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

Special Committee Reports

Asthma Program Certification Committee

AARC Activities Report
November, 2007

Chair: Mari Jones

Liaison: Ruth Krueger-Parkinson

Recommendation #1: The AARC take on the business of certifying Asthma Education Programs that meet the standards developed by the committee

Charges: To develop a process to certify asthma education programs. These programs would therefore be eligible for reimbursement for those payers that recognize CPT codes 98961 and 98962 which stipulate that the asthma education program be certified by a professional organization.

Report/Updates: The standards have been approved by the committee that reflect the necessary components of an asthma education program to effectively educate patients with asthma in how to self manage their asthma by; avoiding triggers and recognizing symptoms and taking action when necessary. An application was developed and provided to the AARC executive office. The AARC executive office will develop the budget and determine the cost for applying. The next steps will be to pilot the program and put into place the personnel at the AARC to manage the process and to identify experts to review the applications and approve them for certification.

Cultural Diversity in Patient Care

AARC Activities Report
Fall 2007

Co-Chairs: **Joseph R. Huff** **Liaison:** **Ruth Krueger Parkinson**
Gwen Valentine

Recommendation: None

Activity: Collaborated with the Position Statement Committee on an updated version of the Cultural Diversity in Patient Care Statement.

Activity: Committee Evaluated the Cultural Diversity in Patient Care Web Site for Content before the site is launched.

Charge: Complete the web cast presentation on cultural competence, previously developed by this committee in conjunction with the Education Section, for use by RT Departments and Educational Programs by the December BOD Meeting.

Status: Completed

Committee Members Responsible

Carolyn O'Donnell, EdD, RRT
Dorothy M. Clark, MSEd, RRT
Kandy Tameka Woods, MPH, RRT
Joseph Huff, BS, RRT

Charge: Review the National Healthcare Disparities Report, developed by the Agency for Healthcare Research and Quality (AHRQ) and other relevant information through literature search for the purpose of preparing a white paper that addresses the disparity of health care related to respiratory disease and its implications for the practice of respiratory therapy.

Status: Ongoing, information is being gathered to complete the White Paper.

Committee Members Responsible

Gwen Valentine, PhD, CHES, RRT
Joseph Huff, BS, RRT
Carolyn O' Daniel, EdD, RRT
Mikki Thompson, RRT
Ricardo C. Valdez, CRT

Charge: Research and compile a comprehensive list of related links and resources on cultural diversity in health care for inclusion on the AARC web site to include but not limited to

- Cultural Competence
- Linguistic/communication competence
- Case studies in cultural competence
- Workforce diversity
- Disparities in healthcare
- Information related to specific cultural groups

Status: Completed

Committee Members Responsible

Joseph Huff, BS, RRT
Erika A Abmas, RRT, RCP
Mary Vanessa Simmons, MPH, RRT
Ricardo C. Valdez, CRT
Gwen Valentine, PhD, CHES, RRT
Dorothy M Clark, MSEd, RRT
Mikki Thompson, RRT

Charge: In conjunction with the Education Section, prepare and conduct a survey of schools of respiratory therapy related to the ethnic composition of their student population.

Status: Ongoing

Committee Members Responsible

Kandy Tameka Woods, MPH, RRT
Carolyn O' Daniel, EdD, RRT
Mary Vanessa Simmons, MPH, RRT
Joseph Huff, BS, RRT
Gwen Valentine, PhD, CHES, RRT

Ad Hoc Ethics Committee

aka

Special Committee on Ethics & Professional Behavior

AARC Activity Report
prepared for the AARC Board of Directors

Winter, 2007

Co-Chairs: Carl Wiezalis, Richard Sheldon

Recommendation #1: The Special Committee on Ethics & Professional Behavior has made the assignments and there have been attempts at completing these assignments. We have found that the internet is a cumbersome way of communicating each others ideas as they are developed and written down. We have not been able to come close to consensus on even the easiest issue. We have determined that a new and simpler document is possibly better and more practical. We will be meeting in Orlando in December in order to better act on this plan.

We have spent hours on the internet reading documents produced by various health-related entities relating to this topic. We have asked the committee members to obtain a copy of Trotters' recently published book The Ethics of Coercion in Mass Casualty Medicine and to obtain a copy of their home States' version of the Federal Government's Model State Emergency Health Powers Act (MSEHPA). Most of the States have moved this act or a version of it into law. (For more details go to www.publichealthlaw.net/MSEHPA/MSEHPA%20Leg%20Activity.pdf.)

The better way to get a quality document may well be to encapsulate the essence of Trotter's book and point out that each State that has passed their version of this Act which will trump anything written by organizations such as ours. Licensed RCPs will have an ethical responsibility to follow the law in their State, but they should also be made aware that coercion is a limited tool and in order for it to be ethically applied and be accepted, certain preparatory steps must be taken.

The Committee is therefore recommending that more time be allowed in order to accomplish this assignment.

Justification: The committee wants to produce a shorter, better focused but quality product and therefore needs more time.

Committee Charges:

1. Through library research, review the development of ethics in health/medical organizations similar to the AARC.

   - Completed

2. Work to develop method(s) of communication between and among the members of the Special Committee.

- We find that the internet's utility in writing a complex document does not allow for a free and easy means for in-depth discussions.

3. Develop a vision and mission statement for the Committee congruent with the scope of practice and strategic plan of respiratory care and the AARC.

- This needs to be updated.*

4. Survey state licensing boards to develop a priority list of omission/commissions of practitioners related to ethics and professional behavior.

- Not currently being addressed

5. Survey our schools to determine the nature and scope of the ethics and professional behavior instruction being advanced through their curricula. Share this data with the academic and practitioner community.

- The first survey of our schools was successfully completed a few years ago and presented to the professional community. Carl Wiezalis and Trudy Watson are currently working on a new survey instrument to be directed to our program directors in the next few weeks. Survey results will be forthcoming.

