American Association for Respiratory Care

# Board of Directors Meeting

Mandalay Bay Resort and Convention Center
Las Vegas, NV

December 7-8, 2014

# AMERICAN ASSOCIATION FOR RESPIRATORY CARE
## AARC Executive and Finance Committee Meetings – December 6, 2014
## Board of Directors Meeting – December 7-8, 2014

***Saturday, December 6***

4:00-7:00 pm Executive Committee Meeting (Committee Members only) – *Outrigger Boardroom (Level 3)*

7:00-8:00 pm AARC Finance Committee Meeting (BOD and HOD members are encouraged to attend) – *Palm D (Level 3)*

***Sunday, December 7***

8:00 am-5:00 pm **Board of Directors Meeting** *(Palm D (Level 3)*

8:00 am Call to Order
Announcements/Introductions
Disclosures/Conflict of Interest Statements
Approval of Minutes pg. 9
E-motion Acceptance pg. 23

General Reports pg. 24
- President pg. 25
- Past President pg. 27
- Executive Director Report pg. 28 (R)
- Government & Regulatory Affairs pg. 39
- House of Delegates pg. 50
- Board of Medical Advisors pg. 52
- Presidents Council pg. 53

**10:00 am BREAK**

10:15 am Standing Committee Reports pg. 54
- Audit Subcommittee pg. 55
- Bylaws Committee pg. 56 (R) (A)
- Elections Committee pg. 92
- Executive Committee pg. 94
- Finance Committee pg. 95
- Judicial Committee pg. 96
- Program Committee pg. 97 (R)
- Strategic Planning Committee pg. 101

**12:00 pm Lunch Break (Daedalus Board Meeting)**

**1:30 pm Reconvene – JOINT SESSION** *(South Seas E)*

**3:30 pm Break**

3:45 pm Specialty Section Reports pg. 102
- Adult Acute Care pg. 103
- Continuing Care-Rehabilitation pg. 104
- Diagnostics pg. 105
- Education pg. 106 (R)
- Home Care pg. 107
- Long Term Care pg. 108

Management pg. 109
Neonatal-Pediatrics pg. 110
Sleep pg. 111 (R)
Surface to Air Transport pg. 112

4:15 pm Special Committee Reports pg. 113

Benchmarking Committee pg. 114
Billing Code Committee pg. 115
Federal Govt Affairs pg. 116
Fellowship Committee pg. 117 (R)
International Committee pg. 121
Membership Committee pg. 129
Position Statement Committee pg. 131 (R)
Social Media Committee pg. 135
State Govt Affairs pg. 136

**5:00 pm RECESS**

## ***Monday, December 8***

8:00 am-5:00 pm **Board of Directors Meeting**

8:00 am Call to Order

Special Representatives pg. 139
- AMA CPT Health Care Professional Advisory Committee pg. 140
- American Association of Cardiovascular & Pulmonary Rehab pg. 142
- American Heart Association pg. 143 (R)
- American Society for Testing and Materials (ASTM) pg. 145
- Chartered Affiliate Consultant pg. 146
- Commission on Accreditation of Medical Transport Systems pg. 147 (R)
- Extracorporeal Life Support Organization (ELSO) pg. 148
- International Council for Respiratory Care (ICRC) pg. 150
- The Joint Commission (TJC) pg. 152
- National Asthma Education & Prevention Program pg. 155 (A)
- National Coalition for Health Professional Ed. In Genetics pg. 156
- National Sleep Awareness Roundtable pg. 157 (R)
- Neonatal Resuscitation Program pg. 158

**10:00 am BREAK**

10:15 am Roundtable Reports pg. 159
- Asthma Disease pg. 160 (R)
- Consumer (see Executive Director report pg. 28) pg. 161
- Disaster Response pg. 162 (R)
- Geriatrics pg. 163
- Hyperbaric pg. 164
- Informatics pg. 165
- International Medical Mission pg. 166
- Military pg. 167
- Neurorespiratory pg. 168 (R)
- Palliative Care pg. 169
- Patient Safety pg. 170
- Research pg. 171
- Simulation pg. 172 (R)
- Tobacco Free Lifestyle pg. 173

10:45 am Ad Hoc Committee Reports pg. 174
- Ad Hoc Committee on Cultural Diversity in Patient Care pg. 175
- Ad Hoc Committee on Officer Status/US Uniformed Services pg. 181
- Ad Hoc Committee on 2015 & Beyond pg. 182 (R) (A)
- Ad Hoc Committee to Reduce Hospital Readmissions pg. 192
- Ad Hoc Committee on Virtual Museum Development pg. 193 (R)
- Ad Hoc Committee on Revisions to AARC Bylaws pg. 196

**12:00 pm Lunch Break**

**1:30 pm Reconvene**

1:30 pm Other Reports pg. 197

American Respiratory Care Foundation (ARCF) pg. 198
Commission on Accreditation for Respiratory Care (CoARC) pg. 201 (A)
National Board for Respiratory Care (NBRC) pg. 202

**2:00 pm** **UNFINISHED BUSINESS pg. 206**
FRCSC Presentation by Jerome Sullivan and Hassan Alorainy

**NEW BUSINESS pg. 208**

Policy Review
• FM.016 – Fiscal Management – Travel Expense Reimbursement
• FM.022 – Fiscal Management – Capital Purchase Approval
• RT.001 – Roundtables – Roundtables (A)

**HOD Resolutions pg. 217**

**3:30pm** **ANNOUNCEMENTS**

**TREASURER'S MOTION**

**ADJOURNMENT**

(R) = Recommendation
(A) = Attachment

# Recommendations

*(As of November 20, 2014)*

AARC Board of Directors Meeting

December 7-8, 2014 • Las Vegas, NV

## Executive Office

Recommendation 14-3-1.1 "That the AARC Board of Directors approve the revised 401k restatement as presented."

## Bylaws Committee

Recommendation 14-3-9.1 "That the AARC Board of Directors find that the Florida Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws." (See attachment "FSRC Bylaws_FY2011 – COPY").

Recommendation 14-3-9.2 "That the AARC Board of Directors find that the Arkansas Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws."

## Program Committee

Recommendation 14-3-15.1 "That the city of Indianapolis be selected as the host city for AARC Congress 2017."

## Education Section

Recommendation 14-3-53.1 "That Edwin Coombs, MA, RRT-NPS, ACCS, Director of Marketing, Respiratory Care Systems of North America, Drager Medical and Drager Medical be formally recognized and thanked by the Board of Directors for their proposed give away of 5 refurbished Drager Evita XL mechanical ventilators to 5 RT education programs."

Recommendation 14-3-53.2 "That the President-Elect charge the Education Section and Education Section Chair-Elect with developing more programming directed at hospital educators and all therapists whose position requires some type of educational process."

## Sleep Section

Recommendation 14-3-58.1 "That the AARC Board of Directors approve to begin a marketing campaign to solicit more Section members by offering the section membership at half the regular price for new members."

## Fellowship Committee

Recommendation 14-3-20.1 "That the revised Policy/Procedure (CT.009) governing the activities/processes of the FAARC Selection Committee be approved."

## Position Statement Committee

Recommendation 14-3-26.1 "Approve and publish the revised Position Statement 'Ethics and Professional Conduct'."

Recommendation 14-3-26.2 "Approve and publish the revised Position Statement 'Electronic Cigarette'."

## American Heart Association

Recommendation 14-3-64.1 "That the AARC support the use of the attached reporting tool by the AHA liaison as requested by the AHA."

Recommendation 14-3-64.2 "That the AARC provides a communication blitz, offers a webcast and reserves a block of time at the 2015 Congress in support of the AHA and their new 2015 guidelines."

## Commission on Accreditation of Air Medical Transport Systems (CAMTS)

Recommendation 14-3-66.1 "To increase the CAMTS budget to $2,500 for 2016."

## National Sleep Awareness Roundtable

Recommendation 14-3-75.1 **"**That the Board end the special representative appointment to the National Sleep Awareness Roundtable, effective 2015."

## Asthma Disease Management Roundtable

Recommendation 14-3-42.1 "Create a Disease Management Roundtable that would combine all disease specific roundtables together."

## Disaster Response Roundtable

Recommendation 14-3-39.1 "That the Disaster Response Roundtable continue as a separate entity within the committee structure of AARC."

## Neurorespiratory Roundtable

Recommendation 14-3-40.1 "Do not dissolve the Neurorespiratory Roundtable or combine with another existing group. Allow it to continue it as its own entity."

## Simulation Roundtable

Recommendation 14-3-38.1 "Continue the Simulation Roundtable as a community for Respiratory Care Professionals at various levels of simulation integration in their teaching, assessment, research and patient safety initiatives."

## Ad Hoc Committee on 2015 & Beyond

Recommendation 14-3-32.1 "That the AARC BOD review and discuss the Issue Brief on Clinical Simulation as prepared by sub-committee #2, found under Appendix A of the final AARC 2015 report."

Recommendation 14-3-32.2 "That the AARC BOD review and approve the Model Articulation Agreement developed by sub-committee #3 found under Appendix C of the final AARC 2015 report."

Recommendation 14-3-32.3 "That the AARC BOD review and approve the Clinical Ladder Tool Kit developed by sub-committee #4 found under Appendix D of the AARC 2015 final report."

## Ad Hoc Committee on Virtual Museum Development

Recommendation 14-3-28.1 "That the policy for the Legends of Respiratory Care Recognition Program be approved."

# *Past Minutes*

**AMERICAN ASSOCIATION FOR RESPIRATORY CARE**

# Board of Directors Meeting

July 18, 2014 • Marco Island, FL

## Minutes

### Attendance

George Gaebler, MSEd, RRT, FAARC, President
Frank Salvatore, MBA, RRT, FAARC, President-elect
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
Linda Van Scoder, EdD, RRT, FAARC, Secretary/Treasurer
Bill Cohagen, MBA, RRT, RCP, FAARC
Lynda Goodfellow, EdD, RRT, FAARC
Bill Lamb, BS, RRT, CPFT, FAARC
Keith Lamb, RRT
Doug McIntyre, MS, RRT, FAARC
Natalie Napolitano, MPH, RRT-NPS, FAARC
Karen Schell, DHSc, RRT-NPS, RPFT, RPSGT, AE-C, CTTS
Joe Sorbello, MEd, RRT
Sheri Tooley, BSRT, RRT-NPS, CPFT, AE-C, FAARC
Cynthia White, MSc, RRT-NPS, FAARC
Gary Wickman, BA, RRT, FAARC
Kim Wiles, BS, RRT, CPFT

### Consultants

Mike Runge, BS, RRT, FAARC Parliamentarian
Dianne Lewis, MS, RRT, FAARC, President's Council President
John Steinmetz, MBA, RRT, Past Speaker

### Excused

Peter Papadakos, MD, BOMA Chair

### Staff

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

CALL TO ORDER

President George Gaebler called the meeting of the AARC Board of Directors to order at 8:00am EDT, Friday, July 18, 2014. Secretary/Treasurer Linda Van Scoder called the roll and declared a quorum.

President Gaebler held a moment of silence in honor of Jerry Bridgers.

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:

Linda Van Scoder – CoBGRTE member, ISRC Legislative Committee
Karen Schell – Consumer member FDA Board Pulmonary and Allergy Committee
Natalie Napolitano – AANMA Board member, consultant for Draeger, Nihon-Kohden, Aerogen
Lynda Goodfellow – NAECB Board member, CoBGRTE member
Tom Kallstrom – AANMA Board member
Bill Lamb – Ohio Medical
Cynthia White – CoBGRTE member, research relationships with Vapotherm, Sleepnet, Respironics, Aerogen
Brian Walsh – CoBGRTE member, research relationships with Draeger, Vapotherm, Teleflex, Maquet
Joe Sorbello – CoBGRTE member

APPROVAL OF MINUTES

Linda Van Scoder moved to approve the minutes of the April 11, 2014 meeting of the AARC Board of Directors.
**Motion carried**

Bill Cohagen moved to approve the minutes of the April 12, 2014 meeting of the AARC Board of Directors.
**Motion carried**

E-MOTION ACCEPTANCE

**FM 14-2-15.1** Joe Sorbello moved to ratify **E14-1-15.1 "**That the AARC Board of Directors ratify the chair and members of the 2014 Sputum Bowl Committee as noted below:

Chair:

Sherry Whiteman (MO)

Committee Members: Tom Lamphere (PA), Diane Oldfather (MO), David Panzlau

(MI), Rick Zahodnic (MI) and Jim Ciolek (TX)."

**Motion carried**

**GENERAL REPORTS**

President

George Gaebler gave highlights of his written report that was distributed at the meeting. A new Ad Hoc Committee has been formed (Revisions to AARC Bylaws) Chair: Mike Runge, Members: Lori Shoman, Karen Schell, Doug McInytre and Tim Myers as Executive Office Liaison. This group has been formed as a result of a recommendation from the April 2014 meeting by HOD Speaker, Deb Skees.

There has been continued activity related to Policy 13, the action by the NBRC to rescind the use of the Associate Equivalency.

Strategic planning will continue at this meeting. Karen Stewart has made suggested changes that will be a guide to move the profession forward taking into consideration of the findings related to 2015 & Beyond.

Executive Director/Office

Tom Kallstrom gave highlights of his written report. He, along with Shawna Strickland, Cheryl West, and John Hiser went to Austin recently to support the respiratory therapists who were in danger of being de-licensed. Declining membership numbers have been related to retired members who are not renewing.

Tim Myers reported that advertising continues to decrease due to many changes in the industry and with our advertising base. The new website is 85% complete and will debut in the coming months.

Doug Laher updated the Board about meetings.

Shawna Strickland updated the Board on activities in the Education department.

**RECESS**

George Gaebler recessed the meeting of the AARC Board of Directors at 9:20am EDT Friday, July 18, 2014.

**RECONVENE**

George Gaebler reconvened the meeting of the AARC Board of Directors at 9:36am EDT Friday, July 18, 2014.

Steve Nelson gave the Board updates of IT development. The new phone system has been installed. PCI compliance is up to date.

Bill Lamb moved to accept Recommendation 14-2-1.1 "That the AARC Board of Directors officially endorse 'Care of the Critically Ill and Injured During Disasters and Pandemics: A CHEST Consensus Statement'."
**Motion carried**

State Government and Regulatory Affairs
Federal Government Affairs
Cheryl West and Anne Marie Hummel provided an update on HR 2619 and the current legislative climate in Washington, D.C. which will hamper passage. Ms. Hummel detailed new Medicare regulations covering two new Medicare services covering transitional care and chronic disease care management and how these new benefits will provide employment opportunities to RTs.

State Government Affairs
Cheryl West provided updates on state legislation and regulation that impacts the RT profession. A more detailed discussion on the status of efforts by the Texas government to de-license RTs was provided. Through the efforts of the Texas Society and the AARC and other supporters, it appears that TX RT licensure will be maintained. A final decision will come in August.

## STANDING COMMITTEES REPORTS

Bylaws Committee
Bill Lamb moved to accept Recommendation 14-2-9.1 "That the AARC Board of Directors find that the Louisiana Society for Respiratory Care Bylaws are not in conflict with AARC Bylaws."
**Motion carried**
Doug McIntyre abstained.

Bill Cohagen moved to accept Recommendation 14-2-9.2 "That the AARC Board of Directors find that the South Dakota Society for Respiratory Care Bylaws are not in conflict with AARC Bylaws."
**Motion carried**

## SPECIALTY SECTION REPORTS

Adult Acute Care
Brian Walsh moved to accept Recommendation 14-2-50.1 "That a group be appointed to put together a 'consensus' statement or statements addressing the following topics: the use of non-invasive capnography during conscious sedation, patient specific strategies for invasive mechanical ventilation, the use of invasive ventilation outside of the Critical Care Areas, the use of NIPPV outside of the Critical Care Areas, establish recommended competency standards for working in Critical Care."

Colleen Schabacker moved to refer to Executive Office to develop a short term plan and long term plan and report back in December 2014.
**Motion carried**

HOD Report
Deb Skees gave highlights of her written House of Delegates report.

Neonatal Pediatrics
Brian Walsh moved to accept Recommendation 14-2-56.1 "That the NBRC update the NPS examination to be a true specialty examination in line with the level and quality of the ACCS.
Specifically the NBRC consider:

1. RRT with 12 month experience in pediatrics/neonatal care as minimum qualifications.
2. The survey for standard practice to guide test questions only be sent to CHA and NACHRI participating hospitals.
3. Request an official statement from the NBRC in response to this request that can be shared with the section membership and preferable representation at the NeoPeds section meeting in Las Vegas to be available for questions."

Brian Walsh moved to amend the recommendation and remove points 1 and 2.
**Amended motion defeated**

Natalie Napolitano moved to make a friendly amendment to the original motion to read "to ask the NBRC to come to the AARC Board meeting and NeoPeds section meeting in Las Vegas to discuss the concerns with the NPS exam."
**Motion carried**

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

**RECESS**
George Gaebler recessed the meeting of the AARC Board of Directors at 11:15am EDT Friday, July 18, 2014.

**RECONVENE**
George Gaebler reconvened the meeting of the AARC Board of Directors at 11:30am EDT Friday, July 18, 2014.

**SPECIAL COMMITTEE REPORTS**

Position Statement Committee
Brian Walsh moved to accept Recommendation 14-2-26.1 "Approve and publish the revised Position Statement 'Pre-Hospital Mechanical Ventilator Competency'."
**Motion carried**

Karen Stewart moved to accept Recommendation 14-2-26.2 "Approve and publish the Position Statement 'Competency Requirements for the Provision of Respiratory Services'."
**Motion carried**
Brian Walsh moved to accept Recommendation 14-2-26.3 "Approve and publish the Position Statement 'Verbal / Telephone Orders'."

Natalie Napolitano moved to add "diagnostic tests" to the list.

Linda Van Scoder moved to table this recommendation.
**Motion carried**

Brian Walsh moved to accept Recommendation 14-2-26.4 "Approve and publish the newly developed Position Statement 'Interstate Transport License Exemption'."
**Motion carried**

(See Attachment "A" for all revised position statements.)

**RECESS**
President Gaebler called a recess of the AARC Board of Directors meeting at 11:40am EDT on Friday, July 18, 2014.

**JOINT SESSION**
Joint Session was called to order at 1:40pm EDT on Friday, July 18, 2014.
Secretary/Treasurer, Linda Van Scoder, called roll and declared a quorum.

Jim Lanoha and Doug McIntyre shared memories of Jerry Bridgers.

Elections Committee Chair, Jakki Grimball, presented the slate of candidates for the 2014 election:

| | |
|---|---|
| Director at Large: | John Lindsey, Timothy Op't Holt, Raymond Pisani, Lisa Trujillo |
| VP External Affairs: | Doug McIntyre, Cynthia White |
| VP Internal Affairs: | Lynda Goodfellow, Camden McLaughlin |
| Secretary/Treasurer: | Colleen Schabacker, Karen Schell |

| | |
|---|---|
| Continuing Care Section: | Connie Paladenech, Arianna Villa |
| Transport Section: | Charles Bishop, Tabatha Dragonberry |
| Long Term Care Section: | Gene Gantt, Randy Reed |

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

Membership Committee Chair, Gary Wickman, reviewed the membership campaign goals.

Bill Cohagen moved to go into Executive Session at 3:00pm EDT.
**Motion carried**

Executive Session ended at 3:15pm EDT.

President Gaebler adjourned the Joint Session at 3:15pm EDT, Friday, July 18, 2014.

**RECONVENE**
George Gaebler reconvened the meeting of the AARC Board of Directors at 3:30pm EDT Friday, July 18, 2014.

Karen Schell moved to accept the General Reports as presented.
**Motion carried**

**SPECIAL REPRESENTATIVES REPORTS**
Colleen Schabacker moved to accept the Special Representatives reports as presented.
**Motion carried**
**ROUNDTABLE REPORTS**
Brian Walsh moved to accept the Roundtable reports as presented.
**Motion carried**

**AD HOC COMMITTEE REPORTS**
Ad Hoc Committee on Virtual Museum Development
Brian Walsh moved to accept Recommendation 14-2-28.1 "That the BOD approve the proposal to establish the *Legends of Respiratory Care* program**."**

Colleen Schabacker moved to amend to add that annually there will be 5 nominations each from AARC, NBRC, CoARC and that members of the Ad Hoc Committee on Virtual

Museum Development make the final decisions.
Colleen Schabacker withdrew her motion.

Brian Walsh moved to amend to change "proposal to establish" to "establishment of"
Brian Walsh withdrew his motion.

Gary Wickman moved to call the question.
**Motion to call the question defeated**

Natalie Napolitano moved to amend the recommendation to approve the Legends Program and ask the Ad Hoc Committee for Virtual Museum Development to select this year's Legends and develop a policy for future selection process.
**Motion carried**

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

HOD RESOLUTIONS
Past Speaker John Steinmetz presented the HOD resolutions:

Natalie Napolitano moved to accept **Resolution # 57-14-1** Resolved that the AARC create a financial assistance budget of $2,000 per year to support Respiratory Care Students attending the House of Delegates meeting.

Frank Salvatore moved to amend the resolution to add complimentary registration at Congress for students who participate at the meeting.
**Motion carried**

Frank Salvatore moved to refer to the Executive Office for inclusion in 2015 budget and House Speaker to develop a student assistance policy.
**Motion carried**

Linda Van Scoder moved to accept **Resolution # 94–14–2** Resolved that the AARC review and update the Code of Ethics and Professional behavior statement, to include specific language addressing unacceptable conduct related to intimidating and disruptive behaviors.
**Motion carried**

**OTHER REPORTS**
The reports from ARCF, CoARC, and NBRC were reviewed.

**RECESS**

President Gaebler called a recess of the AARC Board of Directors meeting at 4:50pm EDT on Friday, July 18, 2014.

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

_____ _____

Linda Van Scoder Date
AARC Secretary/Treasurer

# Attachment “A”

Position Statements:
Pre-Hospital Ventilator Management Competency
Competency Requirements for the Provision of Respiratory Care Services
Interstate Transport License Exemption

**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 (AARC) 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 age-specific applications of positive airway pressure and its effect 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 AARC 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 12/07
**Revised 9/2011**
**Revised 7/2014**

**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**
**Reviewed 7/2014**

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

**Position Statement**

# Interstate Transport License Exemption

The American Association for Respiratory Care (AARC) recommends temporary licensure exemption for respiratory therapists who are licensed or certified to practice respiratory care in another state or country.

These Respiratory Therapists must meet the following criteria:

- Must practice within the scope of their licensing medical board
- Must function under the direction of their transport agency's Operational Medical Director
- Must follow their transport agency's patient care protocols or their receiving physician's online medical control.

This position of the AARC seeks to ensure that patients needing specialty care or critical care transport have access to Respiratory Therapists' knowledge, skills and the abilities they bring to the transport team.

**Effective 07/2014**

# E-Motions

(Since Last Board Meeting in July 2014)

E14-3-62.1 "That the AARC endorse the AACVPR statement on Pulmonary Rehabilitation Exercise in COPD."

*Results – September 10, 2014*
Yes – 15
No –
Abstain –
Did Not Vote – 2

E14-3-1.1 "That the Board adopt policy BOD.027 as amended."

*Results – September 24, 2014*
Yes – 14
No –
Abstain –
Did Not Vote – 3

E14-3-12.1 "Move that the BOD approve the new combined financial policy and remove the policies it replaces."

*Results – October 6, 2014*
Yes – 14
No –
Abstain –
Did Not Vote – 3

E14-3-16.1 "Move to approve the updated 'Mission/Vision Statements and AARC Strategic Plan 2015-2020'."

*Results – October 22, 2014*
Yes – 17
No –
Abstain –
Did Not Vote –

# *General Reports*

# President Report

Submitted by George Gaebler – Congress 2014

Correspondence and activities since the July 2014 BOD Meeting:
I have worked with Tom Kallstrom and others from Executive Office to get language clarified for many issues. They are covered in Tom's Executive Director Report.

Committee Additions/Changes

Linda Van Scoder has been placed on the Tripartite Taskforce working on advanced practice activities requested by CoARC.

Ad Hoc Committee for Revisions to AARC Bylaws: This Committee was given charges prior to this meeting and they will move forward to update actions started the last two years with a goal of completion by mid-2015
Chair: Mike Runge
Members: Lori Shoman, Karen Schell, Doug McIntyre
Consultant: Tim Myers
This group has been formulated with input from Deb Skees and the HOD leadership.

New BOD Member orientation: Karen Schell and Brian Walsh finished a new AARC Board orientation program which was held and archived November 17, 2014. Shawna Strickland helped bring this to reality. This will also facilitate better orientation at the Spring Meeting in 2015.

We have spent significant time working on finalizing the Strategic Plan since the summer meeting. We worked closely with NBRC and CoARC on getting the plan in the best language we could hope for. This has facilitated guidance for Frank Salvatore as he moved to complete his goals and charges for committees. The update to the Strategic Plan will be a guide to move the profession forward taking into consideration of the findings related to 2015 and beyond. Previously I have held back on some of the other referral actions because I felt it was very important to have that information before we moved the rest of the activities forward. My activities and experience with the states have lent credence to his approach.

However, at this point It is time to move us forward and I fully expect that we will significantly move on many of the activities that have been held back on to this point. This will include the Research activities that were also worked since April.

The AARC BOD Meeting structure and agendas are the same as the meeting in July. We will not act or discuss any reports without recommendations. They will be approved when all reports from a group are approved. The time saved will allow us to do strategic planning and focus group activities that are more important to the Association and Profession.

Tom Kallstrom will cover many of the action items that have happened since the July Meeting related to other organizations and Executive Office activities. I have worked with the Executive

Office on many of these issues during formulation of responses and actions. As always we have a great team in Dallas and Washington and they have done a lot of work on many issues since July.

July 2014
AARC Summer Forum and BOD and HOD Meetings
Tri-State Respiratory Conference, Biloxi Mississippi

August 2014
Florida Respiratory Conference

October 2014
Arkansas State Society Meeting
New York State Society Meeting

# Past President Report

Submitted by Karen Stewart – Congress 2014

# Executive Office

Submitted by Tom Kallstrom – Congress 2014

## Recommendations

That the AARC Board of Directors approve the revised 401k restatement as presented.

Justification:
Periodically through the years, our 401K plan trustee, the Bank of Texas (BOT), files with the IRS, to comply with law, a variety of modifications and amendments to keep us legal. Then after that time, the IRS makes you summarize all that into a new plan document that codifies all the piecemeal changes up to that time. The last time we did this was in 2002 and 2009. We are at that point again. Discussions with BOT indicate there are no a substantive plan changes (i.e. contributions, benefits, basic operations, etc.) or additional new costs to the plan from what you know of the plan today. This is essentially a housekeeping action.

*Thus, the following needs adoption:*

WHEREAS, the Association currently maintains a tax-qualified plan known as the American Association For Respiratory Care Employees Retirement Plan, referred to as the "Plan";

WHEREAS, in recent years Congress has enacted numerous laws affecting the Plan, which include the Pension Protection Act (PPA).

WHEREAS, the Association, following consideration of the various PPA and certain subsequent provisions, desires to adopt an updated PPA restated Plan document.

WHEREAS, the Association also wishes to amend the Plan effective January 1, 2015 as follows:

- To eliminate the Annuity Option Form of Payment.

NOW THEREFORE, IN CONSIDERATION OF THE FOREGOING PREMISES, IT IS:

RESOLVED: to ensure the Plan is compliance with regulatory requirements, the Association amend its existing Salaried Plan by adopting the BOKF, N.A. Volume Submitter Plan and Trust as a restated plan. The Plan as restated will be effective January 1, 2015. To this end, the President and Secretary of this Association are authorized and directed to execute the documents and take any other action deemed necessary or appropriate to maintain the Plan's qualified status.

RESOLVED: that Daedalus Enterprises as a related Employer will continue to be an Adopting Employer under the Plan.

RESOLVED: that BOKF, NA dba Bank of Texas be designated as a nondiscretionary Trustee under Section 10.02 of the Plan.

RESOLVED: that the Association be confirmed to serve as the Plan Administrator and Named Fiduciary as provided in Section 12.01 of the Plan.

RESOLVED FUTHER; that the Chief Executive Officer of the Association be named the special

trustee for purposes of determining and collecting contributions as provided in Section H5f of the adoption agreement for compliance with FAB 2008-1.

# Report

**Membership:**
As of November 1, 2014 our membership numbers were 49,392. We will have a more current number to report at the board meeting in December.

**Meetings & Conventions:**
The 2014 Summer Forum in Marco Island, FL was a very successful meeting for the AARC. As is customary with beach destinations, which are well attended, and attendance for Summer Forum exceeded budget. A pre-course was held for Educators on the "business" side of running a successful respiratory program and the 2nd Adult Critical Care Specialist was also held to prepare RTs to pass the ACCS examination offered by the NBRC. This year's Welcome Reception also served as a fundraising opportunity for the ARCF where almost $2,000 was raised for the Foundation.

This year's Keynote Address ("Putting the Profession on Trial") was so successful that it was decided by the Program Committee to utilize it in this year's Closing Ceremony in Vegas.

Feedback from attendees was very favorable, however concerns were raised over excessive food costs both on-site at the hotel and elsewhere on the island. The Executive Office, in conjunction with the Program Committee, will work collaboratively to ensure that future destinations are affordable for attendees, however, it is important to note that in the future we may find it difficult to find resort destinations such as Marco Island that are in our price range. The hotel and hospitality industry has rebounded since the recession of 2008 and room rates along with food and beverage commitments are on the rise nationally.

The Marco Island Marriott will undergo a major renovation in the spring of 2015. A proposal has already been submitted to the AARC for 2017 once renovations are complete, although concerns exist that these renovations may make returning to the property cost prohibitive in the future.

Next year's Summer Forum is scheduled for July 13 – 15 in Phoenix, AZ at the Marriott JW Desert Ridge.

**AARC Congress 2014:**
Below are highlights for this year's meeting and notable changes geared towards an improved attendee/exhibitor experience:

• AARC Congress 2014 will be held in a new Vegas venue at the Mandalay Bay.

• Attendees will be given the option of upgrading to a luxury suite at the Delano Suites Tower for an additional $20/night. Delano Suites is also an entirely smoke-free facility.

• The AARC invested in new convention technology making for an enhanced exhibitor experience. Exhibitors were able to make purchases and select booth location at this year's meeting, while attendees were able to preview the exhibit hall floor plan and learn more about participating exhibitors and the products they sell. Attendees were also able to email exhibitors to set up on-site appointments.

• Convention News Television will be back for a 2nd year in a row to provide video and news coverage of the meeting.

• Michael Ramsay, MD (noted expert on Patient Safety) and patient advocate Patricia LaChance will deliver the keynote address

• "Putting the Profession on Trial", led by AARC member and Attorney; Anthony DeWitt will be the featured presentation at the Closing Ceremony. It received a standing ovation at this year's Summer Forum.

• 3 cash prizes will be given out at the Closing Ceremony…$500, $2,000 and $5,000. The Closing Ceremony and the cash prizes are to serve as an incentive for people to attend the entire meeting and not use day #4 as a travel day.

• 5 Pre-courses: SNS course, Mechanical Ventilation, ECMO, Pulmonary Function Testing and Sleep (hosted in conjunction with the American Sleep and Breathing Academy and supported through a grant from Jazz Pharmaceuticals)

• 16 Open Forums in 3 different categories. 1. Poster discussion; 2. Posters Only; and 3. Editor's Choice

• 30 minute lectures + a mandatory 5-minute Q&A, all with the same start/stop time so that attendees can maximize CRCE

• ~ 225 presentations, accounting for more than 18 CRCE

• 140 speakers with 30 first time presenters

• 7 scheduled breakfast/lunch symposia over 3 days

• Exhibit hall hours to better meet the needs of exhibitors (11:00- 4:00 Tues., 9:30 - 3:00 Wed., and 9:30 - 2:00 Thur.)

• James Good will deliver this year's Thomas L. Petty Memorial Lecture titled; "Management of the 2015 Asthmatic: Phenotyping and Managing Refractory Asthma"

• Laurent Brouchard will deliver the Donald F. Egan Scientific Memorial Lecture titled; "What Have We Learned about Noninvasive Ventilation in the Past 20 Years?"

• Dr. Lewis Rubinson was a last minute addition for the Phil Kittredge Memorial Lecture. Dr. Rubinson just returned from Sierra Leone treating Ebola patients. The Program Committee felt the timeliness of Dr. Rubinson's return to the United States and the media coverage of Ebola in the U.S. was a great opportunity to add a topic to the program that was timely and important to AARC members.

**COPD Best Practices:**
This AARConnect usergroup has grown to 371 members. It was established as a mechanism for members to share best practices in COPD disease management, readmission reduction programs, and other programs to improve outcomes in the COPD population. This community has become

vitally important to membership following the Oct. 1 inclusion of COPD on the list of penalties for 30-day readmissions. There are 18 sessions dedicated to the care of the COPD patient and readmissions.

## Advocacy and Public Awareness:

### Drive4COPD

From July to the end of 2014 the DRIVE4COPD has been supporting members by providing material and providing ideas on different ways for getting involved. Since July, there have been two additional events managed by the COPD Foundation's Mobile Spirometry Unit. These events were held in Richmond, VA and Fort Lauderdale, FL. Both events utilized local members and respiratory students. In 2014, the DRIVE4COPD had screened over 2,100 people, and identified around 9% of them as high risk for COPD. In addition to the traditional paper screener, the digital screener was promoted this year. Between late-July and early-November there have been over 120 members who participated in the digital screening and has accounted for almost 400 screens.

During this year's congress there will be an announcement of the winner of the DRIVE4COPD Digital Screening, the prize will be a complimentary registration for the 2015 AARC Congress in Tampa.

This year, like in previous years, there have been some outstanding members who have taken the challenge to screen and have had great success in doing so. This year instead of a member it was a state. The Kansas Society of Respiratory Care under the leadership of Karen Schell led a two day long screening effort at the Cider Days event in Topeka. In total they screened 362 people with the help of students from 6 of the 9 respiratory programs in Kansas and other members. Special thanks to Karen for the excellent efforts and leadership with leading the way with this screening event.

Lastly, as the DRIVE4COPD comes to an end, we need to remember that without the efforts of the AARC the DRIVE4COPD campaign would not have been successful. In total, the campaign screened almost 3 million people, and sparked more than 3 million conversations about COPD.

Since December 2012, our main focus was bringing respiratory therapists to the community's front.

