Board of Directors Meeting

July 19-20, 2010

Marco Island Marriott Beach Resort
400 S Collier Blvd
Marco Island, FL 34145
(239) 394-2511

AMERICAN ASSOCIATION FOR RESPIRATORY CARE
AARC Executive and Budget Committees, and Board of Directors Meetings
July 18 – 22nd, 2010

Sunday, July 18th

1:30 – 7:30 pm Executive Committee Meeting (Committee Members only)
7:30 – 8:30 pm AARC Finance Committee Meeting (BOD & HOD members welcome)

Monday, July 19th

AARC Board of Directors' Meeting
8:00 – 5:00 pm AARC Board of Directors Meeting

8:00 am Call to Order
Announcements/Introductions
Disclosures / Conflict of Interest Statements
Swearing in of Officers/Directors
Approval of Minutes (p.7)
E-motion Acceptance (p.37)

General Reports (p. 39)
President's Report (p.40)
Executive Director Report (p.46)
Government & Regulatory Affairs (p.47)
House of Delegates (p.60)
Board of Medical Advisors (64)
Presidents Council (p.65)

9:15 am **BREAK**

9:30 am American Respiratory Care Foundation – Michael Amato / Dr. Neil MacIntyre (p.66)

10:15 am **Standing Committee Reports (p. 67)**
Audit Subcommittee (p.68)
Judicial Committee (p.69)
Bylaws Committee (p.70)
Elections Committee (in Joint Session)
Executive Committee (p.100)
Finance Committee (p.101)
Program Committee (p.102)
Strategic Planning Committee (p.103)

11:00 - 11:15 am **BREAK**

11:15 am International Council for Respiratory Care – Sullivan / Alorainy (p.104)

12:00 - 1:30 pm **Lunch Break (Daedalus)**

1:30 pm **Reconvene - Joint Session (p.105)**

Opening Remarks – Myers and Lamphere
AARC Election Committee
AARC Secretary-Treasurer Financial Update – Karen Stewart
Virtual Lobby Day - West, O'Day
Regulatory Affairs Update – Anne Marie Hummel
Legislative Update – Cheryl West/Miriam O'Day
AARC-DRIVE4COPD Partnership – Tim Myers, Tom Kallstrom, and Karen Stewart
American Respiratory Care Foundation - Michael Amato

3:30 pm **BREAK**

3:45 pm **Specialty Section Reports (p.106)**

Adult Acute Respiratory Care (p.107)
Continuing Care-Rehabilitation (p.108)
Diagnostics (p.109)
Education (p.110)
Home Care (p.111)
Long Term Care (p.116)
Management (p.117)
Neonatal-Pediatrics (p.119)
Sleep (p.120)
Surface and Air Transport (p.121)

4:15 pm **Special Committee Reports (p.122)**

Benchmarking Committee (p.123)
Billing Code Committee (p.125)
Clinical Practice Guidelines Steering Committee (p.127)
Federal Govt Affairs (p.128)
Fellowship Committee (p.129)
International Committee (p.130)
Membership Committee (p.132)
Position Statement Committee (p.134)
Public Relations Action Team (p.139)
State Govt Affairs (p.140)

5:00 pm RECESS

AMERICAN ASSOCIATION FOR RESPIRATORY CARE
AARC Executive and Budget Committees, and Board of Directors Meetings
July 18 – 22nd, 2010

Tuesday July 20th

8:00 – 5:00 pm AARC Board of Directors Meeting

8:00 am **Call to Order**

Special Representatives (p.141)
- AMA CPT Health Care Prof. Advisory Cmte. (p.142)
- American Ass'n. of Cardiovas & Pulm Rehab (p.144)
- American Ass'n of Critical Care Nurses (p.145)
- American Heart Association (p.146)
- American Soc for Testing and Materials (p.147)
- Chartered Affiliate Consultant (p.148)
- Clinical Laboratory Standards Institute (p.149)
- CLSI Point of Care (p.150)
- Comm. on Accredit of Medical Transport Syst (p.151)
- Extracorporeal Life Support Organization (p.152)
- International Council for Respiratory Care (p.153)
- The Joint Commission (TJC) (p.153)
- Medicare Coverage Advisory Committee (p.156)
- National Asthma Ed & Prevention Program (p.157)

9:30 am BREAK

9:45 am **Special Representatives Cont'd**
- Nat. Coalition for Health Prof Ed. In Genetics (p.158)
- Neonatal Resuscitation Program (p.159)
- National Sleep Awareness Roundtable (p.161)
- Simulation Alliance (p.162)

10:15 am **Roundtables (p.167)**
- Asthma Disease (p.168)
- Consumer (see Exec. Director Report p.46)
- Disaster Response (p.170)
- Geriatrics (p.171)
- Hyberbaric (p.172)
- Informatics (p.173)
- International Medical Mission (p.174)
- Military (p.175)
- Neurorespiratory (p.176)
- Research (p.178)
- Tobacco Free Lifestyle (p.179)

10:45 am **Special Committee Reports (p.180)**

Ad Hoc Cmte on Cult Diversity Patient Care (p.181)
Ad Hoc Cmte Officer Status/US Uniform Svc (p.195)
Ad Hoc Cmte on Oxygen in the Home (p.196)
Ad Hoc Cmte Protocol Implem Task Force (p.197)
Ad Hoc Pinnacle Award (p.198)
Ad Hoc Committee on Learning Institutes (p.200)
Ad Hoc Committee on AARC Survey Policies (p.210)

12:00 – 1:30 pm LUNCH BREAK

1:30 pm **Other Reports (p.211)**

Commission on Accredit for Resp Care (CoARC) (p.218)
National Board for Respiratory Care (NBRC) (p.212)
American Respiratory Care Foundation (ARCF) (p.217)

2:00 pm **UNFINISHED BUSINESS (p.219)**

Ad-Hoc Cmte on Mass Cas/Pand Preparedness
Outstanding Recommendations/Referrals (p.220)
Simulation Roundtable

2:30 pm **NEW BUSINESS (p.240)**

State Society Use of Eluminate Technology (James Taylor)
North Carolina RT Management Position Statement (p.241)
HOD Resolutions (p.244)
Ratification of Appointments

- Informatics
- Simulation
- American Heart Association

Policy Review (p.249)

4:00 pm **ANNOUNCEMENTS**
TREASURER'S MOTION
ADJOURNMENT

Approval of Minutes

AMERICAN ASSOCIATION FOR RESPIRATORY CARE
Board of Directors Meeting
Grapevine, Texas, April 23, 2010

Minutes

Attendance

Tim Myers, BS, RRT-NPS, President
Karen Stewart, MS, RRT, FAARC, President-elect
Toni Rodriguez, EdD, RRT, Past President
George Gaebler, MSEd, RRT, FAARC, VP/Int. Affairs
Joseph Lewarski, BS, RRT, FAARC, VP/Ext. Affairs
Patricia Doorley, MS, RRT, FAARC
Debbie Fox, MBA, RRT-NPS
Lynda Goodfellow, EdD, RRT, FAARC
Michael Hewitt, RRT-NPS, FAARC, FCCM
Denise Johnson, BS, RRT
Douglas Laher, BSRT, RRT, MBA
Robert McCoy, RRT, FAARC
Doug McIntyre, MS, RRT, FAARC
Cam McLaughlin, BS, RRT, FAARC
Frank Salvatore, MBA, RRT, FAARC
Tony Stigall, MBA, RRT, RPSGT
James Taylor, PhD, RRT
Brian Walsh, RRT-NPS, RPFT

Guests

Bill Lamb
Sherry Peters
Tom Lamphere
Kent Christopher
Debra Skees
Tom Smalling
Larry Wolfish
Bill Sims
Frank Sloan
Casey Conway
Rick Lear

Consultant

Dianne Lewis, MS, RRT, FAARC, President's Council President
John Hiser, MEd, RRT, FAARC, Parliamentarian

Absent

Clifford Boehm, MD, RRT, BOMA Chair (Excused)
Linda Van Scoder, EdD, RRT, FAARC, Secretary/Treasurer (Excused)

Staff

Sam Giordano, MBA, RRT, FAARC, Executive Director
Tom Kallstrom, BS, RRT, AE-C, FAARC, Chief Operating Officer
Ray Masferrer, RRT, FAARC, Associate Executive Director
Sherry Milligan, MBA, Associate Executive Director
Steve Nelson, RRT, FAARC, Associate Executive Director
Cheryl West, State Government Affairs Director
Anne Marie Hummel, Regulatory Affairs Director
Miriam O'Day, Federal Government Affairs Director
Bill Dubbs, MHA, MEd, RRT, Director of Education & Management
Dale Griffiths, Business Development Director
Tony Lovio, Controller
Brenda DeMayo, Administrative Coordinator

CALL TO ORDER

President Tim Myers called the meeting of the AARC Board of Directors to order at 8:10 a.m. CST, Friday, April 23, 2010. Secretary/Treasurer Pro Tem Toni Rodriguez called the roll and declared a quorum.

DISCLOSURE

President Tim Myers reminded members of the importance of disclosure and potential for conflict of interest. Stating disclosures will become standard procedure during the Welcome and Introduction portion of every Board meeting.

WELCOME AND INTRODUCTIONS

Members introduced themselves and stated their disclosures as follows:

Karen Stewart – WVSRC Member
Toni Rodriguez – CoARC
Robert McCoy – Homecare
Tom Lamphere – CoARC
Sam Giordano – COPD Coalition, ARCF, NLHEP

OATH OF OFFICE

Parliamentarian John Hiser administered the oath of office to Dianne Lewis, MS, RRT, FAARC who is also the President of AARC's Presidents Council in 2010.

APPROVAL OF MINUTES

Karen Stewart moved "To approve the minutes of the December 3, 2009 meeting of the AARC Board of Directors as amended."

Motion Carried

Karen Stewart moved "To approve the minutes of the December 4, 2009 meeting of the AARC Board of Directors as amended."

Motion Carried

Karen Stewart moved "To approve the minutes of the December 8, 2009 meeting of the AARC Board of Directors as amended."

Motion Carried

E-MOTION RATIFICATION

Karen Stewart moved "To ratify the E-Motions discussed over the Board Listserv since January, 2010 as follows:

10-1-81.1	"That the AARC Board ratify the appointment of David Vines to be an AARC representative to the National Board for Respiratory Care (NBRC)."
10-1-80.1	"That the AARC Board ratify the appointment of Diane Flatland to CoARC."
10-1-80.2	"That the AARC Board approve the CoARC Standards."

Motion Carried

GENERAL REPORTS

PRESIDENT'S REPORT

President Tim Myers highlighted his written report emphasizing that AARC reached an all-time high of 50,000 members this year. AARC allocated the Tennessee Society $3,900 in revenue sharing funding from 2008. President Myers highlighted progress in his 2009/10 goals. Documents were distributed regarding polysom, one of which was the Scope of Practice for Sleep Polysomnographic Technologists which was approved by the American Academy of Sleep Medicine (See **ATTACHMENT "A").** Sam Giordano and President Myers will be meeting with the AASM soon after this meeting with the goal of both AARC and AASM finding common ground and to prevent RTs from being forced to obtain additional accreditation.

RECESS

President Tim Myers recessed the meeting of the AARC Board of Directors at 9:30 a.m. CST, Friday, April 23, 2010.

RECONVENE

President Tim Myers reconvened the meeting of the AARC Board of Directors at 9:50 a.m. CST, Friday, April 23, 2010.

CORPORATE LEGAL COUNSEL REPORT

Larry Wolfish reported on the fiduciary duty of the Director of a Board which includes duty of loyalty and duty of care. He reiterated the importance of conflict of interest which, if abused, can potentially lead to prosecution.

AUDITOR'S REPORT

Bill Sims, with the Salmon Sims Thomas Accountants and Consultants reported that as of 12/31/09 AARC's cash is up and liabilities are down, and that the Association has $15.6 million in net assets. While revenues were down in certain areas, the AARC had a net increase in net assets in 2009 of $2.6 million, mainly due to stock market gains.

BOARD OF MEDICAL ADVISORS (BOMA) REPORT

Kent Christopher, MD reported in Chairman Dr. Cliff Boehm's absence. He reported on the longevity of three BOMA members who were recognized this past year as follows:

Dr. Paul Selecky – 28 years
Dr. Jeff Vender – 25 years
Dr. William Bernhard – 20 years

He also advised that they are always looking for individuals to not only represent BOMA, but who are also available to represent BOMA on the state level.

Karen Stewart moved to accept **FM 10-1-7.1** "That the AARC BOD establish a position on BOMA to represent the military."

Motion Carried

AARC INVESTMENT REPORT

President of Sloan Wealth Management, Frank Sloan, introduced his associates Casey Conway and Rick Lear. He reported that AARC's portfolio is up 36% in 2009 and 7.3% so far in 2010. Mr. Sloan stated the Association's portfolio is positioned well. He believes the Fed will raise interest rates, although not soon. However, the present portfolio should be able to withstand a rise considering current allocations, and he believes the Association would not suffer any major value loss.

COMMITTEE ON ACCREDITATION OF RESPIRATORY CARE (COARC) REPORT

CoARC Executive Director Tom Smalling reported they have 21 100-Level programs, 359 200-Level programs, and 9 Polysom add-ons along with 16 satellite campuses, 6 evening formats, and 1 international satellite located in Riyadh, SA. The CoARC Board

approved a rate increase on certain accreditation services. 130 people are registered for CoARC's newest webinar. CoARC will celebrate 40 years of providing accreditation services to the profession this year.

RECESS

President Tim Myers recessed the meeting of the AARC Board of Directors at 12:05 p.m. CST, Friday, April 23, 2010.

RECONVENE

President-elect Karen Stewart reconvened the meeting of the AARC Board of Directors at 1:35 p.m. CST, Friday, April 23, 2010.

EXECUTIVE OFFICE REPORT

Sam Giordano reported on the activities of the COPD Coalition adding that they are currently undertaking a new series of webcasts. A CONCERT project meeting is scheduled in New Orleans during the ATS meeting, for which Mr. Giordano will give a presentation. The World Health Organization approached the AARC as a result of the government ventilator project AARC spearheaded asking AARC to collaborate with them on a pandemic management project in third world countries.

Chief Operating Officer Tom Kallstrom reported that the asthma course is doing well and AARC is promoting this to hospitals as well. He advised that States are responding favorably to signing the co-market agreement. The COPD Education course will go online in May, and States have the option of sharing in the revenue of this program as well. Peak Performance USA is moving forward. The National Vent Survey paper has been written and will be submitted to JAMA. AARC wants to position RTs to be VAP experts and those taking the course will receive a certificate. Watch for our Best Practices program which will be a web project using protocols that will be unveiled soon.

Sam Giordano was invited to make a presentation to the Gulf Thoracic Society in Abu Dhabi this past March. He met with their Executive Committee and advised them of the activities AARC is engaged in, and they've requested assistance from AARC in helping their students find accredited respiratory programs in the U.S. They also want AARC to send speakers to their upcoming meetings. Mr. Giordano was also invited to Riyadh's National Guard meeting the end of May where he will meet with the Ministry of Health. He believes we should tap into the international market as there are unlimited individuals who could be AARC members.

Toni Rodriguez moved to accept **Recommendation 10-1-1.1** "That up to $30,000 be approved for the replacement of six HVAC units."

Motion Carried

George Gaebler moved to accept **Recommendation 10-1-1.2** "To authorize up to $3,000 for the purpose of repairing weather stripping on selected windows of the Executive Office building."

Motion Carried

GOVERNMENT AFFAIRS REPORT

Cheryl West highlighted her written report on state legislative and regulatory issues.

Miriam O'Day reported on Federal issues. She thanked the Executive Office for their logistical work on the PACT Lobby Day in Washington DC. About 20 Alpha-1 patients participated on the Hill. Alpha 1 conducted a survey following the PACT meeting in which the patients reported their experiences. That survey is available on the Alpha 1 website, and the reactions were extremely positive.

Anne Marie Hummel reported on the Medicare survey of oxygen patients and issuing a possible Local National Coverage Determination regarding cluster headaches. Medicare has proposed that physician assistants and nurse practitioners be able to write respiratory orders (which currently can only be done by an MD or DO) without needing a doctor co-signature. FDA announced the phase-out of CFC inhalers in intervals over the next three years. The CMS Dashboard now provides data that previously people were required to purchase. Interested parties can go to the CMS website to access this data.

PRESIDENT'S COUNCIL

President's Council President, Dianne Lewis, advised members the Jimmy A. Young medalist for 2010 is Margaret Traband, MEd, RRT, FAARC.

Toni Rodriguez moved to accept **FM 10-1-8.1** "That the AARC BOD approve the proposed changes to Policy BOD.001." (See **ATTACHMENT "B"**)

Motion Carried

GENERAL REPORTS ACCEPTANCE

George Gaebler moved "To accept the General Reports as presented."

Motion Carried

RECESS

President-elect Karen Stewart recessed the meeting of the AARC Board of Directors at 3:05 p.m. CST, Friday, April 23, 2010.

RECONVENE

President Tim Myers reconvened the meeting of the AARC Board of Directors at 3:25 p.m. CST, Friday, April 23, 2010.

STANDING COMMITTEES

BYLAWS

Toni Rodriguez moved to accept **Recommendation 10-1-9.1** "That the AARC BOD add a field to the AARC Chartered Affiliate Bylaws status tracking master list to reflect 'Year Due for Review'."

James Taylor moved "To refer **Recommendation 10-1-9.1** to the Executive Office."

Motion to Refer Carried

Lynda Goodfellow moved to accept **Recommendation 10-1-9.2** "That the AARC BOD accept the West Virginia bylaws."

Motion Carried – Karen Stewart abstained

AUDIT SUBCOMMITTEE REPORT

Toni Rodriguez moved to accept **Recommendation 10-1-13.2** "That the AARC BOD review AARC Policy FM.018 which suggests rotating independent auditors every five (5) years and determine if the AARC should retain the current auditor or request another audit partner for the 2010 audit."

George Gaebler moved "To amend **Recommendation 10-1-13.2** to read as follows:

> That the AARC BOD review AARC Policy FM.018 which suggests rotating independent auditors every five (5) years and determine if the AARC should retain the current managing partner for the 2010 audit."

Motion to Amend Carried

Amended Motion Carried

George Gaebler moved to accept **FM 10-1-13.3** "That Policy FM.018 be revised as attached. (See **ATTACHMENT "C"**)

Motion Carried

PROGRAM COMMITTEE REPORT

George Gaebler moved to accept **Recommendation 10-1-15.1** "That the 2012 International Respiratory Congress be held in New Orleans on November 10-13."

Motion Carried

STANDING COMMITTEE REPORTS ACCEPTANCE

Mike Hewitt moved "To accept the Standing Committee reports as presented."

Motion Carried

SECTION REPORTS

CONTINUING CARE SECTION REPORT

Toni Rodriguez moved to accept **Recommendation 10-1-50.1** "That information regarding RVUs be added to the AARC Uniform Reporting Manual."

James Taylor moved "To refer **Recommendation 10-1-50.1** back to the Chair of the Continuing Care Section for clarification of the request. Vice President George Gaebler and Bill Dubbs will consult with the Chair."

Motion to Refer Carried

DIAGNOSTICS SECTION REPORT

George Gaebler moved to accept **Recommendation 10-1-51.1** "That the AARC develop the formation of a reciprocal agreement or alliance between the Diagnostics Section membership of the AARC and the Association for Respiratory Technology and Physiology (ARTP)."

George Gaebler moved "That **Recommendation 10-1-51.1** be referred back to him to contact the Chair for clarification of what the relationship would entail."

Motion to Refer Carried

LONG TERM CARE SECTION REPORT

George Gaebler moved to accept **Recommendation 10-1-56.1** "That AARC President Timothy Myers send to all State Medicaid Directors and Boards of Respiratory Care a letter introducing the Position Statement on 'Delivery of Respiratory Therapy Services in

Skilled Nursing Facilities Providing Ventilator and/or High Acuity Respiratory Care' urging them to adopt these in state Medicaid policy."

Motion Carried

MANAGEMENT SECTION REPORT

George Gaebler moved to accept **Recommendation 10-1-54.1** "That the AARC Board of Directors charge the Position Statement Committee to draft a document (with support from the Management Section and Benchmarking Committee) on what should be an industry accepted definition for the term 'missed treatments'."

Karen Stewart moved "To refer **Recommendation 10-1-54.1** to Doug Laher to work with Bill Dubbs in contacting pharmacist groups and nursing organizations to learn how they approach missed treatments and classifications and report back to the BOD."

Motion to Refer Carried

RECESS

President Tim Myers recessed the meeting of the AARC Board of Directors at 4:25 p.m. CST, Friday, April 23, 2010.

RECONVENE

President Tim Myers reconvened the meeting of the AARC Board of Directors at 4:35 p.m. CST, Friday, April 23, 2010.

SOCIAL MEDIA PRESENTATION

Sherry Milligan gave a presentation illustrating social networking as a means of retaining membership by engaging members within the network. This "members only" system will be a benefit to the Association. Those individuals who have previously remained on the system after dropping membership from a section, etc., will be automatically purged. There will also be fewer spammed messages.

Ms. Milligan also showed the technical platform of what would be seen by readers of our magazines should the magazines become digitized and go online. This would also be given as an option whether to receive in print or electronic media. A benefit to the electronic medium is that all websites are hyperlinked. There is also an advertiser's quick link. Users can click on a button and instantly translate into any one of several different languages. One can type in a word such as "asthma" and it will bring up all the pages in the magazine in which asthma is mentioned.

RECESS

President Tim Myers recessed the meeting of the AARC Board of Directors at 5:30 p.m. CST, Friday, April 23, 2010.

AMERICAN ASSOCIATION FOR RESPIRATORY CARE
Board of Directors Meeting
Grapevine, Texas, April 24, 2010

Minutes

Attendance
Tim Myers, BS, RRT-NPS, President
Karen Stewart, MSc, RRT, FAARC, President-elect
Toni Rodriguez, EdD, RRT, Past President
George Gaebler, MSEd, RRT, FAARC, VP/Int. Affairs
Joseph Lewarski, BS, RRT, FAARC, VP/Ext. Affairs
Patricia Doorley, MS, RRT, FAARC
Debbie Fox, MBA, RRT-NPS
Lynda Goodfellow, EdD, RRT, FAARC
Michael Hewitt, RRT-NPS, FAARC, FCCM
Denise Johnson, BS, RRT
Douglas Laher, BSRT, RRT, MBA
Robert McCoy, RRT, FAARC
Doug McIntyre, MS, RRT, FAARC
Cam McLaughlin, BS, RRT, FAARC
Frank Salvatore, MBA, RRT, FAARC
Tony Stigall, MBA, RRT, RPSGT
James Taylor, PhD, RRT
Brian Walsh, RRT-NPS, RPFT

Guests
Bill Lamb
Sherry Peters
Tom Lamphere
Kent Christopher
Debra Skees

Consultant
Dianne Lewis, MS, RRT, FAARC, President's Council President
John Hiser, MEd, RRT, FAARC, Parliamentarian

Absent
Linda Van Scoder, EdD, RRT, FAARC (Excused)
Clifford Boehm, MD (Excused)

Staff
Sam Giordano, MBA, RRT, FAARC, Executive Director
Tom Kallstrom, BS, RRT, AE-C, FAARC, Chief Operating Officer
Ray Masferrer, RRT, FAARC, Associate Executive Director
Sherry Milligan, MBA, Associate Executive Director
Steve Nelson, RRT, FAARC, Associate Executive Director
Cheryl West, MHA, Government Affairs Director
Anne Marie Hummel, Regulatory Affairs Director
Miriam O'Day, Federal Government Affairs Director
Bill Dubbs, MHA, MEd, RRT, Director of Education & Management
Dale Griffiths, Business Development Director
Tony Lovio, Controller
Brenda DeMayo, Administrative Coordinator

CALL TO ORDER

President Tim Myers called the meeting of the AARC Board of Directors to order at 8:10 a.m. CST, April 24, 2010. Secretary-Treasurer Pro Tem Toni Rodriguez called the roll and declared a quorum.

MANAGEMENT SECTION REPORT

George Gaebler moved to accept **Recommendation 10-1-54.2** "That the AARC Board of Directors re-examine current Listserv rules as they relate to posting of surveys; and to consider modifying said rules that would allow for the posting of informal survey postings that would not require the approval of the AARC Executive Committee."

George Gaebler moved "To table **Recommendation 10-1-54.2**."

Motion to Table Carried

Brian Walsh moved to accept **FM 10-1-54.3** "To establish an ad hoc committee to evaluate/revise Policy No. BOD .027 'Policy for Surveys Conducted by the Association' consisting of Section Directors, Michael Hewitt, Lynda Goodfellow, Bob McCoy, Doug Laher, Brian Walsh and Tony Stigall, along with Bill Dubbs, Rick Ford, George Gaebler and Sherry Milligan."

Motion Carried

SURFACE TO AIR TRANSPORT SECTION REPORT

George Gaebler moved to accept **Recommendation 10-1-58.1** "That the AARC look at a position paper in regard to the current development of a critical care paramedic level. This ongoing program development includes very minimal training typically an hour on ventilators followed by a 2-hour hands-on lab. This then qualifies the medic to likely replace an RT in transport. There are other components such as 12 lead interpretation, etc., but the pulmonary issues are typically very weak. This could be a potential area of risk to patients. Also this may open the door for medics to replace RTs in the hospital setting."

Karen moved "To accept **Recommendation 10-1-58.1** for information only since the Position Statement Pre-Hospital Ventilator management Competency speaks to this topic."

Motion Carried – George Gaebler will contact the chair and advise of the Board's comments.

SPECIALTY SECTION REPORTS ACCEPTANCE

Mike Hewitt moved "To accept the Specialty Section reports as presented."
Motion Carried

SPECIAL COMMITTEE REPORTS

CLINICAL PRACTICE GUIDELINES REPORT

George Gaebler moved to accept **Recommendation 10-1-19.1** "The Committee has excused Mike Gentile from his duties as member of the Committee per his request effective December 21, 2009."

George Gaebler moved "To accept **Recommendation 10-1-19.1** for information only.**"**

Motion Carried

George Gaebler moved to accept **Recommendation 10-1-19.2** "That the Committee has been notified of the vacancy left by Mike Gentile and hopes to get nominations to replace him before the end of April."

George Gaebler moved "To accept **Recommendation 10-1-19.2** for information only."

Motion Carried

George Gaebler moved to accept **Recommendation 10-1-19.3** "The Committee has suggested adding one more member to the Committee and hopes to get nominations also by the end of April."

George Gaebler moved "To accept **Recommendation 10-1-19.3** for information only."

Motion Carried

RECESS

President Tim Myers recessed the meeting of the AARC Board of Directors at 9:45 a.m. CST, Saturday, April 24, 2010.

RECONVENE

President-elect Karen Stewart reconvened the meeting of the AARC Board of Directors at 10:00 a.m. CST, Saturday, April 24, 2010.

POSITION STATEMENT COMMITTEE REPORT

George Gaebler moved to accept **Recommendation 10-1-26.1** "That the AARC BOD approve and publish the position statement entitled 'Delivery of Respiratory Therapy Services in Skilled Nursing Facilities Providing Ventilator and/or High Acuity Respiratory Care'."

Motion Carried

SPECIAL COMMITTEE REPORTS ACCEPTANCE

George Gaebler moved "To accept the Special Committee reports as presented."

Motion Carried

ORGANIZATIONAL REPRESENTATIVE REPORTS

SIMULATION ALLIANCE REPORT

George Gaebler moved to accept **Recommendation 10-1-78.1** "That the AARC continue dialogue with the Simulation Alliance, and conduct a survey of a select group of AARC members (education and management specialty section) to determine level of interest in participating in simulation activities, and create a list of contract information to be passed on to the Simulation Alliance."

George Gaebler moved "To refer **Recommendation 10-1-78.1** back to the Committee for clarification."

Motion to Refer Carried

George Gaebler moved to accept **Recommendation 10-1-78.2** "That the AARC continue to support the AARC Simulation Roundtable and accept and review a proposal from IngMar Medical Inc. to conduct a one-day consensus conference in conjunction with the next Respiratory Care Congress to lay the foundation for a laboratory practice standard for lung simulation in ventilator performance testing. This could be conducted the day before the Congress and could potentially be funded by sponsorship from ventilator and lung simulator companies. Invited attendees would be selected from thought leaders who contributed to the informal meeting sponsored by IngMar Medical at the 2009 Congress."

George Gaebler moved "To refer **Recommendation 10-1-78.2** to the Program Committee and to also send an RFP to Rob Chatburn to complete and return to the Program Committee."

Motion to Refer Carried

ORGANIZATIONAL REPRESENTATIVE REPORTS ACCEPTANCE

George Gaebler moved "To accept the Organizational Representative reports as presented."

Motion Carried

ROUNDTABLE REPORTS

ASTHMA DISEASE ROUNDTABLE REPORT

George Gaebler moved to accept **Recommendation 10-1-42.1** "That the AARC begin a Listserv message to recruit new members to the Asthma Disease Roundtable."

George Gaebler moved "To refer **Recommendation 10-1-42.1** to the President-elect."

Motion to Refer Carried

INFORMATICS ROUNDTABLE REPORT

George Gaebler moved to accept **Recommendation 10-1-47.1** "That the AARC help the Informatics Roundtable to spearhead the development of a formal requirements document for a generic Respiratory Care Information System (RCIS) that can be added to extant EMR systems."

George Gaebler moved "To refer **Recommendation 10-1-47.1** to the President to make this a charge to this group."

Motion to Refer Carried

George Gaebler moved to accept **Recommendation 10-1-47.2** "That the AARC consider writing a grant to facilitate the development of EMR functionality needed by the RC profession."

George Gaebler moved "To refer **Recommendation 10-1-47.2** to the President."

Motion to Refer Carried

George Gaebler moved to accept **Recommendation 10-1-47.3** "That the AARC include a section/column in the RC Journal that focuses on RC Informatics Issues and Research."

George Gaebler moved to amend **Recommendation 10-1-47.3** "To substitute '*RC Journal*' with *AARC Times."*

Motion to Amend Carried

Amended Motion Carried

George Gaebler moved to accept **FM 10-1-47.3a** "To refer Recommendation 10-1-47.3 to the President-elect as part of a bigger effort to include all Roundtables in such an endeavor to increase interest."

Motion to Refer Carried

NEURORESPIRATORY ROUNDTABLE REPORT

George Gaebler moved to accept **Recommendation 10-1-40.1** "That the AARC continue to encourage AARC members to participate in the Neurorespiratory Roundtable, encourage current NR members to speak at local and state conventions and respiratory care educational forums on the respiratory management of neuromuscular diseases, and work toward development of educational modules to be included in respiratory therapy programs throughout the country."

George Gaebler moved "To refer **Recommendation 10-1-40.1** to President-elect."

Motion to Refer Carried

ROUNDTABLE REPORTS ACCEPTANCE

George Gaebler moved "To accept the Roundtable reports as presented."

Motion Carried

AD HOC COMMITTEE REPORTS

AD HOC COMMITTEE ON LEARNING INSTITUTES REPORT

Toni Rodriguez advised members that the new name for this group will be AARC Leadership Institute.

AD HOC COMMITTEE REPORTS ACCEPTED

George Gaebler moved "To accept the Ad Hoc Committee Reports as presented."

Motion Carried

AMERICAN RESPIRATORY CARE FOUNDATION REPORT

Patricia Doorley moved to accept **Recommendation 10-1-82.1** "That the ARCF be allowed to conduct a direct AARC member solicitation campaign for unrestricted donations, including e-mail, ads in AARC publications and a check-off box on the membership application and renewal forms. The funds would be used to support operations as well as other purposes of the Foundation."

Motion Carried

RECESS

President-elect Karen Stewart recessed the meeting of the AARC Board of Directors at 11:40 a.m. CST, Saturday, April 24, 2010.

RECONVENE

President Tim Myers reconvened the meeting of the AARC Board of Directors at 11:55 a.m. CST, Saturday, April 24, 2010.

UNFINISHED BUSINESS

INTERNATIONAL MEDICAL MISSION ROUNDTABLE PROPOSAL

President Tim Myers engaged members in discussion regarding the International Roundtable. He stated that charges and the name of the Chair will be sent to members via E-mail as an E-vote.

SIMULATION ROUNDTABLE PROPOSAL

Karen Stewart moved to accept **FM 10-1-44.1** "That the AARC BOD follow the Roundtable Policy for creation of the Simulation Roundtable."

Motion Carried

NEW BUSINESS

RATIFICATIONS

GERIATRIC ROUNDTABLE CHARGES

George Gaebler moved to accept **FM-10-1-48.1** "To ratify the charges of the Geriatric Roundtable as follows:

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:
    a. Common respiratory prescription medications used by older adults
    b. Immunizations for older adults
    c. Communicating with the geriatric patient
    d. Geriatric end of life/palliative care
3. With Executive Office Review material on yourlunghealth.org for relevance and appropriateness for geriatric population.