6. Where general conclusive data becomes evident, develop an outline of goals, objectives and for the profession to consider for initial and *continuous education regarding ethics and professional behavior.**

- Carl Wiezalis has proposed that to address "……..**continuous education regarding ethics and professional behavior", a regular and monthly column be written for *AART Times* dealing with ethical issues using case studies, essays, etc.**

7. Develop a speakers bureau of individuals willing and able to speak to issue related to ethics and professional behavior in cardio-respiratory care.*

- Four volunteers from the committee have been asked to make up our "Speaker's Bureau". The Ethics Committee members to do this should come from 4 distinct areas of the country so they can be easily available to speak at yearly State's Respiratory Care meetings to deliver a one hour talk. Topics might include:

1. "The AARC's 12 Statements of Ethical Behavior: An Expanded View"

2. **"How to Deal with Witnessed Illegal Acts and Disruptive Behavior of Colleagues, Nurses and Physicians"**

3. **"A Brief History of the Development of Medical Ethics in the US (Western Civilization)"**

4. **"The Ethics of Patient Care During Mass Casualty"**

***** Will not be attempted until the Ethics Statement is completed.

We thank the members of the committee for their work to date, and we thank the AARC President and Board of Directors for their support for the advancement of ethics and professional behavior across the curriculum and profession.

Ad Hoc Committee on Geriatrics

AARC Activity Report
Dec. 2007

Chair: Mary Hart Liaison: Ruth Kruger Parkinson

Recommendation:
That the BOD accept and promote the statement below as a recommendation to the education community for addition to their RT curriculum.

Justification:
I fully support this statement (below) from member, Helen Sorenson. It is very important that we, as professionals address issues such as these now. Your consideration to accept and move forward with this recommendation is greatly appreciated.

A Statement Regarding Respiratory Care Education
Helen M. Sorenson MA RRT FAARC

Geriatrics is a long standing, relatively neglected area of health care education. However, we are fast approaching a point in the history of our country when adults >65 years will outnumber children <16 years of age. The need for health care educators and health care practitioners versed in geriatric medicine has been termed a "geriatric imperative".

Geriatricians in the United States are a woefully small group. The American Geriatrics Society has estimated that 36,000 geriatricians will be needed in the next 20 years. Demand far outreaches supply. According to Medical Research News, April 2007, over the last 10 years the number of certified geriatricians in the US has **declined** from 8,800 to 7,100. If this trend continues (which it is likely to) by 2020 there will be approximately 1 geriatrician for every 8,000 - 10,000 adults over age 65 in this country.

Who will pick up the slack? Who will give bedside care to the elderly? Who will pick up on the subtleties of disease in the elderly? Currently, medical students, nursing students and students in occupational therapy, physical therapy, dental hygiene, pharmacology and clinical lab science programs all include units of study, modules and/or clinical rotations specifically designed to instruct students about clinical care of the elderly. Some respiratory care programs infuse or incorporate units of geriatric study into their curriculum. Some baccalaureate RC programs require their students to take a course in gerontology, the study of aging. What is needed however is geriatrics, the branch of medicine that focuses on health and disease in older adults. As a profession we are not responding to what may be the biggest population we will care for in the near future. What can we do to address this?

There needs to be some required component of geriatric education added to the study of future respiratory therapists. Being an educator I understand the crowded curriculum. What I would propose is that instead of an entire semester course on pediatric/neonatal respiratory care, we require an "age-appropriate" respiratory care course to cover both pediatrics and geriatrics. This may not be as difficult as one might presume. Currently there are at least four respiratory therapy textbooks that have chapters on aging issues. Dr. Petty has just published a new textbook on Diseases of the Elderly, Dana Oakes is working on a Geriatric Pocketbook...there will be resources available for educators. Until and unless there is a required component, we may not be able to add geriatric issues to the board examinations - thus, we have no outcome objectives to show we are training our future therapists in this arena.

Ultimately all health care professional need to be able to practice adequate geriatric bedside care. We are already lagging behind other professions in addressing this. What will be our response?

Charges:

1. Continue working with the AARC Times staff to assure each AARC Times issue has an article for "Coming of Age".
2. Prepare fact sheets on what respiratory therapists should know related to the following topics suitable for publication in AARC communications or website posting:
    - Common respiratory prescription medications used by older adults.
    - Immunizations for older adults.
    - Communicating with the geriatric patient. – ***Now posted on website.***
    - Geriatric end of life/palliative care.
3. Contact Section and Roundtable chairs to inquire as to their needs in the area of geriatric resources and compile a summary for presentation at the Fall 07 BOD meeting. – ***incomplete/ goal for next year.***
4. Complete whatever charges assigned by the President and ratified by the BOD that evolve secondary to the third objective.

Articles for the AARC Times "Coming of Age" section have all been assigned to "volunteer authors" through December, 2007. Committee members have been contacted about the topics and deadlines. The committee is small but everyone is dedicated and supportive. Met with AARC staff Tom Kallstrom and Marsha Cathcart to discuss 2008 Coming of Age section articles and possible authors.

The upcoming annual meeting has several "geriatric" topics to present this year. (thank you).

Thank you for the opportunity to chair this committee.

Ad Hoc Committee on Officer Status In the US Uniformed Services

AARC Activity Report
November 2007

Protocol Implementation Committee

AARC Activity Report
Fall, 2007

Chair: Brian Walsh **Liaison:** Ruth Krueger Parkinson

Activity:

- The barrier to protocol implementation survey for staff therapist was completed.
- Survey was emailed to AARC staff therapist with over 1400 responses.
- Work has begun on a presentation that discusses the barriers to protocol implementation utilizing the manager and staff therapist survey results.
- An AARC Times article is being drafted to describe some of the larger barriers.

