**AMERICAN ASSOCIATION FOR RESPIRATORY CARE**

# Board of Directors Meeting

July 16, 2015 • Phoenix, AZ

## Minutes

### Attendance

Frank Salvatore, RRT, MBA, FAARC, President
George Gaebler, MSEd, 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, RPFT, RPSGT, AE-C, CTTS, Secretary/Treasurer
Timothy Op't Holt, EdD, RRT, AE-C
Lisa Trujillo, DHSc, RRT
Doug McIntyre, MS, RRT, FAARC
Sheri Tooley, BSRT, RRT-NPS, CPFT, AE-C, FAARC
Gary Wickman, BA, RRT, FAARC
John Lindsey, Jr., MEd, RRT-NPS, FAARC
Cheryl Hoerr, MBA, RRT, CPFT, FAARC
Keith Lamb, RRT
Natalie Napolitano, MPH, RRT-NPS, FAARC
Ellen Becker, PhD, RRT-NPS, FAARC
Kimberly Wiles, BS, RRT, CPFT

### Consultants

Mike Runge, BS, RRT, FAARC Parliamentarian
Deb Skees, MBA, RRT, CPFT, Past Speaker
Steve Boas, MD, BOMA Chair

### Excused

Bill Lamb, BS, RRT, CPFT, FAARC
Dianne Lewis, MS, RRT, FAARC, President's Council President

### Staff

Tom Kallstrom, MBA, RRT, FAARC, Executive Director
Doug Laher, MBA, RRT, FAARC, 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
Cheryl West, MHA, Director of Government Affairs
Anne Marie Hummel, Regulatory Affairs Director
Tony Lovio, CPA, Controller
Kris Kuykendall, Executive Administrative Assistant

### Guests

John Hiser, MEd, RRT, FAARC

CALL TO ORDER

President Frank Salvatore called the meeting of the AARC Board of Directors to order at 8:04am MST. Secretary/Treasurer Karen Schell called the roll and declared a quorum.

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 – Advisory member – FDA Pulmonary Allergy Committee – Community member
Lisa Trujillo – CoBGRTE, Committee member of International Outreach
Lynda Goodfellow – NAECB Board member, CoBGRTE member
Sheri Tooley – Chair Advisory Committee Genesseo Community College, Member Advisory Committee SUNY Upstate, Member Advisory Committee Erie Community College
Ellen Becker – CoBGRTE member, Association Asthma Educators, Board of Directors Chicago Asthma Consortium
Tim Op't Holt – CoBGRTE member, NAECB member
Shawna Strickland – Advisory Committee, Tarrant County College RT program
Tim Myers – ARCF Trustee
Steve Nelson – ARCF Trustee
Natalie Napolitano – Research relationships with Aerogen, Nihon-Kohden, Draeger, CVS Health, CoBGRTE member, Allergy & Asthma Network Board member
Gary Wickman – CoBGRTE member
John Lindsey – Advisory Committee member National Park College and Seark College
Keith Lamb – GE, Masimo, Sunovian, Fisher-Paykel
Cheryl Hoerr – Southmedic, Cardinal, Advisory Boards for Rolla Technical Center, St. Louis College of Health Careers, Missouri State University
Cyndi White – Philips, Aerogen, Vapotherm
Tom Kallstrom – ARCF Executive Vice-president, Board member of Allergy & Asthma Network
Kimberly Wiles – Board of Directors Pennsylvania Association of Medical Supplies, Advisory Board member of IUP School of Respiratory Care, Canvas Consulting

APPROVAL OF MINUTES

Natalie Napolitano moved to approve the minutes of the April 24, 2015 meeting of the AARC Board of Directors.

**Motion carried**

Gary Wickman moved to approve the minutes of the April 25, 2015 meeting of the AARC Board of Directors.

**Motion carried**

E-motions

Lynda Goodfellow moved to ratify the July 6, 2015 E-motion approval of E15-2-15.1 "That the AARC Board of Directors approve Jacksonville, FL (JW Marriott Sawgrass Resort) as the destination for the 2016 AARC Summer Forum."

**Motion carried**

## SPECIAL COMMITTEE REPORTS

John Hiser, Chair of the International Committee, gave highlights of the written International Committee he submitted. He announced the 2015 International Fellows:

Peifeng Xu (China) – Honolulu, HI and Charlottesville, VA
Musa Muhtaroglu (Cyprus) – Ogden, UT and Greenville, NC
Ramesh Unnikrishnan (India) – Kansas City, KS and Atlanta, GA
Hussain Khatam (Bahrain) – Winston-Salem, NC and Lyons, IL

## GENERAL REPORTS

President

Lisa Trujillo moved to accept FM15-2-4.1 "That 75% of the RTs who respond to the 2020 Human Resources survey have, or will be actively working towards, a Bachelor's of Science Degree or higher."

Lynda Goodfellow moved to make a friendly amendment to FM15-2-4.1 to change 75% to 80%.
**Motion carried unanimously**

Executive Director/Office

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

Sheri Tooley moved to accept Recommendation 15-2-1.1 "That the AARC Board of Directors approve the further amended 401(k) restatement."
**Motion carried**

Cyndi White moved to accept Recommendation 15-2-1.2 "That the AARC Board of Directors approve up to $40,000 for foundation repairs on the northeast side of the building."
**Motion carried**

Sheri Tooley moved to accept FM15-2-1.3 "That the AARC Board of Directors approve funding of $7,500 over 2 years for a post-graduate grant from the Alpha-1 Foundation."
**Motion carried**

Karen Schell moved to accept FM15-2-1.4 "That the AARC Executive Office hires a Grants Writer with a salary of up to $110,000 (includes benefits)."
**Motion carried**

**RECESS**

President Salvatore recessed the meeting of the AARC Board of Directors at 9:45am MST.

**RECONVENE**

President Salvatore reconvened the meeting of the AARC Board of Directors at 10:00am MST.

Government and Regulatory Affairs
Cheryl West and Anne Marie Hummel provided a brief up to the written reports, including more detail on specific Medicare policy changes and details regarding particular state legislation. A more in depth discussion will be provided at the Joint House and Board session.

President Salvatore instructed the Board of Directors to go to the Capital Connection website and submit a letter to their representative and all Board members submitted letters while at the meeting.

Board of Medical Advisors (BOMA)
Dr. Steve Boas, BOMA Chair, updated the Board on the recent conference call with BOMA: new AAP BOMA rep, Dr. Lioy. Dr. Papadakos offered a $1,000 award on his own behalf for a student poster. Dr. Christopher said there are more BOMA members who will be participating at the Congress.

## STANDING COMMITTEES REPORTS

Bylaws Committee
Lynda Goodfellow moved to accept Recommendation 15-2-9.1 "That the AARC Board of Directors find that the West Virginia Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws."
**Motion carried**

Program Committee
Lynda Goodfellow moved to accept Recommendation 15-2-15.1 "That the AARC Board of Directors approve Jacksonville, FL (JW Marriott Sawgrass Resort) as the destination for the 2016 AARC Summer Forum."
**Was done as E-vote on 7/6**

Cyndi White moved to accept FM15-2-15.3 "That the AARC Board of Directors approve Tucson, AZ (JW Marriott Star Pass Resort) as the destination for the 2017 AARC Summer Forum."
**Motion carried**

Lynda Goodfellow moved to accept Recommendation 15-2-15.2 "That the AARC Board of Directors accept for **information only and refer to the Executive Office** that site procurement for future AARC Congress locations *should* be selected at least 4-5 years in advance."
**Motion carried**

Lynda Goodfellow 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 CONT'D

Benchmarking Committee
Karen Schell moved to table Recommendation 15-2-17.1 "That the AARC Executive Office explore database revisions with the vendor who manages the benchmarking database as recommended by the Committee and explore the cost for enhancements and revisions."
**Motion carried**

Position Statement Committee
Lynda Goodfellow moved to accept Recommendation 15-2-26.1 "That the AARC Board of Directors approve and publish the revised Position Statement 'Definition of Respiratory Care'."
**Motion carried**

Lynda Goodfellow moved to accept Recommendation 15-2-26.2 "That the AARC Board of Directors approve and publish the Position Statement 'Respiratory Therapist Education' with revisions."

Karen Schell moved to amend the title to "Respiratory Therapy Education".
**Motion carried**

Lynda Goodfellow moved to accept Recommendation 15-2-26.3 "That the AARC Board of Directors approve to retire the position statement 'Development of Baccalaureate and Graduate Education Degrees'."
**Motion carried**

Lynda Goodfellow moved to accept Recommendation 15-2-26.4 "That the AARC Board of Directors approve and publish the position statement 'Best Practices in Respiratory Care Productivity and Staffing' as revised."
**Motion carried**

Lynda Goodfellow moved to accept Recommendation 15-2-26.5 "That the AARC Board of Directors approve and publish the newly developed Position Statement 'Insertion and Maintenance of Vascular Catheters by Respiratory Therapists'."
**Motion carried**

Lynda Goodfellow moved to accept Recommendation 15-2-26.6 "That the AARC Board of Directors approve and publish the newly developed position statement 'Insertion and Maintenance of Arterial Lines by Respiratory Therapists'."
**Motion carried**

(See attachment "A" for all position statements.)

## SPECIAL REPRESENTATIVES REPORTS

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

## GENERAL REPORTS CONT'D

John Wilgis, Speaker of the House of Delegates, gave highlights of his submitted written report. President Salvatore recognized John Wilgis for his diligent work on the bylaws. President Salvatore introduced the two students who came to observe the Board of Directors meeting.

Lynda Goodfellow moved to un-table Recommendation 15-2-17.1.
**Motion carried**

Karen Schell moved to accept Recommendation 15-2-17.1 "That the AARC Executive Office explore database revisions with the vendor who manages the benchmarking database as recommended by the Committee and explore the cost for enhancements and revisions."
**Motion carried**

Lynda Goodfellow moved to accept the Special Committee reports as presented.
**Motion carried**

## ROUNDTABLE REPORTS

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

Lynda Goodfellow moved to accept the Roundtable reports as presented.
**Motion carried**

## AD HOC COMMITTEE REPORTS

Cyndi White moved to accept the Ad Hoc Committee reports as presented.
**Motion Carried**

**RECESS**
President Salvatore recessed the meeting of the AARC Board of Directors at 11:55am MST.

**JOINT SESSION**
Joint Session was called to order at 1:35pm MST. 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 2015 election:

| | |
|---|---|
| **President-Elect:** | Brian Walsh, Sheri Tooley |
| **Director-at-Large:** | John Lindsey, Raymond Pisani, Carl Hinkson, Thomas Malinowski, Doug McIntyre, Debra Skees, Gary Wickman, Pattie Stefans |
| **Sleep Section:** | Marilyn Barclay, Jessica Schweller |
| **Home Care Section** | Zachary Gantt, Debra Schuessler |
| **Neonatal/Pediatrics Section** | Steve Sittig, Bradley Kuch |

Government Affairs

Cheryl West and Anne Marie Hummel provided an update for the Board and House of Delegates during the Joint Session. West noted several new bills and regs that had occurred prior to the written report, most notably that a State Auditors Report has recommended Hawaii State Licensure is continued and that legislation to continue Texas RT Licensure has been signed by the Governor. Hummel provided an update on the Medicare Telehealth Parity Act, HR 2948. AARC re-launched its Virtual Lobby Week seeking co-sponsorship of HR 2948.

Executive Session

Gary Wickman moved to go into Executive Session at 2:25pm MST.
**Motion carried**

Executive Session ended at 2:40pm MST.

Mike Runge, Chair of the Ad Hoc Committee for Revisions to AARC Bylaws, reviewed and read all recommendations from April 2015 and Raymond Pisani stated that the Bylaws Committee unanimously approved all recommendations. Each recommendation was opened for questions and comments.

Sherry Milligan gave a presentation on the new membership dues debuting this fall.

President Salvatore adjourned the Joint Session at 3:45pm MST.

**RECONVENE**

President Salvatore reconvened the meeting of the AARC Board of Directors at 4:10pm MST.

President Salvatore introduced two students who wanted to observe the Board of Directors meeting.

Doug McIntyre moved to accept the General reports as presented.
**Motion carried**

## OTHER REPORTS

The reports from ARCF, CoARC, and NBRC were reviewed.

Tom Kallstrom informed the Board about the upcoming ARCF Fundraiser to be held in Tampa, FL in November. Tickets are $150 per person on a yacht which includes food and beverage. There will be a drawing for a Caribbean cruise.

Cyndi White moved to accept the other reports.
**Motion carried**

## BYLAWS

Gary Wickman moved to accept **FM15-1-9.3** "That the AARC Board of Directors and the House of Delegates approve the following amendment to the AARC Bylaws and re-index accordingly":
**Article II, Section 1.**
The American Association for Respiratory Care (AARC) will continue to be the leading national and international professional association for respiratory care. The AARC will encourage and promote professional excellence, advance the science and practice of respiratory care, and serve as an advocate for patients, their families, the public, the profession and the respiratory therapist.
**Motion carried** (did pass at HOD meeting)

Lynda Goodfellow moved to accept **FM15-1-9.4** "That the AARC Board of Directors and the House of Delegates approve the following amendment to the AARC Bylaws and re-index accordingly":
**Article III, Section 7(a).**
a. Specialty Sections representing particular areas of interest within respiratory care shall be made available to Active, Associate, and Special Members of the Association. The purpose, organization and responsibilities of Specialty Sections shall be defined in the policies and procedures of the Association. A seat on the Board of Directors, up to a maximum of six seats, ~~will~~ may be granted to those Specialty Sections ~~consisting of at least~~ with a minimum of 1000 active members as defined in the policies and procedures of the Association ~~to be considered for a seat on the Board~~.
**Motion carried** (did not pass at HOD meeting)

Cyndi White moved to accept **FM15-1-9.5** "That the AARC Board of Directors and the House of Delegates approve the following amendment to the AARC Bylaws and re-index accordingly":
**Article IV, Section 1(b).**
b. Officers of the Association shall not concurrently be members of the national respiratory care credentialing or accreditation bodies or chartered affiliate staff or voting members of their Board of Directors.
**Motion carried** (did not pass at HOD meeting)

Karen Schell moved to accept **FM15-1-9.6** "That the AARC Board of Directors and the House of Delegates approve the following amendment to the AARC Bylaws and re-index accordingly":
Article IV, Section 4(c and d).

c. Vice President for Internal Affairs - The Vice President for Internal Affairs shall serve as a liaison to the ~~Chartered Affiliates, Specialty Sections, and~~ committees and groups of the Association as designated by the President and perform such other duties as shall be assigned by the President or the Board of Directors. The Vice President for Internal Affairs shall assume the duties of the President-elect in the event of the President-elect's absence, resignation, or disability, but will also carry out the duties of the office of the Vice President for Internal Affairs.
d. Vice President for External Affairs – The Vice President for External Affairs shall serve as a liaison to ~~the sponsors of the Association and to other organizations and associations with which the Association has a relationship~~ committees and groups as designated by the President, and perform such other duties as shall be assigned by the President or the Board of Directors.
**Motion carried** (did pass at HOD meeting)

Lynda Goodfellow moved to accept **FM15-1-9.7** "That the AARC Board of Directors and the House of Delegates approve the following amendment to the AARC Bylaws and re-index accordingly":
**Article V, Section 1(a).**

a. The executive government of the Association shall be vested in a board of ~~at least~~ no more than ~~seventeen~~ eighteen (~~17~~ 18) Active Members consisting of at least five (5) Officers, ~~at least six~~ and twelve (~~6~~ 12) Directors-at-Large, and/or ~~a~~ Section Chairs serving as a Director from ~~each~~ Specialty Sections ~~of at least~~ with a minimum of 1000 active members of the Association ~~to be~~ that will be considered for a seat on the Board of Directors as defined in the policies and procedures of the Association. So as long as the number of Section Chairs serving as Directors is at least six (6), the number of at-Large Directors shall be equal to the number of Section Chairs serving as Directors. If the number of Sections Chairs serving as Directors is less than six (6), the number of at-Large Directors shall be increased to assure a minimum of ~~seventeen~~ twelve (~~17~~ 12) ~~members~~ Directors on ~~of~~ the Board of Directors. The Immediate Past Speaker of the House of Delegates, the Chair of the President's Council and the Chair of the Board of Medical Advisors shall serve as non-voting members. Directors shall be elected in accordance with the provisions of Article XII, Section 2 (b).

b. Members of the Board of Directors shall not concurrently be members of national respiratory care credentialing, ~~or~~ national respiratory care accreditation bodies or chartered affiliate staff and/or voting members of their Board of Directors.
**Motion carried** (did not pass at HOD meeting)

Karen Schell moved to accept **FM15-1-9.8** "That the AARC Board of Directors and the House of Delegates approve the following amendment to the AARC Bylaws and re-index accordingly":

**Article VIII, Section 3 (b)**

b. The Board of Directors of the Association and all its committees and specialty sections may consult with the Board of Medical Advisors in regard to medical issues. ~~The Board of Medical Advisors must approve all matters regarding medical policy.~~ The Board of Medical Advisors shall assist the appropriate committees and specialty sections regarding medical and educational issues.
**Motion carried** (did pass at HOD meeting)

Karen Schell moved to accept **FM15-1-9.9** "That the AARC Board of Directors and the House of Delegates approve the following amendment to the AARC Bylaws and re-index accordingly":

**Article VIII, Section 4**

An annual meeting of the Board of Medical Advisors shall be held at the time and place of the Annual Meeting of the Association~~, and other meetings shall be held at such times and places as shall be determined necessary by the Board of Medical Advisors~~.
**Motion carried** (did pass at HOD meeting)

Karen Schell moved to accept **FM15-1-9.10** "That the AARC Board of Directors and the House of Delegates approve the following amendment to the AARC Bylaws and re-index accordingly":

**Article XI, Section 4**

~~**SECTION 4. INTERNATIONAL AFFILIATE DUTIES**~~

~~A copy of the minutes of every meeting of the governing body and other business meetings of the International Affiliate shall be sent to the Executive Office of the Association within thirty (30) calendar days following the meetings.~~
**Motion carried** (did pass at HOD meeting)

Karen Schell moved to accept **FM15-1-9.11** "That the AARC Board of Directors and the House of Delegates approve the following amendment to the AARC Bylaws and re-index accordingly":

Article XII, Section 2 (b) items 1&2

1. The committee shall be composed of five (5) Active Members; three (3) elected by the House of Delegates and ~~two~~ one (1) elected by the Board of Directors and the seated Past President. The Chair shall be selected by the House of Delegates.
2. The term of office for each member except the seated Past President shall be three (3) years. The election of the members shall be staggered, so that no more than 50% of the membership changes each year.
**Motion carried** (did pass at HOD meeting)

Deb Skees, Past Speaker, shared results of the Bylaws recommendations with the Board of Directors.

**RECESS**
President Salvatore called a recess of the AARC Board of Directors meeting at 5:10pm MST.

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

_____ _____
Karen Schell Date
AARC Secretary/Treasurer

# Attachment “A”

Definition of Respiratory Care
Respiratory Therapy Education
Best Practices in Respiratory Care Productivity and Staffing
Insertion and Maintenance of Vascular Catheters by Respiratory Therapists
Insertion and Maintenance of Arterial Lines by Respiratory Therapists

**American Association for Respiratory Care**
9425 N. MacArthur Blvd, Suite 100, Irving, TX 75063

**Position Statement**

# Definition of Respiratory Care

Respiratory Care is the health care discipline that specializes in the promotion of optimum cardiopulmonary function and health and wellness. 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 application of technology, enable**s** respiratory therapists to provide patient care services efficiently. 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 settings serves as the practice site**s** 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 4/14
Revised 6/15
Revised 7/15

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**Position Statement**

# Respiratory Therapy Education

The continually expanding knowledge base of today's respiratory care field requires a more highly educated professional than ever before. And the realities of ongoing healthcare reform place additional importance on higher education as the foundation for professional roles and reimbursement for professional services. 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.

American healthcare today requires respiratory professionals who can practice in a diversity of clinical settings, in leadership and educational settings, and who can function at a higher level of independence in clinical decision making for their patients. Professional respiratory therapists must be capable of supporting their patients through the maze of medical services and resources which are now available to them, educating patients regarding pathophysiology, diagnostics, treatment regimens, and positive self-care for better outcomes and wellness.

Professional respiratory therapists must also prepare themselves for a broader role in community health, health promotion, health maintenance, and coordination across the continuum of their patients' medical care.

It is the position of the American Association for Respiratory Care (AARC) that practicing respiratory therapists, and respiratory therapy students currently in training, should be strongly encouraged to seek higher education beyond the associate degree entry-level to the bachelor or master level, thereby preparing themselves for greater responsibility and greater independence of function over the decades ahead. To this end, the AARC supports existing and future articulation agreements between associate and baccalaureate respiratory therapy programs. In addition, the AARC will dedicate resources to expedite the continuing development of baccalaureate and graduate degree education in respiratory therapy with the goal of the baccalaureate degree as entry level.

It is the position of the American Association for Respiratory Care that respiratory therapists seeking to practice in advanced clinical settings, in leadership roles, and in professional educator roles be strongly encouraged to seek higher education at the master or doctoral levels, demonstrating the value of advanced learning in their own organizations.

Programs for the education of respiratory therapists, managers, researchers, faculty, and professional leaders should be accredited by a body recognized by the Council for Higher Education Accreditation, and through a rigorous and ongoing process which assures quality outcomes. Respiratory Therapists completing such training should be eligible for credentialing to reflect their didactic preparation and clinical skills. Credentialing in areas of specialization is encouraged.

The profession of Respiratory Care itself, the leadership of respiratory care departments and services, and most importantly the care of our patients will be advanced as our members themselves advance their qualifications through higher academic preparation. Academic institutions which conduct respiratory therapy education should develop bachelors, masters and doctoral programs at this time to support the need for such higher education within our field.

Effective 1998
Revised 03/2009
Revised 04/2012
Revised 07/2015

**American Association for Respiratory Care**
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**Position Statement**

# Best Practices in Respiratory Care Productivity and Staffing

In line with its mission as a patient advocate and in order to ensure patient safety and cost-effective staffing levels in Respiratory Care Departments, the American Association for Respiratory Care has adopted the following position statement:

Any metric, model, or system that is used to define respiratory staffing levels within institutions should recognize and account for all the activities required of a Respiratory Care Department in that institution. These activities vary greatly among institutions, and therefore must be determined on a case-by-case basis and approved by the medical staff and administration by individual facilities.

Because of varying time required to perform different Respiratory Care procedures, systems to determine staffing should be based upon statistically valid activity time standards for all the services provided by a department. Because of the significant variability in the nature and types of care rendered in treating patients in need of respiratory services, unweighted metrics such as patient days, etc., should not be used to determine respiratory therapist staffing levels.

Use of unweighted metrics of workload may lead to the determination of inaccurate staffing requirements. An exclusive focus on CPT coded procedures to determine staffing levels or other standards based exclusively on billable activities can lead to the omission of a significant number of non-billed activities from the estimated respiratory care workload and result in underestimating the number of staff needed. Appropriate staffing levels help assure that a consistent standard of Respiratory Care is provided throughout the facility. Adequate staffing levels decrease the potential for error and harm by providing respiratory therapists adequate time to perform required functions and can contribute to greater levels of patient satisfaction.

Additionally it is recognized that health care reforms and programs may provide new opportunities in which value metrics can be applied. In such cases respiratory care resources can be justified and productivity assessed through value outcomes, inclusive of indicators of quality, cost reductions, customer satisfaction, penalty reduction, decrease readmissions, and other metrics that can be linked directly to the activities of Respiratory Therapist.

Understaffing Respiratory Care services places patients at risk for unsafe incidents, missed treatments, and delays in medication delivery, as well as increases the liability of risk for the facilities. Patient harm directly related to inadequate staffing must be reported to the appropriate state and federal regulatory agencies.

Effective 07/12
Revised 07/15

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**Position Statement**

# Insertion and Maintenance of Vascular Catheters by Respiratory Therapists

The American Association for Respiratory Care (AARC) endorses the use of qualified and appropriately educated Respiratory Therapists to insert and perform maintenance of vascular catheters.

Vascular access catheters (VAC) are important instruments in the care of acute and critically ill, and those with chronic illnesses.

Increasing needs for more timely VAC insertion as well as the need to manage adverse events of mal-positioned catheters, pneumothorax, pulsatile blood flow, and daily site maintenance provides impetus for respiratory therapists to perform these tasks. Because respiratory therapists are available around the clock seven (7) days a week they are excellent resources for inserting and maintaining vascular access devices.

The respiratory therapist's education provides extensive training in cardiorespiratory anatomy, physiology and pathophysiology. These fundamentals of Respiratory Care education make the respiratory therapist uniquely qualified to undertake further education to be competent in this procedure.

The requisite education for a respiratory therapist to be qualified to insert and maintain VACs should include specific training, proof of competence and continuing education as outlined by those institutions that use respiratory therapists to perform this procedure.

Effective 07/2015

**American Association for Respiratory Care**
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**Position Statement**

# Insertion and Maintenance of Arterial Lines by Respiratory Therapists

The American Association for Respiratory Care (AARC) endorses the use of qualified and appropriately educated Respiratory Therapists to insert and perform maintenance of arterial lines.

Because respiratory therapists are familiar with arterial punctures and are available around the clock seven (7) days a week they are excellent resources for inserting and maintaining arterial lines.

The respiratory therapist's education provides extensive training in maintenance of normal acid-base balance, oxygenation and oxygen delivery, ventilation, and interpretation and management of arterial blood gases. These fundamentals of Respiratory Care education make the respiratory therapist uniquely qualified to undertake further education to be competent in this procedure.

The requisite education for a respiratory therapist to be qualified to insert and maintain arterial lines should include specific training, proof of competence and continuing education as outlined by those institutions that use respiratory therapists to perform this procedure.

Effective 07/2015