

## Board of Directors

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## President's Report: Ed Garcia, RRT



Where has the year gone?"

Wow, it almost seems like it was but a few weeks ago that we were celebrating at

Installation dinner

and meeting with the Board for the first time to lay out our plans. But alas, it is almost a year gone by! Where has the time gone? I sometime wish that there were more hours in a day, but we all know that if that were the case, we'd find something to fill our schedules up with! This year has been full of challenges, progress and milestones for our profession across the state and District of Columbia.

We were met with the challenge of testifying in Annapolis on your behalf on two bills (Polysom and Perfusionist) that had the potential to alter and impact the way you practice. Your legislative team and I had the pleasure to testify and assure

that the interests of our profession were protected and we were successful. This year will provide even a greater challenge in Annapolis, but we are very confident we have the right people in place to represent us. We are being represented by a new Lobbyist/ Attorney that we feel will be vital in the challenges we have ahead. More to come on this as the year unfolds.

We also had great turnouts to the large amount of conferences that were offered across the state with wonderful results and feedback. This year at the Conference by the Sea, we saw record crowds and wonderful talks and plenty of fun! Many hospitals participated in the 2nd annual 5K Vent Run to raise funds for ARCF. It was a blast, especially since my team from Franklin Square Hospital Center won, but fun nonetheless!

Many have been notified that this is the first year we will be doing electronic elections for our Board members!

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**Tom Striplin, MEd, RRT, RPFT**  
**Chair- MD/DC Legislative Affairs Committee**

The MD/DC Society for Respiratory Care has retained the lobbyist firm of **Schwartz, Metz & Wise, P.A.** to represent them in the upcoming Maryland Legislative session. The firm has offices in both Baltimore and Annapolis and has represented the society in the past. The leadership of the society expects movement by the polysomnography group to make changes to the current polysomnography law once again. The MD/DC Society feels strongly that a “waiver” needs to be provided in the current law to allow respiratory therapists to practice sleep technology without the additional expense of another license. Furthermore, the current law mandates additional education requirements for respiratory therapists to practice sleep technology procedures.

The AARC and the MD/DC Board of Directors oppose such legal limits to practice polysomnography under their own license on the grounds that the other 11 states that license polysomnography have provided the “waiver” so that RT’s can perform diagnostic sleep testing without the additional expense and training of another license.

For the past 4 years the polysomnography group pushing for legislative changes to their own law have asked for extensions so that people could have time to get the additional education and training to meet the requirements of their law. A new proposal being discussed by the Board of Physicians and the polysom standing committee would reduce the requirements for untrained,

non formally educated OJT’s while at the same time hold RT’s to the higher standard. The MD/DC Legislative Affairs Committee plans to take a firm position on the waiver and the proposed new regulations which promote the use of less skilled, lower trained individuals to perform sleep testing.

Clearly RT’s have the training and the formal education to perform sleep studies. Prior to the polysomnography law, RT’s were the primary providers performing sleep studies. Of the 11 states that have polysomnography licensure, none of those boards have ever disciplined an RT for failure to provide sleep testing in a safe manner. The presumption that RT’s need to take additional education/training in order to safely perform sleep testing is unfounded.

The sleep group pushing for changes to the current law are asking that the State of Maryland accept both unaccredited educational sleep programs and unaccredited sleep credential examinations as acceptable forms of formal education and credentialing. The A-Step program and the new AASM sleep credential are both non-accredited by any outside accreditation agency. It seems that some sleep proponents in Maryland are pushing for more of a “business model” that produces a cheap labor pool, rather than a licensure law that protects the safety and welfare of patients in Maryland.

## What inspired our V60 ventilation innovation? The power of family.

Some things are made for each other, like the ventilator, circuits and masks that make up the V60 noninvasive ventilation (NIV) system. In fact, the FDA cleared the V60 as a complete system incorporating all of these components. The V60 uses the leak characteristics of our masks and circuits to synchronize patient-ventilator interaction to help provide patients with the best care possible. To find out more



about how our ventilators, circuits and masks were made for each other, please visit [www.philips.com/V60](http://www.philips.com/V60) or contact your local representative.

