Boone, Christie Cunningham, Rick Hall, Craig Johnson
Doug Masini, Sandy McCleaster, Kathy Rye, and Rick Zahodnic.

- The 2007 AARC Summer Forum continued this theme by including a “sneak preview” of forthcoming venues by presentation of “practical examples of clinical preceptor skills: evaluation, feedback and improvement strategies.”

7. Continues ongoing functions of the Section

- A Section business meeting was conducted at the 2006 AARC International Congress in Las Vegas
- Supported production of three 2007 section bulletins (to date) under the able editorial service of Dennis Wissing, and joined him in soliciting articles from the section using the list server as well as direct contact.
 - Contributed “Notes From the Chair” for 3 Section Bulletins.
 - Winter “Ed Section Membership—Beyond Value”
 - Spring “Listing of Ed Section venues & projects”
 - Summer “Time keeps on slippin’, slippin’, slippin’ into the future”
 - Fall “By the skin of our teeth.. and a little help from our friends”
 - Chair wrote an article “Team skills for Performance and Patient Safety: New Resources from the Agency for HealthCare Research and Quality (AHRQ)”
 - The Section’s Bulletin editor incorporated two technology editors for the summer ’07 issue. Those individuals provided reviews of educational computer software. In addition the chair provided over 100 annotated links to websites that provide e-learning resources of value for RC programs. Access to these links was configured into the AARC’s Ed Section website for continued access.
- Contributed items for 12 E-bulletins in conjunction with Deb Bunch.
- Gathered Education Section Program Committee volunteers to discuss potential needs and soliciting individuals for proposals for 2007 program
- Provided responses to requests for information from AARC members and those external to the professional organization.

- Responded to requests from members regarding participation in or access to the Sections Listserv.
- Facilitated an Ed Section sponsored web cast on April 25, 2007
- The chair wrote an article for the March 2007 AARC Times highlighting use of simulation technology in respiratory care education
- The chair wrote an editorial promoting a lucid approach in viewing the issues and (various) perceptions surrounding controversies or the "Great Debates" of single credential and advanced degrees for respiratory care in the fall 2006 issue of the Bulletin.
- The fall 2007 Education Section Bulletin provided access to four PowerPoint presentations given at the 2007 Reno Summer Forum.
 - *Clinical Practice and Evidence-based Guidelines* by Joe Sorbello, RRT
 - *Education Technology Integration; Online Research and Instructional Technology & Distance Learning* by Keith Hopper, RRT
- The chair also summarized the 2007 Helmholtz Lecture given by Dr. David Shelledy, "Respiratory care as a profession: Are we there yet?" Access to his PowerPoint presentation was provided through a link to the CoARC website.
- The Reno Summer Forum's Educator's Swap-shop allowed on-site distribution of tools for educators as well as an addition to the Section's On-line Swap-shop by Helen Sorenson titled "*Atypical disease presentation in the elderly.*"
- The fall issue of the Ed Section's Bulletin provided "notes from the chair" highlighting the need for curriculum development in disaster preparedness and provided a listing of related websites and linked-journal articles to support web-based resources for both departments and schools.

Home Care Section

AARC Activity Report
December 2007

Chair: Joan Kohorst, MA, RRT-NPS

Medical Advisor: Kent Christopher, MD

AARC Staff: Sherry Milligan

Recommendations: None

Charges:

1. Implement the specialty section objectives, as listed.
2. Assist Federal Government Affairs Committee in passing legislation which will recognize respiratory therapists under the Medicare home health services benefit.

