

Respiratory Exchange

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President's Report: Matt Davis, RRT

Attention Respiratory Therapists...It's Summer Time! I know the first thing that comes to mind for me is sunshine and a day at the beach!

So, if you are planning on heading to Ocean City sometime this summer, I urge you to wait until September! Why, you may ask? Maryland and DC Respiratory Therapists have the opportunity to attend the Conference by the Sea on September 16th, 17th and 18th. This year promises to be one of the best ever! I guarantee you will not be disappointed. Check it all out at www.conferencebythesea.net

As economic down turn presses deeper into the health care industry, we must all work together to see the light at the end of the tunnel. Though a hindrance in some areas, one positive note is the reduction in nationwide vacancy rates, which is expected to be less than 2% by the end of the summer. As the managers of respiratory therapy departments in the state of Maryland and DC know, this is a good thing. We have all spent many days and nights recruiting and retaining employees and at least for this year, we can

focus back on our departments.

What departments out their have gone "green?" I wanted to propose this question to the therapists of Maryland and DC. What are you doing in your department to help save the earth? If you have good ideas, we should be sharing them amongst other departments. Email your thoughts to me at mdavis3@umm.edu. Have a great summer and I look forward to seeing you all at the Conference by the Sea!

AMA backs House healthcare reform bill:

The American Medical Association (AMA) is urging approval for healthcare overhaul legislation currently moving through committees in the U.S. House of Representatives. AMA officials say the organization supports the legislation because it includes a broad range of provisions that they believe are vital to effective and comprehensive healthcare reform. In particular, the AMA supports insurance market reforms that seek to expand healthcare coverage, change Medicare, and provide consumers with a choice between private and public insurance plans. They also support the legislation's ban on exclusions from coverage for pre-existing conditions and its emphasis on reliance on primary care doctors.

this issue

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AARC Updates:

COARC- New Formation

The Committee on Accreditation for Respiratory Care (CoArc) is scheduled to separate from the Commission on Accreditation of Allied Health Professions (CAAHEP) on November 11, 2009. October is the last month in which CAAHEP will be acting on recommendations from CoArc. CoArc's name will change from "Committee" to "Commission" on Accreditation for Respiratory Care.

Polysomnography

Polysomnography state license initiatives continue to be in the spotlight across the country. State Respiratory Boards were encouraged to write to their licensing boards to answer the following questions: 1) Are RCPs permitted to perform polysom under their scope of practice? 2) Has it ever been determined that RCPs doing polysom are practicing outside their scope of practice? 3) has there ever been a disciplinary action or investigation of an RCP for performing polysom? If yes, what were the grounds for action(s).

Maryland: A polysom licensure law was enacted in 2006; however implementation was delayed to 2011. A provision in the law requires applicants to be graduates of CAAHEP accredited programs. At present, there is only one CAAHEP polysom program in Maryland.

District of Columbia: Since DC is not a state, legislation is proposed and enacted by the DC Council and then has to be approved by Congress.

A bill to license polysom personnel was approved by the DC Council. The bill explicitly exempts licensed RCPs from any provision for the polysom requirements, however, the bill leaves the details, scope of practice, education and testing up to the regulatory writing process; this needs to be monitored closely. RTs should not need a separate credential to work in Sleep Medicine; state affiliates should remain vigilant for such initiatives.

World COPD Day is November 18, 2009

The AARC has applied for a grant from the government for a 2010 event. They are asking states if they have only one PR-type project, that they send RTs to state capitals on World COPD Day, either the legislature building or the state department of health, and do spirometry screenings of the government decision-makers, staff and guests that pass by. AARC asks that states find a champion for this project and commit to the event. PR kits are available.

Support HR 3220

Write Congress NOW! Support HR 3220 (Reforms Medicare coverage and reimbursement for home oxygen) and HR 1077/S 343 (Medicare RT Initiative)

The 435 Plan is on-going...better communication is needed between PACT chairs and the members of the 435 Plan. Activating grassroots support for our political initiatives needs to be a focus. Government Affairs data shows the total number of email and printed messages, total # of activists and the % activists vs. active members sent from states. The most recent 435 plan activation showed Maryland with 157 total advocacy messages; only 6.9% activists compared to the state's active membership

Federal Government- Hospital Surveys

The Federal government contacted the AARC to develop a method of surveying all acute care hospitals to obtain the # of

ventilators available to support mass casualty events, including pandemics. AARC will be seeking a 90% response rate from hospitals across the country. A Ventilator Inventory survey will be coming; state affiliates will be asked to help by making phone calls to our state's acute care hospital respiratory directors to be able to achieve the 90% response rate. This will be the first time in history that a survey targeting ventilator numbers has been undertaken. The results of this project will be used at state and federal governments to assist in guiding purchasing decisions for the strategic national stockpile of ventilators.

Respiratory Therapy 2015 and Beyond:

Project goals are to identify the knowledge, skills and attributes required of RTs to add value in the future health care system. A manuscript is coming out in October 2009 and the 3rd conference is planned for early 2010. The focus of the 3rd conference will be to examine how to address specialty credentialing and describe the educational systems necessary to facilitate RTs acquiring required competencies. Obviously, this will have large implications for the profession and particularly education.

Asthma Educator Certification Prep Course is now on-line.

Affiliates were reminded that society presidents have to sign a revenue sharing agreement in order for our state to receive the revenue sharing for this.

Miscellaneous Items:

* A new COPD Educator Prep Course will be on-line in late 2009 to early 2010.

* The AARC is working with many groups regarding preparation for H1N1 Swine Flu; there a huge implications for pregnant women and children.