**\*Because our innovations are inspired by you.**

**PHILIPS**  
sense and simplicity



# President's Report Cont..

This is exciting and groundbreaking for us and feel that this will allow for greater participation and higher interest. We also launched a Facebook page to better communicate with our members, update them on changes and have an avenue for all of us to share. So if you have not done so, please go to Facebook and "like" us. We are in the process of finalizing a Twitter account and more information will be forthcoming.

We had the pleasure to sponsor two sputum bowl teams from the society to represent us at Nationals....and let me tell you, they did not disappoint. The competition was intense, the questions were mind boggling, but our teams hung in there till the very end. It was awesome to see our adult team take 3rd place and our student team, for the first time ever, take 2nd place! I was so proud at how well our teams represented us. It was also announced that they will be having a sputum bowl again in 2012 in New Orleans! So if you're interested in taking a stab at representing the society, let us know. Competition takes place at Conference by the Sea.

So many wonderful things have happened, are happening and will continue to happen as we go into a new year. I am a strong believer that we are the authors of our own vision, goals and aspirations and how we get there identifies our character. I want to leave you with the following challenge....Meet every challenge head on and without fear, celebrate progress and cherish the milestones you reach.

Have a safe and blessed Holiday Season!

Ed Garcia, RRT  
President

## AARC Pulmonary Rehab Update

by Anne Marie Hummel  
Director of Federal Regulatory Affairs

To say that the AARC was extremely upset and disappointed when CMS finalized the payment rate of \$37 per session for pulmonary rehabilitation services beginning January 1, 2012 is an understatement. This dramatic reduction cannot be allowed to stand, and AARC, together with other pulmonary societies will collectively do everything we can to ensure that our pulmonary patients have access to these vital programs and that payment for the services that comprise this important benefit are reimbursed appropriately. In late summer, AARC and our sister pulmonary societies met with CMS to oppose the payment reduction. At the time we believed the charges hospitals were reporting under the new pulmonary rehab code (G-0424) were undervalued, thus driving down the payment rate, and made recommendations on how CMS could make things right. Unfortunately, in the end, CMS rejected the multi-society arguments and recommendations and decided it had a "robust" amount of data from the new code to set next year's rate.

We believe the crux of the problem lies in the fact that hospitals are not including charges for all of the ancillary services under the new single code that were previously billed separately before the benefit became effective. CMS alludes to this problem in the final rule as noted below. In recent years, the CMS and the AMA's CPT Editorial Panel have increasingly created new codes that use a single HCPCS code to report combinations of services that were previously reported by multiple HCPCS codes or multiple units of a single HCPCS code. For example, effective January 1, 2010, CMS created HCPCS code G0424 (Pulmonary rehabilitation, including exercise (includes monitoring), per hour, per session) to represent a comprehensive program of pulmonary therapy.... As we have stated before, we expect hospitals to carefully review each new HCPCS code when setting charges for the forthcoming year. However, in particular, hospitals should be especially careful to thoughtfully establish charges for new codes that use a single code to report multiple services that were previously reported by multiple codes. It is vital in these cases that hospitals carefully establish charges that fully include all of the charges for all of the predecessor services that are reported by the new code. To fail to carefully construct the charge for a new code that reports a combination of services that were previously reported separately, particularly in the first year of the new code, under-represents the cost of providing the service describing by the new code and can have significant adverse impact on future payments under the OPSS for the individual service described by the new code.

AARC and the other pulmonary societies will be meeting shortly to develop long term strategies that can be presented to CMS early next year prior to the drafting of the proposed hospital outpatient prospective payment system updates for 2013. We will keep our members informed as further activities take place as we strive to correct this unfortunate situation.

# The Maryland/District of Columbia Society for

## Respiratory Care

will be conducting its **2012 Board of Director's election in November 2011**. The elections will be online and active members in good standing with the AARC are eligible to vote for officers.

**The link to the online voting area is: <https://vod.votenet.com/srcmddc>**

The link will be made available and notification will be sent out in the middle of November when the election voting opens and closes. The AARC will email all active members on behalf of the affiliate. In addition, the MD/DC Managers list will be notified and the link will be placed on the main page of our society website.

