

# AMERICAN ASSOCIATION FOR RESPIRATORY CARE

## Board of Directors Meeting

April 12, 2014- Grapevine, TX

### Minutes

#### Attendance

George Gaebler, MEd, RRT, FAARC, President  
Frank Salvatore, MBA, RRT, FAARC, President-elect  
Karen Stewart, MSc, RRT, FAARC, Past-President  
Colleen Schabacker, BA, RRT, FAARC, VP External Affairs  
Brian Walsh, MBA, RRT-NPS, RPFT, FAARC, VP Internal Affairs  
Linda Van Scoder, EdD, RRT, FAARC, Secretary/Treasurer  
Bill Cohagen, RRT, MHSCA, FAARC  
Bill Lamb, BS, RRT, CPFT, FAARC  
Keith Lamb, RRT  
Doug McIntyre, MS, RRT, FAARC  
Natalie Napolitano, MPH, RRT-NPS, FAARC  
Karen Schell, DHSc, RRT-NPS, RPFT, RPSGT, AE-C, CTTS  
Joe Sorbello, MEd, RRT  
Sheri Tooley, BSRT, RRT-NPS, CPFT, AE-C, FAARC  
Cynthia White, MSc, RRT-NPS, FAARC  
Gary Wickman, BA, RRT, FAARC  
Kim Wiles, BS, RRT, CPFT

#### Consultants

Mike Runge, BS, RRT, FAARC Parliamentarian  
Dianne Lewis, MS, RRT, FAARC, President's Council President  
John Steinmetz, MBA, RRT, Past Speaker

#### Excused

Lynda Goodfellow, EdD, RRT, FAARC  
Peter Papadakos, MD, BOMA Chair  
John Wilgis, MBA, RRT, HOD Speaker-elect  
Kari Woodruff, BS, RRT-NPS, HOD Secretary

#### Guests

Deb Skees, MBA, RRT, CPFT, HOD Speaker  
Keith Siegel, RRT, CPFT, HOD Treasurer

#### Staff

Tom Kallstrom, MBA, RRT, FAARC, Executive Director  
Doug Laher, MBA, RRT, FAARC, Associate Executive Director  
Sherry Milligan, MBA, Associate 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  
Anne Marie Hummel, Regulatory Affairs Director  
Kris Kuykendall, Executive Administrative Assistant

## **CALL TO ORDER**

President George Gaebler called the meeting of the AARC Board of Directors to order at 8:34am CDT, Saturday, April 12, 2014. Secretary-Treasurer Linda Van Scoder called the roll and declared a quorum.

Sherry Milligan gave a preview of the Virtual Museum and new AARC website.

## **SPECIAL COMMITTEE REPORTS**

### **Membership Committee**

Brian Walsh moved to accept Recommendation 14-1-24.1 “That the AARC Board of Directors approve our AARC Membership campaign incentive program.”

### **Motion carried**

### **Position Statement Committee**

Colleen Schabacker moved to accept Recommendation 14-1-26.1 “Approve and publish the revised Position Statement ‘Definition of Respiratory Care’.”

### **Motion carried**

Colleen Schabacker moved to accept Recommendation 14-1-26.2 “Approve and publish the revised Position Statement ‘Health Promotion and Disease Prevention’.”

### **Motion carried**

Colleen Schabacker moved to accept Recommendation 14-1-26.3 “Approve and publish the revised Position Statement ‘Tobacco and Health’.”

### **Motion carried**

Colleen Schabacker moved to accept Recommendation 14-1-26.4 “Approve and publish the revised Position Statement ‘Pulmonary Rehabilitation’.”

Natalie Napolitano moved to change wording to “encourage appropriate utilization of healthcare services”.

### **Motion carried**

Colleen Schabacker moved to accept Recommendation 14-1-26.5 “Approve to retire the Position Statement ‘Inhaled Medication Administration Schedules’.”

Colleen Schabacker moved to include in NewsNow that the position statement was replaced with a CMS document [http://cms.hhs.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_a\\_hospitals.pdf](http://cms.hhs.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf)

### **Motion carried**

Colleen Schabacker moved to accept Recommendation 14-1-26.6 “Approve and publish the new Position Statement ‘Electronic Cigarette’.”