Making people aware of who we are, what we do, and why we can help improve their lives. Although the DRIVE4COPD is ending, the work will not.

### AACVPR/ACCP/ASA

As directed by the Board to start working closer with AACVPR I attended a face-to-face leadership meeting where I presented an AARC update in October. In addition, I was invited to do the same at the ACCP and ASA meetings this fall who all have a respiratory care subcommittee.

AARC has expanded co-marketing opportunities for state affiliates in 2013 by offering revenue sharing (to states that signed the revenue sharing agreement for 2013) to each affiliate for each 4-day, full registration paid for by members of their state (AARC Congress 2013).

## Education

### CPG Development

The evidence-based clinical practice guideline (EBCPG) for airway clearance was published in

RESPIRATORY CARE in December 2013. Work began on the follow-up of that guideline, Pharmacologic Interventions for Airway Clearance in Hospitalized Patients, in January 2014. The systematic review is complete and the committee is currently developing the actual CPG for publication. The group is exploring funding opportunities and areas of interest for future EBCPGs.

**Recruiting for the Profession**
There were two major events for recruiting this year: HOSA, an annual event in which the AARC participates and the USA Science & Engineering Festival. USA SEF was held in Washington, DC in April. Carolyn Williams, RRT coordinated volunteers for that event and sponsor recap was given to the Board in the July meeting. The next USA SEF event will be held in 2016. The HOSA event was held in Orlando, Florida in June. Jamy Chulak, RRT coordinated volunteers for that event. Sponsor recap has not been made available at this time. The next HOSA event will be held in June 2015 in Anaheim, CA.

**Leadership Institute**
The Leadership Institute was launched in early 2014. Consisting of 3 tracks (management, research, and education) the Leadership Institute was designed to provide real-world education for respiratory therapists who wish to expand their breadth and depth of knowledge beyond the clinical realm. In February 2014 Dräger sponsored a scholarship competition to support tuition for 9 RTs.

**AARC University**
In early 2014 the AARC signed with Peach New Media for the Freestone LMS product. This platform will consolidate all educational items available from the AARC into one platform. It allows the consumer to search, purchase, watch, read, test, and earn credit in one location. The AARC University launched in May 2014 and the experience has been positive.

**Clinical PEP: Practices of Effective Preceptors**
The Clinical PEP: Practices of Effective Preceptors was released in August 2013. So far the course has been well received. In the summer of 2014 videos were updated. The product will be updated annually so that the content remains dynamic and relevant to educators and preceptors.

**Professor's Rounds and Current Topics in Respiratory Care**
Professor's Rounds will be retired after the 2014 series and will be replaced with a new series: *Current Topics in Respiratory Care*. Current Topics in Respiratory Care will utilize the same basic format as Professor's Rounds – purchase of a series of videos or a single video on DVD for department CRCE – but will be less expensive to produce and, therefore, less expensive to the end user. The 2015 series will be recording during the AARC Congress 2014 in Las Vegas, NV.

**Respiratory Care Education Annual (RCEA)**
The 2014 RCEA was published in September with eight accepted manuscripts. The 2015 issue is accepting manuscript submissions until February 15, 2015. Dr. Arthur Jones resigned from the editorial board this summer. Dr. Kathy Rye will replace him on the editorial board in 2015.

**Human Resources Survey**
The AARC 2014 Human Resources Survey is complete. Shawna Strickland will present the major findings at the AARC Congress 2014 in Las Vegas, NV. The product will be available for purchase no later than January 2015.

**Live Courses for March 2015**
Two live courses will be delivered in March 2015. The Pulmonary Disease Educator course will be

held in conjunction with 2015 PACT Day on the Hill. The course will be held on March 16 and 17, 2015. This two-day course will provide a comprehensive discussion of chronic pulmonary diseases and facilitating the development of effective self-management skills. The Adult Critical Care Specialist course will be delivered in a new format. A one-day live session will be held in Winfield, IL on March 20, 2015. Half of the course material will be presented live; those who attend will receive the other half other course material via an online supplement through AARC U.

**CDC Strategic National Stockpile Ventilator Workshops**
The AARC has been contracted by the CDC to deliver the SNS ventilator workshops at two locations in 2015. The AARC has scheduled the first SNS ventilator workshop at the Missouri Society for Respiratory Care meeting in April 2015 and the second at the Texas Society for Respiratory Care meeting in July 2015. The AARC will pursue continued funding in 2016 to expand the offerings of the workshop.

**Pfizer Grant**
A letter of intent was submitted on October 23, 2014, to Pfizer for a grant to produce "Clinician Training on Tobacco Dependence for Respiratory Therapists". Feedback on the LOI will be communicated on or about December 10, 2014. If the LOI is accepted, we will be invited to submit a full proposal.

**Additions to Education**
Several additions to the educational offerings were added in 2014 to address educational gaps and new content is planned for 2015 to address specialty credentials and areas of interest. Online (on-demand) courses currently in development for 2015 include the Adult Critical Care Specialist course (13.5 cr), Caring for the Chronically Critically Ill course (3 cr), Spirometry course (2 cr), Advanced Pulmonary Function Technology course (4 cr), Congenital Heart Defects (5 cr), and Clinician Training on Tobacco Dependence for Respiratory Therapists (5 cr).

**Educational Product Sales/Attendance Trends at a glance**

| | 2014 through 10/31 | 2013 through 10/31 | 2012 through 10/31 | Comments |
|---|---|---|---|---|
| Webcasts and JournalCasts | 7611<br>+8% since 2013<br>+27% since 2012 | 7046 | 5973 | JournalCasts now regular feature |
| Asthma Educator Prep Course | 238<br>+32% since 2013<br>+27% since 2012 | 181 | 188 | Offered bonus with EPA courses |
| COPD Educator Course | 720<br>+44% since 2013<br>+96% since 2012 | 501 | 367 | Positive trends |
| Ethics | 1209<br>-42% since 2013<br>-49% since 2012 | 2087 | 2380 | Trending lower; slightly below budgeted volumes |
| RT as the VAP Expert | 106<br>62% since 2013<br>-56% since 2012 | 66 | 241 | Offered "winter special" in Q1 2014 |
| Alpha-1 | 117<br>+50% since 2013<br>-60% since 2012 | 78 | 292 | Offered "winter special" in Q1 2014 |

| | | | | |
|---|---|---|---|---|
| Exam Prep | +3% since 2013 | | | Launched in May 2013 |
| Leadership Institute | 69 | | | Launched in January 2014 |
| Asthma and the RT | 120 | | | Launched in July 2014 |

**RESPIRATORY CARE Journal**

As it has been the case every year for the last seven years, the Journal continues to enjoy a record number of manuscripts received and published. This success, however, also results in additional cost for printing and mailing, as well as considerably more work for the editorial staff. Realizing that funding of the Journal is not unlimited, we took steps to reduce expenses in every possible way:

- To try to maintain control over the number of pages printed while increasing the number of original research articles published, in 2013 publication of case reports, teaching cases, and letters to the editor began appearing online only. Recently, the decision was made to stop accepting submissions of case reports and teaching cases after Dec 31, 2014. This may not result in direct expense reduction, but it will allow us to publish more original research articles. The small number of readers accessing case reports and teaching cases online also heavily influenced the decision.
- As result of the AARC decision to reduce dues to members opting to access the Journal online only, the number of printed copies per month has dropped considerably in terms of the actual members number. That is the good news. The bad news is that the number of members activating their online subscription has not increased proportionally to the number of members opting not to receive the printed Journal (around 20% activation, with many of those opting to pay the higher dues to continue receiving the printed Journal).
- Last January we closed the Journal Seattle office, eliminated 1.75 full-time positions, outsourced some of the copy editing and manuscript management work, and increased the load of the remaining staff. Results of the closing so far indicate we will have savings of around $75,000 for the year. FYI, the present editorial staff is comprised of one full-time and 4 part-timers (total 60 hours /week).
- Performance so far of the 2014 Journal expense budget compared to the 2013 budget indicates year-end reduction of around $300,000 (23.3%). This resulted in a proposed 2015 expense budget of 12.4% less than the 2014 budget, even with increased cost for paper, postage, website, salaries, etc.

As you may know, effective January 2013 the online Journal began using the HighWire platform, as well as the services of the Copyright Clearance Center to license the Journal contents to parties interested in using them. Early this year we ended open-access to the Journal contents with only members and subscribers having free access; all others have to pay a per article fee. These actions are resulting in significant unanticipated income that should get better every time a new Journal issue is published.

As announced last year, beginning with the 2014 AARC Congress, accepted abstracts to the OPEN FORUM will be presented in one of 3 formats: Editors' Choice (top abstracts, oral presentations with slides, Q & A, posters), Poster Discussions (brief oral summary, Q & A, posters), and Posters Only. We anticipate a very successful 2014 OPEN FORUM with more audience participation and

interest. There will be one Editors' Choice session, 16 Poster Discussions sessions over the four days of the Congress, and 3 Posters Only sessions inside the Exhibit Hall. Submissions in 2014 and comparison to years past are:

| 2014 | | Accepted = 254 (70%) | | | Rejected = 107 (30%) |
|---|---|---|---|---|---|
| Category | Abstract Submissions | Editors Choice | Poster/ Discussion | Poster Only | |
| Aerosol/Drugs | 27 | | 17 | 4 | 6 |
| Airways Care | 29 | | 11 | 9 | 9 |
| Asthma/Pulmonary Disease | 25 | 1 | 13 | 5 | 6 |
| Case Reports | 23 | | 9 | 9 | 5 |
| Diagnostics | 12 | | 7 | 3 | 2 |
| Education | 36 | | 15 | 3 | 18 |
| Home Care | 7 | | 1 | 2 | 4 |
| Management | 34 | | 13 | 13 | 8 |
| Monitoring/Equipment | 30 | 2 | 17 | 1 | 10 |
| Neonatal/Pediatrics | 51 | 1 | 22 | 15 | 13 |
| $O_2$ Therapy | 14 | | 10 | 2 | 2 |
| Sleep/Pulmonary Rehab | 14 | | 0 | 9 | 5 |
| Ventilation/Ventilators | 59 | 2 | 19 | 19 | 19 |
| TOTAL | 361 | 6 | 154 | 94 | 107 |

| | Submissions | Accepted | Rejected |
|---|---|---|---|
| 2014 | 361 | 254 (70%) | 107 (30%) |
| 2013 | 398 | 287 (72%) | 111 (28%) |
| 2012 | 419 | 328 (78%) | 91 (22%) |
| 2011 | 347 | 271 (78%) | 79 (22%) |
| 2010 | 387 | 280 (72%) | 107 (28%) |
| 2009 | 277 | 228 (82%) | 49 (18%) |
| 2008 | 306 | 269 (88%) | 37 (12%) |
| 2007 | 283 | 242 (86%) | 41 (14%) |

We would like to take this opportunity to recap changes in the Journal since 2008 when Dean Hess became Editor In Chief:

- Increased submissions
- Increased number of pages
- Increased worldwide influence
- Eliminated book reviews
- Eliminated abstracts from other journals
- Added Editor Commentary
- Added English, Spanish, Mandarin, and Portuguese podcasts
- Required IRB and Clinical Trials registration from authors
- Obtained an impact factor
- New website hosted by the HighWire platform
- Offered apps for mobile device
- Began offering CRCE monthly
- Offered Quick Look summary for each original research article
- Began offering ePub ahead of print
- When available, offer online supplements
- Grant CRCE to reviewers
- Tightened conflict of interest declarations in accord with accepted standards
- Changed OPEN FORUM formats

**Advertising and Marketing**

**Advertising**
At the time of this report with almost 10 months of sales date, advertising is lagging behind target for both Resp Care Journal and *AARCTimes* as has been the trend of the last several years.

This comes despite efforts to create a flexible portfolio of opportunities. We are seeing a slight increase in the 4th quarter for both Print and Digital Advertisements (especially e-newsletter products) and our Recruitment Advertisements in 2014. We have also opted out of our longstanding relationship with Tim Goldsbury & Associates as our sales agent. We have secured the services of Phil Ganz to take this role on and Phil started in late September. Phil brings a wealth of experience in the print advertising arena where he has worked from both sides of the table---- buyer and seller.

We have also finalized the Multimedia Rates for Advertising in 2015 with some variations in rates for print (no change), recruitment (increased), digital (increased) and packaging of bundles.

**Corporate Partners**
We had a very successful year of revenue and sponsorships from our 2014 Corporate Partners. All current 2014 Corporate Partners will return in 2015 as well. There is a chance that we may add a 13th to the list prior to the close of 2014.

*2014 Partners*: Carefusion, Masimo, Covidien, Monaghan, Philips/Respironics, Drager, Maquet, Teleflex, Boehringer Ingelheim, Forest Pharmaceuticals, Ikaria (new) and Sunovion Pharmaceuticals (new).

We are currently looking an opportunities and options to reinvigorate the AARC's Corporate Partner program to enhance the opportunities, benefits and relationships with these companies and possibly stimulate increase interests from others in 2015.

We will be hosting 8 Focus groups breakfast and lunch sessions over the next few days in Vegas for our Corporate Partners. This is an all-time high for us showing great interest from industry and our members.

**Website Project**
We have been working diligently with our website designer, AXZM, on modernizing and streamlining our web presence for AARC in the coming months. We have finalized branding concepts and are currently in the process of moving content to the new site. An aggressive timeline has been established to launch the new websites in early 2015. The aarc.org website design is about 85% completed as we meet.

**Marketing**
We continue to look at new vehicles through social media sites and electronic newsletters to better market the AARC as well as its educational and professional products. Many of these venues will also open up additional and new advertising and sponsorship opportunities as well.

We have seen some growing interest in our Educational product lines due to the implementation of

AARC U, creative pricing and marketing and bundling of some other product lines.

We are also looking at “value added” products that our membership may find highly desirable. There are also strategies and discussions at partnering with some other entities to produce, market or advertise other products that align with our Mission.

**Products**
Benchmarking continues to see a decline in membership in 2014 as the economic reigns are tightening for hospitals with approximately 65 hospitals (-10-12%) around the US and in Middle East (2). This will be a make or break year for this product. The Benchmark Committee is currently conducting an assessment of the program, possible upgrades and a potential new product line to ensure it is a current and valued tool to its participants. We have also installed a new pricing structure for 2015 to ensure that has a good ROI for both the AARC and its participants that has led to an uptick in renewals and a few new clients. We are also looking at a “view only” option based on a 2-year analysis of our program.

As you are aware, in 2012 we outsourced our Respiratory Care Week products to a third-party supplier, Jim Coleman Ltd who handle all products and the necessary shipping. 2014 was our third year outsourcing RC Week products to Coleman. We came in right about our budget target in 2014 and realized a similar royalty to last year.

We continue to work to acquire sponsorships for our various educational products to offset expenses in 2014. Companies due to financial constraints, regulatory changes and competitive products in the market have not sponsored as many of these as they have in the past. We restructure our sponsorship rates and deliverables for 2014 and will be adding some new opportunities and a Tiered Pricing structure.

**Summary**
As always please remember that this report is a summary and I would be happy to expand on any areas you wish to know more of at the board meeting. I look forward to seeing you in Las Vegas.

# Executive Office Referrals

*(from July 2014 BOD meeting)*

- ***Recommendation 14-2-50-1 (from Adult Acute Care Section)*** *"That a group be appointed to put together a 'consensus' statement or statements addressing the following topics: the use of non-invasive capnography during conscious sedation, patient specific strategies for invasive mechanical ventilation, the use of invasive ventilation outside of the Critical Care Areas, the use of NIPPV outside of the Critical Care Areas, establish recommended competency standards for working in Critical Care."*

Referred to Executive Office to develop a short and long term plan and report back at December 2014 meeting.

Result: Shawna Strickland and Adult Acute Care Section Chair Keith Lamb discussed the intent of the proposed group and appropriate group members. Mr. Lamb is currently discussing interest in participation on the proposed group with key individuals to send to President-Elect Salvatore for consideration. He will send the list of proposed individuals prior to the December meeting.

- ***HOD Resolution 57-14-1*** *"Resolved that the AARC create a financial assistance budget of $2,000 per year to support Respiratory Care Students attending the House of Delegates meeting."*

Amended to add complimentary registration at Congress for students who participate at the House of Delegates meeting.

Referred to Executive Office for inclusion in 2015 budget and House Speaker to develop a student assistance policy.

Result: The requested $2,000 and complimentary Congress registration have been included in the 2015 budget. Deb Skees is working on student assistance policy.

- ***Policy review BOD.027 – BOD – Policy for Surveys Conducted by the Association***

Referred to Executive Office to revise and report back at the December 2014 meeting.

Result: Revisions were approved via E-vote in September 2014.

- ***Policy review FM.002 (Annual Independent Audit), FM.005 (Independent Auditors and Audit Subcommittee), FM.018 (Audit and Oversight Standards)***

Referred to Executive Office to combine all three policies into one (FM.018).

Result: All three policies were combined and approved via E-vote in October 2014.

# State Government Affairs
# Activity Report
# BOD/HOD Congress 2014

**Cheryl A. West, MHA**
**Director Government Affairs**

## Introduction

The outcome of the November elections has left the landscape of state government pretty much in the same configuration as prior to the election.

Most state legislatures will be coming back into session with new members starting in January or shortly thereafter. At that time we expect the usual influx of legislation to be introduced.

This Update provides new developments since the July Summer Report.

## Texas RT License Repeal

As reported in more detail in the Summer Update the Texas Sunset Commission Staff Report recommended that, among 18 other professions, licensure for Texas respiratory care practitioners was no longer necessary and that it should be, in the Report's words, "discontinued".

The Sunset Staff Report was delivered to the Commissioners of the Texas State Sunset Advisory Commission. The Commissioners are TX state House and Senate legislators.

Following the strategy devised by the Texas Society for Respiratory Care (TSRC), the AARC gathered licensure support letters from the NBRC and several national pulmonary patient organizations. The TSRC launched an exceptional response plan involving media contacts, face to face meetings with Commissioners, other TX legislators, and rallying TX RTs and pulmonary patients to educate policy makers on the importance of continuing TX RT licensure.

The Commissioners held a public hearing at the end of June at the state Capitol in Austin, TX. The TSRC leadership of course was there in full force and testified before the Commission as did the AARC leadership who also came to Austin to testify. Large numbers of RTs from local area hospitals and education programs held demonstrations outside the Capitol building making a visual show of support. Bottom line, as Commission Chair, Senator Nelson publically stated at the open hearing "We hear you". Chairperson Nelson empaneled a special sub-committee of Commission members to look more closely into how RT and other disciplines on the "discontinued list" could keep their regulatory status.

At the end of July this sub-committee issued its own report, recommending the following:

Licensure for the TX RCP must continue
Licensure of the RCP should be moved from its current "location" (DSHS) and placed under the Texas Board of Medicine
A specific RCP Advisory Committee should be created (something that does not exist under the current licensure configuration) with the majority of seats to be held by RCPs

At the August meeting the full Sunset Commission voted to accept the sub-committee's recommendations.

All in all, a sweeping victory and vindication for TX RTs. However, there still remains one major hurdle. Because these positive changes are clearly significant, they will require the TX state legislature to pass legislation that will actually make these changes official. The TX legislature convenes in January. This fall the TSRC has been planning its lobbying strategy to reach out to key members of the legislature to confirm their support for the changes. Included in the action plan is engaging individual RTs to contact their own legislative members to show that as constituents they want the RT licensure recommended changes enacted into law.

**Colorado RT License Sunset Review**

The cycle for CO RT licensure sunset review got underway this year. With effort and attention from the CSRC the Agency that oversees regulating the profession issued a report recommending that RT licensure continue for an additional 9 years. This supportive report will go to the legislature next year as a bill must be passed to "officially" continue RT licensure. However, knowing the vagaries of legislatures these days the CSRC leadership is taking nothing for granted (i.e. the supportive report) and the Society will be involved in the legislative process to assure that a positive outcome will occur. An interesting point noted in the official agency report was that in two instances state agency staff involved in the assessment of the profession for the report "shadowed" RTs during a typical shift. Perhaps this "eyes on view" of exactly what RTs "do" contributed to the positive assessment for licensure continuation.

**California Law Requiring the RRT Credential for a RT License**

California now joins Ohio as the two states that will require, beginning January 1, 2015; any new licensure applicants must hold the RRT credential. In both states RTs with the CRT credential only which was granted prior to January 1, 2015 would be grandfathered in and not be affected by this change.

A point to note: We contacted both the Ohio and California RT Licensure Boards and asked for a specific clarification: If an out of state RT holding a CRT credential earned prior to January 1, 2015 moved to Ohio or California several years from now and applied for a RT license, could this RT still obtain a OH or CA RT license even years down the road? The answer is yes for both states, assuming that the CRT credential is still valid.

Two other states, **Maryland and Arizona** appear to be seriously pursuing the RRT only licensure requirement. As this Report is written, the DC/MD Society will hold a mid-November Town Hall meeting open to all licensed MD RTs and interested parties to gage the support for moving legislatively forward with a MD RRT only licensure requirement. AARC was contacted by the Executive Director of the **Arizona** RC Licensure Board requesting information on which other states were pursuing the RRT only licensure requirement. AZ has released a proposed rule to require the RRT only for new licensees. Tentative date for implementation would be July 1, 2015.

**Polysomnography Legislative/Regulatory Efforts**

**Iowa** has been the only state this past year to have a polysomnography licensure bill seriously in play. The legislation (more or less the same bill introduced in 2013 which was not enacted) did not include a RT exemption, thus engaging the Iowa State RC Society to oppose. This time, the ISRC also educated the Iowa Hospital Association on the impact of what a restrictive polysom licensure

law would have on Iowa hospitals labor pool. The Iowa Hospital Association made state legislators aware of their opposition to the bill. The bill died in Committee.

**Georgia** does not license or specifically regulate polysom techs. However, under the regulations of the GA Composite Board of Medicine (under which the RTs are regulated) an exemption was inserted permitting polysoms to provide polysom services. This exemption provides a scope of services but does not include requirements for education or competency requirements. This exemption also states it is not meant to interfere with other health professions providing their own scope and specifically mentions RTs. At the time this semi recognition was created under the Board of Medicine rules, an exemption was also inserted into the RT licensure law exempting polysoms from the from having to have a RT license if sleep services cross over into RT. It has been a convoluted but workable way of addressing sleep issues and RT licensure requirements.

Recently, the GA Sleep Society has decided to pursue full licensure through legislation. Unlike legislative initiatives in some states, the sleep society has reached out to the GSRC asking for input on their proposed legislative language. A RT exemption is prominent in the provisions and it appears a collegial working relationship has been established.

**Maryland** enacted a polysom licensure law in 2006 with only one education pathway, (CAAHEP approved ed programs) included in the law. However, because there was only one education pathway to licensure, implantation of the law, that is mandating all polysoms be licensed, was legislatively delayed for over 7 years until 2013, while other permissible training pathways were written into the statute.

This fall the Maryland Polysomnography Licensure Board proposed a rule revision that would create a new pathway for out of state sleep personnel to qualify for a MD polysom license. Part of this new pathway being proposed is for out of state sleep personnel who are not from states that require polysom licensure. The proposed rule revision is as follows:
*"….**or** who are otherwise recognized and has practiced as a sleep technologist in another state who has:(a) Full-time practice experience as a sleep technologist in another state at an American Academy of Sleep Medicine accredited sleep laboratory or sleep laboratory accredited by The Joint Commission for a minimum of 6 months in the 3 years preceding the application; and (b) Maintained an average of 10 continuing education units per year for the last 2 years.*

As with any bill or regulation the devil is always in the details. The concern with the above is fourfold:

First the phrase "recognized" as a sleep technologist. There is no definition of what the term "recognized" means. Moreover, in those states that do not license/regulate polysoms anyone may declare he/she a "sleep technologist" as that term has no definition in law.

Second, this revision also does not require the out of state applicant to hold any professional competency credential. Note the reference to the requirement that the person must have been employed in an AASM (or Jt. Commission) accredited lab. That sounds acceptable until you review the AASM accreditation standards for personnel. The AASM's personnel standards for accreditation as a lab or center only require 1 individual in the sleep lab or center to hold a competency credential. Other personnel are not required to hold a credential. The out of state sleep technologist coming into MD may very well not have a credential even though he/she worked in an accredited lab.

Third, the rule will require that an applicant under this revision must have worked full time in an accredited lab for 6 months over the past three years. That could mean a person worked for 6 months two and half years ago and not worked since.

Fourth the only strict requirement would be to maintain *on average* 10 CEs over that last two years. Again note, the term *"on average"*… as that could mean taking 20 CEs in one year and no more in the other year… and that would "average" out to 10 CEs over two years.

The above detailed discussions on this development in Maryland is intended to emphasize a more general point applicable for any legislative language or rule revision: even a presumed simple word change can significantly change the intent or requirement or impact of a law or rule. When promoted by any special interest there are no unintended words or phrasing, every word is written with a specific goal in mind. Revisions can, depending on the exact wording, undermine the premise and intent of the current law.

**Legislation**

As always stated, legislation introduced is never guaranteed to be enacted into law. Bills that have been enacted are designated as such.

As noted in the Introduction, because this was an election year, most state legislatures adjourned earlier than usual. There has been relatively little legislative activity that has impacted the profession since the July Update. The bills of interest that have been introduced or acted on since July are listed below.

**Alabama** (engrossed) health care workers infected with Hepatitis C must report their condition to the state health department. RTs are included in the list of professions

**California** (enrolled) Senate Resolution encourages the State Department of Health Care Services, the State Department of Public Health, and other state entities to partner with chronic obstructive pulmonary disease (COPD) stakeholders to improve education regarding COPD in the course of implementing the statewide strategic plan

**Delaware** a bill that would bring best practices to Delaware schools with respect to prevention of serious injury or death from anaphylactic reactions caused by an allergy or life-threatening crisis due to asthma

**Illinois** a bill that would create a new discipline, designated as "authorized direct care staff" defined as a non-licensed person who has successfully completed a medication administration training program approved by the Dept. of Human Services. Listed in the scope of practice of this new discipline would be the administration of oxygen

**Louisiana** clarifies that it is a crime of battery to attack a list of specific health care providers including RTs

**Maine** has a bill that is aimed at reducing tobacco use by providing tobacco cessation programs for those ages 18 or older who are Medicaid recipients. *Comment*: nearly every, if not all state Medicaid programs provide smoking cessation programs for pregnant woman but only pregnant women. This bill would cover tobacco cessation for all Medicaid recipients over 18

**Massachusetts** a bill was introduced permitting nurses to delegate to home health aides the administration of medications, including those via inhalation. The Massachusetts Society is responding, voicing its concerns.

**New Jersey** has legislation supported by both the State Society and Licensure Board that revises provisions of the RT licensure law including: eliminating temporary licenses; authorizing PAs and advanced practice nurses to write RC orders, clearly permitting RTs to perform protocols (currently not defined in the law); adding to the scope of practice terms such as disease management and disease prevention; and more detailed explanation of continuing education requirements. **New Jersey** also has a bill that establishes the Task Force on Chronic Obstructive Pulmonary Disease in the Dept. of Health. The Task Force members must include "one member who is a respiratory therapist with experience in treating persons with chronic obstructive pulmonary disease".

**Ohio** with support from the OH Society and the OH Licensure Board a bill was enacted to exempt certified hyperbaric technologists from the laws governing the practice of respiratory care

**Respiratory Related Rules/Regulations**

A change in the rules and regulations for respiratory therapy may have just as much impact on how respiratory therapists are permitted to practice as does amending the licensure laws for RT. For the most part in 2014 there has been a limited number of administrative changes in RT related rules and regs. Since the July Report these are the rule/reg changes.

**California** has proposed a number of significant rule changes. Proposed rules clarify that the Board shall review the driving history of each applicant as part of its application screening process, increases the number of continuing education hours from 15 to 30 hours, modifies courses recognized for continuing education credit including 1) eliminating recognition of the passage of the Registered Respiratory Therapist examination; 2) new recognition of the Adult Critical Care Specialty examination and Sleep Disorders Testing and Therapeutic Intervention Respiratory Care Specialist examination; and 3) recognizing education related to acquired immune deficiency syndrome (AIDS); providing preference to applications from active military personnel and their spouses or domestic partners; exempting military personnel who are called to active duty from continuing education and renewal fee requirements as applicable; and establishing a process for temporary licensure for out-of-state entities and personnel to practice respiratory care in California at a community event (sponsored-free health care events) of not more than 10 days

**New Jersey** proposes amendments to rules and regulations concerning delegation by a respiratory care practitioner to unlicensed persons

**Pennsylvania** would revise the regulations regarding supplemental ventilator care payment for medical assistance nursing facilities

**Wyoming** amends the rules pertaining to, among other things fees, fee refunds, duplicate certificates & change of contact information

I will provide a verbal update at the December Meeting.

# Federal Government Affairs
# Activity Report – Congress 2014

*Cheryl A. West, MHA, Director Government Affairs*
*Anne Marie Hummel, Director Regulatory Affairs*
*Miriam O'Day, Director Legislative Affairs*

## The Congress

November 4, 2014, marked the midterm elections for the new 114th Congress. All 435 seats in the United States House and 36 of the 100 seats in the Senate were up for election this year. This midterm election became the most expensive in history, with total spending reaching $3.7 billion, including spending by outside entities. The elections saw sweeping gains for Republicans in the Senate and House as had been predicted. Many speculated before the election that Republican control of both chambers would be an improvement over the last Congress because they would be able to execute an agenda and not focus on blocking President Obama's initiatives and agenda. A number of members announced their retirement prior to the elections; of these two Democrats Henry Waxman and John Dingell were noteworthy leaders on health care legislation. New Committee leadership allows the healthcare advocacy community an opportunity to work with new members but also means that education will be of serious importance. As noted in previous Reports, AARC and all other advocacy organizations cannot control Congress but we will continue to keep the respiratory profession and the needs of pulmonary patients before members of Congress and their staff.

## Legislation

### HR 2619 - The Medicare Respiratory Therapist Access Act

Throughout 2014 we continued our efforts to gain support and co-sponsorship of HR 2619. As you know our bill is designed to provide coverage of pulmonary self-management education and training services when furnished in a physician practice by qualified respiratory therapists to Medicare beneficiaries who have been diagnosed with specific chronic lung diseases. We ended the year with 34 co-sponsors in the House and continued our push to expand support in the Senate.

Over this past year, Miriam O'Day continued to meet with Congressional members and staff seeking support for our legislation and keeping the profession of respiratory therapy and the needs of the pulmonary patient in front of the decision makers and their staff. . We also engaged our state societies and PACT leadership to encourage meetings when their Members were back in their home state, particularly during the August recess. After these types of District meetings have been held, Miriam has followed up with additional meetings with the member's office back on Capitol Hill.

Although the merits and intent of HR 2619 have never been questioned, we were disappointed that further progress on our bill was not made this past year. It is a casualty of Congressional discord and Party polarization. This unfortunate situation not only impacted the trajectory of our bill but that of nearly every health bill (and most all other non-health issues) introduced before Congress.

### AARC Capitol Hill Lobby Day

The July Report provided an update to the House and the Board on the successful 2014 DC Hill

Advocacy Day and Virtual Lobby Day. We are now preparing for the 2015 Hill Advocacy Day.

**Hill Day 2015**

The AARC in partnership with the State Societies will hold its 17th annual Washington, DC Capitol Hill Advocacy Day March 17-19 2015 Because there will be a new Congress sworn in in January, all legislation that has previously been introduced but not acted on will need to be re-introduced and assigned a new bill number. As noted in the introduction, the path and strategy we will take on our legislative agenda will be guided in part by the agenda Congressional leaders set as priority issues. It may be immigration, or tax reform or Medicare reform; clarity should come fairly early on in the year.

Regardless of what our final 2015/16 legislative agenda will be, it is critical to continue the direct dialog between respiratory therapists and Members of Congress and Hill staff. The profession has gained acknowledgement, understanding and appreciation through our face-to-face advocacy efforts with Members of Congress and it is important that we not lose the momentum we have gained over the years.

As part of our Hill Advocacy Day we will continue our partnership with pulmonary patient advocacy associations and welcome the increased participation of student RTs in our Hill Day event as the support and presence of these groups are an immense asset in our efforts and are much appreciated.

**Virtual Lobby Week 2015**

As we have done in years past, we will launch our Virtual Lobby (VL) Week just prior to Hill Day. As you know, VL Week is a critical part of our run-up to Hill Advocacy Day and is designed to send as many e-mails as possible to the Hill to support our PACT representatives' Hill efforts and our legislative agenda. This past year we had over 22,000 emails from supporters prior to our 2014 Hill Lobby Day. We hope to exceed that number in 2015.

**HR. 5380: Medicare Telehealth Parity Act of 2014**

This bill would expand coverage of Medicare telehealth services beyond current rural health professional shortage areas over a three-year phase-in period. It would add walk-in retail health clinics and the home as a telehealth site in the context of Medicare hospice, home health, home dialysis, and DME services. It would also cover remote patient management services that include patient training for COPD. The bill expands coverage to include respiratory care services and respiratory therapists as practitioners who can furnish telehealth services. Other practitioners include audiologists and other outpatient therapy service practitioners.

Miriam has discussed the merits of the bill with its Sponsors Congressmen Mike Thompson (D-CA) and Greg Harper (R-MS) and AARC's Government Affairs staff has worked with representatives from the other professions in revising and finalizing bill language. It is important to note that this is a bi-partisan bill and the primary sponsors sit on the Medicare Committees: House Energy and Commerce and House Ways and Means. We understand plans are underway to reintroduce it in the new Congress. This is an excellent opportunity for respiratory therapists to be recognized in the Medicare statute.

**S. 2804 Family Asthma Act**

AARC was contacted by the office of New Jersey Senator Corry Booker (D-NJ) requesting a letter

of support for S. 2894, legislation he and NY Senator Kristin Gillibrand introduced. The legislation will authorize a coordinated national effort to assist states in developing essential asthma action plans and enable the compilation, collection, coordination and dissemination of asthma data. These combined efforts will help government agencies such as the CDC and the Public Health Service better discern the various causes of asthma, determine vulnerable populations susceptible to asthma, and educate the public to raise awareness of the burden of the disease. Provisions of the bill put an emphasis on patient asthma education and disease management, a role that respiratory therapists are educated to provide.