The following pages include a list of the candidates and the respective positions they are running for. The same information can be accessed from our website at:

**<http://www.mddcsoc.org/elections2012/candidates.html>**

In addition, the information will be available from within the secure voting area. However, to view each candidates responses to the questions you must click the embedded link within the voting area of each candidate to open the hyperlinked page.

**The Following are Board of Director's Positions on the 2012 ballot:**

**President-Elect (3 candidates)**

**Treasurer (2 candidates)**

**Director at Large (2 candidates)**

**Southern/Capitol Chapter Representative (2 candidates)**

**Eastern Chapter Representative (1 candidate)**

**City Chapter Representative (1 candidate)**

**Please take time to review the candidates qualifications and don't forget to vote online once the elections open!**

Sincerely,

**Tom Striplin  
MD/DC Society  
Elections Chair**



# MEET THE CANDIDATES

## PRESIDENT-ELECT

### De Wayne Jolly, MPA, RT President-Elect

Employment: GRS/ Respiratory Health Services

Position: Ventilator Unit Program Manager

#### 1) Please Provide a Summary of Your Leadership

##### Experience and any Past or Present Board Experience:

Honestly, I do not have much professional leadership experience and never held a position on any board. However, I bring an open-mind to learning and will embrace any responsibilities asked of me. I truly enjoy working with people and appreciate opportunities to learn from other professionals involved in Respiratory Therapy.

#### 2) Describe What You Feel is the Most Important Issues Facing the Respiratory Care Profession Today:

Since becoming a respiratory therapist, there are a few issues that I feel are very important to address; the first being the lack of support for our local respiratory societies and the AARC. I feel as therapist it is in our best interest that we support our local boards and AARC because these groups represent our professions' best interest and fight for our rights as practitioners.

Another issue facing our profession today is our relevance outside of critical care. At one point in my career, I use to work in a PFT lab. I enjoyed working in the lab but often heard many opinions of apprehension from other therapist who did not find it pleasurable. I feel that we have lost a sense of importance outside of critical care. I think as practitioners, we have the ability to work in many different aspects of medicine and we should not shun away from sleep, PFT, hyperbaric, nursing homes, etc. We have to use this flexibility to our advantage and get back into these realms and show people what respiratory therapists are capable of.

One issue that also stands out to me is the progression of our field. We are now in the age of technology and we as practitioners need to embarrass it. Technology is our future and if we continue to resist the change, it can hinder the growth of our profession.

#### 3) If Elected to the Board of Directors, What ideas or opportunities would you like to Implement?

If elected to the board, I think I bring a young, fresh, and eager view to many opportunities and ideas. My first idea would to open up a student member of the board position. I think it is integral to our local board that we get the students and the future generation of therapist involved with MDDC

Board as early as possible. I would start or become involved in existing programs that are geared towards respiratory wellness; we need to make our presence known in our local community and help fight the battle against preventable respiratory ailments. I would aid in the advancement of technology in our area. I would like to increase awareness in the MDDC board by bringing new attention to our board's web-

site. My ideas for the website includes monthly updates from the President, showcase events in our area, offer resources to members, and provide a place for practitioners to share ideas and support each another.



# MEET THE CANDIDATES

## PRESIDENT-ELECT



### Edward A. Palmer, MBA, RRT President-Elect

Employment: Washington Hospital Center

Position: Manager, Pulmonary Services

#### 1) Please Provide a Summary of Your Leadership Experience and any Past or Present Board Experience:

- 20+ years experience in Respiratory Care as a staff therapist, supervision, and Manager
- MBA, Health Services Administration, Johns Hopkins Carey Business School (December, 2010)
- Respiratory Care and Hospital PI Committee which has developed bronchodilator protocols, inhaled pulmonary vasodilator guidelines, and culture of safety program
- Co-Chair, Washington Hospital Center Patient Education Committee (2007 – present)
- Co-Chair, Washington Hospital Center Employer of Choice Committee (2010 – present)
- President, Greater Glen Burnie Baseball Association (2002-2006)
- Vice President, Archbishop Spaulding Athletic Association (2007-2008)
- Treasurer, MD/DC Society
- Chapter Representative, MD/DC Society



#### 2) Describe What You Feel is the Most Important Issues Facing the Respiratory Care Profession Today:

The major issues facing the Respiratory Care Profession today are health care reform and an increased awareness of the role and value of the Respiratory Therapist as part of the health care team.

