

AMERICAN ASSOCIATION FOR RESPIRATORY CARE
Board of Directors Meeting

November 3, 2011 • Tampa, FL

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, MA, RRT
Keith Lamb, RRT
Camden McLaughlin, BS, RRT, FAARC
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

Joseph Sokolowski, MD, BOMA Chair (Excused)

Staff

Sam Giordano, MBA, RRT, FAARC, Executive Director
Tom Kallstrom, MBA, RRT, FAARC, Chief Operating Officer
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
Kris Kuykendall, Executive Administrative Assistant

CALL TO ORDER

President Karen Stewart called the meeting of the AARC Board of Directors to order at 8:01a.m. EDT, Thursday, November 3, 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:

Susan Rinaldo-Gallo – Masimo
Fred Hill – Alabama State Board of Respiratory Therapy
Lynda Goodfellow – Teleflex Medical, COBGRTE Steering Committee
Greg Spratt – Director of Clinical Marketing Oridion Capnography
Cynthia White – Masimo/Monaghan
Tim Myers – Dey Labs, Discovery Labs, and Draeger Medical consultant

APPROVAL OF MINUTES

George Gaebler moved “To approve the minutes of the July 21, 2011 meeting of the AARC Board of Directors.”

Motion Carried

George Gaebler moved “To approve the minutes of the July 22, 2011 meeting of the AARC Board of Directors.”

Motion Carried

E-MOTION RATIFICATION

Lynda Goodfellow moved to ratify the E-Motions discussed over the Board AARConnect since July 2011 as follows:

EM 11-3-53.1 “To ratify the appointments to the Education Section subcommittees:

Bachelor’s/Graduate Respiratory Therapy Education (BGRTE):

Chair – Tom Barnes

Vice-Chair for Research – Bob Joyner

Vice-Chair for Communication – David Shelledy

Secretary/Treasurer – Tim Op’t Holt

Member at Large – Georgianna Sergakis

Associate Degree Respiratory Education (ADRTE)

Chair – Peggy James

Vice-Chair – Carl Eckrode

Secretary – Charity Bowling

Member at Large – Kerry George

Member at Large – Cindy Fouts”

Motion Carried

GENERAL REPORTS

President

President Stewart gave highlights of her written report.

Executive Director/Office

Sam Giordano gave an overview of the Executive Office written report. Tom Kallstrom discussed the new membership rates that will go into effect in 2012.

President Stewart recalled previous recommendations that were referred to Executive Office.

Recommendation 11-2-6.2 “Resolve that the AARC copy the State Delegates in all routine correspondences to Affiliate Board members including, but not limited to, follow up on revenue sharing checked which have not been cashed.”

In house procedures have been developed which will assure that all delegates are copied on routine communications between AARC and Chartered Affiliate presidents. This will include such business items as revenue sharing and check distribution.

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 therapists in the military services that are active duty.”

Executive Office researched and President Stewart will accept for information only and will discuss at HOD meeting.

Recommendation 11-3-1.1 “That AARC’s Board of Directors restricts \$250,000 of AARC’s reserves for the purpose of development of evidence-based clinical practice guidelines.”

Mike Runge moved to accept the recommendation.

Motion carried

Government & Regulatory Affairs

Federal Government Affairs

Miriam O’Day, AARC’s Director of Legislative Affairs provided an update on the Congressional activities of interest to the RT profession. Congress is entirely focused on budget and debt issues, in particularly the potential actions of the “Super Committee” tasked with finding \$1.3 trillion dollars in savings. Because of this near total focus on cost savings efforts, Congressional action on any other legislation, including AARC’s HR 941, the Medicare RT Initiative has been stalled. We will continue our efforts to move our bill forward in 2012; our focus will be on urging our Congressional supporters to assist with a new CBO cost analysis. We will begin to plan for our March 2012 PACT Lobby Day where despite the current climate RTs and pulmonary patients who will once again join us, will continue to advocate for our legislation. The AARC is also supporting S 1350 and HR 2505 the Pulmonary Fibrosis Research Legislation.

