MISSOURI SOCIETY FOR RESPIRATORY CARE

Chronicle

Winter, 2014

The 2015 Missouri Society for Respiratory Care Board of Directors Elections are right around the corner. Positions up for election this year are

Vice President Elect,

Treasurer Elect,

Delegate,

Director at Large, and

District Positions for Districts 1, 3, & 5.

Nominate someone you feel would represent you well! Nomination form available at MSRC website

It is that easy! Nominations are due by February 2nd, 2015. Voting will be available at www.mosrc.org in the early Spring.

Nominations for officers within the M.S.R.C. are open year round. Nominations for vacant seats are approved at the M.S.R.C. board of directors meeting held the first Friday in February annually. Nominations for the immediate election after that date are subject only to the election committee and board of director approvals. Nominees must be an active or life member of the AARC/MSRC in good standing. Nominators must be an active or life member of the AARC/MSRC in good standing.

Thank You!

Lisa Cracchiolo & Lisa Herbig

M.S.R.C. Elections Chairs

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HIGHLIGHTING EDUCATION

LINDENWOOD UNIVERSITY OFFERS EDUCATION OPPORTUNITIES IN LEADERSHIP

Allied Health Leadership Program

The School of Nursing and Allied Health Sciences at Lindenwood University is offering a new degree program. The Bachelor of Science in allied health leadership program is for practicing professionals as well as students who have completed, or are completing, an Associate of Science or applied science in an allied health discipline who want to pursue leadership opportunities in their respective allied health fields. Students who are currently enrolled in an associate degree program will be eligible for enrollment and completion of general education and coursework to be able to complete both programs in as little as five years. Graduates of allied health associate degree programs can complete the coursework leading to a bachelor's degree in as little as five semesters.

Innovative Program Approach

Allied health leadership

DISTRICT UPDATES

DISTRICT 1: No Report

DISTRICT 2: District II will host our Spring Conference on the campus of Missouri Southern State University May 15, 2015. No Report

DISTRICT 3: No Report

DISTRICT 4:

Plan on attending a seminar February 27, 2015 in Kansas City, MO at the KCI EXPO Center 6 CRCE's will be applied for from the AARC. For more information contact a District IV officer or Mary Lou Guy, mguy@saint-lukes.org (816 880 6470)

Meetings continue every other month, on 4th Friday, January, March, May, July, September, November at 323 N Amour Road, North Kansas City, MO. Starting time 7 p.m. 1 AARC approved CEU offering.

DISTRICT 5: No Report

Summit Award

The AARC annually recognizes state societies through the Summit Award. The MSRC was in the top 5 in 2014.

The categories scored in the Summit Award are

Education/CRCE activities

Membership, Recruiting and Retention

Legislation/Advocacy

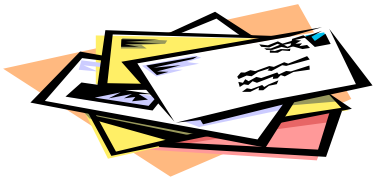
Prompting Public Awareness

Benefits to Membership

Collaboration with other health care organizations

Student activities, scholarships, sputum bowl, etc.

If you have activities that fit into one or more of the categories, contact Wendy Gardner wendy.gardner@siemens.com to add to the list in our application.



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courses are designed and delivered in a hybrid platform blending the flexibility of online learning with the collegial connections of the classroom setting. Online, active learning experiences are supplemented with a limited number of face-to-face classes emphasizing professional connections and applying leadership and healthcare concepts. The School of Nursing and Allied Health Sciences faculty have created an innovative curriculum designed to prepare the allied health professional to become a leader in the delivery of high-quality healthcare. Coursework will focus on high-quality patient outcomes based on the concepts of evidence-based practice, leadership, management, informatics, and inter-professional practice.