2007 Specialty Sections and Objectives

1. Communicate with the President, Vice President for Internal Affairs, Section Medical Advisor, and your assigned AARC staff liaison on a regular basis.
I have communicated with the President, VP Internal Affairs, Dr Christopher and Sherry Milligan on several occasions since I assumed the Chairmanship and I will continue to do so.
2. Provide proposals for programs at the International Respiratory Congress to the Program Committee to address the needs of your Specialty Section's members. Proposals must be received by the Program Committee by Jan 7, 2007 and Jan 2008.
Done
3. In cooperation with Executive Office staff, plan and produce four section bulletins.
On-going.
4. Attend all scheduled meetings of the Specialty Section/Round Table Steering Committee.
Bob McCoy and I attended the January 2007 webcast for Section Chairs. There have been no other meetings since that time.
5. Identify, cultivate, and mentor new section leadership.
I am constantly seeking individuals who are interested in assuming more responsibility within the Section
6. Review and update as necessary your section's expert panels.
Done

7. Provide a timely response to requests for information from AARC members.
I monitor the Home Care Section list serve and respond to member questions promptly.
8. Enhance communication with and from section membership by assisting Executive Office staff in developing information for your section's web page. I have provided subject matter to enhance the information on our web page. I have worked with Sherry Milligan and the AARC webmaster to ensure that the Home Care presentations from the 2006 International Congress were posted to the HC web site so that they are available to our members.
9. Develop a section specific action agenda, based on input from your section members.
I collected topics of interest to the members at the section meeting at the AARC Congress in Las Vegas.. I used this information to submit these topics of interest on RFPs for the 2007 Congress. I will repeat this during our Section meeting at the Congress in Orlando.
10. Undertake efforts to demonstrate value of section membership, thus encouraging membership growth.
The Q3 2007 membership of the Home Care Section is 1063 active members and 1148 total members. I have and will continue to encourage membership growth.
11. Designate at least two qualified section members who will answer questions posed by AARC members through "Helpline." Please provide these names to your Executive Office liaison by January 2, 2006.
Done
12. Participate in and promote your section ListServe.
I monitor and respond to the questions and comments posed on the list serve daily.
13. In coordination with the Vice-president of Internal Affairs and the AARC Executive Office conduct at least one Section Specific thematic web cast/chat.
Bob McCoy, the Home Care Section Chair-elect hosted a webcast on Portable oxygen concentrator issues – March 28, 2007.
14. Monitor CDC information, including the CDC website and alert the AARC to any concerns related to your area of expertise or to the patients you treat.
I will monitor the CDC web site for information.
15. Monitor various information outlets both medical and lay press and alert the AARC to any concerns regarding public health issues related to your area of expertise or to the patients you treat.

The areas of concern for the home care patient are and continue to be related to reimbursement and how inadequate reimbursement will affect access to care. I have kept Cheryl West in the loop with all communication that I have received related to Medicare, Medicaid and State Board of Pharmacy changes.

16. Complete other charges, as assigned.

I participated in the working group that revised the Specialty Section Committee Policy (SS.001). I am facilitated the working group that submitted recommended revisions of the Home Respiratory Care Services Position Statement. The Home Oxygen and the Home Mechanical Ventilation CPG revisions made their way through the peer review process and were published in the August edition of the Respiratory Care Journal. I continue to serve as the Missouri Society for Respiratory Care PACT CO-Chair and I continue to encourage RTs to advocate on behalf of our patients. I will continue to be available for “other duties as assigned”.

Respectfully Submitted,
Joan Kohorst, MA, RRT-NPS

Long Term Care Section

AARC Activity Report

December, 2007

Maria Wooldridge, Chair

There was no activity to report for this quarter.

Management Section

AARC Activity Report – December 2007

Chair: Rick Ford

Recommendation #1: No new recommendations

Justification: NA

Summary of Status of Charges

- Charges are on target, with the expectation of 100% accomplishment by year end.

Other Activities July 2007 through Present

1. Responded to TJC Standard Review for the following:
 - a. Management of the Environment
 - b. Medication Management
 - c. Management of Human Resources
2. SWAP Shop expanded to include another set of contributions regarding Clinical Ladders.
3. Active solicitation for both FAARC and SPOY. The SPOY for 2007 is Claire Aloan, Manager of Respiratory Services for St. Josephs Hospital in Syracuse NY.
4. Bill Bitzel was also nominated for SPOY and his nominations are featured in the October Management Section Bulletin to remember and recognize Bill's contributions.
5. Thank you to George who served as Editor of the Management Section Bulletin for the past several years. New Bulletin Editors have been selected and are Roger Berg and William Farnham. Roger and Bill started in September and completed an impressive October issue.
6. In response to List Serve discussion a Remember When survey was conducted. We had over 50 respondents who described their early experience in the field. Much of this history will be featured in a variety of Section Forums (Bulletin, Meetings, Publications) in the months ahead.
7. The Remember When survey also provided the opportunity to introduce on-line web based survey tools to the list serve. Some general rules were developed and posted to the list serve, along with links to access these tools.