**HR. 5083 Medicare DMEPOS Audit Reform and Improvement (AIR) Act**

This bill would significantly reform and improve the current audit system for durable medical equipment suppliers and apply to all Medicare Administrative Contractors.—. Currently, there are approximately 600,000 appeals before the Administrative Law Judge (ALJ), of which a quarter are from DME suppliers who have waited more than two years to get to the ALJ. HR 5083 would address this problem by improving transparency in the audit process, limiting documentation review periods to three years for all audit types, and increasing and improving provider education and outreach. The AARC supports this legislation and sent a letter noting the Association's support to the House sponsors of the bill.

**HR 4920 Medicare DMEPOS Competitive Bidding Improvement Act of 2014**

The AARC sent a letter of support for legislation introduced by Congressman Pat Tiberi (R-OH) that would correct a number of flaws in the current Medicare DME Competitive Bid Program. A key revision would be to require proof of licensure before a supplier can submit a bid and to require bidders to obtain a bid bond that could convert to a performance bond once a contract is signed.

**Medicare Physician Fee Sustainable Growth Rate (SGR) aka "Doc Fix"**

As we have reported in past Board updates, the Sustainable Growth Rate (SGR) formula determines the annual payment update to physicians based on the Medicare fee schedule amounts. Legislation to reduce these payments was enacted many years ago but, except for one year, has never been implemented and continues to be postponed. The last postponement of the rate reduction occurred this past April and will expire April 2015. Some speculate that in a Lame Duck session post-November elections, Congress will once again attempt to enact a permanent solution rather than continuing the patch work "doc fix".

**Regulations and Other Issues of Interest**

CMS has finalized regulations to the 2015 updates to the physician fee schedule and hospital outpatient prospective payment system (PPS). These regulations generally have provisions that are of important to respiratory therapists. Our summary provides the most noteworthy changes. Greater detail will be discussed at the meeting as necessary.

**Transitional Care Management (TCM) Services and Chronic Care Management (CCM) Services**

We have discussed in previous Board reports these two new types of services. TCM services are designed to keep patients from being readmitted to the hospital 30 days post-discharge; CCM services address the needs of patients with two or more chronic conditions lasting 12 months or until death or put the patient at risk for an acute exacerbation. Both types of services have elements of face-to-face and non-face-to-face services, the latter of which is expected to be furnished mostly

by clinical staff.

In the final rules effective January 1, 2015, clinical staff furnishing TCM and CCM non-face-to-face services may do so under general physician supervision (physician does not have to present in the suite when the service is being furnished) and without having to be an employee of the practitioner or practice. This is a change from previous rulemaking and offers additional opportunities for RTs to work part-time in the physician practice when their hospital schedule permits. TCM services include patient education to support self-management. CCM services include medication reconciliation with review of adherence and potential interactions and oversight of patient self-management of medications.

In our comments to CMS on the proposed rule, we asked that CCM services include specifically "patient self-management education and training" to be consistent with TCM services. CMS replied that "it would be overly burdensome to include more specific requirements related to medication management, especially when greater specificity is likely not necessary to ensure adequate care." We also asked about home care. Since CCM services are primarily non-face-to-face, CMS noted there is no requirement for home or domiciliary visits or community-based care.

**Pulmonary Rehabilitation**

In the final 2015 update to the Hospital Outpatient PPS regulations, CMS made changes to the Ambulatory Classification Groups where Pulmonary Rehabilitation (G0424) and Therapeutic Respiratory Services (G0237, G0238 and G0239) for non-COPD patients had been previously located. In 2014, the payment rate for all of these codes was $39.35.

Effective January 1, 2015, codes G0237, G0238 and G0424 will be located in APC 0340, Level II Minor Procedures, with a payment rate of $52.35. That's a $13.00 increase over last year and the highest since CMS started using claims data on the G0424 code. The group exercise code, G0239, is located in APC 0420, which has a payment rate of $29.23. Unfortunately this rate is about $10 less than last year. Since CMS assumes that pulmonary rehab is mostly group exercise, it is interesting to note that the payment for G0424 has increased significantly as the group exercise rate has decreased.

**FDA's Proposal to Regulate E-Cigarettes and Other Tobacco Products - Update**

In the last Board report, we notified you of FDA's proposal to "deem" all categories of products that meet the statutory definition of "tobacco product" to be subject to FDA's regulatory authority under the Family Smoking Prevention and Tobacco Control Act. In addition to cigarettes that are currently regulated, this would include authority to regulate e-cigarettes, pipes, cigars, nicotine gels, dissolvable products and hookahs (i.e., waterpipe smoking). AARC submitted separate comments to FDA in addition to signing-on to a joint letter as part of the Tobacco Partners Coalition headed by the Campaign for Tobacco Free-Kids (CTFK). We also encouraged respiratory therapists and others to use the CTFK website designed specifically to get certain messages to FDA, much like we do with our Virtual Lobby Week.

FDA plans to hold several workshops on the topic of "Electronic Cigarettes on the Public Health". The first is scheduled for December 10 and 11, 2014 while we are at Congress. The focus of this workshop is to gather scientific information and stimulate discussion among scientists about e-cigarettes. FDA is primarily interested in device designs and characteristics, e-liquid and aerosol constituents, product packaging, constituent labeling and environmental impact. Future workshops

will address the individual health and population health effects of e-cigarettes.

**Bundling of Certain DME Items under Competitive Bidding**

On July 11, 2014, CMS proposed to phase-in bundled payments for certain items of DME in limited areas. AARC has previously submitted extensive comments expressing concerns about bundling and the potential negative impact it could have on beneficiaries. Under the proposal, oxygen and oxygen equipment, CPAP and RADs would receive payment on a continuous monthly rental basis under future competitions in no more than 12 Competitive Bid Areas (CBAs).

Monthly payments for oxygen would include all rented equipment and accessories in addition to all maintenance and servicing of the equipment and delivery of oxygen contents. The 36-month oxygen cap and separate add-on payments for portable equipment and separate payment for oxygen contents would be eliminated. For CPAP and RADs, suppliers would submit a single bid that includes furnishing the device and all accessories used with the device as well as maintenance and servicing. CMS also proposed to evaluate beneficiary access to necessary items and services, monitor utilization trends for each product category and track beneficiary complaints related to access issues.

CMS announced final rules on October 31, 2014. There were 28 comments received during the comment period. Most of the comments focused on concerns regarding the impact of the rules on access to quality items and services. As such, CMS has decided to limit the scope of the phase-in for bundled payment to CPAP devices and standard power wheelchairs only. The rationale for this decision is these two categories of items generate the greatest amount of separate payments for accessories and repair compared to other DME items. Payment for oxygen and oxygen equipment and RADs will remain as is.

**Recognition of Allied Health Professionals by the Health Resources and Services Administration (HRSA)**

In August the Government Affairs staff was asked by a consultant representing primarily the clinical lab and physical therapist community to sign on to a letter to the Administrator of HRSA requesting a meeting to discuss concerns that the Agency's recent reorganization removed recognition of rehabilitation, allied health and laboratory medicine professions previously located in the Bureau of Health Professionals. Of particular concern is the fact that the Allied Health Special Projects and Grants Program, which historically has provided grant resources to these health professional education programs, has received no funding since 2006, even though $35 million is authorized for these activities. The Coalition of organizations signing on to the letter included AARC and those representing clinical labs, physical therapists, occupational therapists, speech language pathologists and audiologists.

The Coalition, including AARC, met with the HRSA Deputy Administrator on October 29. She and HRSA staff were very receptive and presented a number of activities designed to address the allied health workforce. Underway is an initiative to collect supply and demand data on allied health professionals to determine needs that would differ from the Bureau of Labor Statistics since it would not be based on employment. Details are still being worked out. HRSA indicated an interest in working with the Coalition and we expect future meeting to take place.

In the interim, the Coalition is considering developing a definition of "allied health professional" that would specifically name those professions representing the Coalition; it would include respiratory

therapists. Currently the HRSA definition does not address specific professions except to say it does not include registered nurse or physician assistant.

**Conclusion**

The AARC will continue to aggressively pursue both our legislative and regulatory agendas. We will continue to take advantage of opportunities and oppose challenges. We will provide an update at the December meeting.

# House of Delegates Report

Submitted by Deb Skees– Congress 2014

## Recommendations

None

## Report

Due to the resignation of Al Moss, there is now a vacancy on the AARC Bylaws committee. After researching the Bylaws and discussing with President Gaebler, a recommendation was put forward for consideration for presidential appointment and subsequent approval by the BOD. I anticipate a communication of the appointment decision on the first day of the HOD meeting.

Several strategic projects have been developing steam in the HOD:

- The HOD Bylaws Committee membership has been determined and the team has begun the due diligence for several amendment recommendations.
- The first Billy Lamb Award will be conferred upon the recipient at the Annual Business meeting and arrangements have been coordinated between the Connections on Professional Volunteerism committee and the EO.
- The Policy Manual and Delegate Guide Review committee continues to work on needed changes and updates.
- A student focus group will be conducted on the 2nd day of the HOD meeting in an effort to solicit feedback on retention and future engagement with the AARC.
- The Meeting Effectiveness survey was modified and reviewed for opportunities to improve the meeting. As a result, more time will be allotted for the committee breakout sessions at the Vegas meeting.
- HOD Committee membership and charges have been updated as needed.
- The HOD Delegate of the Year has been selected and will be announced during the HOD meeting.
- Over the next couple of months, I will be working with Speaker-Elect Wilgis to provide a smooth transition in leadership.

**Progress on 2014 Speaker Goals**

1. Improve tools that facilitate hand-off and transitions for officers and committee chairs/co-chairs. **Completed and Ongoing.**
    - **Great work by Election's committee that increases information for delegates considering officer roll.**
    - **Added charge to each committee to provide for a transition plan.**
2. Continue the refining and review progress on the HOD policy and procedure manual**. Completed and Ongoing.**
    - **Good progress by the Policy Manual and Delegate Guide Review committee**

3. Investigate, develop and implement an archival system to record rationale for creation, revision and discontinuation of HOD policies and procedures. **Completed.**
    - **Implementation by Policy Manual and Delegate Guide Review committee.**
4. Continue to promote student involvement to cultivate future professional participation and evaluate outcomes of student strategies. **Complete.**
    - **With the assistance of the Student Mentoring Committee, a second attempt at a student focus group will be conducted at the Vegas meeting.**
    - **The recently passed resolution regarding a small stipend for students attending the HOD meeting will in a small way demonstrate the HODs support to engage students.**
5. Increase efficiency and productivity at HOD meetings. **Complete and ongoing.**
    - **Through the guidance and knowledge of the HOD Parliamentarian on Robert's Rules, further refinements and improvements have been implemented that have increased meeting efficiency and the working time available to committees**.
6. Investigate and execute a guidance document for the HOD role in AARC bylaw amendments to more effectively collaborate with the BOD for desired changes. **Ongoing**
    - **Re-assess need in light of HOD Bylaw Committee**
7. Clarify the expectations and establish the infrastructure to support chartered affiliates in meeting AARC documentation requirements. **Completed and Ongoing.**
    - **Credentialing form changed to clarify expectations.**
8. Work with the Executive Office to create a process for updating delegate information to provide a reliable directory for the HOD. **Completed.**
    - **Thanks to the assistance of Asha Desai in the EO, the accuracy of the delegate information and contact information has greatly improved.**
9. Continue to identify opportunities to strengthen HOD communication and contributions with the BOD to advance the interests of the chartered affiliates and profession. **Completed and Ongoing.**
    - **Creation of HOD Bylaw Committee**

Thanks to Asha Desai and Sherry Milligan for their support of the HOD. I have been blessed with a great HOD leadership team. With their assistance and the hard work of the committees, the HOD has made great strides towards identified goals.

Respectfully submitted,

Debra Skees MBA, RRT, CPFT

2014 Speaker of the House of Delegates

# Board of Medical Advisors Report

Submitted by Dr. Peter Papadakos – Congress 2014

A verbal report will be given by Dr. Papadakos at the meeting.

# President`s Council

Submitted by Dianne Lewis – Congress 2014

## Recommendations

None

## Report

I am pleased to announce the AARC's new Life and Honorary members. Debbie Fox, MBA, RRT-NPS, FAARC was awarded Life membership and Edna Fiore was awarded Honorary Membership.

The President's Council will be meeting Sunday at the International Congress. One agenda item includes discussing a method to purchase bricks in the Virtual Museum for AARC Presidents who are deceased.

If we can assist in any way, do not hesitate to contact me.

# *Standing Committee Reports*

# Audit Sub-Committee

Submitted by John Wilgis – Congress 2014

## Recommendations

None

## Report

The Audit Sub-Committee continues to monitor the monthly financial statements provided.

The Audit Sub-Committee is prepared to participate in the Finance Committee meeting in December.

# Bylaws Committee

Submitted by Tom Cahill – Congress 2014

## Recommendations

That the AARC Board of Directors find that the Florida Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws. (See attachment " FSRC Bylaws_FY2011 – COPY").

That the AARC Board of Directors find that the Arkansas Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws.

## Report

The Bylaws Committee has met its charges so far this year. At this time there are no pending resolutions or bylaws changes for review.

The Bylaws Committee has reviewed the above 2 sets of bylaws and recommends the AARC Board of Directors find that these bylaws are not in conflict with the AARC Bylaws.

We have not received bylaws from Connecticut. A second request has been sent to Lisa Mariani (CTSRC President), Mary Turley and Kerry McNiven (Delegates).

## Other

I would like to thank the members of my committee: John Jarosz, Troy Whittaker, Brian Kendall, and Karen Stewart. A special thanks to Sherry Milligan at the AARC office for her help.

September 23, 2014

Dear Tom,

Thank you for allowing the Florida Society the opportunity to have the Bylaws reviewed early. There are minimal changes that are being requested for change. These have been reviewed by the FSRC Bylaws committee and approved and presented to the FSRC Board of Directors and have been approved.

The first change is on page 5 and is striking out information that is contained in regards to printed material and newsletters. Also started on page 5 and continued on page 6 under membership is the addition of the word active to identify an active credential. Page 7 we have changed our term for the President back to a 1 year President elect a 2 year President and a 1 year Past President. The last change is on page 8 and that is to have the AARC Delegate fill in be the Past President and not the President Elect. One additional change on page 10 is the strike through of Publications as we do not have a newsletter any longer and we will be rolling all of the information into the Communications committee.

There are no additional changes to the Bylaws and we look forward to approval. Our only other question would be. After AARC approval would this need to go up for AARC state membership for approval or would these be considered minimal changes not needing a vote of approval. Thank you for your assistance. Please let me know if there is anything else that you need.

Kelley Jenkins
FSRC President

/“Improving the health and well being of those we serve.”/

**Rationale for Changes to ASRC Bylaws 2014**

| Bylaws Change Location | Change | Rationale |
|---|---|---|
| ARTICLE V: OFFICERS AND CHAIRPERSONS<br><br>Section 1. Officers | **From:** The officers of the Society shall be: a President, a President-elect, a Vice-President, the immediate Past President, a Secretary, and a Treasurer.<br><br>**To**: The officers of the Society shall be: a President, a President-elect, a Vice-President, the immediate Past President, a Secretary – Elect, a Secretary, a Past Secretary, a Treasurer-Elect a Treasurer, and a Past Treasurer. | The ASRC BOD has voted to enact term limits on the officer positions listed. We believe this will help to accomplish the following:<br>• Cultivation of new leadership<br>• A longer period to mentor new leaders on their respective board positions<br>• Maintain the advice and expertise of those leaders who have served<br>• Decrease the burden of serving on 3 or 4 people |
| ARTICLE V: OFFICERS AND CHAIRPERSONS<br><br>Section 3. Term of Office | **From:**<br>A. The term of office for Society officers shall be for one (1) year. The term shall begin January 1 of each year.<br><br>B. The President-elect shall complete immediate successive full one (1) year terms for the offices of President-elect, President, and Immediate Past President before being eligible to serve a successive term in any elected office.<br><br>C. The term of office for District Chairpersons shall begin January 1 of each year and shall be for one (1) year and not to exceed three (3) consecutive terms.<br><br>**To**:<br>A. The term of office for Society officers shall be ~~(1) year.~~ as follows:<br>Treasurer-elect: 1 year | As stated above.<br><br>In comparison with other state affiliates, we wish to adopt staggered terms so that we maintain the continuity of leadership and give appropriate time to mentor new leaders. |

| | | |
|---|---|---|
| | Treasurer: 2 years<br>Past Treasurer: 1 year<br>Secretary-Elect: 1 year<br>Secretary: 2 years<br>Past Secretary: 1 year<br>President-Elect: 1 year<br>President: 2 years<br>Past President: 1 year<br>Vice President: 2 years<br><br>Elections will be staggered to accommodate orderly succession of offices and provide for continuity of leadership.<br><br>The term for all officers shall begin January 1 of each year.<br><br>B. The President-elect shall serve a one (1) year term as President-elect, a two (2) year term as President, and a one (1) year term as immediate Past President before being eligible to serve a successive term in any elected office. Thus the President-elect shall be committed to the ASRC for a term of four (4) years. The President-elect shall not serve more than two (2) consecutive rotations as President Elect / President / Past-President, for a total a total service of 8 years.<br><br>C. The Treasurer-Elect shall serve a one (1) year term as Treasurer-Elect immediately followed by a two (2) year term as Treasurer and a one (1) year term as Past Treasurer. Thus the Treasurer | |

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| | shall be committed to the ASRC for a term of four (4) years. The Treasurer shall not serve more than two (2) consecutive rotations as Treasurer-Elect / Treasurer / Past Treasurer, for a total a total service of 8 years.<br><br>D. The Secretary-Elect shall serve a one (1) year term as Secreatry-Elect immediately followed by a two (2) year term as Secretary and a one (1) year term as Past Secreatry. Thus the Secretary shall be committed to the ASRC for a term of four (4) years. The Secretary shall not serve more than two (2) consecutive rotations as Secretary-Elect / Secretary / Past Secretary, for a total a total service of 8 years.<br><br>E. The term of office for District Chairpersons shall begin January 1 of each year and shall be for one (1) year and not to exceed three (3) consecutive terms. | No change in terms of office for District Chairpersons. Only a change in outline position from previous Bylaws. |
| ARTICLE V: OFFICERS AND CHAIRPERSONS<br><br>Section 4. Vacancies in Office | **From:**<br>**B**. In the event of a vacancy in the office of the President-elect, the Vice-President shall assume only the duties, but not the office. He shall perform these duties as well as his own until a special election can be held to fill the vacancy. The election shall be held within 60 days from the date on which the office was vacated.<br>**To:**<br>**B**. In the event of a vacancy in the office of the President-elect, the Vice-President shall assume only | |

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| | the duties, but not the office. He shall perform these duties as well as his own until a special election can be held to fill the vacancy. The election shall be held within 60 days from the date on which the office was vacated. In absence of a President-Elect and a vacancy in the office of President, the Vice President shall serve the remainder of the President's term.<br><br>C. In the event of a vacancy in the office of the Treasurer, the Treasurer-Elect shall become Acting Treasurer, to serve the unexpired term, and shall also serve their successive term as Treasurer. In the event of a vacancy in the office of Treasurer-Elect, the Board of Directors shall elect a qualified member to fill the vacancy until the next annual election. The annual election ballot will be adjusted to include a position for the remaining unexpired term of the two (2) year Treasurer-Elect position. | Will assure continuity of leadership in the event of a vacancy in the office of President-elect.<br><br>Will assure continuity of leadership in the event of a vacancy in the office of Treasurer or Treasurer-Elect. |
| ARTICLE V: OFFICERS AND CHAIRPERSONS<br><br>Section 5: Duties of Officers | **From**:<br>A. President<br>He/She shall preside at all meetings of the Board of Directors. He/She shall prepare an agenda for all meetings; appoint standing and special committees subject to the approval of the Board of Directors; be an ex-officio member of all committees except the Elections and Nominations committees; and, present to the Board of Directors and membership an annual report of the Society activities.<br><br>B. President-elect<br>The President-elect shall automatically succeed the president when the term ends. He/She will perform such duties as shall be assigned by the President or the Board of Directors and also serve his/her term as an active member of the Program Committee. | |

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| | C. Vice-President<br>He/She will be the liaison of the district chairpersons which involves frequent communication, direction, and support for them. He/She will report communications and activities from the districts to the President monthly. In the event of a vacancy in the office of President-elect, the Vice President shall assume the duties, but not the office of the President-elect, and shall also continue to serve as Vice President until the next scheduled election.<br><br>D. Treasurer<br>The treasurer shall have charge of all funds and securities of the Society; endorsing checks, notes, or other orders for payment of bills; disbursing funds as authorized by the Board of Directors and/or in accordance with the adopted budget; depositing funds as the Board of Directors may designate. He/She shall see that full and accurate accounts are kept and submit monthly trial balances to the Secretary within twenty (20) days after the monthly closing of the books; make a written quarterly financial report to the quarterly meetings of the Board of Directors.<br><br>E. Secretary<br>The Secretary shall have charge of keeping the minutes of the Board of Directors' regular business meetings and the annual business meeting, submitting a copy of the minutes of every meeting of the governing body and other business of the Society to the Executive Office of the AARC within thirty (30) days following the meeting; executing the general correspondence; affixing the corporate seal on documents so requiring, and in general, performing all duties as from time to time shall | |

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| | be assigned by the President or the Board of Directors.<br><br>F. Past President<br>The Past President (ASRC President the former year) is a voting member of the Board, and serves in an advisory capacity to the Board of Directors.<br><br>G. Other Officer Responsibilities<br>All duly elected ASRC Officers shall adhere to the Position Description Guidelines, and all subsequent revisions, with respect to other duties and responsibilities.<br><br>**To:**<br><br>**A.** President<br>He/She serves as a voting member of the Board of Directors and shall preside at all meetings of the Board of Directors. He/She shall prepare an agenda for all meetings; appoint standing and special committees subject to the approval of the Board of Directors; be an ex-officio member of all committees except the Elections and Nominations committees; and, present to the Board of Directors and membership an annual report of the Society activities. The president shall be bonded and shall serve as a signatory on ASRC funds.<br><br>B. President-elect<br>The President-elect shall automatically succeed the president when the term ends. He/She serves as a voting member of the Board of Directors and will perform such duties as shall be assigned by the President or the Board of Directors and also serve his/her term as an active member of the Program Committee. | New board positions have new assigned duties to help in learning the position for those who are elected.<br><br>New duties will decrease the burden on a few elected individuals. |

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| | C. Vice-President<br>He/She serves as a voting member of the Board of Directors and will be the liaison of the district chairpersons which involves frequent communication, direction, and support for them. He/She will report communications and activities from the districts to the President monthly. In the event of a vacancy in the office of President-elect, the Vice President shall assume the duties, but not the office of the President-elect, and shall also continue to serve as Vice President until the next scheduled election. The Vice President will assume the duties and responsibilities, but not the office of the President if the Presidency should be vacated and the office of President-elect is unfilled.<br>D. Treasurer<br>The treasurer shall be bonded and serves as a voting member of the Board of Directors. He/she shall have charge of all funds and securities of the Society; endorsing checks, notes, or other orders for payment of bills; disbursing funds as authorized by the Board of Directors and/or in accordance with the adopted budget; depositing funds as the Board of Directors may designate. He/She shall see that full and accurate accounts are kept and submit monthly trial balances to the Secretary within twenty (20) days after the monthly closing of the books; make a written quarterly financial report to the quarterly meetings of the Board of Directors.<br><br>E. Treasurer-Elect<br>Treasurer-Elect: The Treasurer-Elect shall be bonded. He/she shall chair the Budget/Audit Committee and assist the Treasurer in the performance of her/his duties. | In keeping with the recommendations of the AARC and to afford liability protection, all Board members who are signatories for the ASRC shall be bonded. |

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| | F. Past Treasurer<br>Past Treasurer: The Past Treasurer shall serve on the Budget/Audit Committee and assist the Treasurer in the performance of her/his duties. | Treasurer-elect will have one year to learn duties of Treasurer and will become involved in Budget/Audit process. |
| | G. Secretary<br>The Secretary shall have charge of keeping the minutes of the Board of Directors' regular business meetings and the annual business meeting, submitting a copy of the minutes of every meeting of the governing body and other business of the Society to the Executive Office of the AARC within thirty (30) days following the meeting; executing the general correspondence; affixing the corporate seal on documents so requiring, and in general, performing all duties as from time to time shall be assigned by the President or the Board of Directors. | New position. Past Treasurer will act as a mentor to current Treasurer and will chair the Budget/Audit committee. |
| | H. Secretary-Elect<br>The Secretary-Elect is successor to the office of Secretary when the Secretary's term of office expires. He/she shall assist the Secretary in the fulfillment of his/her responsibilities; attend Board of Directors meetings as a non-voting member; and record minutes of Board of Directors meetings in the Secretary's absence. | No change in duties of Secretary. Only change reflected is position in the outline. |
| | I. Past Secretary<br>The Past Secretary serves as advisor to the Secretary and shall assist the Secretary as requested in the fulfillment of his/her responsibilities. He/she shall assist the Secretary-Elect in the transition into the office of Secretary. | Secretary-elect will have one year to learn the duties of secretary. |
| | J. Past President | |

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| | The Past President (ASRC President the former year) serves as a voting member of the Board of Directors, and serves in an advisory capacity to the Board of Directors.<br><br>K. Signatories<br>The following officers / members shall be bonded and serve as signatories for Society funds: President, Past President, Treasurer, Program Committee Chairperson | New position. Past secretary will act as a mentor to current secretary<br><br>No change in duties of past president<br><br>Statement assures only certain Board members are signatories for ASRC funds and will be bonded. |
| ARTICLE VI: NOMINATIONS AND ELECTIONS<br><br>Section 1 | **From:**<br><br>Nominating Committee<br><br>The Board of Directors shall appoint a Nominating Committee each year at least one hundred and eighty (180) days before the annual business meeting to present a slate of nominees for the upcoming election. The Chairman shall report the slate of nominees to the Board of Directors at least ninety (90) days prior to the annual business meeting.<br><br>**To**: | Due to the increase in elected positions, the Board felt that it would be more efficient to have one committee take over the duties of two separate committees respectively called the Nominations committee and the Elections committee. This new committee shall be appointed by the President instead of the Board (as is the policy for selecting other committee members). This too can be done more efficiently than having to assemble to Board together to select individuals to serve on this committee. The president maintains good communication with all BOD members. |

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| | Nominations and Elections Committee<br><br>A. The President shall appoint an impartial Nominations / Elections Committee which shall arrange and conduct nominations and elections. The results of the election shall be made public at the annual business meeting.<br><br>B. This Committee shall consist of three (3) active members who shall serve for a term of one (1) year.<br><br>C. This Committee shall prepare for approval by the Board of Directors a slate of officers, district representatives, and delegates for the annual election.<br><br>D. It shall be the duty of the Committee to make the final critical appraisal of candidates to see that the nominations are in the best interests of the AARC and the Society through a consideration of personal qualifications and geographical representations as applicable. | |
| ARTICLE VI: NOMINATIONS AND ELECTIONS<br><br>Section 2: Nominations | **From:**<br><br>A. Annually, the Nominating Committee shall place in nomination the names of at least one (1) person for the offices of President-elect, Vice-President, Secretary, Treasurer, and District Vice-Chairperson. Biennially, the Nominating Committee shall place in nomination at least one person for the office of Delegate.<br><br>E. Any active member shall be placed on the ballot if a | |

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| | written petition of nomination by ten (10) or more Active or Life Members if filed with the Society Secretary not less than sixty (60) days prior to the annual business meeting.<br><br>**To**:<br>A. Elections of officers shall be staggered to accommodate orderly succession of offices and provide for continuity of leadership. Biennially, the Nominating Committee shall place in nomination the names of at least one (1) person for the offices of President-elect, Vice-President, Secretary-Elect, Treasurer-Elect and Delegate. Annually, the Nominating Committee shall place in nomination at least one person for the office of District Vice-Chairperson.<br><br>~~E. Any active member shall be placed on the ballot if a written petition of nomination by ten (10) or more Active or Life Members if filed with the Society Secretary not less than sixty (60) days prior to the annual business meeting.~~ | Terms will be staggered to assure continuity of leadership. Thus, only the positions listed will be placed on the ballot annually.<br><br>Section 2E deleted as it no longer applies to ASRC nominations/elections. |
| ARTICLE VI: NOMINATIONS AND ELECTIONS<br><br>Section 3: Elections | **From:**<br><br>A. The President shall appoint an impartial Elections Committee which shall prepare, distribute, verify, (by affixing the official ASRC SEAL to each ballot), and receive all ballots. The results of the election shall be made public at the annual business meeting.<br><br>B. At least thirty (30) days prior to the annual business meeting, the Nominating Committee's | Currently, elections are being held electronically and by mail, thus this previous information is outdated.<br><br>With new positions on the Board, the elections process must change to accommodate the new positions. |

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| | slate and biographical sketches shall be mailed to every Active Member recorded in the AARC membership directory, who is in good standing and eligible to vote. New society members must have joined the AARC at least (60) days prior to the Annual Business Meeting to assure a record of their membership with the AARC and to receive a ballot.<br><br>C. If the Society's Board of Directors specifies, the vote shall be so designed as to be a secret mail ballot to members in good standing at their last address of record with provisions for write-in votes of each office. Ballots, to be acceptable, must be postmarked at least ten (10) days before the annual business meeting. The deadline date shall be clearly indicated on the ballot.<br><br>D. If the vote is to be conducted at the annual business meeting, the date, time and place shall be clearly indicated on the ballot. Provisions shall be made for absentee ballots, which allow all eligible members the opportunity to vote.<br><br>E. Society elections shall be determined by a majority of votes cast. A tie vote shall be decided by lot.<br><br>F. Any Elections' Committee member who accepts a nomination must resign from the Elections Committee.<br><br>**To:**<br>~~A.~~ At the direction of the Society's Board of Directors, the vote shall be so designed as to be a secret | |

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| | ballot, either electronically or by mail, distributed to members in good standing at their last address of record with provisions for write-in votes of each office. The deadline date shall be clearly indicated on the ballot. Ballots, to be acceptable, must be received on or before the deadline.<br><br>B. Society elections shall be determined by a majority of votes cast. A tie vote shall be decided by lot.<br><br>C. Any Elections' Committee member who accepts a nomination must resign from the Elections Committee. | |
| ARTICLE VII: BOARD OF DIRECTORS<br><br>**From**:<br>Section 4: Mail and Phone Vote<br><br>**To**: Section 4: Electronic Voting | **From:**<br><br>A. Whenever, in the judgment of the Board of Directors, it is necessary to present any business to the membership prior to the next regular or annual business meeting, the Board of Directors may, unless otherwise required by these Bylaws, instruct the Elections Committee to conduct a vote of the membership. The question thus presented shall be determined according to a majority of the valid votes received by mail within thirty (30) days after such submission, or a change in the Bylaws, when a two-thirds (2/3) majority of valid votes received is required. Any and all action approved by the members in accordance with the requirements of this Article shall be binding upon each member thereof. The results of the vote will be recorded in the next regular meeting minutes.<br><br>**To**: | Previous language reflected only mail and phone voting processes. "Electronic means" expands the scope of obtaining information and contacting board members. This allows easier access to Board members in a more timely fashion to conduct ASRC business. |

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| | A. Whenever, in the judgment of the Board of Directors, it is necessary to present any business to the membership prior to the next regular or annual business meeting, the Board of Directors may, unless otherwise required by these Bylaws, instruct the Elections Committee to conduct a vote of the membership by electronic means. Electronic means may include, but not be limited to, email, phone, computer or online survey. The question thus presented shall be determined according to a majority of the valid votes received, or a change in the Bylaws, when a two-thirds (2/3) majority of valid votes received is required. Any and all action approved by the members in accordance with the requirements of this Article shall be binding upon each member thereof.<br><br>**From:**<br><br>B. Whenever, in the judgment of the President, it is necessary to present any business to the remainder of the Board, the President may follow the aforementioned vote or adhere to the following Phone Vote guidelines. The President shall contact every member and explain the consequences of the vote. The President shall obtain a yes or no to the question and record by name the responses. An explanation of the question and the vote itself shall be recorded in the next regular Board of Directors meeting minutes.<br><br>**To:**<br><br>B. Whenever, in the judgment of the President, it is necessary to present any business to the Board via electronic means, the President shall adhere to the following guidelines. The President shall contact every | Further explanation of conducting business by electronic means. |

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| | member and explain the consequences of the vote. The President shall obtain a yes or no to the question and record by name the responses. An explanation of the question and the vote itself shall be recorded in the next regular Board of Directors meeting minutes. | |
| ARTICLE X: COMMITTEES<br><br>Section 1: Standing and Special Committees | **From:**<br><br>1. Membership 7. Program<br>2. Budget 8. Publications<br>3. Audit 9. Public Relations<br>4. Elections 10. Education<br>5. Nominating 11. Political Advocacy<br>6. Bylaws Contact Team (PACT)<br><br>**To**:<br>1. Membership 7. Publications/Website<br>2. Budget 8. Public Relations<br>3. Audit 9. Education<br>4. Nominations /Elections<br>5. Bylaws 10. Political Advocacy<br>6. Program Contact Team (PACT) | Some committees have been combined since duties were similar. This allows more people to serve on one committee and prevents duplication of duties by other members. Improves efficiency. Having separate Budget and Audit committees increases accountability and ensures proper oversight of ASRC funds. |
| ARTICLE X: COMMITTEES<br><br>Section 4: Duties of Committees<br><br>B. Budget Committee | **From:**<br><br>1. This Committee shall be composed of the Treasurer, and a Past President and at least one other society member.<br>**To**:<br><br>1. This Committee shall be composed of the Treasurer, Treasurer-Elect and a Past President | New Treasurer-Elect position will serve as a member of the Budget Committee |

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| ARTICLE X: COMMITTEES<br><br>Section 4: Duties of Committees<br><br>C. Audit Committee | and at least one other society member.<br><br>**From:**<br>**1.** This Committee shall be composed of the President, the President-elect, the Treasurer and at least one other active member<br><br>**To:**<br>1. This Committee shall be composed of the President, the President-elect, the Past-Treasurer and at least one other active member. | Addition of Past Treasurer to serve on Audit Committee |
| ARTICLE X: COMMITTEES<br><br>Section 4: Duties of Committees<br><br>D. Nominations / Elections Committee | **From:**<br><br>**D.** Elections Committee<br><br>1. This Committee shall consist of three (3) active Members.<br><br>2. This Committee shall prepare, receive, verify, and Count ballots for all elections held during the calendar year.<br><br>E. Nominating Committee<br><br>1. This Committee shall prepare for approval by the Board of Directors a slate of officers, district representatives, and delegates for the annual election.<br><br>2. The Committee shall consist of at least three (3) members who shall serve for a term of one (1) year. | Combining Nominations and Elections committees into one committee. Changes reflect new language and combined duties of the committee. |

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| | 3. It shall be the duty of the Committee to make the final critical appraisal of candidates to see that the nominations are in the best interests of the AARC and the Society through a consideration of personal qualifications and geographical representations as applicable.<br>**To:**<br><br>D. Nominations / Elections Committee<br><br>1. This Committee shall consist of three (3) active Members who shall serve for a term of one (1) year.<br><br>2. This Committee shall prepare for approval by the Board of Directors a slate of officers, district representatives, and delegates for the annual election.<br><br>3. The Committee shall consist of at least three (3) members.<br><br>4. It shall be the duty of the Committee to make the final critical appraisal of candidates to see that the nominations are in the best interests of the AARC and the Society through a consideration of personal qualifications and geographical representations as applicable.<br><br>5. This Committee shall prepare the balloting, conduct the election, verify and count ballots for all elections held during the calendar year. | |

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| ARTICLE X: COMMITTEES<br><br>Section 4: Duties of Committees<br><br>I. Education Committee | **From:**<br><br>3. Shall complete all applications for all seminars and Scholarships that are to be held for the following year.<br><br>4. Shall hold a meeting before the Budget and Audit Committee in order to formulate and propose a budget for education for the following year.<br>**To**:<br><br>3. Shall collaborate with the Program Committee in planning and facilitating the educational and student activities of the annual meeting.<br>4. OMITTED | Education committee duties have changed so that committee no longer plans seminars or scholarship applications review.<br><br>Education committee duties no longer include serving on Budget and Audit committee.<br><br>New committee duties include direct planning with program committee for the annual student education seminar.<br><br>New duties also include collaboration with program committee members for student activities such as a student sputum bowl, CF walk, social events, etc. |
| ARTICLE XIII: FISCAL YEAR | **From:**<br>The fiscal year of the Society shall be from October 1 through September 30.<br>**To:**<br>The fiscal year of the Society shall be from January 1 through December 31. | This aligns with the terms of office and ASRC accounting practices that have been in place for many years. Calendar year works better for ASRC business than the federal government fiscal year. |

# BYLAWS

# ARKANSAS SOCIETY FOR RESPIRATORY CARE
CONSTITUTION AND BYLAWS

ARTICLE I : NAME

This organization shall be known as the Arkansas Society for Respiratory Care, hereinafter referred to as the ASRC, a charted affiliate of the American Association for Respiratory Care, hereinafter referred to as the AARC, which is incorporated under the General Not For Profit Corporation Act of the State of Illinois.