Motion Carried

BYLAWS DISCUSSION

Currently the Board of Directors is comprised of at least 17 members (5 officers, 6 directors at large, and 6 section chairs). However, in the interest of costs involved and in the increasing number of directors, President Myers asked members to give thought to a potential bylaws revision that would limit the number of Directors to serve on the Board.

AD HOC COMMITTEE ON PINNACLE AWARD REPORT

George Gaebler moved "To accept **Recommendation 10-1-34.1** as follows:

Department Organization and Staffing
Respiratory care utilizes evidence based practice (ex: guidelines/ pathways and/or protocols)

The department has a system in place to assess the work demand and adjust staffing appropriately to meet the needs of patients

Programs are in place to engage staff in decisions as well as identify opportunities for improvement. Evidence of programs includes any of the following

Regularly scheduled staff meetings

Shared Governance Models in place

Results of employee survey tools are utilized to monitor staff satisfaction communication and engagement.

Staff Development
- Department has an ongoing training and education programs based on an annual needs assessment.
- At least 50% of the staff hold the RRT Credential
- The department supports staff in the achievement of the RRT credential

- Policy requiring attainment of RRT for new graduates within a specified time period
- Requirements for promotion require RRT credential

Professional Activities

- The department is active in the community by evidence of ongoing participation in events and programs sponsored through their facilities, or through other community or professional organizations. Examples of activities include:
- The sponsoring of activities that engage patients and their families
- Participation in respiratory professional society activities
- Community health fairs
- Asthma Camp or other activity of the same type

President Tim Myers ruled **Recommendation 10-1-34.1** out of order as it was not an appropriately formulated recommendation.

RECESS

President Tim Myers recessed the meeting of the AARC Board of Directors at 1:05 p.m. CST, Saturday, April 24, 2010.

RECONVENE

President Tim Myers reconvened the meeting of the AARC Board of Directors at 1:15 p.m. CST, Saturday, April 24, 2010.

LIFE AND HONORARY AWARD NOMINEES

The Board brought forth the following nominees for the Lifetime and Honorary Awards for 2010.

Lifetime Member Award

William Dubbs – Nominated by Patricia Doorley

Honorary Member Award

Miriam O'Day – Nominated by Frank Salvatore

ARCF AWARD NOMINEES

The Board brought forth the following nominees for the ARCF Awards for 2010.

Forest M. Bird Lifetime Scientific Achievement Award

Ira Cheifetz, MD – Nominated by Brian Walsh

Charles H. Hudson Award for Cardiopulmonary Public Health

Congressman Mike Ross (AR) **–** Nominated by Tim Myers

Thomas L. Petty, MD Invacare Award for Excellence in Home Respiratory Care

Brian Wilson **–** Nominated by Cam McLaughlin

James Taylor moved "To destroy the above nomination ballots."

Motion Carried

POLICY REVIEW

Policy No. BOD.022 – Section Director Term of Office

George Gaebler moved "To amend Policy BOD.022 to replace Policy Amplification #1 with verbiage from the AARC Bylaws Article 5, Section 1a."

Motion Carried

Policy No. BOD.023 – Board of Directors Listserv

President Tim Myers advised that Policy No.BOD.023 will be addressed as an E-vote since the attachment was not provided in the Board Book at the time of the meeting.

Policy No. CA.004 – Affiliate Revenue Sharing Agreement

George Gaebler moved "To accept Policy CA.004."
George Gaebler moved "To amend Policy CA.004 to include '*as determined by the AARC Board of Directors*' following the word 'standing' in the Policy Statement."

Motion to Amend Carried

Amended Motion Carried

Policy No. CT.001 – Committee Charges

George Gaebler moved "To accept Policy CT.001."
George Gaebler moved "To amend Policy CT.001 to include the following:

Under Policy Amplification #1, Delete "35 days" and replace with "by a deadline established by the President"

Under Policy Amplification #2, Delete "required" and replace with "encouraged".

Under Policy Amplification #2, Delete A and B.

Motion to Amend Carried

Amended Motion Carried

Policy No. FM.016 – Travel Expense Reimbursement

President Myers advised members that Policy FM 016 will be addressed at the next meeting.

RECOMMENDATION TRACKING

George Gaebler moved "To bring back to the table **FM 08-3-83.2** "That the AARC Executive Office develop a proposal with workflow requirements and financial implications that encompass an online submission and transcript CRCE system. This system shall allow the breakdown of five or more content categories to facilitate reporting to state licensure boards and NBRC. Three of those categories should mirror the NBRC requirements of general respiratory care, neonatal/pediatrics, and pulmonary function diagnostics technology."

Brian Walsh moved "To accept **FM 08-3-83.2** for information only."

Motion Carried

Karen Stewart moved to accept **FM 10-3-83.2a** "To continue working toward **FM 08-83.2** by beginning with a good foundation for breaking out the CRCE's by 2012."

Motion Carried

TREASURER'S MOTION

Toni Rodriguez moved to accept "That the expenses incurred at this meeting be reimbursed according to AARC Policy."

Motion Carried

MOTION TO ADJOURN

Mike Hewitt moved "To adjourn the meeting of the AARC Board of Directors."

Motion Carried

ADJOURNMENT

President Tim Myers adjourned the meeting of the AARC Board of Directors at 1:50 p.m. CST, Saturday, April 24, 2010.

ATTACHMENT "A"

AASM Scope of Practice
For Sleep Polysomnographic Technologists

The Scope of Practice for Sleep (Polysomnographic) Technologists
Approved by
The American Academy of Sleep Medicine

Sleep Technology, also called Polysomnographic Technology, is an allied health-care occupation that embraces a unique body of knowledge and methodological skills. Sleep technologists are allied health professionals who work as part of a team under the general supervision of a licensed physician to assist in the education, evaluation, treatment and follow-up of sleep disorders patients of all ages. These professionals are specially trained to perform polysomnography and other tests used by a physician to diagnose and treat sleep disorders.

Polysomnography includes the process of analyzing, monitoring and recording physiologic data during sleep and wakefulness. This includes providing polysomnography services that are safe, aseptic, preventive, and restorative, applying the use of techniques, equipment and procedures involved in the evaluation of polysomnography for the treatment of sleep disorders that are offered during the staging, execution of and scoring of a sleep study. These procedures include, but are not limited to:

1. Implementation of a written or verbal order from a licensed physician that requires the practice of polysomnography, including home sleep testing;

2. Positive airway pressure titration on spontaneously breathing patients;

3. Supplemental low flow oxygen therapy during polysomnogram (up to six (6) liters per minute);

4. Capnography during polysomnogram;

5. Cardiopulmonary resuscitation;

6. Pulse oximetry;

7. pH probe placement and monitoring

8. Esophageal pressure;

9. Sleep staging, including surface electroencephalography, surface electrooculography, and surface submental electromyography;

10. SURFACE ELECTROMYOGRAPHY OF ARMS AND LEGS;

11. Electrocardiography;

12. Respiratory effort including thoracic and abdominal;

13. Plethysmography blood flow;

14. Nasal and oral airflow monitoring;

15. Body temperature monitoring;

16. Audio/video monitoring of movement and behavior during sleep;

17. Monitoring the effects of positive airway pressure, used to treat sleep related breathing disorders, has on sleep patterns provided that the device does not extend into the trachea;

18. Monitoring the effects on sleep patterns of an oral device that does not extend into the trachea and that is used to treat sleep apnea;

19. Analyzing and scoring data that may be used by a licensed physician in the diagnosis and treatment of sleep and wake disorders that result from developmental defects, the aging process, physical injury, disease, or actual or anticipated somatic dysfunction; and

20. Observing and monitoring physical signs and symptoms, general behavior, and general physical response to polysomnographic evaluation.

To become a sleep technologist, an individual must complete certain educational and training requirements. While completing these requirements, students, trainees, and technicians may perform certain sleep procedures while under proper supervision. The supervision required for students, trainees, and technicians while completing these educational and training requirements include:

Polysomnographic student:

Students may provide sleep-related services while under the direct supervision of a physician, polysomnographic technologists (RPSGT), or respiratory therapist who holds the Sleep disorders Specialty (SDS) certification;

Polysomnographic trainee:

Trainees may provide sleep-related services while under the direct supervision of a physician, polysomnographic technologist (RPSGT) or respiratory therapist who holds the Sleep Disorders Specialty (SDS) certification;

Polysomnographic technician:

Technicians may provide sleep-related services while under the general supervision of a physician, polysomnographic technologist (RPSGT) or respiratory therapist who holds the Sleep Disorders Specialty (SDS) certification.

ATTACHMENT “B”

Policy BOD.001

American Association for Respiratory Care
Policy Statement

Policy No.: BOD.001

SECTION: Board of Directors

SUBJECT: **Awards**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: April 23, 2010

DATE REVISED: April 23, 2010

REFERENCES: AARC Bylaws

Policy Statement:

Policy Amplification:

1. The AARC Executive Committee shall serve as the central clearinghouse and review body for newly established AARC awards and/or major revision of currently existing awards.

2. The Board of Directors shall be responsible for:

•A. Submitting nominations for **AARC Life and Honorary** membership awards to Presidents Council.

•B. Submitting nominations for certain awards for related organizations such as the American Respiratory Care Foundation (ARCF)

3. The **Jimmy A. Young Medal**:

•A. **Each year at the annual meeting of the Presidents Council,** the Chair of the Presidents Council shall issue a call for nominations for the Jimmy A. Young Medal, and distribute the selection criteria and a roster of past medalists. **Members of the Presidents Council will have sixty (60) days from the date of the annual meeting of the Presidents Council to submit nominations for the Jimmy A. Young medal. Each nomination must be accompanied by** a summary of the nominee's achievements and contributions, limited to two typed pages must accompany each nomination**. and must be submitted within the sixty(60) day period to the Jimmy A. Young Nominations**

Committee. Nominations must be postmarked no later than 60 days from the date of the annual meeting of the Presidents Council.

•B. **The Nomination Committee shall be appointed by the Chair of the Presidents Council. The Committee is comprised of five (5) members, all of whom are Presidents Council members and past recipients of the Jimmy A. Young Medal. The chair of the Nominations Committee will be elected by members of the committee and shall serve a two (2) year term. Committee members shall serve for a term of two (2) years.**

•B. The profiles and ballots will be distributed to each member of the Presidents Council. The ballots must be post marked no later than 90 days following the Presidents Council annual meeting

C. Nominations with a summary of the nominee's achievements and contributions shall be sent to members of the Presidents Council to the Committee within sixty (60) days from the date of the annual meeting of the Presidents Council. The Nominations Committee will review all nominations and forward a single recommendation to the Presidents Council for approval.

Within twenty-one days following the established postmark deadline for return of the ballots, the ballots will be opened and counted by a Council member appointed by the Chair. Two AARC members must witness the opening and counting of the ballots. The result will be reported to the Chair of the Presidents Council.

D. An electronic vote for approval of the Committees recommendation by the Council shall occur no later than ninety (90) days from the date of the annual meeting of the Presidents Council. Results of the vote shall be compiled by the Chair of the Nominations Committee and reported to the Chair of the Council. The Chair of the Presidents Council shall inform the new recipient of the Jimmy A. Young Medal.

DEFINITIONS:

ATTACHMENTS: D: AARC AWARD GUIDELINES

ATTACHMENT "C"

Policy FM.018

SECTION: Fiscal Management

SUBJECT: **Audit and Oversight Standards**

EFFECTIVE DATE: April 1, 2004

DATE REVIEWED: April 23, 2010

DATE REVISED: April 23, 2010

REFERENCES:

Policy Statement:

1. The Board of Directors and the Audit Subcommittee will review financial transactions and auditing procedures of the AARC.

2. The Audit Subcommittee is composed of members from the Executive Committee and officers of the House of Delegates (HOD). AARC staff and management ~~do~~ cannot serve as members.

3. The Board of Directors and HOD officers are not part of management of the AARC nor do they receive any compensation from the AARC.

4. A full independent audit will be conducted annually by an outside auditor.

5. The Audit Subcommittee shall meet with the outside auditors, review the audit and recommend its approval.

6. The Audit Subcommittee should consider retaining the current partner or request obtaining another audit partner to be considered for rotation every five years. ~~The partner, manager or representative conducting the audit should rotate every five years.~~

7. The Board of Directors and HOD officers must have a conflict of interest policy with disclosure.

8. The AARC will not provide personal loans for its directors or executives.

9. The AARC must develop and ad~~a~~opt a formal process to deal with complaints from employees and prevent retaliation.

10. The AARC will have a written, mandatory document retention and periodic destruction policy.

Policy Amplification:

1. Orientation of the Board members should include financial training related to the organization.

2. Auditing firms should not be used to provide non-auditing services (except for tax preparation) while the firm is conducting auditing services.

3. A confidential and anonymous mechanism to encourage employees to report any inappropriateness within the entity's financial management should exist.

   a. A member of the executive office staff can report fiscal inappropriateness to the Executive Director of the AARC. He or she can also report this to the President of the Board of Directors.
   b. A member of the Board of Directors can report fiscal inappropriateness to the Executive Director.

4. The document retention policy should include guidelines for handling electronic files and voicemail messages as well as paper documents.

5. Forms 990 or 990-PF should be fil~~l~~ed electronically to the IRS, in a timely and accurate manner.

Reference: The Sarbanes-Oxley Act and Implications for Nonprofit Organizations, 2003BroadSource and Independent Sector, www. broadsource.org

DEFINITIONS:

ATTACHMENTS:

E-Motion Acceptance

E-Motions

(Since April 2010 Board Meeting)

10-1-80.1 "That the AARC Board of Directors review and nominate two of the three candidates provided (Tim Op't Holt, Pat Munzer and Barbara Larson) to be considered by the CoARC as a replacement for Stephen Mickles on the CoARC Board as an AARC Representative for one term."

10-1-44.1 "That the AARC form the International Medical Mission Roundtable."

General Reports

President's Activity Report

July 19-20th, 2010
Marco Island Marriott

The first 6 months of 2010 have sailed by incredibly quickly. We have seen a Health Care Reform Package passed into Law, an economy that continues to be stagnant and unpredictable and a nationwide decrease in patient volumes around the US that averages somewhere between 4-9%. Depressed financial performances in many hospitals that struggle in 2009 (as many as 55% finished in the red) continue through the first-half of 2010 that has brought about mass layoffs from hospitals throughout the country. This trend will bring about many challenges to the profession of respiratory care and to the AARC as its professional organization.

The AARC has continue to achieve good results through the first-half of 2010 during some economically difficult and challenging times, but we have some unique challenges and opportunities that still lie before us that we must capitalize on in both the short and long-term. Some of those items include:

- A continued focus and push on Capitol Hill to get Respiratory Therapist recognized under Medicare Part B and to obtain a new score from the CBO to accurately reflect the price tag of this endeavor.
- A mechanism to determine what the membership wants from its professional organization, and the ability to move it forward in a financially feasible methodology.
- Growing our membership base and broadening our volunteerism to the association so that we can meet achieve our Mission and accomplish our goals.
- To identify appropriate and desirable vehicles to increase revenue streams into the association, we cannot base our organizations future on revenue streams that are so deeply rooted in membership, the International Congress and investments.

I look forward to the final few months of my two-year term and the transition to President-elect Stewarts term in 2011. The ability to work with a motivated and energetic 2010 BOD with its commitment and drive has made my role in the Association that much easier. We definitely have our many challenges with a depressed healthcare environment and healthcare reform on both the federal and local levels looming in the horizon, but we have spent the better part of 6 decades reinventing ourselves into a unique and distinguish profession within healthcare setting and must continue to move toward the targets established by the 2015 project and conferences that have just recently concluded.

1. Continue to develop and execute strategies that will increase membership and participation in the AARC.

- Ongoing strategies per the Membership Committee continue.
- Review of membership rates of other professional organizations
- Develop an appropriate vehicle to address the future retirees of the Association that may wish to continue membership.

- Utilize the internet and electronic media to increase our membership and outreach.

2. Promote patient access to respiratory therapists as medically necessary in all care settings through appropriate vehicles at local, regional and national venues.

- Continue legislative efforts with Congressman Ross and Senators Crapo and Lincoln for inclusion of Medicare Part B bill in the House and Senate Health Care Reform packages. While working to get a revised score from CBO.
- The Hawaii Society for Respiratory Care after numerous years of hard-work and recent resistance from other professional associations have achieved Licensure status. Hawaii becomes the 49th state in addition to Puerto Rico and DC to have achieved this milestone.
- We will have a conference call with AASM/AAST in the very near future to discuss mutual areas of interest regarding care of patients with sleep disorder breathing.
- We have recently heard of potential issues of scope of practice "creep" of paramedics and EMT's in both transport arenas and hospital settings from our Transport Section and a recent visit to the TSRC.
- Based on the Position Paper on Delivery of Respiratory Therapy Services in Skilled Nursing Facilities Providing Ventilator and/or High Acuity Respiratory Care, we have received some positive feedback from the States of Florida and Pennsylvania on about the best practices standards.

3. Continue to advance our international presence through activities designed to address issues affecting educational, medical and professional trends in the global respiratory care community.

- Due to increase travel expenses and a change in our Exhibit Agreement with the ERS we will scale back on travel contingent, but will attend the European Respiratory Society meeting in Barcelona in September to promote the International Fellows program, Respiratory Care Journal and AARC membership.
- Sam will provide an update on his recent benefits that have materialized from his trips to the Middle East and discussions with the Gulf Thoracic Society about a potential partnership in a rapidly growing RT environment that is ripe with potential for the AARC.
- Selected of new International Fellows to join us at the International Congress in Las Vegas in December occurred just prior to this meeting and we will receive and update from Chairman Hiser.
- We have also scheduled for Hassan Alorainy and Jerome Sullivan to visit and provide an international perspective from the ICRC.

4. Identify the clinical/non-clinical skills, attributes and characteristics of the "Respiratory Therapist for 2015 and Beyond" based on the expected needs of respiratory care patients, the profession and the evolving health care system.

- The 3rd and final 2015 consensus conference took place last week in Marco Island, Florida just prior to the Summer Forum and our BOD meeting. Second conference manuscript has been published.

- AARC Executive Office will provide a brief update of the activities took place at the recently concluded 3rd meeting.

5. Develop a leadership and mentoring institute (process) to promote the advancement and growth of respiratory research, management skill sets and education curriculums and practices to meet the future demands of the profession.

The group has continued to move this initiative forward. Dr. Toni Rodriguez, Committee Chair, will provide a more detailed report and answer questions in later in the BOD meeting during Special Committee reports.

6. Promote the access of quality continuing education to development and enhance the skill base of current practitioners to meet the future needs of our profession.

- The web-based Asthma Educator Prep Course has had a very successful year one and new marketing strategies are currently underway to publicize the course in 2010.
- The COPD Educator course has gone live and we are receiving good interest from the respiratory community, other organizations and industry.
- AARC's is finalizing the last few tapings of its successful continuing education programs through Professor's Rounds for 2010 and the first few segments are currently available to our members.
- The "Spirometry Driver's License" product has been completed and has gone live on the web.
- The patient and non-RT versions of A Guide for Aerosol Delivery Device are been finalized and should be available before the end of 2010.

7. Maintain and expand relevant communication and alliances with key allies and organizations within our communities of interest.

- **North Carolina Position Statement** (see attached)
- **BOMA…..Consider Palliative Care Initiatives**
- Collaborated with HOD Officers on various issues and items of common interests through joint phone calls the first few months of 2010.
- Traveled to New Orleans for ATS meeting in May and had several meetings with EO and groups with common interests.
- Met with State Affiliate Leadership and AARC Corporate Partners shortly after the conclusion of our April BOD meeting.
- Traveled to Dallas in June to meet with the Board Of Medical Advisors
- Traveled to Nashville in June to meet with the Tennessee Society's Board Of Directors and provide Keynote to start their meeting.
- AARC representatives have participated in numerous patient advocacy and health care reform coalitions and groups through conference calls and meetings over the past few months.

- Continue to correspond and write letters to many groups and agencies that interact with us in the respiratory care community.

Travels

- April to Dallas, Texas for the AARC Corporate Partners Meetings
- May to Colorado for the CSRC Meeting
- May to New Orleans for the ATS Meeting
- June to Nashville, TN for the TSRC Meetings
- June to Dallas for the BOMA Meeting

Notes from Association of Professional Sleep Societies (APSS) Meeting

(My editorial comments are in red)

An Update and Overview: BRPT, CPSGT, and RPSGT Exams (Becki Appellenzer, Immediate Past President of BRPT)

- CPSGT (Certified Polysomnographic *Technician*) created in response to requests from BRPT sponsoring organizations to deal with state legislative issues and to protect the field of polysomnography from "respiratory completely taking over the field."
- The CPSGT exam uses the same exam blueprint as the RPSGT (Registered Polysomnographic *Technologist*) exam but with only 75 questions and the level of difficulty of each exam test item reduced.
- The CPSGT exam requires 3 months full-time experience and completion of a subset of AASM A-STEP learning modules prior to being eligible for the exam.
- The credential is time-limited (3 years); requires 10 CECs each year to maintain; and is not a requirement for the RPSGT exam.
- About 150 CPSGT candidates have attempted the exam to date (offered first time in April); the BRPT website shows 138 have passed the test (some in audience voiced concerns about the exam potentially diminishing the prestige of the RPSGT credential).
- MSLT/MWT and Pediatrics have been removed from the current RPSGT exam matrix as a result of the recent job analysis. This may result in further calls for the BRPT to offer specialty exams such as advanced credential, PAP specialist, scoring specialist, sleep educator, etc. The BRPT stated they were looking into this but it is way too soon – they are just collecting data right now. The topic of specialty credentials did appear to elicit concerns among those already holding the RPSGT credential that they may need additional credentials/competency testing to work in those areas. What's interesting is that since MSLT/MWT and pediatrics are no longer on the exam AND the Committee on Accreditation for Polysomnographic Technology (CoA PSG) is outcomes-based [meaning they do not mandate specific curricula] I am guessing that these content areas/tasks will no longer be taught in programs since there is no incentive. The question is how are individuals performing these tasks going to be competency tested? If the AASM/AAST is saying that RTs are not competency tested in sleep, then how are sleep techs competency tested for tasks not on the BRPT matrix? What are the implications for patient safety now, especially with regard to the pediatric population with sleep disorders?
- Throughout the meeting, speakers kept referring to the CPSGT as the response to certain states requiring the "need for a credential in order to work." If that's true, how can individuals permitted to work three months in the field in order to be eligible?

The Roles of the Hospital-Based Sleep Disorders Program: Its Expansion and Future (William Beauchamp, RPSGT, RRT)

- Several slides discussed a new job description - the Non-Invasive Mask Intervention Specialist. This individual (not an RT) works in all areas of the hospital, including the ICU and is the individual responsible for non-invasive mask fitting. When does a 'Technologist' cross the boundary into 'Clinician'? This position has significant implications for RT practice in the hospital setting. It appeared that this individual would be the one who would mask fit all patients (not just those with sleep disorders) required non-invasive ventilation. Many in the audience were interested in adopting this model. I'm not sure how the hospitals are viewing this, but the mere fact of letting someone that may not have a formal educational background or license into the ICU to interact with patients is troubling.

Overview of State Legislation for Sleep Technologists (Ted Thurn, MPS – AASM Govt Affairs)

- Nine states have no education or training requirements for sleep techs.
- NM PSG act in effect in 3 weeks
- 29 states have exemption language
- Activity in FL regarding drowsy driving
- HI – exemption language in – sleep society still wants licensure
- NY – AB9546 still in the works
- 40 state sleep societies to date
- Nevada and Alaska starting societies

Michael Salemi, RPSGT – CA Sleep Society

- New credential (CPT)
- Broadly worded language; allows PSG tech into all venues and modalities
- 4/1/10 - CA Dept of Public Health stopped the process – requires all sleep services in hospitals to be supervised by a nurse. Working on a solution but running out of money.

Robert Vorona, MD – VA Academy of Sleep Medicine

- July 1st bill becomes law
- Grant program by the AASM helped fund $25K in lobbying efforts
- Speaker kept referring to "sleep clinicians" and not as "sleep techs". This appears to me to be where the sleep technology profession is heading.

Massey Arrington, RPSGT – TN Sleep Society

- Not surprisingly, speaker was very anti-AARC

Executive Director Report

Federal Government Affairs Report

July 2010

Cheryl West, MHA, Director Government Affairs
Miriam O'Day, Director Legislative Affairs
Anne Marie Hummel, Director regulatory Affairs

The controversial Patient Protection and Affordable Health Care Act (aka Health Reform) was signed into law March 23, 2010. Implementation will now be the focus of the federal agencies with jurisdiction as they roll out key provisions. Most new programs have varying implementation dates ranging from those provisions that should go into effect this summer to those whose implementation dates are years away.

As the mid term elections loom, Congress has "signaled" that it has no intention of reopening the act, to make any revisions, at least until 2011. Any potential changes to the law will depend on the outcome of the elections and the new composition of Congress.

Legislation

The Medicare Respiratory Therapy Initiative Reintroduced – HR 1077 and S 343

The AARC's advocacy efforts remain focused on HR 1077 and S 343, the Medicare Respiratory Therapy Initiative.

For a significant time during the long health care debate it appeared that our legislation would be added as a provision to the Health Care Reform bills. However, with an unfortunate and miscalculated high cost estimate from the Congressional Budget Office (CBO) our bill sponsors (Congressman Ross and Senator Lincoln) believed they could not move to add the provisions of our bill to the final provisions of the reform legislation.

Since that time, and with health staff from our sponsors offices having more time to focus on our issue, efforts to have CBO recalculate the cost of our bill have moved forward. Both the House and the Senate sponsors submitted a written request to CBO for a review of the score. They included our workforce study and white paper. Congressman Ross is requesting a face to face meeting with CBO that will include AARC representatives.

The legislation continues to have support from consumer, patient and physician organizations and there is no known opposition. We will continue our efforts to have CBO revise its cost estimate and look for opportunities to add our bill's provisions onto "must pass" legislation.

Create a Specific COPD Program within the CDC

AARC is a long time partner of the US COPD Coalition. The Coalition has completed a draft of a bill that would designate a COPD program at the CDC in the Chronic Disease Division. The legislative language also includes provisions that address the need for a comprehensive response to COPD across

all federal agencies. The Coalition is now looking for Hill sponsors to introduce the bill, with an eye towards enactment in the 2011 session.

Repeal of Medicare DMEPOS Competitive Acquisition Program – HR 3790

Congressman Kendrick Meek, (D-FL) introduced a bill (HR 3790) last year to repeal the entire Medicare competitive bidding program for all items of DME, not just oxygen equipment and supplies. The AARC sent a letter to Congressman Meek supporting HR 3790. Nevertheless, CMS has already begun to rollout the various phases of the program with full implementation of Round 1 commencing January 1, 2011.

Expected to hit the mark of 250 co-sponsors shortly, the bill will have support of over half of the House representatives. Work is underway to obtain a companion piece in the Senate, but one obstacle to that endeavor involves convincing the Chairman of the Senate Finance Committee and other Democrats on the Committee that it is necessary, since they have been strong proponents of competitive bidding. Also, how to pay for its elimination by reducing other Medicare expenditures will certainly be a deciding factor in its success as it moves through the political process.

Repeal of Medicare's 36-Month Cap on Home Oxygen Therapy under the DME Benefit – HR 2373

This legislation was introduced by Reps. Tom Price, R-GA, and Heath Shuler, D-NC in 2009 and would repeal the law that now limits rental payments for oxygen equipment and supplies to 36 months. It has been stalled while the HME industry finds ways to pay for the bill. As you know, the AARC opposed the initial legislation (2006) that created the 36-month rental cap that eventually became law. Without "pay for" provisions, this essentially makes it impossible to move the legislation any time soon.

Coalition Activities

The AARC continues its tradition of participating in a number of Coalitions of like-minded associations and organizations to advance particular legislation and regulations. Our participation in select coalitions varies from urging greater funding for health and/disease research to promoting issues that will enhance the clinical support of patients with particular illnesses.

Coalition for Health Funding

We continue to align the AARC with this very broad based group that collectively supports greater funding, via the budget process for programs within the US Public Health Service (PHS) specifically and other health related programs run by the Health and Human Services (HHS) Department. Earlier this year the AARC signed on to a letter to Congress requesting that the FY 2011 PHS budget be increased and funds directed to a number of programs including health professional education, biomedical research, and disease prevention and health promotion efforts. In May the AARC also signed onto a Coalition letter requesting that funding for key HHS programs be maintained during fiscal year 2011.

Friends of National Center for Health Statistics (FNCHS) Coalition

AARC is among the 50 plus associations and organizations to sign onto Capitol Hill support letters to maintain the funding levels for the NCHS, an agency within the CDC that collects data NCHS collects data on chronic disease prevalence, health care disparities, emergency room use, infant mortality, causes of death, and rates of insurance to name a few.

Tobacco Partners

The AARC signed on to a joint letter that went to key Senators and House Members requesting that any health reform legislation include an important wellness and prevention component requiring states to cover comprehensive tobacco cessation benefits for all Medicaid recipients.

The AARC also signed a Coalition letter that supports S. 1147, the Prevent All Cigarette Trafficking Act (PACT Act). When enacted the provisions will help make it harder for children to purchase tobacco products over the Internet and stop the illegal sale of tax-evading tobacco products.

The AARC recently signed onto a Tobacco Partners letter to CMS urging the Agency to interpret the a provision of the new health reform law that would permit states to obtain federal Medicaid matching funds for the cost of tobacco cessation services provided by quitlines.

Political Advocacy Contact Team (PACT) Representatives

As noted in every Federal Activity Report, PACT representatives are the cornerstone to our success in both Washington, D.C. and at the state level. PACT representatives are appointed by their state society and have volunteered to lead the grassroots efforts on behalf of the profession.

The 2010 PACT DC Hill Day was held March 9th. . Ninety-nine respiratory therapists from 45 states and the District of Columbia came to Washington D.C. to represent the profession on Capitol Hill. As has become standard, we had over 300 scheduled Hill visits and generated support for both HR 1077/S 343 and a legislative concept proposal that would create a COPD program within the CDC.

This year the AARC partnered with members of the Alpha-1 Association and Alpha-1 Foundation. Respiratory patients accompanied the PACT members from their respective states to numerous Hill meetings. The Alphas brought a much needed patient perspective to Hill staff and Congressional members about the merits of our issues. It was an excellent addition to our efforts and we are most grateful to these patients and the Alpha organizations for making this possible.

During the PACT meeting the AARC had the honor of placing a wreath at the Tomb of the Unknown Soldier at Arlington National Cemetery. AARC President Tim Myers, AARC President Elect Karen Stewart, AARC Past President John Hiser and Georgia House of Delegate and PACT representative Bob DeLorme personally laid the AARC's official wreath on the Tomb. A photo of this event became the cover of the May AARC *Times.*

Regulations and Other Issues of Interest

Outpatient Pulmonary Rehabilitation (PR)

CMS recently issued several instructions to contractors on PR-related topics that include coding and billing refinements after the initial 36-sessions, further discussion of the "direct supervision" requirement in the outpatient setting, and changes to enforcement of "direct supervision" requirements for Critical Access Hospitals. AARC's list of "Frequently Asked Questions" regarding PR has been revised accordingly and will be posted shortly on our website for "members only."

One recent CMS publication refers to PR as a once in a lifetime benefit, although there is no such reference in any instruction or the proposed or final rules. A multi-society response to CMS questioning its clinical justification for such an arbitrary decision is underway and is expected to be enhanced by

several appropriate clinical examples of scenarios that would legitimately warrant some level of a second intervention of PR. AARC is expected to sign-on once a final draft to CMS has been prepared.

Quality Performance Measures for Pulmonary Rehabilitation/COPD

The National Quality Forum (NQF) recently sought public comment on two COPD pulmonary rehabilitation (PR) quality measures submitted by AACVPR for potential inclusion in the *National Voluntary Consensus Standards for Patient Outcomes Phase I and II.* The project focuses on outcomes of care before and after pulmonary rehabilitation with an emphasis on high-impact conditions and areas of potential cost savings using two well validated tools, e.g., 6-minute walk test to address functional capacity and a Chronic Respiratory Disease Questionnaire to address quality of life.

The AARC and other pulmonary organizations/societies submitted comments to the NQF in support of the recommendations and endorsement by the NQF.

Orders for Respiratory Care Services

In the 2011 update to the Hospital Inpatient Prospective Payment System regulations, CMS is proposing to add nurse practitioners (NPs) and physician assistants (PAs) to the types of health care professionals who can order respiratory care services for patients under their care as long as such privileges are authorized by the hospital's medical staff and the orders are in compliance with hospital procedures, state law, and the practitioner's scope of practice. Currently only a medical doctor or doctor of osteopathy (MD/DO) can order respiratory care services. This has proven burdensome to all involved since the policy requires a co-signature by the physician in those instances where he or she has delegated authority to a NP or PA to write such orders.

