

AMERICAN ASSOCIATION FOR RESPIRATORY CARE
Board of Directors Meeting

November 5, 2015 • Tampa, FL

Minutes

Attendance

Frank Salvatore, RRT, MBA, FAARC, President
George Gaebler, MEd, RRT, FAARC, Past President
Cynthia White, MSc, RRT-NPS, AE-C, CPFT, FAARC, VP External Affairs
Lynda Goodfellow, EdD, RRT, FAARC, VP Internal Affairs
Karen Schell, DHSc, RRT-NPS, RRT-SDS, RPFT, RPSGT, AE-C, CTTS, Secretary/Treasurer
Ellen Becker, PhD, RRT-NPS, FAARC
Cheryl Hoerr, MBA, RRT, CPFT, FAARC
Keith Lamb, RRT
Doug McIntyre, MS, RRT, FAARC
Natalie Napolitano, MPH, RRT-NPS, FAARC
Timothy Op't Holt, EdD, RRT, AE-C
Sheri Tooley, BSRT, RRT-NPS, CPFT, AE-C, FAARC
Lisa Trujillo, DHSc, RRT
Gary Wickman, BA, RRT, FAARC
Kimberly Wiles, BS, RRT, CPFT

Consultants

Steve Boas, MD, BOMA Chair
Dianne Lewis, MS, RRT, FAARC, President's Council President
Mike Runge, BS, RRT, FAARC Parliamentarian
Deb Skees, MBA, RRT, CPFT, Past Speaker

Excused

Bill Lamb, BS, RRT, CPFT, FAARC
John Lindsey, Jr., MEd, RRT-NPS, FAARC

Staff

Tom Kallstrom, MBA, RRT, FAARC, Executive Director
Tim Myers, MBA, RRT-NPS, FAARC, Associate Executive Director
Steve Nelson, MS, RRT, FAARC, Associate Executive Director
Shawna Strickland, PhD, RRT-NPS, AE-C, FAARC, Associate Executive Director
Cheryl West, MHA, Director of Government Affairs
Anne Marie Hummel, Director Regulatory Affairs
Kim Turner, Esq., Director Legislative Affairs
Kris Kuykendall, Executive Administrative Assistant

CALL TO ORDER

President Frank Salvatore called the meeting of the AARC Board of Directors to order at 8:55am EST. Secretary/Treasurer Karen Schell called the roll and declared a quorum. Two students who came to observe the meeting were introduced.

DISCLOSURE

President Salvatore reminded members of the importance of disclosure and potential for conflict of interest.

WELCOME AND INTRODUCTIONS

Members introduced themselves and stated their disclosures as follows:

- Karen Schell –FDA Pulmonary Allergy Committee, Community member; Advisory Board KCKCC; CoBRGTE member
- Lisa Trujillo – CoBGRTE member; Advisory Board Northeastern University MSRT Program; Western Schools author and reviewer
- Lynda Goodfellow – NAECB Board member, CoBGRTE member
- Sheri Tooley – Chair Advisory Committee Genesee Community College; Member Advisory Committee SUNY Upstate; Member Advisory Committee Erie Community College
- Ellen Becker – CoBGRTE member; Board of Directors Chicago Asthma Consortium; Chicago-area Patient-Centered Research Outcomes Network (CAPriCORN) Steering Committee
- Tim Op't Holt – CoBGRTE member
- Natalie Napolitano – Research relationships with Aerogen, Nihon-Kohden, Draeger, Philips, CVS Health, CoBGRTE member, Allergy & Asthma Network Board member
- Gary Wickman – CoBGRTE member
- Frank Salvatore – Member of CTSRC
- Keith Lamb – Covidien, Masimo, Sunovian, Bayer
- Cheryl Hoerr – Southmedic, clinical advisor, Rolla Technical Institute Advisory Committee; MO State University West Plains Advisory Committee; Lindenwood Adjunct Faculty
- Cyndi White – Philips, Aerogen, Vapotherm
- Tom Kallstrom – Board member of Allergy & Asthma Network
- Kimberly Wiles – Board of Directors Pennsylvania Association of Medical Supplies; Advisory Board member of IUP/West School of Respiratory Care

APPROVAL OF MINUTES

Sheri Tooley moved to approve the minutes of the July 16, 2015 meeting of the AARC Board of Directors.