Health Care Reform has a great impact on reimbursable expenses for service providers on all levels. Subsequently, decreased revenue often brings into question the quality of services offered. It is vital that the Respiratory Care Practitioner remain an essential part of the health care team.

Studies show and support that efficient use of a Respiratory Care Practitioner can decrease costs of service, shorten length of stay, and improve quality of care in all health care settings. It is the responsibility of the MD/DC Society of Respiratory Care to ensure that this message is heard and honored, and to be a resource to the members.

#### 3) If Elected to the Board of Directors, What ideas or opportunities would you like to Implement?

- Grow our membership
- Ensure that Respiratory Care is represented on Regional and Hospital Boards and Committees
- Promote continuing education for Respiratory Care Professionals
- Utilize local speakers and conferences to promote Respiratory Care
- Engage in positive public relations campaigns communicating Respiratory Care Practitioners in a positive light.

# MEET THE CANDIDATES

## PRESIDENT-ELECT

### Carroll Reese, PhD (c), MBA, RRT President-Elect

Employment: Johns Hopkins Bayview Medical Center

Position: Adult Acute Care Supervisor (Interim)

#### 1) Please Provide a Summary of Your Leadership

##### Experience and any Past or Present Board Experience:

My leadership roles include but are not limited to the MD/DC Society Past City Chapter Representative, Clinical Coordinator, Patient Safety Analyst, and Acute Care Supervisor. The experiences gained in these roles and positions confirm that a key attribute of being an effective leader is the ability to be an active listener. During my 18 years as a licensed Respiratory Care Practitioner, I have been awarded the profound opportunity to study the practice and patient care approach of many great therapists. Therefore, my leadership experience embraces the provision of high-quality premier patient care; it rewards unwavering teamwork; and it provides a vision as an effort to lead others towards the actualization of a common goal and mission. In summary, my experience asserts that leadership is more than a style or a characteristic. Hence, it is a quality that involves a sum of ALL the parts: one's inner self; one's ability to communicate with others; and one's own view of the world.

#### 2) Describe What You Feel is the Most Important Issues

##### Facing the Respiratory Care Profession Today:

As the New Health Care Reform emerges, one of the most important challenges that face the Respiratory Profession and healthcare industry is the ability to adopt and adapt to change. The current-day Respiratory Therapist must be multifaceted in their practice as we are an intricate part of the multidisciplinary team. The New Health Care Reform encourages organizations to seek ways of maximizing resources while

minimizing expenditures of healthcare cost. In essence, the successful organization will be one that “does more with less”, and yet; not jeopardize the baseline standards of quality patient care. The Respiratory Care Profession, as well as others, will be faced with enormous professional flexibilities as the range of our responsibilities expands due to the influence of the New Health Care Reform.

#### 3) If Elected to the Board of Directors, What ideas or opportunities would you like to Implement?

Even as a past City Chapter Representative, I have always been interested in innovations that would stimulate and increase the active membership of our Respiratory Society.

Therefore, maintaining an attentive ear to the wishes and desires of our fellow colleagues would be my greatest priority. With support and the collaborative efforts of the Board, I would seek all opportunities to express and exhibit the immeasurable impact of the Respiratory Profession on the healthcare community. In these economic times of the New Health Care Reform, it is paramount to display the important contributions of the Respiratory Profession and its keen presence in the provision of quality care, all inclusively. My ideas will promote and propel such initiatives.



# MEET THE CANDIDATES

## TREASURER



**Cheri Grottenthaler, BS, RRT, RPFT**  
**Treasurer**

**Employment: Johns Hopkins Bayview Medical Center (JHBMC)**

**Position: Director Respiratory Care Services**  
**Department**

### 1) Please Provide a Summary of Your Leadership Experience and any Past or Present Board Experience:

I have been a respiratory therapist for 28 years; 23 of these years have been in leadership positions.

The last 6 years have been at JHBMC, before this - at Mayo Clinic in Arizona. I have held positions as relief supervisor, lead therapist, supervisor, manager, and now have been at director-level leadership for the past 13 years.