Dianne Lewis made a friendly amendment to review at December 2014 meeting.

### **Motion carried**

(See Attachment “A” for all revised position statements.)

**FM 14-1-22.7** Colleen Schabacker moved that newly adopted position statements and white paper be published in AARC Times. If major revisions are made to existing position statements and/or white papers, the Board should consider publishing these as well.

Brian Walsh moved to refer to Executive Office for implementation.

**Motion carried**

State Government Affairs Committee

Brian Walsh moved to accept Recommendation 14-1-22.1 “That the AARC Board of Directors approve the Michigan State Society for Respiratory Care’s application for the \$10,000 grant/loan.”

**Motion carried**

Linda Van Scoder moved to accept the Special Committee reports as presented.

**Motion carried**

## **SPECIAL REPRESENTATIVES REPORTS**

American Society for Testing and Materials (ASTM)

Colleen Schabacker moved to accept Recommendation 14-1-65.1 “That the Executive Director investigate the possibility of appointing a member of the Executive Office to attend and participate in the appropriate standards organizations to further the development and improvement in standards that impact the respiratory profession.”

Colleen Schabacker moved to refer to Executive Office.

**Motion carried**

Extracorporeal Life Support Organization (ELSO)

Colleen Schabacker moved to accept Recommendation 14-1-69.1 “Request AARC financial assistance, not to exceed \$2,400, to attend the 25<sup>th</sup> Anniversary Extracorporeal Life Support Organization (ELSO) conference in Ann Arbor, Michigan September 15-18, 2014.”

**Motion carried**

Colleen Schabacker moved to accept the Special Representatives reports as presented.

**Motion carried**

## **ROUNDTABLE REPORTS**

International Medical Mission

Brian Walsh moved to accept Recommendation 14-1-44.1 “That the ICRC consider adding the IMMR Chairperson as a council member in order to support collaboration between both international groups.”

President Gaebler ruled out of order, ICRC is a separate organization and we cannot appoint members to other organizations.

Brian Walsh moved to accept Recommendation 14-1-44.2 “That the AARC provide a table for the IMMR in the vendor area or outside the main hall at the AARC International Congress for the purpose of sharing mission opportunities and to increase IMMR membership and awareness.”

Karen Stewart moved to refer to Executive Office to consider.

**Motion carried**

Colleen Schabacker moved to accept Recommendation 14-1-44.3 “That the AARC allow the IMMR one page in the AARC International Congress Program to increase awareness of the IMMR and encourage involvement.”

Karen Stewart moved to refer to Executive Office for consideration.

**Motion carried**

Brian Walsh moved to accept Recommendation 14-1-44.4 “That the AARC add an open forum section to the AARC International Congress that focuses on international mission work, volunteerism and global research.”

Linda Van Scoder moved to refer to Executive Office to discuss options.

**Motion carried**

#### Neurorespiratory

Brian Walsh moved to accept Recommendation 14-1-40.1 “That Neurorespiratory topics at the 2014 AARC Congress be scheduled in a group at a time to allow the roundtable members to meet following the grouped presentation.”

Gary Wickman moved to refer to Program Committee to consider.

**Motion carried**

Brian Walsh moved to accept Recommendation 14-1-40.2 “That a sample of Neurorespiratory topics and speakers which have been accepted for the Congress be shared with the roundtable before the formal agenda is posted to assist in generating interest in attending.”

Colleen Schabacker moved to refer to the Executive Office to communicate to Neurorespiratory Roundtable.

**Motion carried**

Linda Van Scoder moved to accept the Roundtable reports as presented.

**Motion Carried**

#### **RECESS**

George Gaebler recessed the meeting of the AARC Board of Directors at 10:06am CDT Saturday, April 12, 2014.

#### **RECONVENE**

George Gaebler reconvened the meeting of the AARC Board of Directors at 10:23am CDT Saturday, April 12, 2014.

## **AD HOC COMMITTEE REPORTS**

### Ad Hoc Committee on Leadership Institute

Brian Walsh moved to accept Recommendation 14-1-35.1 “That the AARC BOD terminate the Ad-Hoc Committee: AARC Leadership Institute.”