Recommendations:

There are no recommendations at this time.

Ongoing activities:

- Based on the survey results develop a marketing plan that will promote respiratory therapy protocols among physicians.
- Continue to revamp the protocol webpage and links which will now include more pediatric protocols from the Neonatal / Pediatric Section's newly developed swap shop. This is following the lead of the Management Section which had good results.
- Review and update current protocol models.

Ad Hoc Committee on
Ventilator Capacity & Capability Workgroup

AARC Activity Report
Fall, 2007

CHAIR: John Wilgis, MBA, BS, RRT

LIAISON: Rich Branson, BA, RRT

Recommendation #1:

The AARC Board of Directors approved "2008 Mechanical Ventilator Capability Survey" is implemented to Respiratory Care Department Director contacts during the second week of January 2008 for purpose of determining a baseline number of ventilators currently in use at hospitals and healthcare facilities.

Workgroup Charges:

- Ascertain to what extent conventional ventilators can be leveraged in mass casualty scenarios including ventilators employed on a day-to-day basis in all care settings including the home.
- Survey hospitals and other care settings in order to identify ventilators that are no longer used but still operational as a possible source of additional ventilatory support. The survey should also attempt to learn what logistical limitations such as circuits, fittings, etc., are available if these ventilators were to be employed in a clinical setting.

Justification:

The goal and purpose of the workgroup is to define the current capacity and capability of hospitals to provide ventilator care during a large-scale emergency event like pandemic flu. The general assumption and understanding has been there aren't enough ventilators to provide an adequate response to those victims needing support. A better estimate is needed of existing ventilator reserves and capacity within hospital walls. The workgroup's aim is to clarify this number (as close as possible) and use the data collected as the starting point to determine the needs of Local, State, and Federal response efforts and plans. Having knowledge of current ventilator equipment levels existing within the hospital environment is the basis for determining the needs for preparedness and response.

The workgroup requests the assistance of the AARC in conducting this survey. Tapping into AARC resources to facilitate this information would save time and energy. See "Attachment A" for the actual survey tool.

Recommendation #2:

The AARC Board of Directors approved "2008 Mechanical Ventilator Capability Survey" is implemented to National Home Health and Durable Medical Equipment industry providers during the second week of January 2008 for purpose of establishing a baseline number of ventilators currently sold and/or leased to hospitals and homebound patients requiring mechanical ventilatory support.

Workgroup Charges:

- Ascertain to what extent conventional ventilators can be leveraged in mass casualty scenarios including ventilators employed on a day-to-day basis in all care settings including the home.
- Survey hospitals and other care settings in order to identify ventilators that are no longer used but still operational as a possible source of additional ventilatory support. The survey should also attempt to learn what logistical limitations such as circuits, fittings, etc., are available if these ventilators were to be employed in a clinical setting.

Justification:

Knowing the number of ventilators currently inventoried in hospital equipment reserves is only one snapshot of the entire picture. An equal assessment is needed to determine the number of ventilators currently provided by national medical home health providers and/or durable medical equipment suppliers.

A better perspective is needed as to the number of ventilators currently in use (and in reserve) as provided by home health and durable medical equipment industry leaders. Establishing this number (as close as possible) creates an understanding of the entire market. Understanding the amount of ventilators currently available across the entire healthcare landscape identifies any gaps needed to improve ventilator response capability and capacity in a time of significant need.

The workgroup requests the assistance of the AARC in conducting this survey. Tapping into AARC resources to facilitate this information would save time and energy. See "Attachment A" for the actual survey tool.

APPENDIX A – "2008 Mechanical Ventilator Capability Survey"

Dear Respiratory Care Department Director,

This survey is conducted on behalf of American Association for Respiratory Care to obtain an accurate nation-wide estimate of the total number of Mechanical Ventilators in hospital settings for use in the event of pandemic respiratory illnesses.

Thank you for taking the time to answer these survey questions and complete the mechanical ventilator grid.

1. Are your transport ventilators equipped with back-up battery power?

   □ Yes □ No

2. If you maintain ventilators in storage are they usable?

   □ Yes □ No

3. Does your facility owned pneumatically powered resuscitation devices?

   □ Yes □ No

   a. If Yes, please list the total number of pneumatically powered devices owned by your facility. _____

Please complete the Mechanical Ventilator Survey List by indicating the number of specific models in your inventory and whether or not they are cached in storage.

Mechanical Ventilator Survey List	**Number**	**Cached**
TYCO Healthcare Puritan Bennett		
MA-1		□ Yes □ No
MA-2, 2+2		□ Yes □ No
PB7200		□ Yes □ No
PB740		□ Yes □ No
PB760		□ Yes □ No
PB840		□ Yes □ No
PR-1		□ Yes □ No
PR-2		□ Yes □ No

AP-5		□ Yes □ No
LP-6		□ Yes □ No
LP-10		□ Yes □ No
LP-20		□ Yes □ No
Achieva PS		□ Yes □ No
Achieva PS02		□ Yes □ No
Emerson		
IMV		□ Yes □ No
VIASYS Healthcare		
AVEA		□ Yes □ No
Vela		□ Yes □ No
Mark-7		□ Yes □ No
Tbird		□ Yes □ No
TBirdLegacy		□ Yes □ No
VIP and Gold		□ Yes □ No
3100AOscillators		□ Yes □ No
3100Oscillators		□ Yes □ No
BearCub750		□ Yes □ No
LTV series		□ Yes □ No
Newport Medical Instruments, Inc.		
e500		□ Yes □ No
e360		□ Yes □ No
E150		□ Yes □ No
E100M		□ Yes □ No
HT50		□ Yes □ No
E100		□ Yes □ No
E100i		□ Yes □ No
E200/VM200		□ Yes □ No
Hamilton		
Veolar		□ Yes □ No
Amadeus		□ Yes □ No
Max		□ Yes □ No
G-5		□ Yes □ No
Galileo		□ Yes □ No