8. Section members will be presenting numerous lectures at the Congress on topics identified by managers as vitally important. Topics include, workplace excellence, team building, communication, information systems, performance improvement and many best practices utilized by managers in running some of the most successful departments in the country.

In Progress: Revision of the AARC Guidelines and Standards that apply to the structure and function of RC Departments.

Neonatal-Pediatric Section

AARC Activities Report
November 2007

*Chair: Michael Tracy BS, RRT-NPS
Parkinson MS, RRT*

Liaison: Ruth Krueger

Vice President,

Internal Affairs

Medical Advisor: Ira Cheifetz, MD, FCCM, FAARC

There are no recommendations at this time.

Charges that have been recently or are currently being addressed:

- 2. Communicate with your assigned AARC staff liaison and VP for Internal Affairs on a regular basis.**
 - a. Performed as requested or necessary.
- 3. Provide recommendations to the Program Committee to assure that the AARC programs are assigned to address the needs of your specialty section's members.**
 - i. No action required at this time
- 4. In cooperation with Executive Office staff, plan and produce four section bulletins.**
 - a. Communicate regularly with the bulletin editor, Kathy Deakins. Submit article for every bulletin. Chair – elect, Brian Walsh has found an editor, Samuel Addison, to ensure smooth transition. Final bulletin for 2007 is complete.
- 5. Identify, cultivate, and mentor new section leadership.**
 - a. **Nominations Committee**
 - i. No action required at this time
 - b. **Publications Committee**
 - i. The Neonatal-Pediatric Bulletin continues under the capable guidance of editor Kathleen Deakins. Brian Walsh and Samuel Addison will assume responsibility in 2008. Bulletin contents have been excellent.
 - c. **Program Committee**
 - i. No action required at this time.
 - d. **Recognition Committee**
 - i. Tiffany Mabe was selected as this years SPOY.

- e. **Consultant Panel**
 - i. Monitor List Serve to insure proper use of list serve and continued dialog of issues pertinent to neo-peds section
- 6. Provide a timely response to requests for information from AARC members.**
 - a. Have attempted to respond in a timely response to all e-mail and phone requests from AARC's Executive Office and individuals with inquiries into specialty practices.
- 7. Enhance communication with and from section membership by assisting Executive Office staff in developing information for your section's web page.**
 - a. Use the section list serve and newsletter on a regular basis as a communication vehicle.
- 8. Assist in the development of a section specific action agenda.**
 - a. No action required at this time.
- 9. Undertake efforts to demonstrate value of section membership, thus encouraging membership growth.**
 - a. Have continued to highlight the benefits of AARC and section membership to the Neonatal-Pediatric Section and encouraged members to recruit co-workers for one or both.
- 10. Designate at least two qualified section members who will answer questions posed by AARC members through "Helpline." Please provide these names to your Executive Office liaison by the end of January.**
 - a. On going
- 11. Participate in and promote your section list serve.**
 - 10.1 Monitor list serve on a daily basis to monitor participation volume and content to insure members follow the list serve rules. Participation continues to be excellent.
- 11. Conduct at least one section specific thematic webcast/chat. In coordination with the Vice-president of Internal Affairs and the AARC Executive Office**
 - 11.1 Section specific webcast on CPAP and CPAP analogs was presented in August.
- 12. Monitor CDC information, including the CDC website and alert the AARC to any concerns related to your area of expertise.**
 - 12.1 Ongoing

Sleep Specialty Section

AARC Activity Report

November 2007

Chair: Tom Smalling, Ph.D., RRT, RPFT, RPSGT, FAARC

Chair-Elect: Karen Allen, CRT, RPSGT

Medical Advisor: Paul Selecky, MD, FACP, FCCP, FAARC

Liaison: Ruth Krueger Parkinson, MS, RRT Kruegerr@sanfordhealth.org

Charge: Implement the specialty section objectives for 2007.