Career Opportunities

Preferred for many allied health positions and specialties

Expands career opportunities

Improves your marketability

Builds a foundation for advanced education

Curriculum and Courses

Innovative curriculum to prepare you for the future of healthcare

Unique courses focusing on current concepts in healthcare such as leadership, management, safety, quality, health policy and finance, evidence-based practice, and patient centered care

Ability to customize program plan/pace and pursue specialty electives

Hybrid delivery platform – blended online & face-to-face courses

More Information about this program can be found at: http://www.lindenwood.edu/nursing/BSAHL/index.html

Or contact Jennifer Taylor, PhD, RN at jtaylor1@lindenwood.edu or by phone 636-627-6726

PROFESSIONAL EDUCATION SCHOLARSHIP

Goals

To further the educational opportunities for the working respiratory care practitioner. Scholarship awards may be used for any educational program offered to the RCP, including:

□□ Accredited CRCE

□□ Educational seminars

□□ Advanced degrees (RRT, BS, MS, PhD)

□□ Advanced credentialing (NPS, CPFT,

RPFT, RPSGT, AE-C)

Eligibility

In order to be eligible for participation in the poster competition, the applicant must be:

□□ A practicing, credentialed respiratory care

practitioner licensed in the state of Missouri

□□ In good standing at the applicant's place of employment

□□ An active member of MSRC/AARC

Submissions

MSRC welcomes original abstracts related to the science and technology of respiratory care. Abstracts should be an evaluation of a method, device or protocol, an original study or a case study. Abstracts will be de-identified and valuated on merit. The winning submission will also require presentation of the abstract in poster format at the 38th Annual MSRC Conference

Abstract Specifications

The abstract should be single spaced, one paragraph, 1.5" margins, 300 word maximum. Abstracts should fall into one of the following categories:

Evaluation of a method, device or protocol:

□□ Background: Identification of the method, device or protocol and its intended function.

□□ Method: Description of evaluation in sufficient detail to permit judgment of its objectives and validity

□□ Results: Findings of the evaluation

□□ Conclusions; Interpretation of the evaluation and experience. Cost comparisons should be included where possible and appropriate.

Original study:

□□ Background: Must include a statement of problem in our clinical knowledge, a research question, or hypothesis that addresses this problem, and a rationale supporting the hypothesis or question.

□□ Method: Description of the research subjects studied, the research design and conduct in sufficient detail to permit judgment of validity. Must include a statement of the statistical tests used to analyze any data.

□□ Results: Statement of research findings with quantitative data and statistical analysis.

□□ Conclusion; Interpretation of the results

Scholarship Money Available

Case study (must report a case that is uncommon or of exceptional educational value):

□□ Introduction: Relevant basic information important to the understanding of the case.

□□ Case summary: Patient data and response, details of interventions.

□□ Discussion: Content should reflect the results of the literature review. The author (s) should have been

actively involved in the case, and a managing physician must be a co-author or approve the report.

Awards

Once the applicant submits an abstract to the committee,

it becomes property of the MSRC and can be revised/reprinted in the official publications of the Society.

The scholarship carries a maximum award of

$1,000.00. One scholarship will be awarded each year. The award will be paid to the educational institution or credentialing agency of the recipient's choice, not to the individual..

The recipient of the award is required to submit the abstract to the Open Forum at the AARC International Congress or Summer Forum. If the abstract is accepted, conference/travel fees will be paid by the MSRC (up to $1500).

Registration fees for the MSRC annual meeting are waived for scholarship recipients. Scholarship recipients will be presented at the MSRC annual meeting. If the winners…

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are unable to attend, their awards will be sent to them in May.

Applications are accepted year round up to April 1.

Submission Checklist:

☐☐ Submit a letter of recommendation from your employer stating that you are in good standing by April 1

☐☐ Submit an electronic copy of your abstract following the abstract preparation guidelines set by the AARC by April 1.

☐☐ Submit a separate electronic page with your name, address, telephone number, email address, and AARC number by April 1. All submissions should be in Word document format and sent to the scholarship committee chairperson:

Dana Evans, MHA, RRT-NPS, AE-C

DanaEvansRRT@gmail.com

Message from Your AARC President

Government Affairs

The AARC leadership and the Government Affairs staff have been assessing the new and re-organized Congressional legislative environment which is about to commence this January and how the AARC 2015 Congressional legislative agenda should realistically fit into this new paradigm.

