AMERICAN ASSOCIATION FOR RESPIRATORY CARE

Board of Directors Meeting

November 14, 2013 • Anaheim, CA

Minutes

Attendance

George Gaebler, MSEd, RRT, FAARC, President
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
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, BSRT, RRT-NPS, CPFT, AE-C, FAARC
Cynthia White, MSc, RRT-NPS, FAARC
Gary Wickman, BA, RRT, FAARC

Consultants

Mike Runge, BS, RRT, FAARC Parliamentarian
Dianne Lewis, MS, RRT, FAARC, President's Council President
Karen Schell, DHSc, RRT-NPS, RPFT, RPSGT, AE-C, CTTS Past Speaker
Lori Conklin, MD, BOMA Chair

Guests

Natalie Napolitano, MPH, RRT-NPS, FAARC

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
Kris Kuykendall, Executive Administrative Assistant

CALL TO ORDER

President George Gaebler called the meeting of the AARC Board of Directors to order at 8:00am PST, Thursday, November 14, 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 and industry advisor
Cyndi White – consultant for Discovery Labs and Vapotherm
Brian Walsh – consultant for Draeger, Covidien and Vapotherm

APPROVAL OF MINUTES
Karen Stewart moved "To approve the minutes of the July 18, 2013 meeting of the AARC Board of Directors."
Motion carried

Karen Stewart moved "To approve the minutes of the July 19, 2013 meeting of the AARC Board of Directors."
Motion carried

Karen Stewart moved to approve **E13-3-9.3** "That the AARC Board of Directors approve the Bylaws amendments as revised by the Ad Hoc Committee to Recommend Bylaws Changes and approved by the Bylaws Committee."
Motion carried

GENERAL REPORTS

President
President Gaebler gave highlights of his written report. There will be many opportunities for Board members to give talks at state meetings in 2014.

The membership campaign helped save approximately 1,900 members. The Bylaws Ad Hoc Committee will be reformulated to make a few changes. President Gaebler also gave an update of recent CoARC and NBRC activities.

Executive Director/Office
Tom Kallstrom gave an overview of the written Executive Office report. The Alpha-1 study will be printed in Respiratory Care Journal.

Tom informed the Board that the Executive Office has saved over $30k in expenses and will be saving $19k in real estate taxes.

Tim Myers gave an update on digital advertising and the relationship with Multiview. The Buyers Guide is now produced by Multiview as well. Benchmarking has had a decrease of about 18% over the past year. Products from Respiratory Care Week cleared about $31k. The redesign of the AARC website is coming along and should roll out by the end of the year. The ARCF Fundraiser will be held Friday night and 234 tickets have been sold in advance.

Steve Nelson gave an update of grants and the AARC website.

Doug Laher gave an update of changes at this year's Congress. Lectures will be 30 minutes and will start and end at the same time. There will be a closing ceremony featuring Bob Eubanks.

Shawna Strickland gave an update on the Education Department. Learning Management Systems (LMS) will give a presentation today.

Referral from July 2013 Board of Directors Meeting:
FM.017 – Fiscal Management – Presidential Stipend
Karen Stewart moved to approve the reviewed date of this policy.
Motion carried

RECESS
George Gaebler recessed the meeting of the AARC Board of Directors at 9:45am PST Thursday, November 14, 2013.

RECONVENE
George Gaebler reconvened the meeting of the AARC Board of Directors at 10:10am PST Thursday, November 14, 2013.

HOUSE OF DELEGATES
Karen Schell updated the Board on the recent activities of the House of Delegates.

BOARD OF MEDICAL ADVISORS (BOMA)
Dr. Lori Conklin, Chair of BOMA, gave an update of the recent activities of BOMA. Tom Kallstrom thanked Dr. Conklin for stepping into her position sooner than expected.

STANDING COMMITTEES REPORTS

Bylaws Committee
Brian Walsh moved to accept Recommendation 13-3-9.1 "That the AARC Board of Directors accept and approve the Texas Society Bylaws."

