



American Association for Respiratory Care

Board of Directors Meeting

Mandalay Bay Resort & Convention Center
Las Vegas, NV

December 2-3, 2018

AMERICAN ASSOCIATION FOR RESPIRATORY CARE
Executive Committee Meeting – December 1, 2018
Finance Committee and Board of Directors Meeting – December 2-3, 2018

Saturday, December 1

3:00-5:00pm Executive Committee Meeting – Outrigger Boardroom

Sunday, December 2

(7:00am – 9:00am Breakfast available)

8:00-8:30am Finance Committee Meeting – Palm D

8:45am Color Guard – HOD – South Seas F

9:00am-5:00pm Board of Directors Meeting – Palm D

9:00am Call to Order
Announcements/Introductions
Reminder to submit Disclosures/Conflict of Interest Statements
(http://c.aarc.org/conflict_interest/)
Approval of Minutes pg. 9
E-Motion Acceptance pg. 27

Consent Agenda

- *Approval of the Agenda*

General Reports

Board of Medical Advisors pg. 57

Standing Committee Reports

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Specialty Section Reports (closes out)

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Special Committee Reports

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Special Representatives

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Other Reports

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CoARC pg. 160 (A)
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---Consent Agenda Ends---

General Reports

President pg.30
Past President pg. 32 (A)
Executive Director pg. 33 (A)
Advocacy & Government Affairs pg. 47
House of Delegates pg. 55
President's Council pg. 58

10:15am

Old Business pg. 165

11:15am

New Business pg. 166

- CT.003 - Nominations/Elections - (Napolitano, 30 mins) (A)

12:00pm

Lunch Break (Daedalus Board Meeting)

1:30pm

Joint Session

Roll Call (Goodfellow)
Special Guest introduction (Schell/Kallstrom, 10 mins)
President Report (Walsh, 20 mins)
Advocacy & Government Affairs Report (Hummel, 20 mins)
Elections Committee (Lanoha, 10 mins)
Finance Committee (Goodfellow, 20 mins)

3:15pm

Review of Referrals and Carried Motions from Summer 2018 (see attachment "Tracking Form July 2018") (A)

5:00 pm

RECESS

Monday, December 3

(8am – 10:00am Breakfast available)

9:00am-5:00pm Board of Directors Meeting

9:00am Call to Order

Grace Anne Dorney Koppel, Dorney-Koppel Foundation (20 mins)

9:30am Julie Essiam (International Super Fellow) (5 mins)

Recommendations pg. 7

Standing Committees

Audit Subcommittee pg. 60

Bylaws Committee pg. 66 (A)

Strategic Planning Committee pg. 75 (A)

Special Committees

Fellowship Committee pg. 98 (A)

Position Statement Committee (45mins) pg. 109

Special Representatives

American Heart Association pg. 128

International Council for Respiratory Care (ICRC) pg. 144

Ad Hoc Committees

BS Entry to Practice pg. 151

10:30am BREAK

10:45am HOD Resolutions (A)

12:00pm Review of Action Items (Goodfellow, 10 mins)

ANNOUNCEMENTS

TREASURER’S MOTION

ADJOURNMENT

(A) = Attachment

Committee Chairs/Reps – 2018

Rec No.	General Reports	Rep	
1	Exec. Office/Consumer RT	T. Kallstrom	
2	Advocacy & Gov't Affairs	A. Hummel	
3	OPEN		
4	Presidents Report	B. Walsh	
5a	VP Internal Affairs	N. Napolitano	
5b	VP External Affairs	S. Tooley	
6	House of Delegates	K. Siegel	
7	BOMA	L. Conklin	
8	Presidents Council	D. Lewis	
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(I)	STANDING COMMITTEES	Chair/Rep	Staff Liaison
9	Bylaws	B. Cayko	T. Myers
10	Election	J. Lanoha	T. Myers
11	Executive	B. Walsh	T. Kallstrom
12	Finance	B. Walsh	A. Morton
13	Audit Subcommittee	T. Miller	A. Morton
14	Judicial	A. Dewitt	T. Kallstrom
15	Program	T. Lamphere	D. Laher
15a	2018 Sputum Bowl	R. Wunderly	D. Laher
16	Strategic Planning	F. Salvatore	T. Kallstrom
<hr/>			
(I)	SPECIAL COMMITTEES	Chair/Rep	Staff Liaison
17	Benchmark	C. Menders	T. Myers
18	Billing Codes	S. Gallo	A. Hummel
19	Diversity	Dunlevy/Grimball	S. Strickland/D. Laher
20	Fellowship Cmte	F. Salvatore	T. Kallstrom
21	Advocacy & Govt. Affairs	F. Salvatore	A. Hummel
22	Vision Grant	L. Goodfellow	T. Myers/S. Strickland
23	Int'l Cmte	J. Hiser	T. Kallstrom
24	Membership	A. Richter	S. Strickland/A. Feil
25	PAC	G. Varcelotti	A. Hummel
26	Position Statement	P. Doorley	D. Laher
27	Virtual Museum	T. Watson	T. Kallstrom
<hr/>			
(E)	AD HOC COMMITTEES	Chair/Rep	Staff Liaison
28	Career Pathways	E. Becker	S. Strickland
29	BS Entry to Practice	B. Walsh/L. Goodfellow	T. Kallstrom/S.Strickland
30	OPEN		
31	Advanced RT Practices, Credentialing and Education	Wilgis/CoARC/NBRC	S. Strickland

VP/External Affairs –Sheri Tooley – Specialty Sections, Special Representatives, Ad Hoc Cmtes
VP/Internal Affairs –Natalie Napolitano – Standing Cmtes, Special Cmtes

(E)	<i>SPECIALTY SECT</i>	Chair	Staff Liaison	BOMA
50	Adult Acute	C. Hinkson	D. Laher	Papadakos
51	OPEN			
52	Diagnostics	K. Hynes	TBD	Yoder
53	Education	G. Sergakis	S. Strickland	Acevedo
54	OPEN			
55	Management	C. Hoerr	D. Laher	Aranson
56	Neonatal/Pediatric	S. Sittig	T. Myers	Cheifetz
57	Post-Acute Care	K. Craddock/G/Z Gantt	S. Strickland	Carey
58	Sleep	J. Schweller	T. Myers	Selecty
59	Surf to Air	T. Dragonberry	S. Strickland	Aranson
(E)	<i>ORGANIZ. REPS</i>	Chair		
60	Society for Airway Management	Monique Steffani		
61	AMA/CPT	S. Rinaldo-Gallo		
62	AACVPR	G. Connors		
63	OPEN			
64	Amer Heart	B. Walsh (Alt: C. Slocum)		
65	OPEN			
66	CAMTS	S. Sittig		
67	Chartered Affil Consul	G. Kauffman		
68	CoBGRTE	G. Wickman		
69	ELSO	B. Kuch (Alt: K. Lamb)		
70	Int'l Council	J. Sullivan/P. Dunne		
71a	<i>Jt. Commission</i>	<i>HC PTAC K. Wiles (Alt: J. Karamol)</i>		
71b	"	<i>Lab PTAC D. Clinkscale (Alt: TBD)</i>		
71c	"	<i>Ambulatory PTAC D. Bunting (Alt: M. Runge)</i>		
72	OPEN			
73	OPEN			
74	OPEN			
75	OPEN			
76	Neonatal Resuscitation	J. Gallagher		
<i>OTHER REPORTS Chair / President</i>				
80	CoARC	Allen Gustin (Pres) Tom Smalling (Exec. Dir)		
81	NBRC	Kathy Fedor (Pres) Lori Tinkler (Exec. Dir)		
82	ARCF	Michael Amato (Chair)		
83	Unfinished Business			
84	New Business			

VP/External Affairs –Sheri Tooley – Specialty Sections, Special Representatives, Ad Hoc Cmtes
VP/Internal Affairs –Natalie Napolitano – Standing Cmtes, Special Cmtes

Effective 1/1/18 Post-Acute Care Section combines Homecare, Long-term, and Continuing Care.

7/25/2018

Recommendations

(As of November 19, 2018)

AARC Board of Directors Meeting

December 2-3, 2018 • Las Vegas, NV

Audit Sub-Committee

Recommendation 18-3-13.1 “That the AARC Board of Directors amend the proposed changes to Policy CA .002 to: ‘*C. Proof of sound Chartered Affiliate financial management practices as outlined in House of Delegates policy with Chartered Affiliates Committee oversight.*’”

Bylaws Committee

Recommendation 18-3-9.1 “That the AARC Board of Directors find that the Georgia Bylaws are not in conflict with the AARC Bylaws.”

Recommendation 18-3-9.2 “That the AARC Board of Directors find that the South Dakota Bylaws are not in conflict with the AARC Bylaws.”

Strategic Planning Committee

Recommendation 18-3-16.1 “That the AARC Board of Directors review, revise and approve a new policy on the Strategic Planning Process.”

Fellowship Committee

Recommendation 18-3-20.1 “The AARC Board of Directors accepts the changes as noted in Policy Number CT.009.”

Position Statement Committee

Recommendation 18-3-26.1 “That the position statement entitled ‘Respiratory Care Scope of Practice’ (07/2013) with noted revisions (language to be removed appears as ~~strike through~~ and language to be inserted appears as **bold and underlined**) be approved.”

Recommendation 18-3-26.2 “That the position statement entitled ‘Respiratory Therapists as Cardiopulmonary Care Managers’ (09/2018) be approved.”

Recommendation 18-3-26.3 “That the issue paper entitled ‘Guidelines for Acquisition of Ventilators to Meet Demands for Pandemic Flu and Mass Casualty Incidents’, published in 2006 with the most recent addendum in January 2008, be retired.”

Recommendation 18-3-26.4 “That AARC Board of Directors Policy Statement CT.008 – Position Statements and Issue Papers (July 2018) – paragraph # 3 be revised with the noted revision (language to be removed appears as ~~strike through~~ and language to be inserted appears as **bold and underlined**) as follows:

The Position Statement and Issue Paper Committee referred to as the ‘Committee’ for the remainder of the document, will be tasked by the AARC Board of Directors (BOD) to develop or review position statements or issue papers. This development, renewal, or

retirement involves a group of content experts selected by the Committee. A completed new, renewal, or retirement draft of the statement or paper will be posted on the AARC web site for a ~~60~~ **30**-day comment period from the AARC membership. Following the comment period, the statement will be revised if necessary and sent to the BOD with recommendations of approval, renewal or retire.”

American Heart Association

Recommendation 18-3-64.1 “That the Program Committee designate a 2-hour American Heart Association update at the 2019 congress.”

Recommendation 18-3-64.2 “That the Executive Office produce a webcast on American Heart Association updates in the fall of 2019.”

International Council for Respiratory Care

Recommendation 18-3-70.1 “That a working group with representatives from the AARC BOD, the ICRC Governors and the AARC Executive Office be established to review the potential of entering into discussions with representatives of the Japan Society for Respiratory Care & Rehabilitation (JSRCR) regarding the potential for developing a closer working relationship between the AARC/ICRC and the JSRCR.”

Ad Hoc Committee on BS Entry to Practice

Recommendation 18-3-29.1 “That the AARC Board of Directors accept the deliverables of the BS entry to practice Collaborative with the measurement of success being an increase in the number of BS Entry graduates.”

Recommendation 18-3-29.2 “That the Executive Office determine the feasibility of developing an RTCAS (online application system) for Baccalaureate and Masters granting Respiratory Therapy Schools.”

Recommendation 18-3-29.3 “That the Executive Office develop with the NBRC a marketing strategy focused on increasing the number of BSRT/BSRC graduates.”

Recommendation 18-3-29.4 “That the Executive Office design a grant offering mechanism that institutions willing to start or transition to a BS or higher entry to practice program could utilize to off-set administrative cost and encourage administrators to support the movement.”

Past Minutes

AMERICAN ASSOCIATION FOR RESPIRATORY CARE
Board of Directors Meeting

July 20, 2018 • San Antonio, TX

Minutes

Attendance

Brian Walsh, PhD, RRT, FAARC, President
Karen Schell, DHSc, RRT-NPS, RRT-SDS, RPFT, RPSGT, AE-C, CTTS, President-elect
Frank Salvatore, MBA, RRT, FAARC, Past President
Sheri Tooley, BSRT, RRT-NPS, CPFT, AE-C, VP External Affairs
Natalie Napolitano, MPH, RRT-NPS, AE-C, CTTS, FAARC, VP Internal Affairs
Lynda Goodfellow, EdD, RRT, FAARC, Secretary/Treasurer
Carl Hinkson, MS, RRT-NPS, FAARC
Cheryl Hoerr, MBA, RRT, CPFT, FAARC
John Lindsey, Jr., MEd, RRT-NPS, FAARC
Doug McIntyre, MS, RRT, FAARC
Timothy Op't Holt, EdD, RRT, AE-C
Susan Rinaldo Gallo, MEd, RRT, CTTS, FAARC
Georgianna Sergakis, PhD, RRT, FAARC
Steve Sittig, BSRT, RRT-NPS, FAARC
Deb Skees, MBA, RRT, CPFT
Pattie Polakow, BS, RRT
Lisa Trujillo, DHSc, RRT
John Wilgis, MBA, RRT

Consultants

Dianne Lewis, MS, RRT, FAARC, President's Council President
Cam McLaughlin, BS, RRT, FAARC, Parliamentarian
Jakki Grimball, MA, RRT, AE-C, Past Speaker

Excused

Lori Conklin, MD, BOMA Chair

Staff

Tom Kallstrom, MBA, RRT, FAARC, Executive Director
Tim Myers, MBA, RRT-NPS, FAARC, Chief Business Officer
Doug Laher, MBA, RRT, FAARC, Associate Executive Director
Tim Myers, MBA, RRT-NPS, FAARC, Associate Executive Director
Shawna Strickland, PhD, RRT-NPS, AE-C, FAARC, Associate Executive Director
Anne Marie Hummel, Associate Executive Director
Kris Kuykendall, Executive Administrative Assistant

CALL TO ORDER

President Brian Walsh called the meeting of the AARC Board of Directors to order at 9:10am CDT. President Walsh asked Board members to introduce themselves. Secretary/Treasurer Lynda Goodfellow called the roll and declared a quorum. Students who were visiting the Board meeting were introduced.

DISCLOSURE

President Walsh reminded members of the importance of disclosure and potential for conflict of interest and directed them to review the COIs in the AARConnect Board of Directors library.

APPROVAL OF MINUTES

Susan Gallo moved to approve the minutes of the March 24, 2018 meeting of the AARC Board of Directors.

Motion carried

Susan Gallo moved to approve the minutes of the March 25, 2018 meeting of the AARC Board of Directors.

President Walsh moved to add the horizon goals to the meeting minutes of March 25, 2018.

Motion carried

CONSENT AGENDA

President Walsh explained that this Board meeting would include a Consent Agenda.

President Walsh asked Board members if they had any questions regarding any of the reports without recommendations.

President Walsh informed the Board that the Vision Grant Committee and Ad Hoc Committee on BS Entry to Practice reports would be removed from the Consent Agenda.

President Walsh asked Board members if they wish to move any consent agenda items to the regular agenda for further discussion.

Natalie Napolitano moved to accept the Consent Agenda as modified.

Motion carried

GENERAL REPORTS

President

President Walsh gave highlights of his submitted report.

Natalie Napolitano moved to ratify Lori Shoman on the AARC Bylaws Committee for Gary Smith until he can resume his duties.

Motion carried

Past President

Past President Frank Salvatore gave highlights of his written report.

Advocacy & Government Affairs

Anne Marie Hummel reported on the status of our telehealth pilot which will be called the “Better Respiration through Expanding Access to TeleHealth Act (BREATHE Act).” The bill is expected to be dropped soon and a Virtual Lobby Campaign will be planned accordingly.

Erika Miller of CRD joined the meeting via phone and explained some of the recent bills in Congress related to respiratory therapists.

Executive Director

Tom Kallstrom gave highlights of his written report. He announced the keynote speaker for Congress would be Z Dogg, MD. Steve Nelson retired June 21 and his position should be filled over the summer. Ada Morton is the new senior accountant and doing spectacular work. Financial statements are almost caught up.

Tom Kallstrom reviewed the Executive Office referrals from the last Board of Directors meeting.

RECESS

President Walsh called a recess of the AARC Board of Directors meeting at 10:15am CDT.

RECONVENE

President Walsh reconvened the meeting of the AARC Board of Directors at 10:30am CDT.

House of Delegates

Speaker Keith Siegel gave the Board a verbal update to his submitted written report.

OLD BUSINESS

Frank Salvatore led a discussion regarding the Mission and Vision development from the Spring meeting and reviewed the strategies for each business unit.

Susan Gallo moved to accept FM 18-2-16.1 “That the AARC Board of Directors ratify the new mission and vision statement – Mission: *The AARC is the foremost professional association promoting respiratory therapists.* Vision: *The AARC advances professional excellence and science in the practice of respiratory therapy, serving the profession, patients, caregivers, and the public.*”

Motion carried

Susan Gallo moved to accept FM 18-2-16.2 “That the AARC Board of Directors ratify as presented the horizon goals and strategies listed for each business unit.”

Motion carried

(see Attachment “A”)

Frank Salvatore moved to accept FM 18-2-16.3 “That the AARC Board of Directors task the AARC Executive Office to work on tactical objectives for the business unit strategies and present a preliminary report at the December 2018 Board meeting and complete and prioritize the tactics for all strategies at the March 2019 Board meeting.”

Motion carried

Karen Schell moved to accept FM 18-2-16.4 “That the AARC Board of Directors task the Executive Office with updating all publications with the newly ratified Mission and Vision Statements.”

Karen Schell withdrew her floor motion. Bylaws must be changed. It was suggested that the Bylaws no longer include Mission and Vision Statement.

Natalie Napolitano moved to accept FM 18-2-16.5 “That the AARC Board of Directors task the AARC Executive Office with communication to the State Society presidents and House of Delegates representatives the ratified horizon goals and strategies no later than December 2018.”

Motion carried

NEW BUSINESS

Policy BOD.027 – Policy for Surveys Conducted by the Association

John Wilgis moved to refer Policy BOD.027 to the Executive Committee and Section Chairs to determine further policy development and implementation and report back at the December 2018 Board meeting.

Motion carried

RECESS

President Walsh called a recess of the AARC Board of Directors meeting at 11:50am CDT.

JOINT SESSION

Joint Session was called to order at 1:35pm CDT. Lynda Goodfellow called roll and declared a quorum.

President Walsh presented his president report and focused on membership.

Anne Marie Hummel provided updates to her written submitted report on Advocacy & Government Affairs.

Elections Committee Chair Jim Lanoha presented the slate of nominees for the election ballot

AARC Directors at Large (4 slots to be filled)

- Dana Evans
- Jakki Grimball
- John Lindsey
- Curt Merriman
- Raymond Pisani
- Debra Skees
- Pattie Stefans
- Kari Woodruff

Secretary - Treasurer

- Lynda Goodfellow
- Gary Wickman

Vice President - Internal

- Cheryl Hoerr
- Lisa Trujillo

Vice President - External

- Tim Op't Holt
- Sheri Tooley

Neo-Peds Chair

- Bradley Kuch

Sleep Section Chair

- Jessica Schweller

Post-Acute Care Chair

- Adam Mullaly

Executive Session was called to order at 2:30pm CDT and concluded at 2:45pm CDT.

President Walsh adjourned Joint Session at 2:50pm CDT.

RECONVENE

President Walsh reconvened the meeting of the AARC Board of Directors at pm 3:00pm CDT.

Karen Schell moved to accept the General Reports as presented.

Motion carried

NEW BUSINESS CONTINUED

Policy CT.003 – Elections Committee – Nominations Process

Tom Kallstrom will discuss the policy with Tony Dewitt.

RECESS

President Walsh called a recess of the AARC Board of Directors meeting at 4:15pm CDT.

RECONVENE

President Walsh reconvened the meeting of the AARC Board of Directors at 4:25pm CDT.

Doug Laher inquired if the Board would like him to continue discussions with Chicago for Congress 2022 in December. The Board was split. President Walsh suggested Jakki Grimball ask the House of Delegates for their thoughts. They were not in favor of Chicago in 2022. Discussions with Chicago have ceased.

OLD BUSINESS CONTINUED

Frank Salvatore moved to accept FM 18-2-16.6 That the AARC Board of Directors advise the AARC Bylaws Committee of a proposed bylaws amendment to 1.) delete current Article II, Section 1 and 2.) replace with “The AARC is the foremost professional association promoting

respiratory therapists. The AARC advances professional excellence and science in the practice of respiratory therapy, serving the profession, patients, caregivers, and the public.”

Motion carried

NEW BUSINESS CONTINUED

Policy CA.008 – AARC Affiliate AARConnect Community Policy/Procedure

President Walsh led a discussion about adding an item to the policy from a member suggestion, but the Board decided against it. No changes to be made to this policy.

RECESS

President Walsh called a recess of the AARC Board of Directors meeting at 5:00pm CDT.

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

Lynda Goodfellow
AARC Secretary/Treasurer

Date

Attachment “A”

Strategic Planning Committee – Strategic Plan 2019-2020

Strategic Planning Committee

Strategic Plan – 2019-2020

Current AARC Mission Statement: The American Association for Respiratory Care (AARC) will continue to be the leading national and international professional association for respiratory care

Proposed New Mission Statement: *The AARC is the foremost professional association promoting respiratory therapists.**

Current AARC Vision Statement: The AARC will encourage and promote professional excellence, advance the science and practice of respiratory care, and serve as an advocate for patients, their families, the public, the profession and the respiratory therapist.

Proposed New Vision Statement: *The AARC advances professional excellence and science in the practice of respiratory therapy, serving the profession, patients, caregivers, and the public.**

** - Although the above has been ratified by the AARC Board of Directors, it needs to go through the AARC By-laws amendment process to become active and will be listed as “proposed” until then.*

Advocacy:

1. **Respiratory care provided by Respiratory Therapists is recognized and supported in all healthcare settings.**

Strategy:

- 1.1. Promote RTs in federal policies as the best-educated, competency-tested healthcare professionals to provide respiratory care services.
- 1.2. Respiratory Therapists will advocate locally, nationally, and globally on issues facing our patients, our practice, and our members.
- 1.3. Respiratory Therapists will be recognized for providing the highest quality and the safest care of patients with cardiopulmonary conditions
- 1.4. Collaborate with other like-minded organizations to improve the health of the communities and to reinforce the value of RTs.
- 1.5. Introduce legislation as appropriate to advance the profession.

Communications/marketing:

- 2. AARC consistently delivers the right message, to the right audience, at the right time, through the right channel.**

Strategy

- 2.1. Identify all key stakeholders and create targeted messaging for each audience.
- 2.2. The AARC will market the value of the Respiratory Therapist to all customers and stakeholders. (Positioning)
- 2.3. Consistently make the content and value of the Board and the Association's work visible to the members.
- 2.4. AARC effectively deploys all possible channels for communicating to its stakeholders.
- 2.5. AARC Times connects the association to its members and inspires engagement.
- 2.6. The Respiratory Care Journal is the premier scientific publication for respiratory care.
- 2.7. The Respiratory Care Education Annual Journal is the premier education publication for respiratory care.
- 2.8. AARC social media channels will be used to create engagement and interactivity with multiple targeted audiences.

Education/professional development:

- 3. AARC offers engaging, valuable professional education that advances the professional practice of respiratory therapy and supports elevation of the profession.**

Strategy

- 3.1. The AARC will explore innovative ways to educate the workforce that continually increases the level of competency within the profession.
- 3.2. Increase the educational levels of the profession.
- 3.3. Provide education on acute, chronic and co-morbid conditions related to cardiopulmonary health.
- 3.4. Promote educational opportunities to both members and nonmembers to drive maximum use and engagement.

Events/Meetings:

- 4. The AARC is recognized as the #1 provider of world-class educational and research conferences that attract respiratory therapists and inter-professional audiences.**

Strategy

- 4.1. The AARC will find ways to make conferences more accessible to all members of our profession.

- 4.2. The AARC will explore ways to increase domestic and international conference attendees annually.

Membership:

- 5. AARC has an engaged, diverse membership comprised of a majority of respiratory therapists.**

Strategy

- 5.1. Create and communicate the value of AARC membership to each community of interest.
- 5.2. Engage and Increase involvement of AARC members through a variety of media.
- 5.3. Monitor membership patterns and retention to identify opportunities for growth.
- 5.4. Analyze RT populations that do not join to understand unmet needs and opportunities.

Revenue and finance:

- 6. The AARC produces ample revenues from diverse sources, which are managed to the highest standards.**

Strategy

- 6.1. Secure new sources of revenue, consistent with mission, that supplements education, sponsorship, and membership as the majority of income.
- 6.2. Grow program offerings, membership numbers and rates to ensure ample revenue to tackle an ever-changing profession, to support extensive surveys and to fund exploratory grants demonstrating the value of additional education and professional pathways.
- 6.3. The AARC will work to be the leading manager and provider of respiratory care related industry sponsored grants.

AMERICAN ASSOCIATION FOR RESPIRATORY CARE

Board of Directors Meeting

July 21, 2018- San Antonio, TX

Minutes

Attendance

Brian Walsh, PhD, RRT, FAARC, President
Karen Schell, DHSc, RRT-NPS, RRT-SDS, RPFT, RPSGT, AE-C, CTTS, President-elect
Frank Salvatore, MBA, RRT, FAARC, Past President
Sheri Tooley, BSRT, RRT-NPS, CPFT, AE-C, VP External Affairs
Natalie Napolitano, MPH, RRT-NPS, AE-C, CTTS, FAARC, VP Internal Affairs
Lynda Goodfellow, EdD, RRT, FAARC, Secretary/Treasurer
Carl Hinkson, MS, RRT-NPS, FAARC
Cheryl Hoerr, MBA, RRT, CPFT, FAARC
John Lindsey, Jr., MEd, RRT-NPS, FAARC
Doug McIntyre, MS, RRT, FAARC
Timothy Op't Holt, EdD, RRT, AE-C
Susan Rinaldo Gallo, MEd, RRT, CTTS, FAARC
Georgianna Sergakis, PhD, RRT, FAARC
Steve Sittig, BSRT, RRT-NPS, FAARC
Deb Skees, MBA, RRT, CPFT
Pattie Polakow, BS, RRT
Lisa Trujillo, DHSc, RRT
John Wilgis, MBA, RRT

Consultants

Dianne Lewis, MS, RRT, FAARC, President's Council President
Cam McLaughlin, BS, RRT, FAARC, Parliamentarian
Jakki Grimball, MA, RRT, AE-C, Past Speaker

Excused

Lori Conklin, MD, BOMA Chair

Staff

Tom Kallstrom, MBA, RRT, FAARC, Executive Director
Tim Myers, MBA, RRT-NPS, FAARC, Chief Business Officer
Doug Laher, MBA, RRT, FAARC, Associate Executive Director
Shawna Strickland, PhD, RRT-NPS, AE-C, FAARC, Associate Executive Director
Anne Marie Hummel, Associate Executive Director
Kris Kuykendall, Executive Administrative Assistant

CALL TO ORDER

President Brian Walsh called the meeting of the AARC Board of Directors to order at 9:00am CDT. Secretary-Treasurer Lynda Goodfellow called the roll and declared a quorum. Students who were observing the meeting were introduced.

Wes Trochlil, Project Manager for the IT upgrade gave an update of the status of the new database and answered questions from Board members. The “go live” date is projected for October 2018 with post- “go-live” for January 2019.

Natalie Napolitano moved to accept Recommendation 18-2-1.1 “That the AARC Board of Directors approve up to an additional \$125,000 for the IT Platform Rebuild.”

Motion carried

RECESS

President Walsh recessed the meeting of the AARC Board of Directors at 10:05am CDT.

RECONVENE

Past President Salvatore reconvened the meeting of the AARC Board of Directors at 10:20am CDT.

A discussion led by Sheri Tooley arose regarding airline oxygen. Anne Marie Hummel informed the Board of the governmental regulations and requirements. All airlines have differing rules for bringing oxygen on board.

Lynda Goodfellow moved to accept FM 18-2-84.1 That the Executive Office contact sponsors and partners to discuss the difficulties of patients traveling with oxygen on airlines and develop an action plan.

Motion carried

President Walsh and Board members reviewed the tracking form from the Spring Board meeting paying close attention to follow-up and report back dates.

STANDING COMMITTEE REPORTS

Bylaws

Natalie Napolitano moved to accept Recommendation 18-2-9.1 “That the AARC Board of Directors find that the Alaska Bylaws are not in conflict with the AARC Bylaws.”

Motion carried

Natalie Napolitano moved to accept Recommendation 18-2-9.2 “That the AARC Board of Directors find that the Hawaii Bylaws are not in conflict with the AARC Bylaws.”

Motion carried

Natalie Napolitano moved to accept Recommendation 18-2-9.3 “That the AARC Board of Directors find that the Indiana Bylaws are not in conflict with the AARC Bylaws.”

Motion carried

Natalie Napolitano moved to accept Recommendation 18-2-9.4 “That the AARC Board of Directors find that the Michigan Bylaws are not in conflict with the AARC Bylaws.”

Motion carried

Natalie Napolitano moved to accept the Standing Committee reports as presented.

Motion carried

SPECIAL COMMITTEE REPORTS

International Committee

Natalie Napolitano moved to accept Recommendation 18-2-23.1 “That the proposed policy for country-specific list-serves be approved.”

Frank Salvatore moved to refer back to the International Committee to work with the Executive Office, president-elect, and ICRC to address concerns of the proposed policy raised by the Board. (speak in English, remove “list serve”, etc.)

Motion carried

Position Statement

Natalie Napolitano moved to accept Recommendation 18-2-26.1 “That the position statement entitled “Cultural Diversity” (07/2010) with noted revisions (language to be removed appears as ~~striketrough~~ and language to be inserted appears as **bold and underlined**) be approved.”

Motion carried

Natalie Napolitano moved to accept Recommendation 18-2-26.2 “That the position statement entitled “Respiratory Therapists as Extracorporeal Membrane Oxygenation (ECMO) Specialists” (07/2013) with noted revisions (language to be removed appears as ~~striketrough~~ and language to be inserted appears as **bold and underlined**) be approved.”

Motion carried

Natalie Napolitano moved to accept Recommendation 18-2-26.3 “That the position statement entitled “Respiratory Therapy Protocols” (04/2013) with noted revisions (language to be removed appears as ~~striketrough~~ and language to be inserted appears as **bold and underlined**) be approved.”