Raphael		□ Yes □ No
Arabella CPAP		□ Yes □ No
Bear		
3		□ Yes □ No
5		□ Yes □ No
1000		□ Yes □ No
33		□ Yes □ No
Maquet		
Servo900B		□ Yes □ No
Servo900C		□ Yes □ No
Servo300		□ Yes □ No
Servo i		□ Yes □ No
Servo s		□ Yes □ No
Drager Medical		
Irisa		□ Yes □ No
Evita 2 Dura		□ Yes □ No
Evita 4 Edition		□ Yes □ No
EvitaXL		□ Yes □ No
Evita XL Neo		□ Yes □ No
Oxylog 2000		□ Yes □ No
Oxylog 3000		□ Yes □ No
Carina Home		□ Yes □ No
Carina		□ Yes □ No
BabyLog 8000 Plus		□ Yes □ No
Impact Instrumentation, Inc.		
Univent Eagle 754		□ Yes □ No
Univent Model 73x		□ Yes □ No
Univent Model EMV		□ Yes □ No
Univent Model 731		□ Yes □ No
OmniVent		
MRI		□ Yes □ No
Series D		□ Yes □ No

Sechrist		
IV100B		□ Yes □ No
Versamed, Inc		
iVent 201		□ Yes □ No
Lifecare		
PLV100		□ Yes □ No
Star		
AdultStar		□ Yes □ No
InfantStar		□ Yes □ No
Bio-Med Devices, Inc.		
CrossVent		□ Yes □ No
IC-2A		□ Yes □ No
Avian		□ Yes □ No
Smiths Medical PM, Inc.		
VR-1		□ Yes □ No
ParaPac		□ Yes □ No
VentiPac		□ Yes □ No
BabyPac		□ Yes □ No
ComPac		□ Yes □ No
eVent Medical		
Inspiration LS		□ Yes □ No
Airon		
pNeuton		□ Yes □ No
Emergent Respiratory Products		
PortO2 Vent		□ Yes □ No
Oceanic Medical Products, Inc.		
Magellan		□ Yes □ No
O*Two Medical Technologies Inc.		

CareVent ATV^{+}		□ Yes □ No
Maxtec Inc.		
MaxO2		□ Yes □ No
GE Healthcare		
Engstrom Carestation		□ Yes □ No
Centiva 5		□ Yes □ No
TOTAL		

Thank you.

Ad Hoc Ventilator Guidance Work Group
Human Resources Issues Group Report

AARC Activity Report
November, 2007

Chair: Steven Sittig RRT-NPS, FAARC Liaison: Ruth Krueger Parkinson MS, RRT, CHC

Recommendations: None

Activity Report:

The work group continues to fulfill the assigned charges as directed by the Executive Office. We are very close to submitting a draft of all charges for review. We also hope to gather for a short time at the upcoming AARC Congress to discuss the charges and exchange additional concepts as well as be able for all members of the group to meet face to face.

Benchmarking Committee

AARC Activity Report-December 2007

Chair: Rick Ford
Members: Rob Chatburn, Tom Malinowski, Jan Thalman, Karen Stewart, and Bill Dubbs (AARC staff)

Recommendation #1: None at the time the report was being prepared.

Summary of activities:

Activities –July 2007 through October 2007

1. To increase awareness of the AARC Benchmarking Service, members of the committee spoke at 5 State Affiliate Meetings on the topic of Benchmarking and use of the AARC Benchmarking program.

2. The results of the Customer Satisfaction survey were obtained and reviewed by the Committee. Users are generally satisfied with the technical aspects of the service and educational resources, however the key concern remains lack of participants and failure of others to enter data, which in turn results in small compare groups.

3. Based on a recommendation from the Customer Satisfaction survey, the configuration of the main entry page was changed to carry forward values from the previous quarter. Values for salaries remain relatively unchanged and by auto fill of these fields, managers will save some time in entering data.

4. In collaboration with the Editors of the Management Section Bulletin, a special ongoing article on Benchmarking is now published. Two articles have been published to-date and the series will continue through 2008

5. In the upcoming months the team will continue to explore marketing strategies and opportunities to increase subscribers, as well as identify key outcome measures that can eventually be considered for incorporation in AARC Benchmarking.

Billing Codes

AARC Activity Report
Winter BOD Meeting, 2007

Chair: Roy Wagner, RRT

Recommendation:

No Recommendations

Summation of Committee Charges:

1. Be proactive in the development of needed AMA CPT respiratory therapy related codes.

   Plan: Send communication via e-mail to the committee members with ideas and solicitation of ideas for proposals for Susan to take to the AMA Advisory Meetings as appropriate with the American Association for Respiratory Care's position on this panel.

   Action: Ongoing

2. Act as a repository for current respiratory therapy related codes.

   Plan: Collect data as necessary or assigned that is related to respiratory therapy billing codes.

   Action: Ongoing
   Updated the codes listed in the Uniform Reporting Manual to include the changes made in the 2007 AMA CPT book

3. Act as a resource for members needing information and guidance related to billing codes.

   Plan: Answer inquiries on the list serve as identified. This action seems to be the most effective way to communicate to the membership. Articles are written and published as the need arises.

   Action: The Committee will continue to monitor the list serve for questions to billing and coding issues.

4. Develop a primer on the process for developing or modifying codes to include: definitions, development/review process, types and categories, reporting services using CPT codes and submitting suggestions for changes to CPT codes.

   Plan: The Committee will develop a data base program where current CPT codes can be listed with definitions, types and categories, services to be reported and discussion on suggestions for change will be documented and kept in order to have history on accomplishments, suggestions and changes that may occur.

