

AMERICAN ASSOCIATION FOR RESPIRATORY CARE

Board of Directors Meeting

July 18, 2013 • Orlando, FL

Minutes

Attendance

George Gaebler, MEd, RRT, FAARC, President
Colleen Schabacker, BA, RRT, FAARC, VP External Affairs
Brian Walsh, MBA, RRT-NPS, RPFT, FAARC, VP Internal Affairs
Frank Salvatore, MBA, RRT, FAARC, Secretary/Treasurer
Bill Cohagen, BA, RRT, RCP, FAARC
Lynda Goodfellow, EdD, RRT, FAARC
Fred Hill, Jr., MA, RRT-NPS
Denise Johnson, MA, RRT
Keith Lamb, RRT
Doug McIntyre, MS, RRT, FAARC
Camden McLaughlin, BS, RRT, FAARC
Joe Sorbello, MEd, RRT
Greg Spratt, BS, RRT, CPFT
Sheri Tooley, RRT-NPS, CPFT, AE-C
Cynthia White, BA, RRT-NPS, AE-C
Gary Wickman, BA, RRT, FAARC

Consultants

John Hiser, MEd, RRT, FAARC, Past Parliamentarian
Dianne Lewis, MS, RRT, FAARC, President's Council President
Karen Schell, RRT-NPS, RPFT, RPSGT, Past Speaker

Guests

Lorraine Bertuola, RRT, Long-Term Care Section Chair

Absent (Excused)

Lori Conklin, MD, BOMA Chair
Mike Runge, BS, RRT, FAARC, Parliamentarian
Karen Stewart, MSc, RRT, FAARC, Past-President

Staff

Tom Kallstrom, MBA, RRT, FAARC, Executive Director
Tim Myers, MBA, RRT-NPS, FAARC, Associate Executive Director
Doug Laher, MBA, RRT, FAARC, Associate Executive Director
Shawna Strickland, PhD, RRT-NPS, AE-C, FAARC, Associate Executive Director
Steve Nelson, MS, RRT, FAARC, Associate Executive Director
Cheryl West, MHA, Director of Government Affairs
Anne Marie Hummel, Director of Regulatory Affairs
Tony Lovio, CPA, Controller
Kris Kuykendall, Executive Administrative Assistant

CALL TO ORDER

President George Gaebler called the meeting of the AARC Board of Directors to order at 8:03am EDT, Thursday, July 18, 2013. Secretary/Treasurer Frank Salvatore called the roll and declared a quorum.

DISCLOSURE

President George Gaebler 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:

Greg Spratt – employed by Covidien

Cyndi White – consultant for Aerogen and Philips Respironics

APPROVAL OF MINUTES

Bill Cohagen moved “To approve the minutes of the April 12, 2013 meeting of the AARC Board of Directors.”

Motion carried

Doug McIntyre moved “To approve the minutes of the April 13, 2013 meeting of the AARC Board of Directors with one amendment. Bill Cohagen nominated Kathy Blackmon for Honorary Membership, not Doug MacIntyre.”

Motion carried

E-MOTION RATIFICATION

There have been no E-Motions since the April 2013 Board meeting.

GENERAL REPORTS

President

President Gaebler gave highlights of his written report.

EXECUTIVE SESSION

Colleen Schabacker moved to go into Executive Session at 8:23am EDT, Thursday, July 18, 2013.

Motion carried

Bill Cohagen moved to come out of Executive Session at 8:41am, Thursday, July 18, 2013.

Motion carried

CoARC

Kathy Rye, CoARC President-elect, asked the Board to consider the following recommendations:

Bill Cohagen moved to accept Recommendation 13-2-80.1 “That the CoARC request the AARC endorse, in principle, the development and implementation of standards for the accreditation of educational programs to train advanced practice respiratory care practitioners (APRTs) as defined in the draft APRT standards.”

Motion carried

Bill Cohagen moved to accept Recommendation 13-2-80.2 “That the CoARC request that AARC and NBRC appoint representatives to a work group made up of representatives of the three organizations to review the APRT concept and make recommendations for further development and implementation.” Bill Cohagen moved to refer to the President for implementation.

