

AMERICAN ASSOCIATION FOR RESPIRATORY CARE

Board of Directors Meeting

Vail, CO, July 21, 2011

Minutes

Attendance

Karen Stewart, MS, RRT, FAARC, President
Tim Myers, BS, RRT-NPS, Past President
Susan Rinaldo-Gallo, MEd, RRT, FAARC, VP/Internal Affairs
George Gaebler, MEd, RRT, FAARC, VP/External Affairs
Linda Van Scoder, EdD, RRT, FAARC, Secretary/Treasurer
Bill Cohagen, BA, RRT, RCP, FAARC
Debbie Fox, MBA, RRT-NPS
Lynda Goodfellow, EdD, RRT, FAARC
Fred Hill, Jr., MA, RRT-NPS
Denise Johnson, BS, RRT
Keith Lamb, RRT
Doug McIntyre, MS, RRT, FAARC
Frank Salvatore, MBA, RRT, FAARC
Greg Spratt, BS, RRT, CPFT
Cynthia White, BA, RRT-NPS, AE-C

Consultants

Tom Lamphere, RRT, RPFT, Past HOD Speaker
Dianne Lewis, MS, RRT, FAARC, President's Council President
Colleen Schabacker, BA, RRT, FAARC, Parliamentarian

Absent

Camden McLaughlin, BS, RRT, FAARC (Excused)
Joseph Sokolowski, MD, BOMA Chair (Excused)

Staff

Sam Giordano, MBA, RRT, FAARC, Executive Director
Tom Kallstrom, MBA, RRT, FAARC, Chief Operating Officer
Doug Laher, RRT, MBA, Associate Executive Director
Ray Masferrer, RRT, FAARC, Managing Editor, RESPIRATORY CARE
Steve Nelson, RRT, FAARC, Associate Executive Director
Cheryl West, State Government Affairs Director
Anne Marie Hummel, Regulatory Affairs Director
Miriam O'Day, Federal Government Affairs Director
Bill Dubbs, MHA, MEd, RRT, Director of Education & Management
Tony Lovio, CPA, Controller
Kris Kuykendall, Executive Administrative Assistant

CALL TO ORDER

President Karen Stewart called the meeting of the AARC Board of Directors to order at 8:04a.m. MDT, Thursday, July 21, 2011. Secretary/Treasurer Linda Van Scoder called the roll and declared a quorum.

DISCLOSURE

President Karen Stewart 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:

Linda Van Scoder – COBGRTE Steering Committee
Tom Lamphere – PSRC Executive Director
Susan Rinaldo-Gallo – Masimo
Fred Hill – USA Cardiorespiratory Care Program Advisory Committee, Chair of AL State Board of Respiratory Therapy
Debbie Fox – Kansas Society for Respiratory Care
Frank Salvatore – Sullivan Community College (NY) Advisory Committee
Bill Cohagen – AZ Board of Respiratory Care Examiners
Bill Dubbs – Board of Directors Health Professions Network
Lynda Goodfellow – Teleflex Medical, COBGRTE Steering Committee
Denise Johnson – Bylaws Committee MSRC
Greg Spratt – Director of Clinical Marketing Oridion Capnography
Sam Giordano – ARCF, US COPD Coalition, COPD Foundation
Miriam O’Day – Consultant representing AIF/AIA/COPDF/USCC
Steve Nelson – ARCF Board of Trustees

APPROVAL OF MINUTES

George Gaebler moved “To approve the minutes of the April 8, 2011 meeting of the AARC Board of Directors.”

Motion Carried

George Gaebler moved “To approve the minutes of the April 9, 2011 meeting of the AARC Board of Directors.”

Motion Carried

E-MOTION RATIFICATION

Karen Stewart moved “To ratify the E-Motions discussed over the Board AARConnect since April 2011 as follows:

EM 11-2-15.1 “That the AARC host the 2012 AARC Summer Forum in Santa Fe, NM.”

Frank Salvatore moved to ratify the E-Motion

Motion Carried

EM 11-2-17.1 “Move that the Board ratify the appointment of Pat Ingle and Chuck Menders to the Benchmarking Committee.”