Anne Marie Hummel, AARC's Director of Regulatory Affairs discussed the most recent regulatory actions by CMS. Most notably, the final rules that will provide only \$37 reimbursement for the pulmonary rehabilitation code... an unsustainable amount. AARC along with its Pulmonary Rehab association partners will meet in December 2011 to develop a response strategy the organizations can take to CMS to try to amend the new payment. It was also reported that CMS has revised aspects of the Medicare Hospital Conditions of Participation that will decrease paper work requirements for hospitals. Several of the revisions will be advantageous to respiratory departments. AARC has also written to the Department of Veteran's Administration requesting clarification on the license/credential policy it has for employing RTs in the VA system.

State Government Affairs

Cheryl West, AARC's Director of Government Affairs provided additional details to the State Government Affairs Report. This update included a more detailed discussion on the new ABSM's polysomnography exam and the credential Registered Sleep Technologist-RST. Respiratory Care Licensure Boards are receiving requests by the ABSM to formally rule that those who hold this non accredited credential should be exempt from the respiratory care licensure law, thus be allowed to provide the full scope of practice of the respiratory profession. AARC's response is to recommend that RC Licensure Boards inquire if the new exam has been accredited by an independent accrediting agency, such as the NCCA, as being valid and reliable. In addition, State Societies were urged to make sure their Legislative Committees were fully prepared to address any new challenges and opportunities that will occur once most state legislatures come back into session January 2012. States will continue to look for ways to find budget savings, which may include rescinding professional licensure (MI and VT have tried) or expanding the scope of practice of para-professionals into clinical areas where competency has not been documented.

RECESS

President Stewart recessed the meeting of the AARC Board of Directors at 9:52am EDT, Thursday, November 03, 2011.

RECONVENE

President Stewart reconvened the meeting of the AARC Board of Directors at 10:24am EDT, Thursday, November 03, 2011.

President's Council

Dianne Lewis referred the Board to review her written report.

STANDING COMMITTEES REPORTS

Bylaws Committee

Recommendation 11-3-9.1 "The committee has reviewed the Bylaws submission for Hawaii and recommends that the AARC Board of Directors approves them as submitted."

Susan Rinaldo Gallo moved to accept.

Motion carried

Recommendation 11-3-9.2 “The committee has approved the Bylaws submission for Illinois and recommends that the AARC Board of Directors approves them as submitted.”

Susan Rinaldo Gallo moved to accept.

Motion carried

Recommendation 11-3-9.3 “The committee has approved the Bylaws submission for Missouri and recommends that the AARC Board of Directors approves them as submitted.”

Susan Rinaldo Gallo moved to accept.

Motion carried

Recommendation 11-3-9.4 “The committee has reviewed the Bylaws submission for Oklahoma and recommends that the AARC Board of Directors approves them as submitted.”

Susan Rinaldo Gallo moved to accept.

Motion carried

Recommendation 11-3-9.5 “The committee has reviewed the Bylaws submission for New Jersey and recommends that the AARC Board of Directors approves them as submitted.”

Susan Rinaldo Gallo moved to accept.

Motion carried

Recommendation 11-3-9.6 “The committee has reviewed the Bylaws submission for Vermont/New Hampshire and recommends that the AARC Board of Directors approves them as submitted.”

Susan Rinaldo Gallo moved to accept.

Motion carried

Recommendation 11-3-9.7 “The committee has reviewed the Bylaws submission for Michigan and does not recommend these Bylaws for approval at this time.”

Susan Rinaldo Gallo moved to accept.

Motion carried

Finance Committee

The Board of Directors ratified recent capital purchases by the Executive Office including laptop replacement, consulting fees, and software programs for a total of \$28,662.49.

Denise Johnson moved to ratify the purchases by the Executive Office since July 2011.

Motion carried

Mike Runge moved “To accept the Standing Committee reports as presented.”

Motion Carried

SPECIALTY SECTION REPORTS

Continuing Care Rehabilitation

Recommendation 11-3-51.1 “Continued liaison work with AACVPR, ACCP and NAMDRRC to monitor and discuss with CMS changes in PR reimbursement.”

Susan Rinaldo Gallo moved to accept for information only.

Motion carried

Education Section

Lynda Goodfellow gave a brief overview of her written report. President Stewart asked the Board of Directors to read the attachments to Lynda’s report so they can be discussed at the meeting on November 4, 2011.