Brian Walsh moved refer back to the Bylaws Committee because the Texas Society Bylaws do not meet the acid test requirements.
Motion carried

Brian Walsh moved to accept Recommendation 13-3-9.2 "That the AARC Board of Directors accept and approve the California Society Bylaws."
Motion carried

Finance Committee
FM 13-3-12.1 Karen Stewart moved to approve the purchase of the laptop for Asha Desai in the amount of $1,176.07
Motion carried

FM 13-3-12.2 Doug McIntyre moved to approve the convention programming enhancements for registration in the amount of $14,636.31.
Motion carried

FM 13-3-12.3 Bill Cohagen moved to approve the replacement for the Executive Office conference room projector in the amount of $898.35.
Motion carried

FM 13-3-12.4 Doug McIntyre moved to approve the purchase of a desk for Shawna Strickland in the amount of $832.44.
Motion carried

FM 13-3-12.5 Karen Stewart moved to approve the expense for the Clinical Practice Guidelines related to airway clearance (CPGs) in the amount of $114,000.
Motion carried

Tony DeWitt will be appointed as the new Judicial Committee Chair to replace Patricia Blakely.

Brian Walsh moved "To accept the Standing Committee reports as presented."
Motion carried

SPECIALTY SECTION REPORTS

Continuing Care Rehabilitation Section
Brian Walsh moved to accept Recommendation 13-3-51.1 "To update the Pulmonary Rehabilitation Facility/Program Locator on the AARC Website."

Bill Cohagen moved to accept for information only.
Motion carried

Brian Walsh moved to accept Recommendation 13-3-51.2 "Have a link for Pulmonary Rehabilitation Program Locator on the Front page of the AARC Website – to click and go directly to the site."

Bill Cohagen moved to accept for information only.
Motion carried

Brian Walsh moved to accept Recommendation 13-3-51.3 "That a task force be immediately organized for a Grant Submission for a National Pulmonary Rehabilitation Disease Management/Maintenance Exercise Program."

Brian Walsh moved to refer to Executive Office.
Motion carried

Diagnostics Section
Brian Walsh moved to accept Recommendation 13-3-52.1 "Provide complimentary AARC Congress registration for each recipient of section Specialty Practitioners of the Year."

Frank Salvatore moved to refer to Executive Office for cost analysis and report back in April 2014.
Motion carried

Management Section
Brian Walsh moved to accept Recommendation 13-3-55.1 "With the assistance of AARC Board staff, create and conduct a survey to the Section Membership to investigate the drop of membership."

Colleen Schabacker moved to make a friendly amendment "To conduct a survey to all sections to investigate the drop in membership and report back in April 2014."

Karen Stewart moved to make a friendly amendment to refer to Executive Office.
Motion carried

Brian Walsh moved to accept the Specialty Section reports as presented.
Motion carried

SPECIAL COMMITTEE REPORTS

Position Statement Committee
Brian Walsh moved to accept Recommendation 13-3-26.1 "That the AARC Board of Directors approve and publish the revised White Paper 'Guidance Document on Scope of Practice'."
Motion carried

Brian Walsh moved to accept Recommendation 13-3-26.2 "That the AARC Board of Directors approve and publish the revised 'AARC White Paper on RRT credential'."
Motion carried

(See Attachment "A" for revised position statements)

Social Media Committee
Brian Walsh moved to accept Recommendation 13-3-19.1 "That the AARC BOD accepts the changes made to the current AARC Connect Code of Conduct."
Motion carried

SPECIAL REPRESENTATIVES REPORTS

American Heart Association
Colleen Schabacker moved to accept Recommendation 13-3-64.1 "That the Executive Office reach out to the leadership of AHA to determine if an AARC representative is needed."

Brian Walsh moved to make a friendly amendment to "an additional".
Motion carried

Commission on Accreditation of Medical Transport Systems (CAMTS)
Colleen Schabacker moved to accept Recommendation 13-3-66.1 "To increase travel support stipend from the current level of $2,000 a year for the three yearly meeting to $2,500 which would match the stipend level supported by CAMTS."

Frank Salvatore moved to refer back to CAMTS for more information.
Motion carried

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

RECESS
George Gaebler recessed the meeting of the AARC Board of Directors at 11:37am PST Thursday, November 14, 2013.

JOINT SESSION
Joint Session was called to order at 1:30pm PST on Thursday, November 14, 2013. Secretary/Treasurer, Frank Salvatore, called roll and declared a quorum.

International Committee Chair, John Hiser, presented the International Committee report.

Ross Havens presented the 2013 election results:

President-Elect:	Frank Salvatore
Director at Large:	Bill Lamb Karen Schell Cynthia White
Adult Acute Care Section Chair-Elect:	Keith Lamb
Diagnostics Section Chair-Elect:	Katrina Hynes
Education Section Chair-Elect:	Ellen Becker
Management Section Chair-Elect:	Cheryl Hoerr

Bylaws Chair, Terry Gilmore, presented the Bylaws report.