AARC supports the change, but in doing so has made CMS aware that 35 state respiratory practice acts still mandate a licensed physician's order. We have asked CMS to clarify in the final rule whether Federal law will supercede state law in those states where such requirements exist and, depending on the answer, to discuss and or provide examples of when or if a doctor's co-signature will still be required.

Competitive Bidding

As noted above, CMS continues to move forward with its implementation schedule for Round 1 of the competitive bid program which begins January 1, 2011. DME providers in a specific geographical area (e.g., selected Metropolitan Statistical Areas) will submit a bid price on specific product categories including oxygen and oxygen equipment. Those companies selected by CMS will win a contract to provide that specific category of products to the Medicare beneficiaries in that area. Those who do not win a contact will not be able to provide Medicare covered DME in the MSA unless they decide to become "grandfathered in", which means they agree to furnish services at the price CMS pays the suppliers who won the bids. Bid prices are expected to be announced in late June with contract winners announced in September. However, if Congress enacts HR 3790 the entire Medicare competitive bid program will be repealed.

Oxygen Policies Following 36th Month Rental Cap and Competitive Bidding

In anticipation of competitive bidding, CMS recently updated its policies on payment of oxygen contents after the 36th month rental cap. The requirement that a supplier continue to furnish liquid or gaseous oxygen equipment (stationary or portable) for the remainder of medical need or the useful lifetime of the equipment (e.g., 5 years) applies under the competitive bidding program regardless of the

role of the supplier (i.e., contract supplier, grandfathered supplier, or a non-contract supplier or the location of the beneficiary (within or outside of a competitive bidding area (CBA).

A key point in the updated policy pertains to beneficiary travel or temporary relocation. If the beneficiary resides in a CBA, payment for oxygen contents will be based on a single payment amount for that CBA. If the beneficiary resides outside a CBA and travels to a CBA, payment will be based on the fee-schedule amount where the beneficiary maintains permanent residence. Medicare systems changes take effect October 1, 2010.

Medicare Survey of Oxygen Patients

In order to satisfy a Congressional mandate to evaluate the competitive bidding program, CMS has contracted with Abt Associates to design and conduct a survey of Medicare beneficiaries on their use of home oxygen equipment and supplies and other items of DME. CMS must submit a report to Congress that evaluates the program's impact on beneficiaries and the DME market, as well as costs to Medicare. AARC, ACCP, NAMDRC, the American Lung Association and the National Association for Home Oxygen Patients (NAHOP) jointly submitted comments to CMS on ways to improve the survey instrument. The final survey questionnaire was released in May and nearly all of our suggested revisions were included in the revised version.

GAO Study on Home Oxygen

The General Accounting Office (GAO) is conducting an independent study on home oxygen. They are looking at costs associated with equipment and services, access issues resulting from the 36-month rental cap and other payment changes, and beneficiaries' needs for different types of equipment. The study is expected to be completed in the near future. At GAO's request, AARC provided them with information on states that require the services of a respiratory therapist in providing home oxygen and other specific questions. GAO specifically wanted to know how RTs fit into the provision of home oxygen.

OIG Issues Compendium of Unimplemented Recommendations – Cites 13-month Oxygen CAP

As you may recall, in 2006 to the OIG recommended that CMS reduce the rental period for home oxygen to 13 months. At the time, the OIG noted that the Medicare program and beneficiaries could save up to $3.2 billion over 5 years if the change were implemented. CMS agreed with the recommendation; however the agency said it had no legal authority to act on it. In 2006 for a time Congress considered reducing oxygen rental payments to 13 months, but ultimately enacted the current 36- month cap on home oxygen rental payments.

This spring, the OIG released a compendium of its unimplemented recommendations and listed the 13-month O2 cap as number six on its top seven priority list of items it continues to push CMS to implement. We know that reducing the rental period even more than the current 36-month would have a disastrous impact on patients and we will oppose any Congressional effort to do so, while continuing to urge Congress to repeal the current 36-month cap.

Revisions to Local Coverage Policies on CPAP and Respiratory Assist Devices (RADs)

The regional contractors responsible for DMEPOS have recently updated and revised local coverage policies regarding CPAP for the treatment of obstructive sleep apnea and bi-level respiratory assist devices (RAD) with and without backup. The major CPAP change includes specific documentation that must be provided in the medical record when CPAP proves to be ineffective and the physician wants to move the patient to a bi-level RAD. The RAD policies add a new coverage provision for hypoventilation syndrome and monitoring requirements for supplies and accessories. Webinars on the two LCDs were recently conducted by Cigna and a copy of the slide presentations were provided to AARC's Home Care and Sleep sections to use on their listservs as appropriate.

Proposed Expansion of National Coverage Determination (NCD) on Smoking Cessation Counseling

On May 28, CMS issued a proposed decision memo to expand smoking cessation counseling for outpatient and hospitalized Medicare beneficiaries who use tobacco, regardless of whether they have signs or symptoms of tobacco-related disease. Current policy requires a diagnosis of a tobacco-related disease or symptoms consistent with such diseases. As with the current policy, the proposal requires counseling to be furnished by a qualified physician or other Medicare-recognized practitioner. Respiratory therapists are not a Medicare-recognized practitioner under this benefit category; however, RTs can provide counseling services under the "incident to a physician's service" benefit. A final decision to expand coverage will be made following public input. AARC supports the expansion and has submitted comments to CMS to that effect.

CMS Makes Hospital Data Available on Top 25 DRGs, including COPD

Under the Department of Health and Human Services' plan for a more transparent government, CMS has recently announced the "CMS Dashboard", which makes impatient hospital data available to the public for the first time for the top 25 DRGs in the top 10 states by volume of services and payment amounts. COPD and other respiratory diseases are included. Limited data on individual hospitals within the top 10-states are also available. By the end of the year, CMS plans to expand the database to include other providers such as physicians, DME suppliers, home health, hospice, skilled nursing facilities, hospital outpatient, and drugs. Data can be accessed at www.cms.gov/dashboard.

New Safety Requirements from FDA for Long-Acting Beta Agonists (LABAs)

In February this year, the FDA issued new safety recommendations regarding LABAs used in the treatment of asthma. The recommendations do not apply to LABAs used to treat COPD. FDA is particularly concerned about proper use by pediatric and adolescent patients and emphasized that LABAs should never be used without the addition of an asthma controller medication such as an inhaled steroid. Further, FDA stressed that LABAs should be used only for the shortest period of time required to achieve control of asthma symptoms and then discontinued. On June 2, FDA announced their recommendations have now been incorporated into manufacturers' drug labels.

MDI Transition Update – Final Phase-out of MDI CFC Inhalers

In conjunction with the Clean Air Act, FDA recently announced the final phase-out schedule of seven MDI inhalers that use chlorofluorocarbons (CFCs) as propellants in its efforts to eliminate products that deplete the ozone layer. You will recall that albuterol MDIs were the first to be phased out at the end of 2008. Four of the seven remaining products are no longer being made. The remaining three – Aerobid, Combivent, and Maxair will be phased-out over the next few years with final action by December 31, 2013.

Conclusion

We expect that the impending 2010 elections will impact the ability of Congress to accomplish legislative action, especially on high profile legislative proposals. However, the regulatory agencies continue to carry on as always and we will continue to respond to any new challenges or opportunities that may arise.

A verbal update on these or other issues will be provided at the July meeting.

State Government Affairs Activity Report

July 2010

Cheryl A. West, MHA
Director Government Affairs

The majority of state legislatures have adjourned for the year. The tentative economic recovery has not mitigated the budgetary pressures on state finances. As you know, unlike the federal government, states must balance their budgets every year. Thus, states continue to search for new revenue sources (raising licensure fees and tobacco excise taxes to name a few), revising Medicaid payments (ex. moving towards competitive bid payments for DME), diverting tobacco prevention and cessation funds to other state health programs and amending eligibility requirements for state services.

As compared to previous years, 2010 this has been relatively quiet in terms of laws and regulations that impact the respiratory profession.

Hawaii Respiratory Therapy Licensure Efforts

At the deadline for submission of this report, it is/was still unclear whether Hawaii has become the 49th state to gain respiratory therapy licensure. By the time we meet in Marco Island the we should know the outcome. Regardless of what that outcome is, the Hawaii Society for Respiratory Care and it's leadership must be commended for their tireless effort over the last 2 years to gain licensure for the profession and protection of the public. Your colleagues in Hawaii faced opposition from other disciplines, uninterested legislators, hospital concerns and even reluctance on the part of the state agency that regulates professions to support licensure of RTs. Nevertheless, Hawaii RTs never gave up and they should be commended.

AARC Position Statement /Guidance Document on Best Practices for Ventilator Care in Skilled Nursing Facilities and State Medicaid Directors

AARC's Long Term Care Specialty Section Chair, Gene Gantt, with the support from the leadership of the Tennessee Society for Respiratory Care has successfully included AARC's ventilator guidance document as a "best practice" standard under TennCare, TN's Medicaid program. At the recommendation of the Long Term Care Specialty Section, the AARC's Board of Directors requested that all state Medicaid Directors be contacted and apprised of the availability of this important document and the request that other state Medicaid programs include the guidance document. This has been done.

State Medicaid Coverage Document of Respiratory Therapy

AARC staff has updated the state by state document that reviews coverage of non- hospital respiratory therapy services under state Medicaid Programs. As the Medicaid provisions of the recently enacted health care reform law are implemented there maybe opportunities for the profession to participate in new programs or demonstration projects. An understanding of where the profession is currently positioned within your state Medicaid program will be useful. The document will be emailed to the HOD/President listserv shortly.

RT Licensure Legislation

Kansas amends the time a student temporary license would be valid (30 days)

Washington State - a bill was introduced that would, amend the RT practice act to permit "health care practitioners" to direct, supervise and write orders for RT services. The bill further defines "health care practitioner" as physicians, physician assistants and advanced registered nurse practitioners. This bill was supported by the WA RC State Society. There is a shortage of physicians in the rural and more remote parts of the state. This bill would alleviate the problem of having enough physicians in these outlying areas available when respiratory therapy services delivered by respiratory therapists are required. However, the legislation did not complete the legislative process this year. Please see Regulatory Section of the Federal Government Affairs Report to read Medicare changes that directly address this issue at a national level.

Respiratory Therapy Rules/Regulations

A change in the rules and regulations for the profession of respiratory therapy may have just as much impact on the profession as amending the laws governing the profession.
Some regulatory changes of interest:

Delaware- 10 of the 20 required CEUs must be from "traditional" education entities but these courses maybe attended "remotely". Also there are regs that clarify that unlicensed personnel engaged in home respiratory related medical equipment set up are prohibited from performing patient assessments

Florida- Has issued numerous reg changes, including clarification of: rules regarding respiratory care licensure by endorsement; requirements for continuing education credits; and new language regarding disciplinary guidelines and penalties

Maine- Proposes to adjust the licensing fees for a number of professions including RT

Nevada- Permits the suspension of the license of a practitioner of respiratory care who fails to provide evidence of completion of continuing education

North Carolina- Defines the practice of respiratory care as it relates to the management of respiratory care services. Increases the renewal fee from $ 65 per year to $ 75 per year

Ohio- Numerous changes to the regulations, mostly focused on disciplinary procedures and the RT rights regarding administrative actions

Oklahoma- Modifies the method of verifying compliance with continuing education requirements

Oregon- Actually decreases temporary licensing fees

Texas- Outlines provisions for fees and procedures for the issuance of criminal history evaluation letters

Wyoming- Significant revisions of procedures for the Board for Respiratory Care. Covers general provisions, organization and procedures, licensure requirements and application procedures, fees, license renewal and continuing education, standards of professional conduct, complaints, and reinstatement of a license after disciplinary action.

Generic Health Profession Licensure Legislation that Includes Respiratory Therapists

As has been the case for many years state legislatures continue introduce and enact legislation that will encompass in one catch-all bill provisions for a variety of health professions licensure acts. The focus of these types of bills has mostly been on standardizing disciplinary criteria and appeal actions so there is uniformity among the professions.

The following states have bills that impact numerous licensure boards including respiratory therapy. Unless noted as "enacted" these bills have not become law.

California- Defines specialty medical transport and lists the health professionals who must furnish these services, includes RTs.

Florida- A Medicaid health professional staffing bill that requires a staff to patient ratio for children on Medicaid receiving skilled care. Lists RTs (along with nurses) in that ratio requirement.

Illinois - Strengthens provisions that address non licensed individuals who provide health related services only a licensed practitioner may provide (includes RT).

Indiana - Would increase many licensing boards' authority (including RT) to issue cease and desist orders for those practicing a regulated profession without a license. (Enacted)

Louisiana –Adds licensed respiratory therapists, radiologic techs, and clinical laboratory scientists to the definition of "health care provider" for the purposes of the medical malpractice acts for state and private services. Additionally there was also a bill introduced (not passed as of yet) that imposes a criminal penalty against those who commit an act of battery against a health care provider. The bill goes on to add RTs in the definition of a health care provider

Maryland -A bill that will provide scholarships for students entering into certain bachelor degree health programs (includes RT)

Michigan- Decreases the number of members on various state licensure boards, including RT

Wisconsin- Changes how the Medical Board may issue license suspensions. RTs regulated under the Medical Board (as are other professions) thus this impacts RTs.

Other Legislation of Interest to the Profession of Respiratory Therapy

There are other bills of interest to the profession. We encourage state societies to become more actively involved in the passage of or opposition to these bills. Raising the profile of the state society and thus the respiratory therapy profession by weighing in on legislation that might not directly impact the profession (i.e., issues revolving around licensure) is beneficial to all parties.

Track hospital acquired infections including ventilator associated pneumonia: **HI**, **OK, MS, WA**

Track asthma admissions to hospitals**: AR**

Asthma testing of school kids or use of asthma meds at school: **IL**, **MO, MS, SD**

Legislation that would direct state agencies to provide a plan for comprehensive treatment of COPD: **FL, GA**, **KS, MO, OH OK, VT, VA**

Increase in tobacco taxes: over 20 states, too numerous to mention have legislation to increase cigarette or tobacco taxes. Many states, such as Mississippi, have multiple bills. Some interesting tobacco related legislation introduced:

Ban smoking in public places: **AL**, **IN, MS, OK, WV**

Ban smoking in correctional facilities: **MS**

Ban smoking in a cars that carry child/children: **MS, UT, FL**

Prohibit the sale of cigarettes in health care facilities, including a pharmacy: **RI**

Prohibit selling cigarettes in vending machines: **NJ**

Challenges from Other Occupations

We continue to monitor legislative activities by other professions and disciplines. Seemingly small changes such as who may provide a service, qualifications to provide a service, what is permitted to be provided as a service and where services can be provided, can greatly impact and potentially diminish the respiratory therapy legal scope of practice.

Personal Care Assistants

Minnesota- MN law permits personal care assistants (PCAs) to help home bound ventilator dependent patients with the operation and maintenance of the vent equipment (non clinical). In order to provide this "help" the PCAs must be trained by nurses or respiratory therapists. A bill introduced this year would have exempted this vent required training of PCAs employed by home health agencies or level one personal care assistant agencies. The MSRC leadership strenuously opposed the deleting the training requirements and were able to insert language that reinstated the required vent training and clearly stated no clinical services were to be offered if PCAs were to assist the vent dependent patient.

Perfusion Licensure

Kansas - The KSRC worked with the state society representing perfusionists as this discipline attempts to gain first time licensure. The KSRC has been supportive of these efforts so long as the legislative language would not impede those licensed respiratory therapists from continuing to provide perfusion services, in particular ECMO. The bill while passing the House did not clear the Senate. Plans are to re-introduce the bill again in the 2011 session.

Maryland - this legislation to license perfusionists did not advance through the legislative process. While there was a general exemption for licensed professionals practicing within their scope there was no explicit exemption for RTs doing ECMO.

Florida - efforts to license perfusion personnel has been underway since early 2009. The most recent draft includes an explicit exemption for RTs.

Medication Aides/Assistants/Home Health Aides Etc.

There is a growing and troubling trend to amend or revise state laws to permit non licensed or "less" regulated disciplines to provide traditional services currently only permitted to be provided by licensed health professionals. One could surmise that this trend is an effort by the state to decrease costs when providing state sponsored health services, such as Medicaid services. Professional services delivered by nurses and RTs are more costly then the same services delivered by nurse aides or other para-professionals. These efforts may also be occurring due to the shortage (and again the costs) of licensed health professionals as well as the increase in the number of patients requiring health services.

Arizona – Enacted. In nursing homes would expand the services that can be delegated to medication aides

Oklahoma - Would permit the administration of medication to a resident of a residential care home; allowing any employee to assist a home resident with the use of prescription nebulizers or inhalers

Rhode Island- Legislation that would permit CNAs, home health aides, and medical assistants (all unlicensed) to administer to homebound patients any prescription drug. Since oxygen is a prescription drug, this presumably could open the door for aides to provide O2 to patients.

West Virginia- A bill, vague on details, that would permit unlicensed personnel to administer medications.

Kentucky- on the flip side, KY enacted a law that prohibits non clinical personnel from administering meds through IPPB or a nebulizers.

Sleep Disorder or Polysomnography State Legislative Activities

Hawaii – in order to remove opposition for RT licensure legislation, the HSRC reluctantly made concessions to the well organized sleep interests in the state. Language of the final bill included exemptions for those providing sleep services. Without such exemptions, the sleep interests would have continued to oppose the effort to license the respiratory therapists in the state (as was the case in 2009 with the result that the HI RT licensure legislation was stopped).

New York – In January, a polysom licensure bill, identical to legislation introduced in the previous 2 legislative sessions, was introduced in both Houses of the state legislature. The legislation exempts RTs, and requires that the polysoms graduate from an associate degree program in polysom. It also states that until 4 associate degree polysom programs are established in NY, the NY Bd. of Education will approve *equivalent* educational programs. Of the 27 CAAHEP accredited polysom programs in the United States, none are located in NY. Moreover, of these 27 CAAHEP accredited programs in the US, only 10 offer an associate degree.

Kentucky - The KSRC and the KY Sleep Society have continued their open dialog to work out any differences in the proposed legislation to license polysoms in the state. As drafted (but not introduced in the legislature) the KY Board of Respiratory Care will be overseeing the regulation of sleep personnel

although recent discussions may revise previously agreed upon provisions. It now appears that any legislative action will not occur until the 2011 session.

Virginia –The VSRC worked cordially with the VA Sleep Society to develop and enact a polysom licensure bill. The state of Virginia enacts licensure laws that are limited in scope, leaving extensive details to be determined via regulations. The polysoms will be licensed under the Board of Medicine and respiratory therapists are explicitly exempt from the provisions.

Oregon- The Oregon Health Licensing Agency, under which RTs are licensed are considering regulatory changes that would address the provision of oxygen titration and CPAP by non licensed polysom personnel. AARC provided input as the OR Licensure Board gathered information by directing them to the declaratory ruling the NC RC Licensure Board had previously issued on this topic prior to NC enacting polysom licensure.

I will provide a verbal update at the July meeting.

House of Delegates Report

Reporter: Thomas Lamphere

Last submitted: 2010-06-23 09:46:21.0

Recommendations

None at this time.

Report

Many projects have been initiated based on the 2010 Speaker Goals. Nearly all of these projects are aimed at the main goal of improving the effectiveness of the House of Delegates. See details below each specific goal.

2010 GOALS

1. Develop and execute strategies with the Chartered Affiliates that will focus on membership and participation in the AARC.

a. Review the current AARC membership strategy and provide up to date report from the Membership Committee on affiliate membership strengths & weaknesses.

- The AARC Membership Committee and Executive Office has planned a membership recruitment campaign tentatively scheduled to begin August 1st and run until November 1, 2010.

- The "Student Center" webpage has been completed and will be heavily marketed to students this September.

- Focus group meetings centered on enhancing membership in 2011 have been planned for the December HOD meeting.

2. Continue to strengthen good communication and enhance relationships between the Chartered Affiliates and the AARC.

a. Continue Best Practice presentations at both HOD meetings.

- Four presentations have been scheduled for Summer meeting including:

1. Activities at the State Meeting – Transitions from Student to Professional

2. Lobbyist, Why Georgia Has One
3. How to Encourage Best Practices
4. Restructuring the PSRC BOD Composition and Terms

b. Search for ways to establish communication and sharing of information between the affiliates and between the affiliates and the AARC.

- "Big List To Take Home" from all HOD meetings proved successful in 2009 and will be continued in 2010.

- Brainstorming session scheduled for Summer HOD meeting to obtain input from all affiliates on this topic.

- Continue to work with AARC Executive Office staff to brainstorm and develop methods to improve communication between AARC and affiliates including email list-servers, social networking site, etc..

3. Continue to develop the processes of mentoring HOD members into leadership roles for the HOD and the AARC.

- All HOD Officers have been charged with creating a detailed job description. Officers have been encouraged to contact individuals who have held the position in the past and to utilize the Executive Office staff for additional information. Initial drafts are due in September/October with final drafts due prior to the December HOD meeting at which time they will be utilized for the incoming HOD Officers.

4. Continue to support and enhance the "Respiratory Therapist for 2015 and Beyond" project through communication, education, and specific committee guidance.

- I will be attending the third conference in this project as the Speaker of the HOD and will provide a report to the HOD at our meeting the following week.

5. Continue to promote access to Respiratory Therapists by supporting the Respiratory Therapy Initiative through both the individual actions of the HOD members and through the actions of the state affiliates.

- HOD members will be provided with an update on the initiative and will be encouraged to take action requested by the AARC lobbying team.

6. Conduct efficient and effective HOD meetings while continuously reviewing all HOD processes searching for ways to improve the efficiency and effectiveness of the meetings.

- An "Ad-Hoc Committee of HOD Effectiveness" has been created. The first committee goal is to review the current purpose of the HOD and what it is supposed to accomplish. Once this information is gathered and reviewed, the committee will discuss it and will come up with a specific "Statement of Purpose" for the HOD. Committee members include:

a. Garry Kauffman (Past Delegate, Past AARC President) - Chair

b. Ken Thigpen (Past Speaker of the HOD, Past AARC Board Member)

c. Bill Lamb (2010 HOD Speaker-Elect, Bylaws Committee Chair)

d. Teri Miller (Current Delegate – GA)

e. John Hughes (Resolutions Committee Chair, 10 year HOD Delegate)

f. Sherry Milligan (AARC Exec. Office)

g. Tom Lamphere (2010 HOD Speaker)

- All HOD Officers have been charged with creating a detailed job description with specific annual charges, responsibilities & timelines for their respective positions. The initial draft of these documents is due in September with a final draft due by November. The final version of these documents will be provided to the incoming HOD officers this December and can be updated annually as necessary.

- All HOD Committees will be charged with task of evaluating their respective committee to determine it's necessity, efficiency and effectiveness. Each committee will be provided access to a copy of the past 3-4 years of their respective committee reports in order to review exactly what the committee has accomplished during that time frame. This will include things such as recommendations, committee activities, completion of charges, etc.. A report on their finding will be due back to the Speaker by October 1, 2010. The HOD Officers will then review these reports and provide a recommendation to both the Speaker-Elect and the full HOD in regards to possible elimination of unnecessary committees, combining committees, creation of new committees, etc.

- All HOD Officers will be charged with reviewing current HOD processes to evaluate their necessity and effectiveness. A report on their findings along with any recommendations will be due back to the Speaker by October 1, 2010.

7. Maintain open communication and collaborative working relationships with the AARC President, AARC BOD, and AARC Executive Director/Office to enhance goals and objectives.

a. Participation in monthly conference calls with President(s), Speaker(s), and Executive Office.

-
    - Ongoing.

b. Routine communication with President Myers with discussions related to AARC, BOD, HOD issues. Assist President Myers with obtaining Presidential Goals through HOD involvement and support.

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    - Ongoing.

Board of Medical Advisors

Reporter: Clifford Boehm
Last submitted: 2010-06-23 17:17:11.0

Recommendations

None at this time.

Report:

I was unable to attend the AARC Board of Directors meeting held April 23-24, however Dr. Kent Christopher was kind enough to attend the meeting in my place.

I would like to thank the Board for passing a motion at its April meeting that would establish an official position on BOMA representing the military. As you know, BOMA has been instrumental in contributing to efforts aimed at military education of respiratory therapists. Col. Mike Morris, MD RET has attended BOMA meetings in the past upon invitation, and we're pleased that he will now be joining us officially.

This year five new physicians have been appointed to BOMA, one of which is the first female physician to be appointed to BOMA in 15 years. We're anxious to draw from their varied experiences in the advancement of AARC issues requiring BOMA's assistance.

BOMA's summer meeting was held in Dallas June 19th. At that time, we passed a motion that would create an ad hoc committee to be available as advisors in the event of any complex issues concerning State/Federal government affairs. The committee consists of Dr. Lori Conklin, Dr. Joe Sokolowski, Dr. William Bernhard, and Dr. Christopher Randolph.

Dr. Woody Kageler, who is also on BOMA will be one of the three co-chairs of the third conference of the 2015 and Beyond Conference to be held this summer.

Dr. Joe Sokolowski will be the 2011 Chair of BOMA, and the BOMA Chair for 2012 will be Dr. Phil Marcus.

I will be sending a survey to BOMA via e-mail to determine the best date for our Summer meeting next year in Dallas.

President`s Council

Reporter: Dianne Lewis

Last submitted: 2010-06-23 14:48:44.0

Recommendations

None

Report

The Council as mentioned at the BOD meeting in April choose Margaret Traband, MEd, RRT, FAARC as the Jimmy A Young recipient for 2010. We hope to finalize our list of nominees for Life and Honorary members at this meeting.

Trudy Watson has been communicating with Sam to plan travel dates to Dallas and begin work on the historical documents stored at the Executive Office. She is very excited about this endeavor and looks forward to beginning the process.

American Respiratory Care Foundation

Presentation by Dr. Neil MacIntyre and Michael Amato

STANDING COMMITTEES

Audit Sub-Committee

Reporter: Billy Lamb

Last submitted: 2010-06-14 13:36:49.0

Recommendations

The AARC Audit Sub-Committee directs the AARC to retain its current Auditor and Audit Firm for the 2010 & 2011 Fiscal Audit periods.

Report

The AARC Audit Sub-Committee has reviewed & considered the revised AARC Policy in regard to the option of rotating Auditors and is in consensus that the current Auditor & Firm be retained for the next two fiscal years. The auditor and audit firm should be reassessed by the Audit Sub-Committee in 2011 for the 2012 Audit period.

Judicial Committee

Reporter: Patricia Blakely

Last submitted: 2010-06-21 12:46:52.0

Recommendations

There are no recommendations at this time.

Report

Since the last report, the Chair has received 2 email contacts from members regarding potential Judicial Committee complaints. Chair directly contacted (via phone) both contacts and discussed the committee policy and procedure and provided a copy to each member. Both contacts occurred in March 2010. Chair has not received any further correspondence or requests. No further action needed.

Other

No reviews or complaints prepared or received for committee review.

Bylaws

Reporter: Billy Lamb

Last submitted: 2010-06-14 15:33:45.0

Recommendations

That the AARC Board of Directors accept and approve the Indiana Society for Respiratory Care proposed Bylaws revisions.

That the AARC Board of Directors accept and approve the Florida Society for Respiratory Care proposed Bylaws revisions.

Report

The Bylaws Committee has reviewed, provided recommendations and accepted revisions & the Florida and Indiana Society Revised Bylaws meet the AARC Criteria for Affiliate Bylaws.

AARC Bylaws Tracking web based spreadsheet has been updated.

The AARC Bylaws Committee is requesting to have Florida (in process), Idaho, Indiana (in process), Maryland-DC, Mississippi, North Dakota, Oregon, Rhode Island, South Dakota & Tennessee's Bylaws for review by 1 September 2010.

The AARC Bylaws Committee is reviewing and assessing the AARC Bylaws and the implications & appropriate potential actions when a State Affiliate's Bylaws are in conflict with and thereby NOT approved by the AARC Bylaws Committee or AARC Board of Directors. The AARC Bylaws Committee expects to forward its assessment and recommendations to the AARC House of Delegates and AARC Board of Directors by the Fall 2010 meetings.

Indiana Society for Respiratory Care Bylaws Proposed Changes:

The only change submitted is relative to "Article 9". Our objective is to set up the mechanism for electronic elections."

INDIANA SOCIETY FOR RESPIRATORY CARE
BYLAWS

ARTICLE I
NAME, AFFILIATION AND BOUNDARIES

SECTION 1. NAME AND AFFILIATION

This organization shall be known as the Indiana Society for Respiratory Care, hereinafter referred to as the Society, a chartered affiliate of the American Association for Respiratory Care, hereinafter referred to as the AARC, which is incorporated under the General Not for Profit Corporation Act of the State of Illinois. This Society shall abide by the rules and regulations of the AARC as promulgated from time to time.

SECTION 2. SOCIETY AND CHAPTER BOUNDARIES

The area included within the boundaries of this Society shall be the boundaries of the State of Indiana. The Society shall be divided into geographic Chapters, as determined by the Board of Directors.

ARTICLE II
MISSION

SECTION 1. MISSION STATEMENT

The mission of the Indiana Society for Respiratory Care is to provide proactive leadership in the delivery of respiratory care and promote professionalism among respiratory care practitioners.

SECTION 2. PURPOSE

a. To encourage and develop on a regional basis educational programs for those persons interested in the field of respiratory care.
b. To advance the science, technology, ethics and art of respiratory care through regional institutes, meetings, lectures and the preparation and distribution of a newsletter and other material.
c. To facilitate cooperation among respiratory care practitioners and the medical profession, hospitals, service companies, industry and other agencies within the state interested in respiratory care.
d. Provide education to the general public in pulmonary health promotion and disease prevention.

SECTION 3. INTENT

a. No part of the net earnings of the Society shall inure to the benefit of any private member or individual, nor shall the corporation perform particular services for individual members thereof.
b. Distribution of the funds, income, and property of the Society may be made to charitable, educational, scientific or religious corporations, organizations, community chests, foundations or other kindred institutions maintained and created for one or more of the foregoing purposes if at the time of distribution the payees or distributees are exempt from income taxation under the provisions of Section 501, 2055, and 2522 of the Internal Revenue Code, or any later or other sections of the Internal Revenue Code which amend or supersede the said sections.

SECTION 4. ETHICS

a. This Society shall not commit any act which shall constitute unauthorized practice of medicine under the laws of the State of Illinois in which the parent Association is incorporated, or of the state of Indiana.
b. Compliance with the AARC Bylaws and the Society=s Bylaws are required for Society membership. If the conduct of any Society member shall appear, by report of the Society or the AARC Judicial Committee, to be in willful violation of the Bylaws or standing rules of this Society or the AARC, or prejudicial to this Society's interests as defined in the AARC Code of Ethics, the Board of Directors may, by a two-third (2/3) vote of its entire membership, suspend or expel such a member. All such suspension or expulsion actions shall be reported immediately to the AARC Judicial Committee.

ARTICLE III
MEMBERSHIP AND ASSESSMENTS

SECTION 1. CLASSES

The membership of this Society shall include four [4] classes: Active, Associate, Student, and Special, as defined in Article III of the AARC Bylaws.

SECTION 2. ASSESSMENTS

The Society shall have the right to assess dues for all classes of membership, except for individuals who have been awarded Life or Honorary membership by the AARC. Dues for membership to the Society may be established by the Board of Directors.

ARTICLE IV
CHAPTER ORGANIZATION

SECTION 1. CHAPTER ORGANIZATION

a. Chapter boundaries shall be by counties only, as determined by the Board of Directors.
b. Membership in a Chapter shall be determined by mailing address.
c. The internal organization of the Chapters, except where in conflict with these Bylaws, shall not be the concern of this document.

SECTION 2. CHAPTER ACTIVITIES

a. The activities of each Chapter shall be directed by two (2) elected Directors.
b. Each Chapter organization shall be encouraged to expand the membership of the AARC, promote participation of members in the Society=s governance, and develop educational activities and such other activities as are consistent with the Articles of Incorporation of these Bylaws.

ARTICLE V
BOARD OF DIRECTORS AND OFFICERS

SECTION 1. COMPOSITION AND POWERS

a. The executive government of this Society shall be vested in a Board of Active Members comprised of Officers and Directors
b. The Board of Directors shall have the power to declare an office vacant by a two-thirds (2/3) vote, upon refusal or neglect of any member of the Board to perform the duties of that office, or for conduct it deems prejudicial to the Society. Written notice shall be given to the member that the office has been declared vacant.

SECTION 2. DUTIES OF THE BOARD OF DIRECTORS

a. Supervise all business and activities of the Society within the limitations of these Bylaws.
b. Adopt and rescind standing rules of the Society.
c. Determine remuneration, stipends, the amount of membership dues and other related matters, after consideration of the budget.
d. Elect a Medical Advisor or Advisors.

SECTION 3. OFFICERS

The officers of the Society shall be: President, President-Elect or Past President, Secretary, Treasurer and the Society Delegate serving the second (2nd) biennium of his or her term. The offices of President-Elect and Past President shall not be occupied concurrently.