Focus on Community Service Events to bring professional recognition to our state.

Continued on page 6.. see DELEGATE



DELEGATE REPORT Cont...

Additional Updates

MEMBERSHIP

MD/DC has 830 active & life members - Increase by 57 members by December 2009 MD/DC Challenge: 887 members! AARC membership continues to be strong this year in spite of a weakened economy. The goal is to reach 50,000 members by the end of the year. The latest numbers show we have close to 48,000 members.

PACT DAY: Washington D.C.

2010 PACT Meeting/Lobby Day is scheduled for March 8-9 in Washington, DC

Education – Webcasts, Reimbursement College and Spirometry Course

AARC continues to promote the expanded capabilities of the webcast platform, with audiences continuing to grow. The average viewer number in the first half of 2008 was 100 per live course, which was the maximum number of seats. In the last half of 2008, the average viewer number was 225 per live course; in 2009 viewers have grown to 250 and another 200 view the achieved

version.

Reimbursement College II is available for members free of charge. Since this new version was released, it has had over 800 participants earning CRCE for the course.

AARC has designed a Spirometry Course for non-therapists providing office spirometry. By the end of this year, the AARC will be ready to market to physician practices. State affiliates having contracts with the AARC will have the opportunity for a new revenue stream. The course is not designed to prepare individuals to perform pulmonary function studies; the hope is to contribute to increasing the quality of simple office spirometry and therefore eliminate wasted dollars in unnecessary testing or inaccurate diagnoses.

HR surveys were conducted March 13-April 14. The estimated number of practicing therapists has increased 9.2% since the 2005 survey, rising from 132,651 to 145,117. A summary will be published in the AARC Times later this year and full report presented at the December San Antonio Congress.

The AARC benchmarking tool subscribers had steadily diminished which resulted in a benchmarking stimulus offer. From June 1-August 31st, facilities may sign up for a two-month free trail. With increasing pressures on managers to justify resources,

the AARC believed it was the right time to encourage the use of this available tool.

A PAP Adherence document is close to completion. It will provide guidance on ways that home and hospital based RTs can identify and work with patients to improve adherence of positive pressure devices in the homes of patients with obstructive sleep apnea. It will be available as a free CRCE to members by late summer.

Peak Performance USA (PPUSA) was launched last year. A web based version includes tools that RTs can use to contact schools, educate students, teachers, and others about asthma and asthma management. This program was possible through an unrestricted grant from Monaghan Medical, Forrest and Lupen Pharmaceuticals. There are currently 200 RT departments participating with 286 distributed to schools. The Asthma & Allergy Foundation have endorsed PPUSA and a grant has been submitted to the government for funding to develop a teacher education component. This is a valuable tool for the RT which allows them to partner with schools and be the asthma expert resource. This helps schools, kids with asthma and brings community-wide attention to the RT in a positive way.

2009 Board of Directors Elections

The positions that will be available on the 2009 election ballot for the 2010 installation of officers are as follows:

President-Elect
Treasurer
Eastern Chapter Representative
City Chapter Representative
Director-at-Large

If you are interested in running for any of these positions on the board, please contact Elgloria Harrison, Secretary by email at: elghar@msn.com





Description of the Critically Ill H1N1 patient with acute pneumonitis

Stephen E. Lapinsky, Toronto - July 3, 2009

This description is based on limited data, largely derived from clinical experience, published data, unpublished data from review of Mexican cases, and descriptions from WHO teleconference calls. Although several patient groups have been described (eg. COPD/asthma exacerbation, mild respiratory illness), this report describes the patient with acute pneumonitis.

Key features

- * Patients may include younger, previously well adults, as well as the immunocompromised patient and pregnant women.
- * Obesity appears to be a risk factor for respiratory failure.
- * Relatively rapid onset of disease, with a short duration from hospital admission to respiratory failure. This may depend on delay in presenting to hospital.
- * Negative initial nasopharyngeal swabs have been reported, with diagnosis subsequently made on viral analysis of sputum, ET aspirate, or BAL.
- * Chest X-ray demonstrates bilateral patchy airspace disease, with rapid onset.
- * Autopsy reports have described diffuse alveolar damage, pulmonary hemorrhage as well as multiple pulmonary emboli.
- * Patients have been very difficult to ventilate, with marked hypoxemia. Alternative forms of ventilation are often required, including APRV, HFO and iNO administration. ECMO has been used successfully.
- * One group has reported patients to have little response of hypoxemia to PEEP, with a response to aggressive diuresis.
- * Septic shock is uncommon, although many patients have required inotropic support and renal failure may occur.
- * Improvement in pulmonary function has been slow, with many patients requiring ventilatory support for 3 weeks or more.
- * Persistent viral excretion may occur despite treatment with antiviral agents, requiring prolonged therapy.
- * Antiviral treatment has included oseltamivir PO and zanamavir by inhalation and IV.
- * Secondary bacterial infection has not been common.
- * No significant reports of the use/effect of steroids.
- * Death has occurred predominantly due to respiratory failure with progressive hypoxemia, unlike conventional ARDS.
- * Mortality of patients requiring mechanical ventilation is in the range of 30 - 40%.

Get off the Sideline, Get in the Game

By Elgloria Harrison, MS, RRT-NPS and Susan Lockwood, MA, RRT

Yes, the title is correct; it is time for a little action. If there ever was a time to consider a Bachelor of Science in Respiratory Therapy (BSRT), the time is now. Why wait when you can earn your degree in about 24 months, depending on your previous course credits, at the University of the District of Columbia here in Washington, D.C.

The profession of Respiratory Therapy is evolving, and as such, there is a critical need