After some clear-eyed assessment of the new congressional landscape we've decided to not come out of the gate in 2015 with another version of HR 2619, a bill that we've specifically generated . We're going to take a different tactic regarding our Hill agenda. We're going to turn our focus onto another piece of legislation called the Medicare Telehealth Parity Act (currently HR 5380); a copy is attached. Many other health care associations are vigorously in support of this bill and we have every confidence the same bill will be re-introduced early in 2015.

The reason we're going to lock onto this telehealth bill is the fact that currently RTs are not permitted to provide Medicare Telehealth services. The bill would add respiratory therapists as qualified telehealth practitioners (page 4) and recognize RTs in the Medicare statute, the latter of which is something we've been trying to do with all our iterations of the past bills. The bill would also add respiratory services as a covered telehealth service (page 14) which is also not now covered. This means that RTs could provide services within their scope of practice as long as it is deemed medically necessary.

One of the key elements of the bill is to cover remote patient management services for patients with chronic conditions. COPD is one of three conditions covered under this section (page 6) which provides an excellent opportunity for RTs to help prevent hospital readmissions. Last, the home will be added as a telehealth site with respect to certain home health services of which durable medical equipment is listed (pages 13-14). This provision could open new opportunities for RTs who work for DME suppliers.

The bill provides for Medicare expansion of telehealth services over 3 phases. I've attached a side-by-side of what Medicare currently covers under telehealth services and how the provisions of HR 5380 will revise and expand current law. As you will see, this bill opens a lot of doors for RTs and we're excited about it.

The current bill has bipartisan support, a definite advantage looking at the 2015 Congressional landscape (and both sponsors were re-elected). The legislation also is being supported by other practitioner organizations such as the American Physical Therapy Association, the American Occupational Therapy Association, the Speech Language Hearing Association all who will be actively lobbying for the bill. Also a key supporter of the bill is the American Telemedicine Association which is very influential on the Hill.

After the first of the year, we will begin developing materials as we have done for previous PACT meetings that will give you to tools you need to prepare for our Advocacy Day on the Hill. We will keep you posted when these become available.

As always, thanks for all you do for our patients and profession. Have a Happy and Safe Holiday season!

Frank

President 2015-2016 - AARC

Director; Respiratory Services, Sleep Medicine and Outpatient Wound Care

Orange Regional Medical Center

Middletown, NY

Are you ready for CMS Conditions of Participation Survey?

CMS has created a partnership with state Health Departments that have the Health Departments performing the Condition of Participation (COP) survey for CMS when surveyors visit healthcare facilities for compliance with state regulations.

While not necessary news to many, what may be news is that the surveyors have a survey tool to use that many may not be familiar with and may create a situation where the facility may be cited for non compliance. At minimum the non compliance can create additional work in Action Planning and further surveys or could lead to public notification of loss of CMS Conditions of Participation. This likely would negatively impact the facility through loss of ability to receive Medicare payment for services rendered.

The AARC recently published the following:

November 25, 2014

After almost two years, the Centers for Medicare and Medicaid Services released the final version of the State Surveyor Worksheets that were part of a Pilot Safety initiative regarding Hospital Conditions of Participation related to infection control.

Of interest to respiratory therapists was the guideline surveyors were using as part of the Respiratory Therapy/Ventilator work sheet which called for “rinsing nebulizers with sterile water” or tap water followed by isopropyl alcohol”. The AARC continues to receive inquiries from respiratory therapists about this issue.

AARC submitted written comments citing safety concerns and lack of any scientific evidence to support use of “isopropyl alcohol” as part of the cleaning process and engaged in a series of conference calls with the Centers for Medicare and Medicaid services (CMS) and the centers for Disease Prevention and Control (CDC) to resolve the issue. In the interim, CMS put a placeholder in their November 9, 2012 update until revised language could be crafted. AARC worked closely with CMS/CDC to draft language that reflects differences in newer technologies, noting that nebulizers are not alike.