Frank Salvatore moved to ratify the E-Motion

Motion Carried

GENERAL REPORTS

President

President Stewart gave highlights of her written report.

Executive Director/Office

Sam Giordano presented the Executive Office report.

Tom Kallstrom discussed outstanding affiliate checks; over \$10,000 has yet to be cashed from state affiliates.

The Executive Office conducted a survey of the bulletins and discovered that only 22% of our members read the bulletins. AARConnect is the number one choice among members for electronic communication.

COPD Toolkit is going into beta testing. Ten centers have been identified who will do the testing.

Co-marketing – 34 states have signed the revenue sharing agreement and 31 have signed the co-marketing agreement. Last year we distributed over \$10,000 to affiliates.

Drive4COPD – going into a second year of this campaign.

Sam Giordano informed the Board that Dr. Sokolowski and Dr. Kelly are looking for respiratory therapist volunteers to go to Haiti.

Ray Masferrer discussed the Respiratory Care Journal and Journal Conferences. Upcoming Journal Conference in September is entitled “The Chronically Critically Ill” in St. Petersburg.

President Stewart shared a letter from a recipient of disaster relief funds. The disaster relief policy will be reviewed at the Board meeting on July 22, 2011.

Government & Regulatory Affairs

State Government Affairs

Cheryl West provided an update on state legislative and regulatory issues. Oregon has passed a polysomnography licensure law that included an explicit RT exemption. RTs in Oregon will be involved in developing the regulations that will implement the new law. The Maryland/DC Society also is working diligently to revise the current polysom law to insert a RT exemption. Many states are seeking ways to economize, including combining licensure boards and expanding roles of para professionals into new clinical areas. State Societies were cautioned to closely monitor efforts that might impinge on the RT scope of practice or undermine the intent of licensure laws to protect the public.

Federal Government Affairs

Legislative Director Miriam O'Day provided an update on our legislative issues pending before Congress. Congress is focused at this time on the debt ceiling debate and no other legislative business is being addressed. We continue to seek co-sponsors for our legislation HR 941 and are working with Congressman Pitts (D-PA) to set a meeting with the CBO to review the previous and erroneous cost estimate.

Regulatory Director Anne Marie Hummel also provided an update on Medicare regulations. The Medicare DME Competitive Bid Program next phase has been delayed for 18 months but CMS intends to move forward with the next round, albeit somewhat delayed. CMS has also issued proposed regulations that would significantly decrease the 2012 payments for the outpatient pulmonary rehabilitation benefit. AARC is working with its sister Pulmonary Rehab

organizations (AACVPR, ATS, NAMDRRC) to submit comments to CMS opposing the reduction in payments.

President's Council

Dianne Lewis stated that Trudy Watson is working on the AARC Virtual Museum and recently visited the AARC Executive Office.

RECESS

President Stewart recessed the meeting of the AARC Board of Directors at 9:37am MDT Thursday, July 21, 2011.

RECONVENE

President Stewart reconvened the meeting of the AARC Board of Directors at 9:59am MDT Thursday, July 21 2011.

STANDING COMMITTEES REPORTS

Bylaws Committee

Recommendation 11-2-9.1 “That the AARC BOD accepts and approves the Delaware Society for Respiratory Care Bylaws.”

Susan Rinaldo Gallo moved to accept the recommendation to approve the Delaware Society for Respiratory Care Bylaws as submitted.

Motion carried

Recommendation 11-2-9.2 “That the AARC BOD accepts and approves the Kansas Society for Respiratory Care Bylaws.”

Susan Rinaldo Gallo moved to accept the recommendation to approve the Kansas Society for Respiratory Care Bylaws as submitted.

Motion carried

Debbie Fox abstained.

Recommendation 11-2-9.3 “That the AARC BOD accepts and approves the Kentucky Society for Respiratory Care Bylaws.”

Susan Rinaldo Gallo moved to accept the recommendation to approve the Kentucky Society for Respiratory Care Bylaws as submitted.