Board experience:

Treasurer: 1 year, 2010-present

Delegate: 4 years, 2007-2010

MD Directors Committee / renamed MDDC Leadership

Committee Co-Chair: 6 years, 2006-present

Education Committee: 1 year, 2010

MDDC PACT Committee: 2 years, 2006-2008

### 2) Describe What You Feel is the Most Important Issues Facing the Respiratory Care Profession Today:

We have an aging workforce and a healthcare reform environment that will make it more difficult to attract new professionals into the field, have positions available for new grads, and then

retain them in the field for the long term. Healthcare Reform is making it more important than ever to demonstrate the value of quality respiratory care on patient safety, patient satisfaction, and institution financial metrics.

### 3) If Elected to the Board of Directors, What ideas or opportunities would you like to Implement?

If elected treasurer, I will proudly continue to support the President and Board of Directors direction for the Society and our membership. Our purpose is to serve and support the legal Bylaws of our Society, the best interest of our profession and our membership. One area of opportunity I would like to implement is related to our state continuing education program.

It should be updated, simpler, and more cost effective for both institutions and for individual therapists. I would appreciate the opportunity to continue to serve as your treasurer.



## TREASURER



### Susan D. Lockwood, MA, RRT Treasurer

**Employment:** University of the District of Columbia, Retired  
**Position:** Past -Associate Professor and Program Director.

#### 1) Please Provide a Summary of Your Leadership Experience and any Past or Present Board Experience:

First, let me say “Once a Respiratory Therapist, Always a Respiratory Therapist”. My past leadership experience consists of about 15 years as the Program Director of the RT program at UDC. In addition, I have served three terms on the MD/DC Board of Directors, one as President. Although I retired from teaching last year, I continue to stay connected with the profession ... maintaining my state licensure and AARC membership, and continuing to participate in the annual Conference by the Sea. In addition, I continue to volunteer at UDC-CC once a week, recently assisting with preparation for their re-accreditation self study and site visit.

#### 2) Describe What You Feel is the Most Important Issues Facing the Respiratory Care Profession Today:

There are several issues of significance to the profession as a whole ... Respiratory Therapy inclusion in Medicare reimbursement to improve patient access to quality respiratory care. RT involvement in Asthma Education, RT involvement in Smoking cessation, RT involvement in COPD management. However, I feel that there are specific issues that are central to

MD/DC Society members, in particular:

**Communication** – How can the MD/DC Board represent your concerns? Do you have any idea what the Board of Directors does? Does your Board of Directors know your concerns? Are you aware of what the AARC is doing on your behalf? You are a member of a vital profession ... How can the MD/DC Society represent and advocate for you?

**Visibility** – How can Respiratory Therapy become more visible to the health care community beyond Respiratory Care Week? Membership in the AARC ... Why should a therapist be a member of the AARC? There is always strength in numbers. If there was no AARC, there likely would be no Respiratory Therapy profession. It is not uncommon for legislators to ask PACT members, “What percentage of Respiratory

Therapists does your professional organization represent”? It is my understanding that less than 35% of MD/DC therapists are currently AARC members. Increased membership in the AARC translates into increased visibility.



#### 3) If Elected to the Board of Directors, What ideas or opportunities would you like to Implement?

I believe that the Society needs to hear the voices of therapists across the region and to share what is happening professionally, both national and local. Thus, enhancing communication between MD/DC Therapists and the Society is of great importance. Given that I am retired, I now have the time available to actively support the mission and goals of the Society and the profession. In this regard, I foresee visiting RT Departments throughout MD and DC to promote the issues deemed important to the Society as a whole, to speak to the value of AARC membership, and to solicit feedback from MD/DC therapists, and thus be conduit of concerns of members back to the Board. A therapist does not need to be in the thick of employment to advocate for the profession ... some time before I retired, in a conversation with an AARC staff person, I mentioned, “I’m not sure what I’ll do when I retire.” She immediately said to me ... “Oh, you can always volunteer for the AARC.” Well, actually, I’d rather volunteer for the MD/DC Society.