SECTION 4. DIRECTORS

There shall be two Directors from each Chapter.

SECTION 5. SOCIETY DELEGATES

a. There shall be two (2) Delegates to the AARC, elected in alternating bienniums.
b. The Society Delegate serving the second (2nd) biennium of his or her term shall be a voting member of the Board of Directors. The Delegate serving the first (1st) biennium of his or her term shall be a non-voting member of the Board of Directors.

SECTION 6. TERM OF OFFICE

a. The term of office for Society officers shall be for two (2), years, except the Society Delegate, whose term of office shall be four (4) years, and the Past-President and President Elect, whose terms of office shall be one (1) year. The term shall begin immediately following the annual business meeting. The President shall not serve more than one (1) consecutive term in the same office. The Secretary and Treasurer shall not serve more than two (2) consecutive terms in the same office. An individual may not concurrently hold more than one position on the Board of Directors.
b. The term of office for Directors shall be two (2) years, and shall begin immediately following the annual business meeting. A Director shall not serve more than two consecutive terms.

SECTION 7. VACANCIES IN OFFICE

a. In the event of a vacancy in the office of President, the President-Elect or immediate Past-President shall assume the duties of the President to serve the unexpired term. If the President Elect becomes Acting President, he or she shall also serve his or her own successive term as President.
b. In the event of a vacancy in the office of President-Elect, the Society Delegate serving the first (1st) biennium of his or her term shall assume the duties, but not the office, of President-Elect, as well as those of the Society Delegate, until the next regularly scheduled election.
c. In the event of a vacancy in the office of Past-President, the Society Delegate serving the first biennium of his or her term shall assume the duties, but not the office, of Past President, as well as those of the Society Delegate.
d. In the event of a vacancy in the office of Secretary, the Treasurer shall assume the duties, but not the office, of Secretary, as well as those of Treasurer, until the next

scheduled election.

e. In the event of a vacancy in the office of Treasurer, the Secretary shall assume the duties, but not the office, of Treasurer, as well as those of Secretary, until the next scheduled election.
f. In the event of a vacancy in the office of Society Delegate, the President Elect or Past President shall assume the duties, but not the office, of Delegate, as well as those of President Elect or Past President. If the vacancy is that of the Delegate serving the second (2nd) biennium of his or her term, the President Elect or Past President shall complete the term of the Delegate. If the vacancy is that of the Delegate serving the first (1st) biennium of his or her term, the Society membership shall, at the next scheduled election, elect an individual to complete the term of the vacated Delegate.
g. In the event of a vacancy in the office of Director, the Board of Directors shall, at the next scheduled meeting, appoint a qualified member of the Society to serve as Director until the next scheduled election.

SECTION 8. DUTIES OF OFFICERS

a. President – The President shall be the chief executive officer of the Society. The President shall preside at all meetings of the board of Directors; prepare an agenda for each meeting of the Board of Directors and submit it to the members of the Board not fewer than fifteen (15) days prior to each meeting. The President shall prepare an agenda for the annual business meeting and submit it to the membership not fewer than thirty (30) days prior to the meeting, in accordance with Article VIII of these bylaws. The President shall present to the Board of Directors and membership an annual report of the Society activities, and appoint standing and special committees, subject to the approval of the Board of Directors. The President shall Chair the Executive Committee; serve as an ex-officio member of all committees except the Nominations and Elections Committee. The President shall appoint a Society Parliamentarian and a Society Medical Director, in accordance with Article VI of these Bylaws. The President shall be a signatory on all accounts.
b. President-Elect – The President-Elect shall become Acting President and shall assume the duties of the President in the event of the President's absence, resignation or disability, and will continue to carry out the duties of the President-Elect. The President-Elect shall chair or serve on Committees, and shall perform such other duties as shall be assigned by the President or the Board of Directors. The President-Elect shall serve on the Executive Committee, and may be a member of the Society=s delegation to the AARC. The President-Elect shall prepare objectives for various committees that will be under the President's direction during his or her term as President. The President-Elect shall be a signatory on all accounts.
c. Past President – The Past President shall assume the duties but not the office of the President in the event of the President's absence, resignation or disability, and will continue to carry out the duties of the Past President. The Past President shall chair or serve on Committees, and shall perform such other duties as shall be assigned by the President or the Board of Directors. The Past President shall serve

on the Executive Committee, and may be a member of the Society=s delegation to the AARC. The Past President shall be a signatory on all accounts.

d. Treasurer – The Treasurer shall have charge of all funds and securities of the Society, endorse checks, notes or other orders for payment of bills, disburse funds as authorized by the Board of Directors and/or in accordance with the adopted budget, and deposit funds as the Board of Directors may designate. The Treasurer shall see that full and accurate accounts are kept, and make a written year-to-date financial report at each meeting of the Board of Directors. The treasurer shall serve as a member of the Executive Committee, and chair or serve on other Committees as assigned by the President or the Board of Directors. At the expense of the Society, the Treasurer shall be bonded in an amount determined by the Board of Directors. The Treasurer will be a signatory on all accounts.
e. Secretary – The Secretary shall have charge of keeping the minutes of the Board of Directors meetings, and will submit a copy of the minutes of every meeting of the governing body and other business of the Society to the Executive Office of the AARC within ten (10) days following the meeting. The secretary shall submit a synopsis of Board minutes to the Public Relations Committee. The Secretary shall execute the general correspondence and affix the corporate seal on documents so requiring, and in general, perform all duties as from time to time shall be assigned by the President or the Board of Directors. The Secretary shall serve as a member of the Executive Committee, and chair or serve on other Committees as assigned by the President.
f. Society Delegate – The duties of the Society Delegates shall be as specified in the Bylaws of the AARC and otherwise directed by the AARC. The Society Delegates shall represent the interests of the Society in the AARC House of Delegates, and serve on AARC House of Delegates committees as assigned by the Speaker of the House of Delegates. The Society Delegates shall chair or serve on ISRC committees as assigned by the President or the Board of Directors. The Society Delegate serving the second (2^{nd}) biennium of his or her term shall serve as a member of the Executive Committee. In the absence of the Delegate serving the second (2^{nd}) biennium of his or her term, the Delegate serving the first (1^{st}) biennium of his or her term shall assume the responsibilities of the absent delegate.

SECTION 9. DUTIES OF DIRECTOR

Directors shall represent the needs and opinions of the Chapter members through Board votes and discussions, and communicate all appropriate state and national respiratory care related information to Chapter members, and assure opportunities for member feedback. Directors shall maintain a network of Chapter members to advance the legislative and other Society initiatives. Directors shall promote AARC membership, and act as a role model to member and non-member practitioners. Directors shall assist the Society Education Committee in developing programs to meet the educational needs of Chapter members, and chair or serve on committees as appointed by the President or the Board of Directors.

SECTION 10. BUSINESS MEETINGS

a. The Society shall hold an annual business meeting within the last 60 days of each fiscal year.
b. The Board of Directors shall meet immediately preceding and/or immediately following the annual business meeting of the Society and shall not hold fewer than three (3) additional regular and separate meetings during the calendar year.
c. Special meetings of the Board of Directors shall be called by the President at such times as the business of the Society shall require, or upon written request of at least fifty (50) percent of the members of the Board of Directors filed with the President and Secretary of the Society.
d. The date and place of business meetings shall be decided in advance by the Board of Directors. Notice of the time and place of business meetings shall be published in the Society newsletter and on the Society's Web Page. In the event of a major emergency the Board of Directors shall cancel the scheduled meeting, set a new date and place if feasible, or, if necessary, conduct the business by e-mail or electronic transmission, provided the material is sent in the same words to the voting membership of the Board of Directors.
e. The purpose of business meetings shall be to receive reports of officers and committees, and other business brought by the President or Board Members. In addition, the purpose of the annual business meeting shall be to receive the President=s annual report, and certify the results of annual elections.
f. A majority of the voting Board of Directors shall constitute a quorum at any meeting of the Board.
g. The rules contained in Robert's Rules of Order Revised shall govern whenever they are not in conflict with the Bylaws of the Society or the AARC.
h. The fiscal year of this Society shall be from January 1 through December 31.

SECTION 11. ELECTRONIC VOTE

Whenever, in the judgment of the Board of Directors, it is necessary to conduct business prior to the next scheduled meeting, the Board of Directors may conduct a vote by e-mail or electronic transmission, in accordance with the Board Policy on electronic voting. The question thus presented shall be decided by a majority of the votes received by the Secretary, provided that a majority of voting members of the Board of Directors submit votes.

ARTICLE VI
SOCIETY MEDICAL ADVISOR

a. The Society shall have at least one (1) Medical Advisor who shall conform to Article X, Section 3 of the AARC Bylaws. The Medical Advisor(s) shall be appointed by the Society President and approved by the Board of Directors.
b. The Medical Advisor(s) shall be available to each Committee as an advisor and

participate in Committee meetings as requested by the chairperson of the Committee. The Medical Advisor(s) participation on any Committee is without vote due to Associate membership status.

c. The Medical Advisor(s) shall not hold office in the Society or be chairperson of any Committees. The Medical Advisor is encouraged to be a member of the AARC.
d. Duties of the Medical Advisor(s) include:
    1. Attend Society business meetings;
    2. Attend or send a qualified alternate to Society functions;
    3. Assist in the selection and recruitment of speakers for educational programs;
    4. Review state legislative activities concerned with respiratory care.

ARTICLE VII
COMMITTEES

SECTION 1. STANDING COMMITTEES

The Standing Committees of the Society shall be: Executive, Government Affairs, Education, Public Relations, Nominations and Elections, and Strategic Planning. With the exception of the Executive Committee and Nominations and Elections Committee, the Chairperson of each of these Committees shall be appointed by the President, subject to the approval of the Board of Directors, to serve for a term of one (1) year.

SECTION 2. SPECIAL COMMITTEES AND OTHER APPOINTMENTS

Special committees may be appointed by the President, subject to the approval of the Board of Directors.

SECTION 3. COMMITTEE CHAIRPERSON'S DUTIES

a. The chairperson of each committee shall perform those duties specified by the President and the Board of Directors to carry out the strategic plan of the Society.
b. The chairperson of each committee shall select and confer promptly with the members of the committee on work assignments.
c. The committee chairperson of the previous year shall serve as a member of each committee.
d. Non-members may be appointed as consultants to committees.
e. Each committee chairperson shall provide a written report of committee activities to the Board of Directors prior to each Board meeting.
f. Each committee chairperson requiring operating expenses shall submit a budget request for the next fiscal year to the President by November 30th.

ARTICLE VIII
DUTIES OF COMMITTEES

SECTION 1. EXECUTIVE COMMITTEE

a. This Committee shall be chaired by the President.
b. This Committee shall consist of the President, President-Elect or Immediate Past President, Secretary, Treasurer and Society Delegate serving the second (2^{nd}) biennium of his/her term.
c. This Committee shall have the power to act for the Board of Directors between meetings of the Board of Directors; such actions shall be subject to ratification by the Board at its next meeting.
d. This Committee shall propose an annual budget for approval by the Board of Directors at the first scheduled meeting of the new Board.
e. This Committee shall receive and prepare all amendments to the Bylaws for submission to the Board of Directors. The committee may also initiate such amendments.

SECTION 2. GOVERNMENT AFFAIRS COMMITTEE

a. This Committee shall be chaired by a member of the Society.
b. This Committee shall be composed of ISRC members, preferably representing the various geographic areas of the state
c. This Committee shall monitor and report to the President and Board all state and federal legislative activities related to the profession of respiratory care, and health care professions outside the field of respiratory care that might impact the respiratory care profession.
d. This Committee shall direct all Society legislative activities related to respiratory care.
e. This Committee shall review formal, written complaints against any individual Society member charged with any violation of the Society Bylaws or otherwise with any conduct deemed detrimental to the Society or the AARC. The committee shall conduct a review of the charges in accordance with established policies and procedures. Results of the Committee=s review shall be passed on to the Board of Directors for final resolution. Complaints or inquiries may be referred to this Committee by the Judicial Committee of the AARC.

SECTION 3. NOMINATIONS AND ELECTIONS COMMITTEE

a. This Committee shall be chaired by a member of the Board of Directors.
b. This Committee shall consist of at least four (4) members as approved by the Board of Directors (including the chairperson).

c. It shall be the duty of this Committee to make the critical appraisal of candidates to see that the nominations are in the best interests of the AARC and the Society through consideration of personal and professional qualifications and geographical representations as applicable.
d. This Committee shall prepare the ballot and conduct the election in accordance with Article IX for all elections held during the calendar year.

SECTION 4. EDUCATION COMMITTEE

a. This Committee shall be chaired by a member of the Society.
b. This Committee shall consist of Society members experienced in program and education planning. It is desirable that one Director from each geographic chapter be a member of this committee. The Medical Advisor(s) or his or her designate will be a consultant member of this Committee.
c. It shall be the duty of this Committee to plan and execute educational programs, including the annual state seminar, and will act to assist the Directors in developing local and regional educational programs.
d. Representatives to the Region II for Respiratory Care Committee will be responsible for communicating Committee activities to the Education Committee and the ISRC Board of Directors.

SECTION 5. PUBLIC RELATIONS COMMITTEE

a. This Committee shall be chaired by a member of the Society.
b. It shall be the duty of this Committee to promote respiratory care and the Society to the public and other organizations, by overseeing the publication of the Society newsletter, maintain the Society web site on the Internet, and oversee the activities of the Respiratory Care Initiative student recruiting program.
c. This Committee shall recognize individuals and/or groups for their contributions or achievements in respiratory care or the Society through Society approved awards.

SECTION 6. STRATEGIC PLANNING COMMITTEE

a. This Committee shall be chaired by a member of the Society.
b. This Committee shall consist of Society members including the President, President Elect or Past President, Society Delegate serving the final two years of his/her term at least two (2) Directors, and other Society members as deemed appropriate.
c. This Committee shall create a shared vision to promote the future of respiratory care and the Society, and assure that the Society=s activities strive toward accomplishing the mission of the Society.

ARTICLE IX
NOMINATIONS AND ELECTIONS

SECTION 1. NOMINATIONS

a. The Nominations and Elections Committee shall annually place in nomination the names of persons for each office which will be vacant in the following year.
b. Only Active Members of the Society in good standing shall be eligible for nomination.

SECTION 2. BALLOT

a. The Nominations and Elections Committee shall provide a pertinent biographical sketch of each nominee's professional activities and services to the organization which shall accompany the ballot when ~~mailed~~ provided to members.
b. The ballot shall be so designed ~~as to be a mail ballot~~ with provisions for write-in votes for each office
c. The ballot and biographical sketches shall be ~~mailed~~ provided to every Active Member in good standing, either by mail or electronically, at least sixty (60) days prior to the annual business meeting. Returned ballots must be ~~postmarked~~ received at least thirty (30) days before the annual business meeting. The deadline date shall be clearly indicated on the ballot.

SECTION 3. BALLOT COUNTING

The Nominations and Elections Committee shall select an independent accountant for the purpose of ballot receipt, verification and counting. The election results shall be reported by the accountant to the Chair of the Nominations and Elections Committee no more that twenty (20) days after the election deadline. The results of the election shall be announced to all the candidates prior to the annual business meeting. Nominees shall not be present when the ballots are counted.

ARTICLE X
AMENDMENTS

These bylaws may be amended by a majority vote of the Board of Directors, approval by the AARC Bylaws Committee and the AARC Board of Directors, and mail vote of the Society membership by a two-thirds (2/3) majority of those voting. The amendment shall become effective upon ratification of the Society membership.

Rev. (7.9.06)

June 14, 2010

Dear Members of the AACR Bylaws Committee,

The Florida Society for Respiratory Care (FSRC) Board of Directors has approved two changes to the length of service for our office of President and an acronym change. Prior to presenting this to our members we ask that your committee review, approve, and forward to the AARC Board of Directors for their approval, of these small changes.

The first change requires the substitution of AARC for NBRC on page 4, in Article II: Membership, Section E: Student Member and is identified by the ~~strike through~~/underline method.

The second change requires a substitution of two words on page 7, in Article III: Officers, Section C: Term, Number: 1, and is indicated by the ~~strike through~~/underline method.

Your speedy attention to this request is greatly appreciated.

Sincerely,

Dan Maddalino
FSRC Bylaws Committee Chairman
FSRC Delegate

BYLAWS

OF THE

FLORIDA SOCIETY FOR RESPIRATORY CARE

A CHARTERED AFFILIATE OF THE
AMERICAN ASSOCIATION FOR RESPIRATORY CARE

APPROVED BY THE FSRC AUGUST 2009
APPROVED BY THE AARC DECEMBER 2009

FSRC BYLAWS
2009

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FSRC BYLAWS
2009

ARTICLE I
PREAMBLE

This organization, known as the Florida Society for Respiratory Care , hereafter referred to as the Society, is a Chartered Affiliate of the American Association for Respiratory Care, hereinafter referred to as the AARC, and has been formed for the following purposes: Improve the quality of Respiratory Care; encourage and develop regional educational programs; advance the science, technology, ethics, and art of respiratory care through regional institutes, meetings, lectures, and the preparation and distribution of a newsletter and printed materials; and facilitate cooperation between respiratory care practitioners and the medical profession, hospitals, service companies, industry, and other agencies. For the purposes of representing members of the American Association for Respiratory Care, the area included within the boundaries of this Society shall be the State of Florida.

ARTICLE II
MEMBERSHIP

SECTION A: CLASSES

The membership of the Society consists of the following classes: Active, Associate, Life, and Student.

SECTION B: ACTIVE MEMBER

An individual is eligible for Active membership in the FSRC if he or she:

1. Is currently an Active or Life member of the AARC,
2. Resides in the State of Florida or has designated Florida as their affiliate of choice to the AARC,
3. AND meets ONE of the following criteria:

    a. Currently licensed by the State of Florida as a respiratory care professional, OR
    b. Holds a credential issued by the National Board for Respiratory Care, Inc. or its successors, OR
    c. Upon written request to the FSRC Executive Office, Life members of the AARC who reside in the State of Florida, or have designated Florida as their affiliate of choice, will be recognized as Active members of the Florida Society for Respiratory care.

SECTION C; ASSOCIATE MEMBER

An individual is eligible for Associate membership in the FSRC if he or she meets ONE of the following criteria:

1. Is presently licensed by the State of Florida as a respiratory care professional, OR
2. Holds a credential by the National Board for Respiratory Care, inc. or its successors.

SECTION D: LIFE MEMBER

The Board of Directors may grant Life membership to Society Active members who have rendered outstanding service to the Society.

SECTION E: STUDENT MEMBER

An individual is eligible for Student membership if he or she is enrolled in an educational program in respiratory care, which is located in Florida and is accredited by an ~~NBRC -~~ AARC recognized agency.

SECTION F: APPLICATION

Society membership may be requested by submitting an official membership application to the Executive Office of the Society.

SECTION G: PRIVILEGES

1. Active/Life members are entitled to vote, hold office, serve as Delegate, and Chairperson or member of any committee and have all other rights and privileges of membership.
2. Associate members are entitled to all the rights of membership except the right to vote, hold office, serve as delegate, or serve as Chairperson of any committee.

3. Student members are entitled to all the rights of membership except the right to vote, hold office, serve as Delegate, or serve as Chairperson of any committee.

SECTION H: ETHICS

If the conduct of any member appears to be in violation of the Articles of Incorporation, Bylaws, Code of Ethics, or other regulation, policies, or procedures adopted by the Society, or is prejudicial to the Society's interests, such members may be reprimanded, suspended, expelled, or have their membership status reclassified in accordance with procedures set forth in the Society's policies and procedures.

SECTION I: ANNUAL REGISTRATION, DUES, AND ASSESSMENTS

1. Each member who attains Society membership may renew membership in the Society by demonstrating continuing eligibility for such.
2. Annual dues, or special assessments for the members of the Society, as well as policies and procedures regarding payment of such, are established by the Board of Directors.

ARTICLE III – OFFICERS

SECTION A: OFFICERS

The Officers of the Society will consist of: President, President-Elect, Secretary, Treasurer, Immediate Past-President, and the Florida Delegates to the AARC.

SECTION B: DIRECTORS

One Director will be elected by the Active members of each Society Chapter to represent that Chapter on the Board of Directors.

SECTION C: TERM

1. The President will serve for ~~one (1) year~~ two (2) years and then serve as Immediate Past-President for one (1) year. The President-Elect will serve

for one (1) year and will then succeed to the office of President thereafter. The Secretary and Treasurer shall each serve for two (2) years. Chapter Directors will serve a term of up to two (2) years.

2. Each Delegate will serve for up to four years. One Delegate will be elected every two years by all Active AARC members residing in or assigned to the State of Florida.
3. All Officers, Directors, and Delegates begin their terms immediately following the Annual business Meeting.

SECTION D: VACANCIES

1. In the event of the Presidents absence, resignation, or disability the President-Elect will become the acting President and assume the President's duties during the vacancy. The President-Elect will also serve during the successive term as the President.
2. In the event of a vacancy in the office of President-Elect the Immediate Past-President will assume the duties of, but not the office of, the President-Elect until a special election is held.

3. In the event of a vacancy in the office of Secretary or Treasurer the unexpired term will be completed by a Board-appointed individual.
4. In the event of a vacancy in the office of chapter director the Board will appoint a member from that respective Chapter to complete the un-expired term.
5. In the event of a vacancy in the office of Delegate the President-Elect will assume the Duties, but not the office, of Delegate until a special election is held.

ARTICLE IV – BOARD OF DIRECTORS

SECTION A: COMPOSITION

1. The Board of Directors consists of the President who serves as Chairperson and presiding officer, President-Elect, treasurer, Immediate Past-President, Delegates, and chapter Directors.
2. The board of directors has the power to declare any office vacant by a two-thirds (2/3) vote upon the resignation, refusal, inability, or neglect of any member of the board to perform the duties of office, or for conduct deemed prejudicial to the Society. Written notice will be given via USPS Registered mail to that member that their office has been declared vacant.

SECTION B: DUTIES

The Board of Directors will supervise all Society business and activities in accordance with the Articles of Incorporation, these Bylaws, and Society policies and procedures; develop, adopt, and maintain currency of Society Standing Rules;

determine remuneration, stipends, honorariums, membership dues and other fiscal matters for each following year in accordance with budgetary needs and objectives; cooperate and/or affiliate with organizations of similar nature upon such terms and conditions as are deemed in the society's best interests in pursuing its goals; and act in such a manner as is deemed necessary to best inform and protect the membership and the Society's in matters of legislative action which may impact the Society or its membership.

SECTION C: MEETINGS

THE Board of Directors will meet four (4) times per year. Special meetings when required to fulfill the mission and purpose of the Society may be called by the President. Excluding the Annual Business Meeting, all special and regular meetings of the Board may be held electronically.

SECTIOND: QUORUM

A majority of the Board of Directors present at the start of the Annual Business Meeting or any official meeting of the Board will constitute a quorum for the entire meeting.

SECTION E: VOTE OF THE MEMBERSHIP

Whenever the Board deems it necessary to present business to the membership the Board may direct the Elections Committee to conduct a vote of the membership.

FSRC BYLAWS
2009

ARTICLE V – SOCIETY MEDICAL ADVISOR

SECTION A: TERM

1. The Society will have at least one (1) Medical Advisor who will serve a term of at least one (1) year.
2. The term of office of the Medical Advisor(s) may be terminated at any time by a two-thirds (2/3) vote of the Board of directors. Notification of this action will also be submitted to the Board of medical Advisors of the AARC.

SECTION B: VACANCY

In the event of a vacancy in the position of medical Advisor this vacancy will be filled through an election by the Board of directors.

ARTICLE VI – COMMITTEES

SECTION A: STANDING COMMITTEES

The Standing Committees of this Society are; Bylaws, Education, Judicial, Membership, Nominations, Elections, Program, and Legislative. The number of

members, their manner of appointment, term of office, objectives, and operating policies will be specified in the Society's Policies and procedures.

SECTION B: SPECIAL COMMITTEES AND REPRESENTATIVES

Special committees may be appointed by the President subject to the approval of the board of Directors. Representative of the Society to external organizations may also be appointed by the President, subject to the approval of the Board of Directors. Members of such committees or representatives will serve to the completion of the task and will meet the qualifications, perform such duties and comply with such procedures as are defined in the Society's Policies and Procedures.

ARTICLE VII – CHAPTERS

SECTION A: BOUNARIES

The number, distribution, and boundaries of Society Chapters will be established by the Board of Directors.

SECTION B: CHAPTER DIRECTORS

1. The Chapter Director is responsible for organizing and implementing activities within the Chapter that are consistent with the goals of the Society.
2. The Chapter Director will maintain a liaison with the Board of Directors for guidance, review, and assistance on Chapter Activities.

FSRC BYLAWS
2009

ARTICLE VIII – ANNUAL BUSINESS METTING

There will be an annual business meeting of the Society held at a time and place set by the Board of Directors. The annual business meeting will be held for the purpose of presenting reports to the membership and other business. Notification of the time and place of the annual business meeting will be made available to the members of the Society not less than sixty (60) days prior to the meeting.

ARTICLE IX – FISCAL YEAR

The fiscal year of this Society will be from July 1 to June 30.

ARTICLE X – PARLIAMENTRY AUTHORITY

The rules contained in the current edition of "*Rules of Order, Newly Revised*" will govern the Society in all cases to which they are applicable and in which they are not inconsistent with these bylaws and any policy and procedure that the Society may adopt.

ARTICLE XI – AMENDMENTS

SECTION A: POLICY AND PROCEDURE MANUAL

Any additions, deletions, or modification to the Society's policies and procedures must be approved by the Board of Directors.

FSRC BYLAWS
2009

SECTION B: BYLAWS

The Bylaws may be amended in the following manner:

1. Proposed amendments will be submitted by the Board of Directors to the Bylaws Committee, which will review proposals for legality and conflict with the Articles of Incorporation, these Bylaws, the Bylaws of the AARC, or the policies and procedures of this Society.
2. After review by the bylaws Committee the proposed amendments must then be approved by the board of directors.
3. Upon approval of the Board of directors the amendment will be submitted to the AARC Bylaws Committee for review and AARC Board of Directors approval.
4. Following approval by the Society's Board of Directors and the AARC Board of Directors the proposed amendment will then be made available to the voting membership at least thirty (30) days prior to a vote. An amendment will be adopted by a two-thirds (2/3) affirmative vote of the membership returning a ballot by the published due date.

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-

Elections Committee

Reporter: John Steinmetz
Last submitted: 2010-05-28 00:00:00.0

Recommendations

1. **That the AARC develop a mechanism in which nominations can be submitted electronically.**

   Rationale: In today's world of electronic communication, submission of nominations electronically only makes sense. Electronic submission is more convenient and may result in greater nominations being submitted in the future.

2. **To revise AARC policy No. CT.003 #10, "The Elections Committee shall draw names by lot to determine the ballot position of each candidate" to "Voting will be by an on-line process with the order of candidate names randomly listed."**

   Rationale: With the advent of online voting, we have the ability to randomly rotate the names on each ballot. Therefore it is not necessary to draw lots for ballot placement.

Report

The Elections Committee reviewed nominations for Officers, Directors and Section Chairs and selected the following list of candidates for the 2010 AARC general election ballot.

Neonatal Pediatric Section Chair Elect
1. Cynthia White
2. Tiffany Mabe

Management Section Chair Elect
1. Roger L. Berg
2. Bill Cohagen

Education Section Chair Elect
1. Joseph G. Sorbello
2. Keith Terry

Diagnostics Section Chair Elect
1. Matthew O'Brien
2. James Sullivan

Adult Acute Care Section Chair Elect

1. Keith D. Lamb
2. –

Director –at- Large

1. Gary Wickham
2. Denise Johnson
3. John Lindsey
4. Fred Hill
5. Albert Moss
6. Camden McLaughlin

Secretary Treasurer

1. Mike Tracy
2. Linda Van Scoder

Vice President Internal Affairs

1. Susan Rinaldo Gallo
2. Mike Hewitt

Vice President External Affairs

1. Robert McCoy
2. George Gaebler

Other

I would like to thank the members of the committee, Suzanne Bollig, Jim Lanoha, John Hiser, and Debbie Fox for their invaluable help in carrying out our assigned charge. I would like to give a special thanks to Sherry Milligan for her assistance and guidance.

Executive Committee

Finance Committee

Program Committee

Summer, 2010

Report submitted by: Michael Gentile RRT, FAARC Chair, Program Committee

Charges:

1. Prepare the Annual Meeting Program, Summer Forum, and other approved seminars and conferences. 2. Recommend sites for future meetings to the Board of Directors for approval. 3. Solicit programmatic input from all Specialty Section and Roundtable chairs. Review with each section all selections pertaining to their specialty before finalization. The Program Committee decisions shall be final. 4. Develop and design the program for the annual congress to address the needs of the membership regardless of area of practice or location. Assure educational opportunities for other health care related practitioners.

Progress:

By the time you meet in Marco Island the Summer Forum would have been presented. Pre-registration as of today indicates we will have another successful program. In conjunction with the Forum we will present a ventilator course designed specifically for managers and educators. As it was the case last year, we anticipate those groups look at the course as an enhancement to their Forum attendance. The 56th AARC International Congress will take place December 6-9, 2010 in Las Vegas, NV. All speakers are confirmed. A significant challenge was to select only some of the many high quality proposals by members as the number of submissions far exceeded available time and space. The program contains content from all areas of respiratory care and offers something for all attendees. We are thankful to the AARC Sections for their contribution to the program, and we are also very grateful to you for your support and trust to the Program Committee.

Strategic Planning Committee

Reporter: Toni Rodriguez

Last submitted: 2010-06-23 20:55:06.0

Recommendations

[None at this time]

Report

The Strategic Planning Committee will meet for the first time on the Sunday prior to the Summer BOD Meeting to discuss a plan of action in light of the completion of the third 2015 Conference.

International Council for Respiratory Care

Presentation by Jerome Sullivan and Hassan Alorainy

Joint Session HOD/BOD

Opening remarks

AARC Election Committee

AARC Secretary-Treas Financial Update - Karen Stewart

Virtual Lobby Day – Cheryl West, Miriam O'Day

Regulatory Affairs Update – Anne Marie Hummel

Legislative Update – Cheryl West, Miriam O'Day

AARC-DRIVE4COPD Partnership – Tim Myers

American Respiratory Care Foundation – Michael Amato

Specialty Sections

Adult Acute Care Section

Reporter: Michael Hewitt

Last submitted: 2010-06-22 10:34:07.0

Recommendations

None

Report

Membership continues to climb toward 2,000. Renewed efforts in motion to launch the section swap shop with the AARC Connect now up and running. Listserv like conversations/discussions seem to be up in number on the AARC Connect website. Select section members participating in revision of position statements and Clinical Practice Guidelines.

Continuing Care-Rehabilitation Section

Reporter: Debra Koehl

Last submitted: 2010-06-28 13:29:56.0

Recommendations

None at his time.

Report

- Assisted Anne Marie Hummel in developing FAQ sheet on Pulmonary Rehabilitation guidelines to be placed in members only section of AARC Website.
- Continued communication with both Anne Marie and Cheryl in addessing issues brought forth by members concerning CMS and Pulmonary Rehab.
- Continued monitoring of list serve to direct members to find correct answers and to assist in getting them the information they need.
- Completed second issue of Section Newsletter.
- Spoke with Bill Dubbs in regards to developing standards for pulmonary rehabilitation in the next uniform reporting manual. Will work with Bill and a small committee to develop these standards when it is needed.
- Continuing to share communication between AARC and AACVPR as needed to keep both agencies updated.

Diagnostics Section

Education Section

Reporter: Lynda Goodfellow

Last submitted: 2010-06-23 10:52:29.0

Recommendations

No recommendations

Report

As Section Chair, one presentation was made on behalf of the AARC to the Atlanta Alpha-1 Education Day in late April. A successful transition from the Education Section List serve to the AARC Connect was very easy and members have responded well to this change. Both the Summer Forum and International Congress education programs are complete in terms of the Ed Section. The Summer Forum should provide timely information for the attendees. Manuscripts for the Respiratory Therapy Education Annual are in review for the next edition scheduled for fall 2010.

Home Care Section

Reporter: Robert McCoy

Last submitted: 2010-06-22 15:17:45.0

Recommendations

That the AARC Board of Directors request that the NBRC investigate the need and potential for a specialty credential for respiratory therapist working in home care. If it is determined that there is a need, that the specialty credential be developed as soon as possible to address the educational requirement for respiratory therapists working in home respiratory care.

Report

Home Care Section Report

Home respiratory care service continues to be challenged with economic pressure from most payers. As payment is reduced, the ability for home care providers to offer professional respiratory services is limited. New equipment options are being introduced that reduce the need for monthly visits to a patient's home and the ability to monitor and evaluate patients receiving home respiratory care is diminishing. The number of home care providers continues to drop as small providers cannot compete. The AARC Government affairs group will provide an update on the specific actions in Washington, yet the capped rental and competitive bid issue is the most challenging.