Motion Carried

Recommendation 11-2-9.4 “That the AARC BOD accepts and approves the South Dakota Society for Respiratory Care Bylaws.”

Susan Rinaldo Gallo moved to accept the recommendation to approve the South Dakota Society for Respiratory Care Bylaws as submitted.

Motion Carried

Elections Committee

Recommendation 11-2-10.1 “That the AARC BOD revise Policy CT.003 (Elections Committee Nomination Process) to reflect current practice.”

Linda Van Scoder moved to table the recommendation.

Motion to Table Carried

Recommendation 11-2-10.2 “That the AARC BOD revise the Elections Committee Handbook to reflect current practice.”

Tim Myers moved to accept for information only. The Executive Office will revise the handbook and policy. (See Attachment “A”)

Motion carried

FINANCE COMMITTEE

Approval of Capital purchase April-June 2011

A software program to enhance Convention Exhibitor badge input was purchased for \$4,330.

George Gaebler moved to accept the approval for \$4,330 for exhibitor badge program.

Motion carried

Disaster Relief

Tim Myers moved to accept President Stewart’s approval to contribute \$5,000 to the disaster relief fund from AARC.

Motion carried

STRATEGIC PLANNING

This committee has been “put on hold” due to the 2015 committee. However, it is time to redevelop the strategic planning committee and Tim Myers will be contacting the committee members in the next month.

Susan Rinaldo Gallo moved to accept the standing committee reports as submitted.

Motion carried

HOUSE OF DELEGATES

Recommendation 11-2-6.1 “That a survey be developed by the House of Delegates and AARC and conducted to assess AARC members’ opinions about their AARC membership and their State Affiliate’s performance.”

Denise Johnson moved to accept the recommendation.

Motion to refer

Linda Van Scoder moved to refer to the membership committee and House of Delegates for development.

Motion carried

George Gaebler moved “To accept the General Reports as presented.”

Motion Carried

President Stewart appointed Mike Runge as Sleep Section Chair to serve until the end of 2012.

Linda Van Scoder moved to ratify the appointment.

Motion Carried

SPECIALTY SECTION REPORTS

Education Section

Recommendation 11-2-53.1 “That President Stewart form, effective 8/1/11, a Committee on Associate Degree Respiratory Therapy Education (coARDTE) and that the current CoBGRTE Steering Committee, along with the newly formed CoARTE, be recognized as formal standing committee of the AARC Education Section.”

Susan Rinaldo Gallo moved to accept the recommendation.

Linda Van Scoder moved to amend “formal standing” to “special sub-committees”.

Susan Rinaldo Gallo moved to accept the amended motion.

President Stewart will work with Lynda Goodfellow to ratify members and vote will be thru E-Vote.

Motion carried as amended

Homecare Section

Recommendation 11-2-54.1 “That the AARC BOD establish a grant (\$50,000 ARCF) to promote, design, and support 3-5 studies exploring the benefits of RT-led programs for reducing hospital readmissions due to cardiopulmonary diagnoses of pneumonia, heart failure, and COPD; establish a subcommittee with members from AARC Executive Team, ARCF, Home Care, and Management Sections to develop and administrate the program.”

Susan Rinaldo Gallo moved to accept the recommendation.

Gregg Spratt withdrew this recommendation and replaced with the following:

“That the AARC Board of Directors establish an exploratory committee with members from the AARC Executive Team, ARCF, Homecare, and Management Sections to develop a research proposal to design and fund 3-5 studies exploring the benefits of RT-led programs for reducing hospital readmissions due to cardiopulmonary diagnoses of pneumonia, heart failure, and COPD.”

Gregg Spratt moved to accept.

Motion carried

Surface and Air Transport

Recommendation 11-2-59.1 “That the AARC BOD support the Surface and Air Transport Section in helping the University of Costa Rica Children’s Hospital train their RTs for neonatal/pediatric transport.”

Susan Rinaldo Gallo moved to accept.

George Gaebler moved to refer back to Surface and Air Transport for clarification.

Motion to refer carried

Susan Rinaldo Gallo moved to accept the Specialty Section reports as presented.