ARTICLE II : BOUNDARIES

The areas included within the boundaries of this Society shall be the boundaries of the State of Arkansas.

ARTICLE III : OBJECT

Section 1. Purpose

A. To encourage and provide on a regional basis, educational programs for those persons interested in the field of respiratory therapy and diagnostics, hereinafter referred to as Respiratory Care.

B. To advance the science, technology, ethics, and art of Respiratory care through regional institutes, meetings, lectures, and the preparation and distribution of newsletter and other materials;

C. To facilitate cooperation between respiratory care personnel and the medical profession, hospitals, service companies, industry, and other agencies within the state interested in Respiratory Care.

D. To provide education of the general public in pulmonary health promotion and disease prevention.

Section 2. Intent

A. No part of the net earning of the Society shall inure to the benefit of any private member or individual, nor shall the corporation perform particular services for individual members thereof.

B. In the event of the dissolution of this Society, whether voluntary or involuntary, all of its remaining assets shall be distributed in such a manner as the Board of Directors of this Society shall, by majority vote, determine to the best calculated to carry out the objectives and purposes for which the Society is formed. Distribution of funds, income, and property of the Society may be made to charitable, educational, scientific, or religious corporations, organizations, community chests, foundations or other kindred institutions maintained and created for one or more of the foregoing purposes, if at the time of distribution the payees or distributes are exempt from income taxation under the provisions of Section 501, 2005, and 2552 of the Internal Revenue Code, or any later or

other sections of the Internal revenue code which amend or supersede the said sections. The Society shall not commit any act which shall constitute unauthorized practice of medicine under the laws of any state in which the parent Association is incorporated.

ARTICLE IV : MEMBERSHIP

Section 1. Classes

The membership of this Society shall include three (3) classes: Active Member, Associate Member, and Special Member as described in the AARC Bylaws, Article III. The classifications and limitations of the membership shall be as defined in Article III of the AARC Bylaws.

Section 2. Eligibility

A. An individual is eligible to be a active member of this Society if he/she is a member of the AARC as specified in Article III, Section 2 of the AARC Bylaws.

B. An individual is eligible to be an associate member of this Society if he/she holds a position related to respiratory care but does not meet the requirements to become an active member. Associate members shall have all the rights and privileges of membership except that they shall not be entitled to hold office, vote, or serve as a director or chair of any standing committee. Associate Membership will include the following subclasses:

Student Member: Individuals will be classified as Student Members if they meet all the requirements for Associate members and are enrolled in an educational program in respiratory care accredited by an AARC-recognized agency.

Industrial Member: Individuals will be classified as Industrial members if they meet all the requirements for Associate membership and their primary occupation or business is directly or indirectly devoted to the manufacture, sales, or distribution of equipment or products which are directly or indirectly used in the area of respiratory care.

C. The Special Member category is to be the same as the Bylaws of the AARC under Article III, Section 4.

Section 3. Application of Membership

Application for Membership in this Society shall follow the procedure specified in Article III, Section 6 of the AARC Bylaws which shall also serve as application to this Society.

ARTICLE V: OFFICERS AND CHAIRPERSONS

Section 1. Officers
The officers of the Society shall be: a President, a President-elect, a Vice-President, the immediate Past President, a Secretary – Elect, a Secretary, a Past Secretary, a Treasurer-Elect a Treasurer, and a Past Treasurer.

Section 2. District Representation

Each District shall be represented on the Board of Directors by the District Chairperson. In situations where a District Chair cannot attend a Board of Directors meeting, the Vice-Chair for that District will provide representation and assume voting privileges.

Section 3. Term of Office

B. The term of office for Society officers shall be ~~(1) year.~~ as follows:

Treasurer-elect: 1 year
Treasurer: 2 years
Past Treasurer: 1 year
Secretary-Elect: 1 year
Secretary: 2 years
Past Secretary: 1 year
President-Elect: 1 year
President: 2 years
Past President: 1 year
Vice President: 2 years

Elections will be staggered to accommodate orderly succession of offices and provide for continuity of leadership.

The term for all officers shall begin January 1 of each year.

B. The President-elect shall ~~complete immediate successive full one (1) year terms for the offices of President-elect, President, and Immediate Past President~~ serve a one (1) year term as President-elect, a two (2) year term as President, and a one (1) year term as immediate Past President before being eligible to serve a successive term in any elected office. Thus the President-elect shall be committed to the ASRC for a term of four (4) years. The President-elect shall not serve more than two (2) consecutive rotations as President-Elect / President / Past-President, for a total a total service of 8 years.

C. The Treasurer-Elect shall serve a one (1) year term as Treasurer-Elect immediately followed by a two (2) year term as Treasurer and a one (1) year term as Past Treasurer. Thus the Treasurer shall be committed to the ASRC for a term of four (4) years. The Treasurer shall not serve more than two (2) consecutive rotations as Treasurer-Elect / Treasurer / Past Treasurer, for a total a total service of 8 years.

D. The Secretary-Elect shall serve a one (1) year term as Secreatry-Elect immediately followed by a two (2) year term as Secretary and a one (1) year term as Past Secreatry. Thus the Secretary shall be committed to the ASRC for a term of four (4) years. The Secretary shall not serve more than two (2) consecutive rotations as Secretary-Elect / Secretary / Past Secretary, for a total a total service of 8 years.

~~C~~E. The term of office for District Chairpersons shall begin January 1 of each year and shall be for one (1) year and not to exceed three (3) consecutive terms.

Section 4. Vacancies in Office

A. In the event of a vacancy in the office of President, President-elect shall become President to serve the unexpired term and shall serve the successive term as President.

B. In the event of a vacancy in the office of the President-elect, the Vice-President shall assume only the duties, but not the office. He shall perform these duties as well as his own until a special election can be held to fill the vacancy. The election shall be held within 60 days from the date on which the office was vacated. In absence of a President-Elect and a vacancy in the office of President, the Vice President shall serve the remainder of the President's term.

C. In the event of a vacancy in the office of the Treasurer, the Treasurer-Elect shall become Acting Treasurer, to serve the unexpired term, and shall also serve their successive term as Treasurer. In the event of a vacancy in the office of Treasurer-Elect, the Board of Directors shall elect a qualified member to fill the vacancy until the next annual election. The annual election ballot will be adjusted to include a position for the remaining unexpired term of the two (2) year Treasurer-Elect position.

D. Any vacancy that occurs in any other office of the Board of Directors shall be filled by special election within 60 days from the date of the vacancy. A vacancy in a District Chairperson shall be administered in accordance with Article XI Section 2 of these bylaws.

Section 5. Duties of Officers

A. President

He/She serves as a voting member of the Board of Directors and shall preside at all meetings of the Board of Directors. He/She shall prepare an agenda for all meetings; appoint standing and special committees subject to the approval of the Board of Directors; be an ex-officio member of all committees except the Elections and Nominations committees; and, present to the Board of Directors and membership an annual report of the Society activities. The president shall be bonded and shall serve as a signatory on ASRC funds.

B. President-elect

The President-elect shall automatically succeed the president when the term ends. He/She serves as a voting member of the Board of Directors and will perform such duties as shall be assigned by the President or the Board of Directors and also serve his/her term as an active member of the Program Committee.

C. Vice-President

He/She serves as a voting member of the Board of Directors and will be the liaison of the district chairpersons which involves frequent communication, direction, and support for them. He/She will report communications and activities from the districts to the President monthly. In the event of a vacancy in the office of President-elect, the Vice President shall assume the duties, but not the office of the President-elect, and shall also continue to serve as Vice President until the next scheduled election. The Vice President will assume the duties and responsibilities, but not the office of the President if the Presidency should be vacated and the office of President-elect is unfilled.

D. Treasurer

The treasurer shall be bonded and serves as a voting member of the Board of Directors. He/she shall have charge of all funds and securities of the Society; endorsing checks, notes, or other orders for payment of bills; disbursing funds as authorized by the Board of Directors and/or in accordance with the adopted budget; depositing funds as the Board of Directors may designate. He/She shall see that full and accurate accounts are kept and

submit monthly trial balances to the Secretary within twenty (20) days after the monthly closing of the books; make a written quarterly financial report to the quarterly meetings of the Board of Directors.

E. Treasurer-Elect

Treasurer-Elect: The Treasurer-Elect shall be bonded. He/she shall chair the Budget/Audit Committee and assist the Treasurer in the performance of her/his duties. The Treasurer -Elect shall serve as a voting member of the Board in the Treasurer's absence.

F. Past Treasurer

Past Treasurer: The Past Treasurer shall serve on the Budget/Audit Committee and assist the Treasurer in the performance of her/his duties.

~~E~~G. Secretary

The Secretary shall have charge of keeping the minutes of the Board of Directors' regular business meetings and the annual business meeting, submitting a copy of the minutes of every meeting of the governing body and other business of the Society to the Executive Office of the AARC within thirty (30) days following the meeting; executing the general correspondence; affixing the corporate seal on documents so requiring, and in general, performing all duties as from time to time shall be assigned by the President or the Board of Directors.

H. Secretary-Elect

The Secretary-Elect is successor to the office of Secretary when the Secretary's term of office expires. He/she shall assist the Secretary in the fulfillment of his/her responsibilities; attend Board of Directors meetings as a non-voting member; and record minutes of Board of Directors meetings in the Secretary's absence. The Secretary-Elect shall serve as a voting member of the Board in the Secretary's absence.

I. Past Secretary

The Past Secretary serves as advisor to the Secretary and shall assist the Secretary as requested in the fulfillment of his/her responsibilities. He/she shall assist the Secretary-Elect in the transition into the office of Secretary.

~~F~~J. Past President

The Past President (ASRC President the former year) is serves as a voting member of the Board of Directors, and serves in an advisory capacity to the Board of Directors.

K. Signatories

The following officers / members shall be bonded and serve as signatories for Society funds:

President, Past President, Treasurer, Program Committee Chairperson.

ARTICLE VI: NOMINATIONS AND ELECTIONS

Section 1. ~~Nominating~~ Nominations / Elections Committee

~~The Board of Directors shall appoint a Nominating Committee each year at least one hundred and eighty (180) days before the annual business meeting to present a slate of nominees for the upcoming election. The Chairman shall report the slate of nominees to~~

~~the Board of Directors at least ninety (90) days prior to the annual business meeting.~~

E. The President shall appoint an impartial Nominations / Elections Committee which shall arrange and conduct nominations and elections. The results of the election shall be made public at the annual business meeting.

F. This Committee shall consist of three (3) active members who shall serve for a term of one (1) year.

G. This Committee shall prepare for approval by the Board of Directors a slate of officers, district representatives, and delegates for the annual election.

H. It shall be the duty of the Committee to make the final critical appraisal of candidates to see that the nominations are in the best interests of the AARC and the Society through a consideration of personal qualifications and geographical representations as applicable.

Section 2. Nominations

A. ~~Annually,~~ Elections of officers shall be staggered to accommodate orderly succession of offices and provide for continuity of leadership. Biennially, the Nominating Committee shall place in nomination the names of at least one (1) person for the offices of President-elect, Vice-President, ~~Secretary, Treasurer and~~ Secretary-Elect, Treasurer-Elect and Delegate. Annually, the Nominating Committee shall place in nomination at least one person for the office of District Vice-Chairperson. ~~Biennially, the Nominating Committee shall place in nomination at least one person for the office of Delegate.~~

B. Only Active or Life Members in good standing shall be eligible for nomination.

C. District Representatives must be employed in the district in which they are nominated to serve.

D. The Committee shall provide a pertinent biographical sketch of each nominee's professional activities and services to the organization, all of which shall be a part of the ballot.

E. ~~Any active member shall be placed on the ballot if a written petition of nomination by ten (10) or more Active or Life Members if filed with the Society Secretary not less than sixty (60) days prior to the annual business meeting.~~

Setion 3. Elections

~~D.~~ At the direction of the Society's Board of Directors, the vote shall be so designed as to be a secret ballot, either electronically or by mail, distributed to members in good standing at their last address of record with provisions for write-in votes of each office. The deadline date shall be clearly indicated on the ballot. Ballots, to be acceptable, must be received on or before the deadline.

E. Society elections shall be determined by a majority of votes cast. A tie vote shall be decided by lot.

F. Any Elections' Committee member who accepts a nomination must resign from the Elections Committee.

~~Section 3. Elections Committee~~

~~A. The President shall appoint an impartial Elections Committee which shall prepare, distribute, verify, (by affixing the official ASRC SEAL to each ballot), and receive all ballots. The results of the election shall be made public at the annual business meeting.~~

~~B. At least thirty (30) days prior to the annual business meeting, the Nominating Committee's slate and biographical sketches shall be mailed to every Active Member recorded in the AARC membership directory, who is in good standing and eligible to vote. New society members must have joined the AARC at least (60) days prior to the Annual Business Meeting to assure a record of their membership with the AARC and to receive a ballot.~~

~~C If the Society's Board of Directors specifies, the vote shall be so designed as to be a secret mail ballot to members in good standing at their last address of record with provisions for write-in votes of each office. Ballots, to be acceptable, must be postmarked at least ten (10) days before the annual business meeting. The deadline date shall be clearly indicated on the ballot.~~

~~B. If the vote is to be conducted at the annual business meeting, the date, time and place shall be clearly indicated on the ballot. Provisions shall be made for absentee ballots, which allow all eligible members the opportunity to vote.~~

~~E. Society elections shall be determined by a majority of votes cast. A tie vote shall be decided by lot.~~

~~F. Any Elections' Committee member who accepts a nomination must resign from the Elections Committee.~~

ARTICLE VII: BOARD OF DIRECTORS

Section 1. Composition and Powers

A. The executive government of this Society shall be vested in a Board of ~~twelve (12)~~ ten (10) Active or Life Members consisting of the President, President-elect, Vice-President, Secretary, Treasurer, Immediate Past-President, and ~~five (5)~~ four (4) District Chairpersons. The Delegates shall be non-voting members of the Society Board of Directors.

B. The President shall be Chairperson and presiding officer of the Board of Directors. He/She shall invite in writing such individuals to the meetings of the Board as he shall deem necessary, with the privilege of voice but not vote.

C. Upon refusal or neglect of any member of the Board to perform the duties of that office or for any conduct deemed prejudicial to the Society, the Board of Directors shall have the power to declare an office vacant by a two-thirds (2/3) vote. Written notice shall be given to the member within ten (10) days of such action that the office has been declared vacant.

Section 2. Duties

A. Supervise all business and activity of the Society within the limitations of these Bylaws.

B. Adopt and rescind standing rules, policies and procedures of the Society.

C. Determine remuneration, stipends, Annual Business Meeting fees for the following year, and other related matters, after consideration of the budget.

Section 3. Meetings

A. The Board of Directors shall hold the annual business meeting at the time of the annual educational seminar and shall not hold fewer than four (4) regular and separate meetings during the calendar year.

B. Special meetings of the Board of Directors shall be called by the President at such times as the business of the Society shall require, or upon written request of three (3) members of the Board of Directors filed with the President and Secretary of the Society.

C. A majority of the Board of Directors shall constitute a quorum at any meeting of the board providing that the president and / or the vice-president is present.

D. The Board of Directors shall have the power to call an executive session. The executive session shall include only members of the Board of Directors and those individuals invited by the Board of Directors to attend. The executive session shall be held only in conjunction with regularly scheduled or specially scheduled meetings. The purpose of an executive session shall be to discuss recommendations from the Judicial Legislative Committee, or sensitive subjects/actions that would better serve the state society to be carried out discreetly. These subjects and actions shall include, but not be limited to: recommendations from the Judicial-Legislative Committee, declaring an office vacant, removal of any committee chairperson from duty, requests from individual members to the Board of Directors of the ASRC of a personal nature, actions concerning a member of the Board of Directors at which time the Board member in question shall be asked to remove him/herself from the session.

The Board of Directors shall not record, for the minutes, any discussions held during the executive session. Board members present during the executive session shall not discuss with any individual the proceedings taking place during the executive session. Violation of this statement will result in action from the ASRC Judicial-Legislative Committee and may result in revocation of membership in the ASRC.

Section 4. ~~Mail and Phone Vote~~ Electronic Voting

~~A.~~ Whenever, in the judgment of the Board of Directors, it is necessary to present any business to the membership prior to the next regular or annual business meeting, the Board of Directors may, unless otherwise required by these Bylaws, instruct the Elections Committee to conduct a vote of the membership by ~~mail~~ electronic means. Electronic means may include, but not be limited to, email, phone, computer or online survey. The question thus presented shall be determined according to a majority of the valid votes received ~~by mail within thirty (30) days after such submission,~~ or a change in the Bylaws,

when a two-thirds (2/3) majority of valid votes received is required. Any and all action approved by the members in accordance with the requirements of this Article shall be binding upon each member thereof. ~~The results of the mail vote will be recorded in the next regular meeting minutes.~~

B. Whenever, in the judgment of the President, it is necessary to present any business to the ~~remainder of the~~ Board via electronic means, the President shall ~~may follow the aforementioned mail vote or~~ adhere to the following ~~Phone Vote~~ guidelines. The President shall contact every member and explain the consequences of the vote. The President shall obtain a yes or no to the question and record by name the responses. An explanation of the question and the vote itself shall be recorded in the next regular Board of Directors meeting minutes.

Section 5. Multiple Offices

No officer or delegates shall hold District office simultaneously and no Past President shall hold any elected office until his/her term is expired.

ARTICLE VIII: ANNUAL BUSINESS MEETING

Section 1. Date and Place

A. The Society shall hold an annual business meeting during the annual educational seminar; additional meetings may be held as required to fulfill the objectives of the Society.

B. The date and place of the annual business meeting and additional meetings shall be decided in advance by the Board of Directors and must be within the boundaries of the state of Arkansas. In the event of a major emergency the Board of Directors shall cancel the scheduled meeting, set a new date and place if feasible, or conduct the business or the meeting by mail provided the material is sent in the same words to the voting membership.

Section 2. Purpose

The annual business meeting shall be for the purpose of receiving reports of officers and committees, the results of the election, and for other business brought by the President.

Section 3. Notification

Written notice of the time and place of the annual business meeting shall be sent to all members of the Society not fewer than forty-five (45) days prior to the Meeting.

ARTICLE IX: SOCIETY DELEGATES TO THE AARC HOUSE OF DELEGATES

Section 1. Election

Delegates of this Society to the House of Delegates of the AARC shall be elected every two years for a four-year term. Each delegate shall serve one (1) four-year term. Persons nominated to the position of Delegate must possess previous ASRC Board Member experience for a minimum of 2 years out of the preceding 6 years prior to election.–

Section 2. Duties

The duties of the Delegates shall be as specified in the AARC Bylaws.

Section 3. Board Member (ex-officio)

The Delegates shall be non-voting members of the Society Board of Directors.

Section 4. Multiple Offices

Delegates may not hold concurrent elective offices.

Section 5. Vacancies

Any vacancy in the office of Delegate shall be filled by special election within sixty (60) days of the vacancy.

ARTICLE X: COMMITTEES

Section 1. Standing and Special Committees

The members of the following Standing Committees shall be appointed by the President, subject to the approval of the Board of Directors, to serve for a term of one (1) year, except for the PACT committee members, who will serve a minimum of three (3) years. Members of the Program Committee shall be appointed by the Board of Directors.

1. Membership
2. Budget
3. Audi t
4. Nominations / Elections
5. ~~Nominating~~
6. 5. Bylaws
7. 6. Program
8. 7. Publications / Website
9. 8. Public Relations
10. 9. Education
11. 10. Political Advocacy Contact Team (PACT)

Section 2. Special Committees

Special committees such as the Judicial Committee, may be appointed by the President to meet special needs.

Section 3. Committee Chairperson's Duties

A. The Chairperson of each committee shall confer promptly with the members of their respective committee on work assignments.

B. The Chairperson of each committee may recommend prospective committee members to the President. When possible, the Chairperson of the previous year shall serve as a member of the new committee.

C. All committee reports shall be made in writing and submitted to the President of the Society at least ten (10) days prior to the meeting at which the report is to be read.

D. All committee members shall be members is good standing of the AARC. Non-members or physician members may be appointed as consultants to committees.

Section 4. DUTIES OF COMMITTEES

A. Membership Committee

1. The committee shall consist of at least one Society Delegate and one other member.

2. They shall be responsible for recruitment activities for the society and shall work closely with the district chairpersons and Vice-Chairpersons to formulate these activities for their specific areas.

3. They shall be responsible for maintaining an accurate mailing list and a system for updating such list in a timely manner.

B. Budget Committee

1. This Committee shall be composed of the Treasurer, Treasurer-Elect and a Past President and at least one other society member.

2. They propose an annual budget for approval by the Board of Directors.

3. The Chair of this committee cannot be the Treasurer of the Society.

C. Audit Committee

1. This Committee shall be composed of the President, the President-elect, the Past-Treasurer and at least one other active member.

2. They conduct an annual audit of the financial records of the Society and submit such to the Board of Directors.

3. The Chair of this committee cannot be the Treasurer of the Society.

D. Nominations / Elections Committee

1. This Committee shall consist of three (3) active Members who shall serve for a term of one (1) year.

~~1. This Committee shall prepare, receive, verify, and Count ballots for all elections held during the calendar year.~~

~~E. Nominating Committee~~

2. This Committee shall prepare for approval by the Board of Directors a slate of officers, district representatives, and delegates for the annual election.

3. The Committee shall consist of at least three (3) members ~~who shall serve for a term of one (1) year.~~

4. It shall be the duty of the Committee to make the final critical appraisal of candidates to see that the nominations are in the best interests of the AARC and the Society through a consideration of personal qualifications and geographical representations as applicable.

5. This Committee shall prepare the balloting, conduct the election, verify and count ballots for all elections held during the calendar year.

E. Bylaws Committee

1. Shall consist of at least three (3) members, one (1) of whom shall be a past-president.

2. Shall receive, review, and prepare all Amendments to the Bylaws for submission to the Board of Directors.

F. Program Committee

1. This Committee shall consist of at least three (3) Members appointed by the Board of Directors.

2. The chairperson will appoint other active members including the President-elect and the Medical Advisor to assist him/her in planning the annual meeting.

G. Publications/Website Committee

1. This Committee shall consist of at least three (3) Members, one (1) of whom shall be a past-president.

2. This committee shall concern itself with the marketing, content, and writing of informational and educational material, specifically on the ASRC website.

3. This Committee shall concern itself with the publication of a Society Newsletter, if one is deemed necessary by the Board.

H. Public Relations Committee

1. The Committee shall maintain such liaison as has been established by the Board of Directors with other organizations whose activities may be of interest of the members of this Society. This shall include the preparations of exhibits, programs, and other items to bring the message of respiratory care and the AARC to medical, nursing and hospital groups as well as educational facilities where use of such material can be expected to recruit new people to the field of respiratory care. Such material shall be subject to the approval of the Board of Directors.

2. Review the minutes of all meetings of the District and advise the District Chairperson of any irregularities or other recommendations.

I. Education Committee

1. Shall consist of three (3) members in which one (1) is ~~recommended to be~~ a faculty member in a Co-ARC approved ~~Entry-level or Advanced~~ Practitioner Program.

2. Shall review, assess the need for and recommend to the Board all educational activities for the ASRC membership.

~~2. Shall complete all applications for all seminars and Scholarships that are to be held for the following year.~~

~~3. Shall hold a meeting before the Budget and Audit Committee in order to formulate and propose a budget for education for the following year.~~

5. Shall collaborate with the Program Committee in planning and facilitating the educational and student activities of the annual meeting.

J. Political Advocacy Contact Team

1. This committee shall consist of not fewer than three members, one of them being a past president. Each member will hold a three-year term as set forth by the AARC.

2. This committee will take an active role on issues affecting the profession of respiratory care by establishing contact with state and federal legislators through letters, facsimiles, e-mail and/or personal contact as necessary when important legislative issues arise.

K. Special Committees

Special committees may be appointed by the President, subject to the approval of the Board of Directors.

1. Judicial Committee

(a). Shall consist of four (4) current Board members and may include previous Society officers at the president's request.

(b) Shall be called by the president upon request of any society member to review formal, written complaints against any individual society member charged with any violation of the Society Bylaws or otherwise with a conduct deemed detrimental to the Society or the AARC.

(c) Shall carefully review the complaints. Legal counsel may be summoned at the discretion of the committee chairperson. Committee recommendations shall be forwarded to the full ASRC Board of Directors. If the Board agrees that action should be taken, a copy of documentation shall be sent to the Chairperson of the Judicial Committee of the AARC.

(d) All hearings, meetings and recommendations shall be held in strict confidentiality.

L. Other Duties and Responsibilities

All Committees, standing and special, shall adhere to the Position Description Guidelines, with respect to other duties and responsibilities.

ARTICLE XI: DISTRICT ORGANZATIONS

Section 1. Boundaries of Districts

A. ~~The area included within the boundaries of the District 1 shall be the boundaries of the following counties:~~ District 1 consists of the following counties:

| | | | | |
|---|---|---|---|---|
| Arkansas | Baxter | Clay | Cleburne | Craighead |
| Crittenden | Cross | Fulton | Greene | Independence |
| Izard | Jackson | Lawrence | Lee | Lonoke |
| Mississippi | Monroe | Phillips | Poinsett | Prairie |
| Randolph | Searcy | Sharp | St. Francis | Stone |
| Woodruff | | | | |

B. ~~The area included within the boundaries of the **District 2** shall be the boundaries of the following counties:~~ District 2 consists of the following counties:

| | | | | |
|---|---|---|---|---|
| Conway | Faulkner | Perry | | |
| Pulaski | Saline | VanBuren | | |
| White | Yell | | | |

C. ~~The area included within the boundaries of the District 3 shall be the boundaries of the following counties:~~ District 3 consists of the following counties:

| | | |
|---|---|---|
| Benton | Boone | Carroll |
| Crawford | FranklinJohnson | |
| Madison | Marion | Newton |
| Pope | Sebastian | Washington |

D. ~~The area included within the boundaries of the District 4 shall be the boundaries of the following counties:~~ District 4 consists of the following counties:

| | | | | |
|---|---|---|---|---|
| Ashley | Bradley | Calhoun | Chicot | Clarke |
| Cleveland | Columbia | Dallas | Desha | Drew |
| Garland | Grant | Hempstead | Hot Spring | Howard |
| Jefferson | Lincoln | Little River | Logan | Miller |
| Montgomery | Ouachita | Nevada | Pike | Polk |
| Scott | Sevier | Union | | |

Section 2. Officer and District Representation

A. Each District shall be represented by a Chairperson and a Vice-Chairperson. The Vice-Chairperson shall be elected by the active members of the respective Districts. The Vice-Chairperson shall serve one year as Vice-Chairperson to be followed by a year as Chairperson.

B. Membership in a District shall be determined by last address of record as noted from the AARC Membership Roster. Those members living outside the boundaries of Arkansas shall be placed in the District of their employment.

C. Any vacancy that occurs in the office of District Chairperson shall be filled by the Vice-Chairperson of that District. The Vice-Chairperson shall serve the unexpired term of the Chairperson and his or her own one-year term. Vacancies in the office of the Vice-Chairperson shall be filled by special election within sixty (60) days of the vacancy.

Section 3. Activities

Each District organization shall be encouraged to expand the membership of the District and to develop education activities And such other activities as are consistent with the Article of Incorporation and these Bylaws.

Section 4. District Admission Requirements

Ten (10) or more Active Members of the Society meeting the requirements for affiliation may become a District of the Society, subject to ratification by the Board of Directors of the Society. Members of the District must be members of the State Society.

Section 5. Duties

Copies of the minutes of the educational and business meetings of the District shall be sent to the Society Secretary within thirty (30) days following any meeting.

ARTICLE XII: SOCIETY MEDICAL ADVISOR

The Society shall have at least one (1) Medical Advisor who shall conform to Article X, Section 3 of the AARC Bylaws, and shall be appointed by a majority vote of the Board of Directors. This appointment will be reviewed and confirmed annually by the Board of Directors.

ARTICLE XIII: FISCAL YEAR

The fiscal year of the Society shall be from ~~October 1 through September 30~~ January 1 through December 31.

ARTICLE XIV: ETHICS

If the conduct of any Society member is in violation of the Society bylaws, or deemed detrimental to the Society or AARC, the Board of Directors may appoint a special Judicial Committee to carefully review the complaints and initiate appropriate action as described in Article X, section four, paragraph F, subsection 1.

The Board of Directors may refer all action to the AARC Judicial Committee.

ARTICLE XV: PARLIAMENTARY PROCEDURE

The rules contained in Robert's Rule of Order Revised shall govern whenever they are not in conflict with the Bylaws of the Society or the AARC.

ARTICLE XVI: AMENDMENTS

These Bylaws may be amended by mail vote of the Arkansas Society of the AARC by a two-thirds (2/3) majority of those voting. All amendments must be approved according to the AARC's Chartered Affiliate Handbook.

# Elections Committee

Submitted by: Jakki Grimball – Congress 2014

## Recommendations

None

## Report

The slate of nominees approved by the BOD and HOD in the summer was submitted to the membership for vote.

The ballot count was made, and the results were certified by Jakki Grimball, AARC Elections Committee Chair, verified by George Gaebler, AARC President, Frank Salvatore, AARC President-Elect and attested by Sherry Milligan, AARC Elections Liaison.

**CERTIFICATION OF BALLOT COUNT**
This is to certify that a count was made of the general election ballots for the AARC Officers, Directors and Section Chairs on November 3, 2014. The following is certified as the official count:

For Vice President Internal Affairs

| | |
|---|---|
| Lynda Goodfellow | 2088 votes/64.7% |
| Cam McLaughlin | 1123 votes/34.8% |

Write-in Candidates for Vice President Internal Affairs received no more than 1 vote each

For Vice President of External Affairs

| | |
|---|---|
| Doug McIntyre | 1472 votes/45.19% |
| Cynthia White | 1770 votes/54.34% |

Write-in Candidates for Vice President External Affairs received no more than 1 vote each

For Secretary/Treasurer

| | |
|---|---|
| Collen Schabacker | 1318 votes/40.92% |
| Karen Schell | 1884 votes/58.56% |

Write-in Candidates for Secretary/Treasurer received no more than 1 vote each

Director At Large

| | |
|---|---|
| John Lindsey | 1490 votes/46.1% |
| Timothy Op't Holt | 1507 votes/46.63% |
| Raymond Pisani | 1004 votes/31.06% |
| Lisa Trujillo | 1693 votes/52.38% |

Write-in Candidates for Director At Large received no more than 1 vote each

For Continuing Care/Rehabilitation Section Chair-Elect

| | |
|---|---|
| Connie Campbell Paladenech | 28 votes/40.58% |
| Arianna Villa | 44 votes/59.42% |

Write-in candidates for Continuing Care/Rehabilitation Section Chair-Elect received no votes

For Long-Term Care Section Chair-Elect

Gene Gantt 34 votes/55.74%
Randy Reed 27 votes/44.26%
Write-in candidates for Long-Term Care Section Chair-Elect received no votes

For Surface & Air Transport Section Chair-Elect
Charles Bishop 17 votes/30.91%
Tabitha Dragonberry 38 votes/69.09%
Write-in candidates for Surface & Air Transport Section Chair-Elect received no votes

Lynda Goodfellow was elected Vice President of Internal Affairs with 2,088 votes (64.7% of votes cast)

Cynthia White was elected Vice President of External Affairs with 1,770 votes (54.34% of votes cast)

Karen Schell was elected Secretary/Treasurer with 1,884 votes (58.56% of votes cast)

Timothy Op't Holt was elected Director At Large with 1,507 votes (46.63% of votes cast)

Lisa Trujillo was elected Director At Large with 1,693 votes (52.38% of votes cast)

Arianna Villa was elected Continuing Care/Rehabilitation Section Chair-Elect with 41 votes (59.42% of votes cast)

Gene Gantt was elected Long-Term Care Section Chair-Elect with 34 votes (55.74% of votes cast)

Tabitha Dragonberry was elected Surface & Air Transport Section Chair-Elect with 38 votes (69.09% of votes cast)

I would like to than the members of the Elections Committee for their hard work and due diligence in considering this year's nominees. Committee members include Jim Lanoha, Dan Rowley, John Hiser and Mike Runge. I would like to also give special thanks to Tim Myers, Sherry Milligan and Beth Binkley at the Executive office for their assistance and guidance.