Research is beginning to show the value of home respiratory care with the Dr. Rice article, yet the specific details on how the costs are impacting the total health care system still need to be developed. More research is in process, yet will take time to be collected and published.

A home care journal conference proposal is being developed with Dr. Carlin and Dr. Christopher agreeing to be co-chairs. This conference would look at all aspects of home respiratory care and review the literature on the evidence for products and services and identify what research is necessary to address the changing environment in the home; both clinical and economic. A proposal will be sent to the Foundation when completed.

A home care specialty credential has been discussed and will be proposed to the board. The need for standardization and consistency of service has become evident and there is a lack of training, education and resources for home respiratory therapist to provide a consistent level of care. The home care environment is evolving and providing respiratory services to younger more active patients. Technology is changing due to economic pressures and requires educational programs, training, standards of care and proven competencies for

respiratory therapists working in the home. Health care reform will be driving patients to the home as a less expensive treatment location which will increase the demand for skilled, credentialed therapist. We will need to have respiratory services recognized (and reimbursed) for consistent therapy from credentialed therapist.

Lou Kaufman conducted a membership survey recently that asked 5 basic questions on current home oxygen therapy. The responses came from both hospital and home care therapist. The result indicate that there needs to be more training in this area in response to the lack of understanding of how home oxygen services are provided.

Responses from 1017 NBRC credentialed therapists.

Summary of the survey:

Question	**Answer**
1. Oxygen concentrators used for low flow oxygen applications and delivering oxygen concentrations of _____ or greater are considered therapeutically equivalent to 100% oxygen	85%
2. A numerical setting on a particular oxygen conserving device (OCD) is equivalent to the numerical setting on an oxygen flow meter.	FALSE
3. What is the effect of an increased respiratory rate for a patient receiving continuous flow oxygen via nasal cannula at 2 lpm?	Decreases
4. Pulse-dose-only portable oxygen concentrators (POCs) weighing from 5 to 10 pounds produce approximately how much therapeutic	0.5 to 1 LPM

oxygen?

5. A numerical setting of 2 on a particular model of oxygen conserving device (OCD) will deliver a bolus of oxygen that is _____ a setting of 2 on a model from a different manufacturer. more, less, or the same

Questions	All Respondents % correct
Q1	18%
Q2	63%
Q3	60%
Q4	7%
Q5	56%

	No Homecare % correct
Q1	15%
Q2	59%
Q3	64%
Q4	4%
Q5	48%

	Homecare only % correct
Q1	25%
Q2	75%
Q3	46%
Q4	14%
Q5	80%

Breakdown of respondents

Acute Care Hospital	53.00%
Homecare	27.10%
Pulmonary Rehabilitation	7.50%
Long term care	3.80%
Physician office; Sleep Lab	6.00%
Case management; Other	2.60%

Credential

Registered Respiratory Therapist	67.10%
RRT with Specialty	13.10%
Certified Respiratory Therapist	18.40%

CRT with Specialty	1.40%

Education

High school	3.40%
Associate's	50.90%
Bachelor's	32.60%
Master's	12.00%
Doctoral	1.10%

Long Term Care Section

Management Section

Reporter: Douglas Laher

Last submitted: 2010-06-24 13:36:13.0

Recommendations

No Recommendations at this time

Report

It has been a long and difficult journey as an unemployed section chair. Logic would suggest that I would have more time to spend on section activities in lieu of more free time, but the exact opposite has transpired. While I am no longer employed as a department director, my new full-time job of finding a full-time job has actually kept me busier than I was in the hospital. Countless hours have been spent engaging in networking, writing and responding to emails, identifying open positions, and traveling all over the country for job interviews. Couple that with the stress and anxiety of being unemployed and I have unfortunately not had the time I''d like to spend working on AARC and management section activities. I ask for your understanding during this difficult time, but am confident I will secure a position very soon that will once again allow me the time I need to commit to the AARC.

1. The Spring Bulletin was released to section members in May, 2010. Articles written by Karen Stewart (Administrator Ponderings: A New Set of Consultants is on the Way), Garry Kauffman (Business Planning 101), Sandra Richey-Wallace (Building Relationships with Manager Rounding), and Vickie Ganey (The Best of Intentions) were all highlighted. Managing editor; Roger Berg has already secured articles for the Summer Bulletin. Newsletters for March, April, and June have already been disseminated.

2. Section chair continues to serve on the Pinnacle Ad-Hoc Committee, the Benchmarking Committee, and the work group to re-write policy for the posting of surveys to the list serves.

3. Roughly 2/3 of the Swap Shop files have been reviewed for content appropriateness and accuracy. The review of the files has been temporarily put on hold until a decision has been made on how the Swap Shop will integrate with AARConnect.

4. Networking via the Management List Serve continues to generate roughly 40-50 new threads per day; of which 6-8 are new postings.

5. A thread was submitted to the section via AARConnect on June 24, 2010 reminding members of the Specialty Practitioner of the Year award. Members were asked to nominate deserving managers. Deadline for submissions was set for August 31, 2010.

6. A thread was submitted to the section via AARConnect on June 24, 2010 reminding members of the benefits of attendance at the 2010 Summer Forum.

7. As of Jun3 24, 2010, there were 1,769 members subscribed to the Management Section.

8. Section chair represented the AARC at the American Heart Association national meeting in April.

9. All charges are on track with the expectation 100% will be completed by year-end.

Neonatal-Pediatrics Section

Reporter: Brian Walsh

Last submitted: 2010-06-25 08:30:21.0

Recommendations

None at this time.

Report

- We continue to execute the charges assigned.
- Membership has held steady.
- Our first time contributors to the bulletin have increased, but have taken additional editorial time.
- We have successfully transferred to the AARC Connect system.
- We have a second pediatric course at the Summer Forum and a very interesting line-up for the AARC Congress.
- We will be holding elections for a new section chair this fall as our previously elected chair resigned.

Sleep Section

Reporter: Antonio Stigall

Last submitted: 2010-06-23 18:52:29.0

Recommendations

None at this time.

Report

Nothing new to report.

Membership is down 2.4% from 1016 to 991 subscribers. Two of the four section bulletins have been submitted by the section chair with the webcast and web based section meeting pending.

[

Surface to Air Transport Section

Reporter: Steven Sittig

Last submitted: 2010-06-22 19:08:36.0

Recommendations

None at this time

Report

The section list has been active with informative data and has transitioned to AARC Connect system.

The section E bulletins and quarterly newsletters have been published on time. The section also submitted multiple lecture proposals for the upcoming AARC Congress with a number of them accepted for presentation.

As Section chair I have been invited to speak to over 100 senior RT students on the potential career option of medical transport. I spoke in San Antonio, Sioux Falls SD, Minneapolis and St Paul Minn. I have also been asked to speak in Wisconsin this fall.

I was also asked to help provide medical support to an Honor Flight to Washington DC and have encouraged other transport RT's to volunteer for these important flights.

Special Committees

Benchmarking Committee

Reporter: Richard Ford

Last submitted: 2010-06-01 15:08:29.0

Recommendations

None

Report

•1. Over this period the benchmarking team has continued to provide technical support and advice to clients and those inquiring about the product, including the provision of regional lectures on staffing and benchmarking. These efforts will continue.

•2. During the first quarter of the year it was recognized that there were several issues that needed correction and clarification regarding missed treatments. Those refinements have now been fully implemented to the satisfaction of the Committee and AARC Benchmarking Clients.

•3. A proposal was accepted for presentation by Richard Ford on Productivity and Benchmarking at the 2010 Congress in which AARC Benchmarking will be featured.

•4. At the time this report was prepared there were 94 current subscribers to AARC Benchmarking.

•5. Significant work through the Executive Office IS staff resulted in the finalization of the public and private dashboards. These dashboards are designed to provide an "at-a-glance" view of data in which practitioners can assess how they stack up. The objectives of the dashboards are to provide usable data to AARC Clients and to increase awareness and interest of others in the value of the benchmarking program.

•6. Bill Dubbs and the Executive Office developed a marketing campaign around the availability of the dashboards. The AARC web site has been updated and an add developed for AARC Times.

•7. Subscribers to AARC Benchmarking have received a monthly status report that includes the number of subscribers, the number of data sets available for each quarter, and recognizes those facilities that have entered there prior quarter data. These efforts, in addition to reminders that are now sent out to subscribers have improved the timeliness of data entry, although this still remains an issue the committee will continue to focus on.

•8. In the months ahead the team will continue to identify opportunities for product improvement and demonstration of value.

Other

Special thanks to Bill Dubbs, Steve Nelson and the staff at the AARC Executive Office.

Billing Codes

Reporter: Roy Wagner

Last submitted: 2010-06-23 17:06:14.0

Recommendations

No Recommendations at this time

Report

Chair: Roy Wagner, RRT

Summation of Committee Charges:

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

Plan: 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: Currently there is no further action on this Charge.

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

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

Plan: The Chair will work with the person responsible for the list serve to attempt to improve or implement a way to archive answers to repeat questions on the list serve. 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. The list serve has been very busy with many questions. The response from the members on this list serve is very positive.

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: No further action has occurred at the current time on this goal.

The Frequently Asked Billing Questions have been set up on the Web site and appear to be going well. Thanks to the Office Staff and Cheryl West for this effort.

Clinical Practice Guidelines

Reporter: Ruben Restrepo

Last submitted: 2010-06-28 10:14:49.0

Recommendations

No new recommendations are made at this time.

Report

Nothing to report

Federal Government Affairs Committee

Reporter: Frank Salvatore

Last submitted: 2010-06-10 13:22:00.0

Recommendations

None

Objectives:

Continue implementation of a 435 plan, which identifies a Respiratory Therapist and consumer/patient contacts team in each of the 435 congressional districts. Status –

Ongoing

Work with PACT coordinators, the HOD and the State Governmental Affairs committee to establish in each state a communication network that reaches to the individual hospital level for the purpose of quickly and effectively activating grassroots support for all AARC political initiatives on behalf of quality patient care. Status - Ongoing - Spoke at the Connecticut Society for Respiratory Care in May and part of that talk was information on getting grass-roots members active. I have made the offer to speak at other state meetings/conventions. Other members of this committee have spoken on the same topic as well.

Ongoing Objectives:

Assist in coordination of consumer supporter. Status - Ongoing
I want to thank my committee members: Jerry Bridgers, John Campbell, Deb Fox, and Carrie Bourassa.

Attachments

- AARC BOD Report - Fed Govt Affairs Comm - July 2010.doc

Fellowship Committee

Reporter: Patrick Dunne

Last submitted: 2010-06-02 13:50:33.0

Recommendations

There are no recommendations at this time

Report

The committee continues to solicit nominations for qualified individuals to be considered for induction as a 2010 FAARC. The deadline for receipt of all nominations and supporting documentation is August 31, 2010. The committee will commence the selection process soon thereafter, and have the process completed by September 30, 2010.

Full eligibility criteria as well as official nominating forms for FAARC can be found on the AARC website.

International Committee

Reporter: John Hiser

Last submitted: 2010-06-15 10:26:51.0

Recommendations

None

Report

1. Administer the International Fellowship Program.

As of today June 10, 2010 we have 35 applicants for International Fellows and 21 applicants for City Hosts. We are in the process of pulling all of the applicant information together and will be ready to send it to the committee for review by June 21st. The committee will meet on Sunday July 18th during the Summer Forum. I'll be sharing the final selection of fellows and hosts with BOD and HOD at your July meetings. Four fellows will be accepted this year.

We surveyed the Fellows and Hosts again this year. All of the comments were positive. The results of the surveys are being used to further improve the operations of the committee.

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

The committee continues to work with the ICRC to help coordinate and help prepare the presentations given by the fellows to the council.

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

We currently have past fellows who have expressed an interest in translating the second edition of the Guide to Aerosol Delivery Devices to Italian, French, Turkish and Chinese. We also have volunteers to translate the new Guide to PAP Adherence to Arabic. A working group of past fellows from Taiwan and China are in the process of translating AARC CPG's to Chinese.

We continue to be on the look out for other educational materials that may be translated in the future.

The International Fellows List serve continues to show a considerable amount of activity and continues to be valued by our past fellows.

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

We continue to receive requests for assistance with educational programs, seminars, educational materials, requests for information and help with promoting respiratory care in other areas of the world.

5. Continue collegial interaction with existing International Affiliates to increase our international visibility and partnerships.

We are corresponding with other medical associations and societies and will be manning a booth again this year at the ERS.

Updates on our activities were provided to the ARCF Board of Trustees at their last March.

I want to thank Kris Kuykendall and Steve Nelson for all of their hard work. I also want to thank the members of the 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:
Michael Amato, BA, Chair ARCF
Jerome Sullivan, PhD, RRT, FAARC, President ICRC
Arzu Ari, PhD, MS, MPH
John Davies, MA RRT FAARC
ViJay Desphande, MS, RRT, FAARC
Hector Leon Garza, MD, FAARC
Yvonne Lamme, MEd, RRT
Dan Rowley, BS, RRT-NPS, RPFT
Bruce Rubin, MD, FAARC
Michael Runge, BS, RRT
Theodore J. Witek, Jr., Dr.PH, FAARC

Membership Committee

Reporter: Thomas Lamphere

Last submitted: 2010-06-22 19:59:51.0

Recommendations

Begin a membership campaign beginning in August, 2010 and ending November 1, 2010 as outlined in charge #3 in this report.

Report

Charges:

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

No action on this charge this quarter. As previously reported, three short webcasts focusing on "How To Increase Membership" have been recorded by Sherry Milligan and Tom Lamphere. These webcasts focus specifically on the following topics:

- A discussion of AARC membership benefits
- How to use the AARC group membership discount to retain and recruit members
- The AARC Membership Benefit Calculator

2. In conjunction with the Executive office, develop a membership recruitment campaign based on survey results for implementation in 2009 and 2010.

A) The AARC Executive Office staff has begun a program entitled "Membership Wednesdays". One day each week (typically Wednesdays…), someone at the AARC office will contact two of the state affiliate Board Presidents to talk to increasing AARC membership. Prior to these calls, the Membership Committee will complete a checklist created by the Executive Office to perform a thorough review of each society's website. The checklist will determine the presence or absence of membership related items such as information on joining or renewing current membership, the availability of membership vouchers, etc..

B) A membership campaign has been planned that will run from August until November 1, 2010. The focus of the campaign will be on getting the AARC affiliates to actively

recruit new members during these months. There will be two enticements utilized during this campaign aimed at the affiliates including:

- *A minimum threshold of new members will be determined for each state that will be communicated to the affiliate leadership prior to the start of the membership campaign. State that meet the threshold will receive 2 free registrations to the AARC International Congress to use as they wish (i.e. for use by Board member, raffle off, give to a good member recruiter, etc..)*

- *The state with the highest total number of new members during the campaign will receive free membership dues for all voting members of the affiliate's Board of Directors and Membership Committee Chair.*

- *In addition, as an inducement to joining during this campaign, the AARC will offer a $10 coupon for the AARC Store (minimum purchase $25) the new members.*

3. Identify and evaluate methods to recruit respiratory therapy students as ACTIVE members of the AARC.

The "Student Center" page that was created last quarter has been tweaked and is now ready to publicize to our student members, Program Directors, etc.. However, since we are now in mid-summer and most programs are not in session, a publicity blitz regarding this program will be planned for the first week of September.

4. Develop a scientific, data-driven process to implement and measure the effectiveness of current and new recruitment strategies.

The AARC Executive Office will obtain data for the same time period (August to November) as the upcoming membership campaign for both 2008 and 2009. This will provide historical data with which to compare the data from the 2010 campaign. Data from the first six months from 2010 will also be analyzed.

Position Statement Committee

Reporter: Patricia Doorley

Last submitted: 2010-06-23 17:22:43.0

Recommendations

Recommendation # 1:

Approve and publish the position statement entitled "Home Respiratory Care Services". This statement is submitted for your review as Attachment # 1. Text to be deleted appears with strikethrough and text to be added appears with underline.

Justification: The revision recommended for this statement is the removal of the final sentence as it suggests that the factor limiting patient access to appropriate home respiratory care services is reimbursement. We do not currently have objective data to support that statement.

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.

- No proposed AARC position statements have been submitted to the Committee for development.

2. Review, revise or delete as appropriate using the established three-year schedule of all current AARC position statements subject to Board approval.

- During 2010, the Committee's goal is to complete the review of the nine (9) position statements listed below. Action on each statement (to this point in 2010) is listed following the statement title as is the name of the Committee member spearheading the review.

1) Administration of Sedative and Analgesic Medications by Respiratory Therapists - Review underway -- Linda Van Scoder

2) Cultural Diversity - Review completed and no revisions are recommended; statement review date will need to be updated to 07/10 - Pat Doorley

3) Health Promotion and Disease Prevention - Review underway -- Pat Doorley

4) Home Respiratory Care Services - Recommended changes submitted to BOD with this report (06/10) - Pat Doorley

5) Pre-Hospital Mechanical Ventilator Competency - Review underway -- Nick Widder

6) Respiratory Care Scope of Practice - Review underway -- Michael Hewitt

7) Respiratory Therapists as Extracorporeal Membrane Oxygenation (ECMO) Specialists - Review underway - Nick Widder

8) Respiratory Therapy Protocols - Review underway - Michael Hewitt

9) Telehealth - Review underway - Kathleen Deakins

3. Revise the Position Statement Review Schedule table annually in order to assure that each position statement is evaluated on a three-year cycle.

- The schedule (See Attachment # 2) has been revised to reflect the BOD actions through April 2010.

Attachments

Please contact demayo@aarc.org or mortenson@aarc.org to obtain the following attachment(s):

- Home Respiratory Therapy Service 062310.docx
- AARC Position Statement Review Schedule 062310.xls

American Association for Respiratory Care

9425 N. MacArthur Blvd, Suite 100, Irving, TX 75063

Position Statement

Home Respiratory Care Services

Home respiratory care is defined as those prescribed respiratory care services provided in a patient's personal residence. Prescribed respiratory care services include, but are not limited to:

- patient assessment and monitoring
- diagnostic and therapeutic modalities and services
- disease management
- patient, family and caregiver education

These services are provided on a physician's written, verbal or telecommunicated order and practiced under appropriate law, regulation, and qualified medical direction or physician supervision. A patient's place of residence may include, but is not limited to: single-family homes, multi-family dwellings, assisted living facilities, retirement communities, and skilled nursing facilities.

The goals of home respiratory care are to:

- achieve the optimum level of patient function through goal setting
- educate patients and their caregivers
- administer diagnostic and therapeutic modalities and services
- conduct disease state management
- promote health

It is the position of the American Association for Respiratory Care (AARC) that the respiratory therapist—by virtue of education, training, and competency testing—is the most competent health care professional to provide prescribed home respiratory care. The complexities of the provision of home respiratory care are such that the public is placed at a significant risk of injury when respiratory care services are provided by unqualified persons, either licensed or unlicensed, rather than by persons with appropriate education, training, credentials, and competency documentation.

Therefore, it is the position of the AARC that practitioners who are employed to provide home respiratory care possess the Certified Respiratory Therapist (CRT) or Registered Respiratory Therapist (RRT) credential awarded by the National Board for Respiratory Care, as well as state licensure or certification where applicable. ~~In addition, the AARC recognizes that for most clients continued access to home respiratory care is dependent on private insurance coverage along with state and federal reimbursement programs.~~

Effective 12/14/00

Revised ~~12/07~~ 07/10

The Position Statement Review Schedule will be a handout at the BOD meeting.

Public Relations Action Team

Reporter: Linda Smith

Last submitted: 2010-06-16 12:37:36.0

Recommendations

Report

The AARC has posted all four press releases on a link that is easy for the Affiliate Presidents to access and use. The next press release on air quality is scheduled to roll out in July. Committee members are currently contacting the Affiliate Presidents encouraging them to "get the word out". We have not yet completed assessing the success of the May release on Asthma.

The committee has reviewed 3 patient publications that have been updated and posted on the Year of the Lung website.

We are looking into the possibility of a terrific partnership with the COPD Demonstration Project with the Black Churches in America for later this year.

State Government Affairs

Chair: Tom McCarthy

Recommendations: None at this time

The legislative front has been quiet for the first half of 2010. The exception is Hawaii where the HSRC has mounted an intense effort to enact RT licensure, The RT licensure bill was passed by the HI legislature. The next step with any passed legislation is for the Governor to decide whether to veto it or not. The RT licensure legislation passed this hurdle, when Governor Lingle chose not to veto it. As this report is submitted we are optimistic that the bill will be signed into law, making Hawaii the 49th state along with the District of Columbia and Puerto Rico to regulate the profession. We will hold the celebrating until this actually happens.

Polysomnography remains on the radar as an issue that may, and probably will, emerge on the legislative front during upcoming sessions in several States. We will continue to monitor this area closely.

Several States, dealing with Medicaid budget issues are looking the costs to the Medicaid programs to care for hospital ventilator patients and the costs associated with these hospitalizations. Some states are realizing that caring for vent patients in other alternative sites, such as nursing facilities may be a way to reduce costs. These initiatives will bear scrutiny to assure that appropriate levels of Respiratory Care are available to patients. This Committee supported the efforts of the AARC's Long Term Care Section in the sending to all state Medicaid Directors copies of the AARC Guidance document establishing best practices for the care of the ventilator dependent patient in skilled nursing home facilities. The AARC letter urged states consider adopting the standards as a component of their Medicaid policies. TennCare, the Tennessee Medicaid program has already done so. We have heard that Pennsylvania's Medicaid Director has sent a positive reply back to the AARC offices and California's MediCal staff has called LTC Section Chair Gene Gantt with questions, showing positive interest.

Organizational Representatives

AMA CPT Health Care Professional Adv Comm

Reporter: Susan Rinaldo Gallo

Last submitted: 2010-06-18 13:44:33.0

Recommendations

Report

•1. NCCI Edits for Pulmonary Rehab

CMS released a draft National Correct Coding Edits related to the Pulmonary Rehab codes for non Medicare patients; G0237-9. CMS asked AMA/CPT to solicit comments from the AMA/CPT representatives of interest. The edits propose that several spiromtery codes should not be allowed with G0237-9. The organizations of interest (ATS, ACCP, NAMDRC, and AARC) submitted a joint response. Our response was that spirometry is not part of Pulmonary Rehab and therefore should not be bundled into Pulmonary Rehab.

2. Five Year RUC Review

The AMA RUC conducts regular 5 year reviews on codes. In this review they found that the codes listed below are reported separately less than 1 % of the time. Therefore, the ATS and ACCP will propose some group codes. We will have an opportunity to respond. Bottom line is you can expect some changes, hopefully neutral, in PFT codes:

94240 Residual lung capacity (lung volume measurement by helium dilution and nitrogen washout)

94260 Thoracic gas volume

94350 Lung nitrogen washout curve

94360 Measure airflow resistance (airway resistance)

94370 Breath airway closing volume

94720 Carbon monoxide diffusion capacity (single breath) (DLCO)

94725 Membrane diffusing capacity

•3. I continue to wait for a clarification on High Frequency Chest Wall Osculation (HFCWO). We are hoping for a response approving the use of CPT codes 94667 (Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation) and 94668 (subsequent) for HFCWO. Historically these have been used for "hands on" therapy only. Because of this, many facilities do not allow 94667 and 94668 to be used for HFCWO. I was expecting a response in the June edition of the CPT Assistant publication. However, there was no response and I have contacted them again.

American Association of Cardiovascular & Pulmonary Rehabilitation

Reporter: Debra Koehl

Last submitted: 2010-06-28 13:43:51.0

Recommendations

None at this time

Report

- Unable to participate on an AACVPR conference call on Individualized Treatment Plans and Patient Untowards events. Trina Limberg was on call and able to represent RRT''s on issues.
- Gave feedback on ITP proposals for AACVPR.
- Attending AACVPR meeting in Milwaukee in October representing AARC.

American Association for Critical Care Nurses

American Heart Association

American Society for Testing and Materials

Reporter: Robert McCoy

Last submitted: 2010-06-22 11:48:56.0

Recommendations

none

Report

ASTM F 29 subcommittee met in New Orleans May 17-19. The main focus of this meeting was the further discussion of airway devices. The development of that standard is ongoing.

I am attempting to get notification of discussion topics (as there are many) in advance of specific standard meetings to communicate to specialty section Chairs on the topic and agenda. This is proving to be more difficult than anticipated and I am still working to identify the leaders of specific standards under review.

At this meeting there was discussion of the ASTM standard for oxygen conserving devices. The recent article by McFadden raised awareness of the problem with the devices and the FDA requested that ASTM investigate the specifics of the standard and evaluate updating the current standard. A new work process has begun.

Chartered Affiliate Consultant

Reporter: Garry Kauffman

Last submitted: 2010-06-01 14:26:31.0

Recommendations

[None at this time]

Report

I was contacted by the leadership of the Washington Society for Respiratory Care, Carl Hinkson, during the International Congress to assist his affiliate leadership team. I conducted a strategic planning session that created a strategic plan, core values, and an operating plan to guide their affiliate throughout the next year. The operating plan was arrayed according to core strategies and included those initiatives that support the mission and strategic plan of the affiliate. Each initiative included the purpose, point person, timeline, key stakeholders/audiences, and metrics to measure performance. I have been in contact with Carl since the planning session two months ago to ensure implementation of the operating plan, communication with members and non-members, and initiation of performance metrics to gauge their accomplishments. As I have done with other affiliates (PA, NY, NJ, WV), I will remain in communication with WSRC leadership throughout the year.

I want to thank President Myers and the AARC Board of Directors for allowing me the opportunity to continue my work with chartered affiliates, with the goal of improving their operations to strengthen their affiliate as well as strengthen the AARC.

Respectfully submitted,

Garry W. Kauffman, MPA, FACHE, RRT, FAARC

Clinical Laboratory Standards Institute

Reporter: Susan Blonshine

Last submitted: 2010-06-23 07:56:21.0

Recommendations

[Recommendations must be SPECIFICALLY INSERTED here!]

1. Add a section on the website and AARC Times specifically for newly published guidelines from partner organizations. This would enhance the professional awareness of applicable published guidelines/standards and allow for a central site/source to find these documents. It would benefit both the educational community and the clinical groups in all sections.

Report

1. We responded to the call to review and revise the current H11-A4 document (Procedures for the Collection of Arterial Specimens). A respiratory therapist will be a committee member.
2. A call for nominations for a new project entitled Quality Management System: Laboratory Internal Audit Program is due June 30, 2010. It would be advisable to have a respiratory therapist on the committee.

3. Recently approved documents:

GP33-A-Accuracy in Patient and Sample Identification; Approved Guideline
This guideline describes the essential elements of systems and processes required to ensure accurate patient identification. The principles in this document may be applied to manual or electronic systems. Design considerations covered include criteria for accuracy, differences in inpatient vs outpatient settings that impact patient identification, language and cultural considerations, and standardization of processes across the health care enterprise.

Selection Criteria for Point-of-Care Testing Devices; Approved Guideline (POCT09-A)Provides guidance on selection of point-of-care testing (POCT) devices based on the patient care setting and clinical needs. It is designed as an aid to laboratory and facility management to simplify and facilitate the selection process but also allows evaluation of devices to identify those that are optimal to the patient care setting and population served.

Clinical Laboratory Institute POCT

Reporter: George Gaebler

Last submitted: 2010-06-28 13:23:14.0

Recommendations

None

Report

There have been several conference calls and I have been invloved with policy reviews and suggestions that have dealt with oximetry and some other testing Respiratory Care may be involved with. My suggestions have beeen incorporated in policy revisions. Nothing else to report. [Insert report here]

Committee on Accreditation of Air Medical Transport System

Reporter: Steven Sittig

Last submitted: 2010-06-22 17:49:47.0

Recommendations

None at this time

Report

The CAMTS BOD of Directors met in San Antonio in April for the first of three meetings this year. 32 programs were deliberated on for accreditation. Also an updated version of the soon to be released for comment 8th edition of the Standards were reviewed.

Also this yesr marks the 20th Anniversary of CAMTS which will be celebrated in October during the Board meeting in October in Ft Lauderdale. We are attempting to contact all past board members and site surveyors.

[

Extracorporeal Life Support Organization

Reporter: Donna Taylor

Last submitted: 2010-06-23 18:57:38.0

Recommendations

No recommendations at this time

Report

The Extracorporeal Life Support Organization along with the American Society for Extracorporeal Support (AmSect) are pursuing credentialling for ECMO Specialists. I will be assisting in the researching for this credentialling and with the creation of credentialling materials.

Joint Commission - Lab PTAC

Reporter: Franklyn Sandusky

Last submitted: 2010-06-10 14:13:23.0

Recommendations

[None at this time]

Report

Lab PTAC meeting was June 3, 2010. Discussion concerned updates form CMS. Group discussion about ISO standards. Should the Join Commission cross reference standards with ISO.

Each member gave an update on current initiatives of the member organization. Report respectfully submitted.

Frank Sandusky

Joint Commission - Ambulatory PTAC

Reporter: Michael Hewitt

Last submitted: 2010-06-22 10:43:10.0

Recommendations

[Recommendations must be SPECIFICALLY INSERTED here!]

Report

Nothing to report. No activity since last BOD meeting.

Joint Commission - Home Care PTAC

Medicare Coverage Advisory

National Asthma Education & Prevention Program

Representative: Tom Kallstrom, MBA, RRT

There is nothing new to report at this time.

National Coalition for Health Professional Education in Genetics

Reporter: Linda Van Scoder

Last submitted: 2010-06-14 13:51:52.0

Recommendations

[None]

Report

I submitted information to Debbie Bunch concerning new educational resources that have been made available on the Genetic Information Nondiscrimination Act (GINA) that the AARC supported. This information was produced by NCHPEG, the Genetics and Public Policy Center at Johns Hopkins, and the Genetic Alliance. The article will be published in the September issue of the AARC Times.

In June I responded to a Genetic Alliance survey that they are using to prepare remarks to the FDA on the Brown-Brownback Amendment, which deals with the diagnosis and treatment of rare diseases. They will specifically be providing comments on orphan drugs and humanitarian device process exemption. I will continue to monitor information from these organizations for opportunities for the AARC to participate.

Neonatal Resuscitation Program

Reporter: John Gallagher

Last submitted: 2010-06-23 13:26:56.0

Recommendations

There are no recommendations at this time

Report

The following report was written for the spring 2010 BOD Meeting but failed to reach the Board due to a technical problem during the submission process. There are no new updates to report.

The NRP Steering Committee (NRPSC) met on March 22nd and 23rd, 2010 in Elk Grove, Illinois at the AAP headquarters. The meeting was well attended by committee members and liaisons from throughout the country. I provided an update of AARC activity that was developed from discussions with AARC President, Tim Myers.

The agenda consisted largely of a final review of content for the sixth edition of the program''s textbook. The publication date for the new edition is scheduled for spring of 2011. The content changes will remain confidential until the International Liaison Committee for Resuscitation (ILCOR) publishes its update in mid-October of 2010. After that publication, the NRPSC will announce some of its most significant updates on the science of the program. I will work with members of the NRPSC and staff at the AAP to provide a formal announcement of changes geared specifically for respiratory care practitioners. I will also work with the chairperson of the AARC Neonatal / Pediatric Section on ways to best disseminate the new information.

Beyond the changes in resuscitation practice, the NRP will be implementing some significant changes to the structure of the training sessions, examination procedures, instructor obligations, and delivery format. I intend to provide the Neo / Peds section chair with a detailed account of those changes.

I am pleased to report that the NRPSC has utilized the role of the AARC liaison in a number of important ways since my last report. The AAP staff continues to direct questions from NRP providers regarding airway management and the use of resuscitation devices. The

NRPSC has also relied upon their AARC liaison to establish scripts and instructions for simulation videos designed for the latest edition of the instructor DVD.

The NRPSC will meet September 29th through October 1st , 2010 in San Francisco. The meeting will be held at the start of the annual AAP convention.

National Sleep Awareness Roundtable

Reporter: Mike Runge

Last submitted: 2010-06-02 09:23:03.0

Recommendations

[None at this time]

Report

The National Sleep Awareness Roundtable has no report at this time.

Thank you!

Simulation Alliance Society

Reporter: Robert Chatburn

Last submitted: 2010-06-22 10:20:03.0

Recommendations

1. **Continue relations with Simulation Alliance and consider sending representative(s) to taxonomy conference if possible.**
2. **Consider financial support of an AARC sponsored conference to establish consensus guidelines for simulator use during testing of mechanical ventilator performance.**

Report

In an effort to establish the level of interest in simulation among AARC members, I conducted a survey of members of the Education specialty section. The large majority of respondents indicated interest and experience using simulation for education. All levels of simulation, from simple mathematical models to high fidelity simulation centers are being used. I have submitted the survey project as an abstract to Respiratory Care journal (see attached). I previously sent the abstract to Sam Giordano, Tom Kallstrom and Tim Myers.