Motion carried

SPECIAL COMMITTEE REPORTS

Clinical Practice Guidelines

A discussion arose about the heavy workload of this committee. George Gaebler suggested that this would need to be a paid position in order to get the work completed.

President Stewart will consider the CPG concerns in her 2012 budget.

Membership

Tom Lamphere gave highlights of his written report. President Stewart asked Tom Lamphere to send his membership dashboard report to state presidents.

Position Statement

Recommendation 11-2-26.1 “Approve and publish the revised position statement on ‘Verbal Orders’. This statement is submitted for your review as Attachment #1. Text to be deleted appears with strikethrough and text to be added appears with underline.”

Susan Rinaldo Gallo moved to accept.

Linda Van Scoder moved to amend “verbal” to “verbal/telephone”.

Amended Motion carried

Recommendation 11-2-26.2 “Approve and publish the revised position statement on ‘Tobacco and Health’. This statement is submitted for your review as Attachment #2. Text to be deleted appears with strikethrough and text to be added appears with underline.”

Susan Rinaldo Gallo moved to accept.

Motion carried

Recommendation 11-2-26.3 “Approve and publish the revised position statement on ‘Health Promotion and Disease Prevention’. Text to be deleted appears with strikethrough and text to be added appears with underline.”

Linda Van Scoder made a friendly amendment to correct “LTACH” and “RT’s”.

Susan Rinaldo Gallo moved to accept the recommendation and friendly amendment.

Motion carried

Recommendation 11-2-26.4 “Approve the current ‘Inhaled Medication Administration Schedules’ with no revisions.”

Linda Van Scoder amended to change QID to 4 times a day and BID to 2 times a day.

Susan Rinaldo Gallo moved to accept the recommendation and amendment.

Amended motion carried

(See Attachment “B” for all revised Position Statements.)

Susan Rinaldo Gallo made a motion to accept the Special Committee reports as submitted.

Motion carried

OATH OF OFFICE

Past President Tim Myers administered the oath of office to Mike Runge.

RECESS

Karen Stewart called a recess of the AARC Board of Directors at 12:08pm MDT, Thursday, July 21, 2011.

JOINT SESSION

President Stewart convened Joint Session at 1:30pm MDT, Thursday, July 21, 2011.

Secretary/Treasurer Linda Van Scoder called the roll and declared a quorum.

International Committee Report

John Hiser gave highlights of his written report as well as his recent trip to China. This year there were twenty seven International Fellowship applications from eighteen different countries and eight new countries. Thirteen City Hosts applied. Four International Fellows were selected and two alternates:

Croatia – Darko Kristovic – Cleveland, OH and Baltimore, MD

China – Sheng-yu Wang – Rochester, MN and Tucson, AZ

United Arab Emirates – Edita Almonte – Brooklyn, NY and Minneapolis, MN

Egypt – Shaheen Malak – Cincinnati, OH and Falls Church, VA

Alternates:

Czech Republic – Karel Roubik

India – Anitha Nileshwar

Several states gave donations for the International Fellowship program.

ARCF Report

ARCF Chair, Michael Amato, reported that two new Trustees were added to the ARCF – Tim Myers and Toni Rodriguez. He also informed the audience that the Foundation wants to support higher education and, therefore, needs donations. Chair Amato challenged the House of Delegates to create a fundraiser and donate the funds to the ARCF.

Elections Committee Report

Suzanne Bollig, Elections Committee Chair, advised of the following slate of candidates:

Transport Section Chair-elect

1. Billy Hutchison

2. Nicole Dunn

Continuing Care Section Chair-elect

1. Gerilynn Conners
2. Robert Krach

Long Term Care Section Chair

1. Gene Gantt
2. Lorraine Bertuola

President-elect

1. George Gaebler
2. Colleen Schabacker

Directors-at-Large

1. Claire Aloan
2. Lynda Goodfellow
3. Thomas Malinowski
4. Doug McIntyre

Secretary/Treasurer Report

Linda Van Scoder reported that membership dues are above budget from last year, product sales and education services are below budget but ahead of YTD '10. Regarding investments, we had \$328k in realized gains and \$297k in unrealized gains. The bottom line shows us to be better than predicted for both revenue and expenses.