Motion carried

Karen Schell moved to approve the minutes of the July 17, 2015 meeting of the AARC Board of Directors.

Motion carried

E-motions

There were no E-motions since the last Board meeting that needed to be ratified.

GENERAL REPORTS

Executive Director/Office

Tom Kallstrom gave highlights of his submitted written report. Associate Executive Directors commented about their respective areas.

Government Affairs

Cheryl West, Anne Marie Hummel and Kim Turner provided a detailed description of the most recent Government Affairs efforts in both the state and federal arena. Updates were provided regarding various state legislative and regulatory actions as well as on the federal level pending new Medicare regulations on ventilators and clinical lab personnel requirements Ms. Turner provided a 2016 Hill strategy to move HR 2948 the Telehealth Parity Act forward.

House of Delegates

Speaker John Wilgis thanked the Board of Directors for attending the Color Guard ceremony earlier today and invited sections chairs to give reports at the House meeting in the afternoon.

Ad Hoc Committee on Advanced RT Practices, Credentialing, and Education

Lynda Goodfellow moved to accept Recommendation 15-3-31.1 “That the Board accept the definition of an Advanced Practice Respiratory Therapist (APRT) as *‘The Advanced Practice Respiratory Therapist (APRT) is a trained, credentialed, and licensed respiratory care practitioner who is employed to provide a scope of practice that exceeds that of the registered respiratory therapist. After obtaining the NBRC RRT credential, the aspiring APRT must successfully complete a CoARC-accredited APRT graduate level education and training program that provides a curricular emphasis that enables the APRT to provide evidence-based, complex diagnostic and therapeutic clinical practice and disease management.’*”

Natalie Napolitano moved to make a friendly amendment to add “working” to “.....accept the working definition.....”

Motion carried

Lynda Goodfellow moved to accept Recommendation 15-3-31.2 “That the AARC Board request the Association share the accepted definition with the Tripartite for their acceptance.”

Cyndi White moved to refer to president.

Motion carried

Lynda Goodfellow moved to accept Recommendation 15-3-31.3 “That the Board designate a committee, consisting of member representatives of the AARC, NBRC, CoARC, and other organizations as deemed appropriate to use this definition as a basis to perform a job analysis and needs assessment.”

Cyndi White moved to refer to president.

Motion carried

Lynda Goodfellow moved to accept Recommendation 15-3-31.4 “That the job analysis and needs assessment results may refine a definition of APRT based on the responses from individuals and organizations in the field of respiratory care.”

Lynda Goodfellow moved to refer to president.

Motion carried

Lynda Goodfellow moved to accept Recommendation 15-3-31.5 “That the current committee composition would be effective in continuing this work post needs assessment.”

Lynda Goodfellow moved to refer to president.

Motion carried

Ellen Becker abstained because she is on the committee.

Lynda Goodfellow moved to accept Recommendation 15-3-31.6 “That the AARC formally request the NBRC explore the development of the APRT credential and examination.”

Lynda Goodfellow moved to refer to president.

Motion carried

RECESS

President Salvatore recessed the meeting of the AARC Board of Directors at 10:22am EST.

RECONVENE

President Salvatore reconvened the meeting of the AARC Board of Directors at 10:36am EST.

President Salvatore introduced two new students who came to observe the meeting.

Doug Laher commented on what to expect at the Congress this year.

Board of Medical Advisors (BOMA)

Chair Boas reminded the Board of Directors to use BOMA more often. He thanked the Board for their support during his year as Chair. Dr. Janet Liroy joined BOMA in August and she represents the American Academy of Pediatrics (AAP).

President’s Council

Tim Op’t Holt moved to accept Recommendation 15-3-8.1 “That the AARC BOD approves the revisions to BOD Policy.001.”

Motion carried

Cyndi White moved to accept Recommendation 15-3-8.2 “That the AARC BOD approves the revisions to ‘Attachment D-AARC Awards Guidelines’.”