Karen Stewart moved to refer to President to terminate.

### **Motion carried**

### Ad Hoc Committee on Virtual Museum Development

Brian Walsh moved to accept Recommendation 14-1-28.1 “That travel expenses be allocated to send a member of the ‘Legends’ team of the Ad Hoc Committee on Virtual Museum Development to interview Dr. Forrest M. Bird and obtain photographs of equipment and key information from the Bird Museum for inclusion in the AARC’s Virtual Museum.”

Colleen Schabacker moved to refer to Executive Office to get cost estimate and report back by June 1, 2014 and then an e-vote can take place.

### **Motion carried**

Brian Walsh moved to accept Recommendation 14-1-28.2 “That the Executive Office be charged with developing a plan to digitize past serial publications.”

Accepted for information only – already being done.

Brian Walsh moved to accept the Ad Hoc Committee reports as presented.

### **Motion Carried**

## **NEW BUSINESS**

### \$1,000,000 Research Fund

Shawna Strickland asked to confirm with the Board that the intent of the fund is still the same as listed at [http://www.aarc.org/resources/grant\\_fund/](http://www.aarc.org/resources/grant_fund/).

### Appointments

President Gaebler replaced Karen Stewart and Doug McIntyre with John Hiser and Mike Runge on the Elections Committee.

President Gaebler also informed the Board that Karla Smith will replace Russell Rozensky as Sleep Section Chair.

Karen Stewart moved to ratify the appointments.

### **Motion carried**

## **RECESS**

George Gaebler recessed the meeting of the AARC Board of Directors at 11:40am CDT Saturday, April 12, 2014.

## **RECONVENE**

George Gaebler reconvened the meeting of the AARC Board of Directors at 1:37pm CDT Saturday, April 12, 2014.

### **Life Membership Nominee**

Colleen Schabacker moved to nominate Debbie Fox – nominated by Karen Schell

**Motion carried**

### **Honorary Member Nominee**

Linda Van Scoder moved to nominate Edna Fiore – nominated by Doug McIntyre

**Motion carried**

## **ARCF AWARD NOMINEES**

The Board brought forth the following nominees for the ARCF Awards in 2014:

### **Charles H. Hudson Award for Cardiopulmonary Public Health**

Karen Schell moved to nominate Dave Burnett – nominated by Karen Schell

**Motion carried**

### **Forrest M Bird Lifetime Scientific Achievement Award**

Linda Van Scoder moved to nominate Dick Sheldon – nominated by George Gaebler

**Motion carried**

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

Bill Cohagen moved to nominate Angela King – nominated by Kim Wiles

**Motion carried**

### **Mike West, MBA, RRT Patient Education Award**

Colleen Schabacker moved to nominate Sharon Williams – nominated by Karen Schell

**Motion carried**

All ballots were destroyed.

## **STRATEGIC PLANNING**

President Gaebler divided the Board members into three Focus Groups. One group discussed research and the \$1,000,000 research fund. The other two groups brainstormed on the following topics: RRT entry, CoARC/NBRC moratorium on new AS degree programs, move to BS degree, roundtables, readmission prevention, and other strategic issues.

**RECESS**

George Gaebler recessed the meeting of the AARC Board of Directors at 3:15pm CDT Saturday, April 12, 2014.

**RECONVENE**

George Gaebler reconvened the meeting of the AARC Board of Directors at 3:25pm CDT Saturday, April 12, 2014.

A representative from each Focus Group presented the ideas from their respective groups. The ideas will be put into a document and distributed to the Board of Directors.

Policy review was tabled until the Summer 2014 meeting.

Shawna Strickland updated the Board of Directors on the new Learning Management System (LMS) to help users take on-line educational courses, more user-friendly.

Bill Cohagen moved to ratify the capital purchase of LMS software program (PEACH) for educational programs in the amount of \$25,700.

**Motion carried**

**Treasurers Motion**

Linda Van Scoder moved “That expenses incurred at this meeting be reimbursed according to AARC policy.”

**Motion Carried**

**MOTION TO ADJOURN**

George Gaebler moved “To adjourn the meeting of the AARC Board of Directors.”