Linda Van Scoder moved to convene to Executive Session at 2:06pm MDT.

Executive Session adjourned at 2:20pm MDT and Regular Joint Session resumed.

Regulatory Affairs

Anne Marie Hummel gave highlights of her written report.

Legislative Update

Miriam O'Day gave highlights of her written report.

State Government Affairs

Cheryl West gave highlights of her written report.

Drive4COPD

Tom Kallstrom gave an overview of the current Drive4COPD activities. The new Adopt-a-Company project coaches and encourages other members to get involved. Three captains have been named to lead the project:

Chuck Menders – plan events
Shawna Strickland – students
Curt Merriman – digital communications

Bill Lamb moved to adjourn the Joint Session of the Board of Directors.

Motion carried

President Stewart adjourned the Joint Session of the Board of Directors at 3:09pm MDT, Thursday, July 21, 2011.

REGULAR SESSION RECONVENED

Karen Stewart reconvened the meeting of the AARC Board of Directors at 3:22pm MDT, Thursday, July 21, 2011.

Ad Hoc Committee to Recommend Bylaws Changes

The Ad Hoc Committee has reviewed the current AARC Bylaws extensively and proposes changes as follows:

1. Implement a physician membership category
2. Should the acid test be included in the Bylaws on how we approve the Chartered Affiliates Bylaws
3. BOMA - narrow down the representatives for organizations; should the AARC Board of Directors appoint BOMA members
 - a. Current Bylaws state that BOMA must approve all medical matters, should be deleted
 - b. Current Bylaws state that BOMA can have meetings when they deem necessary, should be deleted
4. Composition of Elections Committee should change to specify that the past president is a member.
5. Criteria for Board members needs to be updated – disclose all conflicts of interest including chartered affiliates
6. Composition of the Board – propose 17 voting member board – 6/6 split (6 sections chairs/6 directors at large), must have 1000 members in a section to qualify for a Board seat

A discussion ensued about the BOMA composition. Many Board members agreed to cap BOMA at 12 representatives. A further discussion will take place on day two of the Board meeting.

SPECIAL REPRESENTATIVES REPORTS

American Heart Association

Tim Myers noted on bullet point #3, which states “Lots of discussion regarding Respiratory Therapy Departments being the change agents and data collectors for all inpatient CPR” of the American Heart Association report, that AARC should contact them, especially since they are in Dallas.

George Gaebler moved to accept the Special Representatives Reports as submitted.

Motion Carried

ROUNDTABLE REPORTS

Military

Recommendation 11-2-45.1 “We recommend that the AARC create a fund that will allow corporations and individuals to donate money that can be used to support travel to the AARC convention for respiratory therapist in the military services that are active duty.”

Susan Rinaldo Gallo moved to refer to Executive Office to investigate and report back at the November Board meeting.

Motion carried

Susan Rinaldo Gallo moved to accept the Roundtable Reports as submitted.

Motion carried

Karen Stewart distributed letters to the Board from the California Society for Respiratory Care concerning Associate Degree vs. Baccalaureate and the National Sputum Bowl.

RECESS

President Karen Stewart recessed the meeting of the AARC Board of Directors at 4:30p.m. MDT, Thursday, July 21, 2011.

Attachment “A”

Elections Committee – Nominations Process

Policy No.: CT.003

American Association for Respiratory Care Policy Statement

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Policy No.: CT.003

SECTION: Committees
SUBJECT: **Elections Committee – Nominations Process**
EFFECTIVE DATE: December 14, 1999
DATE REVIEWED: July 22, 2011
DATE REVISED: July 22, 2011

REFERENCES: AARC Bylaws, CT.005, and Delegate Handbook

Policy Statement:

The process used to prepare a slate of candidates for Association offices and to conduct elections shall be in accordance with the following revision from AARC's July 2011 BOD meeting.