Motion carried

Cyndi White moved to accept Recommendation 15-3-8.3 “That the AARC BOD approves the revisions to AARC Bylaws Article IX-Presidents Council.”

Lynda Goodfellow moved to refer to Bylaws Committee.

Motion carried

George Gaebler moved to accept the General Reports as presented.

Motion carried

STANDING COMMITTEES REPORTS

Bylaws Committee

Lynda Goodfellow moved to accept Recommendation 15-3-9.1 “That the AARC Board of Directors find that the Texas Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws.”

Motion carried

Lynda Goodfellow moved to accept Recommendation 15-3-9.2 “That the AARC Board of Directors find that the Connecticut Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws.”

Motion carried

Lynda Goodfellow moved to accept Recommendation 15-3-9.3 “That the AARC Board of Directors considers developing a more formal onboarding/orientation program for new committee chairs.”

Lynda Goodfellow moved to refer to president.

Motion carried

Lynda Goodfellow moved to accept Recommendation 15-3-9.4 “That the AARC Board of Directors considers a future amendment to the Bylaws that will prevent conflicting versions of Bylaws revisions to be under consideration at the same time.”

Lynda Goodfellow moved to refer to president.

Motion carried

Finance Committee

Cyndi White moved to ratify the capital purchase of an air conditioning unit for \$8,126.33.

Motion carried

Doug McIntyre moved to accept the Standing Committee reports as presented.

Motion carried

SPECIALTY SECTION REPORTS

Lynda Goodfellow moved to accept the Specialty Section reports as presented.

Motion carried

SPECIAL COMMITTEE REPORTS

Membership Committee

Cyndi White moved to accept Recommendation 15-3-24.1 “That the AARC Board of Directors create an Ad Hoc work Group led by the Membership Committee to review and revise the student web site.”

Gary Wickman moved to accept for information only. (President Salvatore has created an Ad Hoc Committee on AARC Student Website Enhancement, Tom Lamphere, Chair.)

Motion carried

Position Statement Committee

Cyndi White moved to accept Recommendation 15-3-26.1 “That the AARC Board of Directors approve and publish the revised Position Statement ‘Electronic Cigarettes’.”

Motion carried

Cyndi White moved to accept Recommendation 15-3-26.2 “That the AARC Board of Directors approve and publish the Position Statement ‘Respiratory Therapist Education’.”

Motion carried

Cyndi White moved to accept Recommendation 15-3-26.3 “That the Position Statement Committee develops a position statement on the ‘Pulmonary Disease Manager’, and presents it at the 2016 Spring Board meeting.”

Motion carried

Sheri Tooley moved to accept the Special Committee reports as presented.

Motion carried

(See attachment “A” for all position statements.)

SPECIAL REPRESENTATIVES REPORTS

Extracorporeal Life Support Organization (ELSO)

Cyndi White moved to accept Recommendation 15-3-69.1 “That the AARC Board of Directors investigate some avenues for the AARC and ELSO to collaborate on position statements and/or publications.”

Keith Lamb moved to refer to Executive Office for collaboration with ELSO and specialty sections.

Motion carried

Cyndi White moved to accept the Special Representatives reports as presented.

Motion carried

ROUNDTABLE REPORTS

Board liaisons gave updates on their respective Roundtables and their activity.

RECESS

President Salvatore recessed the meeting of the AARC Board of Directors at 12:04pm EST.

JOINT SESSION

Joint Session was called to order at 1:40pm EST. Secretary/Treasurer, Karen Schell, called roll and declared a quorum.

Membership Chair, Gary Wickman, gave a membership report.

Elections Committee Chair, Jim Lanoha, presented the slate of candidates for the 2016 election:

President-Elect:

Brian Walsh

Director-at-Large:

John Lindsey, Doug McIntyre, Debra Skees,
Pattie Stefans

Sleep Section:	Marilyn Barclay
Home Care Section	Zachary Gantt
Neonatal/Pediatrics Section	Steve Sittig

Government Affairs

AARC's new Washington DC lobbyist, Ms. Kim Turner was introduced to the House of Delegates and provided an outline of the legislative strategy AARC and its telehealth coalition partners will undertake in the 2016 session. Additional details were provided on state activities of note, and more details were provided on Clinical Lab personnel requirements impacting the RT.