# Executive Committee Report

# Finance Committee Report

# Judicial Committee

Submitted by Anthony DeWitt – Congress 2014

No report submitted as of November 20, 2014.

# Program Committee

Submitted by Ira Cheifetz – Congress 2014

## Recommendations

That the city of Indianapolis be selected as the host city for AARC Congress 2017.

Justification:
Indianapolis was recently rated the #1 convention city in America for 2014 by USA Today. Its "hub-and-spoke" convention center and hotel set-up is one of the most unique in the nation with 4,700 hotel rooms interconnected to the convention center via skywalk/skybridge. This protected model serves as an "insurance policy" in the event of inclement weather. There are more than 200 restaurants of all different cuisine, price point, fast food and fine dining within a 5-minute walk of the convention center.

Other awards and designations bestowed upon the city are as follows:

- Ranked #34 as one of the top "52 Places to go in 2014" – New York Times
- #1 Airport in North America - Airports Council International
- Most Walkable Downtown in America – Sports Illustrated
- 2009 Most Disability-Friendly City – National Organization on Disability
- Only Washington DC has more war monuments and memorials than does Indianapolis.

Proposed Dates: **Wed. Oct. 4, - Sat. Oct. 7, 2017**

Proposed Hotels & Rates:

1. Marriott JW Indianapolis (Co-HQ Hotel) - $178 + tax
2. Downtown Marriott (Co-HQ Hotel) - $168 + tax
3. Courtyard - $155 + tax
4. SpringHill Suites - $155 + tax
5. Westin – $159 + tax
6. Hyatt - $159 + tax

* No resort fees at any hotel

Convention Center Rental: $15,000 (Average Conv. Center rentals ~ $75,00 - $125,000)

## Report

**Charges**

1. Prepare the Annual Meeting Program, Summer Forum, and other approved seminars and conferences.
2. Recommend sites for future meetings to the Board of Directors for approval.
3. Solicit programmatic input from all Specialty Section and Roundtable chairs. Review with each section all selections pertaining to their specialty before finalization. The

Program Committee decisions shall be final.
4. Develop and design the program for the annual congress to address the needs of the membership regardless of area of practice or location. Assure educational opportunities for other health care related practitioners.

**Progress**
AARC Congress 2013: The 60th International Respiratory Convention & Exhibition will take
place Dec. 9 – 12, 2014 in Las Vegas, NV at the Mandalay Bay Hotel & Convention Center.
• The Program is currently posted on-line and in hard copy in the Oct. edition of the AARC Times.
• Dr. Michael Ramsay (patient safety expert) and patient advocate; Patricia LaChance will deliver the keynote address.
• We will offer more than 220 presentations covering all aspects of Respiratory Care and other healthcare related topics.

**Number of Presentations (by section):**
- Adult Acute Care: 61
- Management: 26
- Neo/Ped: 24
- Diagnostic: 13
- Education: 17
- Long-term/Rehab: 15
- Continuing Care: 15
- Transport: 10
- Home Care: 16
- Sleep: 10

**OPEN FORUM**
More than 300 abstracts are scheduled for presentation during 16 Open Forum sessions. Two new presentation formats will be featured in 2014 – Posters Only and Editor's Choice. Posters only will **not** include an oral presentation of the study design. Authors will stand by their posters in the Exhibit Hall and answer questions by passersby. The Editorial Board from RESPIRATORY CARE has selected what they believe to be the 6 best abstracts submitted. These will be prominently displayed at the entrance of the exhibit hall, after which the 6 selected authors will present their findings with a 10-minute Q&A session and slide deck.

• Expounding upon the success of last year's 3-minute presentations, this year's delivery model will still be 30-minutes in length followed by a mandatory 5-minute Q&A session.

• AARC Congress 2014 will conclude with a closing ceremony featuring Anthony DeWitt in "Putting the Profession on Trial". This came of the heels of a successful presentation at the 2014 Summer Forum which garnered a standing ovation. In addition, 3 cash prizes will

be raffled off…$500, $2,00 and $5,000.

• Thomas L. Petty Memorial Lecture – "Management of the 2015 Asthmatic: Phenotyping and Managing Refractory Asthma" delivered by Dr. James Good
• Donald F Egan Scientific Memorial Lecture – "What Have We Learned about Noninvasive Ventilation in the Past 20 Years?" Delivered by Dr. Laurent Brochard
• Phil Kittredge Memorial Lecture – "Ebola: From Sierra Leonne to Sin City" delivered by Dr. Lewis Rubinson. The Program Committee was pleased to add Dr. Rubinson to the Program at such a late date, and deliver a topic important to RTs after it was in the public mainstream for more than a month. Many thanks go out to Tom Kallstrom for his willingness to step aside in order for Dr. Rubinson to present.

**Exhibit Hall hours**
Tuesday: 11:00 am – 4:00 pm
Wednesday: 9:30 am – 3:00 pm
Thursday: 9:30 am – 2:00 pm

For the first time ever, the AARC will not only sell exhibit space to participating exhibitors for AARC Congress 2015, but also assign booth location as well. Exhibits Coordinator; Annette Phillips will meet privately with more than half of this year's exhibitors to transact booth purchases and space locations for next year's show.

**Sputum Bowl (sponsored by Covidien)**
• 12 Practitioner Teams and 21 Student Teams will compete. We are noticing a concerning trend that Practioner Teams are decreasing in size year after year (despite the addition of "Renegade" teams for 2014). The Program Committee will closely evaluate this during our 2015 meeting in Jan. and make appropriate recommendations to the BOD as necessary.
• In an effort to maximize attendance, this year's competition will begin at 5:15pm. Complimentary light appetizers will be served in addition to an open bar throughout. It is the hope that the earlier start time will increase attendance so that attendees may still have time for dinner and a show afterwards.

• A comedian will entertain attendees during halftime as has been customarily been done in the past.

**2015 Meetings**
• Proposals are currently being accepted for the 2015 Summer Forum and AARC Congress 2015. A new proposal system is being evaluated this year for these two meetings. The new system comes at a much cheaper cost, but still has the ability to deliver the same content in the same format.

• OPEN FORUM proposals will still be submitted through Easy Street.
• Ira Cheifetz, MD will serve as the Chair of the Program Committee Committee again in 2015. The Committee would like to welcome Sr. Kent Christopher and Karen Schell as new additions to the 2015 committee. In addition, we would like to formally thank Joe Lewarski and Cheryl Hoerr for their dedicated years of service.

• The committee will convene Jan. 29 – Feb. 1, 2015 in Dallas, TX
• The 2015 Summer Forum will be held in Phoenix, AZ from July 13 – 15, 2015
•AARC Congress 2015 which will take place in Tampa, FL from Nov. 7 – 10, 2015

The Program Committee sincerely thanks the BOD and AARC membership for their continued support and contributions to the program

# Strategic Planning Committee

Submitted by Karen Stewart – Congress 2014

## Recommendations

None

## Report

The strategic planning committee completed its charges for the 2013 and 2014 term. An updated plan was completed and presented to the Board and achieved full endorsement of the Board. I want to thank the Board for their support during this process.

# *Specialty Section Reports*

# Adult Acute Care Section

Submitted by Keith Lamb – Congress 2014

## Recommendations

None

## Report

The section continues to work together to create resources that are valuable to all of our colleagues that practice in adult acute care. These include but are not limited to:

1. Journal Club
2. Monthly case reports and images
3. Activity as faculty for the Adult Critical Care Specialist prep course
4. Currently working on forming a group of PEER reviewers to help set up on-line data resources
5. Outreach and education assistance
6. International travel and outreach
7. Research

# Continuing Care-Rehabilitation Section

Submitted by Gerilynn Connors – Congress 2014

No report submitted as of November 20, 2014.

# Diagnostics Section

Submitted by Matthew O'Brien – Congress 2014

## Recommendations

None

## Report

Charges:

1. Provide proposals for programs at the International Respiratory Congress and Summer Forum to the Program Committee to address the needs of the Diagnostic Specialty Section.

- A wide scope of Diagnostic related topics are slated to be given at the 2014 Congress. Topics are current and offer attendees practical information they can take back and apply to their practice as well as discussions that can relate to health care reform.

2. In cooperation with the Executive Office Staff, plan and produce four section bulletins, at least one Section Specific thematic Web cast/chat and 1-2 Web-based section meetings.

- Section bulletins are high quality thanks to the Jeff Haynes RRT, RPFT our new bulletin editor.

- Diagnostic webinars speaker for scheduled has been postponed due to health issues?we are working on rescheduling this and finding alternatives.

3. Undertake efforts to demonstrate value of section membership, encouraging membership growth.

4. Indentify, cultivate, and mentor new section leadership.

- Ongoing, Katrina Hynes Chair Elect will transition to Chair at 2014 Congress.

5. Enhance communication with and from section membership through the section Listserv and provide timely responses for requests for information.

- Ongoing

6. Review all materials posted in the AARC Connect library for their continued relevance.

- Ongoing.

## Other

It has been my honor to represent and help grow the **Diagnostic Section**. I want to thank the membership and the Board for this opportunity to participate and serve; it has been a great experience.

# Education Section

Submitted by Joe Sorbello – Congress 2014

## Recommendations

That Edwin Coombs, MA, RRT-NPS, ACCS, Director of Marketing, Respiratory Care Systems of North America, Drager Medical and Drager Medical be formally recognized and thanked by the Board of Directors for their proposed give away of 5 refurbished Drager Evita XL mechanical ventilators to 5 RT education programs.

That the President-Elect charge the Education Section and Education Section Chair-Elect with developing more programming directed at hospital educators and all therapists whose position requires some type of educational process.

## Report

1. On Wednesday November 5, 2014 I received a phone call from Edwin Coombs, MA, RRT-NPS, ACCS, Director of Marketing, Respiratory Care Systems of North America, Drager Medical that he had proposed and received permission to give away 5 refurbished Drager Evita XL mechanical ventilators to be given away to 5 RT education programs. The ventilators will be shipped directly from a Drager facility to the fortunate 5 programs who would win in some type of drawing that is yet to be determined that would take place at the International Congress here in Las Vegas. These ventilators, of course, cannot be used for actual patients. At the time of this report, the Executive Office is working on the logistics of this wonderful event.

2. The Section will be participating in the recruitment of more members at a booth at the International Congress.

3. More work needs to be done to encourage membership, participation and programming directed at hospital educators as well as all those therapists whose position requires some type of educational process. More work needs to be done to increase membership of the section in this cohort and to develop educational/training programs in educational theory and skills to improve those knowledge and skills with better patient outcomes as the goal.

# Home Care Section

Submitted by Kim Wiles – Congress 2014

## Recommendations

None

## Report

### Home Care Competency Project

I continue to work with Shawna on this project. A conference call is scheduled for Nov. 17th with Bob McCoy, Angela King, Betsy Thomason, Shawna and myself. The goal of this call is to identify core competencies for skills necessary to be a safe, efficient, and effective respiratory therapist in the home. The immediate goal is to develop this working list, send it to Dr. Kent Christopher and Dr. Brian Carlin for comment, and then take it to the Home Care Section Meeting at AARC Congress 2014 in Las Vegas for section input.

### Section Highlights

1. Two section bulletins produced since last meeting. December bulletin will be produced by Tim Buckley and Betsy Thomason. I continue to try and get involvement from membership.
2. Two articles on home care topics in upcoming AARC issues will be presented
3. Several homecare topics are slated to be presented at Congress
4. Webinar on oxygen therapy in the home was presented August 2014
5. Will work with Shawna for upcoming webinar topics related to home care.

# Long Term Care

Submitted by: Lorraine Bertuola– Congress 2014

No report submitted as of November 20, 2014.

# Management Section

Submitted by: Bill Cohagen – Congress 2014

## Recommendations

None

## Report

First, I would like to thank the AARC, the BOD, and the office members of the AARC for allowing me to represent the AARC and Management Section these past 4 years.

We have completed all charges for 2014 and the transition of Section Chair to Cheryl Hoerr will be complete by the end of the 2014 International Congress.

Our 2015 SPOY is Allen Wentworth RRT, MBA, FAARC of Colorado. This year there were several submissions and several great nominees.

Roger Berg and Deb Bunch will continue to edit the Section News Letter.

Thank you all for all that you have done for me these past 4 years.

# Neonatal-Pediatrics Section

Submitted by Natalie Napolitano – Congress 2014

## Recommendations

None

## Report

Continued with quarterly Newsletters

Chose Specialty Practitioner of the Year and announced to the section – Karl Kaminski

Invited NBRC to the NeoPeds Section Meeting to discuss concerns about the NPS exam. Spoke with Carl Hass and he accepted and will ensure someone is present. I solicited specific questions and concerns form the membership so he can be prepared.

Communicated with Ira on concerns surrounding discharge of technology dependent children and lack of up to date guidelines/recommendations. We are working on this topic and will present recommendations to the board once they are worked through – some ground work needs to be done first.

# Sleep Section

Submitted by Karla Smith – Congress 2014

## Recommendations

That the AARC Board of Directors approve to begin a marketing campaign to solicit more Section members by offering the section membership at half the regular price for new members.

By offering the membership at half the regular price, the new members could “trial” the Sleep Section for the first year and hopefully the section can exceed their expectations.

## Report

Lately there has been increased activity on AARC Connect. Good "attendance" for the Webinar regarding home sleep testing.

Section membership seems to be hanging at the current number; however, I do believe that there has been a slight increase lately.

## Other

How can I be more involved? I feel like I am not doing enough to keep folks engaged!

# Surface to Air Transport Section

Submitted by Billy Hutchison - Congress 2014

## Recommendations

None

## Report

1. Section membership is not where we want it but I feel we have made great strides in getting the word out about our list serve and the opportunity to interact with great clinicians. As always, we are looking for every opportunity to promote our section across the country. I am always encouraging our membership to be active in their respective state societies, and if at all possible, present at these meetings.

2. Our list serve is active with great topics ranging from equipment to scope of practice and is a great way to keep up to date with the latest trends and developments in Transport.

3. We have currently completed a survey to gather information regarding the scope of practice for the Respiratory Therapist with Transport Teams. There are some programs currently exploring the idea of removing therapists from their transport programs and we are hoping to use this information in a published form to encourage the continuation of RT's in a transport role. With this data we also hope to expand their role on current teams.

4. We have had a great number of submissions for the upcoming Congress in Las Vegas and accepted all them. I am excited about the quantity and quality of the submissions. We also have some first time presenters which is always encouraging.

# *Special Committee Reports*

# Benchmarking

Submitted by Chuck Menders – Congress 2014

No report submitted as of November 20, 2014.

# Billing Codes Committee

Submitted by: Susan Rinaldo Gallo – Congress 2014

## Recommendations

None

## Report

I have consistently responded to billing and coding questions from the Billing Codes, Help and Management list serves. I have also responded billing and coding questions from the general membership. There hasn't been any consistent theme or area of confusion since last report.

# Federal Government Affairs Committee

Submitted by John Lindsey – Congress 2014

## Recommendations

None

## Report

With the exception of Louisiana's Senate race, which will be run-off in early December, the 2014 Mid-Term Elections are over. And as we all know, the Republican Party was the big winner. History was made in this election. For my state of Arkansas, which closely mirrors what occurred in many other states, all state offices will be held by Republicans as well both Houses of Congress. Working with just one majority party holding both Houses of Congress may make it easier to bring our message to Members and Hill staff. By the time of spring Board report there should be a much better sense of how the next two years will unfold in terms of Congress and the President and legislation to be passed.

One of the on-going goals of the AARC Federal Government Affairs Committee is to "Assist in Coordination of Consumer Supporters".

New Objectives may include:

1. Find ways to resurrect the AARC 435 plan, which identifies a Respiratory Therapist and consumer/patient contacts team in each of the 435 congressional districts.
2. Assist the State Societies with legislative and regulatory challenges and opportunities as these arise.
3. Work with PACT coordinators and the HOD to establish in each state a communication network that reaches to the individual hospital level for the purpose of quickly and effectively activating grassroots support for all AARC political initiatives on behalf of quality patient care.
4. Oversee the virtual lobby week and/or any calls to action that come up over the year.
5. Assign committee members specific states to act as liaisons toward and ensure the members communicate with their liaison state during active committee work periods.

The 17th annual AARC/State Society 2015 DC Hill Lobby Day dates have been set. RT PACT representatives from around the country will arrive in Washington DC on Tuesday, March 17, 2015, with Hill Day Wednesday March 18, 2015, departing DC on Wednesday, March 19.

Please note AARC will also be offering, the new Pulmonary Disease Educator (PDE) Course that will be held on March 16, 2015 (all day) and a half day on March 17, 2015. For more detailed information, please access the following link:
**http:/www.aarc.org/education/meetings/pdec_2015/index.cfm**
Again, please be looking for much more information about Hill Day-2015 in January.

Respectfully submitted,
John W. Lindsey, Jr., M.Ed., RRT-NPS, FAARC
Co-Chair, AARC Federal Government Affairs Committee

# Fellowship Committee

Submitted by: Patrick Dunne – Congress 2014

## Recommendations

That the revised Policy/Procedure (CT.009) governing the activities/processes of the FAARC Selection Committee be approved. (See policy below)

## Report

- The Committee completed its charge of reviewing the nominations of 28 worthy individuals received by the August deadline. Accordingly, the Committee is pleased to announce that 16 AARC members have been unanimously selected for induction as 2014 Fellows of the AARC. All of these high-performing professionals have been so notified and invited for formal induction at the Awards Ceremony, to be held in conjunction with AARC's 60th International Congress in Las Vegas.

- Following completion of the selection process, the Chair reviewed the existing policy/procedure of the Selection Committee. It was decided to update the document to more accurately reflect the processes followed by the Selection Committee.

# American Association for Respiratory Care
# Policy Statement


Policy No.: CT.009

SECTION: **Committees**

SUBJECT: **AARC Fellowship Selection Committee**

EFFECTIVE DATE: January 1, 201~~1~~5

DATE REVIEWED: December 2010

DATE REVISED: December ~~2010~~ 2014

REFERENCES:

***Policy Statement:*** The AARC Fellowship Program was established to recognize active or associate members who have made ~~significant~~ profound and sustained contributions to the art and science of respiratory care and to the AARC.

***Policy Amplification:*** This policy sets forth the eligibility requirements, criteria for nomination, the selection process and rules governing the AARC Fellowship Program.

**Eligibility:**

- Be an active or associate member of the AARC in good standing for at least ten consecutive years prior to the deadline for receipt of nominations.
- Possess the RRT credential issued by the NBRC or, be a licensed physician with a respiratory care-related specialty.
- Current members of the AARC Board of Directors or the House of Delegates are not eligible.

**Criteria:**

- Must be nominated by a Fellow of the AARC with membership in good standing.
- Must have demonstrated national prominent leadership, influence and achievement in clinical practice, education or science.
- Must possess documented evidence of significant contribution to the respiratory care profession and to the AARC.

**Rules:**

- ~~Nominations will be evaluated annually by the Fellowship Selection Committee, consisting of five current Fellows appointed by the AARC President.~~
- ~~New Fellows will be inducted during the Awards Ceremony held in conjunction with the annual AARC International Respiratory Congress.~~
- ~~Newly inducted Fellows will receive a pin, a certificate suitable for framing and will have their names added to the list of Fellows on the AARC website.~~
- ~~Fellows will have the right to identify themselves with letters FAARC after their names.~~
- ~~All Fellows must maintain their AARC membership after induction.~~
- ~~Deadline for receipt of nominations and all supporting documentation will be July 30 of the calendar year in which the nomination is to be considered. Nomination packets must therefore be postmarked no later than July 26 of the respective year to ensure receipt in the AARC Executive Offices by the established deadline.~~

- All nominations for Fellow, and associated supporting documents, must be submitted online through the AARC website.
- Upon receipt of a nomination, the Executive Office will confirm that each nominee satisfies the minimum criteria for 10 consecutive years of AARC membership, and that each nominator continues to maintain eligibility to submit nominations for Fellow.
- For those nominees not meeting the 10-year requirement, the nominator will be so informed and the nomination not accepted. Nominators not eligible to submit nominations will likewise be notified.
- Deadline for receipt of nominations and all supporting documentation will be the last working day of August of the calendar year in which the nomination is to be considered. Nominations not received by the established date will not be accepted.
- The Fellowship Selection Committee, consisting of a Chair and four current Fellows appointed by the AARC President, will evaluate nominations annually.

- During the first week of September, Selection Committee members will be provided an electronic folder containing all accepted nominations and supporting documents in alphabetical order. Committee members will also receive a ballot to indicate which nominees they consider worthy of induction as a Fellow. Completed ballots will be returned to the Chair for final tabulation.

- Committee members are expected to evaluate each nominee independently and make their determination based upon the contributions of the respective nominee to the profession, and most importantly, to the AARC. Committee members are discouraged from collaborating with one another during the selection process.

- Nominees receiving an affirmative vote from all five committee members will be inducted as a Fellow of the AARC.

- Nominees selected for induction will be formally notified upon completion of the selection process, with their nominators receiving a blind copy of the congratulatory letter.

- An overriding goal of the Selection Committee is to minimize any embarrassment or discomfort to members not selected for induction. Therefore, for those nominees not selected, a letter so stating will only be sent to the nominators.

- Once the final tabulation is completed, the results of the balloting for induction shall remain confidential and will not be subject to outside review or discussion.

- New Fellows will be inducted during the Awards Ceremony held in conjunction with the annual AARC International Respiratory Congress.

- Newly inducted Fellows will receive a pin, a certificate suitable for framing and will have their names added to the list of Fellows on the AARC website.

- Upon induction, Fellows are expected to maintain their AARC membership in good standing.

# International Committee Report

Submitted by John Hiser – Congress 2014

## Recommendations

None

## Report

1. Administer the International Fellowship Program.

This year we will welcome four new international fellows. We have invited two physicians, one from China and one from Egypt. We also invited two physio/respiratory therapists, one from Argentina and one from Thailand. We are now at 156 fellows from 63 countries over the last 25 years.

I want to thank the AARC Board of Directors and the ARCF Board of Trustees and the ICRC for supporting the international fellowship program and the other international activities of the international committee.
Thank you.

All of the charges to the committee were successfully completed.

**2014**
17 applicants
13 different countries
3 applicants from 3 countries without past fellows
(Bahrain, Cyprus, Netherlands)
4 MD
5 RT
6 PT/RT
1 Respiratory Scientist
1 Health Care Scientist

**International Fellow Applications by year**

- 2002 38
- 2003 40
- 2004 24
- 2005 18
- 2006 17
- 2007 40
- 2008 46
- 2009 44
- 2010 37
- 2011 27
- 2012 22

- 2013 32
- 2014 17

**City Host Applications by year**

- 2004 14
- 2005 18
- 2006 13
- 2007 21
- 2008 23
- 2009 14
- 2010 21
- 2011 13
- 2012 20
- 2013 15
- 2014 17

**2014 Program Schedule**

| Event | Date |
|---|---|
| Arrive in the First City | Week of November 23 |
| First City Rotation | |
| Arrive in Second City | Week of December 1 |
| Second City Rotation | |
| Arrive in Las Vegas, NV | Monday, December 8 |
| AARC Congress 2014 | Tuesday, December 9–Friday, December 12 |
| Fellowship Program Ends | Saturday, December 13 |

**2014**
**AARC**
**International Fellows**

**Nicolas Roux, PT**
☐Head of Respiratory Care Department Hospital Italiano
Buenos Aires, Argentina
☐Coordinator of Fellowship &Visiting Program
☐Director of Physiotherapy and Respiratory Care Chapter
☐Active Member of Critical Neumology Committee
☐Instructor of Mechanical Ventilation and Noninvasive mechanical ventilation course
☐Publications in multiple scientific journals
☐Hosts
☐Des Moines, IA- Keith Lamb
☐Dallas, TX- David Gibson

**Yang Liu, MD**
☐Attending physician Center Intensive Care Unit
Tongji University Affiliated East Hospital Shanghai, China
☐Teaches mechanical ventilation in ICU for standard training of resident doctors
☐Assisted in organizing national continuous education programs in mechanical ventilation
☐Published multiple papers and research work
☐Hosts
☐Rochester, NY- Sheri Tooley
☐Rochester, MN- Kris Hammel

**Rania El-Farrash, MD**
☐Assistant Professor of Pediatrics & Neonatology Ain Shams
University Hospitals Cairo, Egypt
☐Head of the RT Team NICU
☐Vice President of Pediatrics' Department council, Faculty of Medicine
☐Multiple publications in scientific journals and textbooks & Multiple awards for international publications
☐Professor Doctor Mohamed Elsawi's Award 2013 - Academy of Scientific Research and Technology
☐Hosts
☐Boston, MA – Brian Walsh
☐Seattle, WA - Robert DiBlasi

**Chulee Jones, PhD, PT**
☐Associate Professor in Physical Therapy and Head of the School of Physical Therapy
Khon Kaen University, Thailand
☐Publications in numerous books and research articles
☐Invited speaker and lecturer at many events
☐Major advisor of research for BSc, MSc, and PhD
☐Patent for respiratory muscle training device (Water Pressure Threshold Loading)
☐Hosts
☐Winston Salem, NC – Garry Kauffman
☐Louisville, KY- Shelby Cutler

**Sponsors to Date**
AARC
AARC HOD
AMP/NBRC
DME Train
Draeger Medical
Philips/Respironics
Pima Medical Institute

2. Collaborate with the Program Committee and the International Respiratory Care Council to plan and present the International portion of the Congress.

The committee continues to work with the ICRC to help coordinate and help prepare the presentations given by the fellows to the council.

3. Strengthen AARC Fellow Alumni connections through communications and targeted activities.

We continue to work on improving communication and on targeted activities.

The International Fellows List serve continues to show activity and continues to be valued by our past fellows.

4. Coordinate and serve as clearinghouse for all international activities and requests.

We continue to receive requests for assistance with educational programs, seminars, educational materials, requests for information and help with promoting respiratory care in other areas of the world.

5. Continue collegial interaction with existing International Affiliates to increase our international visibility and partnerships.

We continue to correspond with other medical associations, societies and practitioners.

The international activities of the AARC continue to be of great interest to both the ARCF and to our AARC Corporate Partners.

Presented below is a draft of the introductory article for the December 2014 AARCTimes international edition.

**Happy Birthday!**
**The AARC International Respiratory Care Program turns 25**

**by John D. Hiser, MEd, RRT, FAARC**

I am happy to report that this year marks the 25th year since the AARC began its organized efforts to globalize the profession of respiratory care. Today we continue to promote communication and fellowship among respiratory care professionals in the United States and our

counterparts worldwide through cooperation, dialogue, and educational exchanges.

Numerous U.S-based members, along with our colleagues from around the world, continue to achieve the international goals of the AARC. Here are some of the activities this year.

**Japan**

In Japan, former AARC/ARCF fellow and the International Council Respiratory Care (ICRC) Gov. Dr. Kazunao Watanabe, MD, led the efforts to present the 14th Annual Respiratory Care Seminar in Shonan last July. The professor of respiratory care at Boise State University, Lonny Ashworth, MEd, RRT, FAARC, presented a total of 18 workshops at 10 locations to physicians and co-medical personnel. These workshops (approved by the International Education Recognition System) were presented to approximately 500 people and continue to make a difference in patient care in Japan.

**Norway**

In Norway, Heidi Markussen, MHSc, RN, and Siguard Aarrestad, MD (past fellows and ICRC governors), worked with their colleagues to present seminars promoting and encouraging research in respiratory care. They completed a two-year e-learning project on quality assurance for long-term mechanical ventilation as well as a national center of excellence project for standardization of training on home mechanical ventilation. In addition, they celebrated the first graduating class of 28 nurses from across Norway who completed a one-year <<JOHN, IS IT REALLY A ONE-YEAR COURSE? - MC>> 60-credit-hour course in respiratory care.

**China**

International Committee Vice Chair Daniel Rowley, MSc, RRT-ACCS, FAARC, and Brady Scott, MSc, RRT-ACCS, recently traveled to China, where they visited and lectured at Sir Run Run Shaw Hospital in Hangzhou, China. There they worked with past fellow and ICRC Gov. Yuan Yue-hua, RN, RT, presenting symposia and workshops to their respiratory care personnel. Rowley and Scott also traveled to Shanghai and Beijing as invited guests, speaking at several seminars and working with past international fellow and ICRC Gov. Xiang Yu Zhang, MD, FCCP, FACCM, as well as former international fellow Jie Li, MSc, RRT-NPS. The two presented numerous topics during their visits, including mechanical ventilation, new employee orientation policies, and the transfer of evidence-based literature into clinical practice. See related article in this edition of *AARC Times*.

**United Arab Emirates**

In the United Arab Emirates, former international fellow and ICRC Gov. Noel Tiburcio, PhD, RMT, RRT-NPS, and his colleagues celebrated “World No Tobacco Day” by performing free spirometry studies in Al Ain, Abu Dhabi. They also performed free spirometry on local truck drivers exposed to unhealthy air quality. The Emirates Association of Respiratory Care Practitioners also conducted free board exam reviews for their members from the Philippines who are preparing for the second respiratory therapist board licensure exam.

**Philippines**

Over 750 RTs and RT students attended the 10th Annual Convention of the Association for Respiratory Care Practitioners in the Philippines (ARCPP) this last July in Manila. There, RTs celebrated the 3rd RTRP (Respiratory Therapist Registered in the Philippines) oath-taking ceremony, with more than 100 new RTRPs participating. The first textbook written by a Filipino RT and specifically designed to assist RTs in preparing for their exams was published this year by Noel Tiburcio, PhD, RMT, RRT-NPS, a former international fellow.

**Liberia**

AARC member Michael Davis, RRT, reports that the first RT students in West Africa due to graduate this December are currently working on the frontlines of the Ebola outbreak. Their clinical practice, which began during Davis' trip in June, has evolved emergently; and they are now serving as clinicians by necessity at one of the finest facilities in the Monrovia area, the place most affected by Ebola in Liberia. According to Davis, many hospitals have closed (including the national hospital) and/or have been abandoned by health care workers who refuse to come to work out of fear of Ebola exposure. Not only is Ebola out of control, its effects on the health care infrastructure have led to a frightening increase in deaths due to malaria and typhoid (two of the largest killers in Liberia).

**Israel**

AARC House of Delegates member Brent Kenney, BSRT, RRT, FAARC, recently traveled to Israel, where he presented the first seminar there on the high-frequency percussive ventilation (VDR-4) at the Sheba Medical Center in Tel Hashomer, the largest hospital in Israel and the Middle East. Adult and pediatric intensivists from all over Israel attended the seminar. He also traveled to Haifa, Israel, to present a seminar at Rambam Medical Center, where he joined local physicians in placing a patient on high-frequency percussive ventilation.

**China**

Sir Run Run Shaw Hospital located in Hangzhou, China, celebrated the 20th anniversary of the founding of their respiratory care department. This is the oldest and largest respiratory therapy department in China and is directed by ICRC Gov. Yuan Yue-hua with the assistance of a former international fellow, Hui-Qing Ge, RT. Both were instrumental in planning and conducting the 2014 International Respiratory Therapy Conference and the 8th Intercostal Respiratory Therapy Assembly in Hangzhou this past July. The conference acquired the Level II repeating program approval from the ICRC. There were 335 RTs from 18 provinces attending the conference, which is approximately half of all the RTs in all of China. I (John Hiser) attended the conference with ICRC President Jerome Sullivan, PhD, RRT, FAARC.

Sir Run Run Shaw continues to host a national training course for respiratory therapists from throughout China and has helped train thousands of students since 1998. The training course also has ICRC Level II approval.

**Mainland China and Taiwan**

Mainland China and Taiwan continue to collaborate on several activities that advance the practice of respiratory care. The 8th Intercoastal Respiratory Therapy Assembly (ICRTA) was held in Hangzhou, China, this year. These conferences are planned and coordinated by RTs in both Mainland China and Taiwan and rotate locations between the two countries each year. Dr. Sullivan and I were invited speakers from the United States.

The Congress of Respiratory Therapist Society of Republic of China (RTSROC) was held in late December 2013 in Taichung City, Taiwan.

Both the ICRTA and the RTSROC meetings held Sputum Bowl competitions this year. The competition in China was organized by a past international fellow, Jie Li. The RTSROC competition, which occurred during Respiratory Care Week in Taiwan, was organized by former international fellow and ICRC Gov. Chia Chen Chu along with China Medical University/Tarrant County College exchange students SSU-Yu Chen, Yu-Yu Tu, Chang-Hsien Yu, and Shun-Yao Chi. These were the first-ever Sputum Bowl competitions in both China and Taiwan.

The following international activities will occur between the writing of this article and the end of the year:

- The First XiaXiang International Forum on Emergency and Critical Care Medicine and Respiratory Therapy in Changsha, China
- The First International Respiratory Therapy Congress in Hubei Wuhan; and
- The 2014 Congress of Respiratory Therapist Society of Republic of China (RTSROC) in Chiayi, Taiwan. •

**Mexico**

The Mexican Association for Respiratory Therapy (AMTR) organized the XII International Congress in Respiratory Care in Mexico City Aug. 6–9, 2014. Distinguished guests and speakers at the Congress included Thomas J. Kallstrom, MBA, RRT, FAARC (executive director and chief executive officer of the AARC); Jerome Sullivan, PhD, RRT, FAARC (president of the ICRC); Gary Smith, BS, RRT, FAARC; and Homer Rodriguez, RRT, FAARC (representing the National Board for Respiratory Care). The meeting was hosted and organized by ICRC Gov. Hector Leon Garza, MD, for whom the international Hector Leon Garza MD Award was named after, beginning in 2005.

Jerome Sullivan presented an award to the AMTR recognizing 25 years of collaboration with the ICRC. The Mexican Association presented honorary membership to Kallstrom, Smith, Rodriguez, and Dr. Sullivan.