I am continuing to work with Ingmar Medical on organizational efforts to plan a conference among researchers in the area of ventilator performance testing with the goal of establishing a set of standards for using mechanical simulators. These stakeholders would include engineers from ventilator manufacturers as well as clinician scientists. We have made little progress mainly due to lack of time but we continue to believe that there is much interest and need for developing such standards.

Other

I received an update from my contact at the Simulation Alliance indicating that they are attempting to obtain funding for a conference to establish a taxonomy of simulation. I have attached her report.

Attachments

- Rob - Simulation Survey.doc
- Update from Sim Alliance June 2010.doc

DETERMINING INTEREST IN SIMULATION AMONG RESPIRATORY CARE EDUCATORS

Robert L. Chatburn, MHHS, RRT-NPS, FAARC, Teresa A. Volsko, MHHS, RRT, FAARC

BACKGROUND: The American Association for Respiratory Care (AARC) has a working relationship with an organization called the Simulation Alliance (SA), which was formed by members of the Society for Simulation in Healthcare. As a coordinating center or clearinghouse, the SA gathers common goals and initiatives, shares resources and develops guidelines and potentially even standards related to simulation-based education. The objective of this research endeavor was to determine the level of interest among AARC members who might be stakeholders in simulation programs.

METHODS: An online survey was designed and distributed using SurveyMonkey.com. The AARC board of directors approved survey content and members of the AARC Education Specialty Section were invited to participate in March of 2010. Descriptive statistics (percent of total responses and number responding) were used to report the results.

RESULTS: Emails were sent to 930 members of the AARC education section. Responses were received from 310 practitioners (33% response rate). Interest levels were - Very interested:75.5% (234); Interested: 16.5% (51), Neutral: 5.2% (16); Mostly disinterested: 2.6% (8); Not interested: 0.3% (1). More than half of the respondents reported active involvement in simulation for training and competency documentation; 56.5% (175). The level of involvement in simulation was as follows - simple mathematical simulations (e.g., blood gas calculator): 10% (31); complex mathematical simulations (e.g., ventilator simulator): 32.5% (53); simple mechanical simulations (e.g., intubation simulators): 59.5% (97); complex mechanical simulators (e.g., IngMar ASL 500 lung simulator): 46.0% (75); simulation center: 44.8% (73); other 20% (33). Respondents said their current simulation activities take place in – hospitals: 20.7% (34); college/university: 78% (128); private company: 1.8% (3); other: 4.9% (8). Approximately one third, 34.5 % (n =107) of those surveyed were willing to participate in the AARC's ongoing exploration of simulation in healthcare, and provided contact information.

CONCLUSIONS: In this study of members of the AARC, the large majority of respondents indicated interest and experience using simulation for education. All levels of simulation, from simple mathematical models to high fidelity simulation centers are being used. These data should support the AARC's ongoing activities related to simulation in education and inform future initiatives.

Update from Yue Ming Huang – Simulation Alliance (June 2010)

Simulation Taxonomy Project

Objective:
Create a standard nomenclature and taxonomy for healthcare simulation-based education and research.

Desired Outcome:
The healthcare education community will have a standard language to discuss simulation-based activities, which will be endorsed by specialty societies, organizations and accrediting agencies as well as reinforced by journal requirements and vendors.

Background:
Conference meeting discussions as well as evidence from the simulation community (via listservs and online forums) indicate that there is controversy and confusion regarding the language surrounding simulation-based activities. Definitions of various terms mean different things to different groups. Many recognize that without a standard language to describe the activities, it is very difficult to develop standards for curriculum and assessment. There have been attempts to create a common glossary or a taxonomy, but efforts done in silos or by specialty societies serve the needs of only a few and do not resolve the issues of the larger healthcare education community. The Simulation Alliance, whose members are the specialty societies or other organizations with an interest in simulation, would like to initiate a cohesive and collaborative effort to work on this project.

People:
The Simulation Alliance is leading this project in collaboration with SSH committees:

1. Simulation Alliance- chaired by Yue Ming Huang. http://www.ssih.org/SSIH/SSIH/Home/SimulationAlliance/Default.aspx This group has determined that the taxonomy project is a high priority project that will be of high yield to the community. Kim Leighton (International Nursing Association for Clinical Simulation and Learning, INACSL) and Mary Holtschneider (National Nursing Staff Development Organization), along with other members from the Simulation Alliance will be facilitating the process.
2. Corporate Council – chaired by Donna Towers. This group will ensure that the corporate sector is actively involved in this process, as it is important that simulator manufacturers also use a common language in their marketing and training events.
3. Certification, Accreditation, and Technology Standards (CATS) - Beth Mancini – http://www.ssih.org/SSIH/SSIH/Committees1/CredentialingAccreditationTechnologyandStandardsCATS/Default.aspx. This group is working on creating a glossary for certification and accreditation use.
4. Technology and Standards (T&S)– chaired by John Rice and David Feinstein. CATS subcommittee focusing on developing standards for simulation technology.

5. Society for Simulation in Healthcare leadership – Michael DeVita, past President, Mary Patterson, current President and Robin Wootten, Executive Director. Will provide staff and online resources to start this project.

Process:
The above groups are working on a large conference grant to convene leaders of simulation and healthcare education organizations to discuss the problematic terms. The Utstein and Delphi processes will be used to explore areas of dissent and to reach consensus. Information will be disseminated back to the community via the societies and organizations' websites.

Roundtables

Asthma Disease Management Roundtable

Reporter: Eileen Censullo

Last submitted: 2010-06-22 09:30:12.0

Recommendations

Think about me contacting roundtable members to notify them of AARC Connect. We do not have many members yet and I can invite them through AARC Connect to expand our roundtable.

Report

We have many conversations and topics daily floating through the Roundtable. A lot of conversations focusing on AE-C Exam, reimbursement, and recertification versus continuing education. I would like to contact Susan Blonshine who is on the list. She indicated she was a founding member and could clarify this issue.

Other

I wrote an article for Allergy and Asthma and Asthma Camps in May.

Consumer Roundtable

Representative: Sam P. Giordano, MBA, RRT, FAARC

This will be included in the Executive Office Report.

Disaster Response Roundtable

Reporter: Steven Sittig

Last submitted: 2010-06-22 18:00:16.0

Recommendations

The latest tally of membership to this roundtable was 335 only 15 short of the number needed to attain section status. I would like to recommend that the BOD consider elevating this roundtable to a section to allow it to grow further. This would allow for a quarterly bulletin and an elected section chair. I believe this is the time to move forward as this is one of a growing number of areas where RT's are becoming more involved in everyday.

Report

The list serve has been active with important postings. Numerous roundtable members have been involved in international relief efforts.

Geriatrics Roundtable

Reporter: Mary Hart

Last submitted: 2010-06-21 14:42:23.0

Recommendations

No Recommendations

Report

The Geriatrics Roundtable Committee Members continue to support the AARC Times "Coming Of Age" by submitting interesting articles. We have a few new authors that have done a great job this year!

The Roundtable is planning a meeting to be held again this year at the Congress Meeting in Dec. to discuss future ideas and how they can best assist the AARC with RT staff development in geriatric patient education, treatment and communication.

Hyperbaric Roundtable

Reporter: Clifford Boehm

Last submitted: 2010-06-10 12:27:50.0

Recommendations

None at this time.

Report

The listserve continues to promote both scientific and practical discussions of hyperbaric medicine.

Our request to put on a mini-posium regarding Hyperbaric Medicine at the December AARC meeting has been accepted.

Informatics Roundtable

International Medical Mission Roundtable

Military Roundtable

Reporter: David Vines

Last submitted: 2010-06-23 22:38:22.0

Recommendations

[Recommendations must be SPECIFICALLY INSERTED here!]

Report

Nothing new to report.

Neurorespiratory Roundtable

Reporter: Lee Guion

Last submitted: 2010-06-22 19:31:08.0

Recommendations

Recommendations

Background: Members of the Neurorespiratory Roundtable have reported seeing an increase in the number of patients diagnosed with ALS. A member in western Canada has voiced concern that existing long-term care facilities designed for frail elders are not suitable for younger patients whose disabilities are caused by neuromuscular disease. Members who work in Veterans Administration medical centers throughout the country have seen a dramatic increase in ALS patients, young and old. One reason may be that ALS has been recently defined as a service-related disease so access to treatment is now streamlined. Neurologists, pulmonologists, RCPs, and other allied health professionals without experience with ALS are scrambling to develop care teams and provide effective care to this patient population. Past chairs of the NR roundtable and current members have voiced support for the development of neurorespiratory education modules to be used by respiratory care department managers and respiratory therapy program educators.

Recommendation: With the need for training in neurorespiratory disease growing, the chair should begin the active process with roundtable member volunteers of developing a detailed education program, with the long-range goal of a *specialty certification* within the AARC. Education options, such as distance learning and on-line classes as well as *CEU programs* offered as part of the annual AARC Congress would all be explored. The chair would like to explore these possibilities with appropriate members of AARC leadership.

Report

We are an active listserv with members submitting questions and receiving useful and timely responses. Published articles in peer-reviewed medical journals contributing to best practice in neurorespiratory care are identified and shared with members. This past quarter members of the NR roundtable were asked to share ways in which they had publicized and contributed to this AARC specialty. Respondents spoke on a variety of topics in their home regions. Specific lecture topics included: traumatic and non-traumatic spinal cord injury; proactive prevention of respiratory complications after a spinal cord injury; new approaches to airway clearance that improve patient participation and success; managing ALS with noninvasive and mouthpiece ventilation; and the challenges and benefits of polysomnography in the neuromuscular patient population. One member was lead author in an article published in a peer-reviewed medical journal. Members who had submitted presentation proposals for the 2010 AARC Congress were notified of acceptance or rejection. Roundtable members will have the opportunity to meet with one another in Las Vegas in December. The chair had an

abstract accepted by the Motor Neuron Disease Association and will be presenting at the Allied Professionals' Forum of the International NMDA Scientific Symposium on December 10, 2010.

Other

The "charges" to the neurorespiratory roundtable in the sidebar to the submission form should be changed to reflect the specific goals/charges of this group. Thank you.

Research Roundtable

Reporter: John Davies

Last submitted: 2010-06-18 11:06:57.0

Recommendations

For the next period I will attempt to stimulate more exchange through scientific literature review.

Report

There has little activity over in this reporting period.

Other

[Insert other information here]

Tobacco Free Lifestyle Roundtable

Reporter: Jonathan Waugh
Last submitted: 2010-06-23 08:53:28.0

Recommendations

Request that the BOD recommends inclusion of a national "Tobacco Treatment Specialist" credential (available in several forms) in future discussions of "2015 and Beyond" material when specialty areas within the profession are considered or written about (such as in Table 14 of "Competencies Needed by Graduate Respiratory Therapists in 2015 and Beyond," in Respir Care 2010;55(5):601-616).

Report

1. The TFL roundtable mailing list has just started to make the transition to AARConnect. This should serve as a culling of the membership roster.

2. Our proposal for William Bailey, MD, (co-author of the US PHS Treating Tobacco Use and Treatment Guidelines 2008 Update) to be a speaker at the 2010 AARC International Congress was declined. We will continue to submit proposals in the future and welcome suggestions from the BOD.

Other

1. Several TFL roundtable members are scheduled to present on tobacco intervention/treatment topics at the AARC International Congress in December.

2. Comments on the 2015 and Beyond Special Article in the May 2010 issue of Respiratory Care in relation to tobacco treatment in respiratory care curriculum:

a. Tobacco intervention/treatment skills in medical school curriculum is currently being studied for improvement. Does the BOD think this is a worthy undertaking for our profession?

b. Competency Area II(a) "Chronic Disease Management" is a strong mandate to enhance tobacco intervention skills in respiratory care curriculum. Being a skill rather than just a special knowledge area, tobacco intervention should have a laboratory proficiency required (in my opinion).

Ad Hoc Committees

Ad Hoc Committee on Cultural Diversity

Reporter: Joseph Huff

Last submitted: 2010-06-26 10:13:49.0

Recommendations

[None]

Report

[Insert report here

Charge: Develop a mentoring program for AARC members with the purpose of increasing the Diversity of the BOD and HOD.

Status: The Committee will be mentoring a therapist at the Summer Meeting. Thanks to the Delegates from Florida and Mikki Thompson for working with Mr. John Wilgis and inviting him to the 2010 Summer House of Delegates and Board of Directors Meeting. Mr. Wilgis Resume is attached. I hope you find Mr. Wilgis''s Resume as impressive as I did.

The Delegate from Nevada, John Stienmetz has contacted me with the name of a candidate for the Fall Meeting in Las Vegas.

Charge: The Committee and the AARC will continue to monitor and develop the web page and other assignments as they arise.

Status: Ongoing.

Other

[Insert other information here]

Attachments

- Culture Diversity 2010 JohnWilgisCURRICULUMVITAE2010.doc

CURRICULUM VITAE

JOHN S. WILGIS, MBA, RRT
1326 W. Princeton Street
Orlando, Florida 32804
(407) 446-2151

OBJECTIVE: Embrace challenges with dedication and enthusiasm that ensures success.

EXECUTIVE SUMMARY:

- A successful background in leadership, education, quality assurance, program development, scheduling, operational improvement, and physician liaison.
- Twenty-three years of extensive healthcare clinical and administrative experience.
- Diverse educational experience incorporating teaching, mentoring, lecturing and educational coordination within the field of respiratory care, healthcare, emergency management, and professional behavior.
- Participation in project development including hospital emergency management and preparedness, outpatient pulmonary rehabilitation, medication safety systems, hyperbaric oxygen therapy, and various hospital-based Continuous Quality Initiative programs.

EDUCATION:

University of Phoenix — 2007
Phoenix, Arizona
Masters in Business Administration - Healthcare Management

University of Phoenix — 2005
Phoenix, Arizona
Bachelor of Science – Healthcare Services

Florida Community College Jacksonville — 2001
Jacksonville, Florida
Associate in Arts – General Studies

Flagler Career Institute — 1989
Jacksonville, Florida
Diploma – Registered Respiratory Therapist

Flagler Career Institute — 1987
Jacksonville, Florida
Diploma – Certified Respiratory Therapist

LICENSURE:

State of Florida — Current
Registered Respiratory Therapist
RT – 0002798

BOARD CERTIFICATION:

Registered Respiratory Therapist — 1989
National Board for Respiratory Care

Certified Respiratory Therapist — 1987
National Board for Respiratory Care

CERTIFICATIONS:

Advanced Disaster Medical Response Provider Course International Trauma and Disaster Institute Massachusetts General Hospital Boston, Massachusetts	2009
Disaster Management and Emergency Preparedness Course Disaster Sub-Committee, Committee on Trauma American College of Surgeons Orlando, Florida	2008
Pandemic Preparedness & Avian Influenza Course Florida Hospital Association & Roche Orlando, Tampa, and Jacksonville, Florida	2007
Emergency Support Function – 8 Training Florida Department of Health Office of Emergency Operations Self-Study Module	2007
FEMA – Introduction to the Incident Command System IS-00100 Emergency Management Institute	2007
FEMA – ICS for Single Resources and Initial Action Incidents IS-00200 Emergency Management Institute	2007
FEMA – National Incident Management System IS-00700 Emergency Management Institute	2007
FEMA – National Response Plan (NRP), an Introduction IS-00800.A Emergency Management Institute	2007

PROFESSIONAL ORGANIZATIONS:

Florida Hospital Association	Current
American College of Healthcare Executives (#400400)	Current
Florida Society for Respiratory Care (#C5-3992-97)	Current
American Association for Respiratory Care (#9165620)	Current
Florida Society for Healthcare Security, Safety & Emergency Management Professionals	Current

PROFESSIONAL ACTIVITES:

Florida Society for Respiratory Care President-Elect	2010 - Present
Florida Society for Healthcare Security, Safety & Emergency Management Professionals	2006 – Present

Staff Liaison

Florida Society for Respiratory Care — 2009 – 2010
Past - President

Florida Hospital Association — 2007 – 2009
Lobbyist, State of Florida

Florida Society for Respiratory Care — 2008 – 2009
President

Florida Society for Respiratory Care — 2007 – 2008
President-Elect

Florida Society for Respiratory Care — 2005 – 2007
Parliamentarian

Florida Society for Respiratory Care — 2003 – 2005
Chapter 5 Director

American Heart Association — 2001 – 2003
BLS Instructor

Special Needs Shelter Respiratory Care Coordinator — 2000 – 2004
Memorial Hospital Jacksonville
Landmark Middle School
Duval County Department of Health
Jacksonville, Florida

BUSINESS ORGANIZATIONS:

Florida Hospital Association, Inc. — 2006 –
Present
Director, Emergency Management Services
Tallahassee and Orlando, Florida

Memorial Hospital Jacksonville — 2006
Assistant Director – Cardiopulmonary Services
Jacksonville, Florida

Memorial Hospital Jacksonville — 2004 - 2006
Director – Memorial Wound & Hyperbaric Center
Jacksonville, Florida

Memorial Hospital Jacksonville — 2003 - 2004
Education Coordinator – Respiratory Care Services
Jacksonville, Florida

Memorial Hospital Jacksonville — 2001 - 2003
Supervisor – Respiratory Care Services
Jacksonville, Florida

Memorial Hospital Jacksonville — 1995 - 2001
Assistant Supervisor – Respiratory Care Services
Jacksonville, Florida

Memorial Hospital Jacksonville — 1989 - 1995
Staff Therapist – Respiratory Care Services
Jacksonville, Florida

Baptist Medical Center — 1988 – 1989
Assistant Supervisor – Respiratory Care Department
Jacksonville, Florida

Baptist Medical Center — 1987 – 1988
Staff Therapist – Respiratory Care Department
Jacksonville, Florida

Flagler Career Institute — 1987 – 1988
Instructor – Certified Respiratory Therapy Program
Jacksonville, Florida

Flagler Career Institute — 1988 – 1989
Clinical Instructor – Certified Respiratory Therapy Program
Jacksonville, Florida

St. Luke's Hospital — 1986 – 1987
Biomedical Technician and EKG Technician – Respiratory Therapy Department
Jacksonville, Florida

APPOINTMENTS / COMMITTEES:

Hospital Emergency Water Supply Plan Review Workgroup — 2009 – Present
Subject Matter Expert
American Water Works Association
Centers for Disease Control and Prevention

NIMS Healthcare Focus Group — 2009 - Present
Subject Matter Expert / Focus Group Member
Federal Emergency Management Agency
Incident Management Systems Integration Division

Florida Domestic Security Funding Committee for Medical Surge — 2009 – Present
Facilitator
Florida Department of Law Enforcement

Hospital Security Work Group — 2009 – Present
Work Group Liaison
Florida Hospital Association

Vulnerable Populations Work Group — 2009 – Present
Work Group Member
Florida Department of Health

Hospital Surge Capability Team — 2008 – Present
F.K.A. – CDC / HRSA Advisory Committee

Co-Lead
Florida Department of Health

A2 Emergency Readiness Group 2006 – Present
Florida Hospital Association Representative
American Hospital Association

Florida Domestic Security Oversight Council 2007 – Present
Governor Appointed Representative for Florida Hospital Association
Florida Department of Law Enforcement

State Working Group Executive Board 2006 – Present
Subject Matter Expert and Hospital Liaison
Florida Department of Health / Florida Department of Law Enforcement

Emergency Medical Services Advisory Committee 2006 – Present
Committee Member
Florida Department of Health

Legislative Committee 2007 – Present
Committee Chair
Florida Society for Respiratory Care

Biomedical-Pharmacy Technical Advisory Committee 2008 – 2009
Advisory Committee Member
Florida Department of Environmental Protection

Florida COPD Coalition 2008 – 2009
Steering Committee Member
Florida COPD Foundation

Technical Advisory Panel 2008 – 2009
Subject Matter Expert
Centers for Disease Control and Prevention
U.S. Department of Veteran's Affairs

Ventilator Capability & Capacity Sub-Committee 2007 – 2009
Committee Chair
American Association for Respiratory Care

Joint Advisory Committee 2007 – 2009
Communications Capabilities of Emergency Medical and Public Health Care Facilities
Federal Communications Commission

Hospital Surge Capability Team Ventilator Sub-Committee 2004 – 2009
Committee Chair
Florida Society for Respiratory Care

Hospital Surge Capability Team 2007 – 2008
F.K.A. – CDC / HRSA Advisory Committee
Member

Florida Department of Health

Internal Audit Committee — 2007 – 2008
Committee Chair
Florida Society for Respiratory Care

Healthcare Summit on Emergency Communications: — 2007
Preparedness, Response and Recovery
Panel Member
Federal Communications Commission

Mass Casualty Respiratory Failure Panel — 2006 - 2007
Subject Matter Expert
Centers for Disease Control and Prevention

CDC / HRSA Advisory Committee — 2006 – 2008
Committee Member
Florida Department of Health

River City Symposium Planning Committee — 2006
Co-Chair
Florida Society for Respiratory Care

Florida Community College Jacksonville, Respiratory Care Program — 2003 – 2006
Advisory Committee Member
Jacksonville, Florida

River City Symposium Planning Committee — 1999 – 2006
Committee Member
Florida Society for Respiratory Care

Pulmonary Critical Care Symposium Planning Committee — 1997 – 1999
Committee Member
American Lung Association

COMMUNITY INVOLVEMENT:

"2006 Heartwalk" — 2006
American Heart Association
Jacksonville, Florida

"2006 Asthma Walk" — 2006
American Lung Association
Jacksonville, Florida

"2005 Heartwalk" — 2005
American Heart Association
Jacksonville, Florida

"2005 Asthma Walk" — 2005
American Lung Association
Jacksonville, Florida

"2004 Heartwalk" — 2004
American Heart Association
Jacksonville, Florida

EDUCATIONAL / TEACHING EXPERIENCE:

2009 – "H1N1" 7/29/09
University of Central Florida, Cardiopulmonary Program
Orlando, Florida

"Disaster Response and Health Care" 5/27/09
Daytona State College
Daytona Beach, Florida

"Disaster Response and Respiratory Care" 4/25/09
Combined Student Boot Camp
University of Central Florida, Valencia Community College and Seminole Community College
Orlando, Florida

"Disaster Response and Respiratory Care" 3/23/09
Broward College
Margate, Florida

2007 – "Disaster Response and Respiratory Care – Student Presentation" 5/3/07
Santa Fe Community College
Gainesville, Florida

"Pandemic Influenza" 4/13/07
FSRC Student Boot Camp
University of Central Florida and Valencia Community College
Orlando, Florida

"Disaster Response and Respiratory Care – Student Pilot Presentation" 4/4/07
Miami-Dade College
Miami, Florida

"Disaster Response and Respiratory Care – Student Pilot Presentation" 3/26/07
Valencia Community College
Orlando, Florida

"Disaster Response and Respiratory Care – Student Pilot Presentation" 2/22/07
University of Central Florida
Orlando, Florida

2006 & Older - "Neonatal Intensive Care and Respiratory Care – Part 1" 2001 – 2004
Respiratory Services Department
Memorial Hospital Jacksonville
Jacksonville, Florida

"Neonatal Intensive Care and Respiratory Care – Part 2" 2001 – 2004
Respiratory Services Department
Memorial Hospital Jacksonville
Jacksonville, Florida

"Hemodynamic Review" 2001 – 2004
Respiratory Services & Nursing Departments
Memorial Hospital Jacksonville
Jacksonville, Florida

"Intra-Aortic Balloon Pump: An Introduction" 2001 – 2004
Respiratory Services Department
Memorial Hospital Jacksonville
Jacksonville, Florida

"CXR Interpretation" 2001 – 2004
Respiratory Services Department
Memorial Hospital Jacksonville
Jacksonville, Florida

"Employee Hospital Orientation" 2001 – 2004
Respiratory Services Department
Memorial Hospital Jacksonville
Jacksonville, Florida

"Oxygen Safety" 2001 – 2004
All departments
Memorial Hospital Jacksonville
Jacksonville, Florida

"NBRC Threats" 2001 – 2004
Respiratory Services Department
Memorial Hospital Jacksonville
Jacksonville, Florida

"Professionalism in the Workplace" 2001 – 2004
Respiratory Services Department
Memorial Hospital Jacksonville
Jacksonville, Florida

"Bi-Level Ventilation" 2001 – 2004
Respiratory Services Department
Memorial Hospital Jacksonville
Jacksonville, Florida

"Swan-Ganz Catheter Overview" 2001 – 2004
Respiratory Services & Nursing Departments
Memorial Hospital Jacksonville
Jacksonville, Florida

"Cardiopulmonary Profile Components" 2001 – 2004
Respiratory Services & Nursing Departments
Memorial Hospital Jacksonville
Jacksonville, Florida

"Cardiopulmonary Anatomy & Physiology – Part 1" 2001 – 2004
Respiratory Services Department
Memorial Hospital Jacksonville
Jacksonville, Florida

"Cardiopulmonary Anatomy & Physiology – Part 2" 2001 – 2004
Respiratory Services Department
Memorial Hospital Jacksonville
Jacksonville, Florida

"Student Hospital Orientation" 2001 – 2004

Respiratory Services Department
Memorial Hospital Jacksonville
Jacksonville, Florida

"ABG Interpretation" 2001 – 2004
Respiratory Services & Nursing Departments
Memorial Hospital Jacksonville
Jacksonville, Florida

"Aerosol & Humidity Therapy Concepts" 2001 – 2004
Respiratory Services Department
Memorial Hospital Jacksonville
Jacksonville, Florida

"Suctioning and Airway Management" 2001 – 2004
Respiratory Services & Nursing Departments
Memorial Hospital Jacksonville
Jacksonville, Florida

"HIV Update" 2001 – 2004
Respiratory Services Department
Memorial Hospital Jacksonville
Jacksonville, Florida

"Chest Tube Management" 2001 – 2004
Respiratory Services & Nursing Departments
Memorial Hospital Jacksonville
Jacksonville, Florida

"Acute Respiratory Distress Syndrome" 2001 – 2004
Respiratory Services & Nursing Departments
Memorial Hospital Jacksonville
Jacksonville, Florida

CONTINUING EDUCATION PRESENTATIONS:

2010 – "H1N1 Update and Responses to Pandemics" 3/4/10
Florida Association for Healthcare Recruiters, Florida Society for Healthcare Education and Training, Florida Society for Healthcare Human Resources Administration Combined Conference
Hutchinson Island, Florida

2009 – "Disaster Response and Respiratory Care" 10/27/09
NICU Critical Care Update
Winnie Palmer Hospital
Orlando, Florida

"An Approach to Alternative Care" 9/11/09
Webinar Presentation
South Carolina Hospital Association
Myrtle, South Carolina

"Disaster Response and Respiratory Care" 4/24/09
Space Coast Pulmonary Symposium
Cocoa Beach, Florida

	"Improving Access in the Community via Community-Hospital Collaboration: Lessons Learned and Key Ingredients for Success" Miami-Dade County Health Department Miami-Dade Health Action Network Miami, Florida	3/12/09
	"An Approach to Alternative Care: A Hospital's Position during a Disaster" Baptist Hospital South Florida Baptist Hospital South Florida Medical Staff and Administration Miami, Florida	3/12/09
	"Disaster Response and Respiratory Care" 1st Annual Tallahassee Memorial Hospital Conference Tallahassee Memorial Hospital Tallahassee, Florida	2/6/09
	"Improving Access in the Community via Community-Hospital Collaboration: Lessons Learned and Key Ingredients for Success" Florida Department of Health Office of Health Statistics and Assessment Community Partnerships Workgroup Orlando, Florida	1/27/09
	"Hospital and Alternate Care Facilities Coordination" Florida Department of Health & the Centers for Disease Control and Prevention Florida's Annual Strategic National Stockpile State Assessment Tallahassee, Florida	1/8/09
2008 –	"Application of Alternative Care Standards and Scarce Resources" Miami-Dade County Hospital Preparedness Consortium Miami, Florida	12/10/08
	"EPA Region 4 Hospital Enforcement Initiative Overview" Florida Healthcare Corporate Compliance Association Orlando, Florida	12/4/08
	"Disaster Response and Respiratory Care" 17th Annual Halloween Blitz North Florida Regional Medical Center Gainesville, Florida	10/31/08
	"Disaster Response and Respiratory Care" FSRC Southernmost Seminar Lower Keys Medical Center Key West, Florida	8/15/08
	"Disaster Preparedness and Information Technology – A Statewide perspective" Summer '08 Program: Health Care IT Disaster Recovery & Business Continuity South Florida Health Information Systems Society Miami, Florida	6/26/08
	"Disaster Response and Respiratory Care" 2008 FSRC Sunshine Seminar Florida Society for Respiratory Care Orlando, Florida	5/29/08

"Disaster Response and Healthcare" 5/7/08
Pulmonary Critical Care Symposium
American Lung Association
Jacksonville, Florida

"Hospital Evacuation and Patient Movement" 5/5/08
Emergency Services Branch Directors
Florida Division of Emergency Medical Operations
Florida Division of Emergency Management
Tallahassee, Florida

"Disaster Response and Respiratory Care" 4/25/08
Space Coast Pulmonary Symposium
Cocoa Beach, Florida

"Pandemic Influenza Update" 3/28/08
South Carolina Hospital Association
Columbia, South Carolina

"Ventilator Stockpiling vs. Distribution" 3/28/08
South Carolina Hospital Association
Columbia, South Carolina

"Disaster Response and Respiratory Care" 2/15/08
West Virginia Society for Respiratory Care
New Canaan Valley, West Virginia

2007 – "Pandemic Influenza Update" 12/11/07
Pandemic Influenza Workshop
Florida Hospital Association and Roche
Orlando, Florida

"Hospital Preparedness Planning" 12/11/07
Pandemic Influenza Workshop
Florida Hospital Association and Roche
Orlando, Florida

"Disaster Response and Healthcare" 11/2/07
Pulmonary Critical Care Symposium
American Lung Association
Palm Beach Community College
Palm Beach, Florida

"Disaster Response and Respiratory Care" 10/26/07
Bethesda Healthcare System
Boynton Beach, Florida

"Hospital Preparedness Planning" 10/24/07
Pandemic Influenza Workshop
Florida Hospital Association and Roche
Tampa Hospice
Tampa, Florida

"Disaster Response and Respiratory Care" 10/19/07
St. Joseph's Hospital
Tampa, Florida

"Disaster Response and Respiratory Care" 10/12/07
Mease Dunedin Hospital
Dunedin, Florida

"Hospital Preparedness Planning" 9/7/07
Pandemic Influenza Workshop
Florida Hospital Association and Roche
Shands Jacksonville
Jacksonville, Florida

"Ventilator Stockpile vs. Distribution" 7/17/07
AARC Summer Forum
American Association for Respiratory Care
Reno, Nevada

"Hurricanes and Hospitals: The Lessons Learned" 6/17/07
Florida Governor's Hurricane Conference
Fort Lauderdale, Florida

"Disaster Response and Healthcare" 5/4/07
Pulmonary Critical Care Symposium
American Lung Association
Carrolton, Florida

"Disaster Response and Healthcare" 4/26/07
Pulmonary Critical Care Symposium
American Lung Association
Jacksonville, Florida

"Disaster Response and Respiratory Care" 3/15/07
River City Symposium
Florida Society for Respiratory Care
Jacksonville, Florida

"First Receiver Response" 2/18/07
Emergency Services Branch Directors
Florida Department of Law Enforcement
Florida Division of Emergency Management
Florida Division of Emergency Medical Operations
Tallahassee, Florida

"Pandemic Influenza Update" 1/26/07
St. Vincent's Winter Seminar
St. Vincent's Medical Center
Jacksonville, Florida

2006 & Older – "NBRC Threats" 10/06
University of Central Florida
Florida Society for Respiratory Care
Orlando, Florida

ABSTRACTS / POSTERS:

Wilgis, J. Hospital Accreditation Standards Conform to National Incident Management System (NIMS) Intent Reducing Redundancy. Department of Health and Human Services, Office of Assistant

Secretary for Preparedness and Response, Healthcare Preparedness Program, Program Evaluation Section as part of the National Healthcare Preparedness Evaluation & Improvement Conference. July 2009.

McDonough M, Wilgis J, Martinasek M, Salazar J, De Kler R, Stephan P, Kirley S. (2007). Instructional Effectiveness of Disaster Preparedness and Response Training Focused on Respiratory Therapy Programs in Florida: A Pilot Program. *Respiratory Care*. 54:8. Presented as a poster at the AARC 53rd International Congress for Respiratory Care. December, 2007.

PUBLICATIONS:

McDonough, M., Wilgis, J. (January 2010). Mechanical Ventilator Surge Capacity – Stockpile Logistics. *AARC Times.* 34:1, 16-18.

Wilgis, J. (June 3 2008). Florida Hospital Association Helps with the Emergency Coordination of Resources. *South Florida Hospital News*. 4:12, 36.

Wilgis J. (April 2008). How to be Prepared for a Pandemic. *AARC Times.* 32:4, 28-32

American Association for Respiratory Care. (April 2008). On The Cover: John Wilgis Takes on Disaster Planning in Florida. *AARC Times.* 32:4, 6-10. Interview article.