Sheri Tooley moved to go into Executive Session at 2:35pm.

Motion carried

Lynda Goodfellow moved to come out of Executive Session at 2:50pm

Motion carried

Bylaws Committee

Troy Whitaker, Bylaws Chair, presented the second reading of the proposed Bylaws changes.

A moment of silence was given in honor of Debbie Fox.

Frank Salvatore and John Wilgis thanked Sherry Milligan for her 35 years of service to the AARC and wished her well on her retirement. She was presented with a plaque and vase from the Board of Directors and House of Delegates.

Karen Schell and Lisa Trujillo introduced Dr. Esther Robi. She is a Respiratory Care Program Director, University of Ghana Respiratory Care Program, Accra, Ghana.

President Salvatore adjourned the Joint Session at 3:20pm EST.

RECONVENE

President Salvatore reconvened the meeting of the AARC Board of Directors at 3:35pm EST.

Roundtables Continued

FM 15-3-1.1 George Gaebler moved that the president charge the Executive Office with the development of communities for the improvement of communications and member involvement for the replacement of Roundtables.

Motion carried

Lynda Goodfellow moved to accept the Roundtable reports as presented.

Motion carried

AD HOC COMMITTEE REPORTS

Ad Hoc Committee on Cultural Diversity on Patient Care

Cyndi White moved to accept Recommendation 15-3-29.1 “That the Board of Directors approves a status change of the AARC’s Cultural Diversity in Care Management Committee from Ad Hoc Committee to a regular committee.”

George Gaebler moved to amend the name to “Committee on Diversity” and change to a Special Committee.

Motion carried

President Salvatore introduced three students who came to observe the meeting.

Cyndi White moved to accept Recommendation 15-3-29.2 “That the Board of Directors establishes a Cultural Diversity Round Table for its diverse members.”

Gary Wickman moved to refer to the president.

Motion carried

Cyndi White moved to accept Recommendation 15-3-29.3 “That the Board of Directors recommend to each State Affiliate that they establish a State Culture Diversity Committee with the purpose of recruiting and retaining diverse members in their state.”

George Gaebler moved to refer to the president.

Motion carried

Cyndi White moved to accept Recommendation 15-3-29.4 “That the Board of Directors recommend to each State Affiliate that they establish a mentoring program at the state level for diverse members of their state.”

George Gaebler moved to refer to the president.

Motion carried

Cyndi White moved to accept Recommendation 15-3-29.5 “That the AARC provide a visible button on the AARC’s website to direct members to the diversity webpage.”

George Gaebler moved to refer to the Executive Office.

Motion carried

Sheri Tooley moved to accept the Ad Hoc Committee reports as presented.

Motion Carried

OTHER REPORTS

Tom Kallstrom gave highlights of the submitted ARCF report.

The reports from CoARC and NBRC were reviewed.

Cyndi White moved to accept the other reports.

Motion carried

UNFINISHED BUSINESS

FM 15-3-9.5 Tim Opt Holt moved to accept the Bylaws second reading as read during Joint Session.

Motion carried unanimously

FM 15-3-12.1 Lynda Goodfellow moved to accept the 2016 AARC budget as presented.

Motion carried

Taskforce on the Creation of Collaborative Efforts with External Organizations

President Salvatore asked the Board for their opinions of the presented document. Chair of the Taskforce, George Gaebler, provided comments about the charges.

CoBRGTE

President Salvatore informed the Board of Directors of recent communication with Tom Barnes who had asked for a last minute meeting at Congress with the AARC Executive Committee. Frank declined due to the hectic schedules at Congress. Tom wanted to ask AARC to become a sponsoring member of the new CoBRGTE accreditation arm. Frank offered a meeting post-Congress.

Official statement per Salvatore - We received the request but it was too late for the Board to make an informed decision.

RECESS

President Salvatore recessed the meeting of the AARC Board of Directors at 4:30pm EST.

RECONVENE

President Salvatore reconvened the meeting of the AARC Board of Directors at 4:40pm EST.

Deb Skees, Past Speaker, informed the Board of Directors that all 6 proposed bylaws changes and the budget passed in the House of Delegates meeting.