**Ghana**

An effort to introduce respiratory therapy to the University of Ghana and Korle Bu Teaching Hospital began in 2012 with the assistance of AARC members Paul Eberle, PhD, RRT; Karen Schell, DHSc, RRT-NPS, RPFT; Lisa Trujillo, DHSc, RRT; and former international fellow Audrey Forson, MB, ChB, FWACP. The proposed curriculum, which is heavily based on the current Weber State University (WSU) respiratory therapy curriculum, has been approved to begin in August 2015. It is anticipated that students will go directly from high school into the BS program.

During the last two years of the four-year curriculum, students will travel to WSU to participate in laboratory and clinical experiences and also spend time in clinical rotations, where they can gain an understanding of the scope and breadth of respiratory care in the United States. See the related article by Dr. Trujillo in this edition of *AARC Times*.

**Saudi Arabia**

Past international fellow and ICRC Gov. Mohammed Al Ahmari, PhD, MSc, RRT, along with other RTs from Prince Sultan Military College of Health Sciences were invited by The Sixth National Festival of Science and Technology to participate in their annual exhibition where they introduce up-to-date awareness about sciences and advances in technology in health science fields to the public.

Respiratory therapists had the opportunity to exhibit simulation manikins and their utilization in academic and hospital settings; ventilators; pulmonary function machines; and other respiratory care equipment. They also took the opportunity to educate the public about asthma and COPD awareness and lung health. Interactive stations demonstrating airway management and patient assessment using simulation mannequins were among the stations set up for the public. More than 500 pulmonary function tests, including interpretations and consultation with physicians, were provided.

Gov. Al Ahmari reports that they also held the first Respiratory Care Students' Symposium to give respiratory care students from different respiratory care schools the opportunity to organize, chair, and present scientific lectures and workshops to the profession. "We believe it is very

important to invest in our young RC generation and to prepare scholars, educators, and leaders by giving them the trust and leadership in such activities," says Dr. Al Ahmari.

They also conducted the first RC Student Competition Award among respiratory care schools, similar to the AARC Sputum Bowl. The competition was prepared and run by executive committee members (heading RC departments) and came from different hospitals. "In addition to the scientific talks presented by senior RC students from different schools, particularly Dammam University, the competition was so exciting to all of us, as it's so unique and special" noted Dr. Al Ahmari. Eight groups participated for the whole day to reach the finals, which were judged and chaired by Timothy Op't Holt, EdD, RRT, FAARC, a professor at the department of respiratory care and cardiopulmonary sciences at the University of South Alabama. The final round was between Prince Sultan College and Dammam University, and the winning team was the Prince Sultan students. "We emphasized that there is no loser in such a great event, but every team is a winner by being involved in such a scientific activity," Dr. Al Ahmari says. "This will be repeated every year!"

**Adult Acute Care Specialty Practitioner of the Year Award**

Congratulations to Hui-Qing Ge, RT (Grace) from Sir Run Run Shaw Hospital in Hangzhou, China. Grace will be receiving the 2014 AARC Adult Acute Care Specialty Practitioner of the Year award at AARC Congress 2014 in Las Vegas this December. This prestigious award honors her dedication and outstanding achievements in the specialty practice area of adult acute respiratory care.

This is also an historical event because it will be the first time that an AARC international member has been selected as a specialty practitioner of the year, especially since she is also a past AARC/ARCF international fellow. This is solid evidence that the AARC and its international colleagues are achieving our long-time goal of globalizing respiratory care.

# Membership Committee

Submitted by Gary Wickman – Congress 2014

## Recommendations

None

## Report

**Objectives**

- Review, as necessary, all current AARC membership recruitment documents and toolkits for revision, addition and/or elimination based on committee evaluation.
- In conjunction with the Executive Office, develop a membership recruitment campaign based on the survey results for implementation.
- Identify and evaluate methods to recruit respiratory therapy students as ACTIVE members of the AARC.
- Develop a scientific, data-driven process to implement and measure the effectiveness of current and new recruitment strategies.
- Develop strategy to create more member use of AARC Connect.

The committee continued their work in the fall since the July Board meeting. Karen Schell and I attended the HOD meeting in July to reinforce the importance of the membership campaign, update the Affiliate Membership Chair list and to get an idea of what each Affiliate was doing to support the membership drive. We learned from that meeting that some Affiliates were very motivated and they shared some creative methods. The focus for the time since the July meeting was to conduct the "Visits" in the Affiliates and for each Affiliate to do at least 5 visits in by end of year. I have developed a spread sheet to track compliance with the "Visit Project" and can say that only about 20% documented with our tool that they made visits to the date of this report. I will update the AARC Board and the HOD at the December meeting on where we are to that date. The committee had another teleconference in October where we discussed the progress to date, issues with communicating with the Affiliates each of them support and the importance of reaching out to their Affiliates again. We each made a commitment to do that before our scheduled Affiliates Chair webinar coming up on November 13th.

Sherry and I have continued to strategize on opportunities. The Executive Office is considering hiring a marketing firm to consult on this project. They will come to the December Board meeting with a recommendation on this idea. They are also adding to the budget to start the "auto-pay" option for members. Members will have the option to auto renew starting in 2015. We think that will help retention. Sherry has done work with communicating with expired members and has about a 10% conversion rate which is very good.

We still have a discrepancy between what Presidents have entered for Affiliate Chairs and what we learned from the HOD meeting. Asha and I are working to resolve this by directly communicating with the Affiliates.

**Review of the year:**

We have worked closely with the Executive Office on strategy the whole year. We had 4 committee teleconferences this year. The committee each did their own visits in March as a trial to see how the tool worked and the support materials. We will have had three webinars with the

Affiliate Chairs by the December meeting. One of our goals was to try to engage the Affiliate Chairs through these webinars. We have had good participation. We also published the webinars for those to review that could not attend. Sherry has updated the membership tools website and has released videos, infographics, updated benefits of the top 100 benefits, a member savings calculator, and leave with documents to support the people making the visits. We also put together power point presentations to support the visits for both active members and student audiences. We update the numbers on a monthly basis so Affiliates can see how they are doing. There are also resources from the Affiliates that have unique ideas on the web site.
We also had three student webinars which were also saved and published for later review.

**The Data:**
As of 10/31/2014 are active membership was at 40,574. Our number of active members has decreased by a little over 1,000 members since 12/31/2013. We have 15 Affiliates that have positive numbers. Pennsylvania is leading the way with +247 and Ohio has +58. When looking deeper, we are still losing about 100 to 150 active members each month who are near to or have retired. We also see that graduates are not joining at the rate we need. A lot of the "visits" have happened in the fall and we are hoping to see this beginning to make a difference.
We have learned from the visits that have been documented that the reasons people were members were being a Professional, the AARC support on a national level and CEUs. Other positives came from Managers that were members and actively supportive. The reasons people were not members were the cost, lack of knowledge what the benefits are and how the AARC supports the profession, and unaware of the membership options.

**Next Steps:**
We still have our goal to make 46,000 active members. We did commit to a review of the progress and to see if we needed to make a course correction. We will do that when we see President Elect Salvatore's goals and priorities for next year. We will then make recommendations for the coming year. The committee will continue to press the Affiliate Chairs to make and document those visits. We will set up another student webinar and are evaluating how better to engage new graduates. Sherry will continue to engage those who have let their membership lapse. Lastly, as I stated at the last board report, we will work to engage those who are not members through our visits to hospitals to try to engage them. It will take all of us, the AARC Membership Committee, the State Affiliates, the AARC Board and the Executive Office to help to engage people through communicating what we are doing for the profession, listening to the input we receive and do what we can to eliminate the barriers that are identified by this process.

# Other

This committee has been very active and we are excited and engaged in this campaign. I want to thank the members of this committee for being so engaged in the work, Sheri Tooley, Garry Kauffman, Miki Thompson, Sarah Varekojis, Karen Schell, Ray Pisani, John Priest, Tom Lamphere, Janelle Gardiner, Jeff Davis and John Stienmetz. I would also like to thank the Student Retention Subcommittee for their work. I also want to thank the Executive Office staff who have been thoroughly engaged as well, Sherry Milligan, Asha Desai, Tom Kallstrom, Doug Laher and Tim Myers.

# Position Statement Committee

Submitted by Colleen Schabacker – Congress 2014

## Recommendations

Approve and publish the revised Position Statement "Ethics and Professional Conduct". This paper is submitted for your review as attachment #1 below. Text to be added appears with underline.

**Justification:** The following resolution came out of the House of Delegates and was directed to the Position Statement Committee: "Resolution # 94/14/2 Resolved that the AARC review and update the Code of Ethics and Professional behavior statement, to include specific language addressing unacceptable conduct related to intimidating and disruptive behaviors". I contacted Jerry Edens who submitted the resolution and asked for his input. Once our committee did revisions, I contacted Jerry again to make sure this was the intent of the resolution, and it was.

Approve and publish the revised Position Statement "Electronic Cigarette". This paper is submitted for your review as attachment #2 below. Text to be added appears with underline text to be removed appears with ~~strikethrough.~~

**Justification:** When this position statement was approved in April 2014, the committee was charged by the Board of Directors to review it at the end of the year and bring any revisions / updates to the December Board meeting. The initial position statement remains the same as there remains no regulation of these products. Additional safety concerns were assed regarding the ingestion of the Liquid Nicotine Solution (LNS) by young children.

## Report

1. Draft all proposed AARC position statements and submit them for approval to the Board of Directors. Solicit comments and suggestions from all communities of interest as appropriate.

a. We wrote a Position Statement regarding the electronic cigarette, which was approved by this Board in April, 2014.

b. We were directed by the Board to write a position statement on Interstate Transport License Exemption. This position statement was approved at the July BOD meeting.

c. We were directed by the Board to revise the “Ethics and Professional Conduct” position statement. This revision will be presented at this Board meeting.

2. Review, revise or delete as appropriate using the established three-year schedule of all current AARC position statements subject to the Board approval.

a. During 2014, the Committee’s goal is to complete the review/revision of the eight (8) position statements listed below:

i. Competency Requirements for the Provision of Respiratory Therapy Services

ii. Definition of Respiratory Care

iii. Health Promotion and Disease Prevention

iv. Inhaled Medication Administration Schedules

v. Pre-Hospital Mechanical Ventilator Competency

vi. Pulmonary Rehabilitation

vii. Tobacco and Health

viii. Verbal Orders

b. All Position Statements listed above have been reviewed/revised.

3. Revise the Position Statement Review Schedule table annually in order to assure that each position statement is evaluated on a three-year cycle.

a. This schedule has been updated and presented and approved by this Board in April.

# Other

I would like to thank the members of my committee for all they accomplished this year. I would also like to thank Natalie and Ann Marie for their input into the e-cigarette Position Statement revisions. Thank you all for allowing me to serve.

Attachment #1

# AARC Statement of Ethics and Professional Conduct

In the conduct of professional activities the Respiratory Therapist shall be bound by the following ethical and professional principles. Respiratory Therapists shall:

- Demonstrate behavior that reflects integrity, supports objectivity, and fosters trust in the profession and its professionals.
- Promote and practice evidence-based medicine.
- Seek continuing education opportunities to improve and maintain their professional competence and document their participation accurately.
- Perform only those procedures or functions in which they are individually competent and which are within their scope of accepted and responsible practice.
- Respect and protect the legal and personal rights of patients, including the right to privacy, informed consent, and refusal of treatment.
- Divulge no protected information regarding any patient or family unless disclosure is required for the responsible performance of duty as authorized by the patient and/or family, or required by law.
- Provide care without discrimination on any basis, with respect for the rights and dignity of all individuals.
- Promote disease prevention and wellness.
- Refuse to participate in illegal or unethical acts.
- Refuse to conceal, and will report, the illegal, unethical, fraudulent, or incompetent acts of others.
- Follow sound scientific procedures and ethical principles in research.
- Comply with state or federal laws which govern and relate to their practice.
- Avoid any form of conduct that is fraudulent or creates a conflict of interest, and shall follow the principles of ethical business behavior.
- Promote health care delivery through improvement of the access, efficacy, and cost of patient care.
- Encourage and promote appropriate stewardship of resources.
- Work to achieve and maintain respectful, functional, and beneficial relationships with all health professionals.

Effective 12/94
Revised 12/07
Revised 07/09
**Revised 07/12**

Attachment #2

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

**POSITION STATEMENT**

# Electronic Cigarette

In line with its mission as a patient advocate and in order to ensure patient safety, The American Association for Respiratory Care (AARC) opposes the use of the electronic cigarette (e-cigarette). Even though the concept of using the ~~e–~~cigarettes for smoking cessation is attractive, they have not been fully studied and the use among middle school children is increasing year after year. There is o evidence as to the amount of nicotine or other potentially harmful chemicals being inhaled during use or if there are any benefits associated with using these products. The effects of nicotine on the body are known to be harmful and this does not change when ingested in a smokeless route. Additional safety concerns are emerging concerning ingestion of the Liquid Nicotine Solution (LNS) by young children as poison control centers report a continual increase in calls as e-cigarettes become more popular.

Effective 4/2014

# Social Media Committee

Submitted by: Brian Cayko – Congress 2014

## Recommendations

None

## Report

Nothing to report.

# State Government Affairs Committee

Submitted by: John W. Lindsey - Congress 2014

## Recommendations

None

## Report

**Election 2014**

The 2014 Election is over with huge Republican Win. Once again, we can see that all politics are local and that engaging in political activities on the local level can impact not just state election outcomes but federal as well. In the state of Arkansas, former US Congressman Mike Ross who sponsored AARC's previous Hill legislation was defeated for Governor.

**Sunset Laws**

We need to be vigilant during the next legislative session to make sure those states that have the RT law up for Sunset review closely monitor progress or even if they are not up for Sunset review. Even though Texas was not up for Sunset, the Texas Society had to fight off (successfully) a state government recommendation to repeal RT licensure. While the outcome looks very positive for Texas, the legislature will have to pass a bill to make it final. Colorado's Sunset review got underway this year and fortunately there was a strong recommendation that RT licensure should continue for an additional 9 years. However, just like Texas, these recommendations must be ratified by the state legislature and the CSRC is taking nothing for granted and will be involved in the legislative process.

**Sleep Licensure**

In Iowa, the legislative bill to pass Polysomnography Licensure was not enacted. The original bill had included a RT exemption but a subsequent version did not. This engaged the Iowa RT Society in opposition. The ISRC also altered the Iowa Hospital Association, which when learning of the restrictive bill would impact hospital personnel also weighed into the legislature in opposition. The bill died in committee.

In Georgia, the GA Sleep Society has decided to pursue full licensure for sleep techs through legislation. They have reached out the GSRC asking for input on their proposed legislative language. A RT exemption is prominent in the provision and it appears a collegial working relationship has been established

Maryland enacted a Polysomnography licensure law in 2006. This fall, the Maryland Polysomnography Licensure Board proposed a rule revision that would create a new pathway for out of state sleep personnel to qualify for a Maryland license.

**Medicaid Expansion Option**

Twenty six states have chosen the option to expand their Medicaid programs under the Affordable Care Act. In a few of the states that have decided not to expand their Medicaid Program pressure is mounting from the state hospital association to accept the expansion. Now that the GOP will be taking will be the majority party in both houses of Congress it remains to be seen what will happen with the Affordable Care Act.

**RT Licensure**

***Michigan***

As for MI all is still quiet. Over this last year a supporter of the RTs, a state Senator introduced a bill for RT license repeal in the hopper… But the Senator did not "move" the bill forward, so it went into limbo (which was the strategy since it isn't protocol for any other legislator to step on the toes of another member's bill). And there it has stayed… introduced, but no action. Again, that was the plan between the State legislator and the MI Society.

The bill will probably be re-introduced by this helpful Senator in the next session, but the MI Society knows (via their long time and very, very good lobbyist) that this is only a stop gap measure, as the state licensing agency that is pushing hard to get all those professions, including RT de-licensed won't quit. The agency (LARA) says it doesn't have the time, staff or resources $$$, to keep up with all the professions. And LARA isn't budging off this determination to ax the licensure of 18 professions.

The MI Society is contemplating other methods to keep RT licensure alive since the supportive Senator will be term limited next year and won't be around to assist. The MSRC is working on finding another pathway to preserve RT licensure.

But, long story short, MI is still licensed, still threatened, but as they've done for the last 18 months holding any dire movement at bay. And that's all due to the dedication of all the MI RTs and the fantastic Society leaders.

**Maryland and Arizona**

Maryland and Arizona appear to be seriously pursuing the RRT only licensure requirement.

**Legislation**

There are several states that have bills of interest that have been introduced since July. They are Alabama, California, Delaware, Illinois, Louisiana, Maine, Massachusetts, New Jersey, and Ohio.

**Respiratory Related Rules/Regulations**

There are several states that have proposed changes. They are California, New Jersey, Pennsylvania, and Wyoming.

Cheryl West will be giving a much more detailed report to the Board of Directors and House of Delegates. We need to once again, thank Cheryl for the outstanding job that she does.

Respectfully submitted,

Raymond Pisani, BS, RRT-NPS
Co-Chair, AARC State Government Affairs Committee

John W. Lindsey, Jr., M.Ed., RRT-NPS, FAARC
Co-Chair, AARC State Government Affairs Committee

# *Special Representatives Reports*

# AMA CPT Health Care Professional Adv Comm

Submitted by: Susan Rinaldo Gallo – Congress 2014

## Recommendations

None

## Report

The annual AMA/CPT and HCPAC Meeting was held in October. Ann Marie Hummel and I attended. The first day of the October meeting is devoted to presentations and the HCPAC meeting. HCPAC meeting includes representatives from all of the allied health disciplines, PAs and NPs. Topics of note presented this year below:

1. Medicare Physician Data Release (Meaningful Use). Noted during this discussion was that the majority (60%) of physician practices do not meet the Meaningful Use criteria. The deadline was October 1, 2014. These practices will be required to pay a penalty of 1% of their income from Medicare patients.
2. New CPT/RUC Cycle- starting next year, new codes and code changes will need to be finalized by the October meeting to be activated and in the CPT book 14 months later. Ie codes approved October 2015 will be enacted in January 2017. Currently codes must be approved by February to be active the following January (10 months) after approval.
3. Telemedicine and the need for improved codes.
4. PT and OT are in the process of revising and consolidating all of their codes. This process will be a very long process. It may affect our use of 94667 - Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation, and 94668 subsequent. We will be monitoring this.

The following 2 days of the meeting were devoted to the presentations of code proposals. There were seventy one codes on the agenda. These codes range the gamed of health care; Surgery, Medicine, Radiology, Pathology and Laboratory. Codes of interest to Respiratory Care are below:

1. Changes in Bronchoscopy as related to Endobronchial Ultrasound – these are physician codes

   *31622 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic with cell washing, when performed (separate procedure)*

   NEW 3160X1 with integrated endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures

   NEW 3160X2 with integrated endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures

   Deleted ~~31620 Endobronchial, ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) (List separately in addition to code for primary procedure[s])~~
2. Inhalation Treatments –description change

The current description for 94640 is: Pressurized or nonpressurized inhalation treatment for acute

airway obstruction or for sputum induction for diagnostic purposes (eg, with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing [IPPB] device).
This code description needed to be updated. In reality, most facilities have successfully used this code for all treatments, regardless of the indication. Just a couple facilities had reported an issue with this definition being too limited. The code description change approved at this meeting was:
94640 Pressurized or nonpressurized inhalation treatment for acute airway obstruction for therapeutic purposes and/or for diagnostic purposes such as sputum induction ~~for diagnostic purposes (eg~~, with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device.
This definition is an improvement although not as broad as we had hoped.

3. The American Academy of Sleep Medicine had submitted two codes for Pediatric Polysomnography for children 5 years of age and younger. Their proposal indicated that testing for young patients takes longer (typically 9 hours) and requires 1:1 technologist to patient ratio. This proposal was withdrawn but may be proposed at the next meeting.
4. Also withdrawn was a code modification for Polysomnography asking to include mandibular repositioning, using a treatment device.
    a. 958811 Polysomnography; sleep staging with 4 or more additional parameters of sleep, with the initiation of continuous positive airway pressure therapy, or bilevel, or mandibular repositioning, attending by a technologist. Proposed change is underlined.
5. Actions taken at this meeting will not be active until January 2017 and should not be published to the general membership.

# Am Assn of Cardiovascular & Pulmonary Rehabilitation

Submitted by Gerilynn Connors – Congress 2014

No report submitted as of November 20, 2014.

# American Heart Association

Submitted by Brian Walsh – Congress 2014

## Recommendations

That the AARC support the use of the attached reporting tool by the AHA liaison as requested by the AHA.

Justification: The AHA is trying to meeting the need of their supporting organizations and become more efficient, therefore they are requesting a written report to be submitted prior to each of the meetings. Traditionally, this has been done more informally.

That the AARC provides a communication blitz, offers a webcast and reserves a block of time at the 2015 Congress in support of the AHA and their new 2015 guidelines.

Justification: The AHA is asking all supporting organizations to aggressively notify their members of the evidence and changes implemented in the 2015 guidelines. There appears to be a lag in the acceptance and implementation of each new guideline. This potentially equals lives lost or disabilities incurred and the AHA is asking that we get the word out as soon as humanly possible. They are working on discipline specific notifications and better deployment of education and equipment.

## Report

Attended the AHA Fall Meeting September 22nd through the 24th. The 2015 guidelines are coming together at lighting speed. I continue to bounce around from committee to committee depending on the agenda. Nothing earth shaking to report, other than the two recommendations developed. I plan on speaking to those when they come to the floor for a vote.

*EXAMPLE*

# Liaison Report

ECC Fall Meeting 2014
September 22-24, 2015

Date:

Organization Name:

Representative Name:

Report: *(e.g. Recent or Upcoming Conferences, Accomplishments, Ongoing/upcoming projects update)*

Requests of ECC Committee? *(Optional)*

Other:

# Chartered Affiliate Consultant

Submitted by Garry Kauffman – Congress 2014

## Recommendations

None

## Report

I have remained in contact with those chartered affiliates with whom I have worked over the past 5 years to provide ongoing assistance to their business planning and operations. These include New York, Pennsylvania, Virginia, West Virginia, Kansas, Indiana, George, Iowa, New Jersey, and Washington State.

During this last period, I facilitated a strategic and operational planning session with the Georgia Society for Respiratory Care. I have been asked to work with Michigan, Utah, and North Carolina, both of which I will be scheduling in 2015 secondary to running out of vacation time for 2014.

I appreciate the support of the AARC leadership, AARC Executive Office, and the Chartered affiliate leadership, all of whom demonstrate the dedication and passion to make these efforts both rewarding and successful.

# Commission on Accreditation of Air Medical Transport Systems

Submitted by Steve Sittig – Congress 2014

## Recommendations

To increase the CAMTS budget to $2,500 for 2016.

Currently CAMTS provides $2,500 to current board members but prefers the majority of the support come the sponsoring organizations.

- In the past I have at times just written off travel expenses as business on my taxes. With the ever increasing air fares and hotel rates I will likely start accessing AARC fund on a regular basis as well as accessing CAMTS for the scheduled three meetings a year. .

## Report

The CAMTS board most recently met in Nashville Tenn. Prior to the National Air Medical Transport Conference. We debated 22 program accreditations as well as continued work on the new levels of care to be released next fall at the Air Medical Conference in Long Beach in October. While I was in Nashville I contacted the local RT school at Tennessee State University and presented to the student a lecture on transport medicine. I was able to talk to about 25 students. I typically try and do these side presentations to RT schools in the area we hold our meetings. In addition to the regularly scheduled meetings we are also scheduling "GO to Meeting" board meeting to better allow reaccreditations to proceed on schedule.

We are scheduled to meet in Charlotte NC in April 2015, Seattle in July and Long Beach in October.

# Extracorporeal Life Support Organization

Donna Taylor - Congress 2014

## Recommendations

None

## Report

The Extracorporeal Life Support Organization (ELSO) held its 25th Annual meeting in Ann Arbor Michigan at the University of Michigan campus this year in conjunction with the AmSect Pediatric Perfusion conference. This was the location of the very first charter meeting of the group in 1989. Due to the largess of the AARC Board of Directors, I was able to attend this historic meeting. Many of the pillars of this technology and organization were in attendance. Lectures were filled with nostalgia of the history of this incredible therapy and also its future. Notable changes were approved to the bylaws of the organization during the ELSO Steering Committee meeting preceding the conference. Changes affecting my position as Respiratory Liaison are that now all members will be voting members and that all elected positions on the steering committee will be open to non-physicians. The perfusion liaison was brought forth to the steering committee members and approved by unanimous vote into the Devices and Techniques section on the committee replacing Dr. Bob Bartlett who is stepping down from this committee post after many years of service. Voting member status validates the value that the organization places on its bedside clinician

One presentation was of particular interest to me at the conference. It was one that looked at extracorporeal membrane oxygenation (ECMO) team structure. Eighty six US ECMO centers responded to various questions regarding their team staffing models and patient specifics. Most of the staffing questions included RN, RRT and perfusion in their choices for personnel. Over 67% of the respondents had RNs as ECMO Coordinators. Thirty two percent had RRTs as ECMO coordinators. While over 18% of those responding only had RNs serve as ECMO Specialists and nearly 6% had only RRTs, in nearly forty percent of respondents, RNs and RRTs had both on their team as ECMO Specialists. With over 77% of respondents maintaining the traditional 1:1 staffing model of one specialist to one ECMO patient, the ECMO specialist role is still very much an option for the respiratory therapist to pursue.

My program was one of 46 to receive the ELSO “Excellence in Extracorporeal Support Award”. This was our third consecutive time to receive this award. It was gratifying to see the growth of ELSO and that centers from not only in the US as far away as Hawaii received the award, but also those from Taipei, Taiwan; Dublin, Ireland; Aarhus, Denmark; Regensburg, Germany and Aberdeen and Birmingham in the UK were honored with this award. ELSO now has four active chapters operating throughout the world -- Euro-ELSO, APELSO (Asia-Pacific), LAELSO (Latin-America) and SWACELSO (South and West Asia).

With its worldwide presence and increasing use as a modality, ELSO has become recognized in the eyes of other medical societies and associations. During the height of the Ebola cases surfacing in the US, a position statement from ELSO on Ebola and ECMO was created and distributed to all ELSO centers. The statement was also distributed to critical care societies such as American Thoracic Society and the Society of Critical Care Medicine. ELSO’s efforts are to keep the organization a leader in critical care issues and establish ELSO as the expert in this field.

# Other

I appreciated very much attending the conference and will have a draft to Ms. Schabacker on RRTs and ECMO by year end for review and possible publication in the AARCTimes.

# International Council for Respiratory Care

Submitted by Jerome Sullivan – Congress 2014

## Recommendations

None

## Report

Fundamental Respiratory Care Support Course (FRCSC)

1) Hassan Alorainy, ICRC Governor for Saudi Arabia and Jerome Sullivan, ICRC President will present a report on the FRCSC to the AARC BOD in Las Vegas.
2) Primary effort at this time is preparation of the ICRC Annual Business Meeting Agenda for 26 international presentations (see below):

***INTERNATIONAL COUNCIL FOR RESPIRATORY CARE***

Business Meeting – Mandalay Bay South Convention Center – South Seas Ballrooms A-B Level 3
Thursday, December 11, 2014 - 7:30 a.m. – 4:30 p.m.

***PRELIMINARY DRAFT AGENDA***

I. 8:00 a.m. - Welcome, Jerome M. Sullivan, PhD, RRT, FAARC, President ICRC, Recognition of Award Winners – Hector Leon Garza, M.D., International Achievement Award & Toshihiko Koga, M.D. International Medal.

II. 8:10 a.m. -Introduction of All Participants and Guests. Recommendations & Action Items From Executive Committee, Hassan Alorainy, BsRC, RRT, FAARC, Executive Committee Member

III. Report AARC International Committee – John D. Hiser, M.Ed., RRT, FAARC, Chairman & Vice Chairs, Daniel Rowley, MSc., RRT, FAARC & Hassan Alorainy, BsRC, RRT, FAARC

IV. Reports of International Fellows: Argentina, China, Egypt &Thailand

V. 9:10 a.m. – Michael D. Davis, BS, RRT, Virginia Commonwealth University, Richmond Virginia. "Supporting Ebola Patients – Providing Respiratory Care in Liberia"

VI. 9:30 a.m. – Patrick J. Dunne, Med, RRT, FAARC, Governor for United States, "Strategic Patient Safety Mandates - International Implications"

*BREAK – 10:00 A.M.*

VII. 10:10 a.m. – International Education Recognition Sys (IERS) – J. M. Sullivan , PhD, RRT, FAARC

VIII. 10:30 a.m. – Sigurd Aarrestad, MD & Heidi Markussen, RN, Oslo & Bergen, Norway "Status on Respiratory Care in Norway"

IX. 10:50 a.m. – Welcome from AARC – Frank Salvatore, RRT, MBA, FAARC, President

X. 10:55 a.m – AARC Executive Director – Thomas Kallstrom, MBA, RRT, FAARC

XI. 11:00 a.m. – National Board for Respiratory Care (NBRC)
Kerry George, MS, RRT, FAARC, President, Gary Smith, BS, FAARC, Executive Director & Homer Rodriguez, RRT, FAARC, Director, International Affairs

XII. 11:10 a.m. – Report from Mexico & Latin American Certification Board, Hector Leon Garza, MD, Governor for Mexico

XIII. 11:30 a.m. – Report from Japan, Kazunao Watanabe, MD, Governor for Japan, Noriaki Yamada, MD, & Toru Tsuda, MD, Kirigaoka Tsuda Hospital, "Status of Respiratory Therapy in Japan". Tetsuo Miyagawa, PhD, RRT, Governor for Japan, "National Survey of Respiratory Care Team in Japan"

XIV. 11:55 a.m. - Report from *Colombia*, Marcela Spraul, RRT, BSA, Ruben Restrepo, MD, RRT, FAARC, Governors for Colombia.

*LUNCH BREAK – 12:15 P.M*

XV. 1:00 p.m. - Report from Canada, Christiane Menard, CSRT Exec. Dir. & Jessie Cox, RRT, AA, CSRT President, Governors for Canada

XVI. 1:20 p.m. – Report from Saudi Arabia, Hassan Alorainy, BsRC, RRT, FAARC

XVII. 1:40 p.m. - Report from Italy, Sergio Zuffo, PT, Governor for Italy, representing Associazione Riabilitatori dell' Insufficienza Respiratoria (ARIR), Simone Gambazza, PT, ARIR Board Member

XVIII. 2:00 p.m. - Report from China, Yuan Yue-hua, RN, RT, & Xiangyu Zhang, MD, FCCP, Governors for China, "Major Developments & Status of RC in China "

XIX. 2:20 p.m. – Report from South Korea, Kook-Hyun Lee, MD, Governor for South Korea

XX. 2:40 p.m. - Report from The Philippines, Noel Tiburcio, PhD, RRT-NPS, Governor for The Philippines – Update on Status of RT in the United Arab Emirates

XXI. 3:00 p.m. - Report from Taiwan, Chia-Chen Chu, MS, SRRT, FAARC, Governor for Taiwan

XXII. 3:20 p.m. - Report from India, Vijay Desphande, MS, RRT, FAARC

XXIII. 3:40 p.m. - Report from Chile, Jose Landeros, PT, CRT, Governor for Chile

XXIV. 4:00 p.m. – Report from Costa Rica, Yorleny Vargas Prado, MS, RRT, Governor for Costa Rica

XXV. 4:20 p.m. - Ya-Jun Li, MD, PhD, President, The Affiliated Hospital Of Xi'an Medical College, Governor At Large

XXVI. 4: 40 p.m. - Ratification of Governors and Officers

For further information in Las Vegas, please contact: Jerome M. Sullivan Mandalay Bay/ Delano, Las Vegas Phone: 702-632-7777
Email: Jerome.Sullivan@utoledo.edu, Mobile: 419-276-5583

# Joint Commission - Ambulatory PTAC

Suzanne Bollig - Congress 2014

No report submitted as of November 20, 2014.

# Joint Commission - Home Care PTAC

Submitted by Kimberly Wiles – Congress 2014

No report submitted as of November 20, 2014.

# Joint Commission - Lab PTAC

Frank Sandusky - Congress 2014

No report submitted as of November 20, 2014.

# National Asthma Education & Prevention Program

Submitted by Natalie Napolitano – Congress 2014

## Recommendations

None

## Report

The Asthma Expert Working Group considered input from many sources including the NAEPP Coordinating Committee and responses to a broad Request for Information. The Working Group presented the report and its recommendations for an update on selected topics to the NHLBI Advisory Council at its June 2014 meeting, and we have posted the report on the NHLBI website at (http://www.nhlbi.nih.gov/health/resources/lung/nhlbac-asthma-report.htm). *(It is attached to the BOD book as well.)*

Highlights of the report:

- There is sufficient new science to warrant a systematic literature review to inform a possible revision of the Guidelines
- The update should take the form of an electronic living document, such that the revisions are visibly marked on the current on-line version of the Guidelines (EPR-3). In addition, the Working Group thought it important to have a stand- alone summary document similar to that undertaken for the Guidelines Update 2002, which presented the question posed for the systematic review, the answer in the form of a recommendation to guide clinical decision making, and a brief rationale for the answer that reflected the literature review.
- An update should be accompanied by plans to promote implementation of the Guidelines and the update.
- The five topics that have the highest priority for a systematic literature review are:
    1. Role of Adjustable Mediation Dosing in Recurrent Wheezing in Asthma
    2. Role of Long Acting Anti-Muscarinic Agents
    3. Role of Bronchial Thermoplasty in Adult Severe Asthma
    4. Role of Fractional Exhaled Nitric Oxide (FeNO) in Diagnosis, Medication Selection and Monitoring Treatment Response in Asthma
    5. Role of Remediation of Indoor Allergens (Home Dust Mites/Pets) in Asthma Management

The Needs Assessment Report describes the process, as well as how determinations were made about high priority versus emerging topics. Also, the report includes recommendations on how might an update best be organized relative to NHLBI and National Asthma Education and Prevention Program (NAEPP) member organizations' involvement.

The NHLBI is currently considering various options based on the recommendations in the report regarding updating the guidelines. We would like to assure you that the process we developed with you has not changed. Once the NHLBI has a draft plan we will discuss this with the entire NAEPP.

# Natl Coalition/Health Professional Education In Genetics

Submitted by Linda Van Scoder –Congress 2014

## Recommendations

None

## Report

Nothing new to report.  I will continue to monitor Genetic Alliance communications for opportunities to support patients' needs.