Motion to refer carried

President Gaebler continued with highlights of his written report and presented new charges for the Ad Hoc Committee for 2015 & Beyond:

New Charges for 2015 and Beyond Ad Hoc Committee for 2013-2014

1. Competency Level Focus –The 2015 ad hoc committee study mechanisms for acquisition of the competencies approved at the July 2012 BOD meeting by segregating those required at entry level and those that can be acquired after entering practice by 2015.
2. Explore models that could be used by clinical department’s educators, and state affiliates as continuing education venues for the use of clinical simulation as a major tactic for increasing competency levels for the current workforce.
3. That the Committee in cooperation with the CoARC, consider development models of consortia and cooperative models for associate degree programs that wish to align with bachelor degree granting institutions for the award of the Bachelor’s degree.
 - A. Models should include the methods to overcome barriers for different state models that govern colleges articulation agreements and bridge agreements
 - B. Develop models of long distance learning that can be used with smart classroom education and clinical in different areas away from the distance classroom sites.
4. CoARC completed a recent survey of the accredited associate degree granting programs which identified those without existing bridges to baccalaureate programs. It was found that funding was not a major barrier. Use this report to create models and make recommendations on methods to overcome the newly identified barriers. Since November the programs with agreements has increased for 47 to 56%.
5. The committee should assess whether the development and promotion of career ladder education options for the members of the existing workforce can be used for advanced competencies and the advancement to baccalaureate degree.

FM 13-2-4.1 Joe Sorbello moved to approve the new charges for 2015 & Beyond.

Motion carried

FM 13-3-4.2 Denise Johnson moved to approve the appointments of Dan Van Hise to the International Committee and Ray Pisani to the Membership Committee.

Motion carried

Executive Director/Office

Tom Kallstrom gave an overview of the written Executive Office report.

Doug Laher, Associate Executive Director Meetings/Convention, informed the Board of some of the changes that will take place at Congress 2013 in Anaheim. The meeting will now be three and a half days as opposed to four and there will be a closing ceremony.

Shawna Strickland, Associate Executive Director Education, gave the Board updates of the Leadership Institute and Clinical Practice Guidelines.

Steve Nelson, Associate Executive Director IT, informed the Board of the progress of being PCI-compliant (credit card processing) by August 31st.

Tim Myers, Associate Executive Director Brands Management, informed the Board that the third edition of the Guide to Aerosol Delivery Devices for the Respiratory Therapists was recently released. "Bringing Breath to Life" is the theme for Respiratory Care Week and will be launched to the membership shortly after Summer Forum. Digital ads are now on our webpages and we have contracted with Multiview. Multiview will also be hosting a new platform called "AARC Respiratory Care Marketplace" (formerly "The Buyers Guide"). A third party has been secured to build the new aarc.org website with a target date of September 2013 to launch.

Jason Moury, Drive4COPD Coordinator, gave the Board an update of the Drive. So far over 6,100 screeners have been completed since December 2012. He has been contacting Educators and Managers to participate.

Colleen Schabacker moved to accept Recommendation 13-2-1.1 "That an Ad Hoc Committee be appointed to recommend the content to be included in exhibits for the proposed virtual museum." Refer to President to appoint members of this Ad Hoc Committee

Motion carried

Sheri Tooley moved to accept Recommendation 13-2-1.2 "That resources be allocated to conduct and record interviews with Past Presidents, key physicians, and other leaders in the profession."

Motion carried

RECESS

George Gaebler recessed the meeting of the AARC Board of Directors at 10:10am EDT Thursday, July 18, 2013.

RECONVENE

George Gaebler reconvened the meeting of the AARC Board of Directors 10:22am EDT Thursday, July 18, 2013.

President Gaebler informed the Board that at future meetings only reports that have recommendations will be reviewed at the Board meeting so that the Board may strategize more.

STATE GOVERNMENT AFFAIRS

Cheryl West provided the Board with an update of the current developments in state RT laws, in particular Michigan de-licensing efforts.

FEDERAL & REGULATORY AFFAIRS

Anne Marie Hummel gave the Board an update of CMS regulatory affairs. Cheryl and Anne Marie updated HR-2619 RT Access Act.

HOUSE OF DELEGATES

Past-Speaker, Karen Schell, informed the Board that the House has been diligently working to update the HOD policy manual.

PRESIDENT'S COUNCIL

Dianne Lewis reported that the President's Council is waiting on Life and Honorary nominees from the House of Delegates before voting can begin.

Bill Cohagen moved to accept the General Reports as presented.

Motion carried

STANDING COMMITTEES REPORTS

Bylaws Committee

Brian Walsh moved to accept Recommendation 13-2-9.1 "That the AARC BOD accepts and approves the Georgia Society for Respiratory Care Bylaws"

Motion carried

Lynda Goodfellow abstained (from Georgia).

Brian Walsh moved to accept Recommendation 13-2-9.2 "That the AARC BOD accepts and approves the North Dakota Society for Respiratory Care Bylaws"

Motion carried

Brian Walsh moved to accept Recommendation 13-2-9.3 "That the AARC BOD accepts and approves the New York State Society for Respiratory Care Bylaws"

Motion carried

Joe Sorbello and Sheri Tooley abstained (from New York).

Elections Committee

Brian Walsh moved to accept Recommendation 13-2-10.1 "Amend the Election Committee Policy by adding the following to item 5: 'The Committee will develop a question for the Section Chair nominees that would be specific to the role, with input from the AARC President, focusing on the charges set forth for the particular section. The question will be generic for all Section Chair nominees.'"