## DIRECTOR



**Jay Fuller, RRT, NPS  
Director**

**Employment:** Washington Adventist Hospital

**Position:** Director of Respiratory Therapy, EEG/EKG & Sleep

care models that benefit the patient while at the same time reduce overall costs and improve community health.

### **3) If Elected to the Board of Directors, What ideas or opportunities would you like to Implement?**

Continue to educate our respiratory therapy community and residents about (COPD) through program outreach and on-going seminars. Inform them about current respiratory therapy issues and how we can position ourselves to adapt and survive these changes. I will continue to encourage respiratory therapist to join and retain their AARC membership.

### **1) Please Provide a Summary of Your Leadership Experience and any Past or Present Board Experience:**

- PACT – Committee
- Capital/Southern Chapter Rep 2001
- President Elect 2003
- President 2005
- Central/Western Chapter Rep 2008
- Capital/Southern Chapter Rep 2011



### **2) Describe What You Feel is the Most Important Issues Facing the Respiratory Care Profession Today:**

The Respiratory Care profession is facing inadequate staffing to patient ratios. These staffing shortages are compromising the quality of health care provided, and may be even placing some patients at risk. Therapist are dis-satisfied with their workload levels, while at the same time we face recruitment and retention problems. Department re-structuring and financial constraints are making it more difficult to maintain satisfied staff. I believe we need to remain focused on providing high quality care to our patients and reduce unnecessary procedures by implementing protocols.

Our net worth is based on providing excellent care at the most efficient cost. We need to educate the public and politicians on

## DIRECTOR



like to see the reestablishment of the Leadership **Conference** in 2012 and increase student awareness of the board and its functions.

## Barb Schenk B.A., RRT Director at Large

**Employment:** Community College of Baltimore County

**Position:** Director Respiratory Care Therapist program.

### 1) Please Provide a Summary of Your Leadership

#### Experience and any Past or Present Board Experience:

I have had the honor to serve the community of Respiratory Therapists in MD/DC in the roles of President, Director at Large and Northern Chapter Representative since 2002. I think that it is important to be involved in the state society and to keep current with issues facing the profession.

### 2) Describe What You Feel is the Most Important Issues Facing the Respiratory Care Profession Today:

The most important issues that we face today as current and new practitioners is keeping up with the new and ever changing technology and making sure that the graduates entering the workforce are as competently prepared as possible. Additionally, I feel it is important to expand the use of networking in a variety of avenues to promote the profession and educate the community at large.



### 3) If Elected to the Board of Directors, What ideas or opportunities would you like to Implement?

In addition to supporting the president and his mission, I would

## Southern/Capitol Chapter Representative



## Larry H. Conway, BS, RRT Southern/Capitol Chapter Representative

**Employment:** Washington DC Veterans Affairs Medical Center

**Position:** Chief (Director) of Respiratory Care

### 1) Please Provide a Summary of Your Leadership

#### Experience and any Past or Present Board Experience:

In over 30 years I have been Director of department clusters including Respiratory, Radiology, EKG, Nuclear Medicine, Echo, Sleep Disorders Center, Neurophysiology, Diagnostic Ultrasound, with up to 105 employees, revenue of up to \$42MM and expenses of up to \$5.2MM in hospitals from 85 to 830 beds.

**Board and Society experience:**

Member of the Kentucky Society for

Respiratory Care Board of Directors 1980-1988

President of the Kentucky Society for

Respiratory Care in 1983

Co-Chair of the Adult Acute Respiratory Care Section of the

AARC 1985

Kentucky Society Delegate to the AARC 1986-1988

Speaker of the AARC House of Delegates 1989

Member, Daedalus Enterprises Board of Directors 1989

Member, AARC Board of Directors 1990-1994

Member of the Louisiana Society for Respiratory Care Board of

Directors 1995-1997



President of the Louisiana Society for Respiratory Care 1997  
Special Advisor to the Board of Directors of Mississippi Society for Respiratory Care 1998  
Candidate for AARC President in 1999, 2000, 2001  
Chairman of Advisory Board for Northeast Mississippi Community College Respiratory Care Program 2003-2006  
Operations Coordinator National Association of Veterans Affairs Physicians and Dentists 2009-present

### 2) Describe What You Feel is the Most Important Issues Facing the Respiratory Care Profession Today:

We should seek the promotion of Respiratory Therapists as true, recognized physician extenders, similar to Physician Assistants and Advanced Nurse Practitioners. This will require a new level of professionalism on the part of all therapists. It will also require an elevation of the entry level education for the field. Pharmacy and Physical Therapy require doctorates, and respiratory is stuck at the Associate Degree. No one will think of Respiratory as a true profession similar to those mentioned here until we elevate our entry level education.