American Association for Respiratory Care. (2008). Professor's Rounds 2008 Series: An Update of Mass Casualty Ventilation Guidelines and Standards. 1 CRCE DVD Presentation.

Wilgis J. (January 2008). Strategies for Providing Mechanical Ventilation in a Mass Casualty Incident: Distribution Versus Stockpiling. *Respiratory Care.* 53:1, 96-103.

Wilgis, J. (April 2007). The Challenge of Transport and Ventilator Management in Biohazard Situations. *AARC Times.* 31:4, 34-37.

American Association for Respiratory Care. (September 2005). Preparing for the Worst: FSRC Plays Integral Role in State Emergency Preparedness Efforts. *AARC Times.* 29:9, 84-85. Interview article.

Ad Hoc Comm on Officer Status in the US Uniformed Services

Reporter: David Vines

Last submitted: 2010-06-23 22:22:23.0

Recommendations

[None at this time]

Report

We are still waiting to hear from Air Force Leadership on their thoughts regarding officer status. We have contacted the Dr. Hayes and Dr. Emmons (Chief of Pulmonary at BAMC) to discuss the steps needed to establish a Warrant Officer for Respiratory Care in the Army.

Ad Hoc Committee on Home Oxygen

Reporter: Kent Christopher

Last submitted: 2010-06-23 15:31:40.0

Recommendations

none]

Report

[Committee includes Dr. Kent Christopher, Bob McCoy, Dr. Brian Carlin, Patrick Dunne and Dr. Nick Hill. A search produced a list of references and now the committee will collate articles and begin a review of PDFs. The group will then report back to the AARC BOD and executive office as next steps

Ad Hoc Committee on Protocol Implementation

Reporter: Emily Zyla

Last submitted: 2010-06-22 09:29:50.0

Recommendations

No recommendations at this time

Report

Charge 1 - Several protocols samples have been submitted to the committee and I will be sending them to the website for updating the protocol resources area. These do comply with current standards of care and practice.

Charge 2 - Protocol Survey project data has been extrapolated and published. Comprehensive Strategic Plan is still to be formulated.

Ad Hoc Committee on Pinnacle Award

Reporter: Jerry Edens

Last submitted: 2010-06-16 12:56:27.0

Recommendations

Recommend for adoption to the present qualifications to establish a 2nd tier for the QRCR program

Department Organization and Staffing

Respiratory care is utilizes evidence based practice (ex: guidelines/ pathways and/or protocols)

The department has a system in place to assess the work demand and adjust staffing appropriately to meet the needs of patients

Programs are in place to engage staff in decisions as well as identify opportunities for improvement. Evidence of programs includes any of the following

Use a process that periodically compares performance of your hospital on efficiency and quality metrics with similar hospitals for the purpose of identifying and achieving best practice.

Regularly scheduled staff meetings

Shared Governance Models in place

Results of employee survey tools are utilized to monitor staff satisfaction communication and engagement..

Staff Development

•· Department has an ongoing training and education programs based on an annual needs assessment.

•· At least 50% of the staff hold the RRT Credential

•o The department supports staff in the achievement of the RRT credential.

•o Policy requiring attainment of RRT for new graduates within a specified time period

•o Requirements for promotion require RRT credential

Professional Activities

•· The department is active in the community by evidence of ongoing participation in events and programs sponsored through their facilities, or through other community or professional organizations. Examples of activities include:

•o The sponsoring of activities that engage patients and their families

•o Participation in respiratory professional society activities

•o Community health fairs

•o Asthma Camp or other activity of the same type

Report

After much discussion, we have pared down the original requirements to the following 3 categories. This was mainly due to feedback from managers stating time constraints in filling out an application. It is hoped that this can continue to be enhanced in the coming years and incorporate more qualifiers as we move toward 2015.

AARC BOD Report: Summer 2010

Ad-Hoc Committee: AARC Learning Institute

<u>Original Charge</u>: That this Ad Hoc Committee develop a Management, Research and Educational leadership Institute.

Vision Statement

The Learning Institute will be the first AARC sanctioned program designed to provide advanced training to ensure the future continuity of leadership, discovery, and education within the profession of Respiratory Care.

Mission Statement

The mission of the Learning Institute is:

To foster leadership talent
To teach the skills of academic leadership
To advance the science of respiratory care

Summary of Activities Spring 2010:

1. A great article by Debbie Bunch on the project appeared in the February AARC Times.

2. A proposal was submitted to the Program Committee on behalf of the Institute to present an over view of the project at either the Summer Forum and/or the International Congress. The thought behind this was that we would get needed exposure for the project. The proposal was accepted and a Plenary Session will be presented on July 17, 2010 at the AARC Sumer Forum entitled: "Continuing Professional Development: The AARC Leadership Institute."

3. Upon reviewing everything that we did last year the Executive Office requested that a Survey of the membership be conducted to gage interest before be we invest not only time but dollars into the project. We have been working based upon our own assumptions related to this project so it was important to evaluate the interest of our potential consumers. The Executive office surveyed the Management List Serve as well as the general membership. Approximately 2000 surveys went out to each group with 198 RTs and 106 managers responding. See Appendix A and B for a recap of the survey results.

4. Names have been submitted by committee members for a panel of experts to review the competencies for each track. These individuals were chosen because of their standing as leaders in their areas of expertise (Management, Education, and Research). They will be asked to review the developed competencies for relevance. This will be the final step before the project is ready to contract curriculum developers.

5. A phone conference was conducted of the entire committee on March 24th to review project progress. At that time based upon survey results it was decided that a subcommittee of the Committee Chair, Executive Office Staff and President Myers should meet to finalize the project budget. This meeting is scheduled for March 31 via conference call. The committee also decided that the sole name "AARC Leadership Institute" would be applied to the project.

Summary of Activities Summer 2010:

1. A phone conference call was conducted on May 10th of the entire committee to review the RFP criteria based upon the project budget. Suggestions were based upon the Core Curriculum only since it will be the first phase of the project to be completed. The criteria was submitted to the Executive Office for review and/or revision before formulating the final RFP. It is hoped that the RFP will be completed and go by the end of the summer. The proposed RFP Criteria are found under Attachment C.

2. Individuals were contacted and asked to participate in the panel of experts for review of the Leadership Institute course competencies. Each individual willing to participate was asked to return a Confidentiality Agreement due to the sensitive nature of the material. A list of the experts willing to participate can be found under Attachment D.

3. Surveys were completed and sent to the AARC Executive Committee for approval. The participating experts were sent the appropriate survey links and asked to complete their review of the competencies by June 23th. Correspondence related to the survey process can be found under Attachment E. The committee would like to thank all the very bust top professionals who willingly gave of their time to participate in the competency review.

Committee Members:
Chair: Rodriguez, Toni Ed.D, RRT
Member: Chatburn, Robert (Research Institute Chair) RRT-NPS, FAARC
Member: Ford, Richard (Management Institute Chair) RRT, FAARC
Member: Myers, Timothy BS, RRT-NPS
Member: Van Scoder, Linda (Education Institute Chair) EdD, RRT, FAARC
Staff Liaisons: Giordano, Sam MBA, RRT, FAARC, Tom Kallstrom, RRT FAARC

Appendix A:

Survey: RT Membership:

198 RTs out of 2000 AARC members responded:

Asked if they saw a need to improve in these categories they said
Research 81%
Management 74%
Education 85%

Asked if they used these skills to do their job they said
Research 68%
Management 84%
Education 96%

Asked if they would be more successful with more info in these areas they said
Yes - 97%

Asked how the Leadership Institute could benefit their career they said
Confidence as a professional 88%
Promotion 63%
Job security 64%
Higher pay 56%
Autonomy 73%
Respect 84%

Asked if this was offered would they be inclined to use it they said
Yes - 94%

Appendix B

Manager Survey:

106 out of 200 managers responded

Ask if they saw a need for their staff to improve in these categories they said
Research 69%
Management 88%
Education 92%

Ask if they saw a need for themselves to improve in these categories they said
Research 83%
Management 90%
Education 87%

Asked if this program would be an asset to them as managers
Yes- 97%

Asked how leadership institute could benefit their Staff Members' career they said
Confidence as a professional 97%
Promotion 81%
Job security 57%
Higher pay 57%
Autonomy 85%
Respect 93%

Asked how leadership institute could benefit their OWN career they said
Confidence as a professional 80%
Promotion 61%
Job security 57%
Higher pay 44%
Autonomy 69%
Respect 86%

Asked if this was offered would they promote its use it they said
Yes - 95%

Attachment C

Proposed RFP for Leadership Institute: Core Curriculum

Suggested RFP Format:

- A separate RFP for each module in the Core Curriculum (5 RFPs)
- Description for each module;
    - Target Audience: Each participant in the Institute must initially complete the Core Curriculum before entering a specialty track. The Core is composed of topics related to the basic skill set any practitioner would need to advance professionally (i.e.: communication, leadership, basic finance, computer skills etc). The audience for the Core Curriculum is any Respiratory Care Practitioner who wants to acquire the general education skill set essential to advancement at any level of the profession.
    - Content per module: (Competencies can be obtained upon request)

1. **CCC 101 Introduction to Communication:**
   Course Description: Theory and practice of communication skills in public, small groups and interpersonal setting.
   7 Competencies
2. **CCC 102 Health Information Management and Informatics:**
   Course Description: The use of technology to support and sustain information management within the healthcare environment.
   7 Competencies
3. **CCC 103 Financial Planning and Budgeting Principles:**
   Course Description: Fundamental theory of accounting principles and procedures as they relate to healthcare.
   5 Competencies
4. **CCC 104 Small Group Problem Solving and Decision Making**
   Course Description: An organized approach to problem solving, decision making and small group management.
   8 competencies
5. **CCC 105 Basic Management Skills**
   Course Description: The functions of management, specific roles and responsibilities of the supervisor and the application of leadership principles in addressing on-the-job situations and handling work related conflicts.
   7 Competencies

- Deliverables:
    - Each module when tested shall not exceed 9 hours for completion by the learner.

- Each module shall be delivered as a stand-alone product.
- Each module will be composed of separate lessons to cover each competency.
- It will be the responsibility of the developer to identify all the course content and arrange in power point format in a manner that is effective, engaging, interactive and designed to reinforce learning by various learning styles.
    - Development of the lessons may require the production of new graphics, art work animation, photos and video. Industry Standard Visual Literacy Guidelines are to be followed as well as ADA and SCORM compliance.
    - Any previously designed/developed graphics, art work, animation, photos, text and or copy used in the development of a lesson must be cited and copyright release obtained by the developer.
    - Scenario-based activities are required to illustrate process and improve retention of material.
- Lessons will be designed to provide self-paced, instructor independent e-learning.
    - Content should be written in standard English language
    - Geared to an adult reading level
    - Inter culturally appropriate
- Assessment strategies must be designed to align with the lesson objectives.
    - Learner performance should be assessed and feedback provided through out each lesson as well as assessment on the overall module.
- Technical Requirements**:** (Obtain from AARC IT)
    - Accessibility
    - Web Browser Support
    - Software Compatibility
    - Hardware Compatibility

- The AARC shall receive all electronic and written materials that were developed in completion of the RFP.
- The presentation of the final online materials shall be totally at the discretion of the AARC based upon corporate image requirement and guidelines.
- Intellectual property and copyright shall be the sole property of the AARC in partial and final completion.
    - Developers will receive credit as the module/lesson author.
- Time Line
    - **Develop a time line for completion**
    - Penalty:
        - A 15% penalty will be assessed for every calendar week the project is late.
- Payment:
    - 25% at the signing of the contract
    - 25% after all terns and requirement of the contract have been met.

    - 50% after successful completion and validation by the AARC.
- Selection Criteria:
    - Submit CV of the developer
    - Outline of course objectives to be achieved for each lesson of the module
    - Submit an example of an e-learning lesson previously developed.
- Submission deadline **Develop a submission deadline**

ATTACHMENT D

Management:
Doug Laher RRT MBA, RRT
Fairview Hosptial

Ken Thigpen, BS, RRT, FAARC,
St. Dominic Hospital

Stan Holland MS RRT
Rockingham Memorial Hospital

John Salyer, MBA, FAARC
Seattle Children Medical Center

Roger L. Berg, BS, RCP, RRT-NPS
Ridgecrest Regional Hospital

Education:
Lynda Goodfellow, EdD, RRT
Georgia State University

Gina Buldra, BS, RRT
Eastern New Mexico University

Peggy Watts, RRT
Barnes Jewish Hospital

Barry Grenier, RRT-NPS
Children's Hospital Boston

Debbie Lierl RRT, FAARC
Cincinnati Technical & Community College

Research:
Mike Gentile, RRT
Duke University Medical Center

Alex Adams, MPH, RRT
Health Partners

Ray Sibberson, MS, RRT
University of Akron

Terry Volsko, RRT, FAARC
Youngstown State University

ATTACHMENT E:

Thanks for your willingness to provide input on the relevance of the competencies developed for use in the AARC Leadership Institute, Management Track.
You will first be asked to evaluate the Core Competencies. Each participant must initially complete the Core Curriculum before entering a specialty track. The Core is composed of topics related to the basic skill set any practitioner would need to advance professionally (i.e.: communication, leadership, basic finance, computer skills etc). Next you will be asked to evaluate the competencies specific to the Management Track. Finally please give you're your over all opinion of the Core and Track competencies. Please indicate any competencies that you feel are missing and should be added.

The evaluation scale will be as follows:

Competency	Include	Exclude	Modify
Comments:			

If you select "modify" please indicate how the competency should be modified in the space provided for **comment below each competency.**

Ad Hoc Committee on Leadership Institutes - Research

Reporter: Robert Chatburn

Last submitted: 2010-06-22 10:05:56.0

Recommendations

No recommendations

Report

Nothing to report

Ad Hoc Committee on AARC Survey Policies

Other Reports

MEMORANDUM

Date: June 23, 2010

To: AARC Board of Directors and House of Delegates

From: Gregg L. Ruppel, MEd, RRT, RPFT, FAARC, President

Subject: NBRC Report

I appreciate the opportunity to provide you an update on activities of the NBRC as President. The Board of Trustees met April 19-24 to conduct its examination development activities and discuss business related items pertinent to the credentialing system. The following details the current status of examinations and significant activities in which the Board and staff are currently involved.

Adult Critical Care Examination Development Underway

Test development activities are underway for the Adult Critical Care Specialty Examination. The examination committee is currently working on approving items for a free, full-length practice examination, as well as a full-length Self-Assessment Examination. This new examination is scheduled to be implemented by mid-year of 2012. The examination will consist of 170 items - 150 scored and 20 pretest items. Candidates will be given a 3.5 hour test administration time. The Board will consider admission requirements and a credential acronym for this examination later this year or early in 2011.

New Test Specifications for the Neonatal/Pediatric Specialty Examination Approved

The Board of Trustees reviewed and approved the Job Analysis Report for the Neonatal/Pediatric Specialty Examination. The committee is currently working on a new free, full-length practice examination and an updated full-length Self-Assessment Examination. The new test specifications will be implemented on August 1, 2011.

Summer Forum Presentations

The NBRC will present the annual Jimmy A. Young Memorial Lecture on Sunday, July 18 from 8:30-9:30 AM. During this session, NBRC President Gregg Ruppel, MEd, RRT, RPFT, FAARC, NBRC Associate Executive Director, Lori Tinkler, MBA, and NBRC Assistant Executive Director, Robert Shaw, Jr., PhD, RRT, FAARC will present "The New Decade--Challenges and Opportunities in Credentialing." The program will specifically detail the process of implementing the new Adult Critical Care Examination program, as well as highlight some of the history of the credentialing system as well as the future of the NBRC.

Dr. Shaw will also be hosting a free Item Writing Workshop before the Summer Forum gets underway. The workshop will be held on Thursday, July 15, 2010 from 9 AM- 12 PM. This session has been approved for three CRCE's by the AARC and does not require preregistration.

Expected Graduation Provision for the CRT Examination to be Eliminated

The Board of Trustees unanimously approved on two readings as required by its Bylaws to eliminate the Expected Graduation Provision for the Certification Examination for Entry Level Respiratory Therapists (CRT) effective January 1, 2011. This provision currently allows individuals enrolled in accredited respiratory care education programs to apply for and attempt the CRT Examination 30 days prior to actual graduation. Examination results are held until the individual's graduation date is confirmed.

Effective January 1, 2011, all applicants for the CRT Examination must provide proof of graduation when applying for the examination, either electronically via the EED or by submission of an official transcript or certificate of completion/graduation by the candidate. Candidates will not be eligible to schedule their examination appointment until proof of graduation is provided by either the accredited education program or candidate.

Revised Admissions Policies Approved on Second Reading

The Board of Trustees approved on second reading the following admissions policy changes as a result of the change in CoARC's status to separate from CAAHEP and become an independent accrediting agency. These changes become effective immediately.

RESOLVED to modify admission policies for route 2.a. (as stated in the Candidate Handbook) of the CRT and CPFT Examinations to read:
Applicants shall have a minimum of an associate degree from a respiratory therapist education program 1) supported or accredited by the Commission on Accreditation for

Respiratory Care (CoARC), or 2) accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and graduated on or before November 11, 2009.

RESOLVED to modify the admission policies for route 2.a. (as stated in the Candidate Handbook) of the RRT Examination to read:
Applicants shall be a CRT and have a minimum of an associate degree* from a respiratory therapist education program 1) supported or accredited by the Commission on Accreditation for Respiratory Care (CoARC), or 2) accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and graduated on or before November 11, 2009.

*Graduates of accredited 100-level respiratory therapist education programs are not eligible for admission to the RRT Examination under this admission provision.

2010 Examination and Annual Renewal Participation

To date, we have received over 18,500 applications across all examination programs; this is nearly 4,000 applications less than this time last year and likely attributed to the fact that last year was the deadline (February 28, 2009) for individuals who graduated prior to January 1, 2005 to earn the RRT credential without having to remediate.

2010 is the first year of the NBRC switching to a calendar year renewal cycle; annual renewal notices were mailed to credentialed practitioners in late October of last year and credentialed practitioners were encouraged to renew their status by December 31. For 2010, we have processed over 33,000 active status renewals.

Examination Statistics – January 1 – June 15, 2010

The NBRC has administered nearly 16,000 examinations thus far in 2010. Pass/fail statistics for the respective examinations follow:

Examination ***Pass Rate***

CRT Examination – 6,388 candidates

	Entry Level	Advanced
First-time Candidates	72.2%	81.4%
Repeat Candidates	25.2%	24.0%

Therapist Written Examination – 4,453 candidates

First-time Candidates	64.8%
Repeat Candidates	30.1%

Clinical Simulation Examination – 4,444 candidates

First-time Candidates	56.4%
Repeat Candidates	47.3%

Neonatal/Pediatric Examination – 363 candidates

First-time Candidates	76.2%
Repeat Candidates	46.1%

Sleep Disorders Specialty Examination – 22 candidates

First-time Candidates	90.0%

Repeat Candidates	0.0%

CPFT Examination – 131 candidates

First-time Candidates	57.6%
Repeat Candidates	31.6%

RPFT Examination – 38 candidates

First-time Candidates	92.6%
Repeat Candidates	30.0%

Your Questions Invited

If you have any questions or concerns about any credentialing related matter, the NBRC and I are interested in providing whatever information you need to be fully informed. In addition, the Board of Trustees is committed to maintaining positive relationships with the AARC and all of the sponsoring organizations of the NBRC, as well as the accrediting agency. We have significant issues to consider in the future, and I am confident that by working together and promoting understanding of the topics under discussion we will continue to advance the profession and ensure the integrity of the credentialing process.

American Respiratory Care Foundation

This report will be a handout at the meeting.

Commission on Accreditation for Respiratory Care

This report will be a hand-out at the meeting.

Unfinished Business

Ad Hoc Committee on Mass Casualty/Pandemic Preparedness

Outstanding Recommendations & Referrals Review

Simulation Roundtable

Tracking Form

Rec Number	Recommendation/Motion	Action	Referral/Notes	
EM 10-1-80.1	That the AARC Board ratify the appointment of DianeFlatland to CoARC.	Passed		Closed
EM 10-1-81.1	That the AARC Board ratify the appointment of David Vines to be an AARC representative to the NBRC.	Passed		Closed
EM 10-1-80.2	That the AARC Board approve the CoARC Standards.	Passed		Closed
FM 10-1-7.1	That the AARC BOD establish a position on BOMA to represent the military.	Passed		Closed
10-1-1.1 Exec Office	That up to $30,000 be approved for the replacement of six HVAC units at the Executive Office.	Passed		Closed
10-1-1.2 Exec Office	To authorize up to $3000 for the purpose of repairing weather stripping on selected windows of the Executive Office building.	Passed		Closed
FM 10-1-8.1	That the AARC BOD approve the proposed changes to Policy BOD.001.	Passed		Closed
10-1-9.1 Bylaws	That the AARC BOD add a field to the AARC Chartered Affiliate Bylaws status tracking master list to reflect 'Year Due for Review'.	Referred	To E.O.	
10-1-9.2 Bylaws	That the AARC BOD accept the West Virginia Bylaws.	Passed		Closed
10-1-13.2 Audit Subcommittee	That the AARC BOD review AARC Policy FM.018 which suggests rotating the independent auditors every five (5) years and determine if the AARC should retain the current auditor or request another audit partner for the 2010 audit.	Was amended as follows and subsequen tly passed.	That the AARC BOD review AARC Policy FM.018 which suggests rotating independent auditors every five (5) years and determine if the AARC should retain the current managing partner for the 2010 audit.	Closed
FM 10-1-13.3 Audit Subcommittee	That Policy F.018 be revised as attached.	Passed		Closed

10-1-15.1 Program Cmte	That the 2012 International Respiratory Congress be held in New Orleans on November 10-13.	Passed		Closed
10-1-50.1 Cont. Care	That information regarding RVUs be added to the AARC Uniform Reporting Manual.	Referred	Back to Chair of Continuing Care Section	
10-1-51.1 Diagnostics Section	That the AARC develop the formation of a reciprocal agreement or alliance between the Diagnostic Section membership of the AARC and the Assn for Resp Technology & Physiology (ARTP).	Referred	To George Gaebler to contact the Chair for clarification of what the relationship would entail.	
10-1-56.1 Long Term Care Section	That AARC president Tim Myers send to all state Medicaid Directors and Boards of Resp Care a letter introducing the Position Statement on Delivery of Respiratory Therapy Services in SNFs Providing Vent and/or High Acuity Resp Care urging them to adopt these in state Medicaid policy.	Passed	Letters were mailed June 3, 2010.	Closed
10-1-54.1 Management Section	That the AARC BOD charge the Position Statement Committee to draft a document with support from the Management Section and Benchmarking Committee on what should be an industry accepted definition for the term 'missed treatments'.	Referred	To Doug Laher to work with Bill Dubbs in contacting pharmacist groups and nursing organizations to learn how they approach missed treatments and classifications and report back to the BOD.	
10-1-54.2 Management Section	That the AARC BOD re-examine current Listserv rules as they relate to posting of surveys; and to consider modifying said rules that would allow for the posting of informal survey postings that would not require the approval of the AARC Exec. Committee	Tabled		
FM 10-1-54.3 Management Section	To establish an ad hoc committee to evaluate/revise Policy No.BOD.027 consisting of all section chairs, Bill Dubbs, Rick Ford, George Gaebler and Sherry Milligan	Passed		

10-1-58.1 Surf to Air	That the AARC look at a position paper in regard to the current development of a critical care paramedic level. This ongoing program development includes very minimal training typically an hour on ventilators followed by a 2-hour hands-on lab. This then qualifies the medic to likely replace an RT in transport. There are other components such as 12 lead interpretation, etc., but the pulmonary issues are typically very weak. This could be a potential area of risk to patients. Also this may open the door for medics to replace RTs in the hospital setting.	Accepted for Information only	George Gaebler will contact the Chair and advise him of the Board's comments.	Closed
10-1-19.1 CPG	The Committee excused Mike Gentile from his duties as member of the Committee per his request effective December 21, 2009.	Accepted FIO		Closed
10-1-19.2 CPG	That the Committee has been notified of the vacancy left by Mike Gentile and hopes to get nominations to replace him before the end of April.	Accepted FIO		Closed
10-1-19.3 CPG	The Committee has suggested adding one more member to the Committee and hopes to get nominations also by the end of April.	Accepted FIO		Closed
10-1-78.1 Simulation Alliance Roundtable	That the AARC continue dialog with Simulation Alliance and conduct a survey of a select group of AARC members (education and management specialty section to determine level of interest in participating in simulation activities, and create a list of contract information to be passed on to the Simulation Alliance.	Referred	Back to Committee for clarification	
10-1-78.2 Simulation Alliance Roundtable	That the AARC continue to support the AARC Simulation Roundtable and accept and review a proposal from IngMar Medical	Referred	To Program Committee and to also send an RFP to Rob Chatburn (chair) to complete and return to the Program	

	Inc. to conduct a one-day consensus conference in conjunction with the next Respiratory Care Congress to lay the foundation for a laboratory practice standard for lung simulation in ventilatory performance testing. This could be conducted the day before the Congress and could potentially be funded by sponsorship from ventilator and lung simulator companies. Invited attendees would be selected from thought leaders who contributed to the informal meeting sponsored by IngMar Medical at the 2009Congress.		Committee.	
10-1-42.1 Asthma Disease Roundtable	That the AARC begin a Listserv message to recruit new members to the Asthma Disease Roundtable.	Referred	To President-elect	
10-1-47.1 Informatics Roundtable	That the AARC help the Informatics Roundtable to spearhead the development of a formal requirements document for a generic Respiratory Care Information System (RCIS) that can be added to extant EMR systems.	Referred	To President-elect to make this a charge to this group	
10-1-47.2 Informatics Roundtable	That the AARC consider writing a grant to facilitate the development of EMR functionality needed by the RC profession.	Referred	To the President.	
10-1-47.3 Informatics Roundtable	That the AARC include a section/column in the RC Journal that focuses on RC Informatics Issues and research.	Amended	To substitute “RC Journal” with “AARC Times”. Then was referred to the President-elect as part of a bigger effort to include all Roundtables in such an endeavor to increase interest.	
10-1-40.1 Neuroresp Roundtable	That the AARC continue to encourage AARC members to participate in the Neurorespiratory Roundtable, encourage current NR	Referred	To President-elect.	

	members to speak at local and state conventions and respiratory care educational forums on the respiratory management of neuromuscular diseases, and work toward development of educational modules to be included in respiratory therapy programs throughout the country.			
10-1-82.1 ARCF	That the ARCF be allowed to conduct a direct AARC member solicitation campaign for unrestricted donations, including e-mail, ads in AARC publications and a check-off box on the membership application and renewal forms. The funds would be used to support operations as well as other purposes of the Foundation.	Passed		Closed
FM 10-1-44.1 Simulation Roundtable	That the AARC BOD follow the Roundtable Policy for creation of the Simulation Roundtable.	Passed		
FM 10-1-48.1 Simulation Roundtable	To ratify the charges of the Geriatric Roundtable as follows: 1. Continue working with the AARC Times staff to assure each 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: a) Common respiratory prescription medications used by older adults; b) Immunizations for older adults; c) communicating with the geriatric patient; d) Geriatric end of life/palliative care; 3. With Executive Office Review material on yourlunghealth.org for relevance and appropriateness for geriatric population.	Passed		Closed
10-1-34.1 Ad Hoc on	(*Recommendation was too lengthy for an acceptable*	Ruled Out of Order	As it was not an appropriately formulated recommendation.	Closed

Pinnacle Award	*recommendation)*			
Policy No. BOD.022	Section Director Term of Office	Passed		Closed
Policy No. BOD.023	Board of Directors Listserv	Will be addressed as an Evote since the attachment was not provided at the meeting.		
Policy No. CA.004	Affiliate Revenue Sharing Agreement	Amended And subsequently passed	To include "by the AARC Board of Directors" following the word "standing" in the Policy Statement.	Closed
Policy No. CT.001	Committee Charges	Amended And subsequently passed	Delete "35 days" under Policy Amplification #1 and replace with "by a deadline established by the president" Delete "required" and replace with "encouraged" under Policy Amplification #2 Delete A and B under Policy Amplification #2.	Closed
Policy No. FM .016	Travel Expense Reimbursement	No action Taken	President Myers advised this will be addressed at the summer 2010 meeting.	
FM 08-3-83.2	That the AARC EO develop a proposal with work flow requirements and financial implications that encompass an online submission and transcript CRCE system. This system shall allow the breakdown of five or more content categories to facilitate reporting to state licensure boards and NBRC. Three of those categories should mirror the NBRC requirements of general respiratory care,	Was Brought back to the table and accepted FIO.		Closed

	neonatal/pediatrics, and pulmonary function diagnostics technology.			
FM 10-3-83.2a	To continue working toward FM08 -3-83.2 by beginning with a good foundation for breaking out the CRCE's by 2012.	Passed		

EM 08-1-15.1	That the AARC BOD ratify the Presidential appointment of Cheryl Hoerr, MBA, RRT to the Program Committee.	Passed		Closed
EM 09-1-29.1 Ad Hoc Cultural Div.	That the following charges be added to the Cultural Diversity Committee's existing charges; 1. Develop a mentoring program for AARC members with the purpose of increasing the diversity of the BOD & HOD; 2. Committee and the AARC continue to monitor and develop the web page and other assignments as they arise.	Passed		Closed
EM 09-1-34.1 Ad Hoc Pinnacle	That Joseph Huff be removed from the Ad Hoc Pinnacle Award Committee and that Tammy Jarnigan, RRT, Edward Conway, RRT and Douglas Laher, MBA, RRT be added to the Committee.	Passed		Closed
FM 09-1-71c.1 JCAHO	To ratify the Presidential appointment of Mike Hewitt and Suzanne Bollig as primary and alternative representatives respectively to the JCAHO Ambulatory PTAC.	Passed		Closed
HR 94-08-24 HOD	Resolved that the AARC provide the option of direct deposit of state affiliate's quarterly revenue sharing checks into affiliate's checking accounts.	Passed	Will be addressed after receipt of affiliate feedback regarding their willingness to provide financial support for the program	Closed
09-1-1.1 Exec. Office	That the Executive Director be given the authority to freeze salary increases for all AARC employees beginning April 1, 2009 and ending March 31, 2010.	Passed		Closed
09-1-8.1	That the AARC Program	Referred	To the Program Committee to	Open

Pgm Cmte	Committee establish the Barry Shapiro MD lecture to be held every year at the Int'l Congress.		determine logistics, feasibility and adaptation to our current structure.	Till 3/10
09-1-9.1 Bylaws	That the AARC BOD approve the proposed changes to the Louisiana Society for Resp Care.	Passed		Closed
09-1-12.1 Finance	That the AARC BOD appoint Frank Salvatore as a special consultant to the AARC's Audit Subcommittee.	Passed		Closed
09-1-61.1 AACVPR	That the AARC BOD fund Debra Koehl's attendance at the AACVPR meeting in Philadelphia in October 2009.	Info Only		Closed
09-1-13.1 Finance Cmte	To provide the Board with a report on investment return	Referred	To the EO and report back by the Summer Board meeting.	Closed
09-1-16.1 Strategic Plan	That the strategic Planning Cmte be granted an extension for the charge 'make recommendations to the Board for any needed revisions or adjustments in the strategic plan at the Spring 09/10 Board meeting' until the summer 09 Board meeting.	Referred	To the President.	Open
09-1-50.1 Contin. Care	That the AARC BOD consider a 'How To' program on pulmonary rehab programs to be incorporated into the 2009 Congress.	Amend	"That the AARC BOD consider a How To program on pulmonary rehab programs."	Closed
FM 09-1-50.1 Contin. Care	That the amended motion 09-1-50.1 be referred to the EO with a report back by the Summer BOD.	Passed	To EO.	Closed
09-1-26.1 Position Stmt	That the AARC BOD approve revision of the position statement entitled Respiratory Therapist Education to incorporate the changes identified.	Passed		Closed
09-1-63.1 AHA	That the AARC BOD support development of the new 09 Guidelines for Cardiopulm. Resus.	Referred	Back to AHA Chair, Rich Branson for clarification.	Closed
09-1-42.1 Asthma Rdtbl	That the AARC initiate a survey monkey to members of the AARC to advertise the different roundtables.	Referred	Back to the Chair for clarification.	Open George will check with