Policy Amplification:

1. An official nomination form must be submitted for each nominee.
2. Each nominee shall be notified of the location on-line where they can find the requirements of the Elections Committee in order to continue in the elections process with full instructions and the submission deadline date.
3. All candidates shall submit information (e.g., answers to questions. **Biographical form**) required of all nominees with a defined date of return to the Executive Office for preparation and publication in the appropriate publication to provide the general membership with additional information about the candidates.
4. An AARC Officer or Director shall not hold a paid or voluntary position of authority for or in any AARC Chartered Affiliate during his/her term of office as an AARC Officer or Director. Candidates holding such positions must submit in writing a plan for resolution of any conflict of interest prior to Election Committee consideration of candidates.
5. Questions will be derived from HOD/BOD input, and organized/compiled by the Elections Committee. Nominees will respond via mail, e-mail or fax to the Executive Office according to established timelines.
6. The administrator/supervisor of each nominated individual must submit written certifying support for the candidate's nomination and time commitment for AARC responsibilities.
7. The Elections Committee members, under the guidance of the Committee chair, will review the compiled data; assess qualifications, rank, etc. Once the data is compiled, it will be sent to each committee member, followed by a telephone conference, and the

American Association for Respiratory Care Policy Statement

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committee will decide upon a slate of candidates.

8. All nominated individuals shall be notified in writing the outcome of their nomination.
9. All deliberations within the Elections Committee for preparation of the slate of candidates shall be performed in Executive Session and may not be discussed beyond the committee. Any committee member breaching confidentiality of the aforementioned deliberations shall be referred to the AARC Judicial Committee for appropriate action.
10. The Elections Committee Chair shall submit the elections slate in writing to the Board of Directors and the House of Delegates no later than June 1. This deadline for submission of nominees may be extended as necessary.
11. Voting will be by an online process with the order of candidate names randomly listed.
12. The Elections Committee Chair shall receive and review the layouts of the general election ballots and the biographical forms.
13. The Elections Committee shall forward a roster of all nominees for the AARC Board of Directors to the-President and/or President-elect which would include all personal contact information for these individuals (i.e., e-mail, work address, work phone, etc.) for consideration in the committee appointment process.
14. Past speakers of the House of Delegates are eligible for nomination for Association officer positions to include Secretary-Treasurer, Vice President for Internal Affairs, Vice President for External Affairs and President-elect, provided that they will have completed their full term of office as speaker-elect, speaker and immediate past speaker sometime prior to the year for which they would serve as an Association officer.
15. Write-in candidates for Directors and Officers of the Board of Directors of the AARC must meet the minimum eligibility requirements for the office for which they have received votes.
16. The Elections Committee shall have the ability to extend the established nomination period by 20 days if a full slate of candidates for each position has not been obtained.

DEFINITIONS:

ATTACHMENTS: Biographical Form Guidelines (See Appendix)

Attachment “B”

Position Statements:

Verbal/Telephone Orders

Tobacco and Health

Health Promotion and Disease Prevention

Inhaled Medication Administration Schedules

American Association for Respiratory Care

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

Position Statement

Verbal/Telephone Orders

Registered and Certified Respiratory Therapists, subject to local health care institution policy and state licensure acts, may record the verbal/telephone orders of Licensed Independent Practitioners (LIP) for drugs, devices, and treatments directly related to the provision of a patient's care.

Effective 3/90

Revised 07/11

American Association for Respiratory Care

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

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 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

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, rehabilitation programs, critical care transport, managed care organizations and a diversity of other environments where respiratory care is practiced.

The AARC recognizes that the highest quality professional education and training of the respiratory therapist is 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 programs, and must emphasize expanding roles for RTs in Disease Management, Health Coaching, Case Management, Clinical Consulting, Patient Education, COPD Education and Asthma Education in particular. Advanced formal education, to the baccalaureate level and beyond, permits RTs to participate at a higher and more independent level 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 health promotion and disease prevention. The AARC seeks to inspire RTs to demonstrate their standing as experts 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

American Association for Respiratory Care

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

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

Reviewed 7/2011

Revised 7/2011