**Motion Carried**

**ADJOURNMENT**

President George Gaebler adjourned the meeting of the AARC Board of Directors at 4:06pm CDT, Saturday, April 12, 2014.

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

\_\_\_\_\_  
Linda Van Scoder  
AARC Secretary/Treasurer

\_\_\_\_\_  
Date

# Attachment “A”

Position Statements:

Definition of Respiratory Care  
Health Promotion and Disease Prevention  
Tobacco and Health  
Pulmonary Rehabilitation  
Inhaled Medication Administration Schedules  
Electronic Cigarette

## Position Statement

# Definition of Respiratory Care

Respiratory Care is the health care discipline that specializes in the promotion of optimum cardiopulmonary function and health. Respiratory Therapists employ scientific principles to identify, treat and prevent acute or chronic dysfunction of the cardiopulmonary system. Knowledge and understanding of the scientific principles underlying cardiopulmonary physiology and pathophysiology, as well as biomedical engineering and technology, enable respiratory therapists to provide patient care services effectively.

As a health care profession, Respiratory Care is practiced under medical direction across the health care continuum. Critical thinking, patient/environment assessment skills, and evidence-based clinical practice guidelines enable respiratory therapists to develop and implement effective care plans, patient-driven protocols, disease-based clinical pathways, and disease management programs. A variety of venues serves as the practice site for this health care profession including, but not limited to:

- acute care hospitals
- sleep disorder centers and diagnostic laboratories
- long term acute care facilities
- rehabilitation, research and skilled nursing facilities
- patients' homes
- patient transport systems
- physician offices and clinics
- convalescent and retirement centers
- educational institutions
- medical equipment companies and suppliers
- wellness centers

Effective 12/99  
Revised 12/06  
Revised 07/09  
Revised 7/12  
Revised 04/14

# American Association for Respiratory Care

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

## Position Statement

# Health Promotion and Disease Prevention

The AARC acknowledges that professional respiratory therapists (RTs) in both the civilian and uniformed/military services are integral members of the health care team around the world. They serve in acute care hospitals, long term acute care hospitals (LTACH), long-term facilities, home care settings, pulmonary function laboratories, pulmonology practices and clinics, rehabilitation programs, critical care transport, managed care organizations and a diversity multitude of other environments where respiratory care is practiced.

The AARC recognizes that the highest quality professional education and training of the respiratory therapist is required to enhance the best method of instilling the ability to improve the patient's quality and longevity of life through their practices. Such knowledge and skills must be incorporated into formal ~~education and training of RTs in~~ Commission on Accreditation for Respiratory Care (CoARC) accredited education and learning programs; for the RT. and must emphasize Training initiatives place an emphasis on expanding roles for RTs including, but not limited to: ~~in~~ Disease Management, Health Coaching, Case Management, Clinical Consulting, Patient Education, COPD Education and Asthma Education, ~~in particular. Advanced formal education, to~~ Higher education attained at the baccalaureate level and beyond, permits RTs to participate at a higher in advanced and more independent level roles in health promotion and disease prevention.

The AARC recognizes the RT's responsibility to take a leadership role in pulmonary disease teaching, smoking cessation programs, second-hand smoke awareness, pulmonary screening for the public, air pollution awareness, allergy and sulfite warnings. RTs must also demonstrate initiative in research in those and other areas where efforts could promote improved health and disease prevention. Furthermore, the RT is in a unique position to provide leadership in determining health promotion and disease prevention activities for students, faculty, practitioners, patients, and the general public, in both civilian and uniformed service environments.

The AARC recognizes the need to:

1. Provide and promote consumer education related to the prevention and control of pulmonary disease;
2. Establish a strong working relationship with other health agencies, educational institutions, Federal and state government, businesses, military and other community organizations for better understanding and prevention of pulmonary disease:
3. Work with CoARC and training programs to prepare practitioners for crucial expanding roles in Disease Management, Health Coaching, Case Management, Clinical Consulting and COPD/ASTHMA Patient Education;
4. Encourage RTs ~~across the country~~ to advance their education to the baccalaureate level and beyond, thereby enhancing their ability to perform in higher level professional roles;
5. Promote the application of Evidence-Based Medicine in all aspects of health promotion and disease prevention;
6. Monitor all such activities for appropriateness and effectiveness

Furthermore, the AARC supports efforts to develop personal and professional wellness models and action plans ~~on~~ related to health promotion and disease prevention. The AARC seeks to inspire RTs to demonstrate their ~~standing as experts~~ expertise in pulmonary disease etiology, pathology and treatment, and to lead the way nationally in health promotion and pulmonary education.