Motion carried

Natalie Napolitano moved to accept Recommendation 18-2-26.4 “That the AARC Board of Directors Policy Statement CT.008 – Position Statements and Issue Papers (June 30, 2016) -- Policy Amplification, # 6 be revised with noted revisions.”

Motion carried

Natalie Napolitano moved to accept Recommendation 18-2-26.5 “That the AARC Board of Directors Policy Statement CT.008 – Position Statements and Issue Papers (June 30, 2016) – Policy Amplification, # 5 which requires each position statement or issue paper to be reviewed/revised at least every 5 years be temporarily suspended in order to adjust the AARC Position Statement and Issue Paper Review Calendar so that the required schedule of review of documents will be more evenly distributed.”

Motion carried

Vision Grant Committee

Lynda Goodfellow moved to accept FM 18-2-22.1 “That the AARC BOD accept the top ranked proposals for funding for the 2018 AARC Vision Grant Award.”

Motion carried

Natalie Napolitano moved to accept the Special Committee reports as presented.

Motion carried

SPECIAL REPRESENTATIVES

American Association for Cardiovascular & Pulmonary Rehabilitation (AACVPR)

Sheri Tooley moved to accept Recommendation 18-2-62.1 “That the AARC collaborate with AACVPR on a Legislative FIX for Site Location for Pulmonary Rehabilitation/Cardiac Rehabilitation Services to correct the unintended and negative results of Section 603.”

Sheri Tooley moved to accept for information only.

Motion carried

Committee on Accreditation of Air Medical Transport Systems (CAMTS)

Sheri Tooley moved to accept Recommendation 18-2-66.1 “That the AARC Board of Directors support the proposed change to the 11th Edition of the CAMTS standards that would require transport RTs to attain an advanced credential within two years of hire to a transport team.”

Motion carried

Coalition for Baccalaureate and Graduate Respiratory Therapy Education (CoBGRTE)

Sheri Tooley moved to accept Recommendation 18-2-68.1 “That the AARC Board of Directors appoint a CoBGRTE representative to the AARC Vision Grant Committee.”

Frank Salvatore moved to refer to the president-elect.

Motion carried

Sheri Tooley moved to accept the Special Representative reports as presented.

Motion carried

President-elect Karen Schell took over the meeting as President Walsh went to the House of Delegates meeting to give a presentation.

AD HOC COMMITTEES

Ad Hoc Committee on Advanced RT Practices, Credentialing, and Education

Sheri Tooley moved to accept Recommendation 18-2-31.1 “That the AARC Board of Directors accept the Phase II - NPAPP Needs Assessment Report developed by JBS International, Inc.”

Motion carried

John Wilgis withdrew this recommendation.

Ad Hoc Committee on BS Entry to Practice

Lynda Goodfellow provided an updated report that was sent to the Board earlier in the week.

Sheri Tooley moved to accept the Ad Hoc Committee reports as presented.

Motion carried

RECESS

President-elect Schell recessed the meeting of the AARC Board of Directors at 11:30am CDT.

RECONVENE

President Walsh reconvened the meeting of the AARC Board of Directors at 1:00pm CDT.

HOD Resolutions

Frank Salvatore moved to accept HOD Resolution 39-18-3 “Resolved that: The AARC work with NBRC to eliminate the low-cut score of the Therapist Multiple-Choice Examination.”

John Wilgis moved to refer to the Executive Committee.

Motion carried

Frank Salvatore moved to accept HOD Resolution 67-18-13 “Resolved that: The AARC work with the NBRC to end the offering of the CRT credential by the year 2025.”

John Wilgis moved to refer to the Executive Committee.

Motion carried

Frank Salvatore moved to accept HOD Resolution 39-18-6 “Resolved that: The AARC BOD approve a request that for a participant who is currently an active AARC member successfully completes one of the following courses: Management/Leadership Track or Education Track on the AARC Leadership Institute, Neonatal Pediatric Specialist course, Adult Critical Care Specialist Course, Asthma Educator, Pulmonary Disease Educator, Pulmonary Rehab Course through the AARC University be given a complimentary membership into the respective specialty for 1 year. If the participant is already a member of the specialty section, that specialty section would be extended for 1 additional year as long they remain an AARC member in good standing.”

Motion defeated

Frank Salvatore moved to accept HOD Resolution 94-18-8 “Resolved that: The AARC Board of Directors and the Executive Office reverse the decision to eliminate the practitioner competition and allow all therapists to compete in the AARC Sputum Bowl.”

Motion defeated

RECESS

President Walsh recessed the meeting of the AARC Board of Directors at 2:20pm CDT.

RECONVENE

President Walsh reconvened the meeting of the AARC Board of Directors at 2:30pm CDT.

Frank Salvatore moved to accept HOD Resolution 39-18-9 “Resolved that: The AARC develop an affiliate financial assistance program to ensure all affiliates are able to send one representative to the annual Leadership Academy.”

Motion carried

Frank Salvatore moved to accept HOD Resolution 67-18-11 “Resolved that: The AARC Board authorize funds to provide wireless access in all BOD and HOD meetings.”

Motion defeated

Frank Salvatore moved to accept HOD Resolution 67-18-12 “Resolved that: The Board schedule a minimum of 4 months between the end of the summer HOD meeting and the start of the Fall International Congress.”

Pattie Polakow moved to refer to the Program Committee for consideration.

Motion carried

Natalie Napolitano moved to accept FM 18-2-1.2 “That annual updates on the Vision Grant Awardees progress is reported to the Board which would be included in the Education Section of the Executive Office report.”

Motion carried

Natalie Napolitano moved to accept FM 18-2-1.3 “That the Vision Grant Awardees be recognized at the AARC Awards Ceremony.”

Motion carried

President Walsh led a discussion regarding the RRT credential. Lynda Goodfellow requested that a discussion be held with key stakeholders. The discussion ensured to how best to move the BS entry to practice and RRT credential for licensure forward.

RECESS

President Walsh recessed the meeting of the AARC Board of Directors at 3:45pm CDT.

RECONVENE

President Walsh reconvened the meeting of the AARC Board of Directors at 3:55pm CDT.

Sheri Tooley gave a health update on Past President George Gaebler.

Jakki Grimball informed the Board that the House of Delegates raised over \$11,000 in the meeting for disaster relief and International Fellowship.

Lynda Goodfellow moved to accept FM 18-2-26.6 That the AARC Board of Directors direct the Position Statement Committee to provide a position statement/issue paper for baccalaureate degree in a biological/ health science, as a minimum for entry to practice and the RRT credential for entry to licensure by 2025, with a draft due at the Dec. 2018 BOD meeting.

Motion carried

Review of Action Items

Lynda Goodfellow reviewed action items from the past 2 days.

Treasurers Motion

Lynda Goodfellow moved “That expenses incurred at this meeting be reimbursed according to AARC policy.”

Motion Carried

MOTION TO ADJOURN

Lynda Goodfellow moved “To adjourn the meeting of the AARC Board of Directors.”

Motion Carried

ADJOURNMENT

President Walsh adjourned the meeting of the AARC Board of Directors at 4:30pm CDT

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

Lynda Goodfellow
AARC Secretary/Treasurer

Date

E-Motions

(Since Last Board Meeting in July 2018)

- E18-3-9.1 “That the AARC Board of Directors advise the AARC Bylaws Committee of a proposed bylaws amendment to: Replace current Article II, Section 1 with ‘The AARC is the foremost professional association promoting respiratory therapists. The AARC advances professional excellence and science in the practice of respiratory therapy, serving the profession, patients, caregivers, and the public’.”

Justification:

The actual floor motion as it was sent to Brian Cayko (Chair) and the by-laws committee: “That the AARC Board of Directors advise the AARC Bylaws Committee of a proposed bylaws amendment to 1.) delete current Article II, Section 1 and 2.) replace with ‘The AARC is the foremost professional association promoting respiratory therapists. The AARC advances professional excellence and science in the practice of respiratory therapy, serving the profession, patients, caregivers, and the public’.”

This original motion included missing punctuation. The resultant wording was misleading and changed the intended meaning to this section of the Bylaws.

Results – September 13, 2018

Yes – 17

No – 0

Abstain – 0

Did Not Vote – 0

- E18-3-31.1 “That the AARC Board of Directors accept the attached Executive Summary of the Phase II Needs Assessment report conducted by JBS International, Inc., in May/June 2018 to determine whether there is a current and/or future need for a non-physician advanced practice provider (NPAPP) specifically trained to work with patients who have cardiopulmonary disease.”

- E18-3-31.2 “That the AARC Board of Directors approve the dissemination of the Phase II Needs Assessment report conducted by JBS International, Inc. with the Association's sponsors and partners. (e.g., the Commission for the Accreditation of Respiratory Care, National Board of Respiratory Care, Society for Critical Care Medicine, American College of Chest Physicians, American Thoracic Society, American Society of Anesthesiologists, and others) as the AARC deems appropriate.”

Justification:

The committee has carried the following charge since its inception:

"Create the framework for the needs assessment, retain a third-party consultant to conduct the needs assessment, conduct the needs assessment, and evaluate completed needs assessment to

determine appropriate next steps."

Following the completion and approval of the Phase I Needs Assessment report in late 2017, the committee was charged to develop a more in-depth study to determine whether there is a current and/or future need for a non-physician advanced practice provider (NPAPP) specifically trained to work with patients who have cardiopulmonary disease.

In March 2018, the Board approved the motion, "That the AARC Board of Directors fund an expanded needs assessment to determine geographic location, physician specialty, and density of workforce need for non-physician advanced practice providers explicitly trained to provide care to patients afflicted with cardiopulmonary disease through the proposed Option B in the Phase II Proposal from JBS International."

Members of the committee, working with the AARC Executive Office and JBS International, Inc. developed, administered and completed a Phase II Needs Assessment.

The executive summary is provided for the AARC's review and approval. A complete analysis of the data is pending and will be published in a journal article as soon as possible.

Results – October 5, 2018

Yes – 16

No – 0

Abstain – 0

Did Not Vote – 2

General Reports

President

Submitted by Brian Walsh– Congress 2018

As I reflect back on the last two years, I am extremely proud and humbled by what we have been able to accomplish. We could have not accomplished half of what we did without the sacrifices you have made. I say this over and over, but it worth saying again. I thank you and please thank your family and employer for allowing you to help promote, advance and advocate for our profession. We are all better off because of your service. Additionally, you have heard “to those whom much is given, much is expected” (BKW spin on Luke 12:48). Many of you like me are blessed beyond belief and I thank you for giving back and paying it forward. You have given us all a gift.

Since we often get focused on the next task at hand, I think it is healthy to look back, not to gloat but encourage. Below are a few highlights from the last two years.

Fiscal Responsibility

We have successfully helped manage the fiscal responsibility of the organization. In fact, we have grown the organization while working through flooding, foundation issues and replacing some very expensive technology.

Quality

- We successfully launched the APEX Recognition Program
- Kicked off a new round of Evidence Based Clinical Practice Guidelines
- Held a very successful Congress in a new City; a calculated risk
- Our educational offerings have grown in quality each year
- PACT efforts like our conferences and education have improved in quality
- BS Entry to Practice Collaborative
- Education Pathways Group work and manuscripts

Safety:

- Patient Safety Movement Foundation’s Airway Safety, Oxygen therapy and VAP Workgroups
- International Guidance on oxygen therapy
- Partnered with the AAMI group on alarm safety
- Bringing patient safety to the forefront of RTs around the country

Value:

- AARC Leadership Boot Camp. This was yet another successful meeting
- The URM group success.
- Vision Grant was created and funded several grants that I believe will help us demonstrate the value of respiratory therapist
- APRT Survey I & II – Conclusive evidence of need of an APRT
- APRT Literature Search and Manuscript

Advocacy:

I could not do the advocacy without Frank, Anne Marie, Tom, Shawna, Tim and the whole Executive Office. Below and attached to this report is the letter sent out on behalf of our membership. See Anne Marie’s report within the EO’s report for more details.

- Two successful PACT meetings.
- Transitioned to a new lobbying firm.
- A new strategy to have a Respiratory Therapy (Telehealth) specific bill.

Appointments/Changes/Committee Personnel Changes:

- Appointment of Bill Croft to the APRT Committee.

Travel (Promoting):

- Tristate Respiratory Care Conference, Biloxi, MS – 7/25-8/27
- NBRC State Licensure Board Meeting, Kanas City, Kanas – 8/24-8/25
- NYSRC, Syracuse, NY – September 5-7th
- UTMB 50th Anniversary, Galveston, TX – September 9-11th
- SOLAR Conference, Mexico City, Mexico – September 25-30th
- AHA ECC Meeting, Dallas, Texas – October 22-23rd
- COARC Meeting, Dallas, Texas – November 9-10th
- NBRC Meeting, Nashville, TN – November 16-17th

A Special Thank You

As you know we couldn't do much of what we do alone. I'd like to thank the Executive Office in general, but specifically Kris, Tom, Tim, Shawna, Doug and Ann Marie. I could not have done this without you.

Karen: I know I have questioned if your energy is nature or not. But I have really enjoyed getting to know you better over the last year as I have done my best to mentor you. You are an inspiration and I can't wait to see what you are going to do. Please know that I will always have your back.

Frank: Before you go "off to pasture" as you say, please know this. You have done a wonderful job! I thank you from the bottom of my heart for all that you have done for me and the profession. I've enjoyed working closely with you and have gained more and more respect for you as time has gone on. I still think you are crazy for wanting to go into politics, but that's another matter.

And last but not least, Camster (you guys know my other name for him). You have been my cheerleader (ugly one) since I was very young yet could always be my reflecting mirror when I needed it. Your friendship has been invaluable, and I couldn't have thought of a better persona to take this journey with. I am so glad you said yes. And we made it!

Past President

Submitted by Frank Salvatore – Congress 2018

Recommendation

None

Report

The following is an accounting of my activities done prior to and around the December 2018

Board meeting:

1. Participated in Bylaws and Elections Committees as per AARC Bylaws/Past President's role.
2. Participated in calls with President Walsh, President-elect Schell and Exec. Dir. Kallstrom weekly.
3. Westchester Medical Center/Quinones Seminars – Lecture – September 28, 2018
4. AARC Congress Lecture – December 5, 2018.
5. Respiratory Therapist Society of the Republic of China (RTSROC) Lecture(s) – December 14-17, 2018 – Taipei, Taiwan.

The following are the items that were referred to me at previous board meetings:

1. Nothing.

Update on Employers-Baccalaureate Workgroup:

1. Committee members Cheryl Hoerr, Garry Kauffman, Doug Laher and I have met via e-mail and conference call to do the following:
 - The survey was distributed via three platforms: Management AARConnect, Adult Top 25 and Pediatric Top 25 Hospitals from U.S. News and World Report.
 - There were 170 responses across all three surveys.
 - We're providing you the charts of each question's response in a separate attachment.
 - Next Steps:
 - i. Review the results and see if there are any "best practices" that can be used to move us to the next level with the employers.

If there are any changes or additions, I'll add them in a written addendum.

Executive Office

Submitted by Tom Kallstrom – Congress 2018

Welcome to Las Vegas. We look forward to hosting a productive Fall 2018 BOD meeting followed by our 64th AARC International Congress. It has been a busy year and productive year. Below is an update since the July Board meeting.

Disaster Relief Fund

2018 has certainly been another very active climatic year. As a result of numerous wildfires, hurricanes and floods our fund has been open to members from states where a disaster has been declared. As of November 2, we have \$157,722 of funding available. There has been \$17,046 in donations in 2018. \$2,854 has been distributed so far this year. While this seems a sizable fund, it could only service approximately 315 needy members at the max levels. We encourage our members to donate as the AARC does on an annual basis

MEMBERSHIP

At the end of September 30, 2018, our total membership numbers were 45,511. The retention rate through October was 79.7%. There have been 5,609 new members through September. We will have more current figures to report at the board meeting in December.

State Society Update

- **Communities on AARConnect**

With the launch of our new database, the state affiliate listserv is officially retired. All states have been encouraged to convert to an AARConnect state community. By the end of October, 38 states have converted or are pending conversion to the AARConnect platform.

- **Direct Deposits**

All but one of the affiliates have converted over to direct deposit for their revenue sharing and co-marketing deposits. We are working with that affiliate to make it 100%.

- **Leadership Boot Camp**

The 2019 Leadership Boot Camp is planned for March 23-25, 2019. A Saturday evening (March 23) reception is planned for both state leaders and Board members who are still in Dallas after the March 2019 Board meeting. Content and presenters are still in development.

Specialty Practitioners of the Year

The 2018 Specialty Practitioner of the Year award recipients were identified in August and will be recognized at AARC Congress 2018 in Las Vegas. Recipients are:

- Adult Acute Care Section - Thomas Piraino, RRT, FCSRT
- Diagnostics Section - Jeffrey Haynes RRT RPFT FAARC
- Education Section - Ellen A. Becker, PhD, RRT, RRT-NPS, RPFT, AE-C, FAARC
- Management Section - Kim Bennion, MsHS, RRT, CHC
- Neonatal-Pediatric Section - Ryan M. Sharkey, MSc, RRT, RRT-NPS
- Post-Acute Care Section - Ronda Z. Bradley, MS, RRT, FAARC
- Sleep Section - Peter Griffin Allen, BSRC, RRT, RRT-NPS, RRT-SDS, RPSGT, RST
- Surface & Air Transport Section – Tom Pietrantonio, BSRT, RRT, RRT-ACCS, NREMT

Outreach and Promotion of the Profession

- The AARC exhibited at the 5th US Science and Engineering Festival in Washington DC in April. Many thanks to booth coordinator Carolyn Williams and her team of dedicated volunteers.
- At the end of June, the AARC exhibited at the 2018 HOSA National Leadership Conference in Dallas, TX. Volunteers from Collin College in McKinney, TX, and the TSRC staffed the booth and provided activities.
- In an effort to promote the profession the AARC exhibited at the 2018 Lone Star State School Counselor Meeting in November in Frisco, TX. Volunteers from Midwestern State University, Tarrant County College, and University of Texas Medical Branch – Galveston have signed up to participate.

SPECIAL PROJECTS

Life & Breath

The Life & Breath public relations and recruitment video is scheduled for revision. The new product is planned to utilize multiple types of video for various audiences and purposes. It has been budget for and production will be added to the 2019 project agenda.

AAMI Foundation Collaboration

The AARC has been collaborating with the AAMI Foundation for several years on their alarm consortium. In 2016, the AAMI Foundation partnered with the AARC to include ventilator alarms in the consortium. The ventilator alarm workgroup has developed a ventilator alarms benchmarking tool that has been through beta testing with a few RT departments and is currently deployed for large-scale data collection. The future plan is to develop a ventilator alarms community for professionals to compare their alarms to those experienced by others. The AARC was also invited to participate in a complex technology coalition in 2017. Currently, the coalition members have been assigned to teams to accomplish specific goals and Cheryl Hoerr and Julie Jackson are leading one of the coalition teams.

Apex Recognition Program

The 2018 Apex Recognition Program application period opened on October 1, 2018. The recognition program currently recognizes five aspects of respiratory care: Acute Care, Long-Term Care, Home Medical Equipment, Entry-to-Practice Educational Programs, and Dedicated Transport Teams. The deadline for submission is December 31, 2018.

Clinical Practice Guidelines

In June 2017, the AARC Board of Directors approved the funding of six different guidelines projects: adult tracheostomy, pediatric tracheostomy, adult oxygen, pediatric oxygen, capillary blood gases in neonates, and endotracheal suctioning. The teams for these projects kicked off their work in late 2017 and are currently completing the data extraction phase of the project.

EDUCATION

NBRC Collaboration

The AARC and NBRC implemented the NBRC CRCE information-sharing program in September 2015. With the new database implementation, the NBRC-AARC data connection was reconfigured and is currently undergoing testing for accuracy.

Pulmonary Disease Educator

In March 2018, the AARC Board of Directors requested that the NBRC explore the development of an interdisciplinary Pulmonary Disease Educator credential. This request was made to the

NBRC after the Board meeting and has reported that the NBRC Board will discuss this request at their November 2018 Board meeting. A verbal update will be provided to the AARC Board.

Respiratory Care Education Annual

The latest issue was published in September 2018. The editors accepted 5 manuscripts for publication. Dr. Doug Gardenhire, Dr. Kathy Rye, Dr. Will Beachey, Dr. Gregg Marshall, Dr. Dave Burnett, and Dr. David Chang served on the 2018 editorial board. Dr. Moss expanded the editorial board for 2019 to include Ms. Lutana Haan, Dr. Mary Martinasek, Dr. Constance Mussa, and Dr. Sarah Varekojis. The editorial board is reviewing the current structure of the review process to improve efficiency and rigor. The *Respiratory Care Education Annual* is indexed in CINAHL and Ulrich’s (ISSN 2372-0735).

Pulmonary Rehabilitation Certificate course

In 2017, the AARC partnered with the American Association for Cardiovascular and Pulmonary Rehabilitation (AACVPR) to develop a 12 CRCE/CNE certificate course for pulmonary rehabilitation. The course was successfully launched in January 2018. As of the end of October, 317 courses have been purchased.

CDC Strategic National Stockpile (SNS) Ventilator Workshops

The AARC has completed four of the five planned SNS workshops in 2018. The five sites held at their annual meetings this year are: Nebraska Society for Respiratory Care, Illinois Society for Respiratory Care, California Society for Respiratory Care, Georgia Society for Respiratory Care, and New Jersey Society for Respiratory Care.

Preceptor Recognition Program

The 2018 preceptor recognition program was completed in July 2018. The second cohort of recognized preceptors included 36 respiratory therapists from Texas, Illinois, Ohio, Connecticut, Michigan, and Pennsylvania.

Clinical PEP Update

The AARC released the Clinical PEP: Practices of Effective Preceptors in 2013 and has awarded credit to 1,719 records for the Clinical PEP program (1,263 unique member records and 682 non-member records) through 12/31/17. In 2017, 156 subscriptions to the product were purchased. Records between the two databases (iMIS and Dynamic) will be compiled and a comprehensive 2018 update will be available after January 2019.

- 2017: 672 CRCE
- 2016: 617 CRCE
- 2015: 468 CRCE
- 2014: 263 CRCE
- 2013: 77 CRCE

2018 Educational Product Sales/Attendance Trends at a glance (as of 10/23/18)

	2018 YTD	2017	2016	2015	2014	2013	Comments for 2018
Webcasts and JournalCasts	9,938 (497)	8,961 (390)	8,153 (340)	9,149 (410)	8,812 (383)	7,511 (442)	
Asthma Educator Prep Course	193	241	246	183	268	203	On budget
COPD Educator Course	193	596	734	859	820	570	Retired in March 2018

Ethics	3,681	4,299	4,242	1,928	1,757	2,361	Updated in 2018 On budget
RT as the VAP Expert		59	53	63	115	81	Retired in 2018
Alpha-1		78	75	74	125	98	Retired in 2018
Exam Prep (F&P grants in 15, 16, & 18)	122‡	20	189†	180*	39	40	*Grant (150) + 30 †Grant (150) + 39 ‡Grant (90) + 32 Under budget
Leadership Institute	44	60	99	68	89		Under budget Revision in 2019
Asthma & the RT	451	512	604	446	172		Above budget
ACCS	163	140	164	121			Above budget
PFT: Spirometry	375	575	422	228			Above budget
PFT: Pediatrics	165	132	117	43			Above budget
PFT: Advanced Concepts	297	280	264	79			Above budget
Tobacco Training	205	188	259	85			Above budget
Congenital Heart Defects	67	72	122				Under budget
Pulmonary Disease Educator	332	319	32				Above budget
NPS	135	124					Above budget
Pulmonary Rehabilitation	317						New course in 2018

Additions to Education

The education department updated the ACCS course to match the new content matrix from the NBRC, which was effective in June 2018, as well as the Asthma Educator Certification course for the new NAECB matrix that was effective in September 2018. Updating the Leadership Institute is planned to begin in late summer/early fall for a 2019 release. The AARC diversity committee is working on a course to satisfy the MD/DC licensure requirement for cultural competence continuing education. The AARC is also working on collaboration for a child abuse-reporting course suitable for the Pennsylvania licensure requirements. Current educational sales are going well and, overall, are over budget.

RESPIRATORY CARE

Since the June 1 submission deadline, we have been busy processing abstracts for the 2018 OPEN FORUM to be presented in Las Vegas. We accepted 277 abstracts. Because most of the Open Forum abstracts are submitted by respiratory therapists, this speaks well for the scientific curiosity of our members. Accepted abstracts will be presented in one of 3 formats: Editors' Choice, Poster Discussions, and Posters Only. The authors of the 10 Editors' Choice abstracts are required to submit a full manuscript to RESPIRATORY CARE. This has been successful in increasing the number of submissions to the Journal by respiratory therapists. Beginning this year, abstracts are

available in a digital format on the Journal website as a supplement to the October issue. This will increase the likelihood of abstracts being discovered on an Internet search, which should bring greater recognition to abstract presenters, the Journal, the AARC Congress, and the AARC.

In June 2018, the Journal Conference *Noninvasive Respiratory Support* was presented and the proceeding will be published in June 2019. This is an area of much clinical interest among respiratory therapists and will include the topics noninvasive ventilation and high flow nasal cannula. We are currently inviting faculty for the 2019 conference, *Monitoring Respiratory Function in Adult Critical Care*.

As a member benefit, CRCE can be obtained through reading the Journal and a JournalCast most months is available to members for CRCE. In total, 22 CRCE are available each month through Journal activities.

The number of manuscripts received continues to be robust, and the Journal continues to evolve as an original research journal, with most submissions in this category. The editors are being increasingly selective regarding manuscripts accepted, thus allowing the quality of the Journal to increase.

The seamless transition in change in Editor in Chief and Managing Editor is now complete. At the end of 2018, we will transition Publisher from Sam Giordano to Tom Kallstrom.

Advertising and Marketing

Advertising

AARCTimes and Respiratory Care are tracking well ahead 2018 budget and are expected to exceed 2017. Digital advertising on aarc.org continues to remain consistent through our partner, Multiview. In fact, *all* of aarc.org and *AARConnect* advertising positions have been sold out for the remainder of 2018 and well into 2019.

Other advertising channels through eNewsletters, ePubs and recruitment ads are also part of the digital advertising footprint. Recruitment ads continue close to target with prior years and budget and will exceed 6 figures in income for 2018. We have just kicked off our 2018 promotion for a digital job board for AARC Congress of this report; this will be our third year.

All these conditions projects to be very favorable to last year's budget and exceed our aggressive projections for the 2018 budget.

Corporate Partners

2018 Partners: Carefusion, Masimo, Medtronic, Monaghan, Philips/Respironics, Drager, Maquet, Teleflex, Boehringer Ingelheim, Astra Zeneca, Mallinckrodt, ResMed, Fisher Paykel and Sunovion Pharmaceuticals.

We have seen some partners step up in their activities and others step back a little changing the dynamics of our relationships with them around revenue generating activities. As these trends have been consistent over the last several years, an analysis was performed on each partner and their annual spends.

Based on this analysis, the Corporate Partner program for 2019. The AARC has made its first

substantial change to its Corporate Partner program since its inception in 2003. As we move through 2018, AARC's Corporate Partnerships will no longer be established after a minimum annual spend.

We will move to a 3-tiered (Platinum, Gold and Silver) Corporate Partner program for 2019 based on a fixed rate for membership. Each partnership level will have an established bundle of benefits based on the level or partnership selected. Attached you will find the information about the 2019 AARC Corporate Partner program, the costs of the 3 levels and the benefits received for each tier.

MarCom

We continue to look at new vehicles through social media sites and electronic newsletter to better market the AARC, as well as, its educational and professional products. We have budgeted for some new software tools in 2019, as well as a 6-month trial with a company that specializes in digital marketing analysis to provide us enhanced ability to track and monitor our endeavors providing us critical feedback on the optimal methods to move marketing endeavors forward.

We are also continuing to look at "value added" products through our Membership Affinity program that may find highly desirable. This year we added a company (Sofi) that specializes in school loan refinancing and personal loans as well as a footwear company that discounts hospital footwear for AARC members. We have been approached with 3-4 other affinity membership programs on items that people utilized in their everyday lives that we will investigate further for possible membership enhancements.

Unfortunately, we will again be looking to bring on a social media coordinator due to a recent resignation. The good news is that the MarCom team is very capable of handling this additional workload during that search.

Products

In September 2017 we launched Benchmarking 2.0 Program that has had an overhaul and additions based on marketing research feedback. We have grown the program in a year's time from 17 at initiation to over 60 today. There will be a symposium offered at this year's Congress in addition to some marketing discounts for those that join in 2018.

In 2019, we will look to provide updates to both the URM and Competency products since it has been several years since they have both been updated. New editions always generate strong interest and sales.

As you are aware, in 2012 we outsourced our Respiratory Care Week products to a third-party supplier, Jim Coleman Ltd that handle all products and the necessary shipping. 2018 was our sixth-year outsourcing RC Week products to Coleman. We came in right above our budget target in 2017 with some strong marketing. 2018 appears to be tracking similar to data from 2017, but we did not have a final royalty report prior to this report.

Sponsorships and Grants

We continue to work to acquire sponsorships and grants for our various educational products and other projects (Non-AARC Congress related) in 2018. We expect that 2018 will be a good year in both of these areas that meet and exceed 2018 budget projections and prior years for new projects not carried over. We have had numerous good conversations with pharma companies on projects that are just underway or will be in the 1st half of 2019.

Accounting

As a follow-up from our Spring and Summer meetings, we continue working on the redesign of AARC's accounting department. We are catching up during a time that has seen many changes and process redesign. At this meeting, you will meet our Senior Accountant, Ada Morton, who has done an incredible job with this transition and process improvement since joining us in April.

Accounting also played a critical role in the implementation of the Protech CRM software since the last board meeting. In addition to aligning all the necessary chart of accounts with the system software, we also converted over our credit card processing company (along with the Protech software) that brought us into PCI compliance with on-line financial transactions.

We also took this opportunity to convert on credit card processing banks that provide us lower rates on credit card transactions that will realize savings in processing fees. We also implemented new software with our current bank, BBVA Compass to conduct more on-line banking transactions through ACH deposits or wires. We also have converted all state societies (with one to go) over to electronic processing of revenue sharing, co-marketing and other relevant financial transactions.

AARC in October was able to convert our accounting software to Intacct, as well as, add some efficiency-producing software for accounts payable (Bill.com) and processing of AARC Corporate Credit Cards (Nexonia). These critical pieces of software have already allowed us to start the partial outsourcing of some accounting functions that we discussed at the Spring meeting. We have now moved accounts payable completely to Salmon, Sims and Thomas (SST) as of October (and eliminated this position within AARC). We also have shifted over the ARCF accounting to the new software and will not be replacing long-term employee Bob Lyons who retired at the end of September.

As we finalize the 2019 budget, catch-up on month end closings and stabilize and reconcile all the financial transitions with the new software, we will move even more accounting work to SST which will allow us to eliminate the other temporary position within AARC.

Finally, at this meeting we will submit a request for approval of our new auditing firm for the AARC in 2019. We will answer any other questions you may have about the department, outsourcing or current status of transitions at the meeting.

IT Services

It has also been a year of transition for the IT service department of AARC. The department has seen the successful launch of a new CRM database as well as several pieces of software that will allow employees throughout AARC to become more efficient (Microsoft Office 365), as well as, several new software programs critical to the accounting department.

As you are aware, Protech CRM launched at the end of September. At the time of this report, we are still working through the nuances of learning the new software and its reporting dashboards. The conversion from Imis to Protech has also created a large amount of manual cleanup as the conversion came at one of our busiest times of years with 100's of transactions around CRCE applications, AARC Congress activities, Respiratory Care week, large number of membership renewals and the usual heavy volume of AARC transactions.

In addition, there are a number of items that are being addressed over the next month that could not be completed or finalized before our September go-live. Most of these items do not have a

negative impact on our members but come with a heavy manual workload for the staff. All of these items will bring the 1st phase of Protech to a financial conclusion right in-line with the Board approved budget for the project.

After Congress, AARC will resume phase 2 of the Protech implementation with the additional funds that the AARC Board approved at Summer Forum. Appendix 1 is a listing of items in both of those categories. As we fully implement Protech, we will be able to retire older antiquated software and hardware at AARC associated with the replaced systems and software.

AARC Internet Services also successfully worked with a 3rd party to redesign the ARCF website and implement it on a new web platform (Wordpress). We are also in the process of redesign the ICRC website and implement it on Wordpress as well in the last quarter of 2018. Both of these projects were paid for by grants from the ARCF. In 2019, AARC will solicit grant funding to convert its final website, YourLungHealth.org as well.

With completion of all these software and program implementations, AARC will begin to look to hire a Director of Information Services to replace Steve Nelson who retired at the end of June.

Appendix 1. Post-Go Live and Phase 2 Protech Deliverables.

Case Title	Case Number	Case Category	Phase 2
AARC: Fundraising Configuration	CAS-75183-S2Z7W7	Configuration	Phase 2
AARC: Advertising Configuration	CAS-75189-D5N5Q2	Configuration	Phase 2
AARC: Sponsorship Configuration	CAS-75203-J0G1L1	Configuration	Phase 2
AARC: Rapid Pay for Membership dues payments	CAS-77957-Q2N5N9	Configuration	Phase 2
AARC: MX8 - Online Speaker Profile Management interface	CAS-79798-J8Q9L5	Configuration	Phase 2
AARC: IERS Program	CAS-85543-S7W3K8	Configuration	Phase 2
AARC: Benchmarking	CAS-85544-L6F6D9	Configuration	Phase 2
AARC: History Store Data Migration	CAS-75170-X1Z4T8	Conversion	Phase 2
AARC: Speaker Profile migration	CAS-79797-J7H2P5	Conversion	Phase 2
AARC: Post Live migration of additional CRCE Applications	CAS-86308-N3F2Y8	Conversion	Post Live
AARC: UX - Integration with Mosaic Mobile App	CAS-76901-B1M6J8	Customization	Phase 2
AARC: UX8 - Integration with CDS for Conference registration	CAS-83388-C7H1S8	Customization	Phase 2
AARC : NBRC Data access	CAS-85264-N7H6M1	Customization	Post Live

AARC: UX8 - Mark Verified Payment to Yes on newly added CRCE Repeat Dates when the associated invoice transaction is paid in full	CAS-85427-T1C4Q5	Customization	Phase 2
AARC: UX8 - Modification to CRCE Course Numbering Logic - Additional Repeat Date Numbering	CAS-85429-P6N5G0	Customization	Post Live
AARC: Unwanted field mapping on Account lookup fields within Contact record	CAS-85634-D4Z5B3	Customization	Phase 2
AARC: SRS - Custom Subscription Invoice Report - Non-Agency Subscribers (Domestic and International)	CAS-84322-M0T4D6	Reports	Post Live
AARC: SRS - Custom Subscription Invoice Report - Agency Subscribers	CAS-84323-J4H1F8	Reports	Post Live
AARC: Import of 2018 Congress registrants to History Store	CAS-83603-W2T2Q1	Support	Phase 2
AARC: Support for replication of AARC Classic pages	CAS-85913-N1N5Q2	Support	Phase 2
AARC: Administrative System Training	CAS-75172-N9G3C9	Training	Post Live
AARC: Fundraising Management Training	CAS-75188-V3Y2J4	Training	Phase 2
AARC: Advertising Management Training	CAS-75193-Y1M4B6	Training	Phase 2
AARC: Sponsorship Management Training	CAS-75206-M0M3D3	Training	Phase 2

SUMMER FORUM 2018

The Summer Forum meeting was a smashing success. A new attendance record was set (499 attendees). This is the 3rd consecutive year where an attendance record has been broken. It far exceeded expectations.

FUTURE SUMMER FORUM DESTINATIONS

- **2019 – Ft. Lauderdale, FL**
- **2020 – OPEN**
- **2021 – Bonita Springs, FL**

It is likely a recommendation from the Program Committee will be submitted to the AARC BOD for Spring Mtg. 2019 for the open 2020 Summer Forum destination.

AARC CONGRESS 2018

AARC Congress 2018: The 64th International Respiratory Convention & Exhibition will take place Dec. 4-7, 2018 in Las Vegas, NV. The Program is currently posted on-line and in hard copy in the Aug. edition of the AARC Times.

Below are meeting demographics:

- We will offer 9 hours of unopposed time for exhibitors in the Exhibit Hall
 - At the time of this writing, we have 158 confirmed exhibitors. With 5 weeks still remaining before the meeting, we have every reason to believe we will hit budget.
 - 147 presenters, 215 lectures
 - 53 first time presenters (45 in 2017). This equates to 36% of presenters.
 - We'll be hosting speaker auditions with the AARC Speaker Academy in 2018. 12 applicants were accepted to present and will perform in front of a panel of 3 judges on Mon. Dec. 3, 2018.
- Dr. Zubin Demania (aka ZDogg MD, aka Doc Vader) with will deliver the keynote address. He will speak on delivering compassionate, common sense care in what he terms "Healthcare 3.0". He has also indicated he will perform his hit RT parody "Ventilate".
- We're taking a different approach this year with our Closing Ceremony. Instead of a professional speaker who is skilled at storytelling, we are delivering an emotionally inspired education talk on a topic important to RTs – Patient Safety. This year's Closing Ceremony titled; **"Patient Safety – Our Time, Our Responsibility"** will be moderated/MC'd by Mr. Patrick Dunne. Mr. Ed Salazar and Ms. Yvonne Gardner will join Patrick on stage to discuss the tragic losses of family members and speak to the opportunities that exist for respiratory therapists in eliminating preventable deaths from our country.
- Plenary Sessions:
 - Jerry Krishnan MD will present the Thomas L. Petty Memorial Lecture "Everyone Needs Oxygen"
 - Wes Ely MD – will present the Donald F. Egan Lecture "The ABCDEF Bundle and the Role of the Respiratory Therapist"
 - Michael Anderson MD will present the Phil Kittredge Memorial Lecture "Journey to Zero Harm – Developing a Culture of Safety"

CRCE by Content Category

More than 200 presentations covering all aspects of Respiratory Care and other healthcare related topics.

Adult Critical Care	41 hrs
Neonatal / Pediatrics	31 hrs
Pulmonary Diagnostics	14 hrs
Ethics	3 hrs
Education	10.4 hrs
Management	27 hrs
Sleep Disorders	9 hrs
Clinical Practice	48 hrs
Patient Safety	11 hrs

Maximum CRCE any one attendee can earn (not including pre-courses or breakfast/lunch symposia): 24.69

OPEN FORUM

14 Open Forums in 3 unique formats

- **Traditional Format:** Poster discussion + 5-minute summary/Q&A from podium.
- **Poster Discussion Only:** To be presented in designated space and at designated times in the exhibit hall. No summary, Q&A or podium presentation.

- **Editor’s Choice:** Best of the Best. Showcased as a stand-alone, high profile Open Forum presentation. Poster discussion + 5-minute slide presentation/summary + 5-minute Q&A.

PATIENT ADVOCACY SUMMIT

Our 4th annual patient advocacy summit will be held Mon. Dec. 3 where caregivers, patients, family and representatives from the pharmaceutical industry will convene to discuss the disease process of the chronic pulmonary patient and strategies for better self-management. As of this writing, nearly 90 people have registered for the event. This is a significant increase over last year’s attendance. Len Geiger and Steve Van Wormer will deliver co-keynote addresses to the group.

PRE-COURSES (INDUSTRY)

- 1 Corporate Sponsored Pre-course and 2 AARC Sponsored Pre-courses:
- **Corporate Sponsored Pre-Course:**
 - Ultrasound Guided and Emergent Vascular Access Simulation Workshop (sponsored by Teleflex)
- **AARC Pre-Courses**
 - Preparing for a Pandemic: The Strategic National Stockpile — Mechanical Ventilation Workshop

BREAKFAST/LUNCH/DINNER SYMPOSIA

Dec. 4 (Breakfast) – F&P Healthcare

Dec. 4 (Dinner) - Genentech

Dec. 5 (Breakfast) - Getinge

Dec. 5 (Lunch) – Access TCA (Boehringer Ingelheim)

Dec. 5 (Dinner) - Boehringer Ingelheim

Dec. 6 (Breakfast) – ACHL (Boehringer Ingelheim + Genentech)

Dec. 6 (Breakfast) – Ventec

Dec. 6 (Lunch) – Draeger

EXHIBIT HALL HOURS

Tuesday: 10:30 am – 4:00 pm (an additional one hour of unopposed time will be afforded to exhibitors in the hall for the 2nd consecutive year).

Wed.: 9:30 am – 3:00 pm

Thursday: 9:30 am – 2:00 pm

The AARC (in conjunction with our exhibiting partner a2z inc.) will sell exhibit space to participating exhibitors in Las Vegas for AARC Congress 2019 (New Orleans) and allow them to select preferred locations.

CONVENTION NEWS TV

Convention News TV a.k.a. AARC-TV will be back for a 6th year in a row to provide video and news coverage of the meeting. As in 2017, CNTV has also been contracted to produce this year’s Awards Ceremony in an effort to provide attendees with a more polished, elegant, event that would be more synonymous with something like the Oscars, the Grammy’s or CMA. They will be responsible for script writing, lighting, music, video transitions etc.

Back by popular demand, we will also be hosting the “Big Ideas Theater” in the AARC booth

where CNTV will interview AARC dignitaries, VIPs, speakers etc. Every 30 minutes, CNTV will conduct a 15-20 minute interview with individuals which will be recorded and broadcast live in the AARC, booth as well as record and archive the videos which the content can be aired throughout the year in an “Evergreen” fashion.

Convention Data Services

In 2018, the AARC partnered with a 3rd party meeting registration company by the name of Convention Data Services (CDS). CDS is a market leader in this space and excels in both the pre-registration and on-site registration. In Las Vegas, CDS will be providing us with our registration equipment and support staff. This in turn will allow us to utilize fewer temp. staff provided by the Las Vegas CVB and improve the attendee experience.

In addition, CDS also provides us with real-time registration data of which is a significant improvement over our existing iMIS database. At the click of a button we can easily view current registration statistics, attendee demographics, attendee rosters and state/countries of residence. We’re also able to pull real-time registration revenue as well.

In addition, CDS allows provides us a state-of-the-art eCommerce system that allows us to offer promo/discount codes. This is incredibly beneficial for staff, BOD members, speakers and other high-profile volunteers or dignitaries. We were also able to extend limited promotional offerings to members. We ran a “Labor Day” special shortly after the release of the Program, of which 450 people took advantage. We also ran a 2-day promotion during Respiratory Care Week that 55 people took advantage of.

A Protech/CDS integration is slated for our Phase II Protech project and our hope is that the integration will be completed in time for Summer Forum 2019 registration set to begin in March 2019.

BUILDING MANAGEMENT

October 2019 saw the wettest rainfall in history for North Texas. As such, we fell victim to small handful of roof leaks, which are common with flat commercial roofs. We brought in a commercial roofing specialist and had several vinyl seams repaired and are hopeful this will correct our issue.

We have also noted another small drop in the foundation on the salon-side of our building. We brought in a structural engineer who took measurements of the entire salon and we are fortunate that the foundation issue is limited to a very small area. At this writing, we are awaiting a recommendation from our engineer on proposed solutions. We anticipate further mud jacking will be required.

Human Resources

Our partnership with G&A Partners out of Houston for our payroll needs is progressing nicely. As you recall, we transitioned from ADP to G&A in June of this year. This was a budget-neutral proposition for the AARC. In addition, we’re also enjoyed G&A’s expertise in Human Resource management of which we’ve already consulted with in a small handful of situations.

SPECIAL PROJECTS

O2VERLAP Project – The AARC has been engaged by the COPD Foundation; in conjunction with the America Sleep Apnea Association to partner on a PCORI grant research opportunity in which outcomes from comorbid patients suffering COPD and Sleep Apnea who wear oxygen will be studied. Patients will receive in-depth on-line education about COPD, oxygen use and

adherence to CPAP therapy. Each patient will be assigned a respiratory therapy coach to provide educational assistance and guidance along their educational journey. The study is underway and roughly half of the proposed study subjects have been enrolled. We anticipate this study will resolve near the end of 2019 at which point the results will be published. We are still 165 patients away from our goal. If interested, please go to www.o2verlap.org

AARC TIMES

- The new digital platform with “Article View” through RR Donnelly/LSC has provided a significant improvement over our previous online digital platform. We have received several positive comments about the new platform from our members. We believe this platform will serve our transition to an all-digital publication well when we discontinue print in Jan. 2019.
- We will commemorate the discontinuation of the print publication with a standing column to be published each month in 2019 called “AARC TIMES Rewind”. This column will reprint the best/favorite articles since the magazine’s inception. In addition, Debbie Bunch and Marsha Cathcart will also document and summarize our favorite issues and important moments over the last 41 years as a “tribute” to the paper version of the magazine.
- We’ve also tossed around the idea of a commemorative issue in Dec. 2019 that we could make available for sale in our store...yet one more way to commemorate the magazine and the historical significance of our new all-digital format.

Executive Office Referrals

(from July 2018 BOD meeting)

- Recommendation FM18-2-16.3 “That the AARC Board of Directors task the AARC Executive Office to work on tactical objectives for the business unit strategies and present a preliminary report at the December 2018 Board meeting and complete and prioritize the tactics for all strategies at the March 2019 Board meeting.” **Carried**

Result: In progress.

- Recommendation FM18-2-16.5 “That the AARC Board of Directors task the AARC Executive Office with communication to the State Society presidents and House of Delegates representatives the ratified horizon goals and strategies no later than December 2018.” **Carried**

Result: Complete. Shawna Strickland posted to HOD president list.

- Recommendation 18-2-23.1 “That the proposed policy for country-specific list-serves be approved.” **Referred**

Back to the International Committee to work with the Executive Office, President-Elect, and ICRC to address concerns of the proposed policy raised by the Board. (speak in English, remove “list serve”, etc.)

Result: In progress, see John Hiser’s International Committee report on pg. 99.

- Recommendation FM18-2-84.1 “That the Executive Office contact sponsors and partners to discuss the difficulties of patients traveling with oxygen on airlines and develop an action plan.” **Carried**

Result: In progress, Anne Marie Hummel will provide a verbal update at the meeting.

Advocacy and Government Affairs

Submitted by Anne Marie Hummel – Congress 2018

CONGRESSIONAL UPDATE

Post-Election Update

When this report was submitted, we were still awaiting some of the results from the midterm elections, but already know that there will be many new faces in the 116th Congress when the session begins in January. As many predicted, control of the House of Representatives flipped to the Democrats who eclipsed the 218-member threshold required. At the time this was submitted, Democrats had won 221 seats, Republicans had won 196, and 18 races remained undecided. The Republicans expanded their majority in the Senate and may control as many as 54 seats, a pickup of 3, by the time all the votes are counted.

It is still too early to know the full agenda for the lame duck session, but Congress will have to pass the remaining 7 appropriations bills that were not ratified before the start of FY 2019 before the current continuing resolution expires on December 7. The Labor-HHS-Education bill was 1 of the 5 appropriations bills that was approved. It seems unlikely that any major pieces of health-related legislation will be considered before the end of the year.

Our lobbyists have had recent conversations with House Ways & Means Republican staff who believed that telehealth will remain a popular issue in the next Congress even with the change in party leadership. Both parties continue to support telehealth initiatives and see it as a key way to improve access to care and to control costs. The new Congress will have to deal with significant fiscal challenges, most notably raising the debt ceiling next spring, so smaller, more focused telehealth legislation, like the AARC pilot, will remain preferable to larger bills like the Medicare Telehealth Parity and CONNECT Acts.

LEGISLATIVE INITIATIVES

H.R. XXXX – Better Respiration Through Expanded Access to Telehealth (BREATHE) Act

As discussed in previous Board reports, we have received draft bill language from Cong. Mike Kelly's (R/PA) staff regarding our proposed 3-year pilot that would cover respiratory therapists as telehealth practitioners furnishing certain disease management services to Medicare beneficiaries with COPD. Minor changes are being made by legislative counsel and our lobbyists are working with Cong. Kelly's staff to assist in any way we can to secure a Democratic cosponsor. We have received positive support from Cong. Mike Thompson's (D/CA) office but no official word as to whether he will cosponsor. As you will recall, Cong. Thompson was one of 4 cosponsors of the Medicare Telehealth Parity Act and he is a strong advocate of telehealth. At the time of this report, we are expecting the bill to be dropped after the mid-term elections. Both chambers return to Congress on November 13.

Our lobbyists have worked with Representative Kelly's office to identify alternative potential Democrats to champion this pilot legislation. They include Representatives Peter Welch (VT), Earl Blumenauer (OR), and Terri Sewell (AL). Welch was an original cosponsor of the Parity Act, and Blumenauer and Sewell both cosponsored the Parity Act. We will continue our ongoing outreach with Cong. Thompson's office and with other leaders across both parties on telehealth. Given the bipartisan nature of this proposal, we do not expect the change in party control of the House to have a dramatic impact on our strategy.

Assuming we get a final bill in November, we will hold off on launching a virtual lobby campaign due to the lateness of the year. This is primarily driven by the fact that the bill will have to be reintroduced in the next Congress and we want to utilize our resources for the best outcome. We are working with our lobbyists on a developing a sound strategy moving forward. With respect to the Senate, our lobbyists will share pilot language with targeted Senate members in hopes of finding Republican and Democratic leads to introduce a companion bill in the 116th Congress. After-meeting reports from our PACT representatives indicated several Senate offices expressed an interest in the pilot. A verbal update will be provided at the Board meeting.

FEDERAL INITIATIVES

This is a busy time of year for CMS as there are numerous regulations to be finalized in early November in order to ensure time for implementation. Final rules have been published for the hospital outpatient prospective system, the physician fee schedule, home health services, Medicare Advantage plans, and durable medical equipment competitive bidding. Issues that impact respiratory care include payment updates for pulmonary rehabilitation, patient access to liquid oxygen, telehealth and new opportunities for RTs with respect to remote patient monitoring and post-discharge home visits. Additional details are provided below.

Improving Access to Liquid Oxygen

In its recent 2019 proposed rule on the competitive bidding program, CMS has admitted for the first time there are flaws in the program, something that industry representatives and physician and patient groups have been telling CMS for years. We commend CMS for recognizing numerous problems associated with beneficiary access to oxygen in general and acknowledging the current payment methodology creates a disincentive for suppliers to furnish liquid oxygen.

To address the issue, CMS proposed to split out portable liquid and portable gaseous oxygen equipment into two classes instead of the current combined class and to add a class for high flow contents (e.g., greater than 4 liters per minute), recognizing liquid oxygen is the appropriate oxygen system to meet the clinical needs of certain ambulatory patients prescribed high liter flow. While the payment rate for liquid would be increased under the proposed scenario, budget neutrality laws would require CMS to reduce payment in other classes, which could result in unintended consequences. Moreover, because of the high direct and indirect costs associated with the delivery of liquid oxygen systems, we do not believe the proposed payment amount will be enough to encourage suppliers to get back into the market. For example, in 2004 prior to competitive bidding, Medicare data show 80,571 patients receiving portable liquid oxygen. After competitive bidding started in 2009, that number dropped to 45,658. The latest data for 2016 show the dramatic drop to 8,141.

A provision in the statute establishing the competitive bidding program gives CMS the authority to exempt “items and services for which the application of competitive acquisition is not likely to result in significant savings.” AARC, working with other physician and patient advocacy groups, submitted joint comments to CMS recommending liquid oxygen systems be removed from competitive bidding and returned to the fee schedule payment methodology. We also recommended CMS establish formal inclusionary/exclusionary criteria to ensure only patients with a documented need for liquid and/or high flow systems are eligible for the benefit. As a group, we have met with key members of the committees of jurisdiction, House and Senate COPD Caucus leaders, representatives from the Office of Management and Budget and CMS to discuss the issues and our recommendations.

A final rule was published on Nov. 2. CMS did not accept our recommendations. Updates will be provided at the Board meeting.

Suspension of Competitive Bidding Program

In addition to proposing changes to oxygen payment classes, CMS also proposed significant refinements to the current competitive bidding process which they predict may take 18 – 24 months to implement. In the meantime, they do not plan to recompete current contracts that expire December 31, 2018. This means any Medicare-enrolled supplier will be able to provide durable medical equipment items to beneficiaries effective January 1, 2019, based on adjustments to the fee schedule amounts depending on whether services are in bid areas, non-bid areas, or are in either rural or non-contiguous areas.

Under the current bidding process, contract suppliers bid for multiple items and services within a product category, such as respiratory equipment, where there can be significant differences in pricing. This requires CMS to calculate a “composite” bid or median price to determine which bids would result in the greatest savings to Medicare for the product category. CMS is now proposing to move to “lead item pricing”. This means suppliers will submit bids on one major item within the product category allowing CMS to use the bids and other factors to set a price for that product and all others within the category. This market-oriented reform is something the home medical equipment industry has advocated over the past few years.

On November 2, CMS finalized its lead item pricing proposal with minor technical changes. We expect payments for respiratory equipment could improve under this new bidding process. However, there is a strong indication that CMS will include ventilators in the next round of competitive bidding which could cause concerns; we will be monitoring this closely.

Home Mechanical Ventilation

As reported previously, the Agency for Healthcare Research and Quality (AHRQ) was asked by CMS to conduct a technology assessment on home mechanical ventilation (HMV) in response to a request to CMS from NAMDRC, CHEST and AARC to develop a national coverage determination that would update coverage rules and combine invasive and noninvasive policies under one decision memo.

On September 10, 2018, AHRQ published a draft report based on a systemic review of current evidenced-based literature. The conclusions stated in the report include the following: “In COPD, home BPAP (compared to no device) was associated with lower mortality, intubations, hospital admissions, and no change in quality of life. HMV (compared individually with BPAP, CPAP, or no device) was associated with fewer hospital admissions. In thoracic restrictive diseases, home HMV (compared to no device) was associated with lower mortality. In neuromuscular diseases, home BPAP (compared to no device) was associated with lower mortality and better quality of life. Current comparative evidence is not available to assess the impact of many device capabilities on patient outcomes. Criteria to initiate home NIPPV and home respiratory services vary and are not validated in comparative studies.”

The report notes that overall evidence was lacking to determine the effect of respiratory services on outcomes. In earlier comments to AHRQ, AARC stated that the professional services of a respiratory therapist are specifically excluded by Medicare and until reimbursement and current coverage of HMV reflect the strides that have made in the technologies over the years, patients who needing these life-saving devices stand to be at risk of not having access to much needed specialized care. Technical comments were submitted by NAMDRC in response to the draft report. It is unclear whether CMS will use the findings to develop a national coverage determination as we have requested.

Pulmonary Rehabilitation

As expected, the payment for CY 2019 pulmonary rehab (PR) in the hospital outpatient setting is not significantly different than last year. For G0424, the payment will be \$55.90, which is six cents lower than last year. The payment for respiratory codes G0237, G0238 and G0239, which are used to bill for patients who do not meet the COPD criteria, will be \$32.12. This is 32 cents higher than last year. Remember, the first two codes are billed in 15-minute increments because they are one-on-one services. G0239 is a group code. Although there has been fluctuation of rates in the years since PR was established, we are pretty much where we started; that is, payment in 2010 for G0424 was \$50.46 based on a proxy methodology in lieu of actual claims compared to 2019's rate of \$55.90. Payment for the other respiratory codes in 2010 was \$27.35, compared to \$32.12 in 2019. Physician fee schedule rates continue to be much lower, around \$30 for G0424 and \$10-12 for the other respiratory therapy codes and have been consistent over the years.

The story is quite different on the cardiac rehab (CR) side. The CR rate for 2019 rate is \$118.15 compared to a mere \$38.36 at the beginning of the program in 2010. The difference in payment is due in part because CR codes are not bundled into a single payment as is the case with PR, and it has its own separate ambulatory payment classification (APC) grouping. As noted in earlier Board reports, AARC and other pulmonary organizations met with CMS and sent comments to the agency recommending PR and CR be merged into a single APC. Because the claims data reflect significant variations in costs between the two programs, CMS said no to the recommendation. As you will recall from previous reports, our groups also sent letters to the CEO/CFOs of hospitals whose charges for pulmonary rehab were well below the norm in order to educate them on how to set appropriate charges by including services that were previously paid separately but are now bundled into the single code G0424. Because data lags two years, we could see a difference in next year's rates, but we are not optimistic.

Remote Patient Monitoring – New Opportunities for RTs

In the final update to the 2019 physician fee schedule (PFS), CMS will cover a “virtual check in” and remote evaluation of recorded video and/or images in addition to three new chronic care remote physiologic monitoring codes which can be separately billed and which offer new opportunities for RTs. The codes and descriptors include the following:

Code	Descriptor
CPT 99453	Remote monitoring of physiologic parameters(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial: set-up and patient education on use of equipment
CPT 99454	Remote monitoring of physiologic parameters(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial: devices(s) supply with daily recordings(s) or programmed alert(s) transmission, each 30 days.
CPT 99457	Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified healthcare professional time in a calendar month requiring interactive communication with the patient/caregiver during the month.

As you may recall, AARC, as part of the larger Telehealth/Remote Patient Monitoring (RPM) Coalition, asked CMS to cover these codes as telehealth services in an earlier PFS update. At the time, CMS responded the codes represented non-face-to-face services and were not considered

“telehealth.” However, CMS recognizes the importance of communication-technology based services and determined it would define RPM separately from telehealth which would remove restrictions, such as rural geographic areas, set by the telehealth statute. AARC also supported coverage of these codes in the 2019 PFS update as part of joint comments from the Telehealth/RPM Coalition. This bodes well for our telehealth pilot because these services will already be established. CMS will also allow home health agencies to include RPM as an administrative cost beginning in 2020. Since there are numerous RPM devices on the market, CMS plans to issue future guidance to inform practitioners and stakeholders. These are important strides as CMS continues to acknowledge the need to adopt emerging technologies into the Medicare program.

Medicare Advantage Plans Expand Telehealth Benefits Beginning in 2020

The Bipartisan Budget Act of 2018 permits Medicare Advantage plans to offer expanded Part B telehealth services not covered under traditional fee-for-service Medicare as part of their benefit package beginning in 2020. Telehealth is currently a supplemental benefit under these plans and CMS believes allowing them to be part of the benefit increases the chances they will be offered more readily. The plans will decide what are “clinically appropriate” telehealth services for each applicable year since they have a responsibility and vested interest in staying abreast of the current professional accepted standards of care. However, one requirement is mandatory; that is, if the MA plan covers a Part B service as an additional telehealth benefit, they must also provide access via a face-to-face visit. The statute requires the Secretary to solicit comments on what types of items and services should be considered additional telehealth benefits under the MA plans. We will submit comments on those services we believe should be covered, such as the disease management services included in our pilot telehealth bill.

Next Generation Accountable Care Organizations (NGACO)

Next Generation ACOs are experienced in coordinating care for populations of patients and offer improvements in quality care, health outcomes and patient experience. Currently, there are 51 participating ACOs in this model providing care for approximately 1.5 million beneficiaries. Unlike other innovative payment models, it allows waivers to current policies resulting in benefit enhancements. For example, certain waivers offer expanded use of telehealth services beyond the rural restrictions, including the patient’s home, and lifting the 3-day inpatient requirement for SNF Care. If a beneficiary is not eligible for Medicare’s home health services benefit, the model also offers post-discharge home visits and, effective January 1, 2019, care management home visits.

Post-Discharge Home Visits can be furnished not more than once in the first ten days following in an inpatient facility discharge and no more than twice in the first 30 days following discharge. Contingent upon initiation of a care treatment plan, up to two Care Management Home Visits can be furnished within 90 days of the beneficiary seeing a Next Generation participant or preferred provider. Care management is not intended to be performed on an ongoing basis but is intended to supplement, rather than substitute for, a visit to a primary care provider. The post-discharge and care management services are an excellent opportunity for respiratory therapists to work in the home because the “direct supervision” restriction has been lifted, allowing auxiliary personnel, e.g., RTs, to work under the billing practitioner’s “general supervision”. This means the service is furnished under the practitioner’s overall direction and control, but his/her presence is not required during the performance of the procedure.

FDA Launches New Youth E-Cigarette Campaign

AARC attended a press conference on September 12, 2018, held by FDA Commissioner Dr. Scott Gottlieb and Mitch Zeller, Director of FDA’s Tobacco Product Center in which FDA announced a comprehensive campaign to warn kids about the dangers of e-cigarettes. Based on preliminary

data from the latest National Youth Tobacco Survey, FDA has declared the trend of youth e-cigarette use as an “epidemic”. From 2017 to 2018, use of e-cigarettes among high school youth rose by more than 75% and among middle-school age youth, the increase was almost 50%. To address the issue, FDA will target nearly 10.7 million youth, aged 12-17, with hard-hitting advertising on digital and social media sites popular among teens, as well as placing posters with e-cigarette prevention messages in high schools across the nation. JUUL, which now has more than 70% share of the US cartridge-based e-cigarette market, is particularly popular among youth because it looks like a USB device and its use has been widely reported by students and teachers, although it is intended for adults.

FDA Steps up Enforcement on Illegal Marketing Practices

FDA has also stepped up its enforcement activities in conjunction with the marked increase of the use of e-cigarettes by youth. For example, it sent 1,300 warning letters and civil money fines to retailers who illegally sold JUUL and other e-cigarette products to minors. Letters were also issued to manufacturers of the five top-selling national brands, requiring each company to submit to FDA within 60 days plans on how they will address the widespread use of their products. If the companies do not comply, FDA may consider removing some or all flavored products from the market until they receive premarket authorization. Another 12 warning letters were issued to online retailers selling misleading labeled and/or advertised e-liquids resembling kid-friendly food products such as candy and cookies. On October 12, 2018, FDA sent letters to 21 e-cigarette manufacturers requesting information on whether more than 40 new products, including some flavored e-cigarettes, are being illegally marketed and are outside the agency’s current compliance policy. Because of FDA’s action, one company will stop selling its electronic cigarette pods and stop selling all flavors, except menthol or tobacco, in its “cig-a-like” products until FDA reviews and approves them. Additional compliance among the manufacturers is anticipated.

STATE INITIATIVES

Overview

Although Louisiana, Nebraska, Missouri and Kentucky passed bills this year with varying degrees of occupational oversight as reported earlier, we were relieved more states did not jump on the bandwagon to introduce legislation addressing anti-trust laws that threatened professional and occupational licensing boards. Wisconsin initially went through some tough times with three bills, e.g., creation of an occupational licensure review council, establishment of a “complementary and alternative health care practitioner”, and a self-certification registry, but in the end, none of them made it through the legislative cycle. We’re keeping our fingers crossed they are not reintroduced next year.

We don’t expect significant issues to rise during the remainder of the year since only a handful of legislatures are still in session, but the AARC is always available to assist state affiliates at any time. It will take some time to determine the impact of the mid-term elections and how it will affect legislation in 2019, but we hope for smooth sailing.

Bills Reported Earlier Now Enacted:

CALIFORNIA: Prohibits any state agency, other than the CA Respiratory Care Board, from defining or interpreting the practice of respiratory care or from developing standardized procedures or protocols, unless authorized by the bill’s provisions or specifically required by state or federal statute. It also allows the RCBC to adopt regulations to differentiate between basic, intermediate and advance respiratory tasks, services and procedures.

SOUTH CAROLINA: Revises the Nurse Practice Act to include “delegated medical acts” defined as “additional acts delegated by a physician or dentist to a physician assistant, respiratory care practitioner, anesthesiologist's assistant or other practitioner authorized by law under approved written scope of practice guidelines or approved written protocols as provided by law in accordance with the applicable scope of professional practice”

NEW HAMPSHIRE: Allows temporary licensure for respiratory therapists and other allied health professionals in the surrounding states of Connecticut, Rhode Island, Maine, Massachusetts, New York and Vermont while applying for regular licensure in NH. All boards and commissions of regulated occupations/professions are also required to allow reciprocal and temporary licensure for an applicant for full licensure for 120 days while awaiting a determination for such licensure.

Tobacco Updates

CALIFORNIA: The state has two enrolled bills: 1) bans smoking on state beaches and in parks, requiring signs posted at the main entrances to state coastal beaches; and 2) makes it an infraction punishable by a fine of up to \$25 for a person to smoke in a unit of the state park system or to dispose of used cigar or cigarette waste in a unit of the state park system unless the disposal is made in an appropriate waste receptacle.

MASSACHUSETTS: Effective December 31, 2018, the state will become the sixth to raise the age to purchase tobacco products to 21. Others include California, New Jersey, Oregon, Hawaii and Maine. The bill also prohibits use of tobacco products within school buildings or facilities or on the grounds or school buses of a public or private primary or secondary school or at a school-sponsored event.

NEW JERSEY: Enacted a bill to prohibit smoking at public parks and beaches. Recently introduced a bill which would revise the "New Jersey Smoke-Free Air Act" to prohibit smoking at certain public places that include race track facilities, facilities used for sporting events, ambulatory recreational facilities, amusement parks, recreational areas, marinas, historic sites, burial sites, natural areas, and boardwalks.

PENNSYLVANIA: Introduced a bill to establish a minimum price and specific per unit rates of tax for cigars. Also establishes penalties for selling cigars and packages of cigars for less than the minimum price, e.g., \$8.00. A package of cigars will be subject to a tax at the rate of \$ 0.80 for the first cigar, plus \$ 0.175 for each additional cigar.

MONTANA: A bill placed on the November 6 ballot would increase taxes on all tobacco products, including electronic cigarettes and all vaping products. The revenue would extend and fund expanded eligibility of Medicaid coverage under the Affordable Care Act in Montana and other health-related programs.

Resolutions Recognizing the Importance of Respiratory Care

MICHIGAN: Adopted a resolution to recognize October 7-13, 2018, as Case Management Week, noting that case management is a multidisciplinary profession comprised of registered nurses, licensed practical nurses, **licensed respiratory therapists**, community health workers, licensed social workers and medical care coordinators.

PENNSYLVANIA: The state has been busy with several adopted resolutions that: 1) designate October 21-27 as “Respiratory Care Week”; 2) recognize the higher prevalence of asthma in the African-American community; and 3) designate November 2018 as “COPD Awareness Month”. Additional resolutions have been introduced that: 1) designate November 2018 as “Pulmonary Hypertension Awareness Month” and 2) recognize November 15 as “The Great American Smokeout Day.”

Miscellaneous Activities

MASSACHUSETTS: We touched on this issue briefly at the summer meeting, but Massachusetts is facing an unusual situation this year on their November ballot with a vote FOR or AGAINST mandated nurse-to-patient staffing ratios that could have a trickle-down effect on respiratory therapists and patient care. The MA proposal, if passed, would become effective January 1, 2019. California is the only state to have mandated nurse staffing ratios in all hospital units which were implemented over a 5-year period. However, the MA provisions are stricter than the CA law. The Governor has come out against the mandate and a Coalition to Protect Patient Safety has seen considerable growth in the number of organizations to sign a petition in opposition. **Update:** With 82 precincts reporting, 70% of the voters rejected the initiative. However, it appears the battle may not be over as the nurses appear to be determined to keep trying.

WEST VIRGINIA: On March 10, the Governor vetoed a bill reported in the summer update to permit a nursing home to use “Approved Medication Assistive Personnel (AMAP)” to administer medication, including inhaled medications, under the direction of a registered professional nurse if the AMAP successfully completes required training and competency testing and is considered competent.

CALIFORNIA: Enacted amendments to sections of the Health and Safety Code regarding lead exposure requires consultation with organizations and providers with expertise in administering inhaled meds and nebulizer care, including, but not limited to, the American Lung Association, respiratory therapists and others.

Noteworthy Regulations

FLORIDA: Adopted a rule in which each hospital must have written policies and procedures describing the scope of respiratory services provided to patients of the hospital and guidelines for the transfer or referral of patients requiring respiratory care services not provided at the hospital.

IOWA: A recently adopted rule, relating to respiratory care and polysomnography practitioner licensees, clarifies documentation needed for a background check and adds options for respiratory care students seeking to meet the requirements for polysomnography licensure. Continuing education has been reduced from 18 to 14 hours out of 24 hours which must be earned by completing a program in which the instructor conducts the class in person or by an electronic technology that allows for real-time communication between the instructor and licensee. The Commission on Accreditation of Allied Health Education Programs (CAAHEP) has been added as an accrediting body in addition to CoARC.

TENNESSEE: An adopted rule requires nursing homes to ensure a licensed respiratory care practitioner is physically present at the facility 24/7.

NEW JERSEY: The NJ Board of Respiratory Care has introduced a proposed rule to implement certain provisions of a public law that became effective in 2014 regarding reinstatement and reactivation requirements for professional or occupational licensees. The proposal, among other things, also extends to 72 hours the time for a follow-up visit after delivery of certain respiratory equipment unless the devices are used in conjunction with an artificial airway, upon which the follow-up will continue to be within 24 hours of delivery.

HOD Report

Submitted by Keith Siegel – Congress 2018

Recommendations

None

Report

The Officers of the House of Delegates and HOD Committee Chairs have continued to work on restructuring the activities of the HOD so that more meaningful work gets accomplished during our meetings. My primary focus during my two years as Speaker has been on strengthening the state affiliates and aligning the work of the HOD and the affiliates with the AARC's strategic plan.

Significant work has been accomplished in the HOD this year, particularly as it pertains to strengthening the resolutions process and working on ways to help align state affiliate strategic plans with the AARC's. As the AARC's Board of Directors and Strategic Planning Committee modify the Association's horizon goals and strategic plan, the HOD will continue to work alongside the Board to assure that the affiliates remain aware of the goals of the Association and have to tools they need to align their strategic plans accordingly.

Here is a list of the highlights of my activities as Speaker in 2018:

- Held multiple individual and conference calls with House Officers/Parliamentarian and Co-Chairs of the HOD Elections and Policy & Guide committees to identify ways of hard-wiring the House elections process to avoid mistakes such as happened in 2017.
- Appointed committee chairs and members for 2018 HOD. This is an ongoing process as committee chairs transition out of the HOD, making it necessary to fill their spots.
- Appointed Joe Goss (NJ) to AARC Bylaws Committee to serve the remainder of Raymond Pisani's unexpired term.
- Appointed Lori Shoman (ND) to the AARC Bylaws Committee to fill in for Gary Smith.
- Updated and communicated HOD committee charges and deadlines.
- Held monthly calls with President Walsh. With President Walsh's approval, we have expanded the monthly President/Speaker calls to include the Speaker-elect and the President-elect. This was done to help the incoming Board/HOD leaders have a more in-depth understanding of the issues that have been discussed between the President and the Speaker, and to more smoothly transition to their new roles.
- Held monthly House Officers' conference calls.
- Held quarterly House Officers/Committee Co-Chairs conference calls.
- Held special call with House Officers who have a background in education and Dr. Strickland in the Executive Office to answer President Walsh's questions re: baccalaureate degree for entry into practice.
- At President Walsh's request, communicated with the President/ President-elect, and Delegates from Michigan re: their concerns about the AARC BOD's decision to eliminate the practitioners Sputum Bowl.

- Held calls with the Chairs of the HOD Resolutions committee to discuss resolutions and work out logistics of having over a dozen resolutions for the Summer meeting
- Held numerous calls throughout the year with individual committee chairs and Executive Office staff to address issues as they come up.

Other

I want to thank my Past Speaker Grimball, Speaker-elect Miller, Treasurer Evans, Secretary McNiven, and Parliamentarian Thigpen for their help, support, guidance, and friendship. I also want to thank President Walsh for his help and for always being available to discuss any issues that may arise.

Special thanks to Asha Desai and everyone in the Executive Office for the unwavering support they provide throughout the year.

Board of Medical Advisors Report

Submitted by Dr. Lori Conklin – Congress 2018

No report submitted.

President`s Council

Submitted by Dianne Lewis – Congress 2018

Recommendations

None

Report

I would like to announce the Life and Honorary membership winners. Shelley Mishoe, PhD, RRT FAARC received Life membership and Grace Ann Dorney Koppel received Honorary membership.

The council will be meeting in Las Vegas. We are gathering agenda items at this time. If the BOD has any items they would like us to discuss, please let me know.

*Standing
Committee
Reports*

Audit Sub-Committee

Submitted by Teri Miller – Congress 2018

Recommendations

That the AARC Board of Directors amend the proposed changes to Policy CA .002 to: *“C. Proof of sound Chartered Affiliate financial management practices as outlined in House of Delegates policy with Chartered Affiliates Committee oversight.”*

Report

Last year, the Audit Sub-Committee was assigned the task of reviewing proposed changes for Policy CA .002 and charged with making recommendations for appropriate changes. (See below)

Historical note:

Policy CA .002 is an AARC policy focused on Chartered Affiliates of the AARC meeting their obligation to provide documentation as Chartered Affiliate Members to the AARC. During its regular policy review by the BOD, it was proposed that due to growing concern for inconsistent financial management practices among the affiliates, that all should demonstrate completion of a financial audit by a licensed auditor. Following this recommendation, there was considerable discussion related to the feasibility of this recommendation and it was referred to the Audit Sub-Committee for exploration and recommendations. During the course of this period of review, the AARC BOD received feedback from legal advisors that the AARC is not legally responsible for the financial management of the affiliates and therefore would not be held accountable for potential mismanagement of funds, as the Affiliates are individual corporations which are responsible for their financial management. It was also noted the current policy requires (A) proof of state and federal non-for-profit status as well as affiliates demonstrating (B) proof of bonding by affiliate signatories; however, these were not being monitored or reported consistently. The Audit Sub-Committee recommended a tool be developed for collation of this data and this was referred to the Executive Office for completion. The Audit Sub-Committee then made the following Recommendation at the Spring 2018 meeting:

Recommendation 18-1-13.6 "That the AARC Board of Directors assign CA.002 to be reviewed by members of the Audit Sub-Committee, HOD leadership and the HOD Chartered Affiliates Committee, by the spring 2019 BOD meeting with recommendations for policy changes to address demonstration of fiscal responsibility, timelines for all requirements and reviews, and appropriate identification of interventions if affiliates are not found in compliance."

Dianne Lewis moved to make a friendly amendment to change "by the spring 2019" to "no later than spring 2019." Motion carried

Current Action:

In following through with this recommendation, the Audit Subcommittee Chair has worked closely with the committee, HOD officers, and the HOD Chartered Affiliates Committee to explore this topic and ascertain the best way to move forward in Chartered Affiliates demonstrating sound financial management practices, but also facilitating the education and support needed to assure this happens, while not burdening those affiliates which may not have the financial ability to fund a full audit.

During this review, the following concerns were identified related to proposed requirements for a full audit requirement:

- A number of affiliates operate under a small budget, many requiring AARC assistance to attend even HOD meetings. The requirement of a full audit completed by a licensed auditor could potentially bankrupt an affiliate.
- AARC legal advisors effectively shared the AARC could not mandate audits of separate corporations, although this would certainly be the “gold” standard for demonstrating sound financial management.

In exploring the issues which have led the AARC BOD to address financial management in the affiliates, the HOD Officers and HOD Chartered Affiliates Committee have completed the following this year:

- The HOD invited Garry Kauffman to share how he assists affiliates in strategic planning and business management. This was well received
- We invited Tim Meyers to do a presentation at the Summer HOD meeting regarding to responsibilities of the affiliates related to non-for-profit status, bonding and sound financial management practices. His presentation was well received and generated some discussion. This presentation is also given at the annual Leadership meeting to new Affiliate Presidents.
- We announced that the Audit Subcommittee was reviewing Policy CA .002 in conjunction with the Chartered Affiliates Committee and would particularly be exploring affiliate financial management practice. We invited HOD to join the discussions in committee breakout sessions by joining the Chartered Affiliates Committee if they wished.
- Lanny Inabnit, chair of the Chartered Affiliates Committee, has been very engaged in learning more about this issue and wishing to lead initiatives which will result in financial strengthening of the affiliates through best practices in financial management.
- The Chartered Affiliates Committee, with input from Audit Subcommittee member and treasurer, Dana Evans and chair Teri Miller, developed a survey which modeled content from Tim Meyers’ presentation. In this survey, questions were generated related to current affiliate practices in designating non-for-profit status, bonding of boards, executive officers, and treasurers, completion of annual tax returns and who does them, as well as exploring various means of financial oversight mechanisms within the affiliates and audits of various levels. Each affiliate was asked to submit one response (it was sent to delegates and presidents). We received a near 100% response rate, which was remarkable and generated data which gives us the ability demonstrate need for policy development, education, and engagement with the affiliates related to these issues.
- At the upcoming HOD meeting, Lanny Inabnit will present to the HOD the results of the survey in a PPT presentation (not identifiable by affiliate) and begin the open discussion related to how affiliates may be strengthened by applying sound financial principles within their boards. Lanny is interested in working with the Chartered Affiliates Committee and the Policy and Guide Committee to develop a policy which affiliates may utilize in demonstrating sound financial management practices, which also mentoring affiliates toward correct non-for-profit status, bonding, and financial management practices.

Current Recommendation:

In consideration of shared desire by the BOD and HOD to see the Chartered Affiliates (and therefore the AARC) strengthened through best practices in financial management, the Audit Sub-Committee recommends that the previous language proposed to require an audit by affiliates be amended as follows: “**C. Proof of sound Chartered Affiliate financial management practices as outlined in House of Delegates policy with Chartered Affiliates Committee oversight.**” If such an amendment is made:

- It will require demonstration of sound financial management practices (regardless of the affiliate financial budget) extending beyond audits through various means by the affiliates.
- It will allow a means of oversight, education, and support by peers within the HOD, in adherence to HOD policy.
- Affiliates will have input into policy development which they will be expected to adhere to.
- Speaker-elect Miller will be able to charge the Chartered Affiliates Committee and the Policy and Guide Committee to collaborate in developing a policy for the HOD which is designed around best financial management practices and to implement a reporting mechanism. They may also be charged with working with affiliates to assure correct Non-for-Profit status and bonding is addressed if needed.

One discussion point which came from these issues was the possibility of the AARC investigating group bonding rates/options which affiliates could then purchase. While this does not relate directly to this committee’s charges, it is something which may benefit all involved to assure financial insurance against fraud.

In summary, the Audit Sub-Committee, after extensive exploration, discussion, and action, recommends the above policy amplification change.

Additional report:

The Audit Sub-Committee continues to monitor financial statements as we have received them. No commentary noted at this time.

The Audit Sub-Committee is prepared to participate in the Finance Committee meeting in December 2018 in Las Vegas, NV.

Other

I would like to thank the Audit Sub-Committee for their participation, as well as the HOD officers and Chartered Affiliates Committee members and chair, Lanny Inabnit, for their significant contributions related to review and recommendations for Policy CA .002. I would also like to thank the AARC BOD for the opportunity to explore this topic in order to determine the best path forward for all involved.

Members: Lynda Goodfellow (GA), Sheri Tooley (NY), Dana Evans (IL), John Walton (IL) and Teri Miller (GA)

Liaisons: Ada Morton (TX) and Tim Myers (TX).

American Association for Respiratory Care Policy Statement

Page 1 of 1
Policy No.: CA.002

SECTION: Chartered Affiliates
SUBJECT: **Chartered Affiliate Requirements and Responsibilities**
EFFECTIVE DATE: December 14, 1999
DATE REVIEWED: ~~March 2018~~ December 2018
DATE REVISED: ~~March 2018~~ December 2018

REFERENCES:

Policy Statement:

Chartered affiliates shall be responsible for providing necessary formal documentation required for Chartered Affiliate Membership in the AARC.

Policy Amplification:

1. Chartered Affiliates shall be required to provide the following written documentation to the AARC.
 - A. Proof of state and federal not-for-profit status.
 - B. Proof of Chartered Affiliate Treasurers and other checking account signatories being bonded.
 - C. Proof of ~~Chartered Affiliate financial audit completed by an auditor licensed by the state board where the affiliate resides~~ sound Chartered Affiliate financial management practices as outlined in House of Delegates policy with Chartered Affiliate Committee oversight.
2. The Affiliate Charter shall remain the property of the Association, and replacement or additional copies must be purchased at cost plus handling.
3. It shall be the responsibility of the Chartered Affiliates Committee to solicit and maintain documentation.

DEFINITIONS:

ATTACHMENTS:

Below is a general outline of the survey questions/content sent to the HOD .

**Proposed Questions for Survey to Send Out to Delegates
Related to Affiliate Financial Practices**

The AARC Audit Subcommittee has been charged by the AARC BOD to make recommendations for Policy CA.002, with input from the HOD Officers and the HOD Chartered Affiliates Committee. This policy addresses financial processes and reporting related to the Affiliates. As a part of the process, the HOD Chartered Affiliate Committee requests the input of ONE Delegate per Affiliate to complete this survey. It should only take a few minutes but will hopefully give us input into making these recommendations.

1. What state affiliate do you represent? (Affiliate name)
2. What is your affiliate's tax status? (501c3/501c6/other/I don't know)
- 3.. Does your affiliate file income tax returns annually (at least a 990)? (Yes/No/I don't know)
- 4.. If your affiliate files income tax returns annually, is this completed by a Certified Public Accountant (CPA), a BOD member, the executive officer or other? (CPA/ BOD volunteer/Executive Director/Other: _____)
5. Does your affiliate employ the services of an Executive Director and Executive office staff? (Yes/No)
6. Is your affiliate's treasurer bonded? (Yes/No/I don't know)
7. Are any of your other affiliate officers (BOD) bonded (Yes/No/I don't know) ? If so, who?

8. If you have a paid Executive Director, is he/she bonded? (Yes/No/NA)
9. Has your affiliate had an audit completed by an auditing firm within the past 5 years? (Yes/No/I don't know)
10. Has your affiliate utilized a modified audit review by an outside company or CPA within the past 5 years? (Yes/No/I don't know)
11. Does your affiliate currently have a Finance (or Audit) Committee? (Yes/No/I don't know)
12. If so, is this committee chaired by someone who is not an affiliate officer? (Yes/No/I don't know)
13. If you have a Finance or Audit Committee, does this committee review all financial statements at least quarterly, with recommendations to the affiliate BOD? (Yes/No/I don't know)
14. Does your treasurer provide proof of monthly reconciliation of all affiliate accounts? (Yes/No/I don't know)
15. Does your affiliate develop a budget annually which is approved by the affiliate BOD? (Yes/No/I don't know)

16. If the affiliate utilizes a budget, does the affiliate BOD review quarterly to assure sound financial management within the budget? (Yes/No/ I don't know)
17. Are your Finance and/or Audit Committee involved in developing the budget? (Yes/No/ I don't know)
18. Does your affiliate utilize a process of having two individuals sign all checks (or approve all payments online)? (Yes/No/ I don't know)
19. Does your affiliate utilize a process of having one individual receiving monies and another individual providing payment? (i.e., the same person does not receive, deposit, and write/sign checks) (yes/no/ I don't know)
20. Does your affiliate have a safe means of storing important financial documents? (Yes/No/I don't know)
21. Are your affiliate important financial documents easily accessible by authorized individuals if needed? (Yes/No/I don't know)
22. Does your affiliate have a policy for the financial management of the affiliate? (Yes/No/I don't know)
23. Does your affiliate have a formal transition and orientation plan for the hand-off between treasurers? (Yes/No/ I don't know)

Bylaws Committee

Submitted by Brian Cayko – Congress 2018

Recommendations

That the AARC Board of Directors find that the Georgia Bylaws are not in conflict with the AARC Bylaws. (see attachment “Georgia Bylaws Oct 2018”)

That the AARC Board of Directors find that the South Dakota Bylaws are not in conflict with the AARC Bylaws. (see attachment “South Dakota Bylaws Oct 2018”)

Report

The Bylaws committee found the Georgia & South Dakota bylaws to not be in conflict with the AARC Bylaws. We also worked efficiently to recommend 2 bylaw changes.

AARC Bylaws Committee submitted two proposed bylaw changes so that a discussion and first vote could be held in Las Vegas. Due to unforeseen circumstances, the recommendations were not sent to the Board and House within the 60-day deadline as directed by AARC Bylaws. Therefore, these recommendations will need to be held until the spring of 2019 so that the first reading can take place at Summer Forum.

- Replace current Article II, Section 1 with "The AARC is the foremost professional association promoting respiratory therapists. The AARC advances professional excellence and science in the practice of respiratory therapy, serving the profession, patients, caregivers, and the public."
- Bylaws Committee Motion to recommend to amend the bylaws by replacing Article III section 6 part b with: "*The names, city and state of applicants accepted by the executive office shall be submitted for publication.*"

Elections Committee

Submitted by: Jim Lanoha – Congress 2018

Recommendations

None

Report

The slate of nominees approved by the BOD at the Summer meeting was submitted to the membership for vote. The ballot count was made, and the results were certified by Jim Lanoha, AARC Elections Chair, verified by Brian Walsh, AARC President, Karen Schell, AARC President-Elect, and attested by Tim Myers, AARC Elections Liaison.

CERTIFICATE OF BALLOT COUNT

THIS IS TO CERTIFY that a count was made of the 2019 general election ballots for AARC Officers and Directors at Large on November 1, 2018. The following is certified as the official count:

OFFICERS	VOTES / %	DIRECTORS AT LARGE	VOTES / %
Vice President – Internal Affairs		Dana Evans, MHA, RRT, RRT-NPS	1,427 / 57.24%
Cheryl Hoerr, MBA, RRT, FAARC	1,328 / 53.27%	Jacklyn Grimball, MA, RRT, FAARC	1,102 / 44.20%
Lisa Trujillo, DHSc, RRT	1,156 / 46.37%	John Lindsey, MEd, RRT, RRT-NPS, FAARC	1,192 / 47.81%
		Curt Merriman, BA, RRT, CPFT	812 / 32.57%
Vice President – External Affairs		Raymond Pisani, BS, RRT, RRT-NPS, RRT-ACCS, FAARC	1,010 / 40.51%
Timothy Op't Holt, EdD, RRT, FAARC	1,135 / 45.53%	Debra Skees, MBA, RRT, CPFT	1,060 / 42.52%
Sheri Tooley, BSRT, RRT-NPS, CPFT, AE-C	1,358 / 54.47%	Pattie Polakow, BS, RRT	773 / 31.01%
		Kari Woodruff, BSRC, RRT, RRT-NPS, FAARC	1,287 / 51.62%
Secretary-Treasurer			
Lynda Goodfellow, EdD, MBA, RRT, AE-C	1,349 / 54.11%		
Gary Wickman, MSRC, RRT, FAARC	1,131 / 45.37%		

Write-in candidates for Officers received no more than _1_ vote(s) each.

One Write-in candidates for Directors received _4_ votes.

THIS IS TO CERTIFY that a count was made of the 2019 sections election ballots for AARC Specialty Sections Chair-elects on November 1, 2018. The following is certified as the official count:

	VOTES / %
Neonatal-Pediatric	
Bradley Kuch, MHA, RRT, RRT-NPS, FAARC	218 / 98.20%
Sleep Section	
Jessica Schweller, MS, RRT, RRT-SDS, APRN-CNP	62 / 95.38%
Post-Acute Care Section	
Adam Mullaly, BSRT, RRT, AE-C	115 / 98.29%

Write-in candidates for Neonatal-Pediatrics Section received no more than 1 vote(s) each.

Write-in candidates for Sleep Section received no more than 1 vote(s) each.

Write-in candidates for Post-Acute Care Section received no more than 1 vote(s) each.

Other

I would like to thank the members of the Elections Committee for their hard work and due diligence in considering this year's nominees. Committee members include Ed Borza, Kevin Fischer, Pattie Polakow and Frank Salvatore. I would like to also give special thanks to Tim Myers at the Executive office for assistance and guidance.

Executive Committee

Submitted by Brian Walsh – Congress 2018

Verbal report

Finance Committee

Submitted by Brian Walsh – Congress 2018

Verbal report

Judicial Committee

Submitted by Anthony DeWitt – Congress 2018

Recommendations

None

Report

The committee had no complaints and was not asked to comment on any proposed rules or changes, and as such has nothing to report.

Program Committee

Submitted by Tom Lamphere – Congress 2018

Recommendations

None

Report

Charges

1. Prepare the Annual Meeting Program, Summer Forum, and other approved seminars and conferences.

Status: The Summer Forum meeting was a great success! This year's event drew ANOTHER record attendance of 499 attendees that was well represented by both educators and managers. Vendor sponsorship was also very strong! The lecture rooms were well attended throughout the event and the feedback received from both attendees and vendors was excellent! I'd like to recognize the outstanding work done by Sarah Varekojis and Garry Kauffman in putting together a great program that included excellent speakers and topics that were both relevant and timely. Next year's Summer Forum will be held in Fort Lauderdale, FL.

The 64th AARC International Respiratory Convention & Exhibition Program will be held in Las Vegas on December 4-7th. We are very excited for both the terrific lineup of topics and speakers as well as the expected strong attendance as we return to one of our most popular destinations! The full program is available for viewing on-line and was published in the September issue of the AARC Times as well. This year's event will include:

- Over 300 original research projects
- 140+ speakers
- 7 of our popular "Pro / Con" debates with leading experts on various topics
- Over 200 sessions on current respiratory care topics
- Over 24 hours of CRCE credits
- 14 Open Forums
- 3 days of exhibits with all companies in the industry

The Program Committee sincerely thanks the BOD and membership for their support and contributions.

2. Recommend sites for future meetings to the Board of Directors for approval.

Status: Summer Forum – Destinations are secured for 2019 & 2021. The location for 2020 will be a top priority for the first quarter of 2019.

- Fort Lauderdale, FL (2019)
- To Be Announced
- Bonita Springs, FL (2021)

AARC Congress – Destinations are secure through 2021

- New Orleans, LA (2019)
- Orlando, FL (2020)
- Phoenix, AZ (2021)

3. Solicit programmatic input from all Specialty Sections and Roundtable chairs.

Status: Program Committee liaisons once again worked closely with Section Chairs to ensure well-rounded representation of specialty section interests is included in our programs. For further information on specialty section and roundtable representation, see “AARC Congress 2018” below under bullet point #4.

4. Develop and design the program for the annual Congress to address the needs of the membership regardless of area of practice or location.

Progress

AARC Congress 2018: The Program Committee is very excited about this year’s event!

- Zubin Damania MD (aka ZDoggMD) will kick off our program. Damania is a well-known for his online presentations that demonstrate his unique style that mixes song, humor and most of all passion for delivering compassionate care. His presentation will focus on how healthcare workers including RTs can work to improve how healthcare is delivered. This is a presentation you won’t want to miss!
- Our closing lecture “Owning Patient Safety – Our Time, Our Responsibility!” will feature the personal stories of two families that lost a family member and will focus on medical errors – the 3rd leading cause of death in the United States. This presentation will focus on what respiratory therapists can do to make a difference!

Plenary Sessions:

- Jerry Krishnan MD PhD will present the Thomas L. Petty Memorial Lecture “Everyone Needs Oxygen”
- Wes Ely, MD, MPH – will present the Donald F. Egan Lecture “The ABCDEF Bundle & the Role of the Respiratory Therapist”
- Michael Anderson MD, MBA will present the Phil Kittredge Memorial Lecture “Journey to Zero Harm – Developing a Culture of Safety”
- A total of over 200 presentations covering all aspects of Respiratory Care and other healthcare related topics.

CRCE (maximum of 24 hours total CRCE possible over 3 1/2 days)

<u>Content Category</u>	<u>Total Hours Offered</u>
Adult Acute Care	31
Clinical Practice	38.5
Education	13
Ethics	2
Management	18
Neonatal-Pediatric	23
Pulmonary Function	10
Patient Safety	7.5
Sleep Medicine	5

OPEN FORUM

312 abstracts are scheduled for presentation during 14 Open Forum sessions along with 64 Poster Only displays in the Exhibit Hall. Ten (10) Editor’s Choice posters have been selected as the “Best of the Best” and will have their own presentation ceremony. Researchers will have the ability to display their poster and present their findings through the use of a Powerpoint slide deck.

PRE-COURSES

Ultrasound Guided Peripheral Access Course (Sponsored by Teleflex)
Challenges in Mechanical Ventilation: An Interactive Approach (Sponsored by AARC)

Exhibit Hall hours

Tuesday: 10:30 am – 4:00 pm
Wednesday: 9:30 am – 3:00 pm
Thursday: 9:30 am – 2:00 pm

Sputum Bowl (sponsored by Medtronic)

- 23 student teams registered by the registration deadline. However, the team from North Carolina dropped out after the devastation from Hurricane Florence. There will be 22 teams competing in Las Vegas.
- This year’s finals competition will be held on Thursday and a reception is planned from 5:15-7:30pm that day as well.

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

Strategic Planning Committee

Submitted by Frank Salvatore – Congress 2018

Recommendation

That the AARC BOD review, revise and approve a new policy on the Strategic Planning Process. (see below)

Report

1. In light of Presidential goals, review the Strategic Plan of the Association and make recommendations to the Board for revisions or adjustments in the plan at the spring 2018 Board of Directors Meeting.
 - The committee has worked diligently on creating strategic objectives for each of the Horizon goals set by the board in the Spring Meeting.
 - New vision statement was created and the AARC BOD approved the Mission/Vision, horizon goals and strategic objectives at the July 20, 2018 BOD meeting. (The Mission/Vision must now go to the by-laws committee).
 - The AARC Executive Office was tasked to create tactical goals for the strategic objectives which should be reviewed the BOD at this meeting in December. The AARC EO will have further time between this review and the March AARC BOD meeting to complete and prioritize them for BOD approval then.
 - *NOTE: The strategic planning committee provided the AARC Bylaws Committee the new Mission and Vision Statement which must be revised through a bylaws amendment. After clarifying the AARC BOD vote, the by-laws committee provided the President and HOD Speaker with them to be published per the by-laws to the BOD and HOD. Due to extenuating circumstances this was not completed.*
 - i. *New timeline for Mission and Vision by-law amendment:*
 1. *By-law amendments must be delivered to BOD and HOD member's no later than May 24, 2019.*
 2. *First reading at joint session on July 23, 2019 – Ft. Lauderdale, FL. – Majority Vote Needed in both BOD and HOD.*
 3. *Submission to the membership within 45-days of the majority vote on July 23, 2019.*
 4. *Second reading at joint session on November 7, 2019 – New Orleans, LA. – 2/3rds Majority Vote Needed in both BOD and HOD.*

2. Provide oversight of how the Association is moving towards achieving the objectives of the Strategic Plan. **(Ongoing)**
3. Recommend to the Board of Directors the future direction of the Association and the profession of Respiratory Care. **(Ongoing)**

Measures of success:

- Relevance between Presidential Goals and Strategic Plan established
- Updated Strategic Plan

Thank you to all who've worked hard on this throughout the year. It has been an honor to work with you on this.

DRAFT

American Association for Respiratory Care Policy Statement

Page 1 of 2
Policy No.: BOD.XXXX_

SECTION: Board of Directors

SUBJECT: **Strategic Planning**

EFFECTIVE DATE: December 2018

DATE REVIEWED:

DATE REVISED:

REFERENCES:

Policy Statement:

The Board of Directors will continually evaluate the Associations strategic plan to ensure that it is up to date.

Policy Amplification:

1. As part of this process, the Strategic Planning Committee will review the strategic plan in the months prior to each of the scheduled BOD meetings to assure the Association is on track to meet the tactics, strategic objectives and/or overall goals of the plan.
2. The strategic planning process will be done in phases:
 - a. Each strategic plan runs from the start of a President's term through the end of that same President's end of term.
 - b. In the year where there is a President-elect, the current plan is in place, but the strategic planning committee works to review and decide if the plan is consistent with Association needs and the goals of the incoming President. Major revisions to a strategic plan should coincide with the start of a new AARC Presidency.

Strategic Planning Process:

1. The AARC Strategic Planning Committee is tasked with the review and updating of the Strategic Plan.
2. There are many different ways to do strategic planning and in order to ensure the ability for the committee to flex with the times, no specific strategic planning process of format is identified or endorsed by this policy.

3. The committee must review the strategic plan document at minimum, prior to each AARC Board Meeting.
4. If the plan is current, the committee must at minimum update how the plan is being met.
5. If the plan has areas that are completed, this should be noted.
6. At the first AARC Board Meeting where there is a President-Elect (second year of the strategic plan), the Committee should begin looking at the strategic plan and how it relates to the overall goals and needs of the organization. If needed, the committee should work with the President-elect over the course of the next two AARC Board Meetings to realign and get approval of the AARC Board of Directors.
7. If changes are made to the AARC Mission and/or Vision, the committee must note they appear on the AARC Bylaws and will need to affect a bylaws change before a new mission or vision statement will take effect. That process could be a year-long at minimum.
8. The Strategic Plan is good for two years and must be updated or reaffirmed with the installation of each new AARC President.
9. At the new AARC Board Meeting which is held at the end of each AARC Congress, the new AARC Board will review and approve the strategic plan to allow it to begin with the new AARC Presidents term.

DEFINITIONS:

ATTACHMENTS:

Specialty Section Reports

Adult Acute Care Section

Submitted by Carl Hinkson – Congress 2018

Recommendation

None

Report

1. First and foremost, advocate for your section members utilizing the BOD reporting and recommendation process.
 - a. *In progress*
2. Create section specific measures of success and present to the board at least once a year.
 - a. *10% growth in section membership*
 - b. *September membership number is 2281, 20% increase in Adult Acute Care Section Membership.*
3. Provide proposals for programs at the International Respiratory Congress and Summer Forum to the Program Committee to address the needs of your Specialty Section's members. Proposals must be received by the deadline.
 - a. *Completed*
4. The section chairperson is responsible for arranging or leading a quarterly engagement activity for their section membership. This engagement activity may include online section meeting, journal discussions, initiation of discussions on AARConnect, posting of key materials to the AARConnect libraries, AARC webpages, or highlighting AARC resources to members through social media. Documentation of such a meeting shall be reported in the Spring Board Report.
 - a. *In progress*
5. Jointly with the Executive Office, undertake efforts to demonstrate value of section membership, thus encouraging membership growth.
 - a. *In progress; had sent personal welcome emails to new and renewing section members.*
6. Solicit names for specialty practitioner of the year and submit the award recipient in time for presentation at the Annual Awards Ceremony.
 - a. *Completed*
7. Identify, cultivate, and mentor new section leadership. Section leadership is only allowed to serve one term.
 - a. *Completed*
8. Enhance communication with and from section membership through the section AARConnect, review and refinement of information for your section's web page and provide timely responses to requests for information from AARC members.

- a. Web page content has been updated*
- 9. Encourage networking and the use of AARC resources such as the AARConnect library, swap shop and listserv that promotes the art and skill of respiratory care.
 - a. Work is ongoing*
- 10. Review all materials posted in the AARC Connect library or swap shops for their continued relevance. Provide a calendar of when the reviews will occur to be reported in the Spring Board Report and updated for each Board report.
 - a. Not completed*
- 11. Share best practice with fellow section chairs to improve value or membership participation.
 - a. Not completed*
- 12. Review the membership and the offering of the sections and make recommendations to the Board for areas of improvement. If any of the sections fall below the threshold of maintaining that section, please make recommendation as to what should be done with that section.
 - a. Work is ongoing*

Diagnosics Section

Submitted by Katrina Hynes – Congress 2018

Recommendations

None

Report

2018 Diagnostic Section Charges

1. Create section specific measures of success and present to the board at least once a year.
 - a. *All Section charges set by President Walsh have been met for 2018.*
 - b. *In August 2017 the Diagnostic Section had 885 total members. The Section set the goal to obtain 1000 members before January 2019. The Section reached its goal of 1000 members in October 2018. We continue to focus on growth of the Section beyond the 1000 membership goal.*
 - c. *The Diagnostic Section set the goal to submit 10 abstracts for the 2018 AARC Congress in order to have a Diagnostic Open Forum. There are 15 abstracts at the Diagnostic Open Forum at Congress 2018 in Las Vegas, NV.*
2. The section chairperson is responsible for arranging or leading a quarterly engagement activity for their section membership. This engagement activity may include online section meeting, journal discussions, initiation of discussions on AARConnect, posting of key materials to the AARConnect libraries, AARC webpages, or highlighting AARC resources to members through social media. Documentation of such a meeting shall be reported in the Spring Board Report.
 - a. *Charge met. The section had 2 scheduled activities:*
 - i. *Tuesday, May 3, 2018 – Webcast: 2017 ERS/ATS Standards for Single-breath Carbon Monoxide Uptake in the Lung presented by Susan Blonshine.*
 1. **505 attended the Webcast**
 - ii. *Tuesday, July 24, 2018 – Diagnostic Section Virtual Meeting*
3. Review all materials posted in the AARC Connect library or swap shops for their continued relevance. Provide a calendar of when the reviews will occur to be reported in the Spring Board Report and updated for each Board report.
 - a. *Content within the Section library and swap shops is in progress and slated to be finalized in December of 2018.*

Education Section

Submitted by Georgianna Sergakis – Congress 2018

Recommendations

None

Report

- First and foremost, advocate for your section members utilizing the BOD reporting and recommendation process.
- Create section specific measures of success and present to the board at least once a year.

Status:

1. Achieve a section membership of 1300 active members by September 30, 2018. This is complete, we have 1416 members.
 2. Develop two-way dialogue between representatives of associate degree programs and the Education Section/AARC leadership regarding establishing a strong career pathway for associate degree graduates to pursue a baccalaureate degree. The committee on Career Pathways addresses this charge.
 3. Identify education research ideas together with section members either through discussions on AARC Connect or at national meetings to facilitate the goals of the AARC. These ideas can serve as the foundation for collaborative research or provide ideas for educators who are seeking relevant projects.
 - A new faculty needs assessment is planned (Coordinator identified).
 4. Identify education sustainability resources for current RT programs for purposes of recognition and recruitment, and to retain/develop students and faculty.
 - Apex Recognition Award: Entry level educational standards developed and accepting applications.
- Provide proposals for programs at the International Respiratory Congress and Summer Forum to the Program Committee to address the needs of your Specialty Section's members. Proposals must be received by the deadline in January.

Status: Complete

- The section chairperson is responsible for arranging or leading a quarterly engagement activity for their section membership. This engagement activity may include online section meeting, journal discussions, initiation of discussions on AARConnect, posting of key materials to the AARConnect libraries, AARC webpages, or highlighting AARC resources to members through social media. Documentation of such a meeting shall be reported in the April Board Report.

Status: Fall engagement activities are underway. We used AARC Connect and the Summer Forum section meeting to poll members about their preferences for engagement activities. The Preceptor Panel offered as a webcast in September 2018 was very well received.

- Jointly with the Executive Office, undertake efforts to demonstrate value of section membership, thus encouraging membership growth.

Status: For 2018, I will work with the Executive Office to develop success stories that highlight the value of membership and we will explore opportunities for engagement to encourage membership growth.

Under the guidance of Dr. Strickland, a small committee developed the proposed “Apex Recognition Award – Entry Level Educational Program Standards” criteria and the criteria were vetted by several current program faculty from both baccalaureate and associates degree programs to address this item as well as to assist education programs with sustainability efforts. The Apex Recognition award for educational programs will provide a mechanism for which undergraduate programs can be recognized for excellence. The program is now accepting applications due by December 31, 2018.

- Solicit names for specialty practitioner of the year and submit the award recipient in time for presentation at the Annual Awards Ceremony.

Status: Complete. The committee reviewed the nominations for three candidates and a recipient was selected.

- Identify, cultivate, and mentor new section leadership. Section leadership is only allowed to serve one term.

Status: Potential nominees for new section leadership were invited to moderate afternoon Summer Forum sessions. Emerging leaders will be contacted for continued engagement in the section.

- Enhance communication with and from section membership through the section AARConnect, review and refinement of information for your section’s web page and provide timely responses to requests for information from AARC members.

Status: A reminder for Congress/Summer Forum proposals, Open Forum abstracts, Preceptor Recognition Program, SPOTY awards and the Fall Preceptor Panel webcast (September 2018) are shared to help educators schedule this within their calendar or as part of curricula.

- Encourage networking and the use of AARC resources such as the AARConnect library, swap shop and listserv that promotes the art and skill of respiratory care.

Status: Section resources are regularly shared at the two in-person section meetings each year. The PowerPoint file is shared within Connect for members who cannot attend. AARC resources are highlighted as appropriate for all communications and presentations given. This year, at SF an open discussion format was facilitated in lieu of just reporting on content in this digital file. This generated ideas and opportunities for future programs as well as develop ideas for future initiatives. The same polling format and open discussion will occur at the Congress section meeting.

Section members were made aware of a new benefit for student members. Student members of the AARC will now have complimentary access to the complimentary student Exam Prep program. A student, while they are a student member in good standing, will have access to over 31 hours of videos and handouts without charge.

- Review all materials posted in the AARC Connect library or swap shops for their continued relevance. Provide a calendar of when the reviews will occur to be reported in the Spring Board Report and updated for each Board report.

Status: The Swap Shop will be updated during fall 2018. AARC Connect library: is up to date and organized in folders by category and subtopic.

- Share best practice with fellow section chairs to improve value or membership participation.

Status: Management section and education section collaboration opportunities will be continued to be explored with the management section chair.

- Review the membership and the offering of the sections and make recommendations to the Board for areas of improvement. If any of the sections fall below the threshold of maintaining that section, please make recommendation as to what should be done with that section.

Status: Membership increased this quarter, and as of September 30, 2018 active membership was 1,416.

The AARC Clinical Preceptor Education Recognition program is another method of guiding future educators towards resources in the section that will develop their careers. The second class of recipients were considered.

Karen Schell facilitated a discussion with hospital educators (Kelly Rose and Shawna Murray) to develop the “Proposal to Increase Hospital Educators’ Membership in the Education Section of the AARC.” Discussion to implement this plan is ongoing.

State recruitment will continue. We currently have 17 recruiters in 15 states – the opportunity to expand this list will be announced at AARC Congress and in AARC Connect. A recruitment letter will be shared again with our state recruiters along with the list of respiratory care program directors who are not current Education Section members in mid-January.

- Work to develop more programming directed at hospital educators and all therapists whose position requires some sort type of education process.

Status: Educational topics that address practicing therapists and hospital-based educators were included in the programming for the International Congress, the meeting that attracts most members from this group.

A September webinar was offered by the past recipients of the Preceptor Recognition Awards and include information germane to both academic and hospital educators. They shared their perspectives on: benefits of being a preceptor, best practice, how they dealt with a challenging situation.

In addition, I plan to use a case study approach (“What would you do?”) to engage educators on both ends of the educational process for a January 2019 engagement activity. The Congress Section meeting and AARC Connect will be used to recruit volunteers to facilitate this discussion. This idea was supported through the open discussion at Summer Forum.

Management Section

Submitted by Cheryl Hoerr – Congress 2018

Recommendations

None

Report

1. Provide proposals for programs at the International Respiratory Congress and Summer Forum to the Program Committee to address the needs of your Specialty Section's members. Proposals must be received by the deadline in January.

Status: Section Chair collaborated with the Program Committee Liaison to review 95 individually submitted proposals; an additional 6 submitted proposals were re-classified to other sections. 27 management-specific presentation slots throughout the Congress program have been populated with topics of interest to RT leadership with a special focus on those that coincide with AARC strategic goals. There is also a management-focused Open Forum scheduled on Wed 12/5.

2. Arrange or lead a quarterly engagement activity for their section membership. This engagement activity may include online section meeting, journal discussions, initiation of discussions on AARConnect, posting of key materials to the AARConnect libraries, AARC webpages, or highlighting AARC resources to members through social media. Documentation of such a meeting shall be reported in the April Board Report.

Status: A management specialty section meeting will be held on Wed 12/5 in conjunction with the International Respiratory Congress. The Leadership Book Club is currently reading Deep Work by Cal Newport; 13 respiratory leaders have volunteered to lead chapter discussions. A management-focused webcast has been scheduled for 12/13 and will feature respiratory managers in a panel discussion on recruiting talent.

3. Jointly with the Executive Office, undertake efforts to demonstrate value of section membership, thus encouraging membership growth.

Status: Information on AARC membership numbers as well as management section membership is always shared during section meetings. Information on current AARC initiatives and advocacy efforts are also discussed with input solicited from members. Posts on the AARC management list serve emphasize the drastic changes affecting healthcare and encourage RT leaders to transform their practice to add value in the forming healthcare environment. Managers are encouraged to join the Leadership Book Club community on Connect and contribute to the discussions. The programing for the management section at the International Congress highlights topics that the members of the management specialty section have identified as critically important to their practice and to keeping RT relevant and growing.

4. Identify, cultivate, and mentor new section leadership. Section leadership is only allowed to serve one term.

Status: On an ongoing basis section members are encouraged to (1) contribute content to the management section list serve, (2) attend the Summer Forum in order to meet other RC leaders, (3) join the Leadership Book Club to grow their skills, and (4) to submit proposals for the Summer Forum and/or International Congress and Exhibition. Recruiting for the next section chair has included identification and solicitation of several potential qualified candidates as well as continued interaction and development of interested but less qualified members. A reminder of the need for a new section chair in 2019 will be discussed at the specialty section meeting on 12/5 at the Congress.

5. Enhance communication with and from section membership through the section AARConnect, review and refine information for section web page, provide timely responses to requests for information from AARC members. Encourage networking and the use of AARC resources such as the AARConnect library, swap shop and list serve that promotes the art and skill of respiratory care.

Status: Daily review of management section list serve postings and reply as necessary. Between 35 and 40 unique threads continue to be started each month. Many topics are requests for technical information as well as process and policy assistance. Many topics are recurring themes and similar conversations appear with regular frequency. The section membership remains very active and engaged.

6. Review all materials posted in the AARC Connect library for their continued relevance. Provide a calendar of when the reviews will occur and updated for each Board Report.

Status: No work has been able to be accomplished on this project due to other, more urgent priorities.

7. Review the membership and the offering of the sections and make recommendations to the Board for areas of improvement. If any of the sections fall below the threshold of maintaining that section please make recommendation as to what should be done with that section.

Status: As of this writing there are 1,588 total management specialty section members. This represents a decrease in section membership of +21 members since this report was given at the summer forum.

8. Solicit names for specialty practitioner of the year and submit the award recipient in time for presentation at the Annual Awards Ceremony.

Status: Nominations for the Management SPOTY were solicited via the management list serve. Kim Bennion MsHs, RRT, CHC received multiple nominations and has been named the 2018 Management Section Practitioner of the Year.

9. Create section specific measures of success and present to the board at least once a year.

Status: No specific indicators have been chosen at this point.

Neonatal-Pediatrics Section

Submitted by Steve Sittig – Congress 2018

Recommendations

None

Report

The Neonatal Pediatric Section has demonstrated continued growth per reports to the AARC BOD. The section list serve continues to provide daily relevant topics of discussion to the section. The section has also selected a specialty practitioner of the year to be recognized at the awards ceremony.

The specialty section meeting date has been set by the program committee along with numerous lecture RPF's and open forum submissions; giving attendees value for attendance of the congress.

Post-Acute Care Section

Submitted by Katrina Hynes– Congress 2018

No report submitted.

Sleep Section

Jessica Schweller – Congress 2018

Recommendations

None

Report

1. Selected a Specialty Practitioner of the Year for Sleep for Congress 2018 (Peter Allen)
2. Solicited several nominations for SPOTY in Sleep
3. Organized a Meet N Greet at Congress 2018 upcoming for Sleep Section
4. Continued to market/increase membership for the Sleep Section

Surface to Air Transport Section

Tabatha Dragonberry – Congress 2018

Recommendations

None

Report

Olivia will take place my place at this AARC congress because of work obligations. Transition will be made in section chair.

Special Committee Reports

Advocacy & Government Affairs

Submitted by Frank Salvatore – Congress 2018

Recommendations

None

Report

1. Find ways to gain support for the Telehealth bill. (Ongoing)
 - We're working on the pilot project. After the election (this is being written/submitted before that point) we will plan on a full court press to try to get this introduced into this "lame-duck" Congress. The hopes will be if we get it introduced, re-introduction in the next Congress should be easier.
 - Also, after the election, we will work to try to get Senate support for a companion Bill.
2. Investigate ways for Respiratory Therapist to be recognized as professionals by the government. (Department of Labor, Department of Defense, etc.) (Ongoing)
3. Assist the State Societies with legislative and regulatory challenges and opportunities as these arise. Over the next two years provide assistance to states that begin moving toward RRT and/or BS entry for those seeking new license. (Ongoing)
 - Committee leadership continues to stand ready to help state affiliates with this.
4. 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. (Ongoing)
 - Virtual Lobby Campaign 2018 was completed and reported for the boards review in the summer. If we do another campaign between the submission of this board report and the BOD meeting, I will provide an update then.
5. Oversee the virtual lobby week and/or any calls to action that come up over the year. (Ongoing)
 - Virtual Lobby Campaign 2018 was completed and reported for the boards review in the summer. If we do another campaign between the submission of this board report and the BOD meeting, I will provide an update then.
6. Assign committee members specific states to act as liaisons toward and ensure the members communicate with their liaison state during active committee work periods. (Completed)

- The committee members have been assigned states and will be the primary liaison to those states for both federal and state issues.

7. Assist in coordination of consumer supporters. (Ongoing)

Measures of success:

- 20% increase in the number of co-signers of the Telehealth bill. (Not applicable)
- Produce 10% more emails sent to Capitol Hill this virtual lobbying week. (6% increase vs. Spring VLC in 2017).

Thank you to all the committee members for their work this year.

Benchmarking

Submitted by Chuck Menders – Congress 2018

Recommendations

None

Report

1. Regional client support has continued by all members of the team to assist new clients and follow up with subscribers.
2. An Administrators Dashboard is available for committee members to monitor and manage user subscription dates and dates of data entry.
3. We are planning to get together for a committee meeting at the AARC Congress in November to get updates on Benchmarking 2.0 and discuss activities and future goals/plans.
4. There is still concern that some data entered into the system does not appear to be accurate and will skew data in compare groups. A plan needs to be developed to follow up on how to best monitor these and how to encourage more timely data entry by clients. Many clients still have not entered any data.
5. Membership in AARC Benchmarking has increased from 59 subscribers in June 2018 to 77 subscribers as of November 1, 2018.

Billing Codes Committee

Submitted by: Susan Rinaldo Gallo – Congress 2018

Recommendations

None

Report

Nothing to report.

Diversity Committee

Submitted by Crystal Dunlevy/Jakki Grimball – Congress 2018

Recommendation

None

Report

- Web page: Jakki is continuing research for reputable websites links to be added to the updated AARC Cultural Diversity website. (Current site: <http://www.aarc.org/resources/professional-documents/cultural-diversity-resources/>).
- Diversity video series: No suggestions have been made from committee members to date.
- There are currently no CRCE offerings that are related to diversity.
 - Washington, D.C. requires that 2 CRCEs be dedicated to LGBTQ sensitivity. Committee expects other State boards will likely follow suit.
 - Crystal has completed an outline for a two-hour CRCE. The CRCE will be shared with the committee for review.
- Provide education aimed at both reducing implicit bias and increasing and appreciating diversity at National meetings.
 - a. Crystal gave two presentations on reducing implicit bias in March and April 2018 at UVA and OU.
- To do/no progress to date: AARC membership survey; diversity toolkit; speaker's bureau.
- To date the committee has had two inquiries/comments related to diversity.

Fellowship Committee

Submitted by: Frank Salvatore – Congress 2018

Recommendations

The AARC Board of Directors accepts the changes as noted in Policy Number CT.009. (see attachment “Policy CT.009 – revised December 2018”)

Rationale 1: The term “licenses” was too vague and has led to nominators providing different interpretations of individual state laws. The committee feels at this time, an active license is a better way to define this criterion.

Rationale 2: There are many Respiratory Therapists who are AARC Members but who work internationally that possess documented evidence of significant contributions to the respiratory care profession and to the AARC. We need to account for this if we’re truly going to meet our mission of being the leading national and international professional association for respiratory care.

Report

Objectives/Report Update:

1. Review applications of nominees for AARC Fellow Recognition (FAARC). (**Completed for 2018**)
2. Select individuals who will receive the AARC Fellow recognition prior to the International Respiratory Care Congress (**Completed for 2018**)
 - The committee reviewed 27 nominations. After review of them, the committee per rule unanimously voted to select seven (7) individuals to be inducted as the 2018 AARC Fellows:

Ariel Berlinski	Ricky Bowen
Brian Cayko	Mark Rogers
Mary (Katie) Sabato	Wadie Williams
William Wojciechowski	

- Voting for those not selected:
 - i. Seven missed by one vote
 - ii. Six missed by two votes
 - iii. One missed by three votes
 - iv. One missed by four votes
 - v. Five weren’t eligible due to:
 1. Two only had one nominator
 2. Three did not meet the 10 consecutive years needed.

I want to thank the committee for their hard work on this very important committee. For the second year in a row, we say goodbye to another long-time member of the Committee. Thank you, Rick Ford, for your service to this committee and continued service in other areas of our profession. You will be missed.

International Committee Report

Submitted by John Hiser – Congress 2018

Recommendations

None

Report

1. Administer the International Fellowship Program.

This year we will welcome three new international fellows. We have invited three physicians. They are from China, Ghana and Nepal. We are now at 172 fellows from 67 countries over the last 29 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.

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
■ 2015	13
■ 2016	25
■ 2017	17
■ 2018	24

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
- 2015 10
- 2016 10
- 2017 7
- 2018 6

Applicants by Country

Brazil
 China (4)
 Costa Rica
 Ghana
 Guyana
 India (2)
 Italy (2)
 Japan
 Mexico (3)
 Nepal
 Oman (2)
 Qatar
 Saudi Arabia (3)
 Yemen

14 countries
 4 applicants from new countries
 Guyana
 Nepal
 Qatar
 Yemen

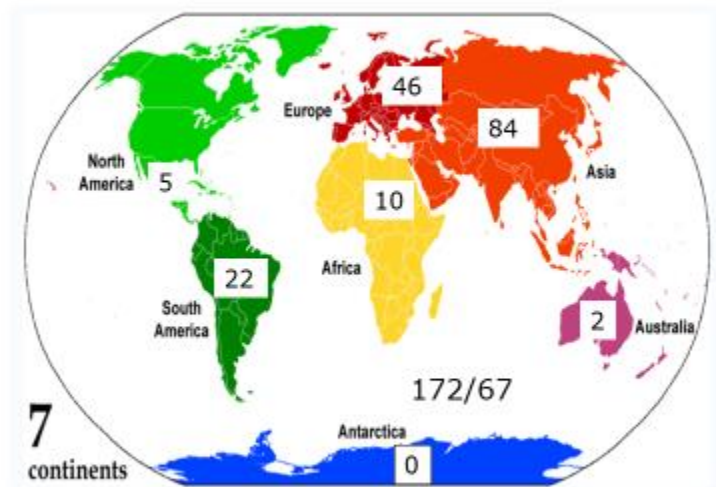
RT 16
 MD 4
 PT 3
 Clinical Engineer 1

2018 PROGRAM SCHEDULE

November 20 – December 8, 2018

EVENT		
Arrive in the First City	Tuesday	November 20, 2018
First City Rotation	Thursday – Monday	November 22 – 26, 2018
Arrive in Second City	Tuesday	November 27, 2018
Second City Rotation	Wednesday – Monday	November 28 – December 3, 2018
Arrive in Las Vegas, NV	Monday	December 3, 2018
AARC Congress 2018	Tuesday – Friday	December 4 – 7, 2018
Fellowship Program Ends	Saturday	December 8, 2018

Past AARC/ARCF International Fellows Countries & Continents



2018 AARC
International Fellows

Liang Xu, MD

- Director/Senior Doctor
- Wuchang Hospital
 - Wuhan, China
- Director
Emergency & Critical Care Medicine
 - *“Learning about mechanical ventilation, pulmonary rehabilitation and standardized respiratory management system for critically patients treatment.”*
- Hosts
 - Valerie David, Atlanta, Georgia
 - Charles Bangley, Winterville, NC



Neelum Singh, MGCS, MBCHB, BSC

- Emergency Physician Specialist
 - Kumasi South Hospital
 - Kumasi, Ghana
- *“This award will give me a close real world experience of handling critically ill patients with advanced respiratory problems which will serve as a solid foundation in recognizing and managing similar cases in my country.”*
- Hosts
 - Carolyn Williams, Washington, DC
 - Christopher Kircher, Baltimore, Maryland



Sangit Kasaju, MD, MHA, FCCP

- ▶ Pulmonologist/President – Nepal College of Chest Physicians
 - Nepal College of Chest Physicians
 - Kathmandu, Nepal
 - Department Head Pulmonary & Critical Care
 - Leadership role in planning medical mission, educational activities, conferences, workshop, lectures, awareness , programs all over Nepal
 - *“Establishing a school for Respiratory Therapists in Nepal”*
 - Hosts
 - David Gibson, Dallas, Texas
 - Phil Finch, Portland, Oregon



First AARC/ARCF VIP Fellow



GROUP EXECUTIVE, HUMAN RESOURCES & CORPORATE AFFAIRS; AND
CEO ECOBANK FOUNDATION; FOUNDING PARTNER, AFRICANS4AFRICA

Julie Essiam is the Group Executive for Human Resource & Corporate Affairs, for the Ecobank Group, and CEO, Ecobank Foundation. She is an accomplished executive with a professional career that spans Europe, North America and Africa with global organizations such as Citigroup. With a passion for development work and transforming communities, under her leadership role at the bank, she has repositioned the Ecobank Group and the Ecobank Foundation to be a private sector lead, and enabler of structured social transformation of Africa. Julie is a firm believer in investing in the next generation and has dedicated the last fifteen years of her professional life working with the youth in mentoring and supporting them shape their thinking around their respective life journeys and has founded several other impactful community based programs. She is a founding partner of the A4A (Africans4Africa) initiative; a private sector led development organization that calls for a collaborative effort across the leadership of Africa to contribute to the successful achievement of an impactful transformation of the continent towards a thriving and prosperous Africa. Born in Ghana, Julie is an MBA graduate of Carnegie Mellon University in Pittsburgh, Pennsylvania in the United States.

Sponsors



AARC HOD



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.

Ongoing.

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

We continue to correspond with practitioners from around the world.

The International Committee has presented six recommendations to the Board this year. Actions taken by the Board and continuing efforts related to those recommendations are presented below.

March 2018 BOD meeting

Recommendation 18-1-23.1 “That the **AARC investigate** methods of teaching international members how to **renew** their membership.”

Motion carried

Recommendation 18-1-23.2 “That the AARC initiate a **marketing campaign** directed towards past international members and that the campaign includes and highlight the **previously approved**

membership rates based on income levels where potential members reside.”

Moved to refer to the **Executive Office**.

Motion carried

Recommendation 18-1-23.3 “That the AARC offer **country specific list-serves** as a benefit to members from countries that have International Affiliate Status.”

Refer back to the **International Committee to develop a policy**.

Motion carried

A policy was developed and presented as a recommendation at the July 2018 BOD meeting. (See below)

Recommendation 18-1-23.4 “That the AARC in **collaboration with the ICRC** to develop resources aimed at **advancing the practice of respiratory care outside the US** and at developing resources to assist with advocating for development of the profession in other countries.”

Moved to refer to the **president-elect**.

Motion carried

Recommendation 18-1-23.5 “That the AARC offer reduced rates for educational products, registration for meetings, and all other products based upon the income levels where potential international members reside and that these discounts be highlighted in marketing campaign presented in recommendation 18-1-23.2.”

Motion defeated

July 2018 BOD meeting.

Recommendation 18-2-23.1 “That the proposed policy for country-specific list-serves be approved.”

Moved to **refer back to the International Committee to work with the Executive Office, president-elect, and ICRC to address concerns** of the proposed policy raised by the Board. (words in English language, remove “list serve”, etc.)

Motion carried

Concerns from the BOD will be presented as part of my report at the annual ICRC meeting this coming December at the Congress. Time will be allowed for feedback from the ICRC Governors.

Concerns will also be discussed at an upcoming meeting at the Congress. Attendees will be the AARC president-elect, chief executive officer, international committee chair, ICRC president and ARCF chair.

Update from around the world.

The AARC in collaboration with the ARCF and the ICRC continues to advance our international mission and goals.

Today over 50 countries have respiratory care practitioners.

With the addition of our 3 new AARC/ARCF International Fellows this year, we now have hosted 172 health care professionals from 67 countries.

This year we will also be hosting our first VIP Fellow who will be visiting from Africa.

Legal recognition of the profession exists in 6 countries, with voluntary credentialing in 12 countries.

There are over 80 education programs in 11 countries outside the US.

The most recent addition to the number of programs comes from the University of Ghana with the first Respiratory Therapy BS degree program in Africa.

There are 15 professional associations for respiratory therapists.

With the addition of the Philippines this last December, we now have 5 AARC International Affiliates.

We continue to promote meaningful interaction and professional understanding as exemplified by our annual meetings of the ICRC and the efforts of our ICRC Governors who now represent over 27 countries.

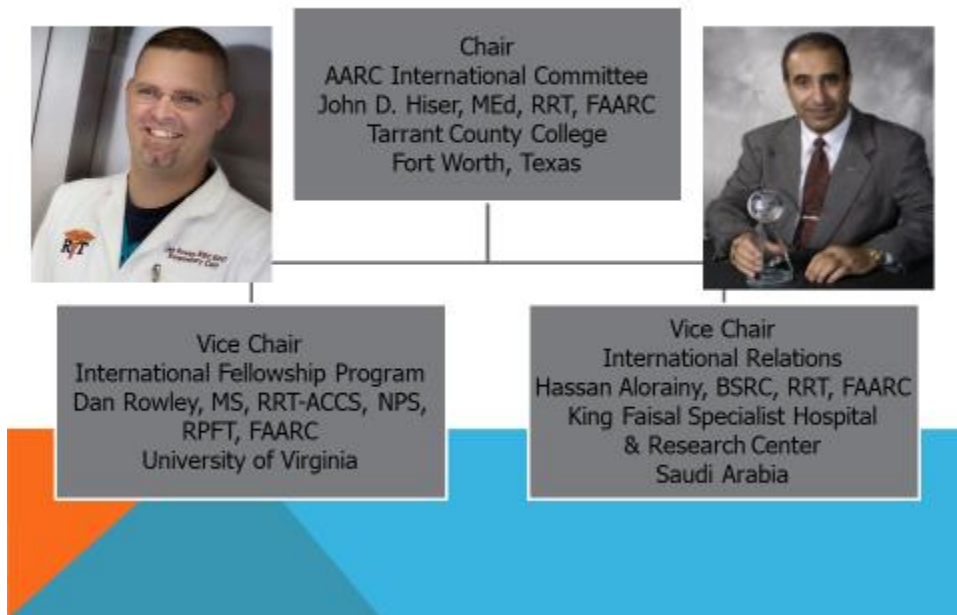
The ICRC continues to collaborate and approve numerous IERS programs each year. Speaker exchange programs continue to bring professional collaboration to seminars throughout the world.

AARC members and our international colleagues continue to volunteer for medical mission trips bringing improved health care to less fortunate people in underserved countries.

Respiratory Care journal continues to receive over 50% of their accepted articles submitted from outside the United States. Many of those written by past international fellows.

Finally yet importantly, the AARC continues to share AARC publications and translated materials to international friends.

Thanks to the International Committee Vice-chairs & Members



International Committee members

- Arzu Ari, PhD, RRT, FAARC – Turkey
- Ed Coombs, MA, RRT, NPS, FAARC – New York
- ViJay Desphande, MS, RRT, FAARC - India
- Hector Leon Garza, MD, FAARC - Mexico
- Derek Glinsman, RRT – UK Emeritus
- Yvonne Lamme, MHA, RRT - Arizona
- Debra Lierl, MEd, RRT, FAARC - Ohio
- Natalie Napolitano, MPH, RRT-NPS, FAARC - Pennsylvania
- Bruce Rubin, MD, FAARC - Canada
- Jerome Sullivan, PhD, RRT, FAARC – Ohio

Membership Committee

Submitted by Amanda Richter – Congress 2018

Recommendation

None

Report

- With the recent elimination of the free student membership program, the membership committee has continued to focus efforts on improving student resources and benefits.
 - AARC Exam Prep program site launched for student members to provide access to exam prep videos, now a free added benefit for student members.
 - A site for students to access equipment/device resources remains under development. The purpose is to provide a location to easily find educational resources for various RT equipment/devices.
 - The committee would like to implement state-specific resources for students. Discussions are underway to determine the most effective and useful format.
 - Conducted RC program visits and met with several program directors to discuss changes and solicit feedback from students and faculty on needs
- Working on development of an organizations review presentation to share as an additional resource for chartered affiliates and their membership chairs.

Other

I would like to thank committee members for their continued engagement and participation. The membership committee would like to thank the Amanda F., Shawna, and the executive office team for working closely with us and helping to execute these projects.

Position Statement Committee

Submitted by Pat Doorley – Congress 2018

Recommendations

The position statement entitled “Respiratory Care Scope of Practice” (07/2013) with noted revisions (language to be removed appears as ~~striketrough~~ and language to be inserted appears as **bold and underlined**) be approved. (See Attachment # 1)

Rationale: The revisions made in this position statement update the language to encompass all the general categories of care and care venues that are in the domain of the respiratory therapist. Additionally, it includes some specific therapeutic interventions in order to provide examples of the types of care interventions which can be part of the daily practice of a respiratory therapist. The revisions in this document were developed with solicited input from the several of the AARC’s Specialty Sections as well as the general membership.

The position statement entitled “Respiratory Therapists as Cardiopulmonary Care Managers” (09/2018) be approved. (See Attachment # 2).

Rationale: This position statement is new and was developed in response to a request from President Brian Walsh in February 2018 that the Committee develop a “...position position statement or guidance document (not sure which one it should be) on disease/case management...” This request then was issued as a new charge to the Position Statement and Issue Paper Committee. The document was developed using solicited input from respiratory therapists currently practicing as care managers as well as each of the AARC’s Specialty Sections and the general membership.

The issue paper entitled “Guidelines for Acquisition of Ventilators to Meet Demands for Pandemic Flu and Mass Casualty Incidents”, published in 2006 with the most recent addendum in January 2008, be retired. (See link [Issue-Paper-Acquisition of Ventilators](#))

Rationale: In October 2017 Richard Branson, John Wilgis, and Dr. Lewis Rubinson were approached to review/revise this document. These gentlemen were identified by the AARC’s Executive Office staff as experts on this topic. Each agreed to participate in the process and the review/revision was initiated in November 2017. In May of 2018 the Committee was notified by Dr. Rubinson that the review group recommended a full re-write of the document if the AARC desires, because the document is “...dated and no longer relevant.”

The Committee accepted the recommendation of the review group and it was submitted to the general membership for consideration at the end of August 2018. Over the course of the 60-day comment period, there was one comment received from a member opposed to retiring this position statement. The member’s comment appears below:

I feel that this one should not be retired, altogether; rather, it should be revised. Mass casualties are more common, lately, than pandemic flu, especially with the use of fire arms. My suggestion is that this one should be revised to focus more on steps for mass casualties.

AARC Board of Directors Policy Statement CT.008 – Position Statements and Issue Papers (July 2018) – paragraph # 3 be revised with the noted revision (language to be removed appears as ~~striketrough~~ and language to be inserted appears as **bold and underlined**) as follows:

The Position Statement and Issue Paper Committee referred to as the “Committee” for the remainder of the document, will be tasked by the AARC Board of Directors (BOD) to develop or review position statements or issue papers. This development, renewal, or retirement involves a group of content experts selected by the Committee. A completed new, renewal, or retirement draft of the statement or paper will be posted on the AARC web site for a ~~60~~ **30**-day comment period from the AARC membership. Following the comment period, the statement will be revised if necessary and sent to the BOD with recommendations of approval, renewal or retire.

Rationale: The 60-day review period by members was instituted in January 2017 following the implementation of the above referenced policy. The requirement is a good one and the Committee has received several helpful comments resulting in improved documents and the process encourages member engagement. However, the 60-day time frame has a major impact on the work of the Committee as it makes it challenging to address the Committee charges in a timely manner, so members can see if their comments are taken into consideration. Therefore, the Committee recommends that the time frame for member review and comment be reduced to 30 days as the Committee has received 82% (14 of 17) of member comments within 30 days over the course of the past 17 months. See the specific data below.

- Posted for member review June 29, 2017 – Received 10-member comments over the course of 41 days; 9 received by July 29, 2017; final comment on August 10th
- Posted for member review December 18, 2017 – Received 4-member comments over the course of 35 days; 2 received by January 18, 2018; final comment on January 26th
- Posted for member review on April 12, 2018 – Received 1-member comment on June 8th came through Doug Laher on the membership section listserv and not through the established mechanism; one comment on 57th day
- Posted for member review on August 28, 2018 – Received 3-member comments over the course of 8 days; all comments received by September 28; final comment on September 5th

This change in the member review time frame has been discussed with Tim Myers and Doug Laher in the Executive Office and neither identified any operational challenges that will result if this change in policy is enacted.

Report

Objectives:

1. Present a plan to the BOD to have all position statements and issue papers updated to meet the Policy CT .008 requirements.
 - Please find attached (Appendix A) a copy of the AARC Position Statements and Issue Papers calendar with the last date of review/revision/retirement if known identified.
 - The documents have been reviewed by members of the Committee and placed on a 5-year (See Note) review/revision calendar based on their most recent review/revision as required in item # 5 of BOD Policy CT .008.

Note: A recommendation approved by the BOD at the July 2018 meeting has resulted in a few changes in the time frame in order to more evenly distribute the number of documents that require annual review over the next five years. The current version of the calendar reflects these time adjustments.

- The Committee has completed the review/revision of the following two Position Statements and three Issue Papers following the process described in BOD Policy CT .008:
 - 1) Position Statement -- Respiratory Care Scope of Practice – revised and recommended for BOD approval following membership review
 - 2) Position Statement -- Respiratory Therapists as Cardiopulmonary Care Managers – newly developed and recommended for BOD approval following membership review
 - 3) Issue Paper -- Guidelines for Acquisition of Ventilators to Meet Demands for Pandemic Flu and Mass Casualty Incidents – recommended for retirement following membership review
 - 4) Issue Paper – RRT Credential (2013) – no action taken pending the development of the Entry to Respiratory Therapy Practice 2025 issue paper; will need to be reviewed in 2019
 - 5) Issue Paper – Respiratory Care: Advancement of the Profession Tripartite Statement of Support (no date) – no action taken pending the development of the Entry to Respiratory Therapy Practice 2025 issue paper; will need to be reviewed in 2019

- 2. Provide updates to the BOD periodically on the progress of meeting the policy requirements.
 - Committee activity meets the requirements outlined in AARC BOD Policy CT.008.
 - The Position Statements and Issue Papers currently published meet the requirements outlined in AARC BOD Policy CT.008. The dates of BOD actions (Policy Amplification statement # 6) are not available for all the published documents though every effort has been undertaken by the Committee and the Executive Office to identify the publication dates.

- 3. Provide recommendations to the BOD regarding new position statements or issue papers.
 - The Committee has provided a recommendation for the newly developed position statement – Respiratory Therapists as Cardiopulmonary Care Managers – that was added to the charges of the Committee in February 2018. Additionally, an initial draft of an issue paper tentatively entitled Entry to Respiratory Therapy Practice 2025, which was charged to the Committee in July 2018, will be submitted for review by the BOD in late November 2018.

- 4. Create a position statement on Disease and Case Management. (added 2/27/2018)
 - Submitted for BOD review and approval with this report

- 5. At the Summer 2018 BOD meeting the following motion was approved by the BOD: FM 18-2-26.6 That the AARC Board of Directors direct the Position Statement Committee to provide a position statement/issue paper for baccalaureate degree in a biological/ health science, as a minimum for entry to practice and the RRT credential for entry to licensure by 2025, with a draft due at the Dec. 2018 BOD meeting.
 - The Committee is preparing an initial draft of an issue paper tentatively entitled “Entry to Respiratory Therapy Practice 2025”. The initial draft is being developed by a subcommittee that includes two members of the BOD – Lynda Goodfellow and Natalie Napolitano. The draft is not ready for submission at this time (11/02/2018), and President Walsh has been notified. The plan is to finalize this initial draft by the end of November 2018 and share it with the BOD for their review prior to the December 2018 BOD meeting.

Other

- I would like to thank each of the members of the Committee – Joyce Baker, Joel Brown, Joe Goss, Denise Johnson, and Kimberly Wiles – and our Executive Office Support – Kris

Kuykendall and Doug Laher – for their contributions to achieving the objectives of our Committee over the course of the past two years. All have been generous in the sharing of their time and expertise to advance the profession and support mission of the AARC.

- I would also like to thank Tim Myers for assisting the Committee in arranging for publication of revised/retired documents for AARC membership review as required by policy. This process and provided members with the opportunity to contribute to these resource documents.
- Additionally, I would like to thank Lynda Goodfellow and Natalie Napolitano for their willingness to share their time and expertise over the past three months in the development of the initial draft of the Entry to Respiratory Therapy 2025 issue paper.

**Position Statement and Issue Paper Committee
Attachment # 1**

Respiratory Care Scope of Practice

Respiratory Therapists are health care professionals whose responsibilities include patient assessment, disease management, diagnostic evaluation, management, education, rehabilitation and **responsible for the** care of patients with deficiencies and abnormalities of the cardiopulmonary system. The scope of practice **crosses all patient, client and resident populations** and includes the application of technology and the use of protocols across all care sites including, but not limited to **various in-patient and outpatient settings (e.g. acute care, urgent care, long-term care, sub-acute care, skilled nursing facilities)**, the hospital, clinic, physician's offices, **sleep labs and clinics, vendor and industry venues**, rehabilitation facility, skilled nursing facility, and the patient's home.

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

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

Therapy includes but is not limited to:

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

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

The practice of a respiratory therapist is directed by a licensed independent practitioner and is determined by state licensure laws where applicable. The practice typically focuses on:

- **Patients across the age spectrum – neonatal through geriatric.**
- **Direct and indirect patient observation and monitoring of signs, symptoms, reactions, general behavior and general physical response to respiratory care and diagnostic interventions.**
- **Implementation of respiratory therapy procedures, medical technology, and diagnostic procedures necessary for disease prevention, treatment management, and pulmonary rehabilitation.**

- Utilization of protocols, guidelines, pathways, and policies driven by evidence-based medicine, expert opinion, and standards of practice.
- Participation in research to evaluate interventions and technology to determine their ability to improve patient outcomes.
- Facilitation and direction of patient rehabilitation programs and the development of disease and care management plans.
- Provision of patient and family education activities to promote knowledge and understanding of the disease process, medical therapy and resources available to assist in the care of the patient.
- Facilitation of health care student learning.
- Support of public education activities focused on the promotion of cardiopulmonary wellness and prevention that is sustainable.

The responsibilities of a respiratory therapist include, but are not limited to:

1. Performance and collection of diagnostic information
 - a. Pulmonary function testing
 - b. Interventional diagnostics
 - c. Sleep studies
 - d. Noninvasive and invasive diagnostic procedures
 - e. Blood gas and other pertinent laboratory analysis
2. Patient assessment
 - a. Physical examination
 - b. Diagnostic data interpretation
3. Application of therapeutics to respiratory care
 - a. Medical gas therapy
 - b. Humidity therapy
 - c. Aerosol therapy
 - d. Artificial airway insertion, management, and care
 - e. Airway clearance
 - f. Invasive and non-invasive mechanical ventilation
 - g. Vascular catheter insertion, management, and care
 - h. Extracorporeal Life Support (ECLS)
4. Assessment of therapies
5. Disease management of acute and chronic diseases
6. Collaborative support of hemodynamics
7. Discharge planning and case management
8. Provision of emergency, acute, critical and post-acute care, including
 - a. Patient and environmental assessment
 - b. Therapeutic interventions
 - c. Patient land and air transport

Effective 8/87

Revised 12/07

Revised 12/10

Revised 07/13

Revised 11/18

Position Statement and Issue Paper Committee Attachment # 2

Respiratory Therapists as Cardiopulmonary Care Managers

A care manager collaborates with other health care providers on behalf of the patient through screening, assessing, stratifying risks, planning, facilitating, and coordinating care in all care venues covered by the scope of practice¹ to address the comprehensive health care needs of an individual and their caregiver(s). Care managers serve as advocates for the patient and promote high quality care and cost-effective outcomes. The American Association for Respiratory Care (AARC) promotes the respiratory therapist as a cardiopulmonary care manager for the value and expertise a respiratory therapist brings to health care teams and to patients who are experiencing cardiopulmonary diseases.

As a cardiopulmonary care manager, the respiratory therapist collaborates with various health care providers including physicians, advanced practice providers, social workers, nurses, home medical equipment providers, and other service providers to facilitate the effective delivery of respiratory care services to meet a patient's complex health needs. This is accomplished through evaluating, assessing, and planning a patient's care as well as supporting their transition across all care venues in partnership with other providers in a safe and timely manner.

The respiratory therapist cardiopulmonary care manager is responsible for:

- Optimizing interventions and settings to align them with treatment goals as well as with the transition, post-acute, or home care plan.
- Evaluating and identifying respiratory home medical equipment to optimally support the best clinical outcomes.
- Collaborating with other clinicians and agencies (nursing case management, social work, third-party payers, and home medical equipment providers, etc.) to define a safe transition to the post-acute care setting.
- Providing follow up in the outpatient setting, directly or through the use of remote evaluation technologies when available and appropriate, in partnership with home health agencies.
- Serving as a clinical expert in payer-based settings for worker compensation and utilization review.
- Providing evidence-based and comprehensive education to patients and caregiver(s) regarding optimal disease management. This will include providing resources and continuing opportunities for training and education in the post-acute and home care settings related to the use of medications, equipment, and other therapies to enhance their quality of life.

The American Association for Respiratory Care (AARC) recommends that the requisite qualifications for a respiratory therapist to practice as a cardiopulmonary care manager include:

1. the successful completion of an accredited respiratory care educational program,
2. the Registered Respiratory Therapist (RRT) credential from the National Board for Respiratory Care (NBRC),
3. a state license (where required) to practice as a Respiratory Therapist, and
4. a baccalaureate degree in a biological or health science.

Reference:

1. AARC Position Statement – Respiratory Care Scope of Practice. Accessed via <http://www.aarc.org/wp-content/uploads/2017/03/statement-of-scope-of-practice.pdf>

Note: This link will need to be changed when the current version of this position statement is updated following the December 2018 BOD meeting.

Developed 11/2018 (charge from AARC President Brian Walsh on 02/2018)

APPENDIX A: Position Statement and Issue Paper Review Calendar 11/01/2018

Position Statement	Reviewed	Revised	2018	2019	2020	2021	2022	2023
AARC Statement of Ethics and Professional Conduct		Apr 15				X		
Administration of Sedative and Analgesic Medications		Oct 17					X	
Best Practices in Respiratory Care Productivity and Staffing		Jul 15				X		
Competency Requirements for the Provision of Respiratory Therapy Services	Jul 14			X				
Continuing Education	2015				X			
Cultural Diversity		Jul 18						X
Definition of Respiratory Care		Jul 15			X			
Delivery of Respiratory Therapy Services in Skilled Nursing Facilities Providing Ventilator and/or High Acuity Respiratory Care	Apr 16						X	
Electronic Cigarette		Nov 15			X			
Health Promotion and Disease Prevention		Apr 14		X				
Home Respiratory Care Services		Mar 18					X	
Insertion and Maintenance of Arterial Lines by Respiratory Therapists		Jul 15				X		
Insertion and Maintenance of Vascular Catheters by Respiratory Therapists		Jul 15				X		

Position Statement	Reviewed	Revised	2018	2019	2020	2021	2022	2023
Interstate Transport License Exemption		Jul 14			X			
Licensure of Respiratory Care Personnel	Apr 15					X		
Pre-Hospital Ventilator Management Competency		Jul 14			X			
Pulmonary Rehabilitation		Apr 14		X				
Respiratory Care Scope of Practice		Jul 13	Winter 2018					X?
Respiratory Therapist Education		Mar 18		?			X	
Respiratory Therapists as Cardiopulmonary Care Managers		NEW 11/2018	Winter 2018					X?
Respiratory Therapists as Extracorporeal Membrane Oxygenation (ECMO) Specialist		Jul 18						X
Respiratory Therapists in the Emergency Department		Jan 18					X	
Respiratory Therapy Protocols		Jul 18						X
Telehealth and Respiratory Therapy		Mar 18						X
Tobacco and Health		Apr 14		X				
Transport of the Mechanically Ventilated Critically Injured or Ill, Neonate, Child or Adult Patient		Oct 17					X	
Total				4	5	5	6	6

Issue Papers	Developed	Revised	2018	2019	2020	2021	2022	2023
Entry to Respiratory Therapy Practice 2025	New 11/2018							
Safe Initiation and Management of Mechanical Ventilation	2016					X		
RRT Credential	2003	2013	Pending 2025 Issue Paper	X				
Respiratory Care: Advancement of the Profession Tripartite Statement of Support	No Date		Pending 2025 Issue Paper	X				
Improving Access to Respiratory Care	2016					X		
Ventilation Acquisition Guidance Document	2006		Rec to Retire Winter 2018					
Total				2		2		

Guidance Documents* (Not currently included in the charge of the Position Paper and Issue Paper Committee)	Developed	Revised	2018	2019	2020	2021	2022	2023
Best Practices in Respiratory Care Productivity and Staffing (Review/revised when position statement of same name is reviewed/revised)		Nov 2012				X		
Guidance Document Regarding RRT Entry to Licensure	Mar 2017						X	
Total						1	1	

Virtual Museum

Submitted by: Trudy Watson – Congress 2018

Recommendations

None

Report

Each of the nominating agencies submitted at least one nomination for consideration for the 2018 Legends of Respiratory Care. Of the 15 total nominations received and reviewed by the subcommittee, five were selected:

- Albert Aranson, MD
- Dean Hess
- Alan Jobe, MD
- Edwin R. Levine, MD
- Joseph Priestley

The 2018 Legends will be announced during the AARC Awards and will be included in the Virtual Museum's Legends Gallery.

We continue to receive requests from individuals, publishers and agencies requesting permission to use images from the Virtual Museum. Over the past year, we've received requests from England, New Zealand, Canada, and the United States. We have assisted members in identification of vintage respiratory equipment and assisted others with identifying interested collectors or museums.

Additional vintage images, ads from early Inhalation Therapy journals, and information from early product manuals were added to the galleries throughout the year. As is my perpetual plea, I would welcome any assistance you can provide in obtaining vintage images to add to the museum.

Other

It has been a pleasure to work with the Virtual Museum Committee members: Gayle Carr, Karen Schell, Colleen Schabacker, Steve DeGenaro, and Dianne Lewis. I especially appreciate the support from the Executive Office staff, especially Asha Desai and Tom Kallstrom.

Vision Grant Committee

Submitted by: Lynda Goodfellow – Congress 2018

Recommendations

None

Report

Since the summer Board of Directors meeting, two Vision Grant proposals were awarded (Russian and Kemp). Dr. Shawna Strickland has communicated milestone timelines and payment schedules with awardees.

For the 2017 Vision Grant (Skinner), no milestones are available yet, but a recruitment flyer (see attachment “research-project-card-Oct2018”) and progress report are provided below.

Other

Thanks to the members of this committee (Gregg Ruppel and Georgianna Sergakis) for their dedication and reviews.

October 17, 2018

Shawna Strickland PhD RRT RRT-NPS RRT-ACCS AE-C FAARC

AMERICAN ASSOCIATION FOR RESPIRATORY CARE

9425 N. MacArthur Blvd, Suite 100, Irving, TX 75063-4706

Progress Report Grantee Cheryl Skinner: Grant# AARC Vision Young Investigator March 31, 2018 – October 17, 2018		
Goal: Completion of first cohort of participants		
Objective: Train incoming respiratory student personnel	Ongoing	June 13, 2018 Scheduled meeting with incoming respiratory student personnel to review protocol and train students on their role within the study. Additional training/review will be held weekly for COPD research group.
Objective: Completion of 1 st cohort of participants	Unmet	March 31, 2018 – 1 subject enrolled. Subject was unable to open attached study survey documents. Re-created documents within RedCap to provide better access to surveys. May 7, 2018 Submitted protocol changes to IRB. (See attached updated protocol) IRB approved May 21, 2018. 4 subjects currently enrolled in study. 2 additional potential subjects- waiting on return phone calls. August 24, 2018 Submitted protocol changes to IRB. (See attached updated protocol) IRB approved September 6, 2018. October 17, 2018 1 subject completed intervention. 1 subject currently enrolled in study.
Action Plan for unmet objective: Modification to study submitted and approved to provide better access to study surveys using RedCap.		

Patients who are interested in the COPD study will be enrolled and begin the 12 week program within 1 week instead of waiting up to 12 weeks to start.

Pulmonary physicians may open-up to all internists if needed for expanding scope of recruitment. However, the targeted n=30 will likely be achieved over the length of the study with only pulmonary referrals.

Modification to study submitted and approved to add additional sites for subject recruitment.

Created informational flyer to increase recruitment which will be used in Pulmonary Clinics.

Continue working relationship with Pulmonary Clinics and engaging staff to assist with recruitment efforts.

Currently working on dates to present research project to staff and potential subjects at additional sites.

*Special
Representatives
Reports*

AMA CPT Health Care Professional Adv Comm

Submitted by: Susan Rinaldo Gallo – Congress 2018

Recommendations

None

Report

Once again there was a lot of attention on monitoring and indirect patient care codes at the September meeting of the AMA CPT. Several codes were proposed for use by physicians and other qualified health care professionals (i.e. PAs, NPs). The results are not available for a few weeks. It is clear that the AMA is amenable to indirect patient care.

Remote Physiologic Monitoring Treatment Management was approved earlier this year. This code will be active in January.

Code description: Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month.

Since this service can be provided by “clinical staff”. Therefore, respiratory therapists are included in this group. This is a physician Evaluation and Monitor code (E & M). Anne Marie has indicated that this code has been valued by the RUC and it will not be reimbursed.

At the most recent meeting in September an add on code was proposed to add an additional 20 minutes, if needed.

The AMA CPT is at a bit of a cross roads as to which direction to take on remote codes. Should there be one master code for remote monitoring that covers many areas, or should there be separate specific codes for each area? The direction they seem to favor is several specific codes. This approach is more complicated and subject to denials.

Below are a few E & M codes that are currently active for remote monitoring or indirect patient care codes that physicians and other health care providers (i.e. NPs and PAs) can use:

Intraprofessional Telephone/Internet Electronic Health record consultations; 99446 - 99449.

99446 Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient’s treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review

99447 - 11-20 minutes of medical consultative discussion and review 01/29/2018 08:58:07A.M.

99448 - 21-30 minutes of medical consultative discussion and review 01/29/2018 08:58:07A.M.

99449 31 minutes or more of medical consultative discussion and review 01/29/2018 08:58:07A.M.

New code 994X6X Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative 0

New code 994X0X Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes

Digitally Stored Data Service/ Remote Physiologic Monitoring

99091 Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days

New code - 990X0X Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment 03/09/2018

New Code - 990X1X device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days

Recognition by the AMA of indirect patient care services is a good thing. At some level this may help our Telemedicine efforts.

American Association of Cardiovascular & Pulmonary Rehabilitation

Submitted by Gerilynn Connors – Congress 2018

Recommendations

None

Report

1. AACVPR 5th Edition Pulmonary Rehabilitation Guidelines – APRIL 2019 Release
 - a. Dr. James Lamberti and I are co-authored Chapter 2 – Selecting and Assessing the Pulmonary Rehabilitation Candidate
2. AACVPR Pulmonary Expert Committee member, this committee is chaired by Trina Limberg, UCSD
3. AACVPR MAC M & MAC J Reimb. Committee
 - a. I am an active Member of the MAC M & J Committee with regular Conference Calls
4. VACVPR, affiliate of AACVPR:
 - a. Active on BOD and Pulmonary Rehab Reimbursement Committee Chair

American Heart Association

Submitted by Brian Walsh – Congress 2018

Recommendations

That the Program Committee designate a 2-hour American Heart Association update at the 2019 congress.

Rationale: The AHA has gone to a continuous renewal process with major update every 5 years. 2020 will be the next major update. It is anticipated there will be aspects of the 2020 update that will directly impact respiratory therapists. The AHA will help find and approve lecturers to speak on their behalf. The AHA liaison will provide those names and the outline of the content in a Congress Proposal.

That the Executive Office produce a webcast on American Heart Association updates in the fall of 2019.

Rationale: We did an AHA update in 2015 that was well received, yet the AHA made us take the webcast down just this year. This was a miscommunication between the AHA Chair and the Liaisons and the content of our presentation was never officially approved. The AHA has now put systems in place to approve presentations that utilize their content. The AHA would like to offer presenters and/or approve the content prior to presentation if the AHA logos are going to be utilized.

Report

The AARC continues to support the AHA's goals and actively supports the improvement of quality and outcomes of in hospital cardiac arrest and stroke.

The AARC's focus the past two years has been on quality, safety and value. We continue to pursue the advancement of the RRT credential and > 80% bachelor prepared workforce. Additionally, we kicked off a new round of clinical practice guidelines. The CPG will cover Adult and Pediatric Oxygen Therapy, Neonatal/Pediatric Capillary Blood Gas Sampling, Adult and Pediatric Tracheostomy Care and Airway Suctioning and are expected to be completed in 2019.

Last year we established a grant system to demonstrate the value of respiratory therapist in a variety of settings, environment and practices. This program has been successful and continues to grow. We have funded 3 studies over the past two years. We will have another RFP this winter with funding in the summer of 2019.

To support the goals of the AARC we instituted the APEX Recognition Program last year which recognized 6 different organization for their outstanding work. The APEX Recognition Program is to highlight and recognize institutions who are practicing at the highest level. This is determined by several factors. To be brief, I will include just a few. Staffing: > 50% have a BS degree or higher, > 80% have obtained the RRT Credential. Organizationally: Have an active quality improvement program and practices and leadership are aligned with evidence-based medicine (this includes AHA guidelines).

Requests of ECC Committee:

- Continue to support Respiratory Therapist being eligible for all AHA educational programs.
 - Including the opportunity to become instructors
- Granting rights to AHA branded items (specifically slides) to be able to educate and inform RTs of AHA updates.

On behalf of over 47,000 members we thank you for the AHA partnership and leadership over the years. We look forward to another successful year.

Chartered Affiliate Consultant

Submitted by Garry Kauffman – Congress 2018

Recommendations

None

Report

As follow-up to strategic and operational planning sessions with Nevada and Alaska, I have continued to provide support to leadership with regard to initiatives and action plans. It is to be noted that the Alaska Society for Respiratory Care's president resigned as a result of employment outside of the state, but the sitting President-Elect has taken the helm and will be holding his first meeting after I submit my report.

I have kept President Walsh, President-Elect Karen Schell, and AARC CEO Tom Kallstrom abreast of my continued support of these two societies throughout the year.

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 for our Chartered Affiliates and the AARC.

Coalition for Baccalaureate and Graduate Respiratory Therapy Education (CoBGRTE)

Gary Wickman – Congress 2018

Recommendations

None

Report

I have communicated with CoBGRTE President Dave Shelledy and the CoBGRTE Executive Committee to discuss how best to communicate and support the relationship between CoBGRTE and the AARC. CoBGRTE is currently working on finishing a Strategic Planning process. They have finished an environmental scan and are now working on mid and long-term goals. The CoBGRTE Executive Committee would welcome any input from the AARC on setting their goals.

CoBGRTE wants to continue to be as supportive of the AARC as possible. Items which may be of particular interest on which they are working include:

1. Supporting an increase in BS programs and Respiratory Care Practitioners that have at least a BS degree in respiratory care by assisting Associate Programs in conversion to bachelors Programs and helping to increase the availability of degree completion programs.
2. Supporting and assisting the increase of graduate respiratory care programs, including entry level MS degree programs, leadership programs, and advanced practice programs.
3. Continue the work of the CoBGRTE APRT Committee working on model curriculum for an APRT that will provide the competencies identified by the CoARC and ACCP member DACUM process.
4. Planning activities for the AARC Summer Forum including:
 - a. In person CoBGRTE Board Meeting. I have been invited to attend this meeting as the AARC Liaison to CoBGRTE.
 - b. A brief seminar session for CoBGRTE members before or after the AARC Summer Forum (so there is no conflict with the Summer Forum) on Faculty development which will award CRCEs.
 - c. A Round Table discussion group one evening to work on ideas for CoBGRTE to work on.
 - d. CoBGRTE President, Dave Shelledy, would like to have another meeting with the CoBGRTE Executive Committee and the AARC Executive Committee to continue the close working relationship.
5. CoBGRTE would like to support and assist increasing membership in the AARC. One idea would be to include articles in the Coalition Chronicle to promote AARC membership. They are open to any input from the AARC on how best this might work.

CoBGRTE would also like to share their various 2018 Committee Goals with the AARC Board to highlight what they are working on and request input and comment:

- 1. The Coalition Chronicle Editorial Board Goals**

- a. Review and edit draft copy of issues before publication.

- b. Submit two articles per year (each member).
 - c. Invite Universities/Colleges/Medical Centers to submit Spotlight articles.
 - d. Identify topics for special issues.
 - e. Develop special sections of the Chronicle.
 - f. Approve distribution list.
 - g. Recommend and approve layout and design features.
 - h. Approve publication policies.
- 2. CoBGRTE Graduate Council Goals**
- a. Gather and share data that will support development of additional respiratory care graduate programs (e.g. first professional masters, RRT to master's leadership programs, advance practice masters, clinical doctorate).
 - b. Serve as a means of communication between existing and planned respiratory care graduate programs.
 - c. Assist with the development of proposals for respiratory care graduate programs.
 - d. Assist current BS programs in the development and offering of entry-to practice first professional masters.
 - e. Assist current baccalaureate programs in the development of advanced practice and leadership masters.
 - f. Prepare two or more articles about graduate respiratory care education for the *Coalition Chronicle*.
- 3. Advanced Practice Graduate Committee Goals**
- a. Work closely with AARC and CoARC to establish APRT programs.
 - b. Continue to develop sample curricula for advanced practice respiratory care programs to include a model clinical doctorate.
 - c. Work with AARC and other agencies to collaborate/assist/disseminate the advanced practice provider needs assessment.
 - d. Work with AARC and state societies to assist in the feasibility of an APRT addition to state licensure.
 - e. Prepare two or more articles during the year for the *Coalition Chronicle*.
- 4. International Outreach Committee Goals**
- a. Continue to provide a list of BSRT and MSRT programs located outside of the USA and publish this list on the website.
 - b. Contact programs outside the US and seek collaboration with CoBGRTE to include encouraging institutional and individual membership.
 - c. Provide assistance for the development and implementation of baccalaureate and master's degree respiratory care programs located outside of the USA.
 - d. Prepare two or more articles during the year about international respiratory care for the *Coalition Chronicle*.
- 5. Membership Committee Goals**
- a. Increase active membership to 500.
 - b. Increase institutional membership to 75.
 - c. Increase student membership to 600.
 - d. Increase corporate membership by three additional corporate members.
 - e. Prepare at least one call or promotion for membership in each issue of the *Coalition Chronicle*.
- 6. New Program Committee Goals**
- a. Assist in the development of new baccalaureate respiratory care educational programs to include:
 - i. Traditional programs.
 - ii. Conversion of associate to baccalaureate programs
 - iii. Associate to baccalaureate consortium programs.

- iv. Baccalaureate degree completion programs.
 - b. Assist the Graduate Council in the development of additional master's degree respiratory care educational programs.
 - i. First professional masters.
 - ii. Conversion of traditional baccalaureate to first professional masters.
 - iii. Establishment to new first professional degree masters.
 - iv. RRT to mater's leadership programs.
 - v. RRT to advance practice masters.
- 7. Program Standards Committee Goals**
- a. Develop a standard for clinical instruction.
 - b. With the Program Committee, plan a clinical instruction workshop for before the AARC Summer Forum.
 - c. Recommend a minimum enrollment size for BSRT programs.
 - d. Prepare a status report on current BSRT and MSRC program outcomes.
 - e. Prepare two or more articles during the year for The Coalition Chronicle.
- 8. Program Committee Goals**
- a. Plan and implement a two-hour program for the 2018 Summer Forum to include location, registration fees, refreshments, speakers, and activities.
 - b. Plan and implement a Round Table Discussion Dinner for the 2018 Summer Forum and Annual Meeting.
 - c. Continue to implement a speaker honorarium and travel expense policy.
 - d. Handle speaker invitations and arrangements.
 - e. Arrange program logistics and marketing.
 - f. Arrange for exhibitors at CoBGRTE events, to include associated fees and support.
 - g. Plan and implement a CoBGRTE student event at the AARC Annual Meeting.
 - h. Apply for AARC CEU credits for program offerings.
 - i. Provide sufficient advertising and associated announcements regarding all Program.
- 9. Student Scholarship Committee Goals**
- a. Continue to implement guidelines for applying for scholarships.
 - b. Prepare announcements and articles for 2018 scholarship offerings and publish these in the *Coalition Chronicle*.
 - c. Consider mechanisms to increase scholarship funding and make recommendations to the Board regarding scholarship amounts.
- 10. Social Media Committee Goals**
- a. Continue to maintain the Facebook and LinkedIn sites and increase the number of followers and participants.
 - b. Increase engagement in terms of clicks, likes, posts and comments.
 - c. Increase interactions with other respiratory care social media groups.
 - d. Increase Facebook page visibility across the web.
 - e. Increase the news and events content.
 - f. Prepare two or more articles during the year for the *Coalition Chronicle*.
- 11. External Affairs Committee Goals**
- a. Continue to organize and activate the Institutional Membership Council.
 - b. Continue to seek formal relationships with ASAHP, ACCP, ATS, ASA, SCCM, and COPD Foundation.
 - c. Work closely with AARC Executive Committee and the CoBGRTE AARC representative.
 - d. Prepare suggested agendas for the AARC Summer Forum CoBGRTE Executive Committee meetings with:
 - i. AARC Executive Committee
 - ii. CoARC Executive Committee

- e. Develop and present face-to-face reports to the CoARC as scheduled
- f. Prepare two or more articles during the year for the *Coalition Chronicle*.

12. Strategic Planning Committee Goals

- a. Review the Environmental Scan Completed in 2017.
- b. Develop a mission and vision statement for CoBGRTE.
- c. Develop strategic goals and associated action items to achieve the mission and vision.
- d. Submit proposed plan to the CoBGRTE BOD for their consideration at the 2018 AARC Summer Forum BOD meeting.

Other

I would like to thank Dave Shelledy and the CoBGRTE Executive Committee for allowing me to work with them as the AARC Liaison to CoBGRTE.

Committee on Accreditation of Air Medical Transport Systems

Submitted by Steve Sittig – Congress 2018

Recommendations

None

Report

The Commission on Accreditation of Medical Transport Services recently met in Phoenix AZ, October 18th to 20th with the executive committee meeting on the evening of the 17th. A total of 18 programs were deliberated for accreditation with two programs who applied to both accreditation for CAMTS and CAMTS Europe.

The 11th edition of the CAMTS Standards were released to the public during the Air Medical Transport Conference (AMTC) which followed on October 22nd to 24th. This edition of the CAMTS Standards are the first edition to be drafted and published under the American National Standards Institute (ANSI). This process makes CAMTS the leader in the development of medical transport standards. I was a part of the standards committee to represent the RT profession and neonatal pediatric transport standards.

Finally, elections were held for the CAMTS executive committee. I was unanimously reelected by the members of the CAMTS Board as secretary for another 2-year term. I am proud to say I am the first RT representative to serve on the executive committee.

**Meeting Minutes of the
COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS
ADAC Headquarters, Munich, Germany – July 11, 12, & 13 of 2018
Scheduled for:
0800hrs till 1700hrs each day**

EXECUTIVE COMMITTEE MEMBERS PRESENT: Mr. Gryniuk, Mr. Sittig, Mr. A., Dr. Conn, Dr. Orr

BOARD MEMBERS PRESENT: Dr. Becker, Ms. Palmer, Dr. Guyette, Ms. Treadwell, Dr. Holleran, Dr. Cohen, Dr. Brunko, Ms. Corbett

STAFF PRESENT: Ms. Frazer, Mr. D. Smith, Ms. Eichel

MEMBERS ABSENT: Col. Friedrichs, Dr. Alexander, Mr. Lewis, Dr. Stuhlmiller, Mr. Brisbois, Ms. Rush, Mr. Ruff, Dr. Cohen, Ms. Montgomery, Mr. Goff

GUESTS: Dr. Stephen Hancock (CAMTS EU), Dr. Vincent Feuillie (CAMTS EU-Wednesday morning only)

Welcome Mr. Frederick Bruder
Mr. Frederick Bruder from ADAC provided welcoming remarks.

Call to Order Dr. Conn
Meeting called to order at 0825hrs on July 11, 2018. Dr. Conn thanked ADAC for generously hosting us.

Introductions / Meeting Announcements..... The Board
The board members introduced themselves and provided a brief history of their background. Ms. Frazer stated that the CAMTS EU board was also going to meet simultaneously during this meeting and there would be a program presented for dual accreditation.

Approval of Minutes: April 5, 2018.....Dr. Conn
A motion was made by Dr. Guyette and seconded by Dr. Holleran for approval of the minutes as distributed. Motion passed.

Treasurer’s Report.....Mr. A. Smith
Mr. A. Smith provided a brief review of our budgetary performance. A balance sheet (cash and accrual) and a Profit & Loss Budget vs. Actual (cash and accrual) for January through June 2018 were distributed for review.

Executive Director’s Report.....Ms. Frazer / Mr. D. Smith / Ms. Eichel
Ms. Frazer stated we have continued work on Special Operations accreditations and have already received one applicant. Ms. Frazer stated she has been contacted by programs that only provide organ transplant team transports and organ transports that would like to receive accreditation. She stated we may want to consider a name change for “Special Operations” as it may carry military connotations. The board debated the merits of becoming involved in accreditation of organ transplant services. Ms. Frazer stated we also continue looking into accreditation considerations for community paramedic practice as well as medical assist companies.

Ms. Frazer stated we will be having another site surveyor training program in conjunction with the

next HAI. She stated we are primarily looking for aviation and international experienced individuals. Ms. Frazer stated we are not looking for candidates from any of the large operators due to their potential conflicts of interest.

Ms. Eichel stated the application for the Ralph Rogers Foundation scholarship has been approved. They are still seeking funding opportunities. Board members are encouraged to bring their funding ideas to Ms. Eichel. It was stressed that these funding avenues need not have anything specifically to do with Dr. Rogers but may be interested in supporting leadership education. Ms. Eichel stated the foundation board has decided to limit their funding to only 10% of their fund at any given time.

ACCREDITATION DELIBERATIONS.....The Board

The board entered Executive Session at 0904hrs. Dr. Orr reviewed our Mission Statement, Vision and Values, as well as the rules of conduct for program deliberations. The members of the board also serving on the CAMTS EU board excused themselves for their meeting.

Ms. Frazer, Dr. Becker, Dr. Feuillie, Dr. Hancock, Mr. Gryniuk and Mr. A. Smith departed for the CAMTS-EU meeting.

Program #061404 was presented for consideration of reaccreditation by Dr. Holleran. No one was excused for a conflict of interest. Following presentation, a motion was made by Dr. Holleran and seconded by Dr. Brunko for full accreditation with a follow-up to the executive committee in 3 months. Motion passed unanimously.

Program #019303 was presented for consideration of reaccreditation by Dr. Miller. No one was excused for a conflict of interest. Following presentation, a motion was made by Dr. Miller and seconded by Dr. Holleran for full accreditation with a follow-up to the executive committee in 3 months. Motion passed unanimously. Motion passed unanimously.

The board discussed the use of the safety culture surveys and that the slide should be moved to the end of the presentation so as to not bias the accreditation decision.

Program #069907 was presented for consideration of reaccreditation by Ms. Treadwell. Ms. Corbett was excused for a conflict of interest. Following presentation, a motion was made by Ms. Treadwell and seconded by Dr. Miller for full accreditation with a follow-up to the executive committee in 3 months. Motion passed with Mr. Sittig abstaining.

The CAMTS-EU members returned to the CAMTS meeting at 1205hrs.

Program #011801 was presented for consideration of accreditation by Dr. Holleran. Dr. Miller, Ms. Corbett, and Mr. Gryniuk were excused for a conflict of interest. Following presentation, a motion was made by Dr. Holleran and seconded by Dr. Orr for full accreditation with a follow-up to the executive committee in 3 months and repeat of the safety culture survey. Motion passed unanimously. Motion passed unanimously.

The board discussed how to manage the communications related to the program #061406 that was presented for dual accreditation from CAMTS and CAMTS-EU. Due to the differences between the standards there are different findings. The board felt that the program should receive only one letter denoting the differences in findings.

The board recessed for lunch at 1300hrs.

The board reconvened at 1400hrs.

Executive Director’s Report.....Ms. Frazer / Mr. D. Smith / Ms. Eichel

Mr. D. Smith provided an update on his activities. He will discuss the standards committee update on Friday. Mr. Smith discussed our exhibiting at a recent case managers conference and an EMS Educators conference. He stated that at the case managers conference we identified two programs that were misrepresenting themselves as being CAMTS accredited. Our lawyers will be notified to take the appropriate cease and desist action.

Mr. D. Smith suggested that each board member should provide an update regarding their association’s activities so CAMTS can be certain to align on issues they may be facing.

Ms. Frazer stated our next meeting will be in conjunction with AMTC in Phoenix in October. We will be providing two pre-conference workshops at AMTC as well as the site surveyor breakfast. The board discussed options for a 2019 summer meeting. Dr. Becker stated that he could approach Leonardo in Milan regarding sponsoring the meeting. The board discussed the challenges regarding perception of international travel with their sponsor associations. Alternative meeting sites in the United States were discussed to include having a US based manufacturer, operator, or association sponsor the meeting. The board will continue to discuss.

Ms. Frazer stated we need to conduct an election for our executive officers. We will revisit this on Friday.

ACCREDITATION DELIBERATIONS.....The Board

The board entered Executive Session at 1438hrs.

Program #041705 was presented for consideration of new accreditation by Dr. Orr and Ms. Palmer. No one was excused for a conflict of interest. Following presentation, a motion was made by Dr. Orr and seconded by Ms. Palmer for full accreditation with follow-up to the executive committee in 3 months. Motion passed with Dr. Guyette and Dr. Becker abstaining.

Program #081411 was presented for consideration of reaccreditation by Dr. Guyette. No one was excused for a conflict of interest. Following presentation, a motion was made by Dr. Guyette and seconded by Dr. Holleran for full accreditation with follow-up to the executive committee in 3 months. Motion passed unanimously.

Program #110420 was presented for consideration of reaccreditation by Dr. Brunko. No one was excused for a conflict of interest. Following presentation, a motion was made by Dr. Brunko and seconded by Dr. Holleran for full accreditation with follow-up to the executive committee in 6 months. Motion passed with Ms. Treadwell abstaining.

Program #030107 was presented for consideration of reaccreditation by Dr. Guyette. No one was excused for a conflict of interest. Following presentation, a motion was made by Dr. Guyette and seconded by Mr. Gryniuk for full accreditation with follow-up to the executive committee in 3 months. Motion passed unanimously.

Meeting placed in recess for the day at 1706hrs.

The meeting reconvened at 0810hrs on July 12th.

Aviation Advisory Committee.....Ms. Frazer

No report.

CAMTS EU Update.....Dr. Becker / Ms. Frazer

Dr. Becker reported that the CAMTS EU board met yesterday. He stated that the board discussed the need for greater marketing and the board’s discussion regarding a different fee structure in Europe. The EU board discussed that there may not be a need to visit every base at a service but rather focus on the bases that have a difference in service capability such as hoist operations and unique environmental locations.

Mr. Becker stated the board also discussed adding possible additional board members to create additional interest and visibility. The board also discussed increasing CAMTS EU visibility through social media such as Twitter.

Mr. Becker stated the board also reviewed the board member’s responsibility in conducting program reviews. The board also discussed future meetings and the need for one or two in person meetings annually to maintain momentum.

The CAMTS EU board deliberated one program for joint accreditation with CAMTS during their meeting. That program received full accreditation by CAMTS EU and CAMTS.

Education Committee.....Dr. Holleran / Ms. Frazer

Dr. Holleran discussed the continued conflict regarding certifications and the complaints regarding their cost and availability. She discussed whether we should be considering equivalent certifications. The board discussed the advanced paramedic certifications through the BCCTPC and the fact that there are no other validated examination processes available as equivalents. Dr. Holleran also discussed the challenges she has been facing in reviewing the simulations being submitted for review and her quality concerns. There was discussing regarding creating a best practice book regarding simulation.

ACCREDITATION DELIBERATIONS.....The Board

The board entered Executive Session at 0920hrs.

Program #021603 was presented for consideration of reaccreditation by Dr. Conn and Dr. Miller. Ms. Treadwell was excused for a conflict of interest. Following presentation, a motion was made by Dr. Conn and seconded by Dr. Miller for full accreditation with follow-up to the executive committee in 6 months and a strongly worded letter regarding continued movement toward common documentation and medical protocols. Motion passed unanimously.

Program #121418 was presented for consideration of reaccreditation by Mr. Sittig. No one was excused for a conflict of interest. Following presentation, a motion was made by Mr. Sittig seconded by Dr. Holleran for full accreditation with follow-up to the executive committee in 6 months. Motion passed unanimously.

Election of Officers.....The Board

Ms. Palmer, Ms. Corbett, and Dr. Guyette volunteered to serve on a nominating committee to field the executive officer positions and recruit nominees.

ACCREDITATION DELIBERATIONS.....The Board

Program #061406 was presented for consideration of reaccreditation by Dr. Holleran. No one was excused for a conflict of interest. Following presentation, a motion was made by Dr. Holleran and

seconded by Dr. Becker for full accreditation with follow-up to the executive committee in 6 months. Motion passed unanimously.

The board recessed for lunch at 1200hrs.

The board reconvened at 1314hrs.

Program #089613 was presented for consideration of reaccreditation by Dr. Brunko. No one was excused for a conflict of interest. Following presentation, a motion was made by Dr. Brunko and seconded by Dr. Holleran for full accreditation with follow-up to the executive committee in 90 days. After discussion the question was called. The motion failed with 5 for the motion and 7 against the motion. A motion was then made by Mr. A. Smith and seconded by Dr. Orr for probational accreditation. Following discussion, the question was called. Motion passed with 9 for the motion and 3 against the motion. Following the vote, information was shared with the board regarding concerns received from the program related to the site survey process and the conduct of the site surveyors. Following discussion, a motion was made by Ms. Corbett and seconded by Dr. Miller for full accreditation with a supplemental visit to be paid for by CAMTS. Following continued discussion and debate, Ms. Corbett amended her motion to full accreditation with a progress report back to the full board in 90 days. Dr. Miller accepted the amendment to the motion. The question was called with all votes for the motion except for Mr. A. Smith and Mr. Gryniuk who abstained.

Program #100522 was presented for consideration of reaccreditation by Mr. Gryniuk. No one was excused for a conflict of interest. Following presentation, a motion was made by Mr. Gryniuk and seconded by Dr. Holleran for full accreditation with follow-up to the executive committee in 6 months. Motion passed unanimously.

Program #080516 was presented for consideration of reaccreditation by Dr. Orr. No one was excused for a conflict of interest. Following presentation, a motion was made by Dr. Orr and seconded by Dr. Holleran for full accreditation with a strongly worded letter regarding their QM issues and follow-up to the executive committee in 6 months. Motion passed unanimously.

Program #111418 was presented for consideration of action by the full board following a deferred decision by Mr. Gryniuk. No one was excused for a conflict of interest. Following presentation, a motion was made by Mr. Gryniuk and seconded by Dr. Becker for full accreditation with follow-up to the executive committee in 6 months. Motion passed unanimously.

The meeting was placed in recess for the day at 1619hrs.

The meeting reconvened at 0921hrs on July 13, 2018.

ACCREDITATION DELIBERATIONS.....The Board

The board entered Executive Session at 0923hrs.

Program #020605 was presented for consideration of reaccreditation by Ms. Corbett. Dr. Conn was excused for a conflict of interest. Following presentation, a motion was made by Ms. Corbett and seconded by Dr. Holleran for full accreditation with follow-up to the executive committee in 6 months. Motion passed unanimously.

Program #090813 was presented for consideration of reaccreditation by Ms. Treadwell. No one was excused for a conflict of interest. Following presentation, a motion was made by Ms.

Treadwell and seconded by Dr. Holleran to place the program under Special Review. Following discussion, the question was called. Motion passed unanimously.

Program #059405 was presented for consideration of reaccreditation by Ms. Corbett. No one was excused for a conflict of interest. Following presentation, a motion was made by Ms. Corbett and seconded by Dr. Miller for full accreditation with follow-up to the executive committee in 3 months. Motion passed with Dr. Orr abstaining.

Program #099615 was presented for consideration of reaccreditation by Mr. Sittig. Ms. Treadwell and Dr. Brunko were excused for a conflict of interest. Following presentation, a motion was made by Mr. Sittig and seconded by Ms. Corbett for full accreditation with follow-up to the executive committee in 6 months with an emphasis on QM, Safety, and Education progress. Motion passed with Mr. A. Smith abstaining.

Executive session was placed in recess. Meeting placed in recess for lunch at 1230hrs.

Meeting was reconvened at 1330hrs.

Election of Officers.....The Board

The nominating committee will e-mail the board members not present regarding their interest in serving on the executive committee. The vote will then be conducted by e-mail.

Safety Culture Survey.....Dr. Miller

Dr. Miller provided a presentation and overview of his suggested changes to our safety culture survey. The suggested survey is a minor variation of the Safety Attitudes Questionnaire currently used in hospital settings. After review and discussion, the board elected to move forward with this new process.

Quality Management.....Ms. Eichel

Ms. Eichel provided a presentation to the board regarding her ongoing quality management activities. A Total Quality Report for the second quarter of 2018 was shared with the board. Ms. Eichel provided an overview of the site survey training she provided on May 22nd. Following the presentation yesterday involving a contested site survey, Ms. Eichel will be working on a policy detailing that such incidents are brought to the executive committee for review and disposition of how to proceed with the concerns. Ms. Eichel shared her analysis of our current SCT scoring weight. Her findings indicate that we need to collect more data and reconsider the assigned weights. A document detailing altered scoring weights was reviewed with the board. The board was asked to review the document in detail and suggest changes. Ms. Eichel reviewed her work in weighting the critical elements to better quantify our board physician members' findings when reviewing these protocols. The physician members present who conduct these reviews supported her new process.

Standards.....Mr. D. Smith

Mr. D. Smith discussed the continued work by the Standards Consensus Committee and their progress with the review of the 11th edition draft standards. Seven additional people have been identified as wanting to participate as voting members of the committee. A motion was made Ms. Treadwell and seconded by Dr. Brunko to include the non-voting members who have been active as voting members of the committee and remove those voting members who did not participate in the standards vote after affirming whether they received the voting notification. Motion passed unanimously. Mr. Smith reviewed the results of the voting as well as the comments from the consensus committee. A motion was made by Dr. Guyette and seconded by Mr. Gryniuk to accept

the vote of the standards committee and ratify their draft of the 11th edition of the standards. Following discussion, the question was called, and the motion passed unanimously.

Mr. Smith discussed how progress reports are currently being managed by the executive committee. He stated that the executive committee has permitted him to review the progress reports and bring those with significant concerns back to the committee. Mr. Smith discussed the problems he's faced with reviewing progress reports for programs that are not making progress on their deficiencies.

Policy Review.....Ms. Frazer

Ms. Frazer reviewed suggested changes to policies in 03.00.00. The board reviewed and debated the changes. Ms. Frazer will distribute the policy changes as discussed by e-mail and request an e-mail vote.

Finance Committee.....Mr. A. Smith

The members of the board's ad-hoc finance committee discussed their recommendations for

Adjournment.....Dr. Conn

There being no further business, a motion was made by Mr. Gryniuk and seconded by Mr. A. Smith to adjourn. The board thanked ADAC for hosting the meeting. Motion passed unanimously. Meeting adjourned at 1637hrs.

Respectfully Submitted,



Jonathan Gryniuk FP-C, CCP-C, NRP, CMTE
Recording Secretary – CAMTS
IAFCCP Representative to CAMTS & CAMTS EU
Board Member Emeritus - IAFCCP

Extracorporeal Life Support Organization

Bradley Kuch – Congress 2018

No report submitted.

International Council for Respiratory Care

Submitted by Jerome Sullivan – Congress 2018

Recommendations

That a working group with representatives from the AARC BOD, the ICRC Governors and the AARC Executive Office be established to review the potential of entering into discussions with representatives of the Japan Society for Respiratory Care & Rehabilitation (JSRCR) regarding the potential for developing a closer working relationship between the AARC/ICRC and the JSRCR.

Justification: This recommendation is linked to the initiative to increase overall AARC membership and specifically to increase international membership. This is noteworthy as JSRCR has some 6,500 members and in the recent review of international membership in the AARC, Japan had the highest number of International AARC Members at 54. There is significant potential to increase international membership through cooperation with JSRCR.

Report

I. Japan Society for Respiratory Care and Rehabilitation (JSRCR): The JSRCR continues to express interest in establishing a dialogue between their organization and the AARC & ICRC. This dialogue would be centered around the possibility of identifying areas of common interest and potential cooperation between the AARC/ICRC and the JSRCR. A formal luncheon meeting held in conjunction with the AARC Annual International Congress in Indianapolis, Indiana in October 2017. Professor Shu Hashimoto, MD, Division of Respiratory Medicine, Department of Internal Medicine, Nihon University School of Medicine and Chairman (President) of the Board of Directors of the JSRCR was in attendance at this meeting. In addition to several representatives of the JSRCR, the AARC, ICRC and the NBRC sent representatives to the meeting. A number of topics were discussed, and the group planned to work together to share information, perhaps translate articles and Clinical Practice Guidelines between our specialty sections and JSRCR specialty practice disciplines. The group was committed to establishing a working group/committee with representatives from each organization with the goal of making recommendations on future plans. The current President of JSRCR, Dr. Nobuhiro Tanabe, MD, PhD of the Graduate School of Medicine at Chiba University continues to support these discussions.

II. Indian Association for Respiratory Care (IARC) Recognized by the Government of India: Great news – the IARC on the occasion of its 12th Annual IARC Congress October 14 -17, 2018 was formally recognized by the Indian Government. The Ministry of Health was on hand to recognize the event and to offer a proclamation for RC.

III. Follow up on AARC Membership for International Affiliates: The subject of international membership in the AARC is on the ICRC Agenda as part of the President's Report to all the Governors. A separate meeting will be convened in Las Vegas for

countries with International Affiliate status and the need to maintain as a minimum, 20 active members of the AARC. We are currently working to ensure that all requirements for International Affiliate status are satisfied. There continues to be a number of Governors who indicated they are interested in stronger and perhaps a more formalized relationship with the AARC. Following our discussions in Las Vegas a follow up report on these issues will be provided to the AARC BOD.

IV. Country Specific RC List Serve: Stemming from the International Membership Survey Committee, and as a way to increase international membership a recommendation was made to perhaps establish country-specific RC list serves. The questions of content oversight and actual control of the list serve were raised at the Summer AARC BOD Meeting. This item will be on the ICRC Business Meeting Agenda in Las Vegas for discussion among the Governors from member countries. Chair of the AARC International Committee will also be on the Agenda and will share information regarding the results of our International Membership Survey and report on current plans.

V. Update on Fundamental Respiratory Care Support Course (FRCSC): As indicated in previous reports to the AARC BOD the standardized Fundamental Respiratory Care Support Course (FRCSC) is a modular training course intended for implementation outside of the United States for health care providers not experienced in respiratory care as practiced in North America. This project directly addresses one of the needs identified by the recommendations from the International Committee on international membership, namely to “develop resources aimed at advancing the practice of respiratory care outside the US....”.

The project is going very well with 21 excellent manuscripts submitted and in the editing process. Dr. Dean Hess is serving as Senior Editor for the project. Hassan Alorainy and Jerome Sullivan are serving as Managing Editors for the FRCSC. We are pleased that eight chapters have been submitted for the publication formatting and print production process.

VI. International Education Recognition System (IERS): The IERS system has been very busy in the last half of 2018. The IERS system received 22 applications for review and 17 of those ranging from bachelor’s degree programs to 6-month training courses, to 3-4-day seminars were approved.

Neonatal Resuscitation Program

Submitted by John Gallagher – Congress 2018

Recommendations

None

Report

The NRP Steering Committee recently met on site of the AAP national conference on October 31-November 2, 2018. While I was not able to attend the meeting in person, as liaison for the AARC, I did participate in meeting planning and completed a portion of the pre-work for the meeting. A spring meeting is scheduled for March 2019 at the AAP headquarters in Itasca, Illinois.

Society for Airway Management

Submitted by Monique Steffani – Congress 2018

No report submitted.

*Ad Hoc
Committee
Reports*

Ad Hoc Committee on Advanced RT Practices, Credentialing, and Education

Submitted by John Wilgis – Congress 2018

Recommendations

None

Report

2018 Charges

1. Create the framework for the needs-assessment, retain a third-party consultant to conduct the needs assessment, conduct the needs assessment, and evaluate completed needs assessment to determine appropriate next steps.
 2. Clearly define the pros and cons of both an “incident to” and a direct billing approach related to advance practice provider reimbursement and provide information that assists in determining the best approach to establish for future use.
 3. Identify states where passage of advance practice provider licensure or certification would have the greatest chance of success.
 4. Align work of the committee with other workgroups, committees and activity involved with the development of practices, credentialing and education criteria for an advance practice provider.
 5. General - Identify at least one educational institution to offer an educational pilot program(s) for advance practice provider.
 6. Identify possible mechanisms to provide funding through the ARCF or other stakeholder(s) (e.g., employers) to support the pilot program(s).
 7. Consider the development of the credential for the advance practice provider.
- On September 4, the co-chairs submitted an executive summary and progress report to AARC President Brian Walsh and President-Elect Karen Schell. A follow-up conference call was held to discuss the future needs and membership of the committee. The co-chairs recommended the following actions:
 - That the AARC consider requesting the NBRC provide a written understanding of what is necessary to realistically consider building an APRT exam.
 - President Elect Schell consider the AARC’s representation to the committee.
 - Charge numbers 1, 4 and 7 be removed as they are complete and revise the committee’s charges for 2019.

- On September 27, the committee chairs submitted the following motions to the AARC Board of Directors for an electronic vote:
 - That the AARC Board of Directors accept the attached Executive Summary of the Phase II Needs Assessment report conducted by JBS International, Inc., in May/June 2018 to determine whether there is a current and/or future need for a non-physician advanced practice provider (NPAPP) specifically trained to work with patients who have cardiopulmonary disease.
 - That the AARC Board of Directors approve the dissemination of the Phase II Needs Assessment report conducted by JBS International, Inc. with the Association's sponsors and partners. (e.g., the Commission for the Accreditation of Respiratory Care, National Board of Respiratory Care, Society for Critical Care Medicine, American College of Chest Physicians, American Thoracic Society, American Society of Anesthesiologists, and others) as the AARC deems appropriate.
- Both motions were approved on October 5.
- The committee, and its sub-groups have held several conference calls in September, October and November working to complete as many charges as possible before the December Board meeting.
- The committee's Literature Review sub-group has completed their write-up of their findings and are in the process of submitting that information for publication.
- The committee has formed a seconded writing group to summarize the Phase I and II Needs Assessments conducted with JBS International, compare the findings with those from the Literature Review sub-group and publish an article for the membership.

Other

The Co-Chairs are grateful for the opportunity to share this report with the AARC Board of Directors and wish to extend their appreciation of the entire committee.

The 2018 Committee members include:

AARC Representatives:

Ellen Becker PhD, RRT, RRT-NPS, FAARC, Dana Evans MHA, RRT, RRT-NPS, Lynda Goodfellow EdD, RRT, FAARC, Anne Marie Hummel (ex officio), David Kelley DO (BOMA representative), John Wilgis MBA, RRT (co-chair), AARC Executive Office Liaison: Shawna Strickland PhD, RRT, RRT-NPS, RRT-ACCS, AE-C, FAARC

CoARC Representatives:

George Burton MD (ex-officio), Kevin O'Neil MD, Kathy Rye EdD, RRT, RRT-ACCS, FAARC, Sarah Varekojis PhD, RRT, FAARC, CoARC Executive Office Liaison: Shane Keene DHSc, RRT, RRT-NPS, CPFT

NBRC Representatives:

Thomas Fuhrman MD, Kerry George MEd, RRT, RRT-ACCS, FAARC, Carl Haas MLS, RRT, RRT-ACCS, CPFT, FAARC, Robert Joyner PhD, RRT, RRT-ACCS, FAARC (co-chair), NBRC Executive Office Liaison: Lori Tinkler, MBA

Ad Hoc Committee BS Entry to Practice

Submitted by Lynda Goodfellow/Brian Walsh – Congress 2018

Recommendations

That the AARC Board of Directors accept the deliverables of the BS entry to practice Collaborative with the measurement of success being an increase in the number of BS Entry graduates.

Rationale: At our last meeting it was determined that the sole focus of our efforts for this collaborative would be to increase the number of BSRT/BSRC or higher graduates into the workforce. Any effort that does not increase the number of BS or higher graduates should be abandoned.

That the Executive Office determine the feasibility of developing an RTCAS (online application system) for Baccalaureate and Masters granting Respiratory Therapy Schools.

Rationale: It was identified that a barrier to filling BS or higher RT program seats was lack of qualified application and knowledge of programs from a nationwide perspective. Programs often have limited marketing resources to showcase the profession nationally. In an effort to solve this problem many other professions have developed a central application system that captures and allows students to apply for RT school at multiple institutions.

Pros:

1. Exposes the institution to a pool of applicants.
2. Educates the student as to programs and program availability.
3. Gives the student choice.
4. Help move good candidates to other programs that have seat availability.
5. Potential marketing of our profession.

Cons:

1. Will cost the student an additional application fee.
2. Significant set-up fee to establish the system.
3. Questionable buy-in from institutions.

That the Executive Office develop with the NBRC a marketing strategy focused on increasing the number of BSRT/BSRC graduates.

Rationale: The NBRC has embarked on a wonderful marketing campaign focusing on specialty credentials. The NBRC has gained knowledge of the market that we could leverage to refocus our marketing efforts on BS Entry to Practice.

That the Executive Office design a grant offering mechanism that institutions willing to start or transition to a BS or higher entry to practice program could utilize to off-set administrative cost and encourage administrators to support the movement.

Rationale: We have discovered that administrators would enjoy an opportunity

to apply for funding to develop or transition to a BS or higher RT program. This funding would help off-set the administrative cost required to develop or transition a BS program. We have a history of doing this type of grant for initiatives we are behind. Example is licensure.

Report

The Ad Hoc Committee on BS Entry to Practice Collaborative has met three times during 2018 in February, July and October. To review the efforts of this collaborative, the deliverables thus far are:

1. Six associate degree programs directors in Category IV have been identified who desire to move their program to Category III. A best practices guide was created to assist these program directors in moving to Category III.
2. Two Vision Grants awarded based on criteria, which seeks to reflect the Collaborative's criteria of proposals that demonstrate improved effectiveness and patient outcomes of baccalaureate prepared respiratory therapists.
3. The NBRC marketing campaign that promotes specialty credentials.
4. Program Capacity – A survey of traditional baccalaureate entry to practice programs (48% response rate, n=29) found that the max student enrollment averaged 26 students while the 2018 cohort average class size was 21 students. Manuscript planned for RCEA in 2019.
5. CoARC interactive map of degree advancement is available at CoARC.com.
6. A 2025 Writing Committee to present draft to AARC BOD at December meeting. This draft in the form of a position statement will direct the profession to set a deadline of 2025 of transitioning all RT programs to the BS degree.
7. CoBGRTE to create list of MS graduates (if consent provided) to create pool of potential faculty for open faculty positions.
8. Results of manager's survey on educational hiring preferences presented at AARC BOD at December meeting.
9. Strategies determined to continue the goal of increasing the number of BS entry to practice to include but not limited to:
 - Members of the collaborative adopting a transition program to increase success
 - Marketing efforts to aim for more diversity in students and future faculty
 - Revised Life and Breath video
10. Investigate the feasibility of RTCAS (online application system) as strategy to recruit a nation-wide audience of potential BS students.

Ad Hoc Committee on Career Pathways

Submitted by Ellen Becker – Congress 2018

Recommendations

None

Report

Membership of the committee consists of Brad Leidich, Diane Oldfather, Susan Rinaldo-Gallo, John Lindsey, Lutana Haan, Tommy Rust (leaving the committee), Brian Cayko (joining committee), Shawna Strickland and Ellen Becker.

Four of our original 7 charges have been completed: the revised Respiratory Therapist Education position statement was approved at the March 2018 BOD meeting; the proposed change for the respiratory therapist definition on the BLS website was unsuccessful; and our collaborations with NN2RC to a) to ask their membership to highlight the RT career pathway and b) post links to articulation agreements and other baccalaureate degree programs in prominent positions on their program website have not been successful. Below is the progress on the remaining charges.

1. **Charge:** The AARC will provide definitions of AS, AAS, BS, BAS degrees on a website as a decision-making resource for prospective students.

Status: Appropriate language is being drafted and the content will be added to the current AARC webpage:

https://www.aarc.org/careers/respiratory_therapy_degree_advancement/162

2. **Charge:** The CoARC will evaluate what additional data programs can submit, through its annual report of current status, which would be helpful in promoting career pathways. This additional data may include, but not be limited to, names of organizations with whom they have articulation agreements, type of degree offered, whether the degree is accredited by CoARC as Degree Advancement, number of degree credits that transfer as part of articulation agreement, baccalaureate degree programs that their graduates attend, type of baccalaureate degree offered, and usual number of degree credits that transfer.

Status: Ongoing. CoARC will continue to evaluate the data that they can collect without incurring a significant financial impact.

3. **Charge:** The CoARC and the AARC will collaborate to develop a website hosted on the AARC website that allows prospective students to search for associate degree programs that have articulation agreements, baccalaureate degree options where students commonly transfer, and the number of degree transfer credits.

Status: Due to flux in agreements, it was decided that it would be too difficult to keep website data updated. CoARC has a link to degree advancement programs on their website which will be kept current. Instead, the committee decided to develop resources to help associate degree program directors create career pathways.

The AARC office developed a web story to highlight the importance of RT career pathways which was published July 25, 2018: <http://www.aarc.org/n18-career-pathways/> This fall the committee worked on content for a PowerPoint presentation to help educators a) plan for pathways to move from associate to bachelor's degrees and b) bachelor to graduate degrees. This presentation will be delivered by Diane Oldfather at the International Congress in December.

ARCF
CoARC
NBRC

American Respiratory Care Foundation

Submitted by Michael T. Amato – Congress 2018

The ARCF has been busy over the past several months as we gear up for the AARC International Congress in Las Vegas, NV. Below are updates of these activities.

Congress 2018 ARCF Fundraiser

- Vapotherm again sponsors the ARCF Fundraiser. At this time we do not have a commitment for the 2019 sponsorship.
- Grand Prizes:
 - To be determined

2018 ARCF Awardees

Research Fellowship Awards

- **Charles W. Serby Research Fellowship**

Gail S. Drescher, MA, RRT, CTTS

- **Phillips Respironics Fellowship in Mechanical Ventilation**

Ivan G. Lee, MSc, RRT, RRT-NPS, RRT-ACCS, RPSGT

- **Vyaire Healthcare Fellowship for Neonatal and Pediatric Therapists**

Robert Gillette, MD

- **Jeri Eiserman, RRT Professional Education Research Fellowship**

Aya Matsushima, RRT, BSRT

Literary Awards

- **Mallinckrodt Best Paper Award by Best First Author**

Jeffrey Bilharz, RRT, RRT-NPS

- **Draeger Literary Award**

Richard H. Kallet, MS, RRT, FAARC, FCCM

Achievement Awards

- **Forrest M. Bird Lifetime Scientific Achievement Award**

Richard H. Kallet, MS, RRT, FAARC, FCCM

- **Hector Leon Garza, MD Achievement Award for Excellence in International Respiratory Care**

Robert M. Kacmarek, PhD, RRT, FAARC

- **Dr. Charles H. Hudson Award for Cardiopulmonary Public Health**

Suzan Michelle Collins, BSRT, RRT

- **Mike West, MBA, RRT Patient Education Achievement Award**

DeDe Gardner, DrPh, RRT, FAARC, FCCP

- **Thomas L. Petty, MD Invacare Award for Excellence in Home Respiratory Care**

Brooke Yeager McSwain, MSc, RRT

- **Mitchell A. Baran Achievement Award for Clinical Excellence in Aerosol and Airway Clearance Therapies**

Arzu Ari, PhD, RRT, PT, CPFT, FAARC

2018 ARCF Awards (continued)

Education Recognition Awards for Undergraduate Students

- **Morton B. Duggan, Jr., Memorial Education Recognition Award**

Kimberly Stokes, RRT

- **Jimmy A. Young Memorial Education Recognition Award**

Alex Lopez

- **NBRC/AMP William B. Burgin Jr., MD and Robert M. Lawrence MD Education Recognition Award**

Joshua Lyons, BSRT, RRT

Education Recognition Awards for Postgraduate Students

- **NBRC/AMP Gareth B. Gish, MS, RRT Memorial Education Recognition Award**

Kevin P. Collins, MS, RRT, RPFT, AE-C

- **William F. Miller, MD Postgraduate Education Recognition Award**

Craig R. Wheeler, MS, RRT-NPS

International Fellows

- **Sangit Kasaju – Nepal**

First City Host: Dallas, TX

Second City Host: Portland, OR

- **Neelum Singh – Ghana**

First City Host: Washington, DC

Second City Host: Baltimore, MD

- **Liang Xu – China**

First City Host: Atlanta, GA

Second City Host: Greenville, NC

- **Julie Essiam (VIP International Fellow) – Ghana**

Visiting Las Vegas, NV and then Kansas City, KS

Respiratory Care Journal Conference

The Journal Conferences are presented under the auspices of the American Respiratory Care Foundation. The Foundation and the Journal presented the 56th Journal Conference on Respiratory Medications for COPD and Adult Asthma: Pharmacologic Actions to Clinical Applications on June 22-23, 2017 in St. Petersburg, FL. Conference Co-Chairs are Sam P. Giordano, MBA, RRT, FAARC, Neil R. MacIntyre, MD, FAARC, and Roy A. Pleasants II, PharmD, BCPS. We are currently seeking sponsorship for the event.

American Association for Respiratory Care
2018 International Fellowship Program
(as of 10-23-2018)

Arrive in the First City: Tuesday November 20
First City Rotation: Thursday, November 22 - Monday, November 26
Arrive in Second City: Tuesday, November 27
Second City Rotation: Wednesday, November 28 - Monday, December 3
Arrive in Las Vegas, NV: Monday, December 3
AARC Congress 2018: Tuesday, December 4 - Friday, December 7
Fellowship Ends: Saturday, December 8

Fellow	Country	First City Host	Second City Host	Req. Forms	Hotel 1 st City	Hotel 2 nd City
Sangit Kasaju (Napolitano) skmd7@yahoo.com 97713546246 Contacted: 08-07-2018 Confirmed: 08-17-2018	Nepal	Dallas, TX David Gloson David.Gloson@MedicalCityHealth.com 214-543-7495 Contacted: 08-07-2018 Confirmed: 08-08-18	Portland, OR Phil Finch pfinch1@concorde.edu 503-281-4181 Contacted: 08-07-2018 Confirmed: 08-28-2018	ROL: 08-12-2018 Agree: 08-11-2018 Photo: 08-17-2018 Copy of Airfare: 08-22-2018 Reg. Form: 9-17-2018 Travel Form: Per Diem Mailed:	Hyatt Place Dallas/Park Central 12411 N. Central Expressway Dallas, TX 75243 972-438-1224 Conf # 12687094 Arrival: Nov. 20, 2018 Depart: Nov. 27, 2018 Cost: \$796.95 REQUEST DB BED	DoubleTree by Hilton Hotel Portland 1000 NE Multnomah Street Portland, Oregon 97232 503-281-6111 Conf # 83450567 Arrival: Nov. 27, 2018 Depart: Dec. 3, 2018 Cost: \$1,452.78 REQUEST DB BED
Neelum Singh (Coombs) neelum Singh13@gmail.com 00233-54-3052793 Contacted: 08-07-2018 Confirmed: 08-19-2018	Ghana	Washington, DC Carolyn Williams cawmsrt@yahoo.com 202-832-4114 Contacted: 08-07-2018 Confirmed: 08-17-2018	Baltimore, MD Christopher Kircher ckircher@umm.edu 410-328-6925 Contacted: 08-07-2018 Confirmed: 08-07-2018	ROL: 08-19-2018 Agree: 08-19-2018 Photo: 08-19-2018 Copy of Airfare: Reg. Form: 9-14-2018 Travel Form: 09-14-2018 Per Diem Mailed:	Hampton Inn Washington DC NoMa Union Station 301 New York Ave NE Ste A Washington, DC 20002 202-393-1001 Conf # 86224615 Arrival: Nov. 20, 2018 Depart: Nov. 27, 2018 Cost: \$835.74	Hampton Inn Baltimore- Downtown-Convention Center 550 Washington Blvd. Baltimore, MD 21230 410-685-5000 Conf # 81508423 Arrival: Nov. 27, 2018 Depart: Dec. 3, 2018 Cost: \$881.27
Liang Xu (Rowley) jimmy.xu@163.com 86-027-86531277 Contacted: 08-07-2018 Confirmed: 08-14-2018	China	Atlanta, GA Valerie David valerie.david@piedmont.org 404-605-3000 Contacted: 08-07-2018 Confirmed: 08-09-18	Greenville, NC Charles Bangley Charles.Bangley@videnthealth.com 252-414-2352 Contacted: 08-07-2018 Confirmed: 08-09-2018	ROL: 08-14-2018 Agree: 08-14-2018 Photo: 08-14-2018 Copy of Airfare: 09-19-2018 Reg. Form: 9-13-2018 Travel Form: 8-28-2018 Per Diem Mailed:	DoubleTree by Hilton Atlanta North Druid Hills 2061 N. Druid Hills Rd. NE Atlanta, GA 30329 404-321-4174 Conf # 80464743 Arrival: Nov. 20, 2018 Depart: Nov. 27, 2017 Cost: \$893.40	Courtyard Greenville 2225 Stantonburg Rd. Greenville, NC 27834 252-329-2900 Conf # 79474195 Arrival: Nov. 27, 2018 Depart: Dec. 3, 2018 Cost: \$988.75
Julie Esziam (Super Fellow) julieesiam@gmail.com Phone number - TBD Contacted: 9-21-2018 Confirmed: 09-24-2018	Ghana	Will only be visiting Kansas City, KS with Karen Schell and Las Vegas, NV with the AARC.	n/a	ROL: n/a Agree: n/a Photo: 10/22/2018 Copy of Airfare: 10-22-2018 Reg. Form: 10-16-2018 Travel Form: 10-16-2018 Per Diem Mailed: 10-15-2018	Hotel reservation will be made by Kathy Blackmon, she was added to the Master Rooming list. Check-in date: 12-02-2018 Check-out date: 12-08-2018 Cost TBD after Kathy books - Estimated cost: \$1,330	Holiday Inn Express - Kansas 3932 Rainbow Blvd. Kansas City, KS 66103 913-236-8700 Conf. #46408689 Arrival: 12-08-2018 Depart: 12-12-2018 Cost: \$815.10

International Committee member "Liaisons"
Daniel Rowley - DDRBA@hscmail.mcc.virginia.edu
Natalie Napolitano- napolitano@email.chop.edu
Ed Coombs = edwin.coombs@draeger.com

Total Cost for Hotels: \$7,993.99
First City: \$3,856.09
Second City: \$4,137.90

V = credit card authorization form submitted to the City Host hotel

Summary

The ARCF Trustees continues to have frequent communication through quarterly phone conferences and face-to-face meetings. The ARCF will continue in its quest to increase awareness of our Foundation in order to be successful at our mission of promoting respiratory health through the support of research, education, and patient-focused philanthropic activities in respiratory care.

I look forward to presenting this report to you and entertaining any questions you may have while at the Board Meeting.

CoARC Report

Submitted by Tom Smalling – Congress 2018

See Attachment:

“CoARC Update Nov 2018”

Date: November 5, 2018
To: AARC Board of Directors, House of Delegates and Board of Medical Advisors
From: Katherine L. Fedor, MBA, RRT, RRT-NPS, CPFT, NBRC President
Subject: NBRC Report

I appreciate the opportunity to provide an update from the NBRC. Our Board will meet November 12-18, 2018 in Nashville, TN to conduct examination development work as well as review final plans for implementation of the pilot program for the new credential maintenance program. The following information summarizes the current status of major initiatives and activities in which the Board and staff are currently involved.

State Licensure Liaison Group Meeting

The NBRC hosted a very successful 27th annual State Licensure Liaison Group Meeting at the end of August with a lot of great discussion on a variety of topics, including a lengthy conversation about the move to RRT as the minimum requirement for licensure; we conducted some advance and real time polling to understand where states sit on this matter. Although a small number of states did indicate that they are exploring the RRT requirement, a much higher percentage of states have not even considered moving to the RRT minimum requirement. Many said given the current political climate, it is not the time to open a law or consider imposing what some legislators may constitute as barriers to employment.

Credential Maintenance Program f/k/a Continuing Competency Program

After more than 15 years, changes are upcoming to the NBRC's Continuing Competency Program (CCP) and the name is changing to the Credential Maintenance Program to better represent the purpose of the program. The new program format will be piloted with individuals who are due to recertify a specialty credential in the October – December 2018 timeframe and those earning a specialty credential between January – September 2019. Beginning October 2019, the new Credential Maintenance Program will be in place for all practitioners earning a new credential. Highlights of the changes include incorporating an assessment to each program in which the content will focus on competencies that put the public at risk when performed incorrectly and whose practice changes rapidly. Practitioners can access a dashboard to check their progress which will be based on responses to assessment items. References to learning resources for each assessment item will be available through the dashboard and linked to each assessment item to which the participant has responded. The dashboard will be updated each year showing a participant whether it is likely that he or she will be required to document continuing education credits in his or her final year. Individuals who achieved a credential before July 2002 may opt-in to participate in the revised Credential Maintenance Program without putting their credentials at risk.

Examination Updates

The Board reviewed and approved the final job analysis report which will result in new test specifications/detailed content outlines for the Therapist Multiple-Choice (TMC) and Clinical Simulation Examinations (CSE) to be implemented in January 2020. The validation study for the TMC and CSE is currently underway and a cut score study will be performed in April 2019.

Education Audit

Earlier this year, the NBRC implemented a policy to audit graduation information submitted electronically to our School Portal. Auditing electronic graduation information is a routine part of the NBRC's commitment to ensuring the integrity of the credentialing system. Audits are conducted randomly upon receipt of electronic graduation information. Every attempt is made to verify graduation with the National Student Clearinghouse (NSC), but in cases where we are not able to verify with NSC, candidates will be required to submit official transcripts to the NBRC. An education audit does not preclude a graduate's ability to apply for and/or schedule and take an NBRC examination. We review audit documentation and respond within 10 business days after receipt of documentation. Those who pass the audit are informed via email. Those who do not pass the audit are sent a letter notifying them of their ineligibility for future examination or revocation of their certification, if applicable.

Specialty Credential Ad Campaign

We are creating a national awareness campaign to promote the profession through inspirational stories – stories about the specialized care and high satisfaction levels that come from being an RRT with specialty credentials from the NBRC.

Credentialed practitioners have been invited to inspire excellence by telling us their story for a chance to be part of our national awareness campaign. Specialty credentials further define the excellence of a respiratory therapist - they have the power to help elevate the profession for all practitioners. To promote the critical role that respiratory care plays in the lives of patients, we want to hear how specialty credentialing has positively impacted their career. If selected for the campaign, individuals could be featured in print, digital and social media channels. We hope their stories of dedication in respiratory care will inspire others to embrace a career in respiratory care and direct more practitioners to consider specializing in one of the many subspecialties offered by the NBRC and the profession – with a true commitment to excellence. We have solicited and selected stories and will be launching our campaign in early 2019.

Advanced Practice Respiratory Therapist Ad Hoc Committee

Collaboratively with the AARC and CoARC, the NBRC has maintained its representation of four appointed representatives serving on the Ad Hoc Committee on the Advanced Practice RT. The charge of this collaboration is to explore issues related to the potential education, credentialing, and scope of practice of these advanced practitioners. In anticipation of an eventual credentialing examination for these advanced practice therapists, the NBRC continues to work

with its trademark counsel to protect the terms APRT and RRT-AP through intent to use.

BS Entry Collaborative Workgroup

The NBRC has three representatives serving on the AARC's BS Entry Collaborative Workgroup which is looking at ways to increase the number of baccalaureate degree programs in respiratory therapy and encourage individuals to earn a baccalaureate degree. One of the ideas generated from this workgroup is to create more awareness of the profession, higher degrees, etc. The NBRC will be sharing some of our specialty ad campaign creative concepts to further the efforts of promotion and recruitment into the profession of respiratory care.

Respiratory Care Week

The NBRC celebrated Respiratory Care Week by hosting an Open House for local education program faculty and their students in the Kansas City area. Also, over the course of the last several months, we have hosted many visitors to the NBRC Executive Office including students from the University of Missouri Respiratory Therapy Program and several staff and volunteer leaders of the AARC. Rarely, do we have visitors to the Executive Office, so it's been a nice change of pace for us.

2018 Examination and Annual Renewal Participation

Through October 31, over 25,500 examinations across all programs have been administered. Over 60,000 individuals renewed their active status for 2018. A majority took advantage of the \$5 discount available to those who renew online. 2019 Annual Renewal notices were mailed to all credentialed practitioners in mid-October. To date, we have already received 7,258 active status renewals for 2019; up over 1,300 from this time last year.

Examination Statistics – January 1 –October 31, 2018

Examination

Pass Rate

Therapist Multiple-Choice Examination – 12,115 examinations

- | | |
|-------------------------|-------------------------------|
| • First-time Candidates | Exceed High Cut-Score – 69.7% |
| | Exceed Low Cut-Score – 79.4% |
| • Repeat Candidates | Exceed High Cut-Score – 26.7% |
| | Exceed Low Cut-Score – 47.3% |

Clinical Simulation Examination – 10,242 examinations

- | | |
|-------------------------|-------|
| • First-time Candidates | 61.9% |
| • Repeat Candidates | 47.7% |

Adult Critical Care Examination – 1,232 examinations

- | | |
|-------------------------|-------|
| • First-time Candidates | 74.1% |
| • Repeat Candidates | 47.6% |

Neonatal/Pediatric Examination – 1,354 examinations

- First-time Candidates 74.0%
- Repeat Candidates 51.0%

Sleep Disorders Specialty Examination – 135 examinations

- First-time Candidates 82.5%
- Repeat Candidates 66.7%

PFT Examination – 446 examinations

- First-time Candidates Exceed High Cut-Score – 29.2%
Exceed Low Cut-Score – 65.7%
- Repeat Candidates Exceed High Cut-Score – 12.7%
Exceed Low Cut-Score – 59.5%

Your Questions Invited

I am honored to be serving as President of the NBRC and working with all of you to move the profession of respiratory care forward. 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 CoARC, as well as each of the physician sponsoring organizations of the NBRC. We continue to 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.

Old Business

New Business

Policy Review

- CT.003 – Committees – Elections Committee – Nominations Process (see attachment “AARC ELECTION POLICY REVISION_11October2018”)