Recommendation #1

That the Board of Directors considers establishing an Ad-Hoc committee or task force charged with developing clinical standards and personnel qualifications for the management of sleep-disordered breathing. This group would include a focus on two key areas: the peri-operative setting and the ambulatory setting. The committee should include but not be limited to representatives from the Executive Office, external organizations, and the Specialty Sections.

Justification:

Recent national developments in the areas of peri-operative and ambulatory management of OSA have opened the door of opportunity for respiratory therapists to expand and solidify their presence as the disease management experts for these types of patients, many of whom have co-morbidities. The establishment of this ad-Hoc committee can be used to address a number of strategies within the AARC Strategic Plan, some of which are to:

1. Develop model position descriptions for respiratory therapists in various roles which emphasize quality, access, and cost control.
2. Promote positive models of excellence in respiratory care.
3. Develop model, evidence-based protocols and respiratory care plans for clinical practice.
4. Encourage protocol-based care and the use of respiratory care plans.
5. Conduct scientific conferences to advance the science and practice of respiratory care.
6. Develop and publish white papers and position statements related to respiratory care practice, education and management.
7. Demonstrate the effectiveness of the respiratory therapist in health promotion and disease prevention.
8. Emphasize provision of high quality care by respiratory therapists while controlling costs of that care. Focus on the value of respiratory care and the

respiratory therapist as the best practitioner to provide that care, control inappropriate utilization of respiratory care and ensure patient safety.

For Information Only:

- Section membership has grown to 1108 members as of the 3rd quarter.
- Our section has nominated Suzanne Bollig as this year's recipient of the Specialty Practitioner of the Year award.
- A Medicare Evidence Development and Coverage Advisory Committee (MedCAC) met on Wednesday September 12th, 2007 to evaluate the evidence supporting various diagnostic methods for OSA including home testing. Given the positive results, there are many who think CMS will propose coverage of home testing, most likely utilizing type II and/or type III devices. However, there is also the opinion that CMS will request more clinical evidence be gathered. According to a CMS staffer, while CMS had previously planned for a final decision by 12/14/07, the MedCAC meeting provides CMS with an additional 90 days. So the next steps will be for CMS to publish a proposed decision (by 12/14/07), collect public comments on the proposal (60 days after publication of proposed rule), and then publish a final decision (by 3/14/08).
- On behalf of the AARC, I attended a workshop: *Research Priorities in Ambulatory Management of Patients with Sleep Apnea*, chaired by Samuel Kuna, MD of the ATS. The meeting was co-sponsored by the ACCP and the AHRQ (Agency for Healthcare Research and Quality). A few dozen top researchers from around the world attended as well as a representative from the American Academy of Sleep Medicine (AASM) and the American Association of Sleep Technologists (AAST). The objectives of the workshop were to:
 - 1) Identify the barriers preventing incorporation of portable monitor testing into clinical management pathways for the evaluation of patients with suspected sleep apnea and determine the research and development needed to address those barriers.
 - 2) Develop recommendations regarding research study designs and methodology that will provide needed information regarding the potential clinical application of portable monitor testing for patients with sleep apnea.
 - 3) Promote interaction and collaboration of representatives from government, the medical device industry, healthcare insurers, professional societies, and researchers in academic medicine who have interest and expertise in the development and evaluation of portable monitor technology and its clinical application.

Suggested Readings in Support of the Recommendation:

1. Agency for Healthcare Research and Quality Technology Assessment. Home diagnosis of obstructive sleep apnea-hypopnea syndrome. Department of Health and Human Services. April 2007. <http://www.thoracic.org/sections/meetings-and-courses/steering-committee/index.html>

An excellent evidence based review of portable monitor testing commissioned as a part of the Center of Medicare and Medicaid Services' ongoing review of coverage for CPAP therapy. Pages 21-43 present a particularly outstanding background and commentary.