Cheryl West, Anne Marie Hummel, and Miriam O'Day gave highlights of the written State and Federal Government Regulatory Affairs report and provided updates on HR 2619.

Gary Wickman, co-Chair of the Membership Committee, reported that 166 members did not renew their AARC memberships on 2013. That number could have been higher had it not been for the membership campaign. Listed below are the winners of the membership contest:

Largest raw number increase:
1st place – Pennsylvania
2nd place – Florida
3rd place – California

Largest percentage increase:
1st place – Nevada
2nd place – New Mexico
3rd place – Mississippi

Secretary/Treasurer Frank Salvatore presented the Finance Committee report.

Frank Salvatore moved to go into Executive Session at 2:57pm PST.
Motion carried

Executive Session ended at 3:10pm PST.

President Gaebler adjourned the Joint Session at 3:15pm PST, Thursday, November 14, 2013.

RECONVENE
George Gaebler reconvened the meeting of the AARC Board of Directors at 3:30pm PST Thursday, November 14, 2013.

Denise Johnson moved to accept the General Reports as presented.
Motion carried

Bill Cohagen moved to accept the Special Committee reports as presented.
Motion carried

ROUNDTABLE REPORTS

Military Roundtable
Brian Walsh moved to accept Recommendation 13-3-45.1 "That the AARC BOD encourage the AARC state delegates and officials of other state level respiratory care societies to follow the lead from the Texas Society of Respiratory Care (TSRC) and offer similar memberships and registrations to conferences, convention and other meetings at a reduced rate or complimentary to members of the armed forces."

Brian Walsh moved to amend the motion to read "That the AARC BOD encourage the AARC state affiliates to offer reduce rate or complimentary registrations to conferences for active members of the armed forces."

Karen Stewart moved to refer to speaker-elect of House of Delegates.
Motion carried

Tobacco Free Lifestyle
Brian Walsh moved to accept Recommendation 13-3-41.1 "That the AARC urge membership to take a leadership role in their respective workplaces to update work environment safety policies to address e-cigarettes."

Karen Stewart moved to refer to Position Statement Committee to include e-cigarettes in the Tobacco-free Lifestyle position statement and include in April 2014 report.
Motion carried

Brian Walsh moved to accept the Roundtable reports as presented.
Motion Carried

AD HOC COMMITTEE REPORTS

Ad Hoc Committee on 2015 & Beyond
Brian Walsh moved to accept Recommendation 13-3-32.1 "That the AARC BOD approve the combining of the two committees: *Ad-Hoc Committee on 2015 and Beyond* and *Ad-Hoc Workgroup on Strategies for 2015* into one committee to be named Ad-Hoc Committee on 2015 and Beyond."

President Gaebler informed the Board of Directors that this has already been done and needs to be ratified. Brian Walsh moved to ratify the change.
Motion carried

Brian Walsh moved to accept Recommendation 13-3-32.2 "The AARC BOD approve the revised charges for the Ad-Hoc Committee on 2015 and Beyond."

President Gaebler informed the Board that this will be done on Tuesday, November 19th at the new Board of Directors meeting.

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

NEW BUSINESS

POLICY REVIEW
Policy No. BA.001 **–** *BOMA – Medical Advisors*
Karen Stewart moved to accept as amended with date change.
Motion carried

Policy No.BA.003– *BOMA – Policies and Procedures*
Karen Stewart moved to accept as amended with date change.
Motion carried

Policy No. CT.002 – *Committees – Medical Advisors*
Karen Stewart moved to accept as amended with date change.
Motion carried
(See Attachment "B" for all amended policies)

RECESS
President Gaebler called a recess of the AARC Board of Directors meeting at 3:50pm PST on Thursday, November 14, 2013.

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

_____ _____

Frank Salvatore Date
AARC Secretary/Treasurer

Attachment “A”

Position Statements:
Guidance Document on Scope of Practice
White Paper on RRT Credential

Guidance Document on Scope of Practice

The American Association for Respiratory Care (AARC) is aware that a credentialing examination is required by law in states that have a respiratory care practice act.

The American Association for Respiratory Care (AARC) has received several inquiries regarding its opinion of competency documentation for persons who possess credentials other than Certified Respiratory Therapists (CRT) and Registered Respiratory Therapists (RRT) for the purpose of permitting these individuals to provide part of the scope of practice for respiratory therapists as described in respiratory care practice acts throughout the United States.