# National Sleep Awareness Roundtable

Submitted by Anne Marie Hummel – Congress 2014

## Recommendations

That the Board end the special representative appointment to the National Sleep Awareness Roundtable, effective 2015.

## Report

The National Sleep Awareness Roundtable has not met in well over a year. Since the funding ended in August 2013, there is no indication of plans to continue it.

# Neonatal Resuscitation Program

Submitted by John Gallagher – Congress 2014

## Recommendations

None

## Report

The Neonatal Resuscitation Program Steering Committee (NRPSC) met October 8th & 9th in San Diego, California on site at the American Academy of Pediatrics annual meeting and convention. The main focus of the meeting was to gain significant progress in the editing of the program's textbook, by which the 7th edition will be complete and ready for release in 2015. The AARC liaison contributed significantly to what is considered one of the most important lessons of the textbook; Lesson 4, Positive-Pressure Ventilation. A considerable amount of pre-work went into the editing and work continues to be done via webinars and conference calls. In addition, the AARC liaison reviewed grant proposals submitted to NRP that had a heavy focus on the science of respiratory care and neonatal resuscitation.

Future activity of the NRPSC will be to review the additional lessons of the textbook that could not be completed during the last meeting. Much of this is done virtually, but the large remainder has been scheduled to be completed during the spring meeting. The spring meeting at AAP headquarters in Elk Grove, IL has been expanded to 3 days to ensure project completion.

# *Roundtable Reports*

# Asthma Disease Management

Submitted by: Natalie Napolitano – Congress 2014

## Recommendations

Create a Disease Management Roundtable that would combine all disease specific roundtables together.

Justification: Disease management techniques are similar regardless of what pulmonary disease you are managing and we feel that we can learn from what is being done in other pulmonary disease. Also it is likely that there is a disease manager in a department that deals with all pulmonary diseases not individual people per disease and thus it would be a more efficient resource for them instead of having to belong to multiple roundtables.

## Report

Communicated NAEPP progress to the roundtable.

Scheduled roundtable meeting at AARC Congress.

# Consumer

See Executive Director Report pg. 28

# Disaster Response

Submitted by Charles Friderici – Congress 2014

## Recommendations

That the Disaster Response Roundtable continue as a separate entity within the committee structure of AARC.

- We have seen an increase in membership and in activity since the Ebola event started.
- A survey of the membership via the discussion board overwhelmingly came out in favor of keeping the roundtable

## Report

We have seen an approximately 50% increase in members of the roundtable since early October, 2014. Postings in the discussion area have increased. While still a small roundtable, our members have appreciated the utility of the group and have begun to use it more for posting questions and discussions. We have also added numerous Ebola and other disease related information to the Library section, helping disseminate and promote best practices for control of Ebola. This information is relevant to other disease states and biological events which may occur.

# Geriatrics

Submitted by Mary Hart – Congress 2014

No report submitted as of November 20, 2014.

No Chair

# Informatics

James Fielder - Congress 2014

## Recommendations

None

## Report

Nothing to report

# International Medical Mission

Submitted by Lisa Trujillo – Congress 2014

## Recommendations

None

## Report

It is recognized by the IMMR that the AARC has provided an opportunity for roundtables to share information with the membership during the AARC Congress. This is greatly appreciated.

Membership has increased to 89.

**Meeting during AARC International Congress**

The IMMR will be meeting in December to discuss and follow up on previously identified goals established during the IMMR meeting held at the AARC 2013 Congress and throughout 2014.

**Meeting goals include:**

o Discuss progress on previously established goals (an agenda will be made available to IMMR members prior to the meeting).

o Discuss additional goals and possible options to aid in increasing IMMR membership

o Explore opportunities to increase the presence of respiratory care in nations where medical missions are currently active

o Discuss donated supplies, disbursement of supplies and areas of need

**Update since previous board report:**

Posters of mission work were shared during the AARC Summer Forum with the House of Delegates. IMMR members will man a table provided by the AARC during the International Congress in December. IMMR members have been invited to prepare posters reflecting their mission work to share at the congress.

Additional mission work continues throughout the world and we anticipate being able to share these experiences through various opportunities in the future.

# Military

Submitted by Harry Roman – Congress 2014

No report submitted as of November 20, 2014.

# Neurorespiratory

Submitted by: Lois Rowland - Congress 2014

## Recommendations

Do not dissolve the Neurorespiratory Roundtable or combine with another existing group. Allow it to continue it as its own entity.

Justification:

There are several diseases and conditions to exchange info about with this roundtable. Because of this variety, the assessment and care of these patients are significantly different from that of other established AARC groups. To avoid electronic overload, it is advisable to not have discussions diluted within other groups. Conditions of interest to this group will have discussions that are not exclusively aligned with other existing groups, as discussions may or may not be categorized with Adult Acute Care, Continuing Care and Rehabilitation, Diagnostics, Education, Home Care, Longterm Care, Neonatal/Pediatric, Sleep, or Palliative Care. These varied diseases and conditions include:

- Amyotrophic lateral sclerosis
- Myasthenia gravis
- Guillain-Barre syndrome
- Duchenne muscular dystrophy
- Poliomyelitis
- Spinal muscular atrophy
- Spinal cord injury

## Report

The Neurorespiratory Roundtable has 102 members. There continues to be a goal to develop a course for Neurorespiratory care and treatment. Guidance from Shawna Strickland was posted in the roundtable discussion December 2014 and this information is very helpful to the group. The development for a Neurorespiratory Course will be the main agenda item at the Neurorespiratory Roundtable Meeting at the 2014 AARC Congress scheduled December 10, 12:30-1:30pm at the Mandalay Bay South Convention Center, Admirals Boardroom, Level 3.

# Palliative Care

Submitted by: Helen Sorenson - Congress 2014

No report submitted as of November 20, 2014.

# Patient Safety

Submitted by Steve Sittig – Congress 2014

## Recommendations

None

## Report

As the newest roundtable formed only this summer, we request an increased educational effort to have RT's understand the important information to be disseminated about how RT can increase their role in patient safety.

The Roundtable has a planned meeting the AARC Congress to get the word out on this newest group. The list serve has been active and membership is currently we are the third highest of all roundtables. We are going to actively recruit membership during the Congress.

# Research

Submitted by John Davies – Congress 2014

## Recommendations

None

## Report

In discussion with Shawna Strickland about the development of a research mentorship through the Research Roundtable.

# Simulation

Submitted by Julianne Perretta – Congress 2014

## Recommendations

Continue the Simulation Roundtable as a community for Respiratory Care Professionals at various levels of simulation integration in their teaching, assessment, research and patient safety initiatives.

## Report

The members of the AARC Simulation Roundtable were queried as to their perceptions of the usefulness of the roundtable. Based on feedback, here is a summary of our perceived Roundtable functions now and in the upcoming year:

*1) a repository for scenarios, tips and tricks, tools for debriefing and course design, and other items;*

*2) a place to collaborate with other RTs involved in (or wishing to get involved in) simulation;*

*3) a place for novices to seek advice from those more advanced (I'm not sure how well this has actually materialized, but I found it an excellent idea that I want to see further developed); and*

*4) a resource to be used PRN by those who need/want to use simulation but are not involved in it frequently enough to consider themselves "expert" (ie- a place for people to use "Just in Time," when needed-but not necessarily using it all the time).*

*The Simulation Roundtable should be a way to link the AARC with the Society for Simulation in Healthcare (SSH); to keep the AARC involved in innovations and progress in SSH, as well as to provide a voice for RTs in the simulation community--I have been able to do that to some extent, with the understanding that the RT community hasn't created a strong voice to advocate for any specific thing(s).*

- Brian Cayko, one of our members, worked with the team at the AARC to create folders within our Library to sort different shared documents and make the library more user-friendly for novice sim users. This helps to meet goals #1 and 3 above.
- Members are volunteering their time and ideas to make the sharing within the site more robust, as it seems like these are the places where the community seems to be the most helpful. These include: identifying and writing regular blogs on simulation topics; beginning a mentorship program; founding an article review/journal club for members; video and scenario libraries; identifying a research team, and taking virtual field trips to different simulation programs.

# Tobacco Free Lifestyle

Submitted by Jonathan Waugh – Congress 2014

No report submitted as of November 20, 2014.

# *Ad Hoc Committee Reports*

# Ad Hoc Committee on Cultural Diversity in Patient Care

Submitted by Joseph Huff – Congress 2014

## Recommendations

None

## Report

| | |
|---|---|
| **Charge:** | Develop a mentoring program for AARC members with the purpose of increasing the Diversity of the BOD and HOD. |
| **Status:** | **LT Joseph Buhain, EdD, MBA, RRT, FAARC from Minnesota**<br><br>**Elena Lennon from NY**<br><br>**Golda Crowder from California will attend the Fall Meeting** |
| **Charge:** | The Committee and the AARC will continue to monitor and develop the web page and other assignments as they arise. |
| **Status:** | **Ongoing** |

# Dr. Joseph Buhain EdD MBA RRT FAARC, NREMTB

Joseph.Buhain@saintpaul.edu • 2834 Bobcat Trail NW Prior Lake, MN 55372• 9522202325
United States Naval Officer

## Program Director of Pulmonary Medicine and Simulation Studies

Dynamic results orientated leader with a strong successful record for excellence in education, health care and the needs of an organization. Best Practice implementation using key leadership skills, team approach, problem resolution and change agent capabilities. Officer in the United States Naval Command with a multitrack record in recruitment, operations, communication and mentorship. Highly organized and well respected. Utilizes and controls concept driven best practice implementation in diversification and visionary ideas. Superior interpersonal skills with in-depth knowledge and service , capable of resolving, multiple (human resources, legal, financial, budget grants, operational and conflict resolution) issues while supporting and motivating staff towards future success outcomes. Outstanding track record, through networking with government agencies and education societies with emphasis towards pulmonary medicine and simulation studies. Nominated as a Fellow for several key medical associations including Respiratory Therapy and the Filipino American Association. Additional areas of expertise include:

- Strategy, Vision & Mission Planning for Saint Paul College
- Development and Sustainment of Grants & Marketing
- Public Speaker, Writer and Author
- Program Development & Accreditation
- Profitability & Cost Analysis Director
- Billing, Collections & Cash Allocations
- Contract Sustainment, Finance Management & Formulation of Policies
- Government Support Relations & Medical Advocate for Patient Care
- Team Building, Dynamics, Performance Improvement

**Education**

Aspen University
EdD Leadership and Education (Phi Epsilon- Academic Honors)
Aspen University
Master's in Business Administration (4.0)
Mankato State University
Certificate in Autism Spectrum Disorder
Baker College, Flint, Michigan
Bachelors in Health Service Administration
(Summa Cum Laude 4.0 GPA)
University Of Central Florida/ Valencia College
Associates in Liberal Education and Studies
Associates in Cardiopulmonary Sciences – RCP/CRT/ "RRT"
U.S. Army Medical Corp
Medical Specialist/ EMT/ 91 B20 / 91 W60
Mayo Clinic
PALS ACLS, Advance Critical Trauma – Instructor and General

**Experience**

Saint Paul College – Program Director for Respiratory Care and Simulation Studies

- Program Director & Educator -Developed a $2.5 Million Simulation Center) Center Support Community based Hospitals, Students from a Diverse Array of specialties including nursing, Physicians, Respiratory therapist and EMS providers. Endorsed by the college as one of the leading program developments within the last year.
- Obtained a $ 50Thousand (DEED) grant for Minnesota Educators for Paramedic Training for a cross collaboration with Health East Hospital training.
- Currently Developing and Allocating $14.9 million renovation with Allied Health Center for Simulation and Training

- Sustained and assisted in a $ 500,000 2nd Floor MNSCU Renovation Project specifically with Respiratory, Lab and Simulation Development Projects.
- Established 2 Scholarships available quarterly for MNSCU students ( Buhain respiratory Scholarship and Buhain Veterans Scholarship)

US Naval Officer- United States Naval Command (MSP MN)

- Active Human Resource recruiter, Mentor, Leaders. Liaison Management Officer for recruiting in the civilian sector.
- Developed and Conducts Quarterly assessment to improved collaborations of colleges and recruitments services within the college atmosphere
- Initiated a Volunteerism program for facilaite an opportunity to learn diversification in the United States Navy.

Beyond the Yellow Ribbon – South of The River (Cofounder – Operations)

- Operational Director for a newly establish 5013C within the 1st year.
- Established and Maintained a $ 5,000 budget within the 1st year
- Doubled Staff members of volunteers by the second year.

Mayo Clinic- St Mary's Hospital and Immanuel St Joseph Trauma 1 Rochester, MN – Thoracic / Vascular Cancer

- Educator, Associate Professor, Medical Trainer and Provider
- Critical Care Educator, Preceptor, ICU, ENT, Trauma. Cardiac, Education, Neuro, Ortho, Pediatric, Vascular, Ground Transport Nitric Oxide, Multi Vent, Jet Vet, Non-invasive Vent, Research, Clinical Preceptor
- Lead respiratory Therapist training a multidisciplinary staff in medical training and academic proficiency in the top rated hospital in the United States

Richmond Medical Center- Richmond, VA – General Medicine (Contractor and Employee)

- Developer, Contractor, Negotiator - Successfully supplied private industry with companies in the development of Urology Clinics.
- Health Care Administrator – ICD (Coding, Billing, Management, Clinical- pharmaceutical representative. Hospital liaison)
- State and Federal legal binding contracts
- Established laboratories that comply with regulations, state allocations and pharmaceutical industry
- Develop 3 Multi-Million Dollar Centers as a contractor ( Philadelphia, Virginia and Orlando)
- Reduced Corporate budget by 20% and successfully maintain a profitable medical company.
- Increased Gross revenues by 10% within the 1st year of opening.

Capital Medical- Trauma 2 Richmond, VA

- Educator, Trainer, Provider :ICU, Floor, Non- Invasive, Cardiac, Emergency, Non-invasive, Multi Discipline, Clinical
- Coordinator, Office Manger

Orlando Vascular Center – Urology Center (Consultant)

- Health Care Administrator – Management and maintained 3 new clinics as the Medical Consultant for 3 private clinics in Florida. Developed and Renovated Vascular Clinic Centers in conjunction with Health Care Providers in VA, Florida and Pennsylvania.
- ICD9 Coding, Billing, Management, Nursing staff Office Manager, Payroll, Liaison to 7 Medial doctors.

Orlando Regional Medical Trauma 1 Orlando, FL

- Educator, Provider ICU, Transport, Multi NICU, PICU, Emergency, Invasive Surgical, Multi Discipline, Clinical
- Coordinator

United States Medical Army

- Awarded the Bronze star for Acts sustained in eh War Against Terrorism
- Nominated by Secretary of Defense Rumsfeld - Awarded and Recognized as the 1st MN 50 Heroes from 50 States
- Health Care Administrator Multi- Discipline Acute Field Surgery- Medical to Administration, Clinical Preceptor, Coordinator, Managed and Sustained $ 2- 4 million of Medical and Trauma equipment for a period of 15 years as a Senior Noncommissioned Officer

- US Army Regiment, Air Transport

**Affiliations:**

Thoracic Society of Medicine
Special Olympics
Private Pilots Association
Beyond the Yellow Ribbon
Knights of Columbus
Veterans of Foreign War
American Red Cross AARC
FRSC MSRC

**Publications**:
*The Practical Role of a Respiratory Therapist during an Advance Directive*, 2001 AARC TIMES, Joseph Buhain (Author)
Serving the Cause: Respiratory Therapist Role in the Military, 2003 American Association of Respiratory Care TIMES, Joseph Buhain (Author)

Cardiopulmonary Respiratory Therapy, 2010, Therapeutics by Dean Hess, Chapter 33, Joseph Buhain MBA and AVI Nahum MD

**PRESENTATION:**

Minnesota Society for Respiratory Care- Life and Breath of Respiratory Therapy (2007)
Chippewa Valley Technical College Eau Claire- The Role of Respiratory in the Battlefield (2008)
Chippewa Valley Technical College Eau Claire- Advanced Airway Techniques (2009)
Wisconsin Society Bi Annual Respiratory Care Convention- Respiratory Therapy in the Battlefield (2008)
Asthma and COPD Education – American Lung Society (quarterly yearly)
Pulmonary Function Testing- Augsburg College Physician Assistant Program
Military Behavioral, 2013, Washington DC, Post Deployment Lung Injuries
Asthma Awareness and Pulmonary Function Testing (2013)
Cardiopulmonary Diseases for Bethel Physician Assistant Program (2013)

**Awards**
BRONZE STAR FROM IRAQ AND AFGHANISTAN
CAMPAIGN MEDALS FOR MILTARY
Florida Commendation Medal
Army Achievement Medal
Alpha Tau Omega President
Chairperson- RCTC nursing forum
Clinical Tech Award- ORMC
NCO Special Olympics Award
Lay leader Award
Florida Meritorious Service Ribbon
Deans' List
Presidents Academic List
Summa cum Laude (4.0 GPA throughout College)
Phi Epsilon (Academic Honors)

**Military Service Duty**

**Date and Place of Birth:** Nov. 22, 1970 Manila Philippines

**Years of Non-commissioned Service:** Over 14 years

**Years of Commissioned Service:** Over 3 years

**Total years of Service: 15** years

**Present Assignment:** Campus Liaison Officer (1205) , US Naval Recruiting

**Current Occupation:** Program Director for Respiratory Care and Simulation Studies

**Military Schools:**
United Stated Medical Specialists School
Primary Leadership Training Course
Reserve Components National Security Course

**Educational Degrees:**
Aspen university: EdD in Leadership and Education
Mankato State University: Autism Certificate
Aspen University: MBA
Baker College: Bachelors in Health Care Administration
Valencia College Associates in Science for Respiratory Therapy
Valencia College: Associates in Science for Liberal Arts and Education

**Foreign Languages(s)**
Filipino (Philippines) – Tagalog
Spanish
English

**Duty- Assignments:**

US Naval Recruiting: Minneapolis, MN

407 Civil Affair Units – Arden Hills MN

945th FST Detachment Medical NCOIC, Ft Snelling, MN

452nd CSH Respiratory Therapist Ft Snelling, MN

31st CSH Baghdad, Iraq

Task Force 1-68 Kandahar Afghanistan

B – 2 – 200th Medical Platoon Fort Sam Texas

2-235th ADA Hawk Unit (ADA) Longwood, Fl.

2-124th Infantry (Medical NCO) Orlando, FL

2-135th (Air Assault Unit) Infantry Rochester, MN

114th Combat Support Hospital Fort Snelling, MN

**US Decorations and Badges**

| | |
|---|---|
| **ASR** | Army Service Ribbon |
| **NDSM** | National Defense Service Medal-1 |
| **AAM** | Army Achievement Medal |
| **NCOPDR** | Primary Leadership Non-commission Officer Course |
| **FMSR** | Florida Meritorious Service Ribbon-2 |
| **FCM** | Florida Commendation Medal- 1 |
| **HSM** | Homeland Security Medal- -2 |
| **CMB** | Combat Medical badge |
| **FASDR** | Florida Achievement Service Defense Ribbon- 2 |
| **OVS** | Overseas Service Ribbon |

**Addendum A to Resume of Service Career**

**Joseph Paul Buhain, Campus Liaison Officer and Respiratory Therapist (USNR), xxx-xx-4021**

**Current Operation United State Naval Recruiting Operations for Officers and Enlisted Personnel**

**Nature, Scope and Extent of Responsibilities**

Campus Liaison Officer (CLOs) are Navy Reserve officers with a human resource designator (1205) who seek to boost this awareness across the diverse spectrum of qualified applicants - many of whom may not have been aware of the Navy or considered it for a career. CLOs are uniquely positioned to assist the local recruiting districts, because each of them is an administrative or professorial faculty member at a college or university.

Individuals serving as CLOs assist recruiters in understanding campus politics, protocol and student issues in order to assist in recruiting efforts. They act as a source of continuity on campus, lend credibility to the Navy's diversity recruiting initiatives, and maintain a rapport within their college or university. They help to identify applicants and assist in ensuring that graduates from their academic institutions are placed in the Navy career path that offers the best fit for their skills and interests.

# Ad Hoc Committee on Officer Status/US Uniformed Services

Submitted by Scott Woodcox - Congress 2014

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No report submitted as of November 20, 2014.

# Ad Hoc Committee on 2015 & Beyond

Submitted by Toni Rodriguez/Lynda Goodfellow – Congress 2014

## Recommendations

That the AARC BOD review and discuss the Issue Brief on Clinical Simulation as prepared by sub-committee #2, found under Appendix A of the final AARC 2015 report. *(See attachment "Charge 2 Appendix A")*

That the AARC BOD review and approve the Model Articulation Agreement developed by sub-committee #3 found under Appendix C of the final AARC 2015 report. *(See attachment "Charge 3 Appendix C")*

That the AARC BOD review and approve the Clinical Ladder Tool Kit developed by sub-committee #4 found under Appendix D of the AARC 2015 final report. *(See attachment "Charge 4 Appendix D")*

## Report

**CHARGE #1**

Competency Level Focus –The 2015 ad hoc committee based upon conference document II: "Competencies Needed by Graduate Respiratory Therapists in 2015 and Beyond " as approved by the AARC BOD in July 2012, will identify competencies for entry level practice and those that should be acquired after entering practice with suggested mechanisms for competency acquisition. **COMPLETE**

Committee Members:
Claire Aloan
Bill Dubbs
Tim Myers
John Hiser
Woody Kageler
Toni Rodriguez
Lynda Goodfellow

The survey Competencies Needed by the Graduate Respiratory Therapists in 2015 and Beyond was approved by the AARC Executive Committee in early February. Thanks to Kris Kuykendall of the Executive Office who posted the survey for approximately 3 weeks and tabulated the results. The 209 question survey was sent to approximately 8400 members of the Management and Educations sections. 948 practitioners completed the survey giving an 11% return rate. The survey completers identified their position as follows: 52% managers, 37% educators and 11% practitioners. The Survey results have been sent to the committee members for review to determine next steps. A conference call will be arranged for early April. Because of the length of the survey results will be made available upon request.

**Summer Report:**

In analysis of the survey results the committee:

1. Focused only on the competencies that the sample identified as being acquired after graduation.
2. Determined the standard error for the results based upon the data (8,400 members asked to complete the survey, 948 members responded for an 11% response rate) .
3. Multiplied the standard error times a 95% confidence intervals factor to arrive at how much we should subtract from each response percentage to create our lower confidence interval boundary.
4. Compared the standard error corrected percentage against our selected threshold of 60%.

After statistical manipulations the following competencies were identified from the study as acquired after entering practice:

| Competency | Corrected Response % |
|---|---|
| **2. Compare and evaluate indications and contraindications for advanced pulmonary function tests (plethysmography, diffusion capacity, esophageal pressure, metabolic testing, and diaphragm stimulation) and be able to recognize normal/abnormal results.** | 78.6 |
| **6. Describe the bronchoscopy procedure and describe the respiratory therapists role in assisting the physician.** | 60.3 |
| **26. p. Ensure financial/economic support of plan/program and related documentation** | 74.5 |
| **28. Review and critique published research.** | 68.4 |
| **29. Explain the meaning of general statistical tests.** | 59.8 |
| **31. Explain the use of evidence-based medicine in the development and application of hospital-based respiratory care protocols.** | 60.8 |
| **47. Team Leader Understand the role of team leader: specifically, how to lead groups in care planning, bedside decision making, and collaboration with other healthcare professionals.** | 68.9 |
| **50. Perform endotracheal intubation.** | 66 |
| **98. Hyperbaric oxygen systems** | 69 |
| **99. Sub-ambient oxygen delivery systems (neonatal only)** | 73.5 |
| **110. Nitric oxide therapy** | 64.4 |
| **154. Assist physician in placing surgical or percutaneous tracheostomy tube.** | 69.5 |
| **167. Recommend cardiovascular drugs based on knowledge and understanding of pharmacologic action.** | 64.1 * |
| **195. Negotiate with veracity for emergency situations** | 60.8 * |

| | |
|---|---|
| **worked outside of medical orders.** | |
| **208. Develop a broader context of healthcare: costs, services, reform, restructuring.**<br><br>• **Indicates that more that 20% of the survey takers skipped the question. It was noted that the percentage of skipped questions progressively increased due to the length of the survey.** | 65.1 * |

**The identified competencies could be grouped into the following categories:**

I. Advanced Assessment of Pulmonary Function ( 2)
II. Assisting Physicians and/or Performing Diagnostic Procedures ( 6, 50, 154)
III. Review and Implement Published Research ( 28, 29, 31)
IV. Respiratory Care Department Stewardship and Management ( 26p, 47, 195, 208)
V. Specialty Gas Administration ( 98, 99, 110)
VI. Advanced Cardiopulmonary Pharmacology (167)

**Committee comments related to suggested mechanisms for competency acquisition included:**

1. **Identifying current AARC educational resources that cover these competencies.**
2. **Make State Societies aware of the competencies so that they may be included in their continuing education offerings.**
3. **AARC create on line learning modules or web-casts to cover the competencies.**
4. **As advanced education models for Respiratory Care develop encourage the inclusion of these competencies at the advanced course levels.**

**CHARGE #2:**
Explore models that validate the use of clinical simulations as a major tactic for increasing or upgrading the competency level of students and the current workforce for the purpose of 1) establishing the relevance of clinical simulation in the college/university setting as a substitute for actual clinical practice as requires by accreditation agencies 2) developing a "Standards of Quality Clinical Simulation" check list to guide hospital departments, educators and state affiliates in the development and effective use of clinical simulation projects.

Committee Members:

Lisa Shultis
Joseph Goss
Denise Johnson
Lynda Goodfellow
Toni Rodriguez

A conference call was conducted on Feb 20th to discuss committee progress. All committee members participated.
It was reported that Wes Granger has resigned from the committee due to personal reasons. Committee members express thanks for his contributions.
Lisa, did contact COARC for their position on substitution of clinical simulation for clinical practices and received the following a statement from Tom Stalling, COARC Executive Director which can be found in the final Sub-Committee Brief.

**Discussion:**
Committee requested that committee chairs contact Shawna Strickland and Pat Doorley on advice related to the production of an official AARC white paper. Toni volunteered to follow up on this. **Done**
**Response:** Based upon information received from several knowledgeable sources, committee chairs Goodfellow and Rodriguez recommend that the committee produce an" Issue Paper" or "Brief" on the topic of Simulation for the AARC BOD. The brief paper would provide essential information on the topic without the need for official BOD approval. The BOD could then decide on what to do with the information.

Discussion on the assigned reading material identified two distinct venues for the application of clinical simulation technology: 1) the hospital environment for the maintenance/upgrade of clinical skills and evaluation of current skills and 2) the educational environment to enhance instruction of clinical skills and attitudes. It was decided that any product produced should speak to both venues.

It was decided that we would assume a global perspective in developing the Standards of Quality Clinical Simulation Check List. The Check List will speak to best practices related to pedagogical principles, participant preparation, staff preparation and training, debriefing and equipment. (Assigned: Denise /Toni)

The proposed topics to be covered in the Issue Paper include:

- Value of simulation (Assigned Lynda)
- Variety of simulation (Assigned Lynda)
- Venues for simulation (Clinical, schools etc.) (Assigned Joe/Toni)
- Validity of Simulation (Assigned Lisa)
- Collaboration in simulation (ie: Networking) (Assigned Joe)
- Limitations of simulation (Assigned Joe)
- Integrated learning with simulation (Assigned Lisa)

Committee members will prepare their assignments and email it to other committee members by May 1st. A conference call will be arranged for Mid May.

**Summer Report**

Committee members completed their research assignments and data was shared with the entire committee. A conference call was conducted on June 12th to discuss next steps. It was decided that the researched information would be formulated into an Issue Brief to be

presented to the AARC BOD. Toni Rodriguez will compose the Issue Brief with the goal of presentation at the July BOD Meeting.

**Fall Report**

Due to time constraints the July deadline for completion of the Issue Brief on Clinical Simulation was not met. A conference call conducted September26th and the committee decided to work on the final brief in a collaborative manner. A" Drop Box" account was established for this purpose. The completed Issue Brief is attached to this report under **Appendix A** for AARC BOD review and discussion. **DONE**

**Based on the results of our research the Sub- Committee would encourage the AARC BOD to:**

1) **Continue support of the AARC Round Table on Clinical Simulation as a mechanism for networking on the subject.**
2) **Establish a repository of best practices for the use of clinical simulation in the profession of Respiratory Care.**
3) **Continue to include subject matter related to simulation on AARC program agendas.**
4) **Encourage and promote research in the area of clinical simulation for Respiratory Care Education.**

**CHARGE #3:**
That the Committee in cooperation with the CoARC, develop models of consortia and cooperative agreements to assist 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 to articulation and bridge agreements that arise from different state guidelines that govern college articulation and bridge agreements.
B. Models should include long distance learning that can be used with smart technology and have the ability to fulfill clinical requirements in unique ways that align with clinical education away from the distance classroom.
C. Recommend strategies for implementing parts a & B.

Committee Members:

| | | |
|---|---|---|
| Pat Doorley | Toni Rodriquez | Karen Stewart |
| Brad Leidich | Lynda Goodfellow | Helen Sorenson |

A conference call was conducted on March 6.

- Materials provided by Brad Leidich from CoARC were discussed. Ideas from the survey's comments ranged from the kinds of incentives colleges can offer to have

graduates complete the RRT process in a timelier manner after graduation to the need for AS to BS agreements and mentors/champions to assist AS programs with initiation and implementation of Bridge agreements with 4-year colleges/universities.

- With 49% of the survey respondents indicating that they have no plans to start a BS degree, there is a need to articulate with 4-year schools as many (not all) other health care professions currently have advanced degrees; and this is a professional dilemma for the RT profession.
- The committee members agreed that to move bridge programs forward, mechanisms must be market-driven and that managers of respiratory care are key for success. For instance, promotions or pay increases should be tied to the RRT and BS degree via career ladders regardless of years of experience in respiratory care.
- An idea to engage the HOD with their state societies to promote AS to BS completion was discussed. The message for AS graduates is "The BS is the new RRT" in that this equals career advancement. Each delegate can also assist by creating a state list with names/contact information of educators and managers willing to mentor and facilitate an articulation agreement with program directors that may need assistance.
- To close, the discussion of the conference call can be summarized as follows:
    - AS programs need to partner with 4-year colleges with articulation agreements for graduates to continue their RT education
    - Workplace RRT and BS incentives are critical; managers must make a distinction between CRT and RRT roles
    - Therapists themselves are to take responsibility for their life-long learning by being a professional who understands the issues of not advancing their credentials and education
    -

Member assignments to prepare for next meeting:

- Brad Leidach will contact the manager of the PSRC regarding articulation agreements
- Pat Doorley will begin a list of talking points that may be used by HOD members when speaking to their state societies regarding AS to BS bridge programs
- Helen Sorenson will ask respondents who provided links to their Bridge agreements to share the agreement with plans to create a standardized template for programs to model.
- Pat Doorley will post to the management section on AARC Connect what are the barriers to t promote BS education and what is needed for change.

**Summer Report**

Conference call conducted June 4th, 2014

Discussion and Action Items (<u>Underlined</u> ):

1. Create a generic "Bridge" model for state societies to provide as a template for an AS to BS bridge program. An explanation of how Virginia is developing such a model was shared. With the Kacmarek, et al publication (Resp Care 2012; 57(5); 710-720) as the theoretical framework, an 18-questionnaire was sent to VA society

members with specific questions to the value of the RRT as entry-level credential and the value of BS-entry education. Results from the VA survey found that 1). Employers in most markets are mandating the RRT upon employment or within 6-months; 2). Few BS programs are available and there is concern that existing programs may not be able to handle potential demand; 3). More on-line options are needed and 4). Local membership opinions are important. VA has offered to share survey questions with other societies. A complete list of known existing completion and on-line Bridge programs by July HOD meeting & provide list of states which allow community colleges to offer BS degrees

2. What degree is best when partnerships are being negotiated? To have a BS in Respiratory therapy or BS in Health Sciences is questioned most often but will other degrees be recognized for mobility? There is a need for current information to be made available on bridge programs for articulation agreements to be successful. Investigate/explore reference for optimal degree name(s). Create list of known articulation agreements currently in use and use information to create an articulation model matrix of degree program options to include degree name, institution, accreditation status and accrediting agency, transfer credit accepted, cost per credit hour, Financial Aid information and web link
3. Advanced Practice in 2+2 programs. An advanced practice component should be an option as not all future Bridge students will want a management or education focus. The aim would be a RT who is prepared for the Adult Critical Care, Pediatric/Neonatal or other specialty practice exam. Need to know if this is already in practice.
4. HOD talking points to include:

- Background as to why it was important to survey (see Kacmarek, et al. article)
- Differences in BS degrees; value of BS in Respiratory Therapy vs. other BS degree options
- List of current AS to BS completion and on-line programs available
- Model "state" articulation agreement for bridging AS to BS degrees
- Provide VA survey summary results

**Fall 2014**

A conference call was conducted by the committee on September 26th. A summary of the discussion is as follows:

1. Results of the Degree Advancement Survey conducted in September by the AARC Executive Office were reviewed and discussed. (The results of this survey as well as the results of a previous survey conducted in by the AARC in 2013 are discussed in the recent MEMO to the AARC BOD dated 10/24/14 entitled: Response to CoARC request for supporting data for the moratorium on associate degree entry-to-practice programs under the section "Available Opportunities to Advance Education for Respiratory Therapists". This document has been attached to this report under **Appendix B.**)
2. Results can be questioned to their generalizability due to the low number of responses received.
3. Discussion of degree advancement education competencies for the "bedside practitioner" and the need for and lack of clinical components in current programs.

Many "bedside practitioners" do not desire an advanced degree for upward mobility but to prepare for advanced credentials. Educators of Bridge programs should be encouraged to offer an ideal degree advancement curriculum which includes content that optimizes obtaining advanced credentials such as the ACCS.

4. Degree advancement is currently voluntary and not mandated.
5. Barriers seemingly exist for degree advancement. The BSRT is not offered or is not available as readily as BSHS or other BS options.
6. The CoBGRTE website is updated often with a complete list of degree completion and degree advancement options.
7. A model articulation agreement was reviewed by the committee and approved for submission to the BOD. The model agreement can be found under **Appendix C**.

**NOTE:** Since this conference call, the AARC updated Strategic Plan has been posted to the AARC website and the AARC Executive Office has reported to the AARC Board of Directors regarding the CoARC's request for supporting data for the moratorium on associate degree entry-to-practice programs.
This was a very challenging charge with dynamics beyond the scope of a single sub-committee to complete. Since we initiated our work in this area AARC Leadership has decided on a definite direction for the profession as it relates future credentialing and education requirements which was the ultimate goal of the charge.