				Chair
09-1-47.1 Informatics Rdtbl	That resources (human & financial) should be allocated for recruitment of roundtable participants with diverse backgrounds. Group e-mails describing the informatics Roundtable and requesting participation should be sent to AARC members.	Referred	Back to the Informatics Chair, Constance Mussa.	Open
09-1-47.2 Informatics Rdtbl	That the AARC make available to roundtable participants resources such as the AARC URM for Acute & Subacute Care, the NBRC RRT Examination Matrix, and published, peer-reviewed respiratory care literature.	Referred	Back to the Informatics Chair, Constance Mussa.	Open
09-1-33a.1 Ad Hoc Vent HR	That this entire project be re-focused and redefined as there are a number of serious logistical issues being noted that will severely affect the development of the last three Human Resources charges.	Referred	To the President.	Closed
08-3-83.1	That the AARC facilitate a physician review of the literature on long term oxygen therapy for home oxygen therapy; organize & present an educational conference to review literature on oxygen therapy & equipment currently available for LTOT with an update on evidence based research that is current and identify missing science for the use of equipment and procedures used in LTOT to create a roadmap for future LTOT research.	Referred	To the President to develop an ad hoc committee to determine key terms and then forward to the EO to conduct the literature search.	Closed
BOD 004 Policy	To table Policy BOD 004 as Toni Rodriguez will update it and bring back to the summer meeting.	Tabled	Toni will present at summer meeting.	Closed
BOD 010 Policy	To strike Policy BOD 010.	Passed	Has been stricken	Closed
BOD 013	To accept Policy BOD 013 and update review date.	Passed		Closed

Policy				
CA 002 Policy	To strike Policy CA 002.	Referred	To the Chartered Affiliate Committee to review, revise and update by the summer meeting with Cam McLaughlin to convey the Board's wishes to this committee.	Open
FM 001 Policy	To accept Policy FM 001 and update review date.	Passed		Closed
FM 003 Policy	To amend Policy FM 003 to change the '2' to '3', remove 'commencing with the 1990 annual budget, all' and replace with 'The' and update review date.	Passed		Closed
CT 002 Policy	To accept Policy CT 002 and update review date.	Passed		Closed
FM 09-1-21.1 Fed Gov Affair	That the Presidential appointment of Carrie Bourassa to the Federal Govt Affairs Cmte be ratified by the AARC BOD.	Passed		Closed
FM 09-1-84.5	To continue withholding Tennessee revenue sharing checks during 2009 to help offset the cost of the hired lobbyist.	Passed		Closed
FM 09-1-84.6	That the AARC Board accept opening its disaster fund to the North Dakota and Minnesota areas that were recently declared disaster areas by President Obama.	Passed		Closed
FM 09-1-84.7 ARCF	That the ARCF develop a new investigator grant form and criteria that fosters the development of the respiratory therapist investigator which will include a form that is approximately 4-6 pages in length that explicitly directs the applicant on what is required to successfully apply.	Passed		Closed

EM 09-2-3a.1 Govt. Affairs	To approve the application for government affairs funding of $10,000 (60% grant and 40% no interest loan payable over two years) to assist the MN Society in moving their licensure status from registration to full licensure	Passed		Closed
EM 09-2-15.1 Program Cmte	That the 2013 AARC International Resp Congress be held November 16-18 in Anaheim, CA.	Passed		Closed
EM 09-2-57.1 Sleep Section	That the AARC BOD approve the appointment of Sherry Tooley-Peters, BS, RRT-NPS, CPFT, AEC to fill an interim term as the Sleep section Chair that was vacated by Karen Allen until the new Chair is sworn in at the San Antonio meeting in Dec. 2009.	Passed		Closed
FM 09-2-04.1 President	To reaffirm that the affiliates are separate corporations and the AARC BOD can advise but not mandate their actions, and that the AARC leadership continue to follow and support the actions and philosophies of the BOD when they meet with the AASM in September 2009.	With-drawn	Until New Business segment of this meeting. During New Business, this Motion was withdrawn	Closed
09-2-8.1 Pres. Council	That the AARC BOD approve the position description for the AARC Historian.	Referred	To the President for consideration for appointment of a person to fulfill the role of AARC Historian and for 2010 budget consideration.	Closed
09-2-8.2 Pres. Council	That the AARC BOD investigate the feasibility of creating a 'virtual museum' for the Association and the profession of respiratory care.	Referred	To EO for feasibility and cost analysis and report back by the Dec meeting, 2009.	Closed
09-2-8.3 Pres. Council	That the AARC BOD investigate the feasibility of creating and sustaining a museum for respiratory care in proximity to the AARC Executive Office.	Referred	To EO for feasibility and cost analysis and report back by the Dec meeting, 2009.	Closed
FM 09-2-9.1 BOD	That the Bylaws recommendations concerning the bylaws of Fl, CT and AR be addressed via e-vote.	Passed		Closed

09-2-12.1 Finance	That the AARC approve the expense of software ($4,871.25) and training ($10,141.86) for a total of $15,013.11.	Passed		Closed
09-2-12.2 Finance	That the AARC approve the expense of a defibrillator AED for the EO for a total cost of $1,318.45.	Passed		Closed
FM 08-2-12.3 Finance	That the Investment report be reviewed on a quarterly basis by the Executive Committee.	Passed		Closed
09-2-23.1 Int'l Cmte	That the AARC approve the proposed International Guest Pgm pending funding by the ARCF	Passed		Closed
FM 08-83.2 Exec Office	That the AARC EO develop a proposal with workflow requirements and financial implications that encompass an online submission and transcript CRCE system. This system should allow the breakdown of five or more content categories to facilitate reporting to state licensure boards and NBRC. Three of those categories should mirror the NBRC requirements of general respiratory care, neonatal/pediatrics, and pulm function/diagnostics technology.	Referred	To EO to create a survey to identify the desires of customers and feasibility of changes in CRCE to be category-based with Brian Walsh as liaison from the Board. At 4/2010 BOD mtg, it was discussed that this would proceed, but not until 2012.	Closed Open
HR 94-08-24 HOD	Resolved that the AARC provide the option of direct deposit of state's quarterly revenue sharing checks into affiliates' checking accounts.	Defeated		Closed
09-2-51.1 Diagnostics	That the AARC BOD approves two free raffle tickets to attend the 55th Congress in San Antonio to be offered to educators of pulmonary diagnostics or respiratory care.	Defeated		Closed
09-2-51.2 Diagnostics	That the Board of Directors offers a mentoring program for newly appointed chairs.	Accepted	For Information only – George Gaebler will contact Chair with explanation	Closed

FM 09-2-53.1 Home care Section	That the EO considers producing education materials for the transition of patients who need home respiratory care in regard to discharge transition to the home and its importance.	Passed		Closed
09-2-19.1 CPG	That the Committee has excused Carl Haas from his duties as member of the committee per his request effective May 19, 2009.	Info Only		Closed
09-2-19.2 CPG	That Arzu Ari, PhD, RRT has been appointed and ratified by Tim Myers as a new member of the Committee to replace Carl Haas.	Info Only		Closed
09-2-19.3	That the AARC BOD appoint Steven Sittig RRT, NPS, FAARC as a ne member of the Committee.	Info Only		Closed
09-2-24.1 Membership	That the AARC develop a series of webinars designed to provide detailed information to affiliate membership chairs on various membership recruitment tools and information including, but not limited to, AARC Bulk Membership Program, US Postal Service Online Services, Sending E-mails to Affiliate Membership, Adding 'fun' to membership benefits, How to Accept Credit Card Payments.	Referred	To EO with a report back in Dec, 2009. The Dec, 2009 referral stated: We will implement the webcast for affiliate membership chairs after the holidays. This will be the starting point for development of a series of webcasts designed to assist affiliate membership chairs in the recruitment of AARC members.	
09-2-24.2 Membership	That the AARC implement the first one-hour webinar by September 30, 2009 (if possible) and invite affiliate membership chairs, Presidents and Delegates.	Referred	To EO with a report back in Dec, 2009. (See 09-2-24.1 above)	
09-2-26.1 Position Stmt	Revise the position statement entitled 'AARC Statement of Ethics & Professional Conduct' to incorporate the changes identified.	Passed		Closed
09-2-26.2 Position Stmt	Revise the position statement entitled 'Continuing Education' to incorporate the changes identified.	Passed		Closed
09-2-26.3 Position Stmt	Revise the position statement entitled 'Definition of Respiratory Care' to incorporate the changes	Passed		Closed

	identified.			
09-2-63.1 Amer Heart	That the AARC support AHA in the development of the 2010 Emergency Cardiac Care Guidelines.	Info Only		Closed
09-2-67.1 Chart Affil Consult.	That the AARC BOD include planning and operational performance measurement either as part of the spring leadership program or as part of the International Congress. I would be delighted to provide this educational program.	Info Only		Closed
09-2-43.1 Hyperbaric	Be given time at a major AARC meeting (Summer Forum or AARC Int'l Resp Congress) to present a series of lectures regarding Hyperbaric Medicine and the RT.	Referred	To George Gaebler	Closed
09-2-45.1 Military RT	That a link be created on the AARC website's homepage for the Roundtables listed in the contents under Specialty Sections.	Referred	To the EO.	Closed
09-2-45.2 Military RT	That time and space be arranged for the Military Roundtable to meet at the Int'l Congress in San Antonio.	Info Only		Closed
09-2-40.1 Neuromuscular	That the AARC continue to support members of the Neuromuscular Roundtable and publicize its benefits to RCPs and others who work with patients with motor neuron diseases, muscular dystrophies and other muscle wasting diseases, and encourage members to submit presentation proposals to their state respiratory care organizations and poster presentations and lectures to the AARC for inclusion at future conventions.	Referred	To George Gaebler	Closed
FM 09-2-83.1 BOD	To refer the White Paper on Protocols to BOMA for their input and report back by the December, 2009 meeting.	Referred	To BOMA At the Dec, 2009 BOMA meeting, BOMA voted "To return the 'Guidelines for Resp	

	Was later brought back to the table and the President appointed Dr. Christopher and Bob McCoy as co-chairs of an Ad Hoc Committee on Oxygen & Resp Care in the Home to determine key terms, goals, objectives & subsequently forward to the EO to conduct a literature search.	Passed	Care Dept. Protocol Pgm Structure' document with suggestions from BOMA and that additional comments could be made at a later date by e-mail to Tim Myers.	
FM 09-2-83.2 BOD	To accept ratification of the following Presidential appointments: Home Care PTAC Rep – Dianne Lewis, CPG Members – Arzu Ari & Steve Sittig, Simulation Alliance Society – Rob Chatburn, Representative	Passed		Closed
FM 09-2-84.1 BOD	To direct the President to contact the Bylaws Committee to consider an amendment for removing physicians from the 'associate' classification and adding another member category for 'physicians'.	Passed		Closed

EM 09-3-15.1 Program Cmte	"That the 2010 AARC Summer Forum be held at the Marco Island Marriott over the dates of July 16-18."	Passed		Closed
EM 09-3-84.1	"That the AARC BOD consider initiating its process for the formation of a new Roundtable for Geriatrics which would then replace the Ad Hoc Committee on Geriatrics	Passed		Closed
EM 09-3-9.1 Bylaws	"That the AARC BOD approve the Florida State Bylaws."	Passed		Closed
EM 09-3-9.2 Bylaws	"That the AARC BOD approve the Connecticut State Bylaws"	Passed		Closed
EM 09-3-9.3 Bylaws	"That the AARC BOD approve the Arkansas State Bylaws."	Passed		Closed
09-3-1.1 EO	"That the AARC BOD approves the revised 401K statement as presented below."	Passed		Closed
09-3-9.1 Bylaws	"That the AARC Board of Directors accept the AARC Bylaws Committees recommendation for approval of the Arizona Society for Resp Care Bylaws."	Passed		Closed
09-3-9.2 Bylaws	"That the AARC Board of Directors accept the AARC Bylaws Committee's recommendation for approval of the Wisconsin Society for Respiratory Care's Bylaws."	Passed		Closed
09-3-12.1 Finance	"That the AARC ratify replacement of a failed conference room projector at an expense of $2,735.36."	Passed		Closed
09-3-12.2 Finance	"That the AARC ratify the replacement of one convention projector and one seminar projector at an expense of $2,921.67."	Passed		Closed
09-3-51.1 Diagnostics	"That the BOD approve the use of the American Association for Clinical Chemistry (AACC) web-based certification program for lab Point of Care Coordinators which	Referred to George Gaebler	To approach the Section Chair to determine if this is a CRCE approval request.	Open

	could be used as a mechanism for continuing education through the AARC.			
09-3-52.1 Ed Section	"Request the program planning committee continue to offer a keynote type lecture at the Summer Forum in the Education session from a retired or seasoned educator on their reflections in the classroom over the length of their career."	For Info Only		Closed
09-3-47.1 Informatics	"Inclusion of a web page within the AARC website that contains pertinent information about RTs with expertise in various hospital information systems (45 roundtable participants have already provided this info."	Referred to the President		Closed
09-3-40.1 Neuromusc.	"That the name of the Neuromuscular Roundtable be changed to the Neurorespiratory Roundtable as it more fully reflects the practice of our members."	Passed		Closed
09-3-18.1 Billing Coding	"That the AARC add a site for Frequently Asked Questions pertinent to billing and coding on the coding resource page on the AARC website and advertise the link on the Listserv."	Passed		Closed
09-3-19.1 CPG	"That the Committee has excused Ira Cheifetz from his duties as member of the Committee per his request effective Sept. 4, 2009."	For Info Only		Closed
09-3-19.2 CPG	"That Steven Sittig, RRT-NPS, FAARC has been appointed and ratified by Tim Myers as a new member of the committee to replace Ira Cheifetz after the summer meeting."	For Info Only		Closed
09-3-24.1 Membership	"That the AARC implement the 'Value of Membership Calculator' on the AARC website and promote it to both state affiliates and general membership."	For Info Only		Closed
09-3-26.1	"That the AARC retire the position	Passed		Closed

Position Stmt.	statement entitled 'Age Appropriate Care of the Respiratory Patient'."			
09-3-26.2 Position Stmt	"That the AARC approve and publish the position statement entitled 'Transport of the Mechanically Ventilated, Critically Injured, or Ill, Neonate, Child or Adult Patient."	Passed		Closed
09-3-26.3 Position Stmt	"That the AARC approve and publish the position statement entitled 'Delivery of Respiratory Therapy Services in Long Term Care Facilities'."	Passed		Closed
09-3-26.4	"That the AARC BOD approve the Position Statement Review Schedule as presented.	Passed		Closed
09-3-29.1 Cult. Diversity	"That Mikki Thompson be reinstated to the Cultural Diversity in Care Management Committee."	For Info Only		Closed
09-3-7.1 BOMA	"That the AARC Board of Directors accept the attached revised version of the white paper entitled Guidelines for Respiratory Care Dept protocol Pgm Structure."	Passed		Closed
HR 16-09-15 HOD	"Resolved that the AARC EO explore and consider implementing a new discounted membership category for members who are over the age of 65."	Referred to EO	To investigate and bring back to summer meeting 2010.	Open
09-3-61.1 AACVPR	"That the AARC provide continued support of this liaison position to the AACVPR as the Chair of the Continuing Care/Rehab Section."	For Info Only		Closed
09-3-63.1 AACVPR	"That the AARC continue to support a rep to AHA to assist in development of guidelines."	For Info Only since it's already in budget		Closed
09-3-78.1	"That the AARC participate in and advertise through their normal marketing channels an upcoming project being organized for the	Referred to President		Closed

	purpose of drafting standards for using lung simulators for ventilator testing and for which Robert Chatburn will be the facilitator."			
Policy BOD 004	Move "continually" to precede "evaluate" under the title Policy Statement and replace "products" with "services" in the 7th bulletpoint." Reviewed & revised 12/2009.	Passed as amended		Closed
HOD 001	Add Reviewed 12/2009	Passed as is		Closed
HOD 002	Add Reviewed 12/2009	Passed as is		Closed
MP 001	Amend Policy amplification #6 as follows: All AARC members shall receive a communication of congratulations and thanks from the President and Executive Director at 20 years and each subsequent decade of continuous membership. Add Reviewed & Revised 12/2009	Passed as Amended		Closed
CT 002	Add Reviewed 12/2009	Passed as is		Closed
FM 09-3-33.1 Ad Hoc Mass Casualty	"To approve renaming and restructuring the previous three Ad Hoc Committees on Ventilator Capability and Capacity, Human Resources, and Logistics to encompass one Ad Hoc Committee entitled Ad Hoc Committee on Mass Casualty and Pandemic Issues."	Passed		Closed
FM 09-3-48.1	"To accept the International Roundtable Research proposal."	Referred to President	To send back to originator for clarification and narrowing scope and name change. In the interim, the EO will confirm whether the 10 names are actual AARC members and this will be brought back at the spring meeting in April. As of January 1, the EO	Closed

			confirmed all names.	
FM 09-03-44.1	"That the AARC accept approval of the Geriatric Roundtable which would replace the Ad Hoc Geriatric Committee."	Referred to President	To establish goals and assign a chair.	Closed
09-2-8.2 and 09-2-8.3 Presidents Council	"That the AARC BOD investigate the feasibility of creating a 'virtual museum' for the Association and the profession of respiratory care" **and** 09-2-8.3 "that the AARC Board investigates the feasibility of creating and sustaining a museum for respiratory care in proximity to the AARC Executive Office."	Referred to President	To set up an ad hoc committee to investigate feasibility and establish goals & objectives on how to move this forward by the summer meeting of 2010.	Open
EM 09-3-84.3	"That the AARC BOD ratify the appointment of David Vines to be an AARC representative to the NBRC."	Passed		Closed

New Business

State Society Use of Eluminate Technology
James Taylor

North Carolina RT Management Position Statement

HOD Resolutions

Ratification of Appointments

- Informatics
- Simulation
- American Heart Association
- Lisa Trujillo as Chair of Int'l Medical Mission Roundtable

DRAFT

NORTH CAROLINA RESPIRATORY CARE BOARD
POSITION STATEMENT

Respiratory Care Management

The Manager of Respiratory Care Services is responsible for the management and supervisory functions of Respiratory Care Services and is responsible for ensuring that respiratory care services are provided in accordance with all applicable laws and rules, the facility's accrediting agency, the facility's policies and procedures, and the facility's quality assurance program. The individual responsible for direct management is responsible for day to day operations related to patient care issues which include:

1. Manages and directs respiratory care services performed by departmental personnel in accordance with departmental and hospital personnel policies and procedures.

2. Directs and/or provides training and orientation to respiratory care staff regarding departmental policies, procedures, and standards of practice.

3. Evaluates the performance of respiratory care staff, and recommends promotions, reassignment or other status changes, as appropriate.

4. Participates in quality improvement activities. Reviews and evaluates respiratory care techniques to improve delivery of respiratory care services.

5. Reviews respiratory care documentation, such as patient charges and documentation of respiratory therapeutics in accordance with facility accreditation requirements.

6. Evaluates the need for additional equipment and makes recommendations concerning the acquisition of new equipment.

7. Directs the orientation and training needs of the respiratory care staff.

8. Determines staffing needs and schedules assigned staff accordingly.

9. In a facility that requires a Medical Director, advises the Medical Director of pertinent changes that may affect operations such as staffing patterns, special patient needs, physician requests, equipment utilization and availability.

10. Directs and participates in ;monthly staff meetings.

11. Assumes responsibility for the department's involvement in the facility safety program.

Individuals supervising or managing inpatient care environments must meet the same rigorous standards of professional competency to ensure safe delivery of care. Respiratory care services are such that the public is at risk of injury, and health care institutions are at risk of liability when respiratory therapy is provided by inadequately educated and unqualified health care providers rather than by practitioners appropriately educated in the specialty of Respiratory Care.

All health care practitioners providing respiratory care services to patients, regardless of the care setting and patient demographics, must successfully complete formal training and demonstrate initial competence prior to assuming those duties. This formal training and demonstration of competence shall be required of any health care provider regardless of credential, degree, or license. Formal training is defined as a supervised, deliberate and systematic educational activity in the affective, psychomotor and cognitive domains. It is intended to develop new proficiencies with an application in mind, and is presented with attention to needs, objectives, activities and a defined method of evaluation.

Conclusion

Direct management, supervision, teaching, and evaluation of respiratory care practitioners (RCPs) require that only licensed RCPs provide such services. RCPs are required to meet minimal educational and testing standards to obtain and maintain credentials, to maintain current competency levels and to adhere to accreditation standards. Managers of Respiratory Care Services who are not licensed RCPs would not fall under any exemption outlined in N.C. Gen. Stat. § 90-

664 (1) nor would they meet the defined exemption in 21 NCAC 61 .0202 (4) for the direct management of services provided by other licensed RCPs. In addition, they would not meet the required professional standards for accreditation standards set forth by the American Association for Respiratory Care and the facility's accreditation agency. Therefore, the individuals that perform direct management and supervision of RCPs must be licensed RCPs pursuant to Article 38 of the NC General Statutes.

HOD Resolutions

House of Delegates Resolution - APPROVED

Resolution Author: Paul Eberle, PhD, RRT

E-mail: peberle@weber.edu

Phone Number: 801-626-6840

Author's State: UT

Co-Sponsors and Their States: NV, WV

Resolution:
Resolve that the AARC consider going on record in agreement with the NBRCs credential maintenance/renewal policy by supporting the philosophy that no respiratory therapist should renew a state respiratory care practice license without a valid, current NBRC credential.

Rationale:
Some states could potentially issue licenses without due diligence by verification mechanisms that require proof of a current, valid credential. To our knowledge only NV, WV, and ID require (by statute) a current, valid credential to practice. Supporting a philosophy to suggest practice without a valid, current credential to be unethical or unprofessional behavior may help states address credential and licensure issues without opening individual state Respiratory Care statutes by addressing this issue in "rules" rather than by health committees in individual state legislatures.

Impact of Resolution: Affiliates, AARC and state affiliates

Implementation Cost: 0

Ongoing Cost: 0

Relationship to AARC Strategic Plan: Not related

House of Delegates Resolution – APPROVED

Resolution Author: Claire Aloan

E-mail: caloan@aol.com

Phone Number: 315-317-3261

Author's State: New York

Co-Sponsors and Their States: none

Resolution:
Resolved that the AARC issue a White Paper or similar document on the importance of Respiratory Care Education Programs, which could be disseminated to states legislatures, local governments, governors, or any other interested parties where such programs are threatened with loss of funding and closure.

Rationale:
Several RT programs have already been discontinued, and others are in jeopardy. A concise statement related to the future of the profession and the importance of maintaining educational programs could be helpful to those programs that face the possibility of being discontinued.

Impact of Resolution: General Membership, Affiliates

Implementation Cost: <$1,000

Ongoing Cost: 0

Relationship to AARC Strategic Plan: Develop human resources

House of Delegates Resolution – APPROVED

Resolution Author: Jim Lanoha

E-mail: lanoharentals@charter.net

Phone Number: 225 931 8448

Author's State: LA

Co-Sponsors and Their States: Co-Author Brent Kenney, MO; Co-sponsors Ed Thomas AZ, Howard Derrick, MS,

Resolution:
Resolved that the AARC revise its Disaster Relief Policy to permit access to these funds upon declaration by the AARC President and as approved by the AARC Board of Directors in response to catastrophic situations that are NOT declared a federal disaster.

Rationale:
The AARC Disaster Relief Fund Policy presently states this fund has been established to assist AARC members who may have experienced loss or significant damage to their property during federally declared disasters. Only individuals who were members of the AARC at the time of the disaster are eligible for grants from this fund. The current policy limits distribution of funds to those situations that are declared disasters by the President of the United States; disaster funds should be available, upon recommendation of the AARC President & approved by the AARC Board of Directors, to assist individual AARC Members who have suffered catastrophic situations, including disasters that are not federally declared disasters. Examples of this type of situation include, but are not limited to, house fires, mud slides that destroy a home, tornado, earth quake, flood and other devastating situations that are NOT declared a federal or even local disaster, but are disasters for a family.

Impact of Resolution: General Membership, Affiliates, Executive Office

Implementation Cost: 0

Ongoing Cost: $600/yr

Relationship to AARC Strategic Plan: Develop human resources

House of Delegates Resolution – APPROVED

Resolution Author: Jim Lanoha

E-mail: lanoharentals@charter.net

Phone Number: 225 931 8448

Author's State: LA

Co-Sponsors and Their States: Co-Author Brent Kenney, MO,

Resolution:
Resolved that the AARC investigate seeking outside grants and or funding to fund the AARC Disaster Relief Fund.

Rationale:
The AARC Disaster Relief Fund is currently funded by AARC members through state affiliate donations. The AARC should seek donations from public and private sources to build & expand the AARC Disaster Relief Fund

Impact of Resolution:
General Membership, HOD, Affiliates, AARC Officers & BOD, Executive Office

Implementation Cost: 0

Ongoing Cost: 0

Relationship to AARC Strategic Plan: Develop human resources

House of Delegates Resolution – APPROVED

Resolution Author: Jim Lanoha

E-mail: lanoharentals@charter.net

Phone Number:
225 931 8448

Author's State: LA

Co-Sponsors and Their States: Co-Author Brent Kenney, MO

Resolution:
Resolved that the AARC investigate utilizing AARC Disaster Relief Funds to reimburse otherwise unreimbursed expenses incurred by AARC member respiratory therapists who respond to assist in National Disasters.

Rationale:
AARC Members who respond to provide support during a national disaster often incur expenses that are not reimbursed. This policy would allow application to the AARC to provide funding, as appropriate, and approved by the AARC Board of Directors to reimburse some expenses incurred. This policy would support member respiratory therapists in responding to urgent needs during a national disaster.

Impact of Resolution:
General Membership, HOD, Affiliates, AARC Officers & BOD, Executive Office

Implementation Cost: 0

Ongoing Cost: 0

Relationship to AARC Strategic Plan: Develop human resources

House of Delegates Resolution – APPROVED

Resolution Author: Jim Lanoha

E-mail: lanoharentals@charter.net

Phone Number: 225 931 8448

Author's State: LA

Co-Sponsors and Their States: Co-Author Brent Kenney, MO

Resolution:
Be it resolved that the AARC provide a detailed report to the House of Delegates reflecting the source of donations to the AARC Disaster Relief.

Rationale:
The HOD should be provided with donors so that the HOD can recognize those that fund the AARC Disaster Relief Fund and avoid solicitation of funding from current donors.

Impact of Resolution:
General Membership, HOD, Affiliates, AARC Officers & BOD, Executive Office

Implementation Cost: 0

Ongoing Cost: 0

Relationship to AARC Strategic Plan: Develop human resources

Policy Review

American Association for Respiratory Care
Policy Statement

Policy No.: BOD.023

SECTION: Board of Directors

SUBJECT: **Board of Directors Listserv**

EFFECTIVE DATE: February 1, 2004

DATE REVIEWED: *This was brought before the Board April 2010 and President Myers postponed it until the summer meeting, 2010 due to the missing "Guidelines" attachment.*

DATE REVISED:

REFERENCES: AARC Bylaws

Policy Statement:

1. The BOD and Executive Committee will conduct business on a Listserv which is maintained by the Executive Office.

2. E-voting by the Board of Directors shall be conducted using specific guidelines (see following page) and established parliamentary procedure.

Policy Amplification:

1. The Secretary/Treasurer is responsible for posting these guidelines at the start of each new term of directors and officers.

2. Messages posted on the Listserv should not be forwarded to non-Board members.

3. Humor and personal messages should be marked "Not Business" or "NB" in the subject line.

4. All voting completed on the Listserv must be ratified at the following BOD meeting.

5. The Secretary/Treasurer is responsible for managing the e-voting procedure.

DEFINITIONS:

ATTACHMENTS: See "Guidelines for the Board of Directors E-Voting" on following page.

Guidelines for the Board of Directors E-Voting

1. Motions are posted from the President or Parliamentarian or other designee. Board members wanting to introduce a motion must first contact the President (off the Listserv) to have the motion recognized.

2. The President will then contact one Board member (off the Listserv) to get a second.

3. Once the motion is recognized by the President and seconded by a member (off the Listserv) it will be introduced to the Listserv in a message from the Secretary/Treasurer or Parliamentarian.

4. The motion posted will include the originator of the motion, the individual who seconded the motion, the deadline for discussion and the deadline date for voting. The deadline times will be 12 noon EST.

5. Following the set discussion period, the Secretary/Treasurer will post a message indicating the start of the voting period.

6. The discussion period should be 5 business days. The voting period should be 3-5 business days.

7. Only one motion should be active on the Listserv at any time.

8. The Secretary/Treasurer will report the results via the Listserv. A copy will be sent to the Executive Office and ratified at the next BOD meeting.

9. The originator of the motion will be notified of BOD action by the Secretary-Treasurer via e-mail, and with official notification occurring by mail post BOD ratification at its next meeting.

10. If a motion requires a faster turn-around the President can authorize a shorter time period. This should be considered an exception and used only for urgent issues. The subject line will indicate that a motion is urgent.

DEFINITIONS:

ATTACHMENTS:

American Association for Respiratory Care
Policy Statement

Policy No.: FM.016

SECTION: Fiscal Management

SUBJECT: **Travel Expense Reimbursement**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: December, 2008
(To be addressed summer 2010 since the Board ran out of time at the April, 2010 Meeting.)

DATE REVISED: December, 2008

REFERENCES: TR:0397- 1997

Policy Statement:

Expenses incurred for all official Association travel shall be reported, recorded, and reimbursed in accordance with Association policy.

Policy Amplification:

1. Association policy for Travel Expense Reimbursement shall apply to all Association employees and authorized Association members.

    A. Travel expense reimbursement shall not be provided for representatives to external organizations unless approved in advance by the President with subsequent review by the Finance Committee and ratification by the Board of Directors.

2. All persons requesting reimbursement for expenses incurred for Association business shall report those expenses:

    A. Using an approved Expense Voucher with valid receipts attached

    B. Within thirty (30) days of when expenses are incurred

3. Reimbursement for travel shall be as follows, with the provision of valid receipts:

A. Round-trip, coach class airfare or lowest day airfare available

B. Airport parking and ground transportation

C. Other methods of transportation (rail, automobile, bus, road tolls, parking), singularly or in any combination, shall be reimbursed at a total rate not to exceed the lowest day airfare available.

D. Automobile travel shall be paid at the rate of $0.45 (effective 1/1/09) per mile

4. Reimbursement for lodging shall be as follows, with the provision of valid receipts:

A. Lowest possible rate for those nights required for Association business.

5. Reimbursement for registration fees shall be as follows, with the provision of valid receipts:

A. When necessary, advertised registration or admittance fees to programs attended on Association business shall be reimbursed at the fee stated on the program announcement.

6. Per diem shall be $40 (effective 1/1/09) per day for those days required for Association business:

A. Per diem is meant and expected to cover expenses other than actual travel and lodging (e.g. meals, phone calls)

B. Personal expenses incurred while on official Association travel (e.g., entertainment, telephone, or laundry) shall not be eligible for reimbursement from the Association, other than coverage with per diem.

7. Advance payment of per diem shall be made in compliance with Association travel reporting requirements and only with advance written approval from:

A. The President for the voluntary sector of the Association

B. The Executive Director for Association employees

C. Exceptions to the above requirements for advance per diem shall be:

1. Regularly scheduled Board of Directors' meetings
2. Regularly scheduled Executive and Finance Committee meetings
3. Travel for official Association representation to external organizations

8. International travel shall be reimbursed at actual expense, with receipts required for any expense of $25.00 or more, to include the following:

   A. Business class airfare
   B. Ground transportation
   C. Lodging
   D. Meals
   E. Telephone and facsimile

9. Expenses incurred by the President incidental to executing the duties and responsibilities of that office shall be:

   A. Paid by the Association
   B. Monitored by the Finance Committee
   C. Subject to review by the independent auditors

10. All individuals traveling at Association expense shall notify the Executive Office in advance of the intended travel.

    A. The Executive Office may act as the Association's travel agent and schedule advance transportation and lodging.

    B. The Executive Office may direct individuals to contact Association's designated travel agency or purchase tickets on their own.

    C. The Executive Office may review and approve the travel plans made by the individuals

11. All public transportation (e.g., airfare, bus fare) not purchased through the Association's designated travel agency shall be reimbursed at a fee up to, but not exceeding, the fee that would have been charged by the Association's travel agency.

DEFINITIONS:

"Valid receipt" includes original receipts from the travel/other provider. Reproductions of receipts shall not be accepted.

ATTACHMENTS:

POLICY FM.O16 SUGGESTED ADDITION

12. Board meeting expenses

A. Travel, lodging and meal expenses for the Spring and Summer meetings will be reimbursed for all officers and directors using the criteria established above.

B. At the Fall meeting held in conjunction with the annual AARC Convention, the following special policies will apply to directors that are either incoming or outgoing that year;

i. Incoming director required to attend New Board meeting only (usually last day of convention)

1. Airfare reimbursed according to the policy point 3 above

2. Lodging and per diem reimbursed according to the policy Points 4 & 5 above, respectively, for two nights only.

ii. Outgoing directors

1. Airfare reimbursed according to the policy point 3 above.

2. Lodging and per diem reimbursed according to the policy points 4 & 5 above, respectively, for either seven nights or the number of nights applicable to cover both the old and new board meeting, whichever is lesser (same as current directors).

C. Convention registration – While all directors and officers are encouraged to seek payment for such from their employer, the AARC will pay for such registration as follows:

i. Current and outgoing directors – full registration.

ii. Incoming directors – not entitled to registration reimbursement.