The AARC believes that to ensure safe and effective care for all consumers requiring respiratory therapy, documentation of the provider's competency to do so must possess the same rigor and validity as the examination processes that CRTs and RRTs must undergo in order to achieve their respective credentials.

The credentialing examinations for CRT and RRT are accredited by the National Organization for Competency Assurance's (NOCA) accrediting arm, the National Commission for Certifying Agencies (NCCA). The AARC recognizes that the credentialing examinations for Certified Pulmonary Function Technologist (CPFT), Registered Pulmonary Function Technologist (RPFT), and the Registered Polysomnographic Technologist (RPSGT) have also been accredited by the National Commission for Certifying Agencies (NCCA), assuring that these examinations are valid and reliable measures of competence within the limits of their respective examination matrices. The AARC, therefore, supports recognition of individuals with the aforementioned credentials for the purposes of providing care which includes a subsection of the respiratory therapy scope of practice with the caveat that such provision be limited to the elements contained within each credentialing examination's matrix respectively.

5/2003
Revised 11/2013

www.nbrc.org
www.brpt.gov

AARC White Paper
On RRT Credential

With several developments over the history of the respiratory therapy profession, the education and credentialing processes have evolved to having two basic credentials for respiratory therapists. The Certified Respiratory Therapist (Entry Level) credential (CRT) has been adopted by most states as the minimum level of competency a therapist must demonstrate to obtain recognition by the government of that state as a licensed (certified or registered) respiratory care practitioner. The Registered Respiratory Therapist (Advanced) credential (RRT) has become the credential for advanced-level respiratory therapists. The selection of the CRT as the demonstrated competence needed for state recognition, coupled with a common lack of differential in responsibility and pay between therapists holding the CRT and RRT credentials, has led to decreased numbers of respiratory therapists obtaining the RRT credential. This paper presents the reasons respiratory therapists should obtain the Registered Respiratory Therapist credential.

Respiratory therapists who complete advanced-level respiratory therapy programs have completed education and training that provides them with knowledge and clinical expertise at a level above those needed by the Entry Level Practitioner. The written and clinical simulation components of the RRT exam are the only examination system that documents attainment of the additional knowledge. A graduate of an advanced-level program who does not complete the examinations to earn the RRT credential has not documented that he or she had actually acquired the knowledge and skills necessary to practice as an advanced-level respiratory therapist. This situation is similar to a physician who completes a residency program in a medical specialty and lists his/her credentials as Board Eligible in Internal Medicine rather than completing certification and listing him/herself as Board Certified, one would correctly question the professional commitment of both the Board Eligible physician and Registry Eligible respiratory therapist. Confusion for consumers and regulators arises when a person completes the training and education but does not complete the credentialing process to demonstrate achievement of the competency.

Possessing the RRT credential exemplifies the dedication of a respiratory therapist to professional excellence. A therapist who achieves the RRT credential has demonstrated a commitment to providing care at the highest possible level. Respiratory therapists are more readily able to achieve autonomy in their practice of respiratory care when they have achieved the RRT credential. Medical Directors of respiratory care departments and other medical staff recognize the higher level of knowledge and clinical expertise of the RRT compared to the CRT. Accordingly, they will be more receptive to therapists utilizing protocols in the care of patients if there is an assurance of the level of knowledge and skill conveyed by possession of the RRT credential. A respiratory therapist with education at the advanced-level who has not achieved the RRT credential has not demonstrated he or she has the patient assessment and evaluation skills necessary for determining the needs of the patient or the knowledge to follow

the protocol to determine the appropriate intensity of care needed by the patient. A respiratory care department director will more easily make the case that therapists are able to implement care using respiratory therapy protocols if the therapists are credentialed at the highest level available.

The RRT credential is the credential that demonstrates respiratory therapists have parity with other credentialed health care professionals. The Registered Respiratory Therapist will have more credibility with the Registered Nurse, the Registered Dietician, the Registered Physical Therapist and the Registered Occupational Therapist. Each of these professions has a practitioner level below that of the Registered individual. In each case, this lower level practitioner is prohibited from performing evaluations for the purpose of defining the care plan, or altering the plan as a result of evaluating the appropriateness of the current care. The scope of practice for the lower level practitioner may be seen as more analogous to that of the Certified Respiratory Therapist. Respiratory therapists wanting other health care professionals, administrators and governmental regulators to respect their knowledge and skills must document possession of that knowledge and those skills through attainment of the RRT credential.