**CHARGE # 4 :**
*The committee should assess the validity of career ladders as an education option for upgrading and maintaining the skill set of the existing workforce. The assessment should explore the need for career ladders to facilitate acquisition of advanced competencies and advancement to baccalaureate degree as well as identify how career ladders could be implemented.*

Committee Members:

Lynda Goodfellow
Dianne Lewis
Karen Schell
Shantelle Graves
Toni Rodriguez

Dr. Goodfellow conducted a literature search for current career ladder programs in nursing and other disciplines. An inquiry was also posted to the Management section on AARC Connect to ask how many managers are offering career ladders in their facility and if they would share examples of their current programs. The Management section was also asked if they are hiring CRTs (CRTs who due to terminal degree/diploma are only eligible for the CRT credential or as new graduates who are registry-eligible with a timeline to become registered). The committee has received a large amount of information and is currently in the process of reviewing the data with the goal of identifying best practices. The committee will conduct a conference call to discussion the retrieved information by the first week of April.

**Summer Report**
Conference call conducted June 9th, 2014

Discussion and Action Items (Underlined ):

1. The committee members believe that there is enough information to demonstrate the value and validity of career ladders; which also includes skill acquisition. Career ladders should include the advancement to B.S. and M.S. degrees as part of any program.
2. Committee members believe that a marketing campaign from the AARC is needed with involvement from new graduates, current practitioners and retirees. This AARC campaign can add credence to hospitals who are struggling to receive approval to begin a ladders program. This possibly being a project within the leadership institute with a focus on branding or marketing career ladders.
3. Committee members noted that facilities in larger cities are mostly hiring RRTs and now with the RRT being the credential of choice for employment, rural facilitates are able to recruit RTS as there more opportunities available today in rural areas than in the past.
4. The committee members believe that a culture that values and appreciates the practitioner who wants upward mobility – not just a job, but a career is needed. This includes professional pride, an internal desire to not only do the work but make sure that the work is performed at the highest level. This culture adaption will allow all of us to see ourselves as a profession with a professional identity. Respect must be earned and career ladders is believed to be an avenue to impact this desired culture change.
5. The literature is inconclusive on the value of career ladders for upward mobility
6. Comments from AARC Connect indicate that career ladders assist with retention of RTS. It is noted that pay increases are one of the biggest barrier for administrative approval. However, a stronger argument for implementation approval may be an emphasis on personnel investment to improve retention over time of the more talented RTs is more suitable.

**Fall 2014**
A conference call was conducted on September 26th. The committee reviewed and approved the "Clinical Ladder Tool Kit" for presentation to the AARC BOD. Please see appendix D to view the tool kit. General points related to the clinical ladder are as follows:
**Quick Reference for Respiratory Therapy Career Ladder Model**
General points:

- A literature review conducted in May-July 2014 was inconclusive if career ladders promote upward mobile.
- Career ladders are known to be effective for staff morale and for retention of personnel who recognize the investment being made in them. These practitioners, in turn, take ownership of their job, position, and organization
- The purpose of any clinical ladder program is to assist with retention by providing personal investment in individual staff
- This clinical ladder model is meant to allow for flexibility
- Options are included that allow organizations to skip any step(s) as appropriate for an institution
- Competencies can be customized to your organization

- Attainment of Levels I to IV are not designed to be a matter of more money, but of responsibly and respect
- Organizations should decide if the B.S. degree is necessary to participate; or is this available to all staff members regardless of educational degree

Respectfully Submitted: Lynda Goodfellow Ed.D, RRT FAARC
Toni Rodriguez Ed.D, RRT, FAARC

# Ad Hoc Committee to Reduce Hospital Readmissions

Becky Anderson – Congress 2014

No report submitted as of November 20, 2014.

# Ad Hoc Committee on Virtual Museum Development

Submitted by Trudy Watson – Congress 2014

## Recommendations

That the policy for the Legends of Respiratory Care Recognition Program be approved. *(See below)*

Justification: At the summer 2014 BOD meeting, the Legends of Respiratory Care Recognition Program was approved (14-2-28.1). The BOD directed the committee to select the 2014 Legends (completed September 2014) and to develop a policy for future selection. The policy identifies the nomination and selection processes and establishes the annual deadlines.

## Report

The initial five galleries of the AARC's Virtual Museum were launched on August 1, 2014. Four additional galleries were added in September. The content for the next three galleries, which are expected to be launched in January 2015, will include the Legends of Respiratory Care, early ICU Ventilators, and early humidifiers and nebulizers. A schedule of galleries targeted for development over the next year has been developed. We continue to seek content to expand our existing galleries and to create new galleries.

The AARC, NBRC, CoARC, and ARCF were invited to nominate candidates for the *Legends of Respiratory Care*. The names of all nominees were included on a ballot distributed to our committee's Leaders and Legends Team. The ten outstanding individuals who were selected as *Legends* include V. Ray Bennett, Dr. Forrest Bird, Dr. Donald F. Egan, John H. "Jack" Emerson, Sam Giordano, Dr. H. Fred Helmholz, Sister M. Yvonne (Jenn), George Kneeland, Brother Roland Maher, and Dr. Thomas Petty. The *Legends* will be announced during the 2014 AARC Awards Ceremony and will be featured in a future gallery in the Virtual Museum.

The AARC Past Presidents have been invited to participate in interviews during the AARC Congress 2014. The 2014 interviews, along with the digitized versions of previous presidential interviews conducted by Robert Weilacher, will be incorporated in a future phase of the Virtual Museum.

## Other

I'd like to acknowledge:

- the committee members for their dedication to this project.
- the Executive Office staff for their guidance and patience, especially Tom Kallstrom, Sherry Milligan, and Asha Desai.
- the generous support from our AARC members for their photo contributions and purchase of ARCF's virtual bricks and blocks.

# The Legends of Respiratory Care Recognition Program

The Legends of Respiratory Care is established to honor individuals who have made contributions of ***historical*** significance to the respiratory care profession or to the science of respiratory care.

## Nomination Process

- Nominations will be solicited from the Board of Directors of the AARC, the Board of Trustees of the NBRC and ARCF, and the Board of Commissioners of CoARC. Each Board may nominate up to five individuals.
- The nomination criteria may include, but shall not be limited to:
    - Recognized professional achievements related to the clinical practice, education, or the science of respiratory care, publication of scientific articles or other activities bringing significant, sustained career recognition.
    - Sustained personal service, representation, or advocacy on behalf of the respiratory care profession, and/or individual's creativity or ideas that resulted in historic advancement of the profession or its professional societies.
    - Scientific achievements and/or inventions of historical significance that revolutionized, or remarkably enhanced delivery of respiratory care.
    - Singularly distinctive individual actions during historic professional events, above and beyond reasonable expectations, that resulted in advancement of respiratory care and/or resolution of a significant crisis or issue facing the profession.
    - Other sustained historic achievements as determined by the Boards of the AARC, ARCF, CoARC, and NBRC.
- Nominations require approval of a two-thirds (2/3) majority vote of the Board submitting the nominations.
- A list of nominees and a summary of historically significant achievements, limited to two (2) pages for each nominee must be received at the AARC Executive Office by May 1.
- Individuals are ineligible for nomination while seated on the Board of the AARC, NBRC, ARCF, or CoARC.

## Selection of the Legends

- The Virtual Museum Committee will review the nominations and select up to the designated number of Legends each year.

    - Within 60 days following the AARC Congress, the chair will issue a call for nominations to the Board of Directors of the AARC, the Board of Trustees of the NBRC and ARCF, and the Board of Commissioners of CoARC and will state the May 1 deadline for submission of nominees and their summaries of contributions of historical significance to respiratory care.
    - The committee chair will distribute the summaries of each nominee's

achievements to the committee along with a consolidated ballot with the nominees listed in alphabetical order.
    - The committee members will have until June 1 to vote for up to five (5) of the nominees.
    - The committee chair will only vote in the event of a tie.
    - By June 15, the committee chair will notify the AARC President and AARC Executive Director of the names of the individuals selected by the committee's vote.

## Announcements of the Legends of Respiratory Care

- The Legends will be announced at the AARC Congress and will be featured in the Legends of Respiratory Care gallery of the AARC's Virtual Museum.

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# Ad Hoc Committee for Revisions to AARC Bylaws

Submitted by Mike Runge – Congress 2014

## Recommendations

None

## Report

Charges:

1. Follow through with work done by 2012 Committee that drafted changes and brought changes forward for approval in 2013. Update concerns in language about specialty sections seats on the Board. **In Progress**
2. Research appropriateness of Past Speaker being voting member. Make recommendations to AARC BOD. **In Progress**
3. Bring changes to Bylaws so BOD action can take place in 2015.**In Progress**

# *ARCF*
# *CoARC*
# *NBRC*

# American Respiratory Care Foundation

Submitted by Michael T. Amato – Congress 2014

The American Respiratory Care Foundation (ARCF) continues to stay active in promoting and increasing awareness of our mission and purpose of supporting education and research in respiratory care. The following are highlights of recent board actions as well as activities currently under taken by ARCF.

**ARCF Fundraising Update**

The ARCF held a Raffle and Awareness Event at the Welcome Reception at Summer Forum. Prizes included gift cards to restaurants, two day hotel get-away to beach resort hotels, and AARC Congress 2014 registration, just to name a few. There were thirteen award winners, with a total amount of $1,300 raised. This was a good turnout for our first attempt at such an event.

The ARCF will be holding its second annual fundraiser reception "A Night at the Vineyards" on Monday, December 8th preceding AARC Congress 2014 in Las Vegas. This year's event will showcase a blind wine grab, as well as a raffle for an exciting opportunity to win a weeklong trip to the Bird Air Lodge in Sandpoint, ID. A signed Bird Mark VII will be raffled off at Closing Ceremony, with chances being sold at $25 each throughout Congress at the AARC Booth. Both of these prizes are provided by Drs. Forrest and Pam Bird, which we graciously thank for their support.

**ARCF Awareness**

In accordance with the ARCF's plan to increase awareness to the members, its second quarterly newsletter was emailed to AARC members this past October which reached over 44,000 members. The newsletter highlighted the upcoming Fundraiser Reception, recent donors and supporters of the Foundation, and the 2014 International Fellows announcement. The next quarterly newsletter will be sent in January and will focus on the 2014 ARCF Award winners.

The ARCF has partnered with American Airlines for a special promotional announcement to be played in the first class cabins during the months of November and December. We have set in place a way to track the effectiveness of this campaign and will provide an update in our next Board Report.

**2014 International Fellowship Program**

The following are the 2014 International Fellows and their City Hosts:

- Rainia El-Farrash, MD, Egypt
  City Hosts: Boston, MA and Seattle, WA
- Yang Liu, MD, China
  City Hosts: Rochester, NY and Rochester, MN
- Chulee Jones, PhD, Thailand
  City Hosts: Winston-Salem, NC and Louisville, KY
- Nicolas Roux, PT, Argentina

City Hosts: Des Moines, IA and Dallas, TX

We thank the International Fellowship Sponsors, the City Hosts, and the International Committee for their continued support of this important program.

**2014 ARCF Award Winners**

This is the last year for the Dr. Allan DeVilbiss Literary Award to be awarded. The GlaxoSmithKline Fellowship for Asthma Care Management Education will be reactivated in 2015 and awarded until the funds are depleted. There will be a new endowment announced during the ARCF Fundraiser Reception which will become active in 2015.

**Achievement Awards**

Forrest M. Bird Lifetime Scientific Achievement Award
John J. Marini, MD

Hector Leon Garza, MD Achievement Award
for Excellence in International Respiratory Care
Dean R. Hess, PhD, RRT, FAARC

Dr. Charles H. Hudson Award for Cardiopulmonary Public Health
Stanton A. Glantz, PhD

Thomas L. Petty, MD Invacare Award for Excellence in Home Respiratory Care
Angela King, RPFT, RRT-NPS

Mike West, MBA, RRT Patient Education Achievement Award
Timothy Op't Holt, RRT, AE-C, FAARC

**Fellowships**

Monaghan/Trudell Fellowship for Aerosol Technique Development
Kari Armstrong

Philips Respironics Fellowship in Mechanical Ventilation
Sigurd Aarrestad, MD

Philips Respironics Fellowship in Non-Invasive Respiratory Care
Zachary Gantt, RRT

Charles W. Serby COPD Research Fellowship
Kim Bennion, MHS, BSRT, RRT, CHC

CareFusion Healthcare Fellowship for Neonatal and Pediatric Therapists

Howard Stein, MD

**Research Grants**

NBRC/AMP H. Frederick Helmholz, Jr. MD, Educational Research Grant
Kathy S. Myers Moss, M.Ed., RRT-ACCS

**Education Recognition Awards**

William F. Miller, MD Postgraduate Education Recognition Award
Janelle Gardiner, MS, RRT, AE-C

Morton B. Duggan, Jr. Memorial Education Recognition Award
Amelia Andrews

Jimmy A. Young Memorial Education Recognition Award
Tori Theobalt

NBRC/AMP Gareth B. Gish, MS, RRT Memorial Education Recognition Award

Sherry Whiteman, BS, RRT

NBRC/AMP William W. Burgin, Jr., MD and Robert M. Lawrence MD
Education Recognition Award
Christina Rocks

**RESPIRATORY CARE Literary Awards**

Allen DeVilbiss Best Paper Award
Daniel F. Fisher, MSc, RRT

IKARIA Best Paper Award by Best First Author
Edward D. Shepherd, MD

Draeger Literary Award
Azadeh Bojmehrani, PhD, MSc, Eng

Please join us at the Awards Ceremony on Tuesday, December 9th to celebrate the 2014 award winners.

Summary
On behalf of the Trustees, I strongly encourage you to attend our 2014 ARCF Fundraiser Reception, as well as continue to support our Foundation throughout the year. Also, please remember the ARCF when you are making your last minute end of the year tax donations, as your donations will go toward supporting your profession's Foundation. The ARCF website includes an easy to use link for making online credit card donations.

Thank you for your continued support. I look forward to seeing you all in Las Vegas for the AARC Congress 2014.

# CoARC Report

Submitted by Tom Smalling – Congress 2014

See Attachment:

"CoARC Update to AARC 11 14"

Date: November 3, 2014

To: AARC Board of Directors, House of Delegates and Board of Medical Advisors

From: Carl F. Haas, MLS, RRT, RRT-ACCS, CPFT, FAARC,
President

Subject: NBRC Report

I appreciate the opportunity to provide you this update on activities of the NBRC. Since the last meeting, the Executive Committee met in September in Kansas City and conducted strategic planning activities along with the Long Range Planning Committee. The Board of Trustees and its committees will meet in mid-November in Phoenix to conduct examination development activities and discuss business related items pertinent to the credentialing system. The following information summarizes the current status of significant changes to several examinations and major activities in which the Board and staff are currently involved.

***Credentialing System Evolves***

We continue work on ensuring that the items identified in the TMC transition plan are progressing as planned and look forward to the implementation of the new examinations in January 2015. Detailed communications have been sent to our communities of interest including eligible examination candidates, educators and state licensure agencies outlining the upcoming changes and how they may impact these groups. Appropriate changes to the NBRC's computer system (database, online applications, and reports) required to accommodate the new examination structure are being finalized and QA is being performed.

***Therapist Multiple-Choice Examination***

We are in the final stages of development of the new Therapist Multiple-Choice (TMC) Examination. The new examination will be implemented in January 2015. Two forms of the TMC Self-Assessment Examination (SAE) have been released and are available for purchase through the NBRC's online store. The Comprehensive (Secure) TMC SAE, available only to accredited education program directors, is also now accessible through the secure educator portal.

### *Clinical Simulation Examination*

The committee is finalizing the test forms which will be introduced in January 2015. The new format will contain twice as many (20) shorter questions and allow the committee advantages such as more efficient problem updates. Two forms of the CSE SAE have been released and are available for purchase through the NBRC's online store. The Comprehensive (Secure) CSE SAE, available only to accredited education program directors, is also now accessible through the secure educator portal.

### *Specialty Examination for Sleep Disorders Testing and Therapeutic Intervention*

In April 2014, the committee for the Sleep Disorders and Therapeutic Intervention Specialty Examination began the process of conducting a repeat job analysis for this program. This is the second job analysis to be conducted for this specialty program which was introduced in 2008. The study is expected to be completed in 2015 and new test specifications will be introduced in 2016.

### *Pulmonary Function Technology Examination Committee*

A job analysis study of pulmonary function technologists was repeated in 2013. Before the study began, the NBRC decided to transition to a conceptual model for the examination program that was the same as the model under which the new Therapist Multiple-Choice Examination was developed. The model assumes that candidates for CPFT and RPFT credentials in the future will be assessed over the same body of content. The two credentials will be differentiated based on the expectation that RPFTs will be more proficient than CPFTs while performing within the body of content. This new examination will be introduced in June 2015, using two cut scores, the lower score used to identify those attaining the CPFT and the higher the RPFT credential.

## *Collaboration with AARC*

The NBRC Board authorized the staff to engage in further discussions with AARC staff to determine whether AARC CRCE data could be transmitted directly into the NBRC's online recertification database for AARC members who choose to participate. Staff of both organizations have been working together on the logistics of this plan and we anticipate a roll-out in mid-late 2015.

***2014 Examination and Annual Renewal Participation***

Through September 30, 2014, we have received over 36,500 applications across all examination programs, comparable to 2013 numbers. To date, 51,774 credentialed practitioners have paid their active status fee for 2014; this exceeds the number of active status renewals compared to this time in 2013. Renewal notices for 2015 were mailed in early October and credentialed practitioners are encouraged to renew their active status by December 31, 2014 to enjoy the full benefits of active status throughout 2015.

***Examination Statistics – January 1 – September 30, 2014***

The NBRC has administered over 32,500 examinations thus far in 2014. Pass rate statistics for the respective examinations follow:

| ***Examination*** | ***Pass Rate*** |
|---|---|
| CRT Examination – 10,375 examinations | |
| • First-time Candidates | 83.1% |
| • Repeat Candidates | 28.5% |
| Therapist Written Examination – 10,516 examinations | |
| • First-time Candidates | 69.9% |
| • Repeat Candidates | 35.2% |
| Clinical Simulation Examination – 9,968 examinations | |
| • First-time Candidates | 63.9% |
| • Repeat Candidates | 50.1% |
| Adult Critical Care Examination – 519 candidates | |
| • First-time Candidates | 84.2% |
| • Repeat Candidates | 47.6% |
| Neonatal/Pediatric Examination – 864 examinations | |
| • First-time Candidates | 68.8% |
| • Repeat Candidates | 46.6% |
| Sleep Disorders Specialty Examination – 61 examinations | |
| • First-time Candidates | 94.4% |
| • Repeat Candidates | 57.1% |
| CPFT Examination – 279 examinations | |
| • First-time Candidates | 77.1% |
| • Repeat Candidates | 47.8% |
| RPFT Examination – 80 examinations | |
| • First-time Candidates | 61.8% |

- Repeat Candidates 52.0%

### *Your Questions Invited*

I look forward to continuing to work with you during my term as President. If you have any questions or concerns about any credentialing related matter, the NBRC and I are interested in providing whatever information you need. In addition, the Board of Trustees is committed to maintaining positive relationships with the AARC and each of the sponsoring organizations of the NBRC, as well as the accrediting agency. We have significant issues to consider in the future, and I am confident that by working together and promoting understanding of the topics under discussion we will continue to advance the profession and ensure the integrity of the credentialing process.

# Unfinished Business

- FRCSC Presentation by Jerome Sullivan and Hassan Alorainy

AMERICAN RESPIRATORY CARE FOUNDATION
Minutes of the Board of Trustees Meeting
Monday, July 14, 2014 - 1pm EDT
Marco Island, FL

**UNFINISHED BUSINESS**

**Fundamental Respiratory Care Support Course (FRCSC)**

Chair Michael Amato led a pre-discussion on the FRCSC before Jerome Sullivan was asked to join the meeting. Chair Amato stressed the involvement and financial support that Jerome Sullivan has provided to the International Fund (around $50,000) over the past years. Discussion was held on the potential of the AARC and ARCF partnering on this endeavor.

Jerome Sullivan joined the meeting at 3:23pm EDT to provide his presentation on the FRCSC. Jerome provided letters of support from Saudi Arabia and China, an executive summary, a chapter on Oxygen, and the lesson plans. Distribution of the program includes the possibility of making it available on the new online AARC University. Jerome requested $138,000 to help fund the first phase of the project. It was suggested to create a steering committee to help with developing the modules as well as securing development money for the different interest areas. Sam Giordano suggested the Foundation support the FRCSC through a challenge grant where the Foundation provided support only if Jerome was able to obtain the matching funds from other sources. The Trustees discussed the possibility of partnering with the AARC to provide half of the $138,000, contingent on Jerome securing the other half of funding from other sources.

Steve Nelson moved “to put $34,500 on the table contingent on matching support with the AARC as the seed for challenge grant with the requestors providing the remaining funding with specific milestones”.

**Motion Carried**

Sam Giordano moved “to create a combined oversight committee with representatives from the AARC and the ARCF.”

**Motion Carried**

Sam Giordano moved “for the deadline for the challenge grant to be mutually agreed on by the oversight committee.”

**Motion Carried**

# New Business

## Policy Review

- FM.016 – Fiscal Management – Travel Expense Reimbursement
- FM.022 – Fiscal Management – Capital Purchase Approval
- RT.001 – Roundtables – Roundtables *(See "Policy RT 001 Roundtables BW recommendations" attached)*

# American Association for Respiratory Care
# Policy Statement



SECTION: Fiscal Management

SUBJECT: **Travel Expense Reimbursement**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: April 2012

DATE REVISED: April 2012

REFERENCES: TR: 0397- 1997

***Policy Statement:***
Expenses incurred for all official Association travel shall be reported, recorded, and reimbursed in accordance with Association policy.

***Policy Amplification:***
1. Association policy for Travel Expense Reimbursement shall apply to all Association employees and authorized Association members.

    A. Travel expense reimbursement shall not be provided for representatives to external organizations unless approved in advance by the President with subsequent review by the Finance Committee and ratification by the Board of Directors.

2. All persons requesting reimbursement for expenses incurred for Association business shall report those expenses:

    A. Using an approved Expense Voucher with valid receipts attached

    B. Within thirty (30) days of when expenses are incurred

3. Reimbursement for travel shall be as follows, with the provision of valid receipts:

    A. Travel arranged through High Point Travel three weeks in advance of departure date. **OR** Round-trip, coach class airfare or lowest day airfare available. Because the AARC strives to get the lowest airfares in order to maximize our travel dollars, all air travel must be booked no later than three weeks from the anticipated date of departure. Please forward airline travel itineraries to the AARC Executive Office before booking your flight.

    B. Airport parking and ground transportation

C. Other methods of transportation (rail, automobile, bus, road tolls, parking), singularly or in any combination, shall be reimbursed at a total rate not to exceed the lowest day airfare available.

D. Automobile travel shall be paid at the current Internal Revenue Service (IRS) rate that is in effect at the time of the annual budget process (usually October of each year).

4. Reimbursement for lodging shall be as follows, with the provision of valid receipts:

A. Lowest possible rate for those nights required for Association business.

5. Reimbursement for registration fees shall be as follows, with the provision of valid receipts:

A. When necessary, advertised registration or admittance fees to programs attended on Association business shall be reimbursed at the fee stated on the program announcement.

6. Per diem shall be $40 (effective 1/1/09) per day for those days required for Association business:

A. Per diem is meant and expected to cover expenses other than actual travel and lodging (e.g. meals, phone calls)

B. Personal expenses incurred while on official Association travel (e.g., entertainment, telephone, or laundry) shall not be eligible for reimbursement from the Association, other than coverage with per diem.

7. Advance payment of per diem shall be made in compliance with Association travel reporting requirements and only with advance written approval from:

A. The President for the voluntary sector of the Association
B. The Executive Director for Association employees
C. Exceptions to the above requirements for advance per diem shall be:

1. Regularly scheduled Board of Directors' meetings
2. Regularly scheduled Executive and Finance Committee meetings
3. Travel for official Association representation to external organizations

8. International travel shall be reimbursed at actual expense, with receipts required for any expense of $25.00 or more, to include the following:

A. Business class airfare
B. Ground transportation
C. Lodging
D. Meals
E. Telephone and facsimile

9. Expenses incurred by the President incidental to executing the duties and responsibilities of that office shall be:

    A. Paid by the Association
    B. Monitored by the Finance Committee
    C. Subject to review by the independent auditors

10. All individuals traveling at Association expense shall notify the Executive Office in advance of the intended travel.

    A. The Executive Office may act as the Association's travel agent and schedule advance transportation and lodging.
    B. The Executive Office may direct individuals to purchase tickets on their own.
    C. The Executive Office may review and approve the travel plans made by the individuals

11. All public transportation (e.g., airfare, bus fare) not purchased through the Association's designated travel agency shall be reimbursed at a fee up to, but not exceeding, the fee that would have been charged by the Association's travel agency.

12. Board meeting expenses

    A. Travel, lodging and meal expenses for the Spring and Summer meetings will be reimbursed for all officers and directors using the criteria established above.
    B. At the Fall meeting held in conjunction with the annual AARC convention, the following special policies will apply to directors that are either incoming or outgoing that year:
        i. Incoming director required to attend New board meeting only (usually last day of convention)
            1. Airfare reimbursed according to the policy point 3 above.
            2. Lodging and per diem reimbursed according to the policy points 4 & 5 above, respectively, for two nights only.
        ii. Outgoing directors

1. Airfare reimbursed according to the policy point 3 above.
2. Lodging and per diem reimbursed according to the policy points 4 & 5 above, respectively, for up to a maximum of four nights.

C. Convention registration---While all directors and officers are encouraged to seek payment for such from their employer, the AARC will pay for such registration as follows:
   i. Current and outgoing directors---full registration
   ii. Incoming directors—not entitled to registration reimbursement.

DEFINITIONS: "Valid receipt" includes original receipts from the travel/other provider. Reproductions of receipts shall not be accepted.

ATTACHMENTS:

# American Association for Respiratory Care
# Policy Statement


Policy No.: FM.022

SECTION: **Fiscal Management**

SUBJECT: **Capital Purchase Approval**

EFFECTIVE DATE: July 2007

DATE REVIEWED:

DATE REVISED:

REFERENCES:

*Policy Statement*

Capital expenditures are those spent on asset items exceeding $500 and providing value for a year or more. In purchasing such, the following approval procedures shall be in effect:

- Any capital expenditure for $5,000 or less may be purchased with the express approval of the AARC Executive Director. Such must be subsequently ratified by the AARC Board at the next available meeting.
- Any capital expenditure for more than $5,000 must be presented to and approved by the AARC Board BEFORE funds are committed. Purchases cannot be split to avoid this approval level process.
- Capital purchases exceeding $5,000 (but not more than $20,000) that are required due to emergency circumstances (i.e. air conditioning units) may be purchased with the approval of the AARC Executive Director and concurrence by the AARC President. Such also must be subsequently ratified by the AARC Board at the next available meeting.

# American Association for Respiratory Care
# Policy Statement



SECTION: Roundtables

SUBJECT: **Roundtables**

EFFECTIVE DATE: August 22, 2001

DATE REVIEWED: December 2009

DATE REVISED: December 2009

REFERENCES:

***Policy Statement:***

1. Roundtables are formally organized members of the AARC focused on significant topics of common interest, and who feel other groups within the organization are not addressing their special interest.

2. A minimum of 10 members may propose a Roundtable by completing the attached *Roundtable Proposal Form* and submitting it to the AARC President.

3. The AARC President will present the *Proposal* at the next meeting of the Board of Directors. If approved by the Board, the Executive Office will communicate this request to the AARC membership using the appropriate methods and solicit their interest.

4. If the Executive Office determines that at least 50 members are interested in joining:
    a. A Roundtable will be formed;
    b. A Listserv will be established;
    c. All AARC members will be contacted and informed of the new Roundtable and the Listserv;
    d. The AARC President will appoint a Roundtable Chair to serve until the time of the AARC Annual Meeting. The incoming AARC President must renew the Chair appointment or appoint a new Chair;
    e. The AARC President will appoint a member of the Board of Directors to monitor the Listserv to contact the Roundtable Chair prior to each meeting of the Board, and to report at each Board meeting on the activities of the Roundtable.

5. The Board of Directors may elect to dissolve a Roundtable at any time. In such case, the Board liaison will post an announcement in the Listserv stating the reason(s) for the dissolution of the Roundtable, and the Listserv will cease 30 days after the announcement.

**5a** If the Listserv has three consecutive months with no posts the Roundtable Chair and AARC Board liaison will be notified of the lack of communication.

**5b** The Roundtable Chair will post a query to see if the Roundtable needs to continue or has served its useful life and should be dissolved to its Listserv members.

**5c** If the Listserv replies indicate a desire to continue, then the 3-month probationary sequence will commence.

**5d** If the Listserv has no posts during the three-month probationary period, the roundtable shall be dissolved.

6. Through the Board liaison, the Roundtable Chair is automatically charged to:

a. Promote and advance the interests of the Roundtable among its members;
b. Work with the Board liaison to advance the interests of the Roundtable through AARC resources other than the Listserv;
c. Encourage Roundtable members to submit program proposals to the AARC Program Committee;
d. Determine if the Roundtable growth meets the criteria for the Roundtable becoming an AARC Specialty Section.

## American Association for Respiratory Care

## ***Roundtable Proposal Form***

**Please read the *AARC Roundtable Policy* before completing this form.**

Definition – *Roundtables are formally organized members of the AARC focused on significant topics of common interest, and who feel other groups within the organization are not addressing their special interest.*

Your Name _____

AARC Member # _____ E-Mail _____

Employer _____

City _____ State _____

Suggested name for proposed Roundtable _____

**List reasons you and others feel justify the establishment of the Roundtable:**

_____
_____
_____
_____
_____

**Before your proposal is submitted, at least 9 other AARC members must concur with you. E-mails to you will be accepted in lieu of their signatures; in such case, attach the e-mails to this form.**

Name _____ Signature _____ AARC Member # _____

Name _____ Signature _____ AARC Member # _____

Name _____ Signature _____ AARC Member # _____

Name _____ Signature _____ AARC Member # _____

Name _____ Signature _____ AARC Member # _____

Name _____ Signature _____ AARC Member # _____

Name _____ Signature _____ AARC Member # _____

Name _____ Signature _____ AARC Member # _____

Name _____ Signature _____ AARC Member # _____

Your Signature _____ Date _____

**Please Send via US Mail to: President, American Association for Respiratory Care, 9425 N. MacArthur Blvd #100, Irving, TX 75063**

# *House of Delegates Resolutions*

**AMERICAN ASSOCIATION FOR RESPIRATORY CARE**
*BUSINESS PLAN*
# *HOUSE OF DELEGATES*

Resolution # 78 -14-8
Resolve that the AARC Executive Office with the help of the Past Speaker update the HOD Resolutions tracking grid on the Delegates Home page within 60 days after the last HOD meeting. Updates are to be posted within 60 days anytime there is a change in status made by the BOD, HOD or EO for all open HOD originated resolutions.

**Executive Summary**
Members of the AARC House of Delegates serve as a representative body of the general membership, the representative body of the affiliate societies, participate in the establishment of the goals and objectives for the Association, and participate in the governance of the Association. The Resolutions committee's purpose is to review submitted resolutions for compliance with the resolutions guidelines. It is the committee's responsibility to ensure that resolutions brought to the House floor are clear and contain adequate information for responsible consideration by the body. Resolutions approved by the HOD reflect majority opinions of that body and offer direction on issues the HOD considers important to the AARC. Once resolutions are voted on and passed by the HOD, they are then presented to the AARC Board of Directors. The Past Speaker reports to the AARC HOD the results of the AARC BOD consideration of resolutions submitted. The resolutions tracking grid should then be updated on the Delegates Home page. Resolutions Committee Members and other HOD members have expressed concern that the tracking grid is not updated in a timely fashion to allow review by HOD members after the meeting.

**Outcome**
Establishing a timeline and assigning responsibility for updating the Resolutions tracking grid will clearly establish what resolutions were passed, as well as the action taken on them by the AARC BOD.

**Strengths**
Implementation of this resolution will improve the timeliness of Resolutions tracking grid updates and thus help improve communication between the AARC BOD, AARC HOD, and the Executive Office.

**Weaknesses**
Every year this important task will not have the same individuals completing it, as there will be a new Past Speaker every year. There may be variations in who is assigned to complete the task by the Executive Office. This would make direction communications and enquiries more problematic.

**Opportunities**
Include improving the communication and teamwork between the AARC BOD, AARC HOD, and the EO.

**Potential Barriers**
Some may feel that the process is adequate now and that change is not needed.

**Financial Impact**
**Cost estimate**
Includes the salary and time of the person from the EO completing the process with the Past Speaker's assistance. It shouldn't require more than several hours at the most. This cost would vary depending on who was assigned the task.

**Resources Required**
**AARC Resource in time, dollars** (if applicable)
See the cost estimate above.

**Volunteer Resources in time**
Several hours of time

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This resolution will impact the following (check all that pertain):

| | | |
|---|---|---|
| _____AARC Bylaws Section_____ | __x___Executive Office | _____AARC Officers & BOD |
| __x___HOD | _____NBRC | _____Affiliates |
| _____General Membership | _____State/Federal Legislation | _____CoARC |
| _____Other (Please list) education programs _____ | | _____ |

Relationship to AARC's Strategic Plan:

| | | |
|---|---|---|
| _____Develop Art & Science of RC | _____Develop Human Resources | _____Increase Membership |
| _____Increase Financial Resources | __x___Increase Organizational Effectiveness | _____Not Related |


Brent Kenney
_____
Author
Missouri 417-848-9394
_____
State Phone
_Jim Lanoha
_____
Co-Author
Louisiana 225-931-8448
_____
State Phone
_____
Co-Sponsors
Robert DeLorme Georgia
Terri Miller Georgia
_____
Date Submitted Date Received


ACTION

| HOD | Date_____ | BOD |
|---|---|---|
| _____ | Amended | _____ |
| _____ | Passed | _____ |
| _____ | Defeated | _____ |
| _____ | Tabled | _____ |
| _____ | Referred to | _____ |
| _____ | Report back due | _____ |
| _____ | Postponed until | _____ |