The Respiratory Therapy/Ventilator section can be found in 4.C of the worksheets. The nebulizer issue is item 4.C.7. The revised language regarding nebulizer cleaning reads as follows:

“ Jet nebulizers are for single patient use and are cleaned as per hospital policy, rinsed with sterile water, and air-dried between treatments on the same patient. Note: Mesh nebulizers, which remain in the ventilator circuit and are not cleaned or disinfected, are changed at an interval recommended by manufacturer’s instructions. Nebulizer/drug combination systems are cleaned and disinfected according to manufacturer’s instructions. “

You will note in the yellow box below 4.C.y that nebulizer cleaning is listed as “no citation” item; for information only. The memo to State Survey Agencies is still being drafted by CMS on these latest guidelines, but given past directions to the Agencies, this means hospitals will not be issued citations at either the standard—or condition –level on the Corm CMS 2567, Statement of Deficiencies and Plan of Correction, unless an Immediate Jeopardy situation is identified.

This is good new for hospital respiratory departments that have been long-awaiting news on revised guidelines.

The 88 page Survey Tool can be found on the CMS site. Look for Survey and Cert Letter 13-03. Below is a list of items on the tool Section 4.C Ventilator/Respiratory Therapy which directly impact the RT departments:

4.C.1 Hand hygiene is performed before and after contact with patient or any respiratory equipment used on patient.

4.C.2 Gloves are worn with in contact with respiratory secretions and changed before contact with another patient, object, or environmental surface.

4.C.3 Only sterile solution (e.g., water or saline are used for nebulization.

4.C.4 Single-dose vials for aerosolized medications are not used for more than one patient.

4.C.5 If multi-dose vials for aerosolized mediations are used, manufacturers’ instructions for handling, storing, and dispensing the medication are followed.

4.C..6 if Multi-dose vials for aerosolized medications are used for more than one patient, they are stored appropriately and do not enter the immediate patient treatment area.

4.C.7 Jet nebulizers for single patient use and are cleaned as per hospital policy, rinsed with sterile water, and air-dried between treatments on the same patient.

Note: Mesh nebulizers, which remain in the ventilator circuit and are not cleaned or disinfected are changed at an interval recommended by manufacturer’s instructions. Nebulizer/drug combination systems are cleaned and disinfected according to

CRAIG ZIEGELBEIN SERVICE AWARD

Purpose:

To honor an individual, who over a long and sustained period has contributed to the advancement and support of the respiratory therapy community in the State of Missouri.

The award is named for Craig A. Ziegelbein, who through his position as sales representative for Tri-anim, was respected for his dedication to his job, his organizational skills, his leadership, his good humor, and commitment to taking care of his customers.

Award:

Recipients of this award will be announced at the MSRC annual meeting and will receive a specially engraved plaque and cash award. If the recipient is unable to attend, their award will be sent to them in May.

For application go to http://mosrc.org/awards/

And the Award Goes To:

Congratulations 2014 Awards Winners!

The following AARC members from Missouri were recognized by their peers and received awards during the AARC Congress. Please join us in congratulating them on their well-deserved honors.

- NBRC/AMP Gareth B. Gish MS RRT Memorial Postgraduate Education Recognition Award: Sherry Whiteman BS RRT
- AARC Fellows: Douglas M Pursley MEd RRT-ACCS FAARC
- Management Specialty Section Chair / AARC Board of Directors: Cheryl Hoerr MBA RRT FAARC

NBRC/AMP H. Frederick Helmholz, Jr. MD Educational Research Fund (Grant) : Kathy Moss

Conditions of Participation Continued

4.C.8 Head of bed is elevated at an angle of 30-45 degrees, in the absence of medical contraindication(s) for patients at high risk for aspiration (e.g., a person receiving mechanically assisted ventilation and/or who has an enteral tube in place)
4.C.9 Ventilator circuit (i.e., ventilator tubing and exhalation valve and the attached humidifier) is changed if visibly soiled or mechanically malfunctioning.
4.C.10 Sterile water is used to fill humidifiers.
4.C.11 Condensate that collects in the tubing of a mechanical ventilator is periodically drained and discarded, taking precautions not to allow condensate to drain toward the patient.
4.C.12 If single-use open-system suction catheter is employed, a sterile, single-use catheter is used.
4.C.13 Only sterile fluid is used to remove secretions from the suction catheter if the catheter is used for re-entry into the patient's lower respiratory tact.
4.C.14 Hospital has a program for sedation to be lightened daily in eligible patients.
4.C.15 Assessment of readiness to e.g. spontaneous breathing trails) are performed daily in eligible patients.