Joint Taskforce on a White Paper Regarding Safe Initiation and Management of Mechanical Ventilation

The AARC was asked by UHC to work with them on a white paper because they needed an organization such as ours to create this document. Shawna Strickland spearheaded this project. The Board of Directors was asked to review and offer changes/comments.

FM 15-3-26.4 Sheri Tooley moved to refer to Position Statement Committee for review and comments.

Motion carried

Cheryl Hoerr moved to amend **FM15-3-26.4** to refer to the Position Statement Committee for review to collaborate with the UHC to revise and amend by April 2016 Board meeting.

Cheryl Hoerr moved to rescind **FM15-3-26.4**.

Motion carried

Shawna Strickland is the liaison for the UHC paper and will relay the Board's comments to them.

President Salvatore informed Kim Wiles that the Homecare Section has until December 1, 2015 to reach 1,000 members or they will lose their Board seat.

RECESS

President Salvatore called a recess of the AARC Board of Directors meeting at 5:00pm EST.

Meeting minutes approved by AARC Board of Directors as attested to by:

Karen Schell
AARC Secretary/Treasurer

Date

Attachment “A”

Electronic Cigarette Position Statement
Respiratory Therapist Education Position Statement

American Association for Respiratory Care

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

Position Statement

Electronic Cigarette

In line with its mission as a patient advocate and in order to ensure patient safety, The American Association for Respiratory Care (AARC) opposes the use of the electronic cigarette (e-cigarette). Even though the concept of using the e-cigarettes for smoking cessation is attractive, they have not been fully studied and the use among adolescents is increasing year after year.

There is no evidence as to the amount of nicotine or other potentially harmful chemicals being inhaled during use or if there are any benefits associated with using these products. The effects of nicotine on the body are known to be harmful and this does not change when ingested in a smokeless route. Additional safety concerns are emerging concerning ingestion of the Liquid Nicotine Solution (LNS) by young children as poison control centers report a continual increase in calls as e-cigarettes become more popular.

Effective 04/2014

Revised 12/2014

Revised 11/2015

American Association for Respiratory Care

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

Position Statement

Respiratory Therapist Education

Respiratory therapists provide direct patient care, patient education, and care coordination. They practice in acute care facilities, long-term acute care facilities, skilled nursing facilities, assisted-living centers, subacute care units, rehabilitation centers, diagnostics units, and in the home. Their clinical decisions are increasingly data-driven by scientifically supported algorithms (protocols) to deliver respiratory care. They are involved in research and need to be adept at understanding the practical ramifications of published research. Respiratory therapists use sophisticated medical equipment and perform complex therapeutic procedures and diagnostic studies. They also provide education to patients and other members of the public. Respiratory therapists must possess an in-depth understanding of human physiology and apply that knowledge in the clinical setting.

The continually expanding knowledge base of today's respiratory care field requires a more highly educated professional than ever before. Factors such as increased emphasis on evidence-based medicine, focus on respiratory disease management, demands for advanced patient assessment, and growing complexities of American healthcare overall, clearly mandate that respiratory therapists achieve formal academic preparation commensurate with an advanced practice role.

The primary purpose of a formal respiratory care educational program is to prepare competent respiratory therapists for practice across multiple health care venues. Respiratory care educational programs are offered at technical and community colleges, four-year colleges, and universities. Training and education for entry-to-practice as a respiratory therapist should be provided within programs awarding a bachelor's or master's degree in respiratory care (or equivalent degree titles) and all newly accredited respiratory care educational programs must award, as a minimum, the bachelor's degree in respiratory care (or equivalent degree title).

Associate degree respiratory care programs which are currently accredited by the Commission on Accreditation for Respiratory Care (CoARC) should be allowed to continue in good standing as long as they remain in compliance with all other CoARC policies and standards. The AARC supports existing and future articulation agreements between associate and baccalaureate respiratory therapy programs. Respiratory therapists seeking to practice in advanced clinical settings, leadership roles, research, and in professional educator roles should seek higher education at the masters or doctoral levels.

Effective 1998

Revised 03/2009

Revised 04/2012

Revised 07/2015

Revised 11/2015