Colleen Schabacker moved to make a friendly amendment to change "the role" to "their role" and delete the last sentence.

Motion carried

Brian Walsh moved to accept Recommendation 13-2-10.2 "Amend the Election Committee Policy by adding the following: '18. The Executive Office will provide updated section membership numbers and election grid to the Elections Committee, reflecting December 31st membership.'"

Colleen Schabacker moved to refer to Executive Office for implementation.

Motion carried

FINANCE COMMITTEE

Brian Walsh moved to accept Recommendation 13-2-1.3 "That the BOD approve the purchase of a new phone system to replace the current one that is over six years old."

Motion carried

Brian Walsh moved to accept Recommendation 13-2-1.4 “That the AARC BOD approve the addition of Merrill Lynch as an investment advisor.”

Motion carried

Bill Cohagen moved to accept Recommendation 13-2-1.5 “That the AARC BOD approve opening a brokerage account with the Bank of Texas.”

Motion carried

Bill Cohagen moved to accept Recommendation 13-2-42.1 “That the AARC reconsider stance on AARC presenter registration to include full complimentary registration.”

Motion defeated

Frank Salvatore moved “To accept the Standing Committee reports as presented.”

Motion carried

SPECIALTY SECTION REPORTS

Adult Acute Care Section

Brian Walsh moved to accept Recommendation 13-2-50.1 “That the AARC BOD consider creating an ‘Acute/Critical Care Workshop’ to be presented at Summer Forum.”

Colleen Schabacker moved to refer to the Program Committee for feasibility.

Motion carried

Brian Walsh moved to accept Recommendation 13-2-50.2 “That the AARC BOD look into the feasibility of creating a ‘back to basics’ education curriculum much like the ACCS Prep Course.”
Chair of Adult Acute Care Section, Keith Lamb, withdrew this recommendation.

Brian Walsh moved to accept Recommendation 13-2-50.3 “That the AARC BOD appoint members to look into the best approach to organize the AARConnect archives into easily accessible and partitioned areas to include, but not limited to, protocols, policies, and clinically relevant articles.”

Chair of Adult Acute Care Section, Keith Lamb, withdrew this recommendation.

RECESS

George Gaebler recessed the meeting of the AARC Board of Directors at 11:55am EDT Thursday, July 18, 2013.

JOINT SESSION

Joint Session was called to order at 1:35pm EDT on Thursday, July 18, 2013.

Secretary/Treasurer, Frank Salvatore, called roll and declared a quorum.

Frank Salvatore moved to go into Executive Session at 1:40pm EDT. Executive Session ended at 1:50pm EDT.

Gary Wickman gave highlights of the written Membership report.

John Hiser presented the International Committee report and informed the audience that six International Fellows had been selected for the 2013 International Fellowship Program:

Ana Cristina Okada (Brazil) Philadelphia, PA Cincinnati, OH
Lysbeth Roldan (Colombia) Baltimore, MD Rochester, MN
Jithin Kalathikudiyil Sreedharan (India) Charlottesville, VA Winston-Salem, NC
Daisuke Tsukahara (Japan) Kailua, HI Boise, ID
Mohamad El-Khatib (Lebanon) Salt Lake City, UT Portland, OR
Mohammed Herrag (Morocco) Emporia, KS Minneapolis, MN

Alternates-
Gashaw Takele (Ethiopia)
Chulee Jones (Thailand)
Marshfield, WI

Terry Gilmore presented the Bylaws Committee report.

Ross Havens presented the slate of candidates for the 2013 election:

President-Elect: Frank Salvatore
Colleen Schabacker

Director at Large: Bill Lamb
John Lindsey
Camden McLaughlin
Curt Merriman
Karen Schell
Cynthia White

Adult Acute Care Section Chair-Elect: Keith Lamb
Daniel Rowley

Diagnostics Section Chair-Elect: Katrina Hynes
Kevin McCarthy

Education Section Chair-Elect: Ellen Becker
Georgianna Sergakis

Management Section Chair-Elect: Bill Cohagen
Cheryl Hoerr

Cheryl West and Anne Marie Hummel gave highlights of the written State and Federal Regulatory Affairs report.

President Gaebler adjourned the Joint Session at 3:35pm EDT, Thursday, July 18, 2013.

RECONVENE

George Gaebler reconvened the meeting of the AARC Board of Directors 3:45pm EDT Thursday, July 18, 2013.

Brian Walsh moved to accept Recommendation 13-2-50.4 "That the AARC BOD, in conjunction with possibly the Research Roundtable, develop a way that budding researchers can tap into the

vast knowledge and resources available to the AARC to assist them with their research design, data analysis, and presentation.”

Colleen Schabacker moved to accept for information only.