Surface and Air Transport

Recommendation 11-3-59.1 “To evaluate the potential of offering Surface and Air Transport Section membership to the active duty members of the Air Force Critical Care Air Transport Team (CCATT). This would be in keeping with the great support the AARC gives to active military. Their inclusion of the military transport professionals would be a great resource to the section as well as give them exposure to the civilian side of medical transport.”

Susan Rinaldo Gallo moved to accept.

Linda Van Scoder moved to amend the recommendation to reflect “To evaluate the potential of offering a Section membership to the active duty members of the Air Force Critical Care Air Transport Team (CCATT).”

Susan Rinaldo Gallo moved to refer to Executive Office. Susan Rinaldo Gallo withdrew her motion to refer.

Linda Van Scoder moved to make a friendly amendment to read as follows: “To offer a Section membership to the active duty members of the Military at no cost.”

Amended motion carried

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

Motion carried

SPECIAL COMMITTEE REPORTS

Billing Codes Committee

Recommendation 11-3-18.1 “That the current goals for the Billing Codes Committee be revised/updated as follows:

1. Recommend new AMA CPT respiratory care and pulmonary function related codes as needed and assist with coding proposals
2. Act as repository for current respiratory care and pulmonary function codes.
3. Serve as coding resource for members.

4. Monitor the Billing Codes list serve postings.
5. Review and update the AARC's coding sources such as Coding Resources on aarc.org and the Uniform reporting Manual."

Susan Rinaldo Gallo moved to accept. Linda Van Scoder moved to refer to President Stewart.

Motion to refer carried

Membership Committee

Tom Lamphere distributed his report to the Board of Directors at the meeting and gave an overview.

Position Statement Committee

Recommendation 11-3-26.1 "Approve and publish the revised position statement on 'Competency Requirements for the Provision of Respiratory Therapy Services'." (see Attachment "A")

Susan Rinaldo Gallo moved to accept.

Motion carried

Recommendation 11-3-26.2 "Approve and publish the revised position statement on 'Hazardous Materials Exposure'." (see Attachment "A")

Susan Rinaldo Gallo moved to accept.

Motion carried

Recommendation 11-3-26.3 "Approve and publish the revised position statement on 'Pre-Hospital Ventilator Management Competency'." (see Attachment "A")

Susan Rinaldo Gallo moved to accept.

Motion carried

Recommendation 11-3-26.4 "Approve the current 'Pulmonary Rehabilitation' with no revisions." (see Attachment "A")

Susan Rinaldo Gallo moved to accept.

Motion carried

George Gaebler moved to refer the inventory, revision, and review process of white papers and guidance documents to the President.

Motion carried

Susan Rinaldo Gallo moved to accept the Special Committee reports as presented except Federal Government Affairs and International Committee reports, which will be presented at the Joint Session.

Motion carried

RECESS

Karen Stewart called a recess of the AARC Board of Directors at 11:37am EDT, Thursday, November 3, 2011.

JOINT SESSION

President Stewart convened Joint Session at 1:38pm EDT, Thursday, November 3, 2011.
Secretary/Treasurer Linda Van Scoder called the roll and declared a quorum.

Suzanne Bollig gave an overview of her written report and announced the 2012 election results.

Cheryl West, Anne Marie Hummel, and Miriam O'Day provided a Government Affairs update.

Frank Salvatore discussed Virtual Lobby Day.

John Hiser reported on the recent activities of the International Committee.

EXECUTIVE SESSION

Linda Van Scoder moved to go into Executive Session to discuss the current 2011 and proposed 2012 budget with the AARC Board of Directors and House of Delegates at 2:42pm EDT, Thursday, November 3, 2011.

Motion carried

Executive Session ended at 3:30pm EDT, Thursday, November 3, 2011.

George Gaebler moved to approve the 2012 budget.

Motion carried

Frank Salvatore moved to reconvene Executive Session of the Board of Directors at 3:45pm EDT, Thursday, November 3, 2011.

Motion carried

Executive Session ended at 4:25pm EDT, Thursday, November 3, 2011.

RECESS

President Karen Stewart recessed the meeting of the Board of Directors at 4:28p.m. EDT, Thursday, November 3, 2011.