   Action: This project is in the works, but was not sent to the Committee as planned. The Committee will develop this data base with first draft completion by September and will submit a copy to the AARC Board of Directors in the fall.

5. Monitor and obtain representation on CMS panels that influence Medicare reimbursement and APC development.

   Plan: Committee Chair, members and AARC Staff advisor monitors CMS Web site for any calls for nominations to CMS Panels.

   Action: This is an ongoing task. When Calls for Nominations are published on the CMS web site, the Chair notifies the AARC liaison by phone and e-mail with the appropriate information. The liaison takes the necessary action in order to work with the AARC Board of Directors to obtain candidates that meet the need of the particular CMS Panel requiring nominations. The liaison then communicates with the nominee and the President of the AARC in order to obtain the necessary data to complete the nomination process.

6. Assure that all members of the committee are kept informed on the most current AMA procedures for establishment of CPT codes.

   Plan: As a member of the AMA CPT Advisory Panel, Susan Rinaldo Gallo maintains this information and shares it with the Committee.
   Action: In process.

7. When necessary make comments to CMS on respiratory care coding and billing proposals.

   Plan: Committee will monitor the CMS web site for proposals and comment periods. Additionally the Committee will develop a guideline for when proposals are generally released by CMS in order to have a more focused approach to knowing when change proposals will be released. First draft will be completed by September 2007.

   Action: Monitor the CMS web site for changes will begin work on the data collection for when proposals are released.

Clinical Practice Guidelines

AARC Activity Report
Winter 2007

Chair: Timothy Myers BS, RRT

Liaison: Ruth Krueger-Parkinson MS, RRT
Vice President, Internal Affairs

Recommendation #1: No recommendations at this time.

Objectives:

1. Review and revise existing clinical practice guidelines that are greater than 5 years from their publication date.
   a. To date, 21 existing CPG's have been revised and updated, and are published on the Respiratory Care Journal Website.
   b. Two revised CPG's are to be published in *Respiratory Care* in August
      i. Home and Extended Care Oxygen
      ii. Home Mechanical Ventilation
   c. Five revised CPG's are currently being readied and prepared for peer-review and should be published sometime in late 2007 or early 2008.
   d. The remaining 18 CPG's are awaiting revisions, being converted to EB-CPGs or have been ruled obsolete.
2. Continue development of appropriate and new clinical practice guidelines in the evidence-based format.
   a. Two Evidence-Based CPG's have been completed and published on the Respiratory Care Journal Website.
   b. EB-CPG on Inhaled Nitric Oxide is nearing completion.

Fellowship Committee

AARC Activity Report
Winter, 2007

Chair: Patrick J. Dunne BOD Liaison: Ruth Krueger Parkinson

Recommendations:

There are no recommendations at this time

Committee Charges:

1. Review applications of nominees for AARC Fellow Recognition (FAARC).
2. Select individuals who will receive the AARC Fellow Recognition prior to the annual International Respiratory Care Congress.

Activities:

The committee completed its assigned task and selected 16 new individuals to be awarded the FAARC designation during the 2008 AARC International Congress in Orlando.

Thanks to all on the BOD for taking time to nominate worthy individuals for consideration.

International Committee

AARC Activity Report
November, 2007

Chair: John D. Hiser, MEd, RRT**,** FAARC **Liaison:** Ruth Krueger-Parkinson
Tarrant County College
828 Harwood Rd.
Hurst, TX 76054
(817) 515-6574 Fax (817) 515-6700
E-Mail: john.hiser@tccd.edu

Recommendation #1: That the AARC consider developing an international web based membership rate that is based upon the gross national income (GNI) of the country in which the member lives.

Justification: The number of international members has been going up over the last few years. In fact we have seen an increase of a little over 100% since 2002. That being said it is felt that we could double or even triple our numbers if the membership rates were based upon the economic status and the value of the currency in different parts of the world where we might gain potential members. For example the purchasing power of $80 in the UK is not the same as $80 in the Philippines. Other organizations such as the European Respiratory Society (ERS) and the American Thoracic Society (ATS), have successfully adopted membership rates based upon the gross national income (GNI). A full membership in the ERS for someone from the Philippines would be 85 Euro (approximately $120). A full membership for someone from the UK would be 170 Euro (approximately $241). The ERS and the ATS also offer dual membership which is a reduced rate if you join both organizations. This may be something to think about in the future.

Committee Charges & Summary of Activities

Objectives:

1. Administer the International Fellowship Program.

This year we had 40 applicants for fellowships and 21 applicants for city hosts. We accepted 10 fellows and 20 city hosts. Of the 10 fellows originally accepted two asked that their visits be postponed until 2008 because of family issues and emergencies. That request was granted. Two alternates were used in order to bring the number back up to 10.

2007 INTERNATIONAL FELLOWSHIP PROGRAM

November 18 – December 5, 2007

DATES:

Arrive in the First City:	Sunday, November 18
First City Rotation:	Monday, November 19 – Friday, November 23
Second City Rotation:	Monday, November 26 – Thursday, November 29
Arrive in Orlando, FL:	Friday, November 30
AARC International Congress:	Saturday, December 1 – Tuesday, December 4
Fellowship Program ends:	Wednesday December 5

INTERNATIONAL FELLOWS	COUNTRY	FIRST CITY HOST	SECOND CITY HOST
Gabriela Ferreyra, CRT, PT *gpeferreyra@yahoo.com*	***Italy*** (Turin)	***Cleveland, Ohio*** Doug Orens orensd@ccf.org 216-444-8338	***Rochester, Minnesota*** Kris Hammel hammel.kris@mayo.edu 507-255-9551
Zujin Luo, RT *rrtluozujin@hotmail.com*	***China*** *(Beijing)*	***Seattle, Washington*** Celeste Stubbs celstubbs@netscape.net 206-284-9638	***Chicago, Illinois*** Craig Leonard cleonard@nmh.org 312-926-4648
Alda Marques, PT *alda@soton.ac.uk*	***Portugal*** (Coimbra)	***Meriden, Connecticut*** Nancy Merkouriou nmerkouriou@midstate medical.org 203-694-8233	***Elizabethton, Tennessee*** Douglas Masini masini@etsu.edu 423-547-4916
Valdone Miseviciene, MD, PhD *valdonemis@yahoo.com*	***Lithuania*** (Kaunas)	***Durham, North Carolina*** John Davies davie007@mc.duke.edu 919-681-4602	***Cincinnati, Ohio*** Jerry Edens jerry.edens@cchmc.org 513-636-7461

INTERNATIONAL FELLOWS	COUNTRY	FIRST CITY HOST	SECOND CITY HOST
Mohankumar Thekkinkattil, MD *tmk@vsnl.com*	***India*** (Coimbatore)	***Kailua, Hawaii*** Ron Sanderson sanderrr@ah.org 808-263-5183	***Boise, Idaho*** David Shuldes shuldesd@slrmc.org 208-381-4654
Claudia Oliveira, Cardiopneumologista *claudiagmoliveira@hotmail.com*	***Portugal*** (Lisboa)	***Philadelphia, Pennsylvania*** Raymond Malloy raymond.malloy@mail.tju.edu 215-923-7949	***Winston-Salem, North Carolina*** Rick Sells rsells@wfubmc.edu 336-713-2905

Jose Landeros, PT *jmlanderos@gmail.com*	***Chile*** (Santiago)	***Macon, Georgia*** Thomas Madrin madrin.thomas@mccg.edu 478-633-1362	***Miami, Florida*** Michelle Grassi michelleg@baptisthealth.net 786-662-5306
Akira Tamaki, PT *tamaki@hs.med.kyoto-u.ac.jp*	***Japan*** (Kobe)	***Loma Linda, California*** Kate Gattuso kgattuso@llu.edu 909-558-1000 x47119	***Omaha, Nebraska*** Jane Matsui jmatsui@nebraskamed.com 402-559-4513
Ronald Taylor, RT, CRT *ron.taylor@whht.nhs.uk*	***England*** *(Plymouth)*	***Lawrence, Massachusetts*** Jackie Long-Goding jlonggoding@necc.mass.edu 978-738-7481	***Peoria, Illinois*** Kelly Crawford-Jones kcrawfordjones@icc.edu 309-999-4663
Qixing Wang, RT *wang.qixing1221@163.com*	***China*** (Shangai)	***Tucson, Arizona*** Yvonne Lamme yvonne.lamme@tmcaz.com 520-324-5259	***Chattanooga, Tennessee*** Ernest Fraire ernest.fraire@erlanger.org 423-778-2322

Visits Postponed:

Heidi Markussen, RN - Norway
Fiona NG, RN - Hong Kong

Sponsors

- AARC
- AMP
- Marsh Affinity
- MSRC
- Pall Medical (new)
- Respironics
- University of Toledo

Our newest sponsor is Pall Medical. On behalf of the AARC I want to thank Pall for helping to support the AARC and the ARCF with this important program.

2. Collaborate with the Program Committee and the International Council for Respiratory Care to plan and present the International portion of the Congress.

The committee has been working closely with the International Council to coordinate and help prepare the presentations that will be made by the 2007 fellows during the International Council meeting during this years Congress.

3. Strengthen AARC Fellow Alumni connections through communications and targeted activities.

The new International Fellows List Serve continues to be highly regarded by the fellows as an excellent tool for communicating with other past fellows, ICRC governors and international committee members.

Examples of the type of communication on the list serve has ranged from a Chinese respiratory therapist asking about the advisability of using oxygen tents, a nurse from Hong Kong requesting assistance with questions about long term ventilation to a Argentine physiotherapist asking for assistance in treating patients with cystic fibrosis.

4. Coordinate and serve as clearinghouse for all international activities and requests.

We continue to receive requests from around the world. These have ranged from requests to help start programs to helping past fellows locate and obtain donated equipment and educational materials.
Requests for help in developing programs have been referred to the ICRC International Education Recognition System (IERS). We are currently working with a physician from Peru who is working to start respiratory care programs in Chile and Peru. We continue to receive requests to consider cosponsoring programs in different parts of the world.
The NPPV learning package and the Aerosol Delivery Devices booklet have been shared with the international fellows via the ICRC web site and the International Fellow List Serve. The learning package and the aerosol booklet were developed thanks to an unrestricted grant from Respironics. A request from ICRC Governor Chia Chen Chu from Taiwan to translate the Aerosol Delivery Device booklet into Chinese has been approved by the AARC.

5. Continue collegial interaction with existing International Affiliates and in conjunction with the Executive Office develop a formalized plan for increasing our international visibility and partnerships.

A formalized plan for the committee has been completed. Specific strategies to strengthen relations with our current AARC International Affiliates; Central America, Italy, and Mexico and to hopefully foster the development of new International Affiliates are still on the radar screen for the committee. The most likely candidate for International Affiliates based upon the number of members is Canada, Italy, Japan, Mexico and Saudi Arabia. Potential advantages of becoming an international affiliate still need to be explored.

I want to thank Jill Nelson for all of her hard work. None of this could be done without her help. Lastly I want to thank the members of the committee. This truly is a working committee.