Motion carried

Brian Walsh moved to accept Recommendation 13-2-50.5 “That the AARC BOD look into the possibility of developing a committee or such group that would look into ways of ensuring that non-traditional clinical responsibilities and opportunities are being fully supported.”

Brian Walsh moved to refer to Executive Office.

Motion carried

Doug McIntyre moved to accept the Specialty Section reports as presented.

Motion carried

House Resolutions

Past Speaker, Karen Schell, presented the House Resolutions.

Frank Salvatore moved to accept Resolution 62-13-02: Be it resolved that the AARC allocate sufficient funds to the Delegate Assistance committee to allow Affiliates approved for assistance to receive an additional day of lodging and per-diem at the winter meeting.

Motion carried

SPECIAL COMMITTEE REPORTS

Position Statement Committee

Colleen Schabacker moved to accept Recommendation 13-2-26.1 “Approve and publish the position statement on ‘Delivery of Respiratory Therapy Services in Skilled Nursing Facilities Providing Ventilator and/or High Acuity Respiratory Care’ with no revisions.”

Motion carried

Colleen Schabacker moved to accept Recommendation 13-2-26.2 “Approve and publish the revised position statement on ‘Home Respiratory Care Services’.”

Motion carried

Colleen Schabacker moved to accept Recommendation 13-2-26.3 “Approve and publish the position statement on ‘Respiratory Care Scope of Practice’.”

Motion carried

Colleen Schabacker moved to accept Recommendation 13-2-26.4 “Approve and publish the position statement ‘Respiratory Therapists as Extracorporeal Membrane Oxygenation (ECMO) Specialists’ with no revisions.”

Motion carried

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

Social Media Committee

Brian Walsh moved to accept Recommendation 13-2-19.1 “That the AARC BOD approve the Mission Statement & Guidelines documents as listed below in the ‘Other’ section.”

Colleen Schabacker moved to refer back to Committee with explanations from Tim Myers and Brian Walsh for a future E-Vote.

Motion carried

Brian Walsh moved to accept Recommendation 13-2-19.2 “That the AARC BOD approve the structural approach described below in the ‘Report’ section, providing any suggestions at this point.”

Brian Walsh moved to refer back to Committee to include in document.

Motion carried

Brian Walsh moved to accept the Special Committee reports as presented.

Motion carried

RECESS

President Gaebler called a recess of the AARC Board of Directors meeting at 5:00pm EDT on Thursday, July 18, 2013.

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

Frank Salvatore
AARC Secretary/Treasurer

Date

Attachment “A”

Position Statements:
Home Respiratory Care Services
Respiratory Care Scope of Practice

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 respiratory care services provided in a patient's personal residence. Respiratory care services include, but are not limited to:

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

These services are provided on a physician's written, verbal or telecommunicated order (as required) 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, and retirement communities.

The goals of home respiratory care are to work together with the health care team to:

- develop an individualized plan of care designed to minimize symptoms and limitations, achieve a maximum level of patient function;
- educate patients and their caregivers to maximize participation in self-care and enhance compliance with prescribed care;
- inform the health care team on the patient's condition and response to care plan;
- administer diagnostic and therapeutic modalities and services as prescribed;
- conduct disease state management; and
- promote health, minimizing the need for hospitalization and other higher levels of care.

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.

Although access to home respiratory care is limited at this time by reimbursement for services, 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.

Effective 12/14/00

Revised 12/07

Revised 07/10

Revised 07/13

American Association for Respiratory Care

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

Position Statement

Respiratory Care Scope of Practice

Respiratory Therapists are health care professionals whose responsibilities include patient assessment, disease management, diagnostic evaluation, management, education, rehabilitation and care of patients with deficiencies and abnormalities of the cardiopulmonary system. The scope of practice includes the application of technology and the use of protocols across all care sites including, but not limited to, the hospital, clinic, physician's office, rehabilitation facility, skilled nursing facility and the patient's home.

These responsibilities are supported by education, research and administration. Diagnostic activities include but are not limited to:

1. Obtaining and analyzing physiological specimens
2. Interpreting physiological data
3. Performing tests and studies of the cardiopulmonary system
4. Performing neurophysiological studies
5. Performing sleep disorder studies

Therapy includes, but is not limited to:

1. The application and monitoring of medical gases and environmental control systems
2. Mechanical ventilator management
3. Insertion and care of artificial airways
4. Bronchopulmonary hygiene
5. Administration of Pharmacological agents
6. Cardiopulmonary rehabilitation
7. Hemodynamic cardiovascular support
8. Sleep support

The focus of patient and family education activities is to promote knowledge and understanding of the disease process, medical therapy and self-help. Public education activities focus on the promotion of cardiopulmonary wellness.

Effective 8/87

Revised 12/07

Revised 12/10

Revised 07/13