Attachment “A”

Position Statements:

Competency Requirements for the Provision of Respiratory Care Services
Hazardous Materials Exposure
Pre-Hospital Ventilator Management Competency
Pulmonary Rehabilitation

American Association for Respiratory Care

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

Position Statement

Competency Requirements for the Provision of Respiratory Care Services

The complexities of respiratory care are such that the public is at risk of injury, and health care institutions are at risk of liability when respiratory care is provided by inadequately educated and unqualified health care providers rather than by practitioners appropriately educated in the specialty of Respiratory care.

All health care practitioners providing respiratory care services to patients, regardless of the care setting and patient demographics, shall successfully complete training and demonstrate initial competence prior to assuming those duties. This training and demonstration of competence shall be required of any health care provider regardless of credential, degree, or license.

Formal education is defined as a systematic educational activity in the affective, psychomotor and cognitive domains. It is intended to develop new proficiencies with an application in mind, and is presented with attention to needs, objectives, activities and a defined method of evaluation.

The education shall be approved by a national accrediting entity. In the allied health fields, this training includes supervised pre-clinical (didactic and laboratory) and clinical activities, as well as documentation of competence accredited by an independent accrediting entity to be valid and reliable. The qualifications of the faculty providing this training shall be documented and also meet accreditation standards.

AARC, therefore, supports recognition of individuals with competencies from the aforementioned accredited formal education programs for the purpose of providing care which includes a subsection of the respiratory care scope of practice with the caveat that such provision be limited to the elements contained within each credentialing examination's matrix respectively.

Effective 11/98

Revised 12/08, 11/11

American Association for Respiratory Care

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

Position Statement

Hazardous Materials Exposure

The Environmental Protection Agency (EPA) defines a hazardous material as any substance or material in a quantity or form that poses an unreasonable risk to health, safety, and environment when transported. These materials are extremely hazardous to the community during an emergency spill, or release, as a result of their physical or chemical properties.

The Centers for Disease Control and Prevention (CDC) have classified emergency response and hospital personnel as high risk groups for exposure to infectious and toxic substances. Additionally, with the potential for attacks with weapons of mass destruction, pre-hospital and hospital healthcare workers have an increased risk of exposure to toxic, biological, and/or radioactive agents.

The AARC's Position

- The Respiratory Therapist, as well as all other healthcare professionals, must insure their personal safety before entering ANY hazardous situation.
- Respiratory Therapists must be knowledgeable in treating, reversing, and avoiding the effects of hazardous materials.
- Respiratory therapists must be alert to the potential effects of hazardous materials and be able to provide care to patients when needed.
- Respiratory therapists, while providing care, must assure that they do not become victims, or carriers, of the same entities that have harmed their patients. This can be accomplished through the use of personal protective equipment, isolation and decontamination procedures, and quarantine when recommended by professionals trained in hazardous materials incidents.
- The AARC supports efforts toward an epidemiological approach to the prevention of hazardous material exposure.

- The AARC supports the institutional development of appropriate hazardous material exposure guidelines that adhere to standards from both the Occupational Safety and Health Administration and The Joint Commission.
- The AARC encourages and endorses the inclusion and participation of respiratory therapists in the development of a community-wide plan for the management of exposure to hazardous materials.

Effective 5/7/02

Revised 12/08, 11/11

American Association for Respiratory Care

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

Position Statement

Pre-Hospital Ventilator Management Competency

It is the position of the American Association for Respiratory Care that all persons involved in the setup, initiation, application, and maintenance of mechanical ventilators in the pre-hospital setting be formally trained in both the clinical and disease-specific applications of mechanical ventilation. To meet the goals of mechanical ventilation and promote positive outcomes, pre-hospital care givers must be trained to understand the age-specific the application of positive airway pressure has on the cardio-pulmonary system, as well as the mechanisms available for the monitoring of these interactions. The pre-hospital provider must also be familiar with proper assessment of the airway and the indications for changes in the settings on a mechanical ventilator.

The American Association for Respiratory Care promotes the use of standardized terminology to promote understanding of the applications and pre-hospital management of mechanical ventilators. Furthermore, the AARC recommends that all pre-hospital providers of mechanical ventilation be required to demonstrate competence, at regular intervals, in the use and manipulation of all mechanical ventilators used during the transport of sick and injured patients.

Effective 9/11

Revised 11/11

American Association for Respiratory Care

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

Position Statement

Pulmonary Rehabilitation

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

Effective 1973

Revised 12/08

Reviewed 11/11