I believe the evolution (or elimination) of the CRT credential is vital. This can be done without disenfranchising the CRTs or threatening their employment; they would be grandfathered into whatever model evolves, as has always been done in

Respiratory. We must clarify that the CRT/RRT relationship is more like the RN/ANP relationship than it is like the LPN/RN model. CRT (or whatever we label it in the new model) is the entry level, not a subordinate level (as the LPN is deemed subordinate to the RN). RRT is the advanced practice level. Confusion on this dual level system in HR and Administrations harms respiratory all the time in innumerable ways. We must take control of it and resolve the confusion. We must develop true "best practices" and scientific footing for our services. We have made progress but further work is still needed.

**see website for answer to question#3 at:**

**<http://www.mddcsoc.org/elections2012/lc.html>**

## Southern/Capitol Chapter Representative

### Aaron Smith RRT Southern/Capitol Chapter Representative

Employment: Washington Hospital Center

Position: Clinical Supervisor

#### 1) Please Provide a Summary of Your Leadership

##### Experience and any Past or Present Board Experience:

- Sr. Practitioner for 2 years on Night Shift at Providence Hospital.
- Currently working as a Clinical Supervisor on Day shift at Washington Hospital Center.
- Clinical Instructor at Washington Adventist University and Prince George Community College



#### 2) Describe What You Feel is the Most Important Issues Facing the Respiratory Care Profession Today:

1. Limited amount of Jobs available for new therapist coming out of school.
2. Low AARC membership in the Washington Metropolitan Area
3. Representation of Respiratory Care as profession on the National level.

#### 3) If Elected to the Board of Directors, What ideas or opportunities would you like to Implement?

If elected to the board of directors I would like to help increase the AARC membership of new therapist and teach them about the importance of being a part of the national society which is there to represent them. I would also like to help increase the visibility of the Maryland/DC Society so more people can find out what they are about.

## Eastern Chapter Representative



### Jo Ann Mills, RRT, BA Eastern Chapter Representative

Employment: Shore Health System, Easton MD

Position: Respiratory Therapist



#### 1) Please Provide a Summary of Your Leadership Experience and any Past or Present Board Experience:

Board Positions:

Eastern Chapter Representative 2006 to present.

#### 2) Describe What You Feel is the Most Important Issues Facing the Respiratory Care Profession Today:

Apathy towards getting involved is a huge issue facing Respiratory Care. Joining the AARC and being involved with your state society strengthens the reputation of our profession and helps to guide its future.

#### 3) If Elected to the Board of Directors, What ideas or opportunities would you like to Implement?

If Re-elected I'd like to continue to encourage membership among RTs statewide and continue working toward offering a variety of affordable CEU opportunities on the Shore

## City Chapter Representative

plug, but support your MD/DC Society!



## Matt Davis, RRT City Chapter Representative



Employment: Univeristy of Maryland Medical System,  
Baltimore, MD.

Position: Clinical Educator

### 1) Please Provide a Summary of Your Leadership

#### Experience and any Past or Present Board Experience:

Served as MD/DC Board Member for 4 years.

Served as MD/DC Board President-Elect for 2 years

Served as MD/DC Board President.

Currently serving as MD/DC Board Past President.

### 2) Describe What You Feel is the Most Important Issues

#### Facing the Respiratory Care Profession Today:

The most important issue facing respiratory therapists today is the continuation of job security and availability. In today's market the all mighty dollar continues to push away respiratory therapist when in fact with great leadership it should be opening doors for us.

### 3) If Elected to the Board of Directors, What ideas or opportunities would you like to Implement?

Started our MD/DC Society Facebook account so everyone who reads this should join us on facebook. Sorry for the shameless