Possession of the RRT credential will assist respiratory therapists who wish to expand their scope of practice. As respiratory therapists seek to become involved in intubation, moderate sedation, invasive line insertion and monitoring they must be able to demonstrate they possess the knowledge and skills necessary to be able to perform these functions safely and effectively. A respiratory care director can build a much stronger case for expansion of the scope of practice to assist an institution to respond to shortages of health professionals when the staff possesses the RRT credential.

Appropriate recognition of the respiratory therapy profession will be more easily accomplished at the federal and state levels when the majority of respiratory therapists have achieved the RRT credential. Third party payers will recognize the higher-level credential (RRT) in contrast to the entry-level therapist (CRT).

Advancement to positions in management, education and supervision are generally limited to those persons holding the RRT credential. For a person to be considered for these types of positions, attainment of the advanced-level credential is considered the minimum necessary demonstration of knowledge and competence.

According to the AARC's latest Human Resources Survey, there is a significant financial incentive to earn the RRT credential. Respiratory therapists who have achieved the RRT credential are often paid at a higher rate than those with the CRT credential.

Conclusions:

- All respiratory therapists are encouraged to obtain the Registered Respiratory Therapist (RRT) credential. The RRT credential is the standard by which a respiratory therapist demonstrates the achievement of excellence. Evidence-based research documents the value of critical thinking, problem solving and advanced patient assessment skills. Only those respiratory therapists who possess the RRT credential have documented they possess these skills and abilities.

- All respiratory therapists involved in the performance of assessment-based care; problem solving and critical thinking; protocol application; diagnostic critical thinking; respiratory care plan development, implementation and analysis; disease management; mechanical ventilator support; critical care; and critical care monitoring should possess the Registered Respiratory Therapist credential.
- Employers of respiratory therapists should develop policies and implement methods to recognize and compensate employees who hold the RRT credential. Such methods should include requirements for RRT credential for protocol implementation and assessment, increased pay, additional opportunities for cross training and expanded scope of practice for those with the RRT credential.

July 10, 2003
Revised Nov 2013

Attachment “B”

Policies:
BA.001 – Board of Medical Advisors – Medical Advisors
BA.003 – Board of Medical Advisors – Policies and Procedures
CT.002 – Committees - Medical Advisors

American Association for Respiratory Care
Policy Statement

Policy No.: BA.001

SECTION: Board of Medical Advisors

SUBJECT: **Medical Advisors**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: November 2013

DATE REVISED:

REFERENCES:

Policy Statement:
Upon the President's request, the Chairperson of the Board of Medical Advisors (BOMA) shall identify Medical Advisors for Committees, Specialty Sections, and other appropriate Association Groups.

Policy Amplification:

1. Medical Advisors shall be limited to:

    A. Members of the Board of Medical Advisors
    B. Physicians approved by the Board of Medical Advisors

2. Medical Advisors so identified shall be appointed by the President, subject to ratification by the Board of Directors.

DEFINITIONS:

ATTACHMENTS:

American Association for Respiratory Care
Policy Statement

Policy No.: BA.003

SECTION: Board of Medical Advisors

SUBJECT: **Policies and Procedures**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: November 2013

DATE REVISED:

REFERENCES:

Policy Statement:
Policies and procedures adopted by the Board of Medical Advisors shall not be in conflict with Association policies and procedures.

Policy Amplification:

1. The Chairperson of the Board of Medical Advisors shall present policies and procedures being considered by the Board of Medical Advisors to the President.

2. The President shall, in collaboration with the Chairperson of the Board of Medical Advisors, present such policies and procedures to the Board of Directors as appropriate.

DEFINITIONS:

ATTACHMENTS:

American Association for Respiratory Care
Policy Statement

SECTION: Committees

SUBJECT: **Medical Advisors**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: November 2013

DATE REVISED: March, 2009

REFERENCES:

Policy Statement:
Committees shall have Medical Advisors as requested by the President, identified by the Chair of the Board of Medical Advisors (BOMA) and appointed by the President.

Policy Amplification:

1. Special Committees and other groups shall have Medical Advisors as determined by the President.

   A. BOMA shall submit names for Committee Medical Advisors to the President for appointment and ratification by the Board of Directors.

DEFINITIONS:

ATTACHMENTS: