



American Association for Respiratory Care

Board of Directors Meeting

Courtyard Dallas DFW Airport North/Grapevine
2200 Bass Pro Court
Grapevine, TX 76051

March 22-23, 2019

AMERICAN ASSOCIATION FOR RESPIRATORY CARE
Executive and Finance Committee Meeting – March 21, 2019
Board of Directors Meetings – March 22-23, 2019

Thursday, March 21

5:00-7:00 pm Executive Committee Meeting (Committee Members only) – Boardroom

Friday, March 22

7:30 am Breakfast available – Silverlake C

8:00-9:00 am Finance Committee Meeting

9:00 am-5:00 pm **Board of Directors Meeting** – Silverlake C

9:00 am Call to Order
Roll Call
Conflict of Interest
Announcements/Introductions Approval of Minutes
E-motion Acceptance pg. 71
Ratify Oxygen Safety on Airlines Committee

9:30 am Merrill Lynch – Nancy Bello - Investment Report

10:30 am Howard, LLP – Tim Pike, CPA, CFE

11:00 am CRD Associates (by phone) - Erika Miller and Stefanie Rinehart
Anne Marie Hummel – Advocacy & Government Affairs Report pg. 90

11:30 am CoARC – Tom Smalling, CEO [A] pg. 198

12:00 pm LUNCH BREAK (Daedalus Board Meeting)

1:30 pm RECONVENE

NBRC – Lori Tinkler and Kathy Fedor pg. 199

Consent Agenda

- *Approval of the Agenda*

Standing Committee Reports

Elections Committee pg. 111

Judicial Committee pg. 114

Program Committee [A] pg. 115

Strategic Planning Committee pg. 118

Specialty Section Reports

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Surface to Air Transport pg. 142

Special Committee Reports

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Benchmarking Committee pg. 146
Billing Codes Committee pg. 147
Diversity Committee pg. 148
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Position Statement/Issue Paper Committee pg. 159
Virtual Museum Committee pg. 161

Special Representatives

AMA CPT Health Care Professional Advisory Committee pg. 156
American Heart Association pg. 170
Chartered Affiliate Consultant pg. 171
Comm. on Accreditation of Medical Transport Systems [A] pg. 174
Extracorporeal Life Support Organization (ELSO) pg. 177
International Council for Respiratory Care (ICRC) [A] pg. 178
National Association of Advisors for the Health Professions (NAAHP) pg. 183
National Asthma Education and Prevention Program (NAEPP) pg. 184
Neonatal Resuscitation Program pg. 185
Society for Airway Management (SAM) pg. 186

Ad Hoc Committee Reports

Airline Oxygen Safety pg. 189
BS Entry to Practice pg. 194
Career Pathways pg. 195

Other Reports

ARCF Report pg. 197

---Consent Agenda Ends---

General Reports

President pg. 73
Past President pg. 77
Executive Director Report pg. 78
House of Delegates pg. 98
Board of Medical Advisors pg. 99
President's Council [A] pg. 101

3:15-3:45 pm

Nominations for Life & Honorary Membership
Criteria Found on pg. 106
Nominations for Legends of Respiratory Care

ARCF Achievement Award Nominations
Bird
Hudson
Petty/Invacare
Mike West
Mitch Baran

3:45 pm **Policy Review**

6:00 pm **BOD Reception – Silverlake D**

Saturday, March 23

7:30 am *Breakfast available – Silverlake C*

9:00 am-3:00 pm **Board of Directors Meeting**

9:00 am Call to Order

10:30 am **Recommendations** pg. 6

Standing Committee Reports

Audit Subcommittee *[Verbal]* pg. 108

Bylaws Committee *[A, R]* pg. 109

Executive Committee *[Verbal]* pg. 112

Finance Committee *[Verbal]* pg. 113

Specialty Section Reports

Post Acute Care *[R]* pg. 138

Special Committee Reports

Vision Grant Committee *[A, R]* pg. 162

Special Representatives

American Association of Cardiovascular & Pulmonary Rehab *[A, R]* pg. 168

Coalition for Baccalaureate and Graduate Respiratory Therapy Education
(CoBGRTE) *[R]* pg. 172

Interprofessional Education Collaborative (IPEC) *[R]* pg. 182

Ad Hoc Committees

Advanced RT Practices, Credentialing, and Education *[R]* pg. 188

UNFINISHED BUSINESS pg. 202

Vote on Summer Forum recommendation by Program Committee

Strategic Plan Update *[A]*

12:00 pm **LUNCH BREAK**

3:30 pm

NEW BUSINESS pg. 203
Charges for CoBGRTE

ANNOUNCEMENTS

TREASURER'S MOTION

ADJOURNMENT

[R] = Recommendation

[A] = Attachment

Recommendations

(As of March 5, 2019)

AARC Board of Directors Meeting

March 22-23, 2019 • Grapevine, TX

Bylaws Committee

Recommendation 19-1-9.1 “That the AARC Board of Directors find that the Kentucky Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws. (See attachment “Kentucky Society for Respiratory Care 2019”)”

Recommendation 19-1-9.2 “That the AARC Board of Directors find that the Missouri Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws. (See attachment “Missouri Society for Respiratory Care 2019”)”

Recommendation 19-1-9.3 “That the AARC Board of Directors find that the Vermont/New Hampshire Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws. (See attachment “Vermont.New Hampshire Society for Respiratory Care 2019”)”

Recommendation 19-1-9.4 “That the AARC Board of Directors find that the Maine Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws. (See attachment “Maine Society for Respiratory Care 2019”)”

Post Acute Care Specialty Section

Recommendation 19-1-57.1 “AARC set up an Instagram Account (similar to American Nursing Association (ANA), American Speech-Language-Hearing Association (ASHA), American Thoracic Society (ATS), American Medical Association (AMA), etc.) Rationale: Many of our younger members use this social media outlet.”

Vision Grant Committee

Recommendation 19-1-22.1 “That the AARC BOD approve the attached Vision Grant 2019 Call for Proposals.”

American Association of Cardiovascular & Pulmonary Rehab

Recommendation 19-1-62.1 “AARC BOD to **promote and share the key resources noted below with our AARC members:** this is an ATS campaign to improve national awareness of pulmonary rehabilitation (PR)

- Two recent ATS editorials in the Journal highlighting poor PR utilization and reimbursement as significant barriers to PR availability & improved patient outcomes
 - <https://www.atsjournals.org/doi/abs/10.1164/rccm.201809-1711ED>
 - <https://www.atsjournals.org/doi/abs/10.1513/AnnalsATS.201809-641ED>

- a NEW Resource for pulmonary patients, families and caregivers
 - www.livebetter.org.

ATTACHMENT: live-better.pdf”

CoBGRTE

Recommendation 19-1-68.1 “CoBGRTE requests that a CoBGRTE Board member be assigned to the writing committee for the Entry Level education and credential issue paper.”

IPEC

Recommendation 19-1-63.1 “Appoint a Special Representative to IPEC.”

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

Recommendation 19-1-31.1 “We recommend adding the following measurable outcomes be added to our Charges / Objectives.

Measurable outcomes:

1. Develop
 - a. five (5) vignettes describing the practice of an APRT.
 - b. a standardized scope of practice for an APRT.
 - c. an APRT draft job description that may be used as a template for potential employers.
2. Support the growth of CoARC approved APRT programs.
3. Publish needs assessment(s) of non-physician advance practice providers.
 - a. Literature review
 - b. JBS Survey”

Past Minutes

AMERICAN ASSOCIATION FOR RESPIRATORY CARE

Board of Directors Meeting

December 2, 2018 • Las Vegas, NV

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
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

John Lindsey, Jr., MEd, RRT-NPS, FAARC
Neil MacIntyre, MD, BOMA Chair

Guests

Ellen Becker, PhD, RRT-NPS, FAARC
Mike Madison, MBA, RRT

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 9:05am PST. President Walsh asked Board members to introduce themselves. Secretary/Treasurer Lynda Goodfellow called the roll and declared a quorum. President Walsh asked Board members to tell an accomplishment they feel that the Board has met over the past year. 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

Frank Salvatore moved to approve the minutes of the July 20, 2018 meeting of the AARC Board of Directors.

Motion carried

Frank Salvatore moved to approve the minutes of the July 21, 2018 meeting of the AARC Board of Directors.

Motion carried

E-MOTION ACCEPTANCE

Frank Salvatore moved to ratify the E-Motions.

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 asked Board members if they wish to move any consent agenda items to the regular agenda for further discussion. The Finance Committee report was removed from the Consent Agenda.

Frank Salvatore moved to accept the Consent Agenda as modified.

Motion carried

GENERAL REPORTS

President

President Walsh gave highlights of his submitted report and thanked the Board for their hard work over the 2 years of his presidency.

FM 18-3-31.1 Lynda Goodfellow moved to ratify Bill Croft as a new member to the Ad Hoc Committee on Advanced RT Practices, Credentialing, and Education.

Motion carried

Past President

Past President Frank Salvatore gave highlights of his written report.

Executive Director

Tom Kallstrom gave highlights of his written submitted report and reviewed the Executive Office referrals from the last Board of Directors meeting. Tom thanked the Board for purchasing tickets to the ARCF Fundraiser. Doug Laher updated the Board on registration for the Congress. Shawna Strickland gave an update on the APEX applications.

Anne Marie Hummel commented on 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.) and recommended she write an article for AARCTimes. A discussion regarding patients flying with oxygen ensued.

House of Delegates (HOD)

Speaker Keith Siegel gave a brief update of his submitted report.

RECESS

President Walsh called a recess of the AARC Board of Directors meeting at 10:25am PST.

RECONVENE

President Walsh reconvened the meeting of the AARC Board of Directors at 10:40am PST.

OLD BUSINESS

There was no old business to discuss.

NEW BUSINESS

Policy CT.003 – Nominations/Elections

Frank Salvatore moved to accept the amended changes as presented to CT.003 – Nominations/Elections. (See Attachment “A”)

Frank Salvatore moved to call the question.

Motion carried

Original motion carried.

The Board of Directors reviewed the referrals and carried motions from the Summer 2018 Board meeting.

FM18-3-26.5 Natalie Napolitano moved to support the 2025 issue paper draft of the Entry to Respiratory Therapy practice and licensure.

Motion carried

RECESS

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

JOINT SESSION

Joint Session was called to order at 1:30pm PST. Lynda Goodfellow called roll and declared a quorum.

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 1:55pm PST and concluded at 2:10pm PST.

President Walsh thanked the House of Delegates for their support during his presidency. He also showed a video he and Parliamentarian Cam McLaughlin developed to showcase President Walsh's accomplishments as president.

President Walsh adjourned Joint Session at 2:30pm PST.

RECONVENE

President Walsh reconvened the meeting of the AARC Board of Directors at 2:45pm PST.

Lynda Goodfellow moved to accept the 2019 budget as presented.

Motion carried

The Board continued to discuss and review the tracking form from July 2018.

HOD Resolution 39-18-9 (The AARC develop an affiliate financial assistance program to ensure all affiliates are able to send one representative to the annual Leadership Academy.) Frank Salvatore will work with Tom Kallstrom to develop a policy.

Carl Hinkson moved to approve the 2019 capital budget.

Motion carried

Tim Op't Holt moved to accept the General Reports as presented.

Motion carried

STANDING COMMITTEE REPORTS

Audit Sub-Committee

Frank Salvatore moved to accept 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.'"

Natalie Napolitano moved to table until the House of Delegates policy that is referred to is finalized at the March 2019 Board meeting.

Motion carried

Natalie Napolitano moved to accept FM18-3-13.2 "That the AARC Board of Directors approve the firm Howard, LLC as the new auditors."

Motion carried

Bylaws

Natalie Napolitano moved to accept Recommendation 18-3-9.1 "That the AARC Board of Directors find that the Georgia Bylaws are not in conflict with the AARC Bylaws."

Motion carried

Lynda Goodfellow abstained.

Natalie Napolitano moved to accept 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."

Motion carried

Steve Sittig abstained.

Strategic Planning Committee

Natalie Napolitano moved to accept Recommendation 18-3-16.1 "That the AARC Board of Directors review, revise and approve a new policy on the Strategic Planning Process." (see Attachment "A")

Motion carried

Sheri Tooley moved to accept the Standing Committee reports as presented.

Motion carried

President Walsh asked the visiting students to introduce themselves.

SPECIAL COMMITTEE REPORTS

Fellowship Committee

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

Lynda Goodfellow moved to make a friendly amendment to add “or registration, if applicable” after “hold an active license”.

Lynda Goodfellow moved to call the question.

Original motion defeated

SPECIAL REPRESENTATIVES

American Heart Association

Sheri Tooley moved to accept Recommendation 18-3-64.1 “That the Program Committee designate a 2-hour American Heart Association update at the 2019 Congress.”

Sheri Tooley moved to refer to the Program Committee for consideration.

Motion carried

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

Sheri Tooley moved to make a friendly amendment to remove “in the fall of 2019.”

Motion carried

International Council for Respiratory Care (ICRC)

Sheri Tooley moved to accept 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.”

Frank Salvatore moved to refer to the President-elect.

Motion carried

Lynda Goodfellow moved to accept the Special Representative reports as presented.

Motion carried

RECESS

President Walsh called a recess of the AARC Board of Directors meeting at 4:45pm PST.

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

Lynda Goodfellow
AARC Secretary/Treasurer

Date

Attachment “A”

CT.003 – Committees – Elections Committee – Nominations Process
BOD.030 – Board of Directors – Strategic Planning

American Association for Respiratory Care Policy Statement

Page 1 of 3
Policy No.: CT.003

SECTION: Committees
SUBJECT: Elections Committee – Nominations Process
EFFECTIVE DATE: December 14, 1999
DATE REVIEWED: ~~July 2013~~ December 2018
DATE REVISED: ~~July 2013~~ December 2018

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

Policy Statement:

The process used to prepare a slate of candidates for Association offices and to conduct elections shall be in accordance with the following revision from AARC's ~~July 2014~~ December 2018 BOD meeting.

Policy Amplification:

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

committee will decide upon a slate of candidates.

8. All nominated individuals shall be notified in writing the outcome of their nomination.
9. Successful nominees will be informed that although active campaigning is not encouraged, it is allowed according to the following guidelines for professional behavior. Any violation of these guidelines will be reported to the judicial committee for investigation:
 - a) Materials developed should be limited to one-page print or electronic communication.
 - b) Materials will ONLY include promotion of self and/or the election process in general.
 - c) Materials will NOT show other candidates in a negative light or slander their person.
 - d) No AARC resources can be utilized for campaigning (i.e. AARC communication platforms, AARC sponsored functions).
10. All deliberations within the Elections Committee for preparation of the slate of candidates shall be performed in Executive Session and may not be discussed beyond the committee. Any committee member breaching confidentiality of the aforementioned deliberations shall be referred to the AARC Judicial Committee for appropriate action.
11. The Elections Committee Chair shall submit the elections slate in writing to the Board of Directors and the House of Delegates no later than June 1. This deadline for submission of nominees may be extended as necessary.
12. Voting will be by an online process with the order of candidate names randomly listed.
13. The Elections Committee Chair shall receive and review the layouts of the general election ballots and the biographical forms.
14. The Elections Committee shall forward a roster of all nominees for the AARC Board of Directors to the President and/or President-elect which would include all personal contact information for these individuals (i.e., e-mail, work address, work phone, etc.) for consideration in the committee appointment process.
15. Past speakers of the House of Delegates are eligible for nomination for Association officer positions to include Secretary-Treasurer, Vice President for Internal Affairs, Vice President for External Affairs and President-elect, provided that they will have completed their full term of office as speaker-elect, speaker and immediate past speaker sometime prior to the year for which they would serve as an Association officer.
16. Write-in candidates for Directors and Officers of the Board of Directors of the AARC must meet the minimum eligibility requirements for the office for which they have received votes.

17. The Elections Committee shall have the ability to extend the established nomination period by 20 days if a full slate of candidates for each position has not been obtained.
18. The Committee's goal will be to have a minimum of two qualified members for each elected position.
19. The Executive Office will provide updated section membership numbers and election grid to the Elections Committee, reflecting December 31st membership.

DEFINITIONS:

ATTACHMENTS: Biographical Form Guidelines (See Appendix)

American Association for Respiratory Care Policy Statement

Page 1 of 2
Policy No.: BOD.030

SECTION: Board of Directors

SUBJECT: Strategic Planning

EFFECTIVE DATE: December 2, 2018

DATE REVIEWED: December 2, 2018

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 or 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:

AMERICAN ASSOCIATION FOR RESPIRATORY CARE

Board of Directors Meeting

December 3, 2018- Las Vegas, NV

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

Neil MacIntyre, 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 PST. Secretary-Treasurer Lynda Goodfellow called the roll and declared a quorum. Students who were observing the meeting were introduced.

SPECIAL COMMITTEE REPORTS

Position Statement

Natalie Napolitano moved to accept 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 ~~striketrough~~ and language to be inserted appears as **bold and underlined**) be approved.”

Motion carried

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

Motion carried

Natalie Napolitano moved to accept 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.”

Motion carried

Natalie Napolitano moved to accept 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 ~~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.”

Motion carried

Grace Anne Dorney Koppel, 2018 Honorary Member, thanked the Board for the honor they are bestowing on her at this year’s Congress. She also spoke about the Dorney-Koppel Foundation.

President-elect Karen Schell introduced Julie Essiam, the ARCF International Super Fellow from Ghana. She informed the Board of her background and she thanked the Board for the opportunity of being here.

RECESS

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

RECONVENE

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

Sheri Tooley moved to reconsider the vote on Recommendation 18-3-20.1 “That the AARC Board of Directors accepts the changes as noted in Policy Number CT.009.” (See Attachment “A”)

Motion carried

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

Motion carried

HOD Resolutions

Frank Salvatore moved to accept HOD Resolution 67-18-15 “Resolved that the AARC President hold a biannual virtual meeting with State Affiliate Presidents (or their designees).”

Motion carried

John Wilgis moved to accept HOD Resolution 67-18-14 “Resolved that the AARC implement a process to allow members to automatically renew membership annually by entering credit card or bank account information and selecting automatic annual renewal.”

Motion carried

AD HOC COMMITTEES

Ad Hoc Committee on BS Entry to Practice

Sheri Tooley moved to accept 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.”

Motion carried

Sheri Tooley moved to accept 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.”

Sheri Tooley moved to make a friendly amendment remove “...for Baccalaureate and Masters...”.

Motion carried

Sheri Tooley moved to accept 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.”

Motion carried

Sheri Tooley moved to accept 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.”

Natalie Napolitano moved to refer to the Executive Office for more details to be brought back at the March 2019 meeting.

Motion carried

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

Motion carried

President Walsh led a discussion regarding a comment from Grace Anne Dorney-Koppel about oxygen bill of rights.

FM18-3-84.2 Frank Salvatore moved that the President-elect form an Ad Hoc Committee on oxygen safety/oxygen bill of rights.

Motion carried

President Walsh led a discussion regarding holding Congress in Las Vegas in the future.

FM18-3-84.3 Frank Salvatore moved that Congress no longer be held in Las Vegas or the Program Committee find an alternate location within Las Vegas a venue that are non-smoking, and/or the convention center facilities access is not through a smoking zone.

Frank Salvatore moved to make a friendly amendment to remove references of Las Vegas.

Motion carried

Frank Salvatore moved to make a friendly amendment to read “That the Program Committee finds venues that are non-smoking.”

Motion carried

Review of Action Items

Lynda Goodfellow reviewed action items from the past 2 days.

President Walsh recognized Natalie Napolitano, Doug McIntyre, Pattie Polakow Frank Salvatore, Cam McLaughlin, and Deb Skees and thanked them for their contributions to the Board.

Parliamentarian Cam McLaughlin recognized and thanked President Brian Walsh for his last 2 years as president and presented him with a gift from the Board of Directors.

President Walsh presented gifts to the Board of Directors and thanked them for their work over the past 2 years.

President-elect Karen Schell gave a gift to the Board members who were rotating off the Board and current Board members.

Mike Madison introduced Mike Mendoza, president of Central California Society .

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 12:15pm PST

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

Lynda Goodfellow
AARC Secretary/Treasurer

Date

Attachment “A”

CT.009 – Committees – AARC Fellowship Selection Committee

American Association for Respiratory Care Policy Statement

Page 1 of 3
Policy No.: CT.009

SECTION: Committees
SUBJECT: AARC Fellowship Selection Committee
EFFECTIVE DATE: January 1, 2011
DATE REVIEWED: ~~October 2016~~ December 2018
DATE REVISED: ~~October 2016~~ December 2018

REFERENCES:

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

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

Eligibility:

1. Be an active or associate member of the AARC in good standing for at least ten consecutive years prior to the deadline for receipt of nominations.
2. Possess the RRT credential issued by the NBRC and **be licensed or hold registration/certification (if applicable)** within their state of employment or, be a licensed physician with a respiratory care-related specialty.
3. **International respiratory therapist nominees must meet the eligibility criteria for AARC membership above and possess the RRT credential from the NBRC or equivalent from the credentialing agency for the country they work or reside. They must have a license (if licensure if applicable) an/or be approved to work within the country they work/reside.**
4. First term members of the AARC Board of Directors or Officers of the House of Delegates are not eligible.

Criteria:

1. Must be nominated by at least two AARC members, one of which is required to be a Fellow of the AARC with membership in good standing.
2. Must have demonstrated national prominent leadership, influence and achievement in clinical practice, education or science.
3. Must possess documented evidence of significant contribution to the respiratory care profession and the AARC.

Rules:

1. All nominations for Fellow, and associated supporting documents, must be submitted online through the AARC website.
2. Upon receipt of a nomination, the Executive Office will confirm each nominee satisfies the minimum criteria for 10 consecutive years of AARC membership, and that each nominator continues to maintain eligibility to submit nominations for Fellow.
3. For those nominees not meeting the 10-year requirement, the nominator will be so informed and the nomination not accepted. Nominators not eligible to submit nominations will likewise be notified.
4. Deadline for receipt of nominations and all supporting documentation will be **determined each year** ~~the last working day of August of the calendar year~~ in which the nomination is to be considered or, by pronouncement, an earlier deadline as determined by the dates of the AARC's Annual Congress. Nominations not received by the established date will not be accepted.
5. The Fellowship Selection Committee, consisting of a Chair and up to six current Fellows appointed by the AARC President, will evaluate nominations annually.
6. ~~During the first week of September,~~ Selection Committee members will be provided an electronic folder containing all accepted nominations and supporting documents in alphabetical order. Committee members will also receive a ballot to indicate which nominees they consider worthy of induction as a Fellow. Completed ballots will be returned to the Chair anonymously for final tabulation.
7. Committee members are to evaluate each nominee independently and make their determination based upon the contributions of the respective nominee to the profession, and most importantly, to the AARC. Committee members will not collaborate with anyone during the selection process.
8. Nominees receiving an affirmative vote from all five committee members will be inducted as a Fellow of the AARC.
9. Nominees selected for induction will be formally notified upon completion of the selection process, with their nominators receiving a blind copy of the congratulatory letter.
10. An overriding goal of the Selection Committee is to minimize any embarrassment or discomfort to members not selected for induction. Therefore, for those nominees not selected, a letter so stating will only be sent to the nominators.
11. Once the final tabulation is completed, the results of the balloting for induction shall remain confidential and will not be subject to outside review or discussion.
12. New Fellows will be inducted during the Awards Ceremony held in conjunction with the annual AARC International Respiratory Congress.

13. Newly inducted Fellows will receive a pin, a certificate suitable for framing and will have their names added to the list of Fellows on the AARC website.
14. Upon induction, Fellows are expected to maintain their AARC membership in good standing.

Addendum

1. Examples of profound and sustained contributions may include but are not limited to;
 - a) Specific evidence of outstanding contributions to the improvement of respiratory care at the national or international level or illustration of how regional impact demonstrates potential for national application.
 - b) Evidence includes but is not limited to documentation of the following:
 - Consistent outstanding contributions over time
 - Contributions with significant, measurable impact
 - Dissemination of important information about the contributions
 - Substantive honors, awards, and recognition by AARC or affiliates
 - Adoption of research findings and/or innovations that guide changes in education, research, administration, policy, or respiratory care practice

AMERICAN ASSOCIATION FOR RESPIRATORY CARE
Board of Directors Meeting
December 7, 2018 • Las Vegas, NV

Minutes

Attendance

Karen Schell, DHSc, RRT-NPS, RRT-SDS, RPFT, RPSGT, AE-C, CTTS, President
Brian Walsh, PhD, RRT-NPS, RRT-ACCS, AE-C, RPFT, FAARC, Past President
Cheryl Hoerr, MBA, RRT, CPFT, FAARC, VP Internal Affairs
Sheri Tooley, BSRT, RRT-NPS, CPFT, AE-C, VP External Affairs
Lynda Goodfellow, EdD, RRT, FAARC, Secretary/Treasurer
Dana Evans, MHA, RRT-NPS
Susan Gallo, MEd, RRT, CTTS, FAARC
Jakki Grimball, MA, RRT, AE-C
Carl Hinkson, MS, RRT-NPS, FAARC
John Lindsey, Jr., MEd, RRT-NPS, FAARC
Timothy Op't Holt, EdD, RRT, AE-C
Georgianna Sergakis, PhD, RRT, FAARC
Steve Sittig, BSRT, RRT-NPS, FAARC
Lisa Trujillo, DHSc, RRT
Kari Woodruff, BSRC, RRT-NPS, FAARC

HOD Officers

Teri Miller, MEd, RRT, CPFT, Speaker
Kerry McNiven, MS, RRT
Dana Evans, MHA, RRT-NPS

Consultants

Ellen Becker, PhD, RRT-NPS, FAARC, Parliamentarian
Dianne Lewis, MS, RRT, FAARC, President's Council President

Guests

John Hiser, MEd, RRT, FAARC

Excused

Kim Bennion, MHS, RRT
John Wilgis, MBA, RRT
Neil MacIntyre, 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
Kris Kuykendall, Executive Administrative Assistant
Amanda Feil, CAE, Membership Development

CALL TO ORDER

President Karen Schell called the meeting of the 2019 AARC Board of Directors to order at 2:45pm PST.

INTRODUCTIONS AND DISCLOSURES

Secretary/Treasurer Lynda Goodfellow called roll and declared a quorum. President Schell asked guests to introduce themselves. All Board members participated in an icebreaker led by Lisa Trujillo.

Lynda Goodfellow moved to ratify Kim Bennion as the Management Chair section.

Motion carried

President's Council appointed Dianne Lewis as the President's Council president.

Ellen Becker swore both in as members of the Board of Directors.

President Schell asked Parliamentarian Ellen Becker to review the Parliamentarian procedures – Roberts Rules of Order, floor motions, etc.

President Karen Schell informed the Board of her expectations. She informed them about the different AARConnect communities and discussed mentorship for new Board members.

2019 GOALS AND OBJECTIVES

President Schell reviewed the 2019 Goals and Committees. (See Attachment "A")

FM 18-3-4.1 Lynda Goodfellow moved to approve the 2019 appointments, goals and objectives with revisions as presented.

Motion carried

The 2019 meeting dates and locations were announced. Assignments with timelines were given for the Spring meeting.

TREASURER'S MOTION

Lynda Goodfellow moved that the expenses incurred at this meeting be reimbursed according to AARC policy.

Motion carried

ADJOURNMENT

President Schell adjourned the meeting of the AARC Board of Directors at 4:30pm PST.

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

Lynda Goodfellow
AARC, Secretary/Treasurer

Date

Attachment “A”

2019 Goals and Committees

American Association for Respiratory Care

2019 Goals & Committees

Committees, Sections, &
Special Representatives

Karen S. Schell DHSc, RRT, RRT-NPS, RPFT, RPSGT, AE-C,
CTTS, RRT-SDS, 2019-2020 President

AARC Mission Statement

“The American Association for Respiratory Care (AARC) will continue to be the leading national and international professional association for respiratory care.

New Mission Statement: The AARC is the foremost professional association promoting respiratory therapist. (to be voted on by membership)

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.”

New Vision Statement: The AARC advances professional excellence and science in the practice of respiratory therapy, serving the profession, patients, caregivers, and the public. (to be voted on by membership)

AARC Horizon Goals (2019-2020)

My presidential goals for 2019-2020 are the AARC Horizon Goals. Committees will develop tactics for the strategies to meet the AARC Horizon goals.

Advocacy:

Respiratory care provided by respiratory therapists is recognized and supported in all health care settings.

Communications/marketing:

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

Education/professional development:

AARC offers engaging, valuable professional education that advances the professional practice of respiratory therapy and supports advancement of the profession.

Events/Meetings:

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

Membership:

AARC has an engaged, diverse membership comprised of the majority of practicing respiratory therapists.

Revenue and finance:

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

Standing Committees Index

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Standing Committees & Objectives

Bylaws Committee

Horizon Goal Alignment:

Advocacy

- *Respiratory care provided by Respiratory Therapists is recognized and supported in all healthcare settings.*
 1. Collaborate with other organizations to improve the health of the communities and to reinforce the value of RTs.

With the following Objectives:

Review amendments proposed by the Board of Directors, House of Delegates or Chartered Affiliates and submit its recommendations to the proponent.

1. Review Chartered Affiliate bylaws according to the established staggered schedule in which all are reviewed every 5 years for compliance with the AARC bylaws.
 - a. Affiliate bylaws will only be reviewed to not be in conflict with AARC bylaws (acid test).
 1. Affiliate Bylaws will be considered in conflict with the AARC bylaws if non-AARC members are allowed to vote and/or hold a voting position on the Affiliate's Board of Directors.
 2. Affiliate Bylaws will be considered in conflict if Active members of the Chartered Affiliate are not Active members of the AARC.
2. Report which state's Bylaws have been accepted or rejected to the Board of Directors.

Measurable Outcomes

1. Complete the amendment process and develop a list of considerations for the next revision.
2. Track missed opportunities to modify bylaws for consideration beginning 2019 and develop an action plan.

Chair:

Brian Cayko, MBA, RRT

Chair-elect:

Lori Shoman, RRT

2019-2020 Past President:

Brian Walsh, PhD, RRT, RRT-NPS, RPFT, FAARC (2019-2020)

Members: (2-year terms: elected by the HOD: total of 5 people)

Joseph Goss, MSc, RRT, RRT-NPS, AE-C (2018-?)

(HOD rep)?

BOD Liaison: Cheryl Hoerr, MBA, RRT, FAARC 2019-2020 VP/Internal Affairs

AARC Staff: Tim Myers, MBA, RRT-NPS, FAARC

Elections Committee

Horizon Goal Alignment:

Communications/Marketing:

- *AARC consistently delivers the right message, to the right audience, at the right time, through the right channel.*
 1. Identify all key stakeholders and create targeted messaging for each audience.

Membership

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

With the following Objectives.

1. Screen candidates nominated for director, officer and section positions.
2. Report the slate of nominees to the Board of Directors and House of Delegates by June 1.
3. The Elections Committee shall forward a roster of all nominees for the AARC Board of Directors to the current President, which would include all personal contact information for those individuals (i.e., e-mail, work address, work phone, etc.) for consideration in the committee appointment process.
4. Responsible for preparing, distributing, receiving, and verifying all ballots at least 60 days prior to the Annual Business Meeting and according to the Bylaws.
5. Evaluate the nomination process and make recommendation of how to increase our leadership pipeline.

Measurable Outcomes:

1. Provide at least 2 qualified candidates for each open position.
2. Successful election process.
3. Provide improvements to our leadership pipeline to address some of the opportunities found within the current slate.

Chair:

Jim Lanoha, RRT, FAARC

Chair-elect:

? HOD election

Members: (3 -year term, total of 5 members)

Brian Walsh, PhD, RRT, RRT-NPS, FAARC– Past President (2019-2020)

? Ed Borza, BA, RRT, RRT-NPS, CPFT (HOD)

? Kevin Fischer

BOD Liaison: Jaclyn Grimball, MA, RRT, FAARC

AARC Staff: Tim Myers, MBA, RRT-NPS, FAARC

Executive Committee

Horizon Goal Alignment:

Communication/Marketing

- ***AARC consistently delivers the right message, to the right audience, at the right time, through the right channel***
 1. AARC board Actions will be communicated to the membership after each board meeting to ensure they are aware of actions being taken on behalf of them and the profession.

With the following objectives:

1. Act for the Board of Directors between meetings of the Board on all relevant matters as necessary.
2. Approve membership surveys by appropriate methods.
3. Meet monthly to discuss the business of the organization between BOD meetings.
4. Assist with strategic planning.

Measurable Outcomes:

1. Improved communication between Executive Committee, Executive Office and BOD as evident by improve efficiency within the yearly evaluations.
2. Improved responsiveness of the Executive leadership to critical needs of the organization as evidenced by progress on horizon goals

Chair:

Karen Schell, DHSc, RRT
President (2019-2020)

Members:

Brian Walsh, PhD, RRT, RRT-NPS, FAARC **2019-2020 Past President**

Sherry Toole **BSRT, RRT, RRT-NPS, AE-C, FAARC 2019-2020, VP Internal Affairs**

Cheryl Hoerr, **MBA, RRT, FAARC2019-2020, VP External Affairs**

Lynda Goodfellow **EdD, RRT, FAARC 2019-2020 Secretary/Treasurer**

TBA, **2020 President-Elect**

AARC Staff: Tom Kallstrom, MBA, RRT, FAARC

Finance Committee

Horizon Goal Alignment:

Revenue and Finance

- *The AARC produces ample revenues from diverse sources, which are managed to the highest standards.*
 1. Secure new sources of revenue, consistent with mission, that supplements education, sponsorship, and membership for the majority of income.
 2. Participate with partners to mutually increase profitability, such as combining educational meetings and sharing revenue.
 3. Seek additional funding opportunities that engage the membership's and publics' interest to align with the mission and vision.

With the following objectives:

1. Submit for approval the annual budget to the House of Delegates and the Board of Directors.
2. In conjunction with the Executive Office, identify a financial expert to be appointed by the President and ratified by the BOD in time for the yearly audit process.

Measurable Outcomes

1. Successful presentation and approval of the annual budget.
2. Work within approved budget guidelines.
3. Successful appointment of a financial expert.

Chair:

Karen Schell (2019-2020) President

Members:

Brian Walsh, PhD, RRT, RRT-NPS, FAARC **2019-2020 Past President**

Cheryl Hoerr, MBA, RRT, FAARC**2019-2020 VP Internal Affairs**

Sherry Toole, BSRT, RRT, RRT-NPS, AE-C, FAARC**2019-2020 VP External Affairs**

Lynda Goodfellow EdD, RRT, FAARC **2019-2020 Secretary/Treasurer**

TBA, **2020 President-Elect**

?2019-2020 HOD Speaker-elect

?2019-2020 HOD Treasurer

AARC Staff: A. Morton, AARC accountant

Audit Subcommittee

Horizon Goal Alignment:

Revenue and Finance

- *The AARC produces ample revenues from diverse sources, which are managed to the highest standards.*
 1. Secure new sources of revenue, consistent with mission, that supplements education, sponsorship, and membership as the majority of income.
 2. Participate with partners to mutually increase profitability.

With the following objectives:

1. Monitor the financial affairs of the association in cooperation with external independent auditors.

Measurable outcomes:

1. Report the condition of the financial affairs of the Association after the annual audit.
2. Alert if applicable the BOD of large variances or inconsistent accounting practices after the annual audit.

Chair: ?, 2019 HOD Speaker-elect

Members:

Sherry Tooley, BSRT, RRT, RRT-NPS, AEC, FAARC2019-2020 Executive Committee member

Lynda Goodfellow, EdD, RRT, FAARC 2019-2020 Secretary/Treasurer (non-voting)

?, 2019-2020 HOD Treasurer

Consultant: John Walton – jwalton0@gsb.uchicago.edu 708-205-1906

AARC Staff: A, Morton, AARC accountant

Judicial Committee

Horizon Goal Alignment:

Membership

- *AARC has an engaged, diverse membership comprised of a majority of respiratory therapists.*
 1. Create and communicate the value of AARC membership to each community of interest

With the following objectives.

1. Create a user-friendly reporting system to improve the evaluation of judicial issues.
2. Review membership challenges, or complaints against any member charged with any violation of the Association's Articles of Incorporation, bylaws, standing rules, code of ethics, or other rules, regulations, policies or procedures adopted, or any conduct deemed detrimental to the Association.
3. Conduct all such reviews in accordance with established policies and procedures.
4. Determine whether a complaint requires further action.
5. Review and assist the Executive Office in developing a comprehensive and electronic process for disclosure of potential conflict for the BOD, HOD and AARC sponsored conferences.

Measurable outcomes:

1. Report the number of times the website/process was accessed (electronic tracking)
2. Development of recommendations to judicial violations.
3. Report to the BOD an evaluation of the membership who are in good standing or on probation for violations.

Chair:

Anthony Dewitt, JD, RRT, FAARC

Members: (2-year terms, at least 4 members)

Donald Holt, BS, RRT, CPFT

Kathy Deakins, MSHA, RRT, RRT-NPS, FAARC

Tim Op't Holt, EdD, RRT, FAARC

Dan Conyers, MBA, RRT, FAARC

BOD Liaison: Lynda Goodfellow, EdD, RRT

AARC Staff: Tom Kallstrom, MBA, RRT, FAARC

Program Committee

Horizon Goal Alignment:

Education/Professional Development

- *The AARC offers engaging, valuable professional education that advances the professional practice of respiratory therapy.*
 1. The AARC will explore innovative ways to educate the workforce that continually increases the level of competency within the profession.
 2. Increase the educational level within the profession.
 3. Provide education on acute, chronic and co-morbid conditions related to cardiopulmonary health.

Horizon Goal Alignment:

Events/Meetings

- *The AARC is recognized as the #1 provider of engaging, high-quality/world-class educational and research conferences that attract respiratory therapists and inter-professional audiences.*
 1. Prepare the annual International Congress, Summer Forum, and other approved seminars and conferences.
 2. Include topics at the Summer Forum and International Congress to increase participation by other disciplines.
 3. AARC positions the educational and research conferences in locations that attract practicing RTs, locally, nationally, and globally to support development of best practices and research of the field of respiratory care with approval of locations by the BOD.

With the following objectives:

1. Prepare the annual International Congress and Summer Forum, including content that is aligned with Horizon Goals.
2. Evaluate effectiveness and success of said programs.
3. Recommend sites for future meetings.
4. Solicit programming from members that meets the membership needs.

Measurable outcomes:

1. Number of first-time attendee and speakers.
2. CEUs distribution.
3. Number of topics and presentations in each category.
4. Meeting locations and dates.

Chair:

Sara Varekojis, PhD, RRT,

Past Chair:

Tom Lamphere, BS, RRT, FAARC

Members:

Kim Wiles, BS, RRT, CPFT

Richard Branson, MS, RRT, FAARC (consultant)

Dana Evans, MHA, RRT, RRT-NPS

Brady Scott, MS, RRT, RRT-ACCS, AE-C

Kim Bennion, MHS, RRT

BOD Liaison: Lisa Trujillo, DHSc, RRT

AARC Staff: Doug Laher, MBA, RRT, FAARC , Anissa Buchanan

New Governance Structure and will be implemented for the committee in 2019

- Committee members: 2-year term
- Chair-elect: 1-year term

- Chair: 2-year term
- Past Chair – 1-year term

2019 Sputum Bowl Committee (to be appointed after the Program Comm. meets 01/2019)

Measurable Outcomes:

Chair:

Members:

AARC Staff: Doug Laher, MBA, RRT, FAARC

Strategic Planning Committee

Horizon Goal Alignment:

Advocacy

- *Respiratory care provided by respiratory therapists is recognized and supported in all healthcare settings.*

Communications/marketing

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

Education/professional development

- *AARC offers engaging, valuable professional education that advances the professional practice of respiratory therapy.*

Events/Meetings

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

Membership

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

Revenue and Finance

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

With the following objectives:

1. Review the Strategic Plan (including strategies and tactics), report progress, and make recommendations to the Board for revisions or adjustments in the plan at the **Spring 2019** Board of Directors Meeting.
2. Create a dashboard to report progress on the plan to the Board of Directors the future direction to comply with the Strategic Plan.

Measurable outcomes:

1. Monthly updates to the Executive Committee
2. Updated Strategic Plan as strategies and tactics are developed
3. Report to the board current committee and executive offices tactics
4. Report the outcomes

Chair:

2019-2020 - Past President

Brain Walsh, PhD, RRT, RRT-NPS, RRT-ACCS, AE-C, RPFT, FAARC

Members: (2 -year terms for all members)

2019-2020 HOD Speaker-elect ?

2019-2020 - Past HOD Speaker

Keith Seigel, MS, RRT

2019-2020 President

Karen Schell, DHSc, RRT, RPFT, RRT-NPS, RPSGT, RRT-SDS, AE-C, CTTS

External Member

Garry Kauffman, MPA, RRT, FAARC

AARC Staff: Tom Kallstrom, MBA, RRT, FAARC

Specialty Section Index

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2019 Specialty Section Charges

Fulfill the Mission and Vision of the AARC as stated in the Bylaws with the ratified Horizon Goals

The American Association for Respiratory Care (AARC will continue to be the leading national and international professional association for respiratory care.

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 Mission Statement (for vote by membership in 2019)

The AARC is the leading national and international professional association creating the best environment for respiratory therapists.

Proposed New Vision Statement (for vote by membership in 2019)

Creating the best possible environment for respiratory therapists.

Horizon Goal Alignment:

Communications/marketing

- *AARC consistently delivers the right message, to the right audience, at the right time*

Education/professional development.

- *AARC offers engaging, valuable professional education that advances the professional practice of respiratory therapy.*

Membership:

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

With the following objectives:

1. First and foremost, advocate for your section members utilizing the BOD reporting and recommendation process.
2. Create section specific measures of success and present to the board through the V.P. **quarterly** reporting method and spring, summer, and fall BOD meetings.
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 in January. (keep an ongoing list throughout the year and encourage submissions from your membership through AARConnect on a regular basis)
4. The section chairperson is responsible for arranging or leading a quarterly engagement activity for their section membership and reported to their VP. This engagement activity may include, but not limited to:
 - 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.
 - Enhance communication with and from section membership through the section's AARConnect
5. Jointly with the executive office, undertake efforts to demonstrate value of section membership,

thus encouraging membership growth.

6. Solicit names for specialty practitioner of the year and submit the award recipient in time for presentation at the Annual Awards Ceremony at the International Congress.
7. Identify, cultivate, and mentor new section leadership.
8. Review and refine information on your section's web page and provide timely responses to requests for information from AARC members.
9. Encourage networking and the use of AARC resources that promotes the art and science of Respiratory Care:
 - AARConnect library,
 - swap shop,
 - and listserv
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 and report to VP
11. Share best practice with fellow section chairs to improve value or membership participation.
12. Review the membership and the offering of the sections and make recommendations to the Board for areas of improvement.
13. Survey the membership to identify the next evidenced based CPG to be developed.

Measurable Outcomes:

1. Quarterly reports to VP
2. Spring, Summer, Winter reports to BOD addressing the above 12 objectives
3. List of proposals to Program Committee

Adult Acute Care Section*(Board Seat)

Additional Charges:

1.

2018 -2020 Chair:

Carl Hinkson, MS, RRT, RRT-NPS, FAARC

Chair-elect (2020):

?

BOMA (Medical Advisor): Peter Papadakos MD

AARC Staff: Doug Laher, MBA, RRT, FAARC

Diagnostics Section

Additional Charges:

1.

2019-2021? Chair:

Katrina Haynes, MHA, RRT, RPFT

Chair-elect (2020):

?

BOMA (Medical Advisor): Dr. Mark Yoder

BOD Liaison:

AARC Staff: Tim Myers, MBA, RRT-NPS, FAARC

Education Section*(Board Seat)

Additional Charges:

1.

2018-2020 Chair:

Georgianna Sergakis, PhD, RRT, FAARC

Chair-elect (2020):

?

Medical Advisor: Russ Acevedo, MD

AARC Staff: Shawna Strickland, PhD, RRT, RRT-ACCS, RRT-NPS, AE-C, FAARC

Management Section* (Board Seat)

Additional Charges:

1.

2019-2020 Chair:

Kim Bennion, MHS, RRT

Chair-elect (2020):

Medical Advisor: Dr. Robert Aranson

AARC Staff: Doug Laher, MBA, RRT, FAARC

Neonatal-Pediatrics Section* (Board Seat)

Additional Charges:

1.

2019 Chair:

Steve Sittig, RRT, RRT-NPS, C-NPT, FAARC
NPS, FAARC

Chair-Elect (2019):

Bradley Kuch, MHA, RRT, RRT-

Medical Advisor: Ira Cheifetz, MD
AARC Staff: Tim Myers, MBA, RRT-NPS, FAARC

Post- Acute Care

Additional Charges:

1.

2019 Chair:

Adam Mullaly, BSRT, RRT, AE-C

Chair-Elect (2019-2020)

?

Medical Advisor: Dr. Terrance Carey

BOD Liaison:

AARC Staff: Shawna Strickland, PhD, RRT, RRT-ACCS, RRT-NPS, AE-C, FAARC

Sleep Specialty Section

Additional Charges:

1.

2019 Chair/Chair-Elect (2019):

Jessica Schweller, MS, RRT, RRT-SDS, APRN-

Medical Advisor: Dr. Paul Selecky MD

BOD Liaison:

AARC Staff: Tim Myers, MBA, RRT-NPS, FAARC

Surface & Air Transport Section

Additional Charge:

1,

2019-2020 Chair:

Olivia L. Jenkins, BHS, RRT, RRT- NPS

Chair-Elect (2020):

Medical Advisor: Dr. Robert Aranson, MD

BOD Liaison:

AARC Staff: Shawna Strickland, PhD, RRT, RRT-ACCS, RRT-NPS, AE-C, FAARC

* = Board Seat

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AARC Fellowship Committee

Horizon Goal Alignment:

Communication/Marketing

- *AARC consistently delivers the right message, to the right audience, at the right time, through the right channel*
 1. Identify all key stakeholders and create focused messaging that communicates the value of respiratory therapists and respiratory therapy leadership
 2. The AARC will market the value of the respiratory therapist to clients and other healthcare professions both nationally and internationally.

Membership

- *AARC has an engaged, diverse membership comprised of a majority of respiratory therapists.*
 1. Create and communicate the value of AARC membership to each community of interest.

With the following objectives:

1. Review applications of nominees for AARC Fellow Recognition (FAARC).
2. Select individuals who will receive the AARC Fellow recognition prior to the International Respiratory Care Congress.
3. Develop/improve an objective rubric for review of applications and use to shadow process for 2019 to implement in 2020.
4. Provide a webcast with the Executive office to review the application? Evaluation? process with the AARC membership.
5. Mentor committee members for future chair position.

Measurable outcomes:

1. Number of qualified submissions each year.
2. New fellows presented each year.
3. Scoring rubric developed and summary of pilot test (shadow results)

Chair 2019-2020:

Frank Salvatore, MBA, RRT, FAARC

Members:

Dean Hess, PhD, RRT, FAARC

John D. Hiser, MEd, RRT, CPFT, FAARC

Trudy Watson, BS, RRT, FAARC

Caroline Williams, BS, RRT, FAARC

Denise Johnson, MHS, RRT, FAARC

BOD Liaison:

AARC Staff: Tom Kallstrom, MBA, RRT, FAARC

Vision Grant Committee

Horizon Goal Alignment:

Education/professional development

- *AARC offers engaging, valuable professional education that advances the professional practice of respiratory care.*
 1. The AARC will explore innovative ways to educate the workforce that continually increases the level of competency within the profession

Communication/marketing

- **AARC consistently delivers the right message, to the right audience, at the right time, through the right channel.**
 1. Provide research-based outcomes information to consumers on higher mortality and lower costs when RTs are involved in care.

With the following objectives:

2. Review the application process and recommend changes as needed to the AARC BOD
3. Provide a call for applications
4. Maintain funding mechanism that produces published results.

Measurable outcomes:

1. Awarded grants align with horizon goals
2. Progress on current awardees

Chair 2019- 2020

Lynda Goodfellow, EdD, RRT, FAARC

Members:

Gerogianna Sergakis, PhD, RRT, FAARC

Greg Ruppell, MEd, RRT, RPFT, FAARC

AARC Staff: Tim Myers/Shawna Strickland

Benchmarking Committee

Horizon Goal Alignment:

Advocacy:

- ***Respiratory therapy provided by respiratory therapists is recognized and supported in all healthcare settings***
 1. Respiratory therapists will be recognized for providing the highest quality and the safest care for cardiopulmonary chronic conditions by demonstrating cost-effective clinical outcomes.
 2. Respiratory therapists will collaborate with other organizations that have like values and issues that work to improve the health of the communities they represent to be able to bring value to their members.

With the following objectives:

1. Investigate, through client feedback, what other outcomes are important to compare and the feasibility of incorporating them into the program.
2. Determine the feasibility of developing and incorporating product improvements into the system, including the review and updating of all sections and the use of industry consistent terminology.
3. Determine a scale and implement a patient value assessment for each procedure.
4. Investigate the possible adoption of AARC Benchmarking standards to accreditation (The Joint Commission) or regulatory bodies such as CMS.
5. Explore joining forces with other benchmarking agencies who also have standards for respiratory care practices.
6. Explore making the AARC benchmarking a benefit of management section membership.

Measurable outcomes:

1. Sales of benchmarking product.
2. Improved distribution of benchmarking data that promotes best professional practice.

Chair:

Chuck Menders, BA, RRT, AE-C

Members:

Tom Berlin, DHSc, MSc, RRT

Richard Ford, BS, RRT, FAARC?

Cheryl Hoerr, MBA, RRT, FAARC

Garry Kauffman, MPA, RRT, FAARC

Board Liaison:

AARC Staff: Tim Myers

Billing Codes Committee

Horizon Goal Alignment:

Advocacy:

- ***Respiratory Therapy provided by respiratory therapists is recognized and supported in all healthcare settings.***
 1. Provide legislators with supporting research data promoting efficient, cost effective and quality care when utilizing a respiratory therapist to control unnecessary care.
 2. Respiratory therapists will collaborate with other organizations that have like values and issues that work to improve the health of the communities they represent to be able to bring value to their members.

With the following objectives:

1. Recommend new AMA CPT respiratory care and pulmonary function related codes as needed and assist with coding proposals
2. Maintain a repository for current respiratory care and pulmonary function codes.
 1. Serve as a coding resource for members.
 2. Monitor the Billing Codes list serve postings.
 3. Review and update the AARC coding sources such as Coding Resources on aarc.org and the Uniform Reporting Manual.

Measurable outcomes:

1. Yearly updates to coding changes on the resource page.
2. Submit coding proposals as needed.

Chair:

Susan Rinaldo-Gallo, MEd, RRT, FAARC

Members:

Becky Anderson, RRT

BOD Liaison: ?

AARC Staff: Anne Marie Hummel

Advocacy and Government Affairs Committee

Horizon Goal Alignment:

Advocacy:

- *Respiratory therapy provided by respiratory therapists is recognized and supported in all healthcare settings.*
- 1. Provide legislators with supporting research data promoting efficient, cost effective and quality care when utilizing respiratory therapist to control unnecessary care.
- 2. Respiratory therapists will advocate locally, nationally, and globally on issues facing our patients, our practice, and our members.

With the following objectives:

1. Find ways to gain support for the Telehealth bill (Pilot Project bill and other bills as dictated by the annual legislative program).
2. Assist the state societies with legislative and regulatory challenges and opportunities as these arise. Over the next two years provide assistance to all states that begin moving toward RRT and/or BS entry for therapists seeking a new state license.
3. Work with PACT coordinators and the HOD to establish in each state a communication network that reaches to the individual hospital level for the purpose of quickly and effectively activating grassroots support for all AARC political initiatives on behalf of quality patient care.
4. Oversee the virtual lobby week and/or any calls to action that come up over the year.
5. Assign committee members specific states to act as liaisons toward and ensure the members communicate with their liaison state during active committee work periods.
6. Assist in coordination of consumer supporters.

Measurable outcomes:

1. Increase by 20% the number of co-signers of the Telehealth bill.
2. Produce 10% more emails sent to Capitol Hill this virtual lobbying week.

Chair (Lead): (to mentor co-chair)

Frank Salvatore, MBA, RRT, FAARC

Co-Chair:

Members:

Carrie Bourassa, RRT

John Campbell, MA, RRT, RRT-NPS

Joseph Goss BS, RRT, RRT-NPS, AE-C

Natalie Napolitano, MPH, RTT, RRT-NPS, FAARC

Keith Siegel, MBA, RRT, CPFT

Gary Wickman, BA, RRT, FAARC

Mike Madison, MBA, RRT

Kim Bennion, MHS, RRT

BOD Liaison:

AARC Staff: Ann Marie Hummel

Political Action Committee (AARCPAC)

Horizon Goal Alignment:

Advocacy:

- *Respiratory Therapy provided by Respiratory Therapists is recognized and supported in all healthcare settings.*
- 1. Respiratory Therapists will advocate locally, nationally, and globally on issues facing our patients, our practice, and our members.

With the following objectives:

1. Continue to seek funds from the membership and provide funds for use in political support of our advocacy efforts.
2. Develop a plan for promoting State Affiliate donation to the PAC.
3. Increase awareness of the Political Action Committee.

Measurable outcomes:

1. Report amount of funds raised
2. Report where funds were spent

Chair:

Gail Varcelotti, BS, RRT

BOD Liaison:

AARC Staff: Anne Marie Hummel

International Committee

Horizon Goal Alignment:

Advocacy:

- ***Respiratory therapists will advocate locally, nationally, and globally on issues facing our patients, our practice, and our members.***
 1. Respiratory Therapists will collaborate with other organizations that have like values and issues that work to improve the health of the communities they represent to be able to bring value to their members

Communications/marketing

- **AARC consistently delivers the right message, to the right audience, at the right time, through the right channel.**
 1. The AARC will market the value of the respiratory therapists to clients and other healthcare professions both nationally and internationally

Events/meetings

- ***The AARC is recognized as the #1 provider of engaging, high-quality/world-class educational and research conferences that attract respiratory therapists and inter-professional audiences.***
 2. The AARC will explore way to increase domestic and international conference attendees annually.

With the following objectives:

1. Coordinate, market and administer the International Fellowship Program.
2. Collaborate with the Program Committee and the International Respiratory Care Council to plan and present the international functions of the Congress.
3. Strengthen AARC Fellow Alumni connections through communications and targeted activities.
4. Coordinate and serve as a clearinghouse for all international activities and requests.
5. Continue collegial interaction with existing International Affiliates to increase our international visibility and partnerships.
6. Continue to work in collaboration with the AARC, ARCF and the ICRC on all international initiatives and goals.

Measurable outcomes:

1. Work to increase number of international fellows as funding becomes available.
2. Focus on the development of collaborative educational programs, guidelines, recommendations or position statements.
3. Track and publish in the AARC Times international initiatives (minimum quarterly)

Chair:

John D Hiser MEd RRT CPFT

Co-Chair: Daniel Rowley, BS, RRT, RRT-NPS RPFT

Members:

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

Vijay Deshpande, MS, RRT

Ed Coombs, MA, RRT, RRT-NPS, RRT-ACCS, FAARC

Lisa Trujillo, DHSc, RRT

Mike Davis, RRT?

BOD Liaison:

AARC Staff: Tom Kallstrom

Membership Committee

Horizon Goal Alignment:

Membership:

- *AARC has engaged, diverse membership comprised of a majority of respiratory therapists.*
 1. Create and communicate the value of AARC membership to each community of interest.
 2. Develop a recruiting campaign to engage people from underrepresented populations to enter the respiratory therapy profession.
 3. Engage and increase involvement of AARC members through a variety of media, promotional and individual strategies as a mechanism to increase membership.

With the following objectives:

1. Increase the membership 5% each year.
2. Develop strategies for members to engage with HOSA programs within their state to recruit volunteers from under represented populations
3. Encourage underrepresented populations to join the AARC.
4. Identify and evaluate methods to recruit respiratory therapy students as ACTIVE members of the AARC. (Mentor program)

Measurable outcomes:

1. Membership - # of members, # non-members engaged with HOSA programs
2. Effectiveness of current and new recruitment strategies.
3. Attrition rate of members and report to the board.
4. Percentage of underrepresented populations that enroll in entry-level programs and join AARC.

Chair:

Jennifer Anderson, EdD, RRT,

Members:

Laura Hartman, BS, RRT, RRT-NPS, RRT-ACCS	Cheryl Skinner, MSCLR, RRT, CPFT
Karsten Roberts, MSCLR, RRT, RRT-NPS, RRT-ACCS, FAARC	
Larry Stein, BSRT, RRT	Jeff Davis, BS, RRT
Michelle Pedicone, S, RRT-NPS	
Dennis Guillot, PhD, RRT	Sharon Armstead, BS, RRT
Mandy De Vries	Kaitlyn Cannon, BSRC, RRT-NPS

BOD Liaison:

AARC Staff: Shawna Strickland/Amanda Feil

Position Statement and Issue Papers Committee

Horizon Goal Alignment:

Communications/marketing

- *AARC consistently delivers the right message, to the right audience, at the right time, through the right channel.*
- 1. Identify all key stakeholders and create focused messaging that communicates the value of respiratory therapists and respiratory therapy leadership

With the following objectives:

1. Keep current and update all position statement and issue papers to meet the Policy CT.008 requirements.
2. Provide updates to the Spring, summer and annual meetings on the progress of meeting the policy requirements.
3. Provide recommendations to the BOD regarding new position statements or issue papers.

Measurable outcomes:

1. Percentage of position statements and issue papers that were reviewed on schedule.
2. Number of new position statements or issue papers developed and retired.
3. Position statements and issue papers status matches information posted on AARC website.

Chair:

?

Members:

Joe Goss, MSJ, RRT, RRT-NPS, AE-C

Joyce Baker, MBA, RRT, RRT-NPS, AE-C

Kim Wiles, BS, RRT, CPFT

Denise Johnson, MA, RRT, FAARC

Joel Brown, BSRT, RRT, FAARC

BOD Liaison:

AARC Staff: Doug Laher

Virtual Museum Committee

Horizon Goal Alignment

Communication/marketing

- *AARC consistently delivers the right message, to the right audience, at the right time, through the right channel.*
 1. Identify all key stakeholders and create focused messaging that communicates the value of respiratory therapists and respiratory therapy leadership.
 2. Develop/participate in public service announcements, television advertisements, and billboards with partners to promote the practice of respiratory therapists and inform the public of the role of respiratory therapist in disease management and health promotion.

Membership:

- *AARC has engaged, diverse membership comprised of a majority of respiratory therapists*
 1. Create and communicate the value of AARC membership each community of interest.

With the following objectives:

1. To expand the exhibits for the virtual museum.
2. Divide committee members into teams to develop one or more specific exhibits.
 - a. Each team will be responsible for:
 - i. Determining the content to be included in the assigned exhibit's gallery.
 - ii. Identifying and selecting relevant images for the gallery.
 - iii. Developing descriptions for each selected image.
 - iv. Citing the source for each image.
 - v. Complying with project deadlines.
3. Devise a plan to publicly launch exhibits with a story via appropriate media in conjunction with the Executive Office as they are completed.
4. Develop and improve the process for selection of Legends for the Virtual Museum
5. Brainstorm and develop ideas to increase photo submissions for future galleries

Measurable outcomes:

1. Number of exhibits launched per year.
2. Number of people contributing items to the exhibit

Chair:

Trudy Watson, BS, RRT, FAARC

Members:

Gayle Carr, RRT, CPFT

Dianne Lewis, MS, RRT, FAARC

Colleen Schabacker, BA, RRT, FAARC

Felix Khusid, BS, RRT, RRT-NPS, RRT-ACCS, RPFT

Dr. Robert Aranson?

BOD Liaison:

AARC Staff Liaison: Tom Kallstrom

Committee on Diversity

Horizon Goal Alignment

Communications/marketing:

- *AARC consistently delivers the right message, to the right audience, at the right time, through the right channel*
- 1. Identify all key stakeholders and create focused messaging that communicates the value of respiratory therapists and respiratory therapy leadership

With the following objectives:

1. Develop a program/toolkit that can be used by the state affiliates and AARC Board to bring diversity into the leadership and membership of the profession.
2. Create a Diversity webinar for AARC University.
3. Develop a speaker's bureau for the AARC to make available to state/affiliate meetings.
4. Research and compile a comprehensive list of related links and resources on diversity in health care for inclusion on the AARC web site, including:
 - Cultural diversity
 - Workforce diversity
 - Gender equity
 - LGBT health
 - Health literacy
 - Disparities in healthcare
 - Case studies in cultural competence

Measurable outcomes:

1. Items added to or revised on the AARC diversity web page
2. Programs or products created

Co-Chairs:

Crystal Dunlevy, EdD, RRT, RCP

Jakki Grimbball, MA, RRT, AE-C

Committee Members:

Joseph Buhain , EdD, RRT, FAARC

Miguel Muniz, BS

Daniel Rowley, MSc, RRT, RRT-ACCS, FAARC

Edgar Mercado, BA, CRT

Mikki Thompson, MS, RRT, FAARC

Joel Brown, BSRT, RRT, FAARC

Gabrielle Davis MPH, RRT, RRT-ACCS, NPS, TTS?

BOD Liaison:

AARC Staff: Doug Laher/Shawna Strickland

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2019 Special Representatives Charges
Fulfill the Mission and Vision of the AARC as stated in the Bylaws
with the ratified Horizon Goals

The American Association for Respiratory Care (AARC will continue to be the leading national and international professional association for respiratory care.

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 Mission Statement (for vote by membership in 2019)

The AARC is the leading national and international professional association creating the best environment for respiratory therapists.

Proposed New Vision Statement (for vote by membership in 2019)

Creating the best possible environment for respiratory therapists.

Horizon Goals Alignment:

Advocacy:

- ***Respiratory therapy provided by respiratory therapists is recognized and supported in all healthcare settings.***
- 1. Respiratory Therapist will advocate locally, nationally, and globally on issues facing our patients, our practice, and our members.
- 2. Respiratory Therapists will collaborate with other organizations that have like values and issues that work to improve the health of the communities they represent to be able to bring value to their members.

Communications/marketing

- **AARC consistently delivers the right message, to the right audience, at the right time**
- 1. Identify all key stakeholders and create focused messaging that communicates the value of respiratory therapists and respiratory therapy leadership.
- 2. The AARC will market the value of the respiratory therapist to clients and other healthcare professions both nationally and internationally.

Membership:

1. AARC has an engaged, diverse membership comprised of a majority of respiratory therapists.

With the following objectives:

1. When required, attend conference calls, webinars and/or meetings of your designated organization .
2. Provide a written report at the next AARC Board Meeting summarizing the items discussed and/or provide minutes of the meeting to document participation and action items needed by the AARC Special representative and/or organization.
3. File expense reports to the AARC within 30 days of expenses being incurred if not covered by the supporting organization.

Measurable outcomes:

AMA CPT Health Care Professional Advisory Committee

Susan Rinaldo Gallo, MEd, RRT

American Association of Cardiovascular & Pulmonary Rehab

Gerilynn Connors, BS, RRT, FAARC

American Heart Association

Brain Walsh, PhD, RRT, RRT-NPS, RRT-ACCS, AE-C, RPFT, FAARC

Cystic Fibrosis Foundation

Dave Burnett, PhD, RRT, AE-C ?

Chartered Affiliate Consultant

Garry W. Kauffman, MPA, FACHE, RRT, FAARC

CoBGRTE

Gary Wickman, MSCL, RRT

COPD

Mike Hess, BS, RRT, RPFT?

Commission on Accreditation of Medical Transport Systems

Steven Sittig, RRT, RRT-NPS, C-NPT, FAARC

Extracorporeal Life Support Organization (ELSO)

Bradley Kuch, RRT, RRT-NPS, FAARC

International Council for Respiratory Care (ICRC)

Governor – United States

Jerome Sullivan, PhD, RRT, FAARC

Lisa Trujillo, DHSc, RRT

National Association for Advisors of Health Professions (NAAHP)

?

National Asthma Education & Prevention Program

Dave Burnett, PhD, RRT, AE-C

Neonatal Resuscitation Program

John Gallagher, RRT, RRT-NPS

Society for Airway Management

Monique Steffani, RRT, RRT-NPS, RRT-ACCS

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Ad Hoc Committee on Advanced Respiratory Therapy Practices, Credentialing and Education

Horizon Goal Alignment:

Advocacy:

- **Respiratory Therapy provided by Respiratory Therapists is recognized and supported in all healthcare settings**

1. Respiratory Therapist will collaborate with other organizations that have alike values and issues that work to improve the health of communities they represent to be able to bring value to their members.

Communications/marketing:

- **AARC consistently delivers the right message, to the right audience, at the right time**
- 1 Provide research-based outcomes information to consumers on higher morality and lower costs when RTs are involved in care.
 - 2 The AARC will market the value of the Respiratory Therapist to clients and other healthcare professions both nationally and internationally.

With the following Objectives:

1. 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.
 - a. Identify possible mechanisms to provide funding through the ARCF or other stakeholder(s) (e.g., employers) to support the pilot program(s). (??)
6. Consider the development of the credential for the advance practice provider.

Measurable outcomes:

Committee:

AARC Representatives:

Dana Evans, MHA, RRT, RRT-NPS

Lynda Goodfellow, EdD, RRT, FAARC

Dr. David Kelley

Anne Marie Hummel

John Wilgis, MBA, RRT

Lisa Johnson, MS, RRT, RRT-NPS

Brian Walsh, PhD, RRT – CO-CHAIR

AARC Staff: Shawna Strickland

CoARC Representatives:

Dr. Kevin O’Neil

Dr. George Burton

Sarah Varekojis, PhD, RRT

Kathy Rye, EdD, RRT, RRT-NPS, RRT-ACCS, FAARC

CoARC Executive Office Liaison: Dr. Shane Keene

NBRC Representatives:

Thomas Fuhrman, MD

Kerry George, MEd, RRT, RRT-ACCS, FAARC

Robert Joyner, PhD, RRT, RRT-ACCS, FAARC - CO-CHAIR

Carl Haas, MS, RRT, RRT-ACCS, FAARC

NBRC Executive Office Liaison: Lori Tinkler, NBRC

Ad Hoc Committee on BS Entry to Practice

Horizon Goal Alignment

- **AARC offers engaging, valuable professional education that advances the professional practice of respiratory care**
 1. The AARC will collaborate with educational institutions, health care organizations, state affiliates, providers, and other stakeholders to advance the profession to a Baccalaureate Degree Entry to Practice

With the following objectives.

1. Develop ways to increase the number of graduates with baccalaureate degrees at entry into respiratory care practice
2. Increase the number of baccalaureates prepared respiratory therapist to 805 of all therapists by 2020

Measurable outcomes:

Chair:

Brian Walsh, PhD, RRT, RRT-NPS, RRT-ACCS, RPFT, FAARC, AARC Past President (2019)

Members:

AARC

Lynda Goodfellow, EdD, RRT, FAARC

Karen Schell, DHSc, RRT, RRT-NPS, RPFT, RPSGT, AE-C, CTTS, RRT-SDS

AARC Staff: Tom Kallstrom, Shawna Strickland

CoARC

Brad Leidich, MEd, RRT, FAARC

Shelley Mishoe, PhD, RRT, FAARC

CoARC Staff: Tom Smalling

NBRC

Robert Joyner, PhD, RRT, RRT-ACCS, FAARC NBRC Staff: Lori Tinkler, Rob Shaw

NN2RC

Peggy Spears, MS, RRT

NN2 (are these correct)

Greg Ferenchak

Candy Ryan

Jon Nilstuen

Ad Hoc Committee on Career Pathways

Horizon Goal Alignment:

Education/professional development:

- **AARC offers engaging, valuable professional education that advance the professional**

practice of respiratory therapy.

1. The AARC will conduct an educational/professional needs assessment and implement an action plan to accomplish the needs of its members.
2. The AARC will collaborate with educational institutes, health care organizations, state affiliates, providers, and other stakeholders to advance the profession to a Baccalaureate Degree Entry to Practice.

With the following objectives:

- 1.

Measurable outcomes:

Chair

Ellen Becker, PhD, RRT, RRT-NPS, RPFT, AE-C, FAARC

Members

Diane Oldfather, MEd, BHS, RRT

Brad Leidich, MEd, RRT, FAARC

John Lindsay

Susan Gallo, MEd, RRT, FAARC

Lutana Hahn, MHS, RRT

Brian Cayko, MBA, RRT

AARC Staff Liaison – Shawna Strickland

11-15-18 version



E-Motions

(Since Last Board Meeting in December 2018)

E19-1-15a.1 “The AARC Program Committee requests ratification of the following AARC members as membership to the Sputum Bowl committee:

Tom Lamphere BS, RRT-ACCS, RPFT, FAARC - Chair
Renee Wunderley BS, RRT-NPS - Past Chair
Angie Switzer BSRC, RRT-NPS - Moderator
Dennis Guillot PhD, RRT - Score Keeper / Time Keeper
Steve Mosakowski MBA, RRT, FAARC - Score Keeper / Time Keeper”

Results – March 1, 2019

Yes – 12

No – 0

Abstain – 1

Did Not Vote – 4

General Reports

President Report

Submitted by Karen Schell– Spring 2019

Recommendations

None

Report

First quarter report

It has been my pleasure to serve the AARC as President for the first quarter of 2019. The board of directors, committees, members, and executive office have been busy rolling out the six Horizon Goals. You can feel the excitement among the organization. Thank you for your patience, understanding, and commitment as we reorganize and refocus to meet our objectives outlined by our goals ratified at the Summer 2018 meeting. I am grateful for your support and encouragement.

Recap of activities to date:

First, let me take this opportunity to thank my parliamentarian, Ellen Becker. Ellen has worked with me over the last year as we have gathered information, brainstormed ideas for process improvements, streamlined processes for better communication, and developed a system to record information, and recorded lessons learned to mentor the next president-elect. Thank you, Ellen for keeping me focused, organized, and timely. We are still working on a few kinks and always looking for ways to improve, inform, record, and communicate.

- **“Shout out” to the AARC Executive Office**

A **BIG** thank you to the Executive Office and staff for their quick response to all my requests. They have put up with me and my “asks” in a timely and professional manner. I am so dependent on their assistance, expertise, experience, and knowledge. I am learning more and more about how valuable their resources are and hope I have not been too much of a nuisance with all my questions and requests.

- **2019 Committee Book, AARConnect Communities, Officiary**

After some editing and rework, the 2019 Committee Book is complete.

All AARConnect Committees have been built and verified correct by committee chairs. All chairs are encouraged to use the AARConnect community to communicate to their committees.

AARC office has the AARC officary up and running. Everyone should verify their information is correct. All committee chairs, members, and special representatives have been officially notified by a personal appointment letter from the President

- **President Webcasts**

Held an orientation webcast to Committee Chairs on January 10th. Webcast was recorded for those who could not attend.

Per recommendation from the HOD, Society President webcast was held Feb. 28th. HOD members were also invited to attend the webcast. Presidents and HOD members were invited to send in questions or concerns to the president prior to the call. Also, Executive office, executive boards of HOD and BOD were invited to give input to the items to be discussed. Webcast was recorded for those who could not attend.

- **E-vote**

One e-vote conducted to approve the Sputum Bowl committee recommendation from the Program Committee. Approved, committee members were notified.

- **Issue Paper**

AARC Issue Paper - Entry to Respiratory Therapy Practice 2025 was sent out by the committee with a link for a 30-day comment period for comments to come back to the committee. Additionally, the link to the paper went out to our stakeholders. The committee compiled the comments and will report at the board meeting for BOD discussion and recommendations. Thank you to Pat Doorley for continuing to support this effort as she has stepped down as chair. She is working with the new chair to bring him up to speed.

- **Phone calls**

Calendar invites were set up to meet (agenda items to be sent to president prior to the meeting) every month

HOD/AARC Executive committees

HOD Speaker/AARC President

BOD Executive committee

AARC Executive Director and President

Skype with Parliamentarian (and as needed)

Weekly

President, Past President, and Executive Directors

- **Meetings**

January 16th -19th - Patient Safety Movement. World Patient Safety, Science and Technology Summit, Huntington, California

- The 7th Annual World Patient Safety, Science & Technology Summit co-convened by the European Society of Anaesthesiology. The 2019 Summit gathered international hospital leaders, medical and information technology companies, the patient advocacy community, public policy makers and government officials, to discuss solutions to the leading challenges that cause preventable patient deaths in hospitals worldwide. Tom Kallstrom, AARC CEO sat on a panel discussion. "Zero by 2020"

February 5th – IPEC – Washington D.C. (Tom and Shawna attended in my absence)

- **VISION FOR THE FUTURE** Interprofessional collaborative practice drives safe, high-quality, accessible, person-centered care and improved population health outcomes
- **MISSION IPEC**, working in collaboration with academic institutions, will promote, encourage and support efforts to prepare future health professionals so that they enter the workforce ready for interprofessional collaborative practice that helps to ensure the health of individuals and populations
- **GOALS AND STRATEGIES FOR ADVANCING IPEC'S WORK**

1. Serve as the thought leader for advancing interprofessional education.
 - Develop and promote core competencies for interprofessional collaborative practice.
 - Create a repository of interprofessional educational tools and resources.
 - Develop and promote assessment tools and resources to evaluate the impact and effectiveness of IPE efforts.
2. Promote, encourage and support the academic community in advancing IPE efforts.
 - Prepare faculty for teaching students how to work effectively as part of an interprofessional team.
 - Prepare leaders to advance interprofessional education and interprofessional practice efforts within their institutions.
 - Convene communities of interest to create, promote and share ideas and practices.
3. Inform policy makers and key influencers about the important contribution IPE makes to addressing the health care needs of the nation.
 - Advance understanding and support of IPEC, interprofessional education, and interprofessional practice among key government agencies.
 - Advance understanding and support of IPEC, interprofessional education, and interprofessional practice among university leadership.
 - Advance understanding and support of IPEC, interprofessional education, and interprofessional practice among health system leaders.

February 5th – 11th - African Union Summit, Addis Ababa, Ethiopia

March 13th – 16th - NAMDR meeting – Sonoma, California (meet and greet reception with NBRC, AARC, CoARC, NAMDR

Canadian Society Phone call/meeting at NAMDR (agenda to develop collaborations)

March 14th, Sonoma, California

- **Supporting letters**

Approved a Sign-on to a letter originated by CRD, not our specific lobbyists but their firm, that would ask Congressional leaders to negotiate a new budget agreement that would lift the budget caps for non-defense discretionary (NDD) funds for fiscal years 2020 and 2021 (Anne Marie Hummel)

- **Articles**

The Sunflower Campaign: Bloom from Wherever you are Planted – AARC Times December 2018

Recorded Interview with AARC News at AARC Congress on News Now – Las Vegas – December 2018

Encouraging Positive Engagement and Motivation Through Mentoring – AARC Times, February 2019

10 questions for New AARC President – AARC Times March 2019

- **National Association of Allied Health Professionals (NAAHP)**

AARC joined with a patron membership – more information at the board meeting

- **Oxygen Safety on Airlines – Ad Hoc Committee**

Committee formed, Sheri Toole chairing committee

- **Volunteer activity**

Sunflower Movement – Sending out sunflower lapel pins throughout the country with members

mentoring and recruiting members and volunteers

- **Attended State Society Meetings**

December 14th – Kansas Respiratory Care Society Board meeting, Kansas City, Kansas

January 11th and 12th – Texas Society strategic planning meeting moderated by Garry Kauffman, Dallas, Texas

March 1st – Presented at the Missouri Society of Respiratory Care District IV and Kansas Respiratory Care Society Annual Conference in Kansas City, Kansas

- **BOD Orientation posts**

Continue to send out posts on AARConnect community for BOD Orientation for informing and engaging new and current board members

- **Upcoming Events**

AARC Leadership meeting – March 24th-25th – Dallas, Texas

PACT – April 8th-9th – Washington, D.C.

NBRC Meeting – May 3rd-5th – Charlotte, NC

Canadian Society Respiratory Care – May 9th-11th - Niagara Falls

ATS meeting – AARC has a booth – May 17-18th, Dallas, Texas

- **Future State Society Presentations scheduled**

April 1st -2nd – Tennessee

April 4th – Iowa

April 5th – Kansas

April 14th – 15th – Washington

April 24th – 26th – Louisiana

May 1st – Colorado

May 2nd – Nebraska

July 8-10th – Texas

September 5th-6th- New York

September 11-13th – North Carolina

September – Arkansas

- **Other meetings scheduled**

August 23rd-24th – NBRC

October 24th – President Webcast with Society Presidents and HOD members

December 14th – NBRC-CoARC – Tucson, AZ

**Update to be verbally given on activities since report submitted for board book by Feb. 22nd deadline

Past President

Submitted by Brian Walsh – Spring 2019

Recommendations

None

Report

Nothing to report.

Executive Office

Submitted by Tom Kallstrom – Spring 2019

Recommendations

None.

Report

MEMBERSHIP

Near the end of February the number of active members has reached 39,846. We will have more current figures to report at the board meeting in March.

Leadership Boot Camp

Plans are underway for the 2019 Leadership Boot Camp. We are expecting 47 attendees from 32 state societies. We plan to cover a variety of topics, including board responsibilities, financial stability, and engagement strategies. We look forward to having interested board members join us at the reception

Outreach, Promotion, and Engagement Opportunities

- The AARC will be participating in the HOSA 42nd Annual International Leadership Conference in Orlando, Florida, in June.
- The AARC is researching ways to partner with the VA. Several calls have been made to VA RT directors. We expect to give an update of these calls and next steps at the board meeting
- We recently joined The National Association of Advisors for the Health Professions.
- ATS and CHEST have both offered (and we have accepted) a booth at their upcoming annual conventions this year
- CHEST has also given us an hour slot to present at their annual convention this year. We will be putting together a panel to discuss Medical Directorship and how we can work together to ensure a stronger and effective relationship of the Medical Director and RT staff in the hospital
- The executive office is working with Allergy and Asthma Network on a project that will grade the allergy/asthma accommodations that the airlines make or do not make. There is a survey being released to the patient members of AAN, which we expect will help guide us.
- Kallstrom and Myers met with leadership of CHEST in February and we identified a number of areas that we can work closer together on. They have at the top of their priorities a need to make flying less restrictive for patients who fly with oxygen. They expressed a desire to work with the AARC as it pursues this issue in 2019.
- Hummel and Salvatore both attended a Respiratory Alliance for Patient Access meeting in

January.

- Kallstrom and Strickland attended an Interprofessional Education Collaborative in February. We are now represented on the IPEC council.
- ATS has invited AARC leadership to participate in their soon to be released Oxygen CPG.
- AARC Executive Office leadership participated in the recently released proceedings of the Optimizing Home Oxygen Therapy Workshop Report.
- Dr. Tom Plaut has signed over ownership and all rights of One Minute Asthma to the AARC. He has retired and wanted the AARC to continue what he started decades ago with his popular handbook

Specialty Sections

Several sections have identified reviewing and organizing their AARConnect Library as a project. Staff has provided preliminary information to help facilitate this project. Volunteers from the section are being recruited for the next step.

Database Transition and Website Updates

Several programs were revamped in late 2018. Staff has partnered with Customer Service, Marketing, and IT to make updates to procedures, websites, and member materials. It is anticipated this will continue through at least the first half of 2019.

SPECIAL PROJECTS

Public Relations & Recruitment

The Life & Breath video has been scheduled for retirement (no later than 2019) and funding for a new product was been approved by the AARC Board of Directors. The new product will be a dynamic collection of multiple types of media for various audiences and purposes that can be edited on a regular basis. Production has been added to the 2019 project agenda and a business plan is in progress.

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 committee has also submitted a ventilator alarms paper for publication. 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 yielded 16 applications. The recognition

program recognizes five aspects of respiratory care: Acute Care, Long-Term Care, Home Medical Equipment, Entry-to-Practice Educational Programs, and Dedicated Transport Teams. All applicants earned the Apex Recognition status: 12 acute care facilities, 1 long-term care facility, and 3 educational programs. Recipients can be found at <http://www.aarc.org/resources/programs-projects/apex-recognition-award/>.

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 finishing the data extraction phase of the project and will be transitioning to the writing phase no later than Q2 2019.

Respiratory Care journal has agreed to share our CPS on a site managed by the Alliance for the Implementation of Clinical Practice Guidelines. As you may recall they had been previously shared our CPG Clearinghouse that is no longer operational. There is zero cost for this and the AARC will be recognized as an Allied Organization.

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 has been deployed.

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. The NBRC is now scheduling the viability study, which is the first step in determining whether or not the NBRC will pursue the development of the credential.

Respiratory Care Education Annual

The latest issue was published in September 2018. Under the direction of Editor Dr. Kathy Myers Moss, the editorial board is accepting new submissions through February 28, 2019. Final submission data will be available at the AARC Board of Directors meeting, if desired. The *Respiratory Care Education Annual* is indexed in CINAHL and Ulrich's (ISSN 2372-0735).

CDC Strategic National Stockpile Ventilator Workshops

The AARC has completed five planned SNS workshops in 2018. The ownership of these workshops has been transferred internally at the CDC and the AARC has been in discussions with the CDC regarding how the workshop can continue in 2019.

Preceptor Recognition Program

The 2019 Preceptor Recognition Program will open for nominations in May 2019.

Clinical PEP Update

The AARC released the Clinical PEP: Practices of Effective Preceptors in 2013 and has awarded credit to 2,804 records for the Clinical PEP program (1,606 unique member records and 1,198 non-member records) through 12/31/18. In 2018, 148 subscriptions to the product were purchased.

- 2018: 846 CRCE
- 2017: 672 CRCE
- 2016: 617 CRCE
- 2015: 468 CRCE
- 2014: 263 CRCE
- 2013: 77 CRCE

2019 Educational Product Sales/Attendance Trends at a glance (as of 1/31/19)

	2019 YTD	2018	2017	2016	2015	2014	2013	Comments for 2019
Webcasts and JournalCasts	1,526 (509)	11,402 (480)	8,961 (390)	8,153 (340)	9,149 (410)	8,812 (383)	7,511 (442)	
Asthma Educator Prep Course	24	223	241	246	183	268	203	Above budget
Ethics	369	4,498	4,299	4,242	1,928	1,757	2,361	Above budget
Exam Prep (F&P grants in 15, 16, & 18)	10	131 Grant (90) + 41	20	189 Grant (150) + 39	180 Grant (150) + 30	39	40	Above budget
Leadership Institute	6	52	60	99	68	89		Under budget
Asthma & the RT	46	547	512	604	446	172		Above budget
ACCS	18	192	140	164	121			Above budget
PFT: Spirometry	45	659	575	422	228			Above budget
PFT: Pediatrics	23	358	132	117	43			Above budget
PFT: Advanced Concepts	20	195	280	264	79			On budget
Tobacco Training	20	227	188	259	85			Above budget

Congenital Heart Defects	4	77	72	122				Under budget
Pulmonary Disease Educator	49	413	319	32				Above budget
NPS	9	143	124					Under budget
Pulmonary Rehabilitation	49	354						Above budget
RT as the VAP Expert			59	53	63	115	81	Retired in 2018
Alpha-1			78	75	74	125	98	Retired in 2018
COPD Educator Course		193	596	734	859	820	570	Retired in March 2018

Additions to Education: 2019

Leadership Institute: Updating the Leadership Institute is underway. The expectation is that the product will release in Q2 2019 with new purchasing options to reduce fiscal burden on participants.

Diversity & Inclusion: The AARC diversity committee is working on a course to satisfy the MD/DC licensure requirement for cultural competence continuing education.

Child Abuse: The AARC is also working on collaboration for a child abuse-reporting course suitable for the Pennsylvania licensure requirements.

NBRC CMP courses: Specialty sections have been engaged with the purpose of convening teams to develop 4 quarterly courses to prepare the credentialed practitioner for the RT, ACCS, NPS, SDS, and PFT CMP quarterly quizzes. The expectation is that the product will be ready for release in Q4 2019.

MEETINGS & CONVENTIONS

AARC Congress 2018, held in Las Vegas, NV was very successful for the Association in meeting the education needs of our members and far outperformed the 2017 meeting financially. Attendance was the highest of the last 10 years with 7112 people attending. Content was outstanding and the Open Forums delivered another strong year with more than 250 original research posters presented in 12 Open Forums over 4 days, including poster only format (exhibit hall), traditional poster presentation and Editor's Choice in which the top abstracts are selected by the RESPIRATORY CARE editorial team where presenters are given 10 minutes to present their research findings utilizing a PowerPoint presentation.

Several new technologies were incorporated into the meeting to enhance the faculty and attendee experience. This included "Presentation Management" in which slide decks from all breakout

sessions were controlled from a central location. In addition, this functionality was allowed approval of slide decks prior to the meeting to ensure COI and standardized formatting. In addition, the AARC partnered with Convention Data Services which is an outsourced, 3rd party convention registration company which made dramatic improvements to the pre/on-site registration process, allowed for discount/coupon codes and a true eCommerce platform. Most importantly, the instantaneous data allowed the AARC to make real-time, informed decision about the meeting and marketing efforts. We look forward to working with these technologies in the future and in exploring new technologies moving forward to enhance the attendee experience.

The Keynote Address delivered by Dr. Zubin Demania (aka ZDogg MD) was standing room only with an estimated 2500 people in attendance (if not more). ZDogg's keynote was highly entertaining and educational as he discussed Healthcare 3.0 with attendees. ZDogg agreed to be interviewed in the Bi Ideas Theater which we have re-aired via AARC communication vehicles to general membership and we are maintaining an ongoing relationship with Dr. Demania with the hopes of collaborating on future projects.

The Closing Keynote Address on Patient Safety was powerful, moving, educational and emotion as the audience heard of tragic patient stories and preventable deaths with the take home message that RTs not only can and should own Patient Safety in their institutions but have an obligation to their communities to do so.

The Program Committee continued to provide a diverse faculty for the meeting that included a balanced mix of experienced presenters, international faculty, in addition to more than 25 first time speakers.

In lieu of a challenging economic climate, limited travel and education budgets from employers, and the overall impact of the Affordable Care Act, attendance was exceptionally strong and potentially record-breaking. We suspect that the Vegas location was primarily responsible for the strong attendance but also suspect that an enhanced eCommerce system and loosening hospital budgets were also contributory factors as well. We're optimistic for a strong 2019 meeting in New Orleans as NOLA is traditionally our 2nd highest rated convention city behind Las Vegas. The only wild card is that it has not been tradition to host conventions in these cities in back-to-back years. We're hopeful that people who have traditionally traveled to both of these meeting sites will continue to do so again in 2019.

2019 AARC Program Committee Meeting

The AARC Program Committee met in January to create the Program for the AARC Summer Forum and Congress. There was a mild decrease in the number of proposals that were submitted for the '19 Congress from last year with just below 600 proposals submitted for consideration (600 in 2018). The AARC partnered with a2z for our RFP site and we saw significant improvements for attendees submitting proposals. There were however some challenges from the PC's perspective in our ability to review, evaluation and grade proposals. The inconvenience was minor however and steps have already been taken to modify the system for 2020.

The 21/2-day Program Committee meeting concluded with a full program developed for both Congress and Summer Forum (see Program Committee report). Tentative pre-course offerings for

2019 will include a Women in Leadership (Part II), an asthma pre-course of which we are confident we can secure pharma funding for and potentially an another interactive mechanical ventilation course.

As it relates to industry-sponsored breakfast, lunch and evening symposia, the Program Committee will continue to offer those. Improved efforts by the AARC Executive Office and Education Dept. significantly mitigated risk of bias or COI in these presentations and as a result.

2019 AARC Summer Forum

The 2019 Summer Forum will be held July 20-22 in Ft. Lauderdale, FL. The meeting will be held at the For Lauderdale Harbor Beach Resort & Spa.

Content for educators will once again focus on representation from CoARC and NBRC, with content that emphasizes program development. Managers will engage in content focused on leadership development, executive level communication and hiring a diverse workforce.

A pre-course has been scheduled for the AARC Summer Forum titled “Professional Development: Enter to Learn, Go Forth to Lead”. This will be an interactive and didactic course designed to engage learners in the process of leading teams, conducting and participating in motivational interviewing, developing executive level writing skills and the art of leading high stakes communications. This course was designed for both educators and managers.

Sputum Bowl

The Program Committee has recommended a roster of name for consideration to the AARC BOD. Upon ratification, the new committee will immediately begin work on the 2019 competition. As in 2018, this year’s competition will be exclusively for students. The 2018 competition was a success and we have every reason to believe it will be in 2019 as well. It is still **undecided** how the “Finals” event will be conducted but we will communicate this to the BOD as a decision has been made.

Sponsorships

The Exhibitor Prospectus, Sponsorship Prospectus and Rules & Regulations will have already been published on the AARC website at the time of this meeting. The AARC has already secured nearly \$100,000 in sponsorships for the 2019 Congress, which puts us at an exceptional start.

Building & Facilities

Three new HVAC units are scheduled for installation in Q2 of 2019. These replacements are part of a 10-year plan to replace all HVAC units owned by the association. We’re hopeful this will decrease maintenance expenses over the long-term and make for an improved and less dramatic capital improvement schedule/budget each year. No other building “maintenance” is pre-scheduled for 2019.

At the 2018 BOD winter meeting, nearly \$100,000 in capital improvements was authorized to take place in 2019. These improvements will touch on 3 primary areas; 1) Executive Conference Room; 2) Front Conf. Room/Reception Area; and 3) Office furniture (desks/chairs/credenzas etc.). We have

already reached out to architectural firms and have engaged in discussions. We're hopeful to have more news to share at the live BOD mtg. in March.

Advertising and Marketing

Advertising

At the time of this report, we are just 2 months into 2019. *AARCTimes* and Respiratory Care are off to a slower than expected start. Digital advertising on aarc.org continues to remain consistent through our partner, Multiview. In fact, *all* of aarc.org and *AARCconnect* advertising positions have been sold out for the remainder of 2019 and some already into 2020.

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.

With *AARCTimes* discontinuing its print option in 2020, we are conducting a review of ALL AARC advertising vehicles, advertising sales consultants and options as we move toward the 2020 Budget cycle later this summer. Preliminary discussions have led us to believe that there will be changes in some of these areas to realign our financials in the next year.

Corporate Partners

We moved 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.

2019 Platinum Partners: Hamilton Medical (*new*), Mallinckrodt, Masimo, Medtronic, Monaghan, Fisher Paykel, Sunovion Pharmaceuticals and Vapotherm (*new*).

2019 Silver Partners: Boehringer Ingelheim

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 in the early stages of this assessment and will provide a more comprehensive report in the summer

We are also continuing to look at "value added" products through our Membership Affinity program that may find highly desirable. Last year we added a company (Sofi) that specializes in school loan refinancing and personal loans for AARC members. We are starting to see some movement in this area. Geico Insurance remains our most profitable affinity partner.

We have hired a new Digital Media person that will start in early March, Jacqueline Segura comes to

us with several years of experience in this area as well as a certification in Google Analytics which will tie in nicely with our current software analysis and our continued shift towards more digital platforms and the need to measure ROIs.

Products

In September 2017 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 80 as we speak.

In 2019, we will look to provide update to the URM product since it has been several years since they have both been updated. We expect this edition to be released in close approximation to AARC Congress as the URM team is currently review all procedures before we serve US hospitals. 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 slightly above our budget target in 2018 with some strong marketing.

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 2019. I expect that 2019 will be a good year in both of these areas that meet and exceed 2019 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. We have also had an excellent conversation with 2 of our Corporate Partners regarding projects for 2019 and beyond.

Accounting

We continue working on the redesign of AARC's accounting department. While we added major catch-up to perform on 2018-month closings, we were able to make up the ground and close 2018 to prepare for our annual audit which is currently underway by a new audit firm – Howard LLP.

Accounting has played a critical role in the implementation of the Protech CRM and Intacct accounting 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 are looking at moving our Corporate Credit Cards from Bank of America over to BBVA Compass as well as it will offer us some better connectivity to our Nexonia

software for bill processing.

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 but has helped us through this transition.

We are looking to finalize the integration of the Protech CRM with the Intacct software to eliminate import/export of financial data based on funds approved by AARC Board in Spring of 2018. We will provide you a final report on that purchase and implementation in the Summer of 2019.

We expect after the 2018 audit is completed to be able to streamline staffing and financial transaction processing with SST to bring new efficiencies to AARC and our vested communities of interest.

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.

In addition, AARC is finalizing the purchase and implementation of our IT firewall software which has a 3-year life span and the new system will be good through the end of 2021. We also have moved on the IT Capital Equipment purchases approved by the BOD in December with the purchase of 2 new IMacs and 2 Apple laptops.

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. The AARC staff has done an incredible job in getting this closed out by the end of 2018 to be prepared for the audit

In addition, there are a number of items that are being addressed over the several months 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. AARC has resumed phase 2 of the Protech implementation with the additional funds that the AARC Board approved at Summer Forum. 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 and ICRC websites and implement it on our web platform (Wordpress). 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 2018.

RESPIRATORY CARE

The Open Forum makes AARC members aware of the important role research plays in creating a scientific basis for their profession. Presenting an Open Forum abstract is the highlight of many respiratory therapists' careers. The Open Forum submission site is now open at <http://rc.rcjournal.com/content/call-abstracts-2019>. Again this year the abstracts will be published online as a supplement to the October 2019 issue. A printed abstract book will be available for congress attendees. Accepted abstracts will be presented in Poster Discussions, Posters Only, and Editors' Choice sessions over the 3 days of congress. As in the past, authors of abstracts selected for Editors' Choice must commit to submit a full manuscript to RESPIRATORY CARE.

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. Plans are well underway 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. In 2018, 1,946 members received CRCE by attending the JournalCasts and 2,597 received CRCE through the Journal.

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.

Our 2017 Impact Factor is 2.073. The Impact Factor is a metric describing the number of times papers published in RESPIRATORY CARE are cited. On average, there are 2 citations for each paper published in RESPIRATORY CARE.

On January 1, 2019, Tom Kallstrom replaced Sam Giordano as Publisher. This is the first time in 40 years that neither Ray Masferrer nor Sam Giordano has been associated with the Journal. We are indebted for the service that these giants in respiratory care have given to our Journal, RESPIRATORY CARE.

Executive Office Referrals

(from December 2018 BOD meeting)

- **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.”*

Result: To be presented at Board meeting.

- **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.”*

Result: To be presented at Board meeting.

Advocacy and Government Affairs

Submitted by Anne Marie Hummel – Spring 2019

Recommendation

None

Report

CONGRESSIONAL UPDATE

The 116th Congress was sworn in on January 3rd with nine new Senators and 89 new representatives (with a new election being called in North Carolina to fill the last open seat in the House). As a result of the November midterm elections, control of the House of Representatives flipped to give the Democrats a majority, while the Republicans picked up two Senate seats to expand their majority. This “divided government” has ended discussions to repeal the Affordable Care Act and will allow for bipartisan solutions to improve access to health care and lower the cost of prescription drugs. The 116th Congress started slowly with the government shutdown over a dispute about whether to fund the President’s proposed border wall, but since the funding bill was signed there have been several bipartisan health-related hearings in the House and Senate focused on drug pricing and pre-existing conditions.

LEGISLATIVE INITIATIVES

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

As discussed in previous Board reports, we have received draft language from Congressman Mike Kelly’s (R-PA) staff on our proposed 3-year pilot that would cover respiratory therapists as telehealth practitioners furnishing certain disease management services to Medicare beneficiaries with COPD. Unfortunately, we were unable to get the pilot introduced in the 115th Congress. Our lobbyists have met with both Congressmen Kelly and Mike Thompson’s (D-CA) staff this year to discuss introducing the bill and are excited to have both Congressmen Kelly and Thompson be the original cosponsors of our bill.

Our lobbyists met with the minority and majority members of the Ways and Means committee and the Energy and Commerce committee in the House, as these will be the committees of jurisdiction for the bill. To garner broad support for the pilot, they have also met with the leads of the CONNECT for Health bill in both the House and Senate. We received positive feedback from all the offices and are currently waiting for the final edits to the legislative text. **The plan is to have the bill introduced before our PACT Hill day.**

During these discussions, we also learned that the Congressional Telehealth Caucus is planning to put together a “CONNECT 2.0” legislative package in the 116th Congress, which will contain a variety of legislative initiatives to improve telehealth. Congressman Thompson’s office has expressed support for including the BREATHE Act in this larger legislative package as well as a standalone bill. Staff does not expect CONNECT 2.0 to be introduced until this fall. Our lobbyists

will also submit a formal request to include the pilot in the CONNECT 2.0 package when the Request for Information is sent out in late February/early March.

AARC Advocacy Day on Capitol Hill – April 9, 2019

Registration for PACT representatives who plan to come to DC on April 8 and 9 for our Advocacy Day on the Hill ends February 28. At the time of this report, there were 38 states represented, with an expectation that the number could rise to about 45 by the end of the registration period. Final numbers will be reported at the Board meeting.

This year will use a new template that allows each message to Capitol Hill to be personalized, eliminating the need for 5 different messages. We are also looking into the possibility of using a new tool developed by Phone2Action that allows all AARC members to receive an email about our campaign with a TAKE ACTION link embedded in the email. Key executive office staff will receive a demonstration of this tool on February 25 to see if it is a fit for our Association. Our message this year will be twofold: 1) we are asking for co-sponsorship in the House for our bill and for the Senate to introduce a companion bill, and 2) we want Congress to sign-on to a letter to CMS directing them to monitor patient access to supplemental oxygen, especially liquid oxygen, during the suspension period of the competitive bidding program. Additional information is provided below.

Dear Colleague Letter to Address Patient Access to Liquid Oxygen

As part of AARC's work with the oxygen stakeholder's coalition, we continue to be concerned with the impact of the Center for Medicare and Medicaid's (CMS) Final Rule for the Durable Medical Equipment, Prosthetics, Orthotics and Supplies Competitive Bidding Program (CBP) for 2019 on patient access to liquid oxygen. Our lobbyists worked with us to draft a sign-on letter for Members of Congress to send to CMS highlighting these concerns and asking CMS to carefully monitor how the rule impacts patient access and to take steps to ensure that patients have access to the oxygen modality appropriate for their medical needs. The letter directs CMS to report to Congress by November 1, 2019 on their findings. Our lobbyists are working with the co-chairs of the Congressional COPD Caucus in both the House of Representatives and the Senate to lead the letter. As part of the PACT Hill day, we will be asking Members of Congress to sign-on to the letter to show broad bipartisan support to CMS of this important issue.

FEDERAL INITIATIVES

While there was a flurry of regulatory activity near the close of 2018, since our last report, there has been very little Federal regulatory action that relates to issues of importance to the respiratory profession. This is the time of year when CMS is working diligently to draft proposed rules for the 2020 payment updates. By the Summer Forum we will have more to report as several important updates are published in May.

As you know, we are in a two-year period in which competitive bidding has been suspended. However, the general opinion is CMS will publish its initial proposals on moving to a "line-item" bidding process sooner rather than later, so we expect to see some indication of the direction they are moving by the time of Summer Forum. It is doubtful, however, that they will suggest liquid oxygen as a separate product category. Additional information about access issues involving supplemental oxygen and liquid oxygen is provided below.

Access to Liquid Oxygen

You will recall from the last Board report, that AARC, working with other physician, public health and patient advocacy organizations (e.g., oxygen coalition) submitted joint comments to CMS calling for liquid oxygen to be removed from the competitive bidding process as part of the annual DME payment update. Although CMS has the authority to do so, they opted not to accept our recommendation when the final rule was published.

To address continuing issues around access to supplemental oxygen and lack of adequate payment for liquid oxygen, the oxygen coalition has developed a draft “Reforming Oxygen Campaign Plan” that is expected to cover a period of two years. The primary goal is to work with CMS through their regulatory process to improve patient access to appropriate supplemental oxygen equipment and services that meet their clinical needs and improve quality of life. However, we recognize that at some point legislation will be necessary to achieve true reform to current policies. We expect to work with key leaders such as the Administrator and Deputy of CMS and the HHS Secretary in addition to ranking members of the key committees of jurisdiction.

While there is already a strong existing coalition, efforts will be made to grow and strengthen it by bringing on additional organizations with a vested interest in patient access to oxygen. Through sign-on letters, outreach through providers, grassroots networks, and personal contacts, the partners will work to create an expanded list of campaign endorsers. Real stories from patients and their caregivers will be critically important in influencing key decision-makers. We have already begun to collect such information through patient surveys and will expand out outreach in the coming months. A March 4 meeting is planned to discuss “next steps.” An update will be provided at the Board meeting.

Ventilators and Competitive Bidding

Just before we left to attend AARC’s Congress 2018, CMS announced its plans to include invasive and noninvasive ventilators in addition to a newly approved multi-function ventilator to competitive bidding when the program starts again. A verbal update was provided at the meeting.

This is particularly concerning since invasive ventilators are included in the decision. Fragile patients dependent on this vital life-support equipment should not be placed at the mercy of the lowest bidders. If implemented, we believe this action could lead to catastrophic consequences and higher acute care costs with patients ending up in the hospital, nursing home or long-term care facilities instead of being cared for at home.

We are especially concerned how this will impact the availability of respiratory therapists. Due to low reimbursement rates, we fear that suppliers will no longer be able to afford to provide their clinical expertise and patient care will be severely compromised. One issue under consideration is to ask Congress to include report language in the next Labor/HHS Appropriations bill directing CMS to exclude ventilators from competitive bidding at any time in the future. AARC will be working with other organizations to come up with a viable plan in hopes of preventing this unwise decision from taking place. The possibility of 18 months or more before such a policy becomes effective gives us time to develop a cohesive strategy.

Emergency, Triage, Treat and Transport (ET3) Program

CMS has launched a new innovative payment model designed to “create incentives for emergency transport and care, ensuring patients get convenient, appropriate treatment in whatever setting makes sense for them,” according to Secretary of HHS Alex Azar. Currently, ambulance services are only

covered when individuals are transported to hospitals, critical access hospitals, skilled nursing facilities and dialysis centers, even when a lower-acuity destination may more appropriately meet an individual's needs. The new model would allow the ambulance service to take patients to other care sites, such as clinics or even a physician's office, if their medical condition and symptoms are appropriate for that setting. The model would also allow for treatment in place with a qualified health care practitioner, either on the scene or connected using telehealth.

According to CMS, with support from local governments or other entities that operate or have authority of one or more 911 dispatches, ambulance providers will triage people seeking emergency care based on their presenting needs, the aim of which is to make sure they get the most appropriate care, at the right time, and in the right place. Ultimately, the program is designed to be more efficient and lower out-of-pocket costs for beneficiaries. However, an individual can always opt to be taken to the ED if he/she prefers. The ET3 model is a voluntary, five-year performance model that will have staggered performance start dates. Participating ambulance suppliers and providers can earn up to a 5% payment adjustment in later years of the model based on their achievement of key quality measures. CMS anticipates releasing a Request for Applications in Summer 2019 to solicit Medicare-enrolled ambulance suppliers and providers with an anticipated start date of January 2020.

This model has the potential to open new avenues for respiratory therapists, both in the physician's office and as telehealth practitioners if we are successful in getting our draft bill enacted.

Medicare Advantage Plans Expand Telehealth Benefits Beginning in 2020

In the last Board report, we highlighted the ability of 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. At the time we indicated AARC would submit comments, which were submitted on December 27, 2018.

Consistent with the Advocacy Horizon Goals, our comments stressed that respiratory therapists are the only allied health professionals who receive comprehensive formal education and rigorous validated competency testing in all aspects of pulmonary medicine over the full scope of practice. We highlighted their expertise in management of physician-ordered treatment for respiratory patients and recommended the Medicare Advantage Plans include respiratory therapists to provide self-education and training and demonstration and evaluation of inhaler techniques as part of their expansion of covered telehealth services. With recent coverage of three new remote patient monitoring codes, we also noted the RTs expertise in monitoring patient physiologic data remotely can be invaluable. Since the proposed would not be effective until 2020, final rules have yet to be issued. We expect they will part of the release of new regulatory updates around May or June.

STATE INITIATIVES

With the beginning of each new year, state legislatures are back in the swing of things with many new bills being introduced daily. In the last couple of years, tobacco legislation appears to dominate the arena at the beginning of the year relative to the issues the AARC tracks. In the first 8 weeks of the year, just over 100 bills have been reported in the legislative/regulatory updates sent to the PACT and HOD_PRES CONNECT sites. Several bills dealing with asthma-related activities have also been reported and occupational and professional licensing board oversight may take center stage this year in multiple states. Highlights of some of the more noteworthy legislation is detailed below.

Occupational Licensing Board Oversight

We have been alerted to a series of legislative bills impacting occupational and professional licensing boards which, if enacted, could pose serious concerns for our state affiliates. The uptick in “anti-regulatory” actions was highlighted in a summary by the National Association of State Boards for Accountancy, which was provided to us by Bill Croft on the NC Board of Respiratory Care. They have identified 12 states with bills that require varying types of board oversight and the need to review “least restrictive” alternatives. The states included in the report are **AZ, CA, CO, IN, MI, MS, ND, NH, OK, SC, TN and WV**. We have also identified bills in **OH** (primarily sunset provisions) and **NM**.

These actions are not surprising as states attempt to deal with the now 4-year old US Supreme Court decision regarding unlicensed dentists in NC who were providing teeth whitening in malls. You may recall, the NC Board of Dentistry issued “cease and desist” orders against the dentists because they were not licensed to provide such services. The Federal Trade Commission found them in violation of anti-trust laws because NC Board members were licensed dentists who had a self-servicing interest which inhibited competitions and entry into the marketplace. The US Supreme upheld the decision.

If these laws become an issue for the respiratory care profession, know that we have always prevailed in demonstrating the need for licensure in order to protect the public's welfare, health and safety and the AARC stands ready to assist in any way possible. For example, we provided information to Wisconsin last year which was incorporated into a white paper that was used to successfully to defend their license.

Tobacco Legislation

Tobacco 21

Nationally, more than 425 communities in 23 states have adopted a Tobacco 21 policy. As you may be aware, **CA, HI, MA, NJ and OR** have raised the minimum tobacco sale age to 21 statewide. This year several other states have introduced legislation to raise the age to 21 statewide. They include **AZ, ME, MD, MN, MS, NH, NM, TN, VA, VT, WA, and WV**. It was announced on local television in the DC area on February 22 that VA Governor Ralph Northam signed the VA bill, making it the 7th state to raise the tobacco age to 21.

HI: Although the state has already increased the age to purchase tobacco to 21, they have introduced a creative bill this year to ban combustible cigarettes altogether. The bill gradually increases the minimum age to purchase cigarettes, but not other tobacco products or electronic smoking devices, over a 5-year period. For example, effective January 1, 2020, it would be unlawful to sell or furnish cigarettes to a person under 30 years of age; by July 1, 2021, the age would be increased to 40; by July 1, 2022 the age would be 50; by July 1, 2023 the age would be 60, and by July 1, 2024, it would be unlawful to furnish cigarettes to a person under 100 years of age.

Prohibiting Smoking in Public Places

CT would prohibit smoking on any beach located in a state park and in any location, other than a state building, where a program is operated by a private, nonprofit behavioral health agency that has a contract with the state. **FL** would prohibit smoking of tobacco on public beaches and authorize law enforcement to issue a citation for any violations; **NH** would prohibit smoking in public parks.

DC would require housing providers to provide for a designated smoking area in an indoor common

area and prohibit smoking within 25 feet of an entrance or window of a multifamily rental accommodation and to establish penalties for violation the smoking prohibition. Vaping would also be prohibited in indoor workplaces with certain exceptions.

OK adds marijuana to certain provisions that relate to prohibitions on smoking in public places.

Motor Vehicles

GA would prohibit a person from smoking inside any motor vehicle, whether in motion or at rest, when an individual who is under 13 years of age is present in such motor vehicle. **SC** provides that it is unlawful for a driver or occupant of a motor vehicle to smoke a tobacco product while a child five years old or younger is also an occupant of the motor vehicle. **TN** would make it an offense for the operator or a passenger of an enclosed motor vehicle to smoke any tobacco product or use any vapor product in a motor vehicle when a child who is secured or required to be secured by a child safety seat is also present in the vehicle, regardless of whether the windows of the motor vehicle are down. **VA** would prohibit smoking in a car, whether in motion or at rest, when a minor under age 16 is present. Previously the age restriction was under age 8.

Flavored Products and other Restrictions

MT would prohibit the sale of flavored products with certain exceptions, in addition to prohibiting the sale of tobacco products, alternative nicotine products, and vapor products through self-service displays and restricting vending machine sales to cigarettes only. **NM** and **HI** also prohibit the sale of flavored products with **HI** adding a prohibition on any type of cigarette, tobacco product, electronic smoking device e-liquid that does not meet FDA requirements on labeling and warnings or appears to be marketed toward children.

Telemedicine

WA would revise its telemedicine policies to ensure health care professionals (i.e., licensed, registered or certified to provide health services) who provide telemedicine services in cities and rural areas have current information to make it possible for them to provide telemedicine to the entire state. Beginning January 1, 2022, a health care professional who provides clinical telemedicine services must complete telemedicine training (can be available in electronic format or completed over the Internet), attest acknowledgment and understanding (every 4 years), and maintain documentation.

NH would add coverage of remote patient monitoring and store and forward technologies to its law. **VA** would require all payers, including Medicaid, to reimburse healthcare providers for remote patient monitoring (RPM) to the full extent available.

NM would permit an individual or group health insurance policy or health care plan to provide services via telemedicine to the same extent those services are provided via in-person consultation or contact.

OR would require health benefit plans to reimburse the cost of covered telehealth services provided by a health professional licensed or certified in the state if the same health service is provided in person. A health care professional means a person, regardless of physical location, who is licensed, certified or registered in the state to provide health care services or supplies and is subject to the authority of one or more health licensing boards or licensing agencies in the state. Should include RTs.

SD would provide telehealth services by a health care professional once a health provider-patient relationship has been established. Health care professional is defined as one who is licensed, certified, or otherwise authorized under the laws of this state to provide health care services. Should include RTs.

Asthma-Related Legislation

MD - The Director of the Asthma Control Program in the Maryland Department of Health must establish the Breathe Easy Pilot Program in cooperation and consultation with certain entities to provide and study the effects of asthma remediation services on eligible households, which include cleaning, education, structural interventions, and any other services the director, in consultation with the green and healthy homes initiative, determines to be necessary.

NV would authorize public and private schools to obtain and maintain medication to treat asthma under certain conditions and certain providers of health care to issue an order for such medication to a public or private school. Each school district and charter school must submit a report on the number of doses of auto-injectable epinephrine that were administered and the number of times medication to treat asthma was administered during the school year.

NY would promote home care's integration into the state's health continuum strategy to address public health priorities in disease prevention, intervention, population health improvement, associated health care cost reduction and research. Priority public areas include among other items **asthma and respiratory condition management**, including home environmental assessment and medication management.

TN would require the Department of Health to regularly analyze asthma morbidity and mortality data, periodically assess the burden of asthma on the state's medical and economic resources, and identify the populations most seriously affected by the disease.

MN would establish an enhanced medical assistance asthma care services benefit for children with poorly controlled asthma in their home if certain conditions are met. Covered products include allergen-reducing products identified as needed, and recommended for the child, by a registered environmental health specialist, healthy homes specialist, lead risk assessor, certified asthma educator, public health nurse, or other health care professional providing asthma care for the child and proven to reduce asthma triggers.

CA introduced a bill to include asthma preventive services as a covered benefit under the Medi-Cal program. The bill would require the department, in consultation with external stakeholders, to develop a coverage policy consistent with specified federal and clinically appropriate guidelines.

Nurse Staffing Ratios

FL has reintroduced a bill from last year that was put on hold for more study that would create the "Florida Hospital Patient Protection Act", establishing a statewide requirement to implement a staffing plan that provides minimum direct care registered nursing staffing levels. Uniform standards must be approved by July 1, 2020. **RTs are described as "ancillary staff"** to assist in providing nursing services for the delivery of safe, therapeutic, and effective patient care. As you will recall this was a major issue for Massachusetts last year in which a bill to create statewide nurse staffing ratios was put on the mid-term election ballot. Fortunately, it was defeated but may rear its head again this year. The language in the FL bill is very similar to the one introduced by MA.

IN has introduced a bill that sets minimum nurse staffing levels in which a registered nurse is required to be present at the health facility when a resident is in the care of the health facility. Unlike the FL bill, it provides there is not less than four 1/10 hours per resident day of direct nursing care, with not less than 30% of the direct nursing care being provided by licensed nurses. The daily minimum number of hours of direct nursing care at a health facility may not be less than is necessary for the clinical acuity of the residents of the health facility. It is not clear how or whether this will impact RTs.

Respiratory-related Issues

IN has an engrossed bill that deals with term limits for members appointed to boards staffed by a professional licensing agency. Respiratory therapists appointed to the board before July 1, 2019, will serve 3-year terms. Those appointed after June 30, 2019 will serve 4 years continuing until a member is removed subject to certain provisions of the law or a successor is appointed.

IA would add a requirement that any in-home sleep diagnostic testing be performed with equipment provided by a sleep diagnostic testing facility, hospital, or mobile testing company with a physical location in Iowa and that the patient receive education on the proper use of such equipment by a respiratory care practitioner, respiratory care and polysomnography practitioner, registered polysomnographic technologist, or physician employed by or affiliated with the sleep diagnostic testing facility, or by a person supervised by such a person. Sleep-related services provided in a patient's home must be performed under the general supervision of a physician or qualified health care professional prescriber, or a person supervised by such a person, and data from the provision of sleep-related services shall be interpreted by a physician.

House of Delegates Report

Submitted by Teresa Miller – Spring 2019

Recommendations

None

Report

One of the primary focuses of the HOD this year is strengthening the affiliates through continuing to improve communications between the affiliates, their leadership, and the AARC. The newly installed officers for the HOD have worked together to populate committees and determine new committee chairs for the coming year, as the HOD experienced a larger overall delegate turn over in 2018. We are working to assure new delegates are oriented and prepared to contribute to HOD activities and initiatives. We are preparing for the Summer 2019 meeting already, with many committees beginning their preparations.

The Officers have met for monthly conference calls and participated in President Schell's group call when requested. Delegates, along with Affiliate Presidents, plan to attend President Schell's first webinar on Feb. 28, 2019. Of particular note is the collaboration between the Audit Subcommittee, Chartered Affiliates Committee (CAC), and HOD Leadership on developing a proposed policy to address recommended changes to CA.002. The group has met with the AARC's auditor for professional input as a policy is developed to be sensitive to the needs of smaller not-for-profit organizations, such as AARC Chartered Affiliates.

A proposed HOD policy should be forthcoming from the Audit Subcommittee from the collaboration. As the proposed policy is considered, the HOD Officers and CAC will continue to work hard to educate and support the Affiliates as they work to align with CA.002 expectations.

In the year ahead, the HOD will work to align with the new strategies and initiatives of the AARC and work collaboratively to make and impact for our profession.

Other

Many thanks to the HOD Officers, Keith Siegel (Past Speaker), Joe Goss (Speaker-elect), Jennifer Anderson (Treasurer), Jodi Jaeger (Secretary), Garry Kauffman (Parliamentarian) and Asha Desai (HOD Liaison). We would also like to recognize Lanny Inabnit (CAC Chair) for his diligent work with the Audit Subcommittee on behalf of the Affiliates. Finally, many thanks to President Schell and the Executive Office and their staff for the invaluable support they provide.

Board of Medical Advisors Report

Submitted by Neil MacIntyre, MD – Spring 2019

Recommendations

None

Report

1. General comments: This is my second rotation as chair of BOMA and I am honored to be able to be the link between AARC and the physician community. I welcome input from all members of AARC leadership on issues where BOMA can be of service. I particularly welcome the opportunity to provide physician support for important AARC initiatives.
2. Areas of particular interest to BOMA:
 - a. Advanced respiratory care practitioner. BOMA recognizes the importance of an advanced RT practitioner in providing state-of-the-art care to patients with both acute and chronic respiratory disease. Providing high level education, supporting the development and application of complex diagnostic and therapeutic equipment, performing in depth patient assessments, developing comprehensive treatment protocols, and providing comprehensive disease management programs run by RT driven protocols are all examples of the unique services an advanced practitioner can provide. BOMA fully supports advanced degrees for these professionals and is available to assist in developing state and national legislation to license them.
 - b. Collaboration with other professional organizations (including physician organizations represented on BOMA) to support the certification/accreditation of respiratory care services. Two current examples are AARC collaborations with the AACVPR to provide pulmonary rehabilitation certificates and with the ATS pulmonary function lab committee (on which I am a member) to develop a certification program for pulmonary function laboratories.
 - c. Collaboration with other professional organizations (including physician organizations represented on BOMA) to lobby CMS and other payers to appropriately fund respiratory care services – especially in the outpatient setting. Issues include telehealth support, oxygen reimbursement, remote monitoring, pulmonary rehabilitation reimbursement, and home mechanical ventilation support. BOMA clearly supports appropriate funding for RTs in providing these services.
 - d. Recognition of exceptional RTs who have made or are making a difference. The most recent initiative was the development of a BOMA travel award funded directly by BOMA members with matching funds from AARC. In 2018, this allowed travel to the AARC meeting for Mike Davis to present his “Editors Choice” research paper. BOMA also welcomes its role in nominating candidates for important awards such as the Forrest

Bird Lifetime Achievement award, the Baran Aerosol Development award and the Legends of Respiratory Care.

President's Council

Submitted by Dianne Lewis – Spring 2019

Recommendations

None

Report

It is time to receive nominations from the BOD for Honorary and Life Membership. The criteria for each position, as well as, a list of past recipients follows my report. Whomever nominates the individual is responsible for sending Kathy Blackmon and myself a copy of their resume and a letter explaining why they deserve the award. PLEASE do not contact the person you nominate since the HOD sends nominees to the Presidents Council also and the winner is not known until later in the year. I will give a verbal update on the Jimmy A Young winner at the meeting. The process will be completed by March 1,2019.

ATTACHMENTS

AARC
Life and Honorary Memberships
 (As of 2-22-19)

YEAR	LIFE	HONORARY
1961		Alvin Barach, MD
1965	J. Addison Young	
1967	Arthur A. Markee	
1972	Don E Gilbert	
	Leonard Gurney	
	Jerome Heydenberk	
	Joseph Klocek	
	Brother Roland Maher	
	James Peo	
	P. Noble Price	
	Howard Skidmore	
	Leah W Theraldson	
	Virginia Trafford	
1973	Robert A Cornelius	
	Bernard M. Kew	
	James Whitacre	
1974	Louise H. Julius	John Brown MD
1975	R.J. Sangster	
1976		
1977	John J. Julius	H. Frederic Helmholtz, MD
	Easton R. Smith	

<i>YEAR</i>	<i>LIFE</i>	<i>HONORARY</i>
1978	Robert H. Miller	Meyer Saklad, MD
	George A. Kneeland	
	Samuel Runyon	
1979	Robert A. Dittmar	Huberta M Livingston, MD
1980	George Auld	Albert Andrews, MD
	Hilaria Huff	Vincent Collins, MD
	Vincent D. Kracum	Donald F. Egan, MD
	Jack Slagle	Ronald B. George, MD
	Bernard Stenger	Hurley L. Motley, MD
1981	John Appling	Sister Bernice Ebner
	Wilma Bright	John H. Newell
	James A. Liverett, Jr	
	Sister Mary of Providence Dion	
1982	Gareth B Gish	John Haven Emerson
1983	Robert E. Glass	William F. Miller, MD
		Robert H. Lawrence, MD
1984	John D. Robbins	James Baker, MD
		Duncan Holaday, MD
1985	James S. Allen	Walter J. O'Donohue, MD
	Houston R. Anderson	
	Thomas A. Barnes	
	Julie S. Ely	
	David H. Eubanks	
	Glen N. Gee	
	Gary L. Gerard	
	Sam P. Giordano	
	Robert L. Knosp	
	Lillian Van Buskirk	
	John R. Walton	
	Robert R. Weilacher	
	George A. West	

<i>YEAR</i>	<i>LIFE</i>	<i>HONORARY</i>
1986	Richard W. Beckham	Hugh Matthewson, MD
	Paul Powers	
1987	Jeri E. Eiserman	John Hodgkin, MD
	Edward A. Scully	
1988	Michael Gillespie	Irvin Ziment, MD
	Melvin G. Martin	
1989	Gerald K. Dolan	Roger Bone, MD
	Ray Masferrer	
1990	Paul J. Matthews, Jr	Alan Plummer, MD
1991	Larry R. Ellis	Alfred Sofer, MD
	Jerome M. Sullivan	
1992	Patrick J. Dunne	David J. Pierson, MD
	Phil Kittredge	
1993	Bob Demers	Richard L. Sheldon, MD
	Bernard P. Gilles	
1994	Philip R. Cooper	Forest Bird, MD, PhD, ScD
	Dianne L. Lewis	
1995	Deborah L. Cullen	Neil R. McIntyre, MD
	Patricia A. Wise	
1996	Jim Fenstermaker	Steven K Bryant, MBA
	Trudy J. Watson	
1997	Charlie G. Brooks, Jr.	Charles Durbin, MD
	Pat Brougher	
1998	Kerry E. George	Barry A. Shapiro, MD
	W. Furman Norris	
1999	Dean R. Hess	James K, Stoller, MD
	Cynthia J. Molle	
2000	Jerry Bridgers	Michael T. Amato
	Dianne Kimball	
2001	Robert Fluck	William Bernhard, MD
	Garry W. Kauffman	

<i>YEAR</i>	<i>LIFE</i>	<i>HONORARY</i>
2002	Susan B. Blonshine	Sherry Milligan
	William Galvin	
	Carl Wiezalis	
2003	Margaret F. Traband	Cheryl A. West
	J. Michael Thompson	
2004	David C. Shelledy	Patricia A. Lee
	Karen J. Stewart	
2005	Janet Boehm	Jill Eicher
	Richard Branson	
2006	John Hiser	Marsha Cathcart
	Lucy Kester	
2007	Doug MacIntyre	Kent Christopher
	Joseph L. Rau	
2008	Susan Rinaldo Gallo	John W. Walsh
	Michael W. Runge	
2009	Vijay M. Deshpande	Dale L. Griffiths
2010	William H Dubbs	None awarded
	Toni Rodriguez	
2011	Patricia A. Doorley	Foster M. "Duke" Johns III
2012	Richard M. Ford	Miriam A. O'Day
	Timothy R. Myers	
2013	Linda I Van Scoder	Kathy Blackmon
2014	Debra J. Fox	Edna Fiore
	Karen J. Stewart	
2015	Fred Hill	Kris Kuykendall
2016	Colleen L. Schabacker	Bruce K. Rubin
	George W. Gaebler	
2017	Lynda Goodfellow	Russell Acevedo
2018	Shelley C. Mishoe	Grace Anne Dorney Koppell
	Frank R. Salvatore, Jr.	

CRITERIA

(Revised November, 2015)

Candidates for AARC Life Membership

1. Must be and have been an active member (one who has the right to vote and hold office) of the AARC for a period of at least fifteen (15) years.
2. Must have served in the AARC in an official capacity, i.e., national officer, Board member, committee chair or member, House of Delegates, etc., for at least seven (7) years, not necessarily consecutively.
3. Must have made an extraordinary contribution to the AARC and its affiliates.
4. Must have been active in affiliate operations and have served in an official capacity at the affiliate level.

Candidates for AARC Honorary Membership

1. Must have been active in AARC affairs for a period of at least ten (10) years or worked in a field related to the goals of the Association for at least ten (10) years.
2. Must otherwise be eligible for associate membership in the AARC at the time of consideration.
3. Must have made a special achievement or contribution to the AARC, its affiliates, or the profession of respiratory care.

*Standing
Committee
Reports*

Audit Sub-Committee

Submitted by Joe Goss – Spring 2019

Verbal Report to be given at the board meeting.

Bylaws Committee

Submitted by Dennis Guillot - Spring 2019

Recommendations

That the AARC Board of Directors find that the Kentucky Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws. (See attachment “Kentucky Society for Respiratory Care 2019”)

That the AARC Board of Directors find that the Missouri Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws. (See attachment “Missouri Society for Respiratory Care 2019”)

That the AARC Board of Directors find that the Vermont/New Hampshire Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws. (See attachment “Vermont.New Hampshire Society for Respiratory Care 2019”)

That the AARC Board of Directors find that the Maine Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws. (See attachment “Maine Society for Respiratory Care 2019”)

Report

The AARC Bylaws Committee has approved the following State Affiliate Bylaws (Amendments/Revisions) by determining they are not in conflict with the AARC Bylaws: Kentucky Society, Maine Society, Missouri Society, and Vermont/New Hampshire Society Bylaws. The AARC Bylaws Committee recommends review and approval by the AARC Board of Directors as stated above. The AARC Bylaws Committee has reached out to the following State Affiliates requesting submission of State Affiliate Bylaws for review and approval: New Mexico is working to address a potential conflict with their Affiliates Bylaws as identified by the Committee. Additionally, attempts to request from California, Florida, Louisiana, Massachusetts, Minnesota, and Wisconsin were made via email. California, Florida, and Louisiana have responded with intend to submit soon. Wyoming that was not part of original list also plans to submit for review. If Massachusetts, Minnesota, and Wisconsin do not respond with intent by end of March, a second email will go out to Delegate Members of the Affiliate as well as the President again.

Other

This list completes the State Affiliates that are due or past due for the 2019 cycle as advised by Timothy Myers and the <http://www.aarc.org/aarc-membership/state-societies/> (Georgia and South Dakota should be updated soon).

Respectfully submitted, Dennis J. Guillot 2019 AARC Bylaws Chair

Committee Members: Dennis Guillot, Brian Cayko, Kristi Hack, Lori Shoman, Brian Walsh, and Timothy Myers, Committee Liaison.

ATTACHMENTS

Bylaws-2019-Spring-Kentucky-Society-for-Respiratory-Care-2019.pdf

Bylaws-2019-Spring-Maine-Society-for-Respiratory-Care-2019.pdf

Bylaws-2019-Spring-Missouri-Society-for-Respiratory-Care-2019.pdf

Bylaws-2019-Spring-Vermont-New-Hampshire-Society-for-Respiratory-Care-2019.pdf

Elections Committee

Submitted by Ed Borza - Spring 2019

Recommendation

None

Report

The committee has convened and has begun work to prepare the election slate for the 2019 elections. We have updated and edited the candidate questions and tested the nominations website. The Board, House and Section memberships have been invited to submit nominations.

Other

The Chair would like to thank the members of the committee and the AARC staff for helping meet our deadlines.

Executive Committee

Submitted by: Karen Schell - Spring 2019

Verbal Report to be given at the board meeting.

Finance Committee

Submitted by: Karen Schell - Spring 2019

Verbal Report to be given at the board meeting.

Judicial Committee

Submitted by Anthony Dewitt – Spring 2019

Recommendations

None

Report

There have been no requests for review and no complaints against members filed in the past 180 days. The Committee has taken no action.

The committee stands ready to assist the Board in any way the Board deems appropriate.

Program Committee

Submitted by Sarah Varekojis– Spring 2019

Recommendations

None

Report

Chair: Sarah Varekojis, PhD, RRT, FAARC

Past Chair: Tom Lamphere, BS, RRT, FAARC

Members:

Kim Wiles, BS, RRT, CPFT

Dana Evans, MHA, RRT, RRT-NPS

Kim Bennion, MHS, RRT

Brady Scott, MS, RRT, RRT-ACCS, AE-C

Richard Branson, MS, RRT, FAARC (consultant) AARC Staff:

Doug Laher, MBA, RRT, FAARC Anissa Buchanan

Horizon Goals:

- The AARC offers engaging, valuable professional education that advances the professional practice of respiratory therapy.
- The AARC is recognized as the #1 provider of engaging, high-quality/world-class educational and research conferences that attract respiratory therapists and inter-professional audiences.

Committee Objectives:

- Prepare the annual International Congress and Summer Forum, including content that is aligned with Horizon Goals.
 - The committee met in Dallas on January 24-26, 2019 to review almost 700 individual lecture proposals submitted in eight specialty section and eight communities (formerly roundtables) for presentation at the Summer Forum and International Congress. Anissa Buchanan from the AARC Executive Office has already begun communicating with those who submitted proposals informing them of the Program Committee's decision to accept or reject their proposal. The committee would like to express our gratitude to all the many members of other individuals who submitted proposals and to those who support our many programs and activities.
- Evaluate effectiveness and success of said programs.
 - The committee met on-site immediately following the 2018 International Congress to discuss the perceived successes and challenges of the meeting from the committee's perspective. The program committee continued this discussion at

the January 2019 meeting. Meeting attendees are asked to provide feedback on both presentations and speakers through the CRCE submission process and through an emailed survey invitation. The committee reviewed attendee feedback at the January 2019 meeting to guide the development of the meetings, to ensure that the content and speakers are engaging and valuable, and to ensure that the meetings are attractive to respiratory therapists and other healthcare professionals.

- Recommend sites for future meetings.
 - The AARC BOD has approved the following locations and dates for the AARC Summer Forum:
 - 2019 — July 20–22 (Sat–Mon), Ft. Lauderdale, FL
 - 2021 — July 12–14 (Mon–Wed), Bonita Springs, FL
 - The AARC BOD has approved the following locations and dates for the AARC International Congress:
 - 2019 — Nov. 9–12 (Sat–Tue), New Orleans, LA
 - 2020 — Nov. 14–17 (Sat–Tue), Orlando, FL
 - 2021 — Nov. 6–9 (Sat–Tue), Phoenix, AZ
 - A recommendation for location and dates for the 2020 AARC Summer Forum will be presented to the AARC BOD soon.
 - Please also see the Program Committee’s response to HOD resolution 67-18-12 regarding future meetings.

- Solicit programing from members that meets the membership needs.
 - Proposals for the Summer Forum and the Congress were received from all specialty sections and communities. Each specialty section and community was appointed a liaison from the program committee, and the liaisons worked with the section chairs and community leaders to review the submitted proposals and ensure that a comprehensive representation interests are included in the programs. A broad offering of topics presented by new and experienced presenters are included on the programs for both the 2019 Summer Forum and 2019 Congress.
 - The program committee utilized a new proposal submission and review program that allowed them to consider the proposals at any time after they were submitted. This allowed some of the work of reviewing proposals to be completed prior to the committee’s face-to-face meeting and increased the time available to discuss proposals in more detail and in context of the entire meeting. While the decision as to which presentations were ultimately accepted was once again extremely difficult, the committee concentrated on providing content that focused on current hot topics, industry priorities and membership feedback from the 2018 meetings. Additionally, the committee ensured that President Schell’s Horizon Goals are well represented in the final program.
 - The program committee also considered Recommendation 18-3-64.1 “That the Program Committee designate a 2-hour American Heart Association update at the 2019 Congress” referred to the committee from the BOD. The proposals submitted related to this recommendation were reviewed and accepted for inclusion at the 2019 International Congress.

ATTACHMENTS



AMERICAN ASSOCIATION FOR RESPIRATORY CARE
9425 N. MacArthur Blvd, Suite 100, Irving, TX 75063-4706
(972) 243-2272, Fax (972) 484-2720
<http://www.aarc.org>, E-mail: info@aarc.org

Jan. 28, 2019

Teresa Miller MEd, RRT
Speaker of the House of Delegates
American Association for Respiratory Care
9425 N. MacArthur Blvd. Suite 100
Irving, TX 75063

Speaker Miller,

The AARC Program Committee met in Dallas, TX (Jan. 24-26, 2108). Amongst the agenda items discussed was HOD Resolution Number: 67-18-12, ***“That the BOD schedules a minimum of 4 months between the end of the Summer HOD meeting and the start of the Fall International Congress”***.

As it has been explained to us, the reason for this resolution is to allow sufficient time for HOD committees to accomplish their charges between meetings. Please know that as an AARC Standing Committee, we appreciate the need for adequate time to complete committee work.

Since 2010, there has only been 1 year (2017) in which there was not at least 4 months separation between Summer Forum and AARC Congress. In truth, the 2017 meeting had originally been scheduled for November, but because of scheduling conflicts with the convention center (and subsequent offer of complimentary convention center rental – a savings in excess of \$50,000) the meeting was moved to October. We consider this a “one off” situation which only occurred because of extenuating circumstances. In addition, in the last 8 years, 2017 was the only AARC Congress scheduled in October.

The committee spoke about this extensively at our meeting. Our pledge to the House of Delegates is that this will be given serious consideration when selecting future dates for the annual meeting. However, we do not feel we can make a permanent commitment to the resolution at this time. With that said, please know it is always an option for the AARC Board of Directors to decline any recommendation from the Program Committee that conflicts with this resolution.

Thank you for the opportunity to address this resolution. Please feel free to contact me should you have additional comments, questions or concerns.

Sincerely,

A handwritten signature in black ink that reads "Sarah Varekojic". The signature is written in a cursive, flowing style.

Sarah Varekojic PhD, RRT, FAARC
Chair, 2019 AARC Program
Committee

cc: Tom Kallstrom
Karen Schell
Ellen Becker
Asha Desai

Strategic Planning Committee

Submitted by Brian Walsh – Spring 2019

Recommendations

None

Report

The Executive Office is in the process of developing and prioritizing the tactics and will report to the Board this meeting.

Other

Will hold a welcome meeting with the strategic planning committee within the next few months.

Specialty Section Reports

Adult Acute Care Section

Submitted by Carl Hinkson – Spring 2019

Recommendations

None

Report

1. First and foremost, advocate for your section members utilizing the BOD reporting and recommendation process.
 - a. In progress and ongoing.
2. Create section specific measures of success and present to the board through the V.P. quarterly reporting method and spring, summer, and fall BOD meetings.
 - a. In progress
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 in January.
 - a. Completed
4. The section chairperson is responsible for arranging or leading a quarterly engagement activity for their section membership and reported to their VP. This engagement activity may include, but not limited to:
 - a. Journal articles, cases studies and other various topics are frequently discussed.
5. Jointly with the executive office, undertake efforts to demonstrate value of section membership, thus encouraging membership growth.
 - a. Not started, planned engaging section membership in helping with AARC executive office efforts for NBRC continuing competency program.
6. Solicit names for specialty practitioner of the year and submit the award recipient in time for presentation at the Annual Awards Ceremony at the International Congress.
 - a. Not started
7. Identify, cultivate, and mentor new section leadership.
 - a. In progress
8. Review and refine information on your section's web page and provide timely responses to requests for information from AARC members.
 - a. Complete
9. Encourage networking and the use of AARC resources that promotes the art and science of

Respiratory Care:

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 and report to VP
 - a. Not started

11. Share best practice with fellow section chairs to improve value or membership participation.
 - a. Not started

12. Review the membership and the offering of the sections and make recommendations to the Board for areas of improvement.
 - a. Not started

13. Survey the membership to identify the next evidenced based CPG to be developed.
 - a. Not started

Diagnostics Section

Submitted by Katrina Hynes – Spring 2019

Recommendations

None

Report

2019 Diagnostic Section Charges

1. Advocate for your section
 - a. Ongoing.
2. Report to the VP of External Affairs monthly
 - a. Communications will start in March 2019.
3. Propose program ideas
 - a. Charge met. Over 30 Diagnostic proposals were submitted for consideration at the 2019 AARC International Congress.
4. Engage your section members through section meetings, journal discussions, discussions on AARConnect, library update, etc.
 - a. WebEx scheduled for Thursday, February 28, 2019, 1 p.m. CST – The What and Why of Fractional Exhaled Nitric Oxide presented by Dr. Kaiser Lim, May Clinic, Pulmonary
 - b. Currently working with Shawna Strickland, Tim Myers and methapharm to provide a series of webcasts on bronchoprovocation challenge testing. Approval has been granted by AARC to allow methapharm to sponsor the webcasts. Dates, times, presenters and content to be finalized.
 - c. Summer webcast section meeting - date is pending.
5. Grow membership of your section
 - a. Continuous efforts are made to engage and advertise the value of the Respiratory Diagnostic Section membership in order to achieve our goal of 1000 active members.
6. Identify specialty practitioner candidates
 - a. In progress.
7. Mentor new section leadership
 - a. Efforts are underway to identify section chair candidates for the 2019 elections. The ideal individual demonstrates: professionalism, effective communication skills, dedication to pulmonary diagnostics and motivation to continue the shared efforts of his/her members to grow the section to 1000 members.

8. Review materials posted on AARConnect
 - a. In progress.

9. Promote best practices
 - a. Policies, procedures and standards are shared between members via AARConnect and stored in Section library.

10. Network with current and potential AARC members
 - a. Ongoing efforts are made to gain momentum in accomplishing the team's goal to obtain and sustain 1000 active members.

Education Section

Submitted by Georgianna Sergakis– Spring 2019

Recommendations

None

Report

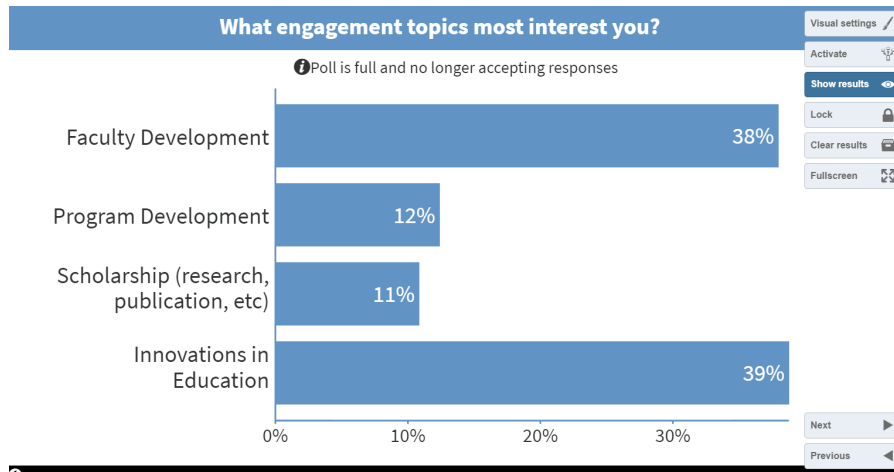
1. First and foremost, advocate for your section members utilizing the BOD reporting and recommendation process.
2. Create section specific measures of success and present to the board at least once a year.

Status:

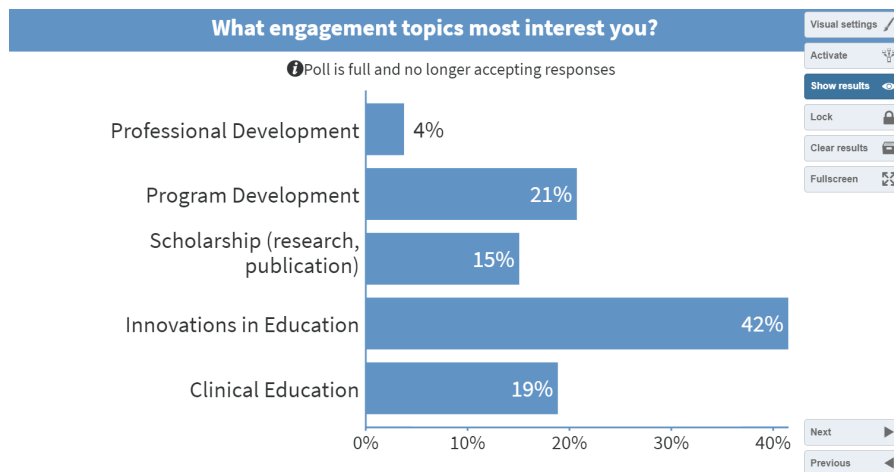
1. Achieve a section membership of 1300 active members by January 31, 2019. This is complete, we have 1422 members. We will increase this goal to 1500 active members for 2019.
2. Develop two-way dialogue between representatives of associate degree programs and the Education Section/AARC leadership regarding establishing a strong career pathway for associate degree graduates to pursue a baccalaureate degree. The committee on Career Pathways and Ad Hoc BS Entry to Practice committees address 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 (seeking a coordinator).
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 three programs awarded (Georgia State University, Rush, SUNY Upstate Medical University).
 - The RRT (Recruitment and Retention ThinkTank) will be a discussion in AARC Connect to develop ideas for needed student and faculty sustainability resources.
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 in January.

Status: Polling results from the Education Section meetings at Summer Forum and Congress are below. These informed the must-have topics list for the selection process with the Program Committee representative.

Summer Forum Poll: 140 respondents



Congress Poll: 53 respondents



Dr. Strickland, Dr. Varekojis and I identified the topics below as must-have areas (and the recommended event) for the program. Based on availability of submitted proposals, were able to recommend proposals for the Program Committee in almost all of the areas.

Student recruitment and retention (SF)	1
Research (SF, IC)	3
Incorporating disease management in the curriculum (SF, IC)	0
Teaching innovations – classroom, online, simulation (SF, IC)	11
AS to BS transition (IC)	0
Faculty development (SF, IC)	2

Clinical education - staff/student orientation, precepting, competency assessment (IC)	7
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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.

Status: Spring engagement activities are underway. We used AARC Connect and the section meetings to poll members about their preferences for engagement activities. The Student webcast “Finding your WHY: Forging Your Path to an Engaging Career” was offered in February 2019 was very well received.

In addition, plan to use a case study approach (“What would you do?”) to engage educators on both ends of the educational process for a February 2019 engagement activity.

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

Status: For 2019, 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.

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

Status: Complete.

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

Status: Emerging leaders will be contacted for continued engagement in the section.

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.

Status: A reminder for Congress/Summer Forum proposals, Open Forum abstracts, Preceptor Recognition Program, SPOTY awards and the Spring Student webcast (February 2019) are shared to help educators schedule this within their calendar or as part of curricula.

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.

Status: At section meetings this year, 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 polling and discussion themes were utilized to inform future programming and initiatives for the section.

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.

Status: The Swap Shop was updated during February, 2019. AARC Connect library: is up to date and organized in folders by category and subtopic. A discussion about how to best further organize the library is ongoing.

11. 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.

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.

Status: Membership increased this quarter, and as of January 31, 2019 active membership was 1,422.

State recruitment will continue. We currently have over 25 recruiters in 18 states – the opportunity to expand this list will be announced at AARC Congress and in AARC Connect. A recruitment letter was shared again with our state recruiters along with the list of respiratory care program directors who are not current Education Section members in mid-February.

13. Survey the membership to identify the next evidenced based CPG to be developed.

Status: Not initiated at this time.

Thank you to Dr. Shawna Strickland, Amanda Feil and the AARC staff for their continued support of the section.

Management Section

Submitted by Kim Bennion – Spring 2019

Recommendations

None

Report

Executive Summary

Overview activities and outcomes for the Management Specialty Section are highlighted below. Details can be found on pages 3-10.

Provide proposals for programs at the International Respiratory Congress and Summer Forum:

- Reviewed a total of 109 individually submitted proposals.
- Accepted 15 presentations for Summer Forum for the Management track with 3 of these being plenary presentations
- Accepted 27 management-specific for the 2019 AARC Congress program
- Accepted a Summer Forum Professional Development pre-conference work shop entitled, “Enter to Learn, Go Forth to Lead” scheduled for July 19, 2019.

Arrange or lead a quarterly engagement activity for their section membership:

Management Specialty Section Meetings are scheduled for:

- July 21, 2019 (Sunday) in conjunction with the AARC Summer Forum in Fort Lauderdale, Florida and to be scheduled during the 2019 International Respiratory Congress in New Orleans, Louisiana.

Q1 2019 Leadership Book Club

- Spring Session: February 4 – May 6, 2019

Q4 2018-YTD 2019 AARConnect Management Section Outcomes

- Current Management Section Community member ship is 1657.

Q1 2019 AARC Article, *Dealing with Difficult Co-workers* was published on the website on February 1, 2019. Three Respiratory Care leaders participated in the publication.

Undertake efforts to demonstrate value of section membership, thus encouraging membership growth:

- On January 8, 2019, the San Diego Patient Safety Council Guideline was posted regarding opioid risks, high risk patient identification, monitoring and response.
- Leadership Book Club

Q4 2018 – 2019 YTD Management Section Membership and Growth

- As of December 2018, there were 1631 total section members.
- As of January 2019, there were 1655 total section members.

Identify, cultivate, and mentor new section leadership:

- Section members are ongoingly encouraged to:
 - Contribute content to the management section list serve,
 - Attend the Summer Forum,
 - Join the Leadership Book Club to grow their knowledge and skills
 - Submit proposals for Summer Forum and/or Congress
 - Attend the 2019 Summer Forum pre-conference professional development

Enhance communication with/from section membership through the section AARConnect:

- Weekly review of management section list-serve postings with replies
- The section membership remains active and engaged.

AARC Connect library review:

- No work has been accomplished to date, but an inventory request has been made.

Review the membership and the offering of the sections and make recommendations to the Board for areas of improvement:

- As reported above

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

- Key Process Indicators (KPIs identified)
- Not formally adopted; however, ideas are being incorporated

Detailed 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 to:

- Review 104 individually submitted proposals to the management section.
- Review an additional 5 submitted proposals which were re-classified from other sections.
- Accepted 15 presentations for Summer Forum for the Management track with 3 of these being plenary presentations.
- Accepted a Summer Forum Professional Development pre-conference work shop entitled, “Enter to Learn, Go Forth to Lead” scheduled for July 19, 2019. This will contain 5 interactive sessions with invitation for all AARC members:
 - “Teaming” for Success
 - Leading High Stakes Conversations
 - The Highly Effective 30-minute Interview
 - Motivational Patient Interviewing and Goal Attainment Scaling
 - Writing It so Executives Will Want to Know



FINAL SF Pre-course
layout with descriptio

- 27 management-specific presentation slots were selected and approved for the 2019 AARC Congress program with topics of interest to RT leadership with a special focus on those that coincide with AARC strategic goals.
- 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 Spring Board Report.***

Q1-Q4 2019 Management Specialty Section Meetings are scheduled for:

- July 21, 2019 (Sunday) in conjunction with the AARC Summer Forum in Fort Lauderdale, Florida.
- Exact date to be announced but in conjunction with the 2019 International Respiratory Congress in New Orleans, Louisiana.

Q1 2019 Leadership Book Club, coordinated by Scott Reistad and currently reading *Rising Strong* by Brene’ Brown.

- Spring Session: February 4 – May 6, 2019
- 13 respiratory leaders have volunteered to lead chapter discussions.
- 228 total Leadership Book Club members (129 Management Section members and 99 non-Management Section participants)
- January 2019, 15 new members joined

Q4 2018-YTD 2019 AARConnect Management Section Outcomes

- Current Management Section Community member ship is 1657.

Management Section	Oct 2018	Nov 2018	Dec 2018	Jan 2019
Total Discussion Posts	102	121	94	114
New Threads	25	34	17	29
Replies to Discussion	77	87	77	85
Replies to Sender	16	24	32	26
Likes	14	13	6	8
Unique Contributors	67	77	74	80

Q1 2019 AARC Article, *Dealing with Difficult Co-workers* was published on the website on February 1, 2019. Three Respiratory Care leaders participated in the publication.

Q3 2019 Summer Forum Pre-Conference Workshop will be announced to members and sections via an email to all members inviting them to attend on July 19, 2019. The drafted email will be created by the Management Section Chair and approved Doug Laher and distributed via the AARC to members by March 30, 2019. Evaluations regarding feedback for the 2019 Summer Forum pre-conference as well as suggestions of pre-conference and conference future topics will be solicited during the 2019 Summer Forum Pre-conference Workshop and Summer Forum Conference.

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 changes affecting healthcare and encourage RT leaders to transform their practice to add value in the evolving healthcare environment. For example,

- January 8, 2019 San Diego Patient Safety Council Guideline was posted regarding opioid risks, high risk patient identification, monitoring and response.

Managers are encouraged to join the Leadership Book Club community on AARConnect and contribute to the discussions. The programming for the management section at the Summer Forum and International Congress highlights topics that the members of the management specialty section have identified as important to their practice to assure the viability of the Respiratory Care profession and to encourage practice at the top of scope and/or license.

Q4 2018 – 2019 YTD Management Section Membership and Growth

- As of December 2018, there were 1631 total section members.
- As of January 2019, there were 1655 total section members.

Members Joining the Management Section	Oct 2018	Nov 2018	Dec 2018	Jan 2019
Month Joined	33	27	17	41

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

Status: Section members are ongoingly encouraged to: 1) contribute content to the management section list serve, 2) attend the Summer Forum to network with other RC leaders, 3) join the Leadership Book Club to grow their knowledge and skills, 4) submit proposals for Summer Forum and/or International Congress and Exhibition. Additionally, for this year, Section

members as well as all AARC members will be invited to attend the 2019 Summer Forum pre-conference professional development course, *Enter to Learn, Go Forth to Lead*.

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: Weekly review of management section list serve postings and reply as necessary are performed. 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 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 accomplished on this project due to other, more urgent priorities. However, a request was made for Amanda Feil to create a spreadsheet of the library to enable work to commence. Review/revision of the library is a 2019 goal (see key process indicators below).

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 reported above

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

Status: Nine AARC national leaders were invited to a meeting under the direction of the Associate Executive Director, Doug Laher, during Summer Forum 2018 to discuss professional development opportunities for all AARC members. A strategic plan was discussed with the identification of key process indicators (KPI) to include measures for success and support for the AARC Horizon goals. While not formally adopted, several KPIs are being addressed via Management Section activities and informal Management Section goals (see below).

2019 Key Process Indicators	Lead	Activity	Status
<p>Create baseline trending outcomes for 2018 and 2019 regarding:</p> <ul style="list-style-type: none"> -Management Section Membership -Utilization of AARConnect (Management) -Leadership Book Club Participation 	<p>Management Section Chair and Amanda Feil, AARC</p>	<p>Will utilize these outcomes to identify areas for improvement and focus as engagement activities as well as for monitoring trends.</p>	<p>Reported above.</p>
<p>Update Management Section Library</p>	<p>Management Section Chair and members with assistance from Amanda Feil, AARC</p>	<p>Request Excel spreadsheet of Management Library.</p> <p>Will have assignments for Management Section volunteers for input at Summer Forum and via AARConnect.</p>	<p>In progress; requested spreadsheet from Amanda Feil on 2/7/19.</p> <p>Create assignment profiles from Excel spreadsheet;</p> <p>Present request for volunteers at Summer Forum and via AARConnect in July 2019.</p> <p><u>Goal:</u> Complete by October for November BOD and Congress reporting.</p>
<p>Provide interactive sessions to develop skills for “communicating so others will listen and how to listen so others will communicate”.</p>	<p>Management Section Chair, Program Committee and Pre-conference Faculty</p>	<p>Interactive session part of 2019 Summer Forum pre-conference, interactive workshop (<i>Enter to Learn, Go Forth to Lead</i>)</p>	<p>In progress; communication, organization and teamwork ranked highest as qualities of a successful manager on 2018 survey of the management section. These qualities will be a focus during 2019.</p>
<p>Identify current “hot topics” and subject matter experts for each topic to be used for future presentations at SF and Congress as well as AARConnect discussion platforms.</p>	<p>Management Section Chair</p>	<p>Create master “hot topics” list from the 2018 survey to Management Section members (Gary Kauffman and Cheryl Hoerr); conduct another survey at Summer Forum and Congress as well as via AARConnect asking for subject matter experts and any additions to the list of hot topics for inclusion</p>	<p>Not started</p>

Provide professional development reading references and conduct a reading group(s) to discuss relevant, applicable processes/ideas.	Scott Reistad	<i>Rising Strong</i> by Brene Brown selected for spring reading	In progress
Provide professional solutions and interactive ideas/activities for conflict resolution.	Management Section Chair & Pre-conference workshop faculty/ Program Committee	Interactive session part of 2019 Summer Forum pre-conference, interactive workshop (<i>Enter to Learn, Go Forth to Lead</i>)	In progress; communication, organization and teamwork ranked highest as qualities of a successful manager on 2018 survey of the management section. These qualities will be a focus during 2019.
Offer interactive sessions with practical applications for professional, oral and written presentations.	Management Section Chair & Pre-conference workshop faculty/ Program Committee	Interactive session part of 2019 Summer Forum pre-conference, interactive workshop (<i>Enter to Learn, Go Forth to Lead</i>)	In progress; communication, organization and teamwork ranked highest as qualities of a successful manager on 2018 survey of the management section. These qualities will be a focus during 2019 (survey results attached)
Offer interactive sessions with practical applications for professional, oral and written presentations.	Management Section Chair & Pre-conference workshop faculty/ Program Committee	Only partially addressed in interactive session part of 2019 Summer Forum pre-conference, interactive workshop (<i>Enter to Learn, Go Forth to Lead</i>)	In progress; communication, organization and teamwork ranked highest as qualities of a successful manager on 2018 survey of the management section. These qualities will be a focus during 2019.
Provide project growth opportunities by having resources for those who are being asked to lead initiatives/projects in their organizations/hospitals, research projects, etc. Resources will include but not be limited to professional contacts for coaching, creating/providing project templates, regulatory requirement consulting and presentation reviews with feedback.	Management Section Chair and identified experts in the profession	Partially addressed in interactive session part of 2019 Summer Forum pre-conference, interactive workshop (<i>Enter to Learn, Go Forth to Lead</i>)	In progress; Will begin identification of content experts for areas of focus from survey to be sent to Section members at Summer Forum, Congress and via AARConnect.
Assist with research and quality outcome data entry, analysis and reporting in the form of executive level reports, abstracts, manuscripts, etc., by providing timely mentor(s) review and feedback.	Management Section Chair and identified experts in the profession	Partially addressed in interactive session part of 2019 Summer Forum pre-conference, interactive workshop (<i>Enter to Learn, Go Forth to Lead</i>) Will identify subject matter experts via survey (SF, Congress and to Management Section members)	In progress Not started

Provide assistance in the development of professional writing skills by utilizing subject matter expert review(s) as mentors for written reports such as professional articles, executive level reports, abstracts, manuscripts, curriculum vitae, etc.	Management Section Chair & Pre-conference workshop faculty/ Program Committee	Interactive session part of 2019 Summer Forum pre-conference, interactive workshop (Enter to Learn, Go Forth to Lead)	In progress
Provide education in identifying obstacles to project progress and/or clinical care gaps and developing creative solutions as well as how to “pitch” solutions to key stakeholders.	Management Section Chair & Pre-conference workshop faculty/ Program Committee	Partially addressed in interactive session part of 2019 Summer Forum pre-conference, interactive workshop (Enter to Learn, Go Forth to Lead)	In progress
Create and support an AARC Community/Roundtable with regular leadership discussions.	Management Section participation	Leadership Book Club Spring Forum	In progress

Neonatal-Pediatrics Section

Submitted by Steve Sittig – Spring 2019

Recommendations

None

Report

The Neonatal Pediatric Section meeting was held in Las Vegas during the 2018 Congress with good attendance. The Section Chair Elect the 2018 Specialty Section Practitioner of the Year were introduced. Membership report was given highlighting the approximate 30+% section growth in 2018. The need for lecture proposals for the 2019 Congress was also discussed. Ultimately 70 lecture proposals were submitted to the program committee for evaluation. The section list serve has been active daily with relevant content for the members. An abstract was posted by me to encourage discussion on Bronchiolitis complications due to fluid overload. A query was also posted to determine how often members are checking their AARConnect emails to see how effect this method of communication is. Common responses were typically checking weekly with some responses to checking daily.

Post Acute Care

Submitted by Adam Mullaly – Spring 2019

Recommendations

AARC set up an Instagram Account (similar to American Nursing Association (ANA), American Speech-Language-Hearing Association (ASHA), American Thoracic Society (ATS), American Medical Association (AMA), etc.) Rationale: Many of our younger members use this social media outlet.

Report

Activities to date:

3. Monitoring content, posting content and engaging with Post-acute Care section members via the AARC Connect website (ongoing)
4. Established a small group of Post-acute Care section volunteers to "overhaul" the section library (ongoing)

Goals:

1. Ensure relevant content is posted to the AARC Connect Post-acute Care section weekly (minimum).
2. Create valuable Post-acute Care section newsletters (consider survey to assess value of these).
3. Engage with Post-acute Care section members via AARC Connect (responding to posts, possible journal club, etc.)
4. Organize the Post-acute Care section library and increase its usefulness to section members; encourage sharing and collaboration!
5. Increase Post-acute Care section membership to > 1000 members

Sleep Section

Submitted by Jessica Schweller - Spring 2019

Recommendations

None

Report

1. First and foremost, advocate for your section members utilizing the BOD reporting and recommendation process.
2. Create section specific measures of success and present to the board through the VP at quarterly reporting method and spring, summer, and fall BOD meetings.

Measurable Outcomes:

1. Quarterly reports to VP
2. Spring, Summer, Winter reports to BOD addressing the above 12 objectives
3. List of proposals to Program Committee

Status: Continue to increase membership to the sleep section each year. Current membership YTD: 739 members. Year change: +35 members.

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 in January. (keep an ongoing list throughout the year and encourage submissions from your membership through AARConnect on a regular basis)
 - o Proposals submitted for the upcoming Congress and speaker information provided as well. Submissions reviewed along with programming committee for topic content and speaker reliability. Feedback provided to programming committee to help develop sleep content for Congress 2019.
4. The section chairperson is responsible for arranging or leading a quarterly engagement activity for their section membership and reported to their VP. This engagement activity may include, but not limited to:
 - a. • online section meeting,
 - b. • journal discussions,

- c. • initiation of discussions on AARConnect,
- d. • posting of key materials to the AARConnect libraries,
- e. • AARC webpages, or
- f. • highlighting AARC resources to members through social media.
- g. • Enhance communication with and from section membership through the section's AARConnect

-Status: trying to increase communication and engagement from section membership through AARConnect. At Congress, I made an effort to really introduce members to Connect that were not utilizing the resource and tried to encourage members to use the AARC U information for education. Next is to utilize online section meetings to improve communication and engagement with the group.

5. Jointly with the executive office, undertake efforts to demonstrate value of section membership, thus encouraging membership growth.
 - **Status:** working strongly to increase membership among students, new hires/new RT's and to increase awareness of the sleep section among members that might have a common interest in sleep. Goal is to work with other sections to help bridge our communities to increase awareness of the value of the sleep section and ways to encourage members to take advantage of signing up for multiple sections to get the benefits of both worlds.

○

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

Status: nominations received this past year and Peter Allen named Sleep Section SPOTY 2018

7. Identify, cultivate, and mentor new section leadership.

Status: working to mentor new leadership in the group so that our section will have a new chair in upcoming years

8. Review and refine information on your section's web page and provide timely responses to requests for information from AARC members.

Status: currently responding to information as necessary and appropriate.

9. Encourage networking and the use of AARC resources that promotes the art and science of Respiratory Care:

AARConnect library,

swap shop,

and listserv

Status: continue to encourage members to use these resources regularly. Discussed this further at Congress during our section meeting as well on ways to utilize all resources.

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 and report to VP

Status: I have not reviewed the data recently and will complete this before next BOD meeting

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

Status: currently working alongside education chair to discuss ways to reach out to directors of RT programs regarding their sleep educators to see if they are members of the sleep section and if not, ways to improve membership.

12. Review the membership and the offering of the sections and make recommendations to the Board for areas of improvement.

Status: nothing to report

13. Survey the membership to identify the next evidenced based CPG to be developed.

- a. **Status:** survey completed in 2017 regarding topics for Congress. We can utilize the data to discuss clinical practice guidelines that are more current for sleep but there aren't many out there at this time.

Surface to Air Transport Section

Submitted by Olivia Kaullen - Spring 2019

Recommendations

None

Report

I am currently working toward updating our section's Connect Site/Library and towards ways to engage members in my first 2 quarters. There is currently nothing to report.

Special Committee Reports

Advocacy & Government Affairs Committee

Submitted by Frank Salvatore – Spring 2019

Recommendations

None

Report

Horizon Goal Alignment:

Advocacy - Respiratory therapy provided by respiratory therapists is recognized and supported in all healthcare settings.

3. Provide legislators with supporting research data promoting efficient, cost effective and quality care when utilizing respiratory therapist to control unnecessary care.
4. Respiratory therapists will advocate locally, nationally, and globally on issues facing our patients, our practice, and our members.

With the following objectives:

7. Find ways to gain support for the Telehealth bill (Pilot Project bill and other bills as dictated by the annual legislative program.
 - **We're working with our lobbyist in D.C. and Anne Marie to get bill reintroduced in this Congress. Anne Marie will update you at the BOD meeting of any developments.**
8. Assist the state societies with legislative and regulatory challenges and opportunities as these arise. Over the next two years provide assistance to all states that begin moving toward RRT and/or BS entry for therapists seeking a new state license.
 - **All committee members have been assigned states and we will work with them on both state and federal advocacy.**
9. 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.
 - **Preparing the PACT now to begin preparing for the March Virtual Lobby Campaign which is slated to start on March 20th and run through April 10th.**
10. Oversee the virtual lobby week and/or any calls to action that come up over the year.
 - **On-going.**
11. 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**

12. Assist in coordination of consumer supporters.

- On-going

Measurable outcomes:

3. Increase by 20% the number of co-signers of the Telehealth bill.
4. Produce 10% more emails sent to Capitol Hill this virtual lobbying campaign.

Chair: Frank Salvatore, MBA, RRT, FAARC

Members:

Kim Bennion, MHS, RRT	Carrie Bourassa, RRT
John Campbell, MA, RRT, RRT-NPS	Joseph Goss BS, RRT, RRT-NPS, AE-C
Mike Madison, MBA, RRT	Natalie Napolitano, MPH, RTT, RRT-NPS, FAARC
Keith Siegel, MBA, RRT, CPFT	Gary Wickman, BA, RRT, FAARC

AARC Staff: Ann Marie Hummel

Benchmarking Committee

Submitted by: Chuck Menders – Spring 2019

Recommendations

None

Report

1. A Committee meeting was held during the ARC Congress in Las Vegas. Updates were provided on the system and there were good discussions of issues to address and goals to work toward.
2. Rick Ford Presented two talks at the AARC Congress that dealt with AARC Benchmarking. Afterwards, Tim Myers addressed the audience and offered a 50% discounted subscription price for those interested in joining. He received over 50 inquiries, and we are now seeing new subscribers from this.
3. Regional client support has continued by all members of the team to assist new clients and follow up with subscribers.
4. Valerie David was added as new member to the Benchmarking Committee – Frank Salvatore and Steve Abplanalp have resigned and are no longer on the committee. We are still in the process of looking at other potential members.
5. We are starting to see and encouraging increased usage of AARC Connect as a communication tool.
6. A committee conference call is being scheduled for around the end of February to follow up on issues discussed at the Committee meeting in Las Vegas.
7. 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, an how to encourage more timely data entry by clients. Many clients still have not entered any data.
8. An Administrators Dashboard is available for committee members to monitor and manage user subscription dates and dates of data entry.
9. Membership in AARC Benchmarking has decreased from 77 subscribers in November 2018 to 73 subscribers as of February 15, 2018. Although there were 26 new or renewed subscribers in December and January, there were many who did not renew and dropped off the list.

Billing Codes Committee

Submitted by: Susan Rinaldo Gallo – Spring 2019

Recommendations

None

Report

The Billing Codes committee has two new members this year; Becky Anderson and Kevin McQueen. We are reviewing and updating the AARC Coding Guidelines. As always, we are monitoring the Coding list serve.

Diversity Committee

Submitted by: Jakki Grimball – Spring 2019

Recommendations

None

Report

Due to a death in my family Shawna hosted the first AARC Diversity Committee phone conference February 12, 2019. The committee discussed the charges/objectives below as set-up by President Schell.

Horizon Goal Alignment

Communications/marketing:

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

Identify all key stakeholders and create focused messaging that communicates the value of respiratory therapists and respiratory therapy leadership

Committee Objectives:

1. Develop a program/toolkit that can be used by the state affiliates and AARC Board to bring diversity into the leadership and membership of the profession.
 - The committee discussed evaluating each state's Board knowledge of inclusion /diversity
 - The committee discussed the importance of designing a toolkit/program to help states to be more inclusive.
 - The toolkit should include an informative brochure about inclusiveness/diversity
 - **Shawna posted the results of the 2017 diversity survey. The committee members were requested to review and discuss potentially updating and distributing the survey by February 22nd.**
2. Create a Diversity webinar for AARC University.
 - Crystal Dunlevy was working on a 2-hour LGBT sensitivity course for AARC University. The committee members have decided to focus on a broader diversity and inclusion asynchronous course. Since the 2019 AARC Webcast schedule has been completed, the diversity and inclusion course will be schedule for January 2020.
 - **Crystal will post some content on potential diversity topics on the committee's AARConnect community and the group will post comments within 3 weeks.**
3. Develop a speaker's bureau for the AARC to make available to state/affiliate meetings.
 - The group requested further information on whether the speakers will be sponsored by the AARC or a list of suggested speakers. If AARC sponsored speakers are used

a disclaimer will be required – thoughts and views not necessarily reflective of those of the AARC

- The group decided to develop the list based on the topics under charge # 4.
 - **Shawna posted a grid on the committee’s AARConnect community. The committee members were requested to add names by February 22nd.**
4. Research and compile a comprehensive list of related links and resources on diversity in health care for inclusion on the AARC web site, including:
- Cultural diversity
 - Workforce diversity
 - Gender equity
 - LGBT health
 - Health literacy
 - Disparities in healthcare
 - Case studies in cultural competence
 - The committee discussed adding topic: Differently-abled/temporarily-able-bodied (patients and colleagues).
 - **Shawna posted the website link on the committee’s AARConnect community. The committee members were request to review the site and make recommendations for removing/adding/reorganizing the content by February 22nd.**
 - **The chair of the committee and Shawna reviewed the site and remove the word PowerPoint (licensed product) and replaced with “Presentations.” The two very old presentations were removed and replaced with Crystal Dunlevy’s 2017 Implicit Bias Webcast.**

The committee will discuss breaking into small groups to address objectives 2 and 4 while gathering clarification on objectives 1 and 3.

Due to a family illness, Crystal Dunlevy has agreed to step-in as Acting Chair for a short time.

Respectfully submitted by Jakki Grimbball/Shawna Strickland

Thank you Shawna, Committee member and Crystal Dunlevy!

Fellowship Committee

Submitted by: Frank Salvatore – Spring 2019

Recommendations

None

Report

Horizon Goal Alignment:

Communication/Marketing - AARC consistently delivers the right message, to the right audience, at the right time, through the right channel

3. Identify all key stakeholders and create focused messaging that communicates the value of respiratory therapists and respiratory therapy leadership
4. The AARC will market the value of the respiratory therapist to clients and other healthcare professions both nationally and internationally.

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

2. Create and communicate the value of AARC membership to each community of interest.

Objectives:

6. Review applications of nominees for AARC Fellow Recognition (FAARC).
 - **This goal begins after the August 31, 2019 deadline.**
7. Select individuals who will receive the AARC Fellow recognition prior to the International Respiratory Care Congress.
 - **This goal begins after the August 31, 2019 deadline.**
8. Develop/improve an objective rubric for review of applications and use to shadow process for 2019 to implement in 2020.
 - **We're working on this goal and will have something in place by September 1st to use during the 2019 selection process.**
9. Provide a webcast with the Executive office to review the application and evaluation process with the AARC membership.
 - **Will discuss with Tom and the EO about a possible late spring webcast.**
10. Mentor committee members for future chair position.
 - **On-going.**

Measurable outcomes:

4. Number of qualified submissions each year.

5. New fellows presented each year.
6. Scoring rubric developed and summary of pilot test (shadow results)

Chair 2019-2020: Frank Salvatore, MBA, RRT, FAARC

Members

Dean Hess, PhD, RRT, FAARC	John D. Hiser, MEd, RRT, CPFT, FAARC
Denise Johnson, MHS, RRT, FAARC	Trudy Watson, BS, RRT, FAARC
Caroline Williams, BS, RRT, FAARC	

AARC Staff: Tom Kallstrom, MBA, RRT, FAARC

International Committee Report

Submitted by John Hiser – Spring 2019

Recommendations

None

Report

Horizon Goal Alignment:

Advocacy:

- Respiratory therapists will advocate locally, nationally, and globally on issues facing our patients, our practice, and our members.
 1. Respiratory Therapists will collaborate with other organizations that have like values and issues that work to improve the health of the communities they represent to be able to bring value to their members

Communications/marketing

- AARC consistently delivers the right message, to the right audience, at the right time, through the right channel.
 1. The AARC will market the value of the respiratory therapists to clients and other healthcare professions both nationally and internationally Events/meetings
- The AARC is recognized as the #1 provider of engaging, high-quality/world-class educational and research conferences that attract respiratory therapists and inter-professional audiences.
 2. The AARC will explore way to increase domestic and international conference attendees annually. The committee will be reviewing the Horizon Goal alignment in the near future.

Objectives

1. Coordinate market and administer the International Fellowship Program. The application period for international fellows and hosts opened on January 1 and will continue until June 1. The call for applicants has been included in AARCTimes and AARC Connect.
2. Collaborate with the Program Committee and the International Respiratory Care Council to plan and present the international functions of the Congress. The committee continues to work with the Program Committee and the ICRC to help coordinate and help prepare the

presentations given by the fellows to the council. This process will begin once the fellows are accepted. This will occur June or early July.

3. Strengthen AARC Fellow Alumni connections through communications and targeted activities. We continue to work on improving communication and on targeted activities.
4. Coordinate and serve as a clearinghouse for all international activities and requests. We continue to receive requests for assistance with educational programs, seminars, educational materials, requests for information and help with promoting respiratory care in other areas of the world.
5. Continue collegial interaction with existing International Affiliates to increase our international visibility and partnerships. We continue to work in collaboration with the AARC, ARCF and the ICRC on the AARC international goals.

Measurable outcomes:

5. Work to increase number of international fellows as funding becomes available. The ARCF determines how many fellows to fund each year
6. Focus on the development of collaborative educational programs, guidelines, recommendations or position statements. The committee stands ready to assist in any way possible.
7. Track and publish in the AARC Times international initiatives (minimum quarterly)
Several articles have been published in the past regarding leadership travel outside the US. I would encourage all members of the Board and the House, and individual members to let me know of any travel for seminars, workshops, medical mission trips or other activities related to international activities. Each year I encourage the Times editors to include as many articles related to AARC International Goals as possible.

This last December and again in January, I had the pleasure of meeting with President Schell, ICRC President Jerome Sullivan, ARCF Chair Michael Amato, Executive Director Tom Kallstrom and Associate Executive Director Tim Myers regarding the future direction of the international efforts of the AARC. These two meetings included a review of our history, planning the future, ideas for more exposure, and succession and leadership planning. Discussions also included the AARC horizon goals. Discussions are ongoing. I want to thank Crystal Maldonado for all of her hard work. I also want to thank the members of the committee.

Chair: John D Hiser MEd, RRT, CPFT, FAARC

Vice Chair International Fellows: Daniel Rowley, MS, RRT-ACCS, NPS, RPFT,FAARC

Vice Chair International Relations: Hassan Alorainy BSRC, RRT, FAARC

Members: Arzu Ari, PhD, RRT, PT, CPFT, FAARC Vijay Deshpande, MS, RRT, FAARC Ed Coombs, MA, RRT, RRT-NPS, RRT-ACCS, FAARC Mike Davis, PhD, RRT Hector Leon MD, FAARC Bruce Rubin, MD, FAARC Jerome Sullivan PhD, RRT, FAARC Lisa Trujillo, DHSc, RRT, FAARC

BOD Liaison: Lisa Trujillo, DHSc, RRT, FAARC

AARC Staff: Tom Kallstrom

Membership Committee

Submitted by Jennifer Anderson – Spring 2019

Recommendation

None

Report

The AARC Membership Committee had a conference call on February 12, 2019. The majority of committee members were in attendance. This was the first official committee meeting for 2019. The committee reviewed and discussed the 2019 committee charges. One of the charges from President Schell is to develop strategies for members to engage in HOSA. To set a baseline and to meet this objective, we are looking at sending out two surveys - one to Program Directors and one to State Society Presidents & Delegates. The goal is for us to determine which states and programs are involved in HOSA and to identify opportunities for engagement. The committee is working to prepare a survey via AARConnect. The committee also discussed the winter 2018 house of delegates student mentorship program and the student connection community. Both groups currently have AARConnect communities. The membership committee will have "topic facilitators" for the group. The hope is to post tips, and create opportunities for engagement. We hope to keep the students engaged and help them transition into active AARC members. The committee also discussed ideas on how to keep students engaged with the AARC once they graduate. One idea is to have a focus group at Congress with students and recent graduates to provide their thoughts on how to encourage AARC membership after graduation. The committee also discussed helping states develop a "suitcase" that anyone can use with resources to present about the profession. Similar to what the Kansas Society is currently doing. The membership committee plans to meet monthly and is working towards achieving the committee charges.

Thank you to all the committee members: Jeffery Anderson, Dennis Guillot, Amanda Richter, Kaitlyn Wolken, Sharon Armstead, Laura Hartman, Karsten Roberts, Kair Woodruff, Amanda Feil, Jeffrey Davis, Kerry McNiven, Cheryl Skinner, Shawna Strickland, Mandy De Vries, Michele Pedicone, and Larry Stein.

ATTACHMENTS:

AARC Membership Committee

Meeting Notes February

12, 2019

12:00 PM Eastern | 11:00 AM Central | 10:00 AM Mountain | 9:00

AM Pacific Attendees:

<input type="checkbox"/> Jeffery Anderson	<input checked="" type="checkbox"/> Sharon Armstead	<input type="checkbox"/> Jeffrey Davis	<input type="checkbox"/> Mandy De Vries
<input type="checkbox"/> Dennis Guillot	<input checked="" type="checkbox"/> Laura Hartman	<input checked="" type="checkbox"/> Kerry McNiven	<input checked="" type="checkbox"/> Michele Pedicone
<input checked="" type="checkbox"/> Amanda Richter	<input type="checkbox"/> Karsten Roberts (gave prior notice unavailable to attend)	<input checked="" type="checkbox"/> Cheryl Skinner	<input checked="" type="checkbox"/> Larry Stein
<input checked="" type="checkbox"/> Kaitlyn Wolken	<input checked="" type="checkbox"/> Kari Woodruff		
<input checked="" type="checkbox"/> Jennifer Anderson	<input checked="" type="checkbox"/> Amanda Feil	<input type="checkbox"/> Shawna Strickland (at another Committee Meeting)	

1. Introductions

a. Goals: Monthly Meeting

- i. **AARC Action:** Amanda F to send out Doodle polls for the next few meetings
- ii. **Committee Action:** Respond to polls by Monday, February 25
 1. **March Meeting Poll**
 2. **April Meeting Poll**

b. Goals: Active AARConnect community

- i. **Committee Action:** [Post your introduction on AARConnect](#)

2. Review of Charges

a. **Committee Action:** [Read committee welcome on AARConnect](#)

3. HOSA Ideas

- a. Discussed HOSA. Larry participated as a student. It is unclear to us who may or may not already be involved with HOSA. Kari identified that there is some contact info on the HOSA site, and they mention affiliates. They have both state and national events.
- b. The AARC has participated in the International Leadership

Conference for several years. This participation until 2018 was mainly as facilitator – we had programs work the exhibit hall with info and resources we provided to supplement their own exhibit materials. After attending the 2018 event here in Dallas, we've identified that there are many other ways to engage with this group. We do have plans for the AARC to be represented at the 2019 event in Florida.

- c. Many willing participants may not know how to exhibit. Cheryl mentioned that Kansas has suitcases specifically to help anyone exhibit. As a future project, we may want to consider developing resources to help other states implement something like this – whether for HOSA or other events.

- i. **Committee Action:** [Read Cheryl's post on AARConnect](#)

- d. To set a baseline and identify opportunities for engagement, we proposed sending a survey. Kerry pointed out that this survey could go to a variety of people. The committee will propose two surveys: one to Program Directors and one to state society leadership.

- e. **Committee Action:** [Post your ideas for questions on AARConnect by Monday, February 25](#)

4. Student/HOD Mentorship Programs

- a. Participants in the Winter 2018 House of Delegates Student Mentorship program have their own committee on AARConnect. We're looking for people in this committee to engage them. We're open to other ideas as well.

- b. Jennifer & Amanda F posed the idea to have "topic facilitators" for this group. Amanda F will help provide content for people to post tips, engagement opportunities, etc. After we gauge interest, Amanda F will come back with next steps.

- i. **Committee Action:** [If you would like to volunteer, post your interest on AARConnect](#)

- c. There may be other opportunities to cross post this content, such as in the StudentConnection community on AARConnect. Students should automatically be added to this community. Previously, we have limited participation in this group to

primarily students to make them feel safe asking “dumb questions.” We may need to reconsider that.

- i. **AARC Action:** Amanda F to confirm that students are still automatically added to this group

5. Other Ideas/Parking Lot Items

- a. How do we get feedback from students? Sharon shared her passion for keeping students engaged with the AARC as professionals.
 - i. Survey – Amanda F recommended holding off on this until the HOSA survey has been completed.
 - ii. Focus Group – Could this be done at Congress or with the HOD Student Mentorship Group?
 - iii. AARConnect Student Connection – Amanda F plans to revamp this site. The committee is happy to provide feedback.
 1. **AARC Action:** Amanda F to send committee screenshot of home page
- b. Communicating with Program Directors and other State Leadership
 - i. We do have an online Membership Tools Kit that is being updated. These materials are currently housed on the ‘classic’ AARC website. Moving and updating these materials are in progress.
 - ii. There are still opportunities to encourage people to stay involved with the AARC. Many leaders (program directors, managers, other key players) are confused or have a bad attitude/share myths about the AARC. Amanda R shared a recent experience. We need to think about tools, resources, and communication opportunities to help counteract this.

Position Statement and Issue Paper Committee

Submitted by Mike Madison – Spring 2019

Recommendations

None

Report

Most Recent Committee Conference Call Meeting Minutes

Attendees: Joel Brown, Pat Doorley, Lynda Goodfellow, Denise Johnson, Michael Madison, Kerry McNiven, Kimberly Wiles

Horizon Goal Alignment:

Communications/marketing

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

1. Identify all key stakeholders and create focused messaging that communicates the value of respiratory therapists and respiratory therapy leadership

With the following objectives:

1. Keep current and update all position statement and issue papers to meet the Policy CT.008 requirements.
2. Provide updates to the Spring, summer and annual meetings on the progress of meeting the policy requirements.
3. Provide recommendations to the BOD regarding new position statements or issue papers.

Measurable outcomes:

1. Percentage of position statements and issue papers that were reviewed on schedule.
2. Number of new position statements or issue papers developed and retired.
3. Position statements and issue papers status matches information posted on AARC website.

Notes:

1. Welcome and introductions.
2. Pat Doorley provided a brief update on 2025 Issue Paper that her sub-committee is working on. Based on the extent of member comments on the issue paper, the document will not be ready for BOD action until the BOD meeting at Summer Forum.

3. Based on the review calendar, there are four Position Statements that are due for review in 2019.
 - a. Competency Requirements for the Provision of Respiratory Therapy Services
 - b. Health Promotion and Disease Prevention
 - c. Pulmonary Rehabilitation
 - d. Tobacco and Health

4. Assuming the 2025 Issue Paper is adopted by the AARC BOD (Summer Forum BOD meeting – best case/ Congress BOD meeting – likely case) there are two position statements which may need review for potential update/retirement.
 - a. Licensure of Respiratory Care Personnel
 - b. Respiratory Therapist Education

5. Based on committee experiences, it should be possible to complete a position statement review/update in approximately three months and positions statements can be done in parallel. This will give us a schedule of two the first half of the year and two the second half with reports/recommendations going to the AARC BOD for their Summer Forum and Annual Congress BOD meetings.
 - a. Our initial plan is to review these position statements and review/update one short and one long (more work intensive) review/update in parallel.
 - b. Seeking information through personal contacts within other and partner organizations on an informal basis as needed is appropriate.
 - c. However, our position statements reflect the AARC's position on a topic rather than that of other and partner organizations.

6. Request that each Committee Member provide their phone numbers and e-mail addresses for our contact information list to facilitate communication between committee members.

7. **The next committee conference call is tentatively scheduled for Friday, March 15, 2015 at 8:00 AM Eastern Time (7:00 CST, 6:00 MST, 5:00 PST).**

Virtual Museum Committee

Submitted by: Trudy Watson- Spring 2019

Recommendation

None

Report

We welcomed two new members (Dr. Robert Aranson and Felix Khusid) to the committee this year and look forward to their input on the committee.

I have participated in several calls with the Executive Office in 2019. I reviewed the criteria for the Legends of Respiratory Care, the revised nomination form, and the revised rubric with Tom Kallstrom and Asha Desai. Following that conference call, I distributed requests for nominations for the 2019 Legends to President Schell, the Presidents of NBRC, CoARC, the Chair of ARCF, and copied each agency's Executive Director. The boards of the four nominating agencies are invited to submit up to 5 nominations for the 2019 Legends program by the July 31, 2019 deadline. We look forward to receiving the AARC's nominations.

At the request of Tom Kallstrom, Asha Desai and I have begun to investigate the feasibility of modifying the Wordpress template for the Virtual Museum. We reviewed several possible new layouts and will continue to search for a template that meets all of the criteria on our wishlist.

The photos and profiles for the individuals selected for the Class of 2018 Legends of Respiratory Care were uploaded to the Legends gallery in early January 2019. Several new galleries are under development which the committee hopes to launch later this calendar year. We've only received a handful of new photo submissions for the Virtual Museum so far this year. The committee plans to request photo submissions from the general membership and relevant specialty sections during the year. I have asked the committee members to suggest ideas to increase photo submissions and would welcome any suggestions from the AARC Board as well.

Vision Grant Committee

Submitted by: Lynda Goodfellow- Spring 2019

Recommendation

That the AARC BOD approve the attached Vision Grant 2019 Call for Proposals.

Report

The 2019 Vision Grant Call for Proposals was revised to more accurately reflect the new AARC's Horizon Goals. A letter of Intent (LOI) is due June 1, 2019. Any LOIs received by the deadline will be reviewed by the committee, with a recommendation at the July BOD meeting for requests for full proposals.

Other

Committee Members: Lynda T Goodfellow, chair Gregg Ruppel Georgianna Sergakis

ATTACHMENTS

Call for Proposals – Vision Grant 2019

Request for Applications:

The AARC invites interested parties to submit a one-page letter of intent (LOI) for possible funding that advances the profession of respiratory care. If LOI accepted, a full proposal is due on **September 1, 2019**.

Review of projects that focus on innovative ways to educate the workforce that continually increases the level of competency within the profession are needed, as well as how to communicate to consumers of respiratory therapy (professionals and patients) regarding outcomes-based research on lower mortality, increased quality and safety, and lower costs when respiratory therapists are involved in care.

Deadline:

LOI deadline: **June 1, 2019**

Submission requirements:

Once a letter of intent is accepted, an electronic (PDF) copy of the application in ONE document (a detailed description of the proposal requirements is included below) is required. Cost sharing is encouraged with educational institutions, professional organizations, hospital systems and foundations. Submit to Dr. Shawna Strickland at: Shawna.Strickland@aarc.org

OVERVIEW AND GOALS:

The AARC is providing funding for research that investigates innovation in education of the respiratory care workforce, with emphasis on education that increases competency. Funding is also available for research based on outcomes that demonstrate the cost effectiveness of respiratory care in terms of lower morbidity and/or lower mortality, increased quality and patient safety.

The review committee seeks proposals that may include the use of the AARC Clinical Practice Guidelines, clinical interventions or white paper statements. Examples below illustrate the types of proposals the AARC Vision Grant seeks to fund:

1. Develop an RFP with the purpose of evaluating methods or technologies used to educate either students or practitioners to increase competencies in the following areas:
 - Patient outcomes: ventilator days, length of stay, readmission rates, reintubation rates, VAE rates
 - Disease management: patient-driven protocols, recognizing and resolving patient deterioration on mechanical ventilation, acute disease exacerbation, airway emergencies, etc.
 - Patient transport
 - Pulmonary diagnostics, bronchoscopy, etc.
2. Develop an RFP through the AARC Vision Grant to fund an outcomes-based research project that evaluates the cost and quality benefits of having respiratory therapists as part of the patient care team.

The research should compare morbidity, mortality and/or cost effectiveness of respiratory therapists in patient care settings where they may or may not be used. These may include but are not limited to

- Critical care units
- General hospital care facilities
- Pulmonary outpatient or rehabilitation clinics
- Diagnostic facilities (PFT labs, bronchoscopy, etc.)
- Home care or transport teams

ELIGIBILITY

All are encouraged to submit a LOI that describes a research plan that can adequately investigate the effect of educational level of respiratory therapists to quality of care indicators and patient safety or Departmental/institutional performance on core value measures. Preferences given when respiratory therapists are the PI or co-PI.

Applications of any amount up to \$50,000 are accepted.

PROPOSAL CONTENTS AND PAGE LIMITS

The one-page LOI should address the research questions, research methods, and significance of the research. If the LOI is accepted, interested researchers are asked to submit an application of no more than ten pages, including:

- State the scientific rationale for the study and detail how this study advances the profession of respiratory care
- Provide specific research question(s) that are sufficiently focused to carefully map issues related to the safety and quality of respiratory care
- Justify the scientific merits of study plan and the potential impact of the proposed research
- Provide a timeline for the proposed research and qualifications of all investigators
- Prepare and justify a proposed budget
- Document that IRB approval is secured
- Description of any equipment to be purchased and any implementation expenditures

REVIEW PROCESS

- Applications evaluated based on the ability of the award to:
- Leverage existing strengths of the primary investigators and co-investigators
- Well-designed studies that can reveal differences in quality and safety, if any
- Advance the profession of respiratory care and enhance the AARC's mission
- Cost sharing with funding partners
- Support AARC members
- Proposals that include cost-sharing plans are encouraged

*Special
Representatives
Reports*

AMA CPT Health Care Professional Advisory Committee

Submitted by: Susan Rinaldo Gallo – Spring 2019

Recommendations

None

Report

Anne Marie and I attended a AMA/CPT meeting in February. The purpose of the AARC's attendance at the AMA/CPT meetings is to submit new codes as needed, submit comments both negative and positive, voice our opinion at the meeting and work in conjunction with other associations and industry on code applications. There was a full day of presentations related to CPT at this meeting.

Once again Chronic Care Management codes were discussed. It is important to note, for any Respiratory Therapist who works in disease management, that a Respiratory Therapist can provide care management under code 99490, 99487 and 99489. The physician, NP, PA, Certified Nurse Midwife or Clinical Nurse Specialist would do the billing and provide general supervision.

CPT 99490 Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements:

- Multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient
- Chronic conditions place the patient at significant risk of death, acute exacerbation/ decompensation, or functional decline
- Comprehensive care plan established, implemented, revised, or monitored

CPT 99487 Complex chronic care management services, with the following required elements:

- Multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient
- Chronic conditions place the patient at significant risk of death, acute exacerbation/ decompensation, or functional decline
- Establishment or substantial revision of a comprehensive care plan
- Moderate or high complexity medical decision making
- 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month

CPT 99489 Each additional 30 minutes of clinical staff time directed by a physician or other

qualified health care professional, per calendar month (List separately in addition to code for primary procedure)

Complex CCM services of less than 60 minutes in duration, in a calendar month, are not reported separately.

Examples of chronic conditions include, but are not limited to, the following:

- Alzheimer's disease and related dementia
- Arthritis (osteoarthritis and rheumatoid)
- **Asthma**
- Atrial fibrillation
- Autism spectrum disorders
- Cancer
- Cardiovascular Disease
- **Chronic Obstructive Pulmonary Disease**
- Depression
- Diabetes
- Hypertension
- Infectious diseases such as HIV/AIDS

As part of this February meeting, we participate in the HCPAC Advisors meeting. This group is composed of the non-physician advisors such as Physical Therapists, Optometrists, Nurses, OTs, Chiropractors, Physician Assistants, Social Workers, etc. This is a valuable networking opportunity for the AARC.

American Association of Cardiovascular & Pulmonary Rehabilitation

Submitted by Gerilynn Connors - Spring 2019

Recommendations

AARC BOD to **promote and share the key resources noted below with our AARC members:**
this is an ATS campaign to improve national awareness of pulmonary rehabilitation (PR)

- Two recent ATS editorials in the Journal highlighting poor PR utilization and reimbursement as significant barriers to PR availability & improved patient outcomes
 - <https://www.atsjournals.org/doi/abs/10.1164/rccm.201809-1711ED>
 - <https://www.atsjournals.org/doi/abs/10.1513/AnnalsATS.201809-641ED>
- a NEW Resource for pulmonary patients, families and caregivers
 - www.livebetter.org.

ATTACHMENT: live-better.pdf

Report

1. **New AACVPR Pulmonary Rehabilitation Program Management Modules**
 - a. Trina Limberg heading the project
 - i. tapped Module 1
 - b. 4 Modules to be released in March/April with continuing education units, including AARC CRCE's being applied for
 - c. The 4 Modules are:
 - i. Review of PR Program Management Basics
 - ii. Program Formatting and Physician Involvement
 1. I tapped this Module
 - iii. Billing, Coding and Documentation
 - iv. What metrics should your program be tracking beyond outcomes?
2. **AACVPR 5th Edition Pulmonary Rehabilitation Guidelines – APRIL 2019 Release**
 - a. Extensive updates and new chapters on Nutrition and Psychosocial Intervention
 - b. Updated Chapter 2 – Selecting and Assessing the Pulmonary Rehabilitation Candidate was written by Dr. James Lamberti and I

3. **AACVPR MAC M & MAC J Reimb. Committee**

a. *No active audits or reimbursement crisis issues **AT THIS TIME***

b. I am an active Member of the MAC M & J Committee with monthly Conference Calls

4. **VACVPR, affiliate of AACVPR:**

a. Active on BOD and Pulmonary Rehab Reimbursement Committee Chair

Respectfully Submitted: Gerilynn Connors

Gerilynn Connors, BS, RRT, MAACVPR, FAARC

Clinical Manager, Respiratory Care Outpatient Services

Pulmonary Diagnostics, Pulmonary Intervention & Pulmonary Rehabilitation

Respiratory Care

Inova Fairfax Medical Campus

3300 Gallows Road

Falls Church, VA 22042

VACVPR Pulmonary Reimb. Committee Chair

AACVPR Pulmonary Expert Committee Member

Pulm Hypertension Assoc. Practice Committee Member

Healthcare Council of the National Capital Area, Rehabilitation Division Chair

P 703-776-3070

F 702-776-3082

Gerilynn.Connors@inova.org

American Heart Association

Submitted by Brian Walsh – Spring 2019

Recommendations

None

Report

Submitted a AHA proposal to the Program Planning Committee.

Other

Next AHA meeting is April 8th and 9th in DFW.

Chartered Affiliate Consultant

Submitted by Garry Kauffman – Spring 2019

Recommendation

None

Report

I conducted a strategic and operational planning session for the Texas Society for Respiratory Care January 11th and 12th in Dallas, Texas. Given the historical ‘challenges’ of the TSRC at the request of TSRC President Mary Hart. Given the ‘challenges’ facing the TSRC over the past two years, I can confidently report that the engagement and leadership are better than ever! As a result of the session, we generated 5 core strategies with initiatives, goals, metrics, responsible persons that will reboot the TSRC on a path to greater visibility and success. I also want to thank AARC President Karen Schell for taking three days out of her personal time to participate.

I have kept President Schell and AARC CEO Tom Kallstrom abreast of my continued support of our societies throughout the year, with notable recent updates from Nevada and Alaska, both of whom have new presidents.

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)

Submitted by Gary Wickman – Spring 2019

Recommendation

CoBGRTE requests that a CoBGRTE Board member be assigned to the writing committee for the Entry Level education and credential issue paper.

Report

I have attended all CoBGRTE Executive Committee meetings since the last report in December 2018 including an in person CoBGRTE Executive Committee meeting during the AARC Congress. The CoBGRTE Committee meeting was a preparation for meetings with the AARC Executive Committee at Congress. CoBGRTE also hosted a Round Table dinner during the AARC Congress to solicit feedback on what CoBGRTE should prioritize and how the group can be more effective. Again, this dinner was well attended with good participation from the attendees.

Another highlight from the AARC Congress was that CoBGRTE had a booth in the Vendor Hall. This was a great opportunity for people attending to learn what CoBGRTE is and does. A benefit to the attendees was that there was information on all of the BS and Graduate RT programs available to them and thus promoting entry level education to be Bachelors or higher.

The first CoBGRTE Executive Committee meeting of the year helped to prioritize and begin preparations for the year to include:

- 1) An in person board meeting at the Summer Forum
- 2) A mini symposium offered before the Summer forum
- 3) Hosting a Round Table Dinner to discuss a topic of mutual interest

They also discussed the Draft AARC Entry to Practice issue paper and put together a team to provide input on this important topic to the AARC. This was done and submitted to President Karen Schell. To summarize, the CoBGRTE strongly supports AARC's decision to advocate for entry to the profession for all respiratory therapists at a minimum of the baccalaureate and achievement of the RRT credential. The CoBGRTE made several suggestions to strengthen the paper. Specific CoBGRTE concerns are:

1. Entry level education to the profession should be at the *baccalaureate or master's degree level*. There are now a number of *master's degree entry-level respiratory care programs* throughout the country, and university-based programs are considering moving to or adding entry-level master's degree programs. *CoARC clearly refers to entry-level baccalaureate and master's degree education in their standards for accreditation for entry level programs*. Master's degree entry-level education needs to be mentioned in the issue paper document as deans and other academic administrators may take their cues for program support and development from the paper, and we don't want to do anything to harm existing MS degree respiratory care entry-level programs or discourage the development of additional such programs.

2. As the representative organization for almost all such programs, CoBGRTE has much to contribute regarding the need for, and attributes of baccalaureate and master's degree respiratory therapy educational programs. CoBGRTE requests that a CoBGRTE board member be appointed to the writing committee for the issue paper.

I look forward to a productive year working together to advance the education levels of Respiratory Therapists.

CoBGRTE continues to partner with the AARC, CoARC, NBRC, and the ACCP to advance Respiratory Therapy education and support the idea of APRT. The main focus of the group continues to be supporting the move to BS or higher as entry level education for Respiratory Therapists by working to support programs to convert from AS to BS and promoting more Graduate programs, developing and implementing the APRT curriculum, providing support to members through continuing education, and increasing membership in the organization and the AARC.

Other

I would like to thank Dr. 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 – Spring 2019

Recommendations

None

Report

The CAMTS Board of Directors met via Go To Meeting on January 31st (minutes attached) in order to keep reaccreditations on schedule. The 2019 meeting schedule has been set with the spring meeting to be held in Albuquerque April 11th -13th with the executive meeting the evening of April 10th. The summer meeting is to be held in Seattle WA July 12th and 13th with executive board the evening of the 11th. The fall meeting will be in Atlanta November 1st and 2nd prior to the national Air Medical Transport Conference with the executive board meeting the evening of October 31st.

The 11th edition of the CAMTS Standards are now published and work will now continue to draft a standards version in compliance with American National Standards Institute (ANSI) process. This will be completed by monthly phone conferences of which I am a part of that committee.

ATTACHMENTS:

**Meeting Minutes of the
COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS
Web Meeting – January 31, 2019
Scheduled for:
1100hrs till 1500hrs (EST)**

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

BOARD MEMBERS PRESENT: Dr. Stuhlmiller, Dr. Miller, Ms. Rush, Ms. Montgomery, Mr. Goff, Dr. Cohen, Dr. Holleran, Dr. Brunko. Ms. Palmer, Mr. Brisbois,

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

MEMBERS ABSENT: Col. Friedrichs, Dr. Guyette, Dr. Becker, Mr. Lewis, Ms. Corbett, Dr. Alexander, Mr. Gryniuk, Ms. Treadwell, Mr. Ruff,

Call to OrderDr. Conn

Meeting called to order at 1102 hrs. January 31, 2019.

Introductions / Meeting Announcements..... Ms. Frazer

Ms. Frazer sadly announced the two recent fatal accidents. RW, Survival Flight, Ohio and FW Guardian Flight, Alaska.

Ms. Eichel made an announcement requesting board members complete the QA survey pertaining to board report documentation.

ACCREDITATION DELIBERATIONS.....The Board

The board entered Executive Session at 1110hrs. Dr. Orr reviewed the rules of conduct for program deliberations.

Program #041706 - Dr. Conn announced that this program would not be deliberated at this meeting but had been given a deferment to acquire more updated information.

Program #091708 was presented for consideration of new accreditation by Ms. Rush and Mr. Sittig. No one was excused for a conflict of interest. Following presentation, a motion was made by Ms. Rush and seconded by Dr. Holleran for provisional action with follow-up to the full board in 6 months. Motion passed unanimously.

Program #111218 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 preliminary denial with ninety days to take corrective action and report to full board. Motion passed unanimously.

Program #030404 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 and seconded by Dr. Brunko for full accreditation with a progress report to executive committee in six months. Motion passed unanimously.

A brief discussion on the critical elements review process with Dr. Brunko, Dr. Stuhlmiller, Dr. Orr and Ms. Eichel. A meeting of the CE group will be scheduled at the April board meeting in Albuquerque.

Program #021310 was presented for consideration of reaccreditation by Dr. Holleran. Ms. Montgomery was excused for a conflict of interest. Following presentation, a motion was made by Dr. Holleran and seconded by Mr. Sittig for full accreditation with a progress report to the executive committee in 6 months and a repeat safety culture survey. Motion passed unanimously.

Program #061813 was presented for consideration of reaccreditation by Dr. Orr. Dr. Stuhlmiller, Dr. Miller and Ms. Montgomery were excused for a conflict of interest. Following presentation, a motion was made by Dr. Orr and seconded by Ms. Rush for full accreditation with a progress report to the executive committee in 3 months. The motion passed unanimously.

Adjournment.....Dr. Conn

There being no further business, a motion was made by Dr. Orr and seconded by Mr. Sittig to adjourn. Motion passed unanimously. Meeting adjourned at 1400 hrs.

Respectfully Submitted,

Jan Eichel, BA, CFRN
Assoc Exec Director
CAMTS

Extracorporeal Life Support Organization

Submitted by Bradley Kuch – Spring 2019

Recommendations

None

Report

New Chair of the ELSO Steering Committee id Dr. Mark Ogino MD AARC liaison introduced a potential for aligning ELSO and AARC organizations to increase ELSO specific education and increase its presence at AARC national meetings/forums. The Steering committee was receptive to gaining more detail around this idea. Potential enhanced partnership areas of focus would include:

- Development for an ROI for ELSO
- Complimentary booth at the AARC Congress
- Collaborative Future Symposiums on emerging ECMO topics (i.e. Ventilatory Support of adult ECMO patients, Pulmonary complications of Adult ECMO, Best Practices of ventilatory support during Extracorporeal life support).

Other

ELSO Steering committee is still interested in completing the joint AARC ELSO whitepaper regarding education, licensure, and competency to address State to State inconsistencies surrounding Respiratory Therapist as ECMO Specialist. Given the recent changes in both leadership teams, AARC BOD needs to table whether this remains a goal of the Organization. If the BOD agrees this should remain the current direct, ELSO Education Committee and a select group of Respiratory professionals will continue its current work.

International Council for Respiratory Care

Submitted by Jerome Sullivan – Spring 2019

Recommendations

None

Report

- 1. International Day for Respiratory Care:** Yorlany Vargas Prado, MS, RRT Governor for Costa Rica moved that an International Day for Respiratory Care be formally established, 2nd by Marcela Spraul, RRT, BS Governor for Columbia. Discussion ensued supporting this motion in principle and it was referred to the ICRC President for further consideration. Each Governor after consulting with their home country constituents, was requested to send comments and suggested dates and time of year to the President when such a designation might be feasible in their home country. Results of this review will be made available to the Council at the next Business Meeting for appropriate action.
- 2. Ratification of New Governors to the Council:** The following individuals were unanimously approved as Governors to the ICRC.
Governor for China - Ge Huiqing, MSC, RT, Director Respiratory Care Department, Sir Run Run Shaw Hospital

Governor for Canada – Adam Buettner, RRT, FCSRT, President, Canadian Society for Respiratory Therapy

Governor for United States – Lisa M. Trujillo, DHSc, RRT, Program Director & Associate Professor, Department of Respiratory Care and Diagnostic Science
- 3. Indian Association for Respiratory Care (IARC):** The Council publicly acknowledged and commended the significant achievement of the IARC on the occasion of their formal recognition by the Government of India. The Indian Minister of Health was on hand at the 12th Annual IARC Congress, October 14 – 17, 2018 to recognize the event and to present an official proclamation for RC.
- 4. Nepal Petitions to Become Member Country of ICRC:** The Council has received a letter of intent from the Nepal College of Chest Physicians (NCCP) requesting that Nepal be considered for membership on the ICRC. Sangit L. Kasaju, MD, FCCP, President, NCCP and 2018 International Fellow, has made this request on behalf of his organization. In his letter he points out that the membership of NCCP consists of Pulmonologists, Critical Care Specialists and nurses of Nepal and that they are interested in developing the discipline of Respiratory Care. He has asked for the help of AARC and ICRC in developing the profession. There has been favorable reaction to this request and it will be brought to the attention of the entire Council.

5. **Japan Society for Respiratory Care & Rehabilitation (JSRCR):** The Council was pleased to learn that 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.” was referred to the President-elect. Beginning discussions have occurred with President Schell and we hope this can lead to positive developments for all organizations. We are still encouraging the JSRCR consisting of 6,500 members to consider becoming an International affiliate of the AARC. We believe this could greatly impact our strategy to increase international membership for the AARC.

6. **AARC Membership for International Affiliates:** As a progress report this subject was discussed as part of the formal Agenda at the ICRC Business Meeting in December 2018 in Las Vegas. Each of the Presidents of the affected organizations are reviewing their AARC membership levels and will be reporting back to the ICRC President in March 2019 to insure compliance.

7. **Country Membership on the ICRC:** The ICRC has received a number of inquiries from outside the US and from RT’s in the United States regarding the process on how a country becomes a member of the Council. To provide this information for easy access a document explaining the process is attached to this report.

8. **International Education Recognition System (IERS):** The IERS System has just completed the busiest year on record and has been reported earlier, during the last half of 2018 a total of 22 applications for Approval were reviewed. The 2019 year has begun on a positive note with the Approval of the high quality program sponsored by our Italian colleagues. The specifics of this meeting are detailed below.

Program Sponsor: Associazione Riabilitatori dell’ Insufficienza Respiratoria (ARIR)

“Clinical Expertise Aided by Technology: Hints From the Past to Bet on the Future”

BHR Treviso Hotel

Treviso, Italy

March 21 – 23, 2019

9. **Update on Fundamental Respiratory Support Course (FRCSC):** The project continues to go well with 28 manuscripts submitted. Dean Hess continues to serve as the Senior Editor for the project. We are further pleased to report that there are now 14 chapters that have been submitted for the publication formatting and print production phase of the project. Finally, three additional Chapters/Modules have been assigned to authors and are in the draft development stage.

10. **Open Access to ICRC Business Meeting:** We are working with President Schell to provide more exposure to the ICRC Meetings and open the meetings to the general

membership. This meeting was open in the past but due to the fact that there was not an opportunity to earn CEU's members had to make a choice between our business meeting and clinical lectures which carried CEU's. Certainly the Council is open to the suggestion and would like grass root members to have the opportunity to become more involved. We would also like the opportunity for International Fellows and Governors to provide presentations in the Open Forum format. There is an ongoing effort in this regard and we will keep the Board of Directors informed on these issues.

ATTACHMENTS

International Council for Respiratory Care (ICRC)

Membership on the Council

How does a country become a member of the Council?

The International Council for Respiratory Care is an organization established in 1991 in partnership with the American Association for Respiratory Care (AARC) and currently consists of 29 member countries. The strategic intent of the ICRC is the globalization of quality respiratory care for all patients and is accomplished by addressing issues affecting educational, medical and professional trends in the global community. The Mission Statement, Strategic Goals & Code of Ethics of the organization may be accessed by contacting the ICRC at <http://www.irccouncil.org>

Each country holding membership on the Council may be represented by two Governors. A Governor serves a two-year term and must represent a professional health-related constituency association/society in their home country. There are two classes of membership on the Council: **Candidate Status** and **Full Membership**. Country membership to the ICRC requires an Executive Committee recommendation and a two-thirds majority vote of the Council. Acceptance of Governors for country representation also requires a separate Executive Committee recommendation and a two-thirds majority vote of the Council.

For those interested in exploring a country membership on the ICRC an electronic *letter of intent* should be directed to the ICRC Executive Committee through the Council President. The letter should address the status of respiratory care in the specific country and the professional societies involved in the advocacy of respiratory care. The letter should also nominate individuals affiliated with professional, health-related constituencies to potentially serve as Governors to the ICRC on behalf of their country. A Governor shall be qualified by experience and credential and should have demonstrated an interest in the provision of quality respiratory care to patients. The position of Governor is open to those providing respiratory care in their home country and may include; physicians, respiratory therapists, nurses, physical therapists, clinical engineers, medical assistants, clinical scientists and others.

For further information and to submit a *letter of intent* please contact ICRC President, Jerome M. Sullivan, PhD, RRT, FAARC at jerome.sullivan@utoledo.edu

Interprofessional Education Collaborative (IPEC)

Submitted by Karen Schell – Spring 2019

Recommendations

Appoint a Special Representative to IPEC.

Report

AARC paid membership to the IPEC. Representatives attended the meeting to gather information and understand our role on the committee as a member. Thank you to Tom Kallstrom and Shawna Strickland were able to attend the IPEC meeting on Feb. 5th in Washington D.C. in my absence. A verbal report and update at the board meeting will be given. We will need to review and discuss expectations after the report.

National Association of Advisors for the Health Professions (NAAHP)

Submitted by Tim Op't Holt – Spring 2019

Recommendations

None

Report

There is currently nothing to report

National Asthma Education and Prevention Program (NAEPP)

Submitted by Dave Burnett – Spring 2019

Recommendations

None

Report

Nothing to report

Neonatal Resuscitation Program

Submitted by John Gallagher – Spring 2019

Recommendations

None

Report

The Neonatal Resuscitation Program Steering Committee met in Orlando, Florida on October 30 - November 1, 2018. Although I was unable to attend that meeting, I did report and contribute to agenda items remotely. Discussions included planning for the "NRP Roadshow" which will be a repeating, multi-city, hands-on NRP training experience presented by members of the steering committee. As a committee liaison, I will be contributing the production and delivery of the event to be held in Cleveland, Ohio on June 11, 2019. In the interim, the NRP manager has directed to me, questions from providers around the nation regarding respiratory topics of NRP. The steering committee is actively planning the next group meeting to be held in New Orleans, Louisiana on October 23-25, 2019.

Society for Airway Management

Submitted by Monique Steffani – Spring 2019

No report submitted.

*Ad Hoc
Committee
Reports*

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

Submitted by Brian Walsh – Spring 2019

Recommendations

We recommend adding the following measurable outcomes be added to our Charges / Objectives.
Measurable outcomes:

4. Develop
 - a. five (5) vignettes describing the practice of an APRT.
 - b. a standardized scope of practice for an APRT.
 - c. an APRT draft job description that may be used as a template for potential employers.
5. Support the growth of CoARC approved APRT programs.
6. Publish needs assessment(s) of non-physician advance practice providers.
 - a. Literature review
 - b. JBS Survey

Report

We held our first meeting February 8th. We reviewed the charges / objectives and established the measurable outcomes for the year. We will hold monthly meetings to accomplish the objectives.

Brian Walsh, Co-chair
Robert Joyner, Co-chair

Ad Hoc Committee on Airline Oxygen Safety

Submitted by Sheri Tooley – Spring 2019

Recommendations

None

Report

Charge(s): Develop strategies and tactics aligning with the AARC's 2019 Horizon goals to address the concerns of the public at large and the respiratory therapy community, as a whole, as it relates to airline travel with oxygen within the United States. Evaluate current rules and regulations, education, and understanding of oxygen and oxygen equipment by airlines staff. Develop educational materials to distribute to the airlines and airline personnel to enhance their understanding of portable oxygen concentrators and emergency oxygen. Lobby for less restrictive travel with oxygen.

Horizon Goals:

- 1. *Advocacy - Respiratory therapy provided by respiratory therapists is recognized and supported in all healthcare settings.***

Strategy:

- 1. Promote RTs in federal policies as the best-educated, competency-tested healthcare professionals to provide respiratory care services.**
- 2. Respiratory therapists will advocate locally, nationally, and globally on issues facing our patients, our practice, and our members.**

Tactic 1.2.2 Ensure patients have a voice in the delivery of their healthcare.

- 3. Respiratory Therapists will be recognized for providing the highest quality and the safest care for cardiopulmonary conditions.**
- 4. Collaborate with other like-minded organizations to improve the health of the communities and to reinforce the value of RTs.**

Tactic 1.4.2 Participate in coalitions that offer an opportunity to advance the role of RTs through mutual goals.

- 5. Introduce legislation as appropriate to advance the profession.**

Objectives: (for this horizon goal will pay attention to the above bolded strategies and tactics):

1. The committee will ensure patients using oxygen on airlines have a voice by organizing data from the airlines to create an educational offering that can be used by airline personnel to ensure they're aware of the importance of portable oxygen concentrators and their use by patients while traveling.
2. Upon completion of objective number one, the committee will research and may suggest that the AARC advocate nationally for legislation that creates a national standard to ensure consistent access and procedural norms by all airlines rather than their voluntary acceptance and interpretation of the Federal Aviation Administrations (FAA) guidance document(s).

Measurable outcomes:

1. Together, with the AARC Government Affairs staff, the committee finds the right airline individuals to communicate and propose this education too.
2. If the need arises, federal legislation is proposed to more adequately define and regulate oxygen on airlines.

2. Communication/Marketing- 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.

Tactic 2.1.1 Identify target audiences and define demographics for each group.

Tactic 2.1.2 Determine what demographics and specifics are useful in targeting messages. Literature research of abstracts or papers as they relate to the public using oxygen on flights.

Tactic 2.1.3 Use analytics (surveys, analysis) to determine the needs and desires of its members across demographics.

Do these passengers get push back? i.e. take that off for takeoff and landing...please store that in overhead bin until we're at a safe altitude to use electronic devices...please don't turn that higher than the number 2...

Tactic 2.1.4 Explore partnerships and options for PSAs, television ads, and billboards to promote the practice of RTs and inform the public of the role of respiratory therapist in disease management and health promotion.

Develop literature or even have our own "Big Ideas Theater" explaining oxygen use in air transport for customers and why checklists are so important for Flight Attendants to follow. (Check on first aircraft flight of day?) Flight crews always seems to change.

Strategy:

- 2.2 The AARC will market the value of the Respiratory Therapist to all customers and stakeholders. (Positioning)

And DEFINE why we, as the Respiratory Therapists, are THE NUMBER ONE advocate to ensure these patients are not discriminated against when it comes to air travel. We need to educate anyone who has skin in the game on the reasons why these patents are safe, and why it would be devastating to them and your airline if in fact a misinformed flight attendant denied a patient oxygen they need 24/7.

Tactic 2.2.2 Research and develop creatives that can be used with appropriate advocacy, clinical and communities of interest to promote the role and value of the RT

Tactic 2.2.3 Develop and implement key initiatives that highlight the value of the RT in the health care system

Determine airlines understand of POC function/requirements (power supply) and develop methods to communicate any misunderstanding.

Strategy:

- 2.3 Consistently make the content and value of the Board and the Association's work visible to the members.

Tactic 2.3.1 AARC Board Actions will be communicated to the membership after each board meeting to ensure they are aware of actions being taken on behalf of them and the profession

Tactic 2.3.2 Utilize NewsNow as a vehicle to message the Board's actions and initiatives for the membership

Tactic 2.3.3 Identify key stakeholders on the AARC BOD to develop key take home deliverables from each meeting

Strategy:

- 2.4 AARC effectively deploys all possible channels for communicating to its stakeholders.

Tactic 2.4.1 Optimize the outreach of email-based message to all members

Tactic 2.4.2 Assess and strategize the use of current social media vehicles and the

effects of messaging

3.Education/Professional Development- 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.

Tactic 3.1.1 The AARC will conduct an educational/professional needs assessment and implement an action plan to accomplish the needs of its members.

Survey sections on issues they have seen or reported that deal with travel concentrators and misinformation from airline personnel.

3.3 Provide education on acute, chronic and co-morbid conditions related to cardiopulmonary health.

Tactic 3.3.1 The AARC will continue to develop quality education for respiratory therapists to expand the breadth and depth of knowledge and skill in caring for patients with cardiopulmonary disease processes and related comorbidities

3.4 Promote educational opportunities to both members and nonmembers to drive maximum use and engagement.

Tactic 3.4.1 The AARC will promote original content educational opportunities to members.”

Contact airline human resources or professional development department and offer to provide education to personnel on proper use of travel concentrators and O2 cylinders.

Contact flight attendants’ organizations or unions and offer to provide education on travel concentrators and O2 cylinders emphasizing patient safety and satisfaction.

Tactic 3.4.2 The AARC will engage with professional partners to showcase original AARC educational opportunities available to respiratory therapists.”

Obtain or develop education material on proper use of travel concentrators to include hard copy and videos.

Work with AARC physician sponsors to develop educational materials. Members of Chest have expressed interest in working with this group.

Action Plan:

Steps:	Timeline:	Update:
Contact stakeholders to obtain buy in	July 2019	
Develop educational materials to be video/printed	July 2019	
Gather actual events via social media, member Connects, patient advocacy groups	July 2019	
Prepare a literature review	July 2019	
Conduct member survey to see if this information would be valuable to them to help their patients	July 2019	
Contact patient advocacy groups for potentials in partnerships.	July 2019	

Attendance roster:

<i>Attended: Conference Call 2/14</i>	
Sheri Tooley	
Frank Salvatore	
Jon Inkrott	
Dianne Lewis	
Joe Hylton	
Steve Sittig	
Anne Marie Hummel-Staff Liaison	
<i>Did not attend:</i>	
Dr. Jerry Krishnan-Excused	

I am confident that our committee will accomplish our action plan:

1 = Will not accomplish goal 2 = Unlikely to accomplish goal 3 = not certain 4 = likely to accomplish goal 5 = Have accomplished goal

1 2 3 4 5

Ad Hoc Committee on BS Entry to Practice

Submitted by Brian Walsh – Spring 2019

Recommendations

None

Report

Plan to hold our first meeting just prior to the March BOD meeting.

Ad Hoc Committee on Career Pathways

Submitted by Ellen Becker – Spring 2019

Recommendations

None

Report

Ad Hoc Committee on Career Pathways Membership of the committee consists of Brad Leidich, Diane Oldfather, Susan Rinaldo-Gallo, John Lindsey, Lutana Haan, Brian Cayko, Shawna Strickland and Ellen Becker.

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 was drafted and added to the following AARC webpages: http://www.aarc.org/careers/respiratory_therapy_degree_advancement/
<http://www.aarc.org/education/educator-resources/find-an-accredited-respiratory-care-program/>

2. 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 committee is current working on strategies to:

- Encourage AS programs to post links to CoARC Degree Advancement programs website on their program websites
- Develop a Connect group for AS and BS programs who wanted to formulate articulation agreements
- Share a link to CoBGRTE website for articulation agreements:
<http://www.cobgrte.org/asrttobsrtadvancement.html>
- Draft a PowerPoint for AS educators to utilize with first semester students to promote BS pathways

ARCF
CoARC
NBRC

American Respiratory Care Foundation

Submitted by Michael T. Amato – Spring 2019

The American Respiratory Care Foundation (ARCF) has been very active since the last Board of Trustees meeting in May 2018. The following are highlights of activities currently under taken by ARCF, which are all in addition to administering the extensive array of education recognition awards, fellowships, and grants.

As you are aware, the ARCF hosted its 6th annual ARCF Fundraiser Reception “Night with the Mob” during the AARC Congress 2018. There were over 250 attendees and a net of \$50,000 was raised. Vapotherm’s sole sponsorship was a major benefactor of this event. Plans have begun for the 2019 ARCF Fundraiser Reception to be held on November 8th in New Orleans, Louisiana with expectations for it to be a bigger success than previous receptions. I hope that you will make it a point to attend this year’s event, as we need the support of our peers to encourage the support from our AARC members.

This June 10-11, ARCF will present the 58th Journal Conference focusing on “Monitoring Respiratory Function in Adult Acute Care”. The proceedings from this Conference will be published in a 2019 issue of RESPIRATORY CARE. As-to-date, we have not received commitment of sponsorships. Sponsorship request have been sent out and follow-up emails are taking place at this time.

Solicitation for the 2019 ARCF awards has begun. The deadline for applications to be submitted is June 1, 2019.

Solicitations for sponsorship for the International Fellowship Program have been sent out. As of today we have received sponsorship from Draeger, Inc.

Summary

The ARCF Trustees have been in frequent communication through quarterly phone conferences as well as a face-to-face meeting last year. We will be holding our first face-to-face meeting of 2019 on May 3 in North Carolina. I want to thank all of you that gave to the Foundation in 2018 and urge all of you who haven’t yet provided your support for the Foundation to consider making a tax-deductible donation. Your support is indispensable to our success.

CoARC Report

Submitted by Tom Smalling – Spring 2019

Refer to PDF of PowerPoint File.

ATTACHMENTS

CoARC-Update-March-2019.pdf

NBRC Report

Submitted by Lori Tinkler – Spring 2019



Date: February 22, 2019

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 has not met since my last report. We will convene again in late April/early May of this year to conduct examination development work including the cut-score study for the new Therapist Multiple-Choice Examination to be implemented in January 2020.

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. We kicked off this year with a seamless implementation of the pilot for the new Credential Maintenance Program. To date, 38 individuals have participated in the pilot. As a reminder, the pilot is available to individuals who earned a specialty credential in the 4th quarter of 2018 and those earning specialty credentials in 2019. 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.

Specialty Credential Ad Campaign

We will soon be launching our 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 were 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 wanted to hear how specialty credentialing has positively impacted their career. We are very excited about the individuals who were selected and will be featuring them 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.

Advanced Practice Respiratory Therapist Ad Hoc Committee

Collaboratively with the AARC and CoARC, the NBRC has maintained its representation of four appointed individuals 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.

Pulmonary Disease Educator Credential Being Explored

The NBRC Board of Trustees recently considered a request from the AARC Board of Directors to investigate the potential development of a specialty credential for a pulmonary disease educator. The Board voted to conduct a viability study (the first step in its examination development process) to determine if there is a need for such a credentialing program. The viability study will include a group of stakeholders identified by the NBRC and AARC and will be hosted in Kansas City in September.

2018 Examination and Annual Renewal Participation

For 2018, over 28,500 examinations were administered across all programs. 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 received 32,000 active status renewals for 2019.

Examination Statistics – January 1 –December 31, 2018

Examination

Pass Rate

Therapist Multiple-Choice Examination – 13,536 examinations

- First-time Candidates
- Repeat Candidates

Exceed High Cut-Score – 69.3%
 Exceed Low Cut-Score – 79.1%
 Exceed High Cut-Score – 25.8%
 Exceed Low Cut-Score – 46.2%

Clinical Simulation Examination – 11,432 examinations

- First-time Candidates 61.3%
- Repeat Candidates 46.7%

Adult Critical Care Examination – 1,375 examinations

- First-time Candidates 73.5%
- Repeat Candidates 46.9%

Neonatal/Pediatric Examination – 1,517 examinations

- First-time Candidates 72.3%
- Repeat Candidates 49.1%

Sleep Disorders Specialty Examination – 156 examinations

- First-time Candidates 81.0%
- Repeat Candidates 68.4%

PFT Examination – 513 examinations

- First-time Candidates Exceed High Cut-Score – 29.9%
Exceed Low Cut-Score – 66.1%
- Repeat Candidates Exceed High Cut-Score – 11.7%
Exceed Low Cut-Score – 59.7%

Your Questions Invited

I am honored to be serving as President of the NBRC and working with all of you to move the respiratory care profession 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.

Unfinished Business

- *Vote on Summer Forum recommendation by Program Committee*
- *Strategic Plan Update*

ATTACHMENT: 2019-2020-Strategic-Plan-Tactics.pdf

New Business

- Charges for CoBGRTE

ARCF Achievement Awards

Forrest M. Bird
Lifetime Scientific Achievement Award

Dr. Charles H. Hudson Award
for Cardiopulmonary Public Health

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

Mike West, MBA, RRT Patient Education
Achievement Award

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