Vice Chairs
Debra Lierl, MEd, RRT, FAARC, Vice Chair for International Fellows
Hassan Alorainy, BSRC, RRT, FAARC, Vice Chair for International Relations
Committee members:
Kathleen Lee, EdD, RRT, Past Chair Consultant
Michael Amato, BA, Chair ARCF
Jerome Sullivan, PhD, RRT, FAARC, President ICRC
ViJay Desphande, MS, RRT, FAARC
Hector Leon Garza, MD, FAARC
Derek Glinsman, RRT, FAARC
Yvonne Lamme, MEd, RRT
James Maguire, PhD
Dan Rowley, BS, RRT-NPS, RPFT
Bruce Rubin, MD, FAARC
Michael Runge, BS, RRT
Theodore J. Witek, Jr., Dr.PH, FAARC

AARC International Committee

Formal Plan

"The International Committee of the American Association for Respiratory Care (AARC) working in collaboration with American Respiratory Care Foundation (ARCF) and the International Committee for Respiratory Care(ICRC) will continue to pursue activities that will increase international visibility and partnerships.

Strategic Objectives and Strategies for Implementation

Objective 1:

Pursue activities that will increase public awareness and culminate in international recognition of the profession.

Strategies for Implementation:

1. Continue to administer and strengthen the International Fellowship Program.
2. Strengthen AARC Fellow Alumni connections through communications and targeted activities.
3. Coordinate and serve as clearinghouse for all international activities and requests.
4. Continue collegial interaction with existing International Affiliates.
5. Actively recruit new International Affiliates.
6. Analyze the current role of International Affiliates and recommend changes if indicated.
7. Actively work with existing International Affiliates to increase membership in that affiliate.
8. Actively recruit international members from around the world.

AARC Membership Committee Report

AARC Activity Report
November 1, 2007

Chair: Thomas Lamphere BS, RRT, RPFT Liaison: Asha Desai

Recommendations:

None at this time.

Activities:

The AARC Ambassador Program was officially closed. All participating members in this program were mailed a gift based on the number of points they had accumulated from the program. The committee will now work with the Executive Office to develop a new membership recruitment campaign for 2008.

Charges:

1) In conjunction with the Executive Office staff and the Public Relations Action Team, strategize, design and execute a nation-wide membership recruitment campaign to coincide with Respiratory Care Week 2007 to be rolled out at this year's President's Meeting. Revise and repeat the process for 2008.

Now that the Ambassador program has been closed, the committee will now work with the Executive Office to implement a new recruitment campaign to roll out in 2008.

2) Review all current AARC membership recruitment documents and toolkits for revision, addition and/or elimination based on committee evaluation.

The review of the membership recruitment documents is underway but has not yet been completed. Once the evaluation has been completed, recommendations will be given on revision, addition and/or elimination of related documents.

3) In conjunction with the Executive Office, develop a survey for administration to AARC Ambassadors to evaluate current Ambassador benefits and resources. Make suggestions for changes and/or additions to the Ambassador Program to enhance program effectiveness based on survey results.

A review of the program was completed and the recommendation to close the Ambassador Program was made in July. The program has since been discontinued.

4) Prepare and disseminate one membership recruitment tip per month for posting on the HOD/Presidents list serve.

Tips were distributed in mid-summer. However, further tips were not distributed. This charge will be carried over to 2008. A list of tips is now being created for distribution on a monthly basis beginning in January 2008.

5) Review the AARC School Protection Kit with an eye towards increasing the scope of the kit to include recruitment into the profession from high school through re-entry student pools.

Referred to the Education Committee in July, 2007.

6) In conjunction with the Executive Office, identify ways to emphasize the value of AARC membership through current "web-based" membership for the purpose of retaining graduates as AARC members.

The Executive Office continues working on adding content to the existing web-based membership program. Once the content is developed, the committee will review and make recommendations based on the review.

2007 AARC Membership Committee Members

Suzanne Bollig, RRT
Jerry Bridgers
Clarence Finch RRT
Joe Horn, RRT
Douglas S. Laher RRT
Thomas Lamphere, BS, RRT, RPFT (Committee Chair)
Carolyn O'Daniel, EdD, RRT
Ruth Krueger-Parkinson MS, RRT
Rick Rice Med, RRT
Tom Striplin, Med., RRT, RPFT
Nicholas Widder, RRT

Position Statement Committee

AARC Activity Report
November 2, 2007

Chair: Patricia Ann Doorley, MS, RRT, FAARC

Recommendation # 1:

The position statement entitled "Fraudulent Practices in Respiratory Care" (See Attachment # 1) be retired and the "Ethics and Professional Conduct" position statement be revised as identified in Attachment # 2 to assure that the topic of fraud is addressed in the statement. Text to be deleted appears with ~~strikethrough~~ and text to be added appears with underline.

Justification: The Fraudulent Practices in Respiratory Care position statement was written in 1997 and last revised in 2000. This statement addresses fraud and abuse -- issues that are also fully addressed by the position statement entitled "Ethics and Professional Conduct", which was last revised in December 2006. Additionally fraudulent practice is thoroughly addressed in most licensure laws making the need for this position statement essentially unnecessary.

Recommendation # 2:

The position statement entitled "Home Respiratory Care Services" be revised to incorporate the changes identified in Attachment # 3. Text to be deleted appears with ~~strikethrough~~ and text to be added appears with underline.

Justification: The revisions of this position statement do not change the basic position presented by the AARC in December of 2000. Essentially, the document has been reformatted to bullet pertinent points for emphasis and the language has been revised to reflect current desirable practice. This revised statement was developed with the assistance and support of both the Home Care Section and Cheryl West.

Recommendation # 3:

The position statement entitled "Respiratory Care Scope of Practice" be revised to incorporate the changes identified in Attachment # 4. Text to be deleted appears with ~~strikethrough~~ and text to be added appears with underline.

Justification: This position statement became effective in 1987 and there is no documentation of subsequent revisions of the statement. However, the language of the statement suggests that some revisions must have occurred over the past 20 years. The revised statement has a new introductory paragraph that attempts to highlight the broad base of Respiratory Therapy without limiting, or restricting, the scope of practice to specific interventions or venues. This revised statement was developed with input from members of the AARC's Management Section ListServ and Cheryl West.