2. Institute of Medicine Committee on Sleep Medicine and Research. Chapter 6: Ensuring Adequate Diagnosis and Treatment: Access, Capacity, and Technology Development, in Sleep Disorders and Sleep Deprivation: An Unmet Public Health Problem. Edited by Colten HR, Altevogt BM, eds. Washington, D.C., The National Academies Press, 2006, pp 261-280.

http://books.nap.edu/openbook.php?record_id=11617&page=217

This recent Institute of Medicine report devoted an entire chapter to the need for alternative chronic disease management pathways for patient with sleep apnea. Authored by Harvey Colten, chair of the IOM committee, it provides more of a societal perspective of the issue as compared to the above referenced AHRQ technology assessment.

3. Collop NA, Shepard JW, Strollo PJ: Executive summary on the systematic review and practice parameters for portable monitoring in the investigation of suspected sleep apnea in adults: co-sponsored by the American Academy of Sleep Medicine, the American College of Chest Physicians, and the American Thoracic Society. Am J Respir Crit Care Med 2004; 169: 1160-1163.

<http://www.thoracic.org/sections/meetings-and-courses/steering-committee/index.html>

The 2004 summary of the ATS/ACCP/AASM taskforce findings and recommendations regarding portable monitor testing. The full report is published in Chest 2003; 124:1543-1579.

4. Pack AI: Sleep-disordered breathing - Access is the issue. Am J Respir Crit Care Med 2004; 169: 666-667 <http://www.thoracic.org/sections/meetings-and-courses/steering-committee/index.html>

A compelling editorial highlighting the challenges confronting healthcare providers in North America, Europe and Australia concerning the management of patients with sleep apnea and the increasing use of portable monitor testing by sleep specialists despite the lack of approved clinical guidelines.

5. Practice Guidelines for the Perioperative Management of Patients with Obstructive Sleep Apnea

(Approved by the ASA House of Delegates on October 25, 2005)

<http://www.asahq.org/publicationsAndServices/sleepapnea103105.pdf>

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'T. Smalling', is centered within a light gray rectangular box.

Tom Smalling, PhD, RRT, RPSGT, RPFT, FAARC
Chair

Surface to Air

AARC Activity Report
December 2007

Chair: Dawn Filippa, RRT, EMT-P
Parkinson, MS, RRT

Liaison: Ruth Krueger

dfilipp@harthosp.org

Recommendation #1: This is a repeat recommendation. That the AARC explore to establish a formal liaison with the Association of Air Medical Services (AAMS). This recommendation was referred to President Rodriguez for consideration to appoint in January of 2008.

Justification: For the past four years members of the transport section have attended and presented at the national Air Medical Transport Conference (AMTC) which is coordinated by AAMS. Other professional organizations that are represented as sponsoring members of this conference are Air Medical Physician Association (AMPA), Air Surface Transport Nurses Association (ASTNA), International Association of Flight Paramedics (IAFP) and the National Association of Air Medical Communication Specialists (NAACS).

By attending this meeting, we as a section have been able to recruit new members to the AARC and the transport section. This is a great opportunity for the recognition of RT's in the medical transport profession as for many years we were classified as "other" medical professionals, not even recognizing the RT as a profession that participated in medical transport. We are now becoming increasingly recognized as Transport RT's/ Transport RCP's at this past convention which had approximately 3800 paid attendees.

New and Ongoing Updates

1. Continuing to build new working relationships with transport RT's across the country, forming work groups to explore issues and activities of interest.
2. The transport section continues to grow in members.
3. The section submitted a record number of lecture proposals (18) for the upcoming 53rd AARC congress in Orlando.
4. A transport ventilator workshop will be presented again this year by transport section members at the upcoming Air Medical Transport Conference in Tampa Florida. The current Transport Section chair will be attending AMTC and will be conducting a meeting for transport RT's in attendance to network and recruit to the association and section.
5. The section has 9 members who will be providing lectures at the upcoming Air Medical Transport Conference in Tampa Florida.
6. A webcast for Section Members was provided on June 27, 2007 by section member Scott Prater on the topic of Advancing the Skills of the Transport Therapist.

7. The monthly Electronic bulletins and quarterly bulletins are being published on time with relevant content to the specialty with increasing submissions by the section membership.