Most of these items can be cited if observed to be no.

In recent surveys, the surveyors are doing direct observations and citing individuals for hand hygiene (cleaning/ washing entry of room, glove change, between patient and environment bedside table, computer, light switch) and gloves on for handling any respiratory equipment (neb, ventilator tubing, suctioning).

Other questions asked or items reviewed:
Is there sufficient personnel available to respond to the respiratory needs of the patient population being served?
There are written policies for the delivery of respiratory care services that are developed and approved by the medical staff.
Appropriate to the scope of services provided, the written policies should address at least the following:
Equipment assembly, operation and preventive maintenance.
Safety Practices, infection control measures for equipment, sterile supplies, biohazardous waste, posting of signs, gas line identification.
Handling, storage and dispensing of therapeutic gases to both inpatients and outpatients.
Cardiopulmonary resuscitation
Procedures to follow in the advent of adverse reactions to treatments or interventions.
Pulmonary Function Testing
Therapeutic percussion and vibration
Bronchopulmonary drainage
Mechanical ventilator and oxygenation support
Aerosol, humidification and therapeutic gas administration
Storage, access, control, administration of medications and medical errors
Procedures for obtaining and analyzing blood samples
Job descriptions related to duties and responsibilities of staff, qualifications and education required, including licensure, consistent with state law and specialized training or experience needed to perform specific duties.
If blood gases or other clinical laboratory tests are performed in the respiratory care unit, does the unit meet the applicable requirements for laboratory services. (A-1160, A-1161 and A-1162)

Organizational chart.

We're on the Web:
http://www.mosrc.com

For Questions about the MSRC Chronicle, contact:
MSRC Publication Chair
Mary Lou Guy, MBA, RRT
mguy@saint-lukes.org

Earn up to16.25 CRCE's!

A FREE 4 hour workshop will be available from the CDC and AARC:

"Preparing for a Pandemic: The Strategic National Stockpile—Mechanical Ventilation Workshop"

The Missouri Society for Respiratory Care

44th Annual Conference and Business Meeting

April 22nd, 23rd, and 24th, 2015

You don't want to miss this!

Join us at Tan-Tar-A resort as we bring in experts to BUST or CONFIRM Respiratory Myths.

Topics under investigation	Expert Examiners
Ebola Virus	Dr. Allen Burks
Ventilation at High Altitude	Richard Branson
Cystic Fibrosis	Jeremy Parks
RT's in Care Management	Bill Pruitt
PFT	Gregg Ruppel

For more information visit: **http://mosrc.org**. Links to register will be active in early January.

Questions contact: christopher.cox@mercy.net or rlk7655@bjc.org

MESSAGE FROM THE MSRC PRESIDENT

Greetings Members! On behalf of the over 1,000 M.S.R.C. members, we appreciate your membership. The M.S.R.C. is one of the strongest AARC affiliates in the country. With a nearly 35% participation ratio of members to licensed practitioners in the state of Missouri, we are the strongest professional voice for the practice of Respiratory Care. There is no doubt, the health care landscape around us is changing rapidly. This makes your membership more important than ever. Get involved, make a difference, and make your voice heard at the local, state, and national level. Together, we can make a difference.

There are many changes coming to the M.S.R.C. to make us a stronger organization ready for the changes on the horizon. Going forward, we are planning to implement a mentorship program for graduating students, focusing more resources for specialty CRCE's at the local district level, offering free on-line CRCE's to M.S.R.C. members, and improving outreach at the local level to drive membership to keep our organization strong. 2015 is going to be a great year!

Thank You!

G.W. Hamilton

M.S.R.C. President