Recommendation # 4:

A single Cultural Diversity position statement, incorporating both the issues impacting patients and AARC members, be published by the AARC.

Justification: Cultural Diversity is a very complex issue that requires careful language to assure that the position of the AARC is precisely stated and clear. Publishing two statements – one focused on the patient population encountered by Respiratory Therapists and one focused on the AARC's membership – may suggest that the AARC has a different position about the issues based on the target group identified. Additionally, each statement will need to be continuously monitored in relation to the other to assure that the statements do not express conflicting ideas.

Recommendation # 5:

The position statement entitled "Cultural Diversity" be revised to incorporate the changes identified in Attachment # 5. Text to be deleted appears with ~~strikethrough~~ and text to be added appears with <u>underline</u>.

Justification: The revised statement addresses the topic of Cultural Diversity for all of the AARC's stakeholders – patients, members, and others. The language has been revised to broaden the scope of the statement and to address the specific concerns that were previously expressed by the membership and the members of the Cultural Diversity Committee. This statement was revised with significant input from the members of the Cultural Diversity Committee and AARC members with concerns related to the statement.

Recommendation # 6:

The newly developed position statement entitled 'Pre-Hospital Ventilator Management Competency" be approved.

Justification: At the July 2007 BOD meeting the BOD was tasked with the development of a position statement on pre-hospital ventilator management competency and asked to report back to the BOD by December. This new position statement appears as Attachment # 6 and was developed with input from the AARC's Management and Transport Sections as well as Cheryl West.

Recommendation # 7:

The Board of Directors approve the Position Statement Review Schedule as presented in Attachment # 7. This schedule is to be used by the Position Statement Committee to systematically review, revise or delete (as appropriate) all current AARC position statements.

Justification: There are twenty two (22) AARC position statements either current, retired or under consideration. If used the schedule submitted for the consideration of, and approval by, the BOD will assure that:

- each of the current statements will be placed on a 3 year review schedule.
- current statements that have not been reviewed in greater than 5 years will be scheduled for review over the course of the next 2 years.

Charges:

1. Draft all proposed AARC position statements and submit them for approval to the Board of Directors. Solicit comments and suggestions from all communities of interest as appropriate.

    - The BOD referred Recommendation 07-2-29.1 from the Cultural Diversity Committee to the Position Statement Committee at the July, 2007 meeting. The BOD directed the Position Statement Committee "…to look at the need for two statements; one with a patient focus and one regarding membership.

      Action: The Committee's recommendations regarding this charge appear as Recommendations # 4 and # 5.

    - The BOD passed motion FM 07-2-26.1 at the July, 2007 meeting. It reads: "To task the Position Statement Committee with development of a position statement on pre hospital ventilator management competency and report back by December"

      Action: The Committee's recommendation regarding this charge appears as Recommendation # 6.

2. Establish a three year schedule to review, revise, or delete as appropriate, all current AARC position statements subject to Board approval.

    - Initial schedule received BOD approval at March 2007 meeting.
    - Consideration of the eight position statements scheduled for 2007 review has been completed.
        - Five statements were reviewed and acted upon by the BOD at the March 2007 meeting.
        - The remaining three statements have been reviewed by the Committee and are now submitted to the BOD for action as Recommendations # 1, # 2, and # 3. They include:

            - Fradulent Practices in Respiratory Care
            - Home Respiratory Care Services
            - Respiratory Care Scope of Practice

3. Establish and maintain a table that lists each position statement with date of origin, dates of review/revision and projected year for routine evaluation based on a 3 year rotation cycle.

    - Completed. Table submitted received BOD approval at March 2007 meeting.
    - Revised Table – for 2008 -- submitted for BOD review and action as Recommendation # 7.

Public Relations Action Team

AARC Activities Report
Winter, 2007

Co-Chairs: Trish Blakely ***Liaison: Ruth Krueger Parkinson***

Linda A. Smith

There are no committee recommendations at this time.

Objectives:

1. Identify topics for 60 Second Checkup (radio spots) for 2007-08.
   Each member will agree to do interviews (radio) and provide information for the written press release that corresponds to the interview topic.

   Topics for the year have been identified and most of the interviews have been assigned.

2. Continue to assist Your Lung Health (AARC's consumer website) with reading and editing clinical stories, messages, etc for the website. These will be assigned through the EO on a PRN basis.

   No requests were made of the committee during this reporting period.

3. In conjunction with the Executive Office staff and the Membership Committee strategize, design and execute a national membership recruitment campaign to coincide with Respiratory Care Week 2007 to be rolled out at this year Presidents Meeting. Revise and repeat the process for 2008.

   After conversation with President Rodriguez, it was felt that this charge would be better addressed by the EO and the membership committee. The PRAT committee will stand at the ready to provide any assistance requested.

4. Communicate with each State Affiliate on the importance of establishing a public relations committee to connect with patient and public organizations at the state level.

   No firm action has been taken on this charge. Again, after conversation with President Rodriguez, this charge has been rewritten for the upcoming year. We feel confident that the proposed charges for next year will result in activity.

5. Design, support and advocate for two public relation activities /campaigns at the State Affiliate level per year for 2007-08. Topics are to be identified and reported to the BOD at the spring meeting.

    No action taken during this reporting period.

5. Report successful State Affiliate public relations campaigns/activities to the Executive Office for the purpose of inclusion in AARC print and electronic communications.

    No action taken during this reporting period.

We would like to thank the Board of Directors for allowing us to chair this committee. In addition, we would like to extend an appreciative thank you to President Rodriguez for her compassionate understanding in the rewriting of this committee's goals and objectives.

Specialty Section Roundtable Steering Committee

AARC Activity Report
November 2007

A verbal report will be presented at the meeting.