Effective 1985  
Revised 2000  
Revised 2005  
Revised 2011  
Revised 04/2014

## **American Association for Respiratory Care**

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### **Position Statement**

# **Tobacco and Health**

The American Association for Respiratory Care (AARC) is a professional organization dedicated to the protection of health through public education and the provision of the highest standards of respiratory care. By virtue of their education and health care experience, respiratory therapists are professionals who have a clear understanding of the nature of cardiopulmonary disease and are in a position to act as advocates for healthy hearts and lungs. The AARC is an advocate for both tobacco cessation and tobacco prevention programs.

The AARC recognizes its responsibility to the public by taking a strong position against cigarette smoking and the use of tobacco in any form, and the inhalation of any toxic substance. In view of the evidence, which confirms the health-threatening consequences of using these products in both active and passive forms, the AARC is committed to the elimination of smoking and the use of any tobacco products and the inhalation of any toxic substance.

The AARC acknowledges and supports the rights of non-smokers and pledges continuing sponsorship and support of initiatives, programs, and legislation to reduce and eliminate smoking. The AARC extends its concern beyond the smoking of tobacco to the use of smokeless tobacco. These products are linked to diseases of not only the heart and lungs, but also to the gastrointestinal tract, mouth, and nose. There is also evidence that these products, when ~~applied~~ exposed to the mucous membranes, diffuse into the circulation and can also cause ill effects in remote organs of the body.

Effective: 1991

Revised: 07/11

Revised 04/2014

# American Association for Respiratory Care

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## Position Statement

# Pulmonary Rehabilitation

A pulmonary rehabilitation program is a physician-supervised, evidence based, multifaceted approach to providing services designed for persons with pulmonary disease and their families. A program includes, but is not limited to, physician prescribed exercise, education and training, psychosocial and outcomes assessment. The goals of this respiratory disease management approach are to improve, or maintain, the patient's highest possible level of independent function and to improve their quality of life ~~and decrease hospital readmissions~~ **encourage appropriate utilization of healthcare services**. Pulmonary rehabilitation is a multi-disciplinary program and should be included in the overall management of patients with respiratory disease. The respiratory therapist, by virtue of specialized education and expertise, is uniquely qualified to function as the leader of a successful pulmonary rehabilitation program.

Effective 1973

Revised 12/08

Reviewed 11/2011

Revised 04/2014

# American Association for Respiratory Care

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## Position Statement

# Inhaled Medication Administration Schedules

Inhaled medication administration incorporates a unique methodology and has a recognized time standard between nine and twenty minutes depending on the delivery device used for administration. It is the position of the AARC that medical facilities need to establish written policies and procedures for the safe and timely administration of inhaled medications that are appropriate for the facility and approved by the medical staff. These policies may differ from standard medication administration schedules and time frames, but must be implemented so that medications are administered as prescribed—i.e. Q 1 hour, QID 4 X per day, BID 2 X per day, etc. If a facility establishes an alternative schedule for the safe and effective delivery of inhaled medications, the AARC recommends that the inhaled medication delivery schedule window not exceed 60 minutes before or after the scheduled medication delivery due time for medications prescribed at an interval greater than or equal to four hours.

Effective 8/08

Revised 7/2011

Retired 04/2014

**This position statement is being retired because the issue of administering drugs within 30 minutes before or after the scheduled time for administration has been resolved by CMS. CMS has revised its Hospital Interpretative Guidelines at Section 482.23(c), Preparation and Administration of Drugs, to conform to guidelines issued by the Institute for Safe Medication Practices. The revised CMS guidelines can be found on pages 203-212 of the PDF file at the link below:**

[http://cms.hhs.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_a\\_hospitals.pdf](http://cms.hhs.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf)

## **American Association for Respiratory Care**

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### **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 middle school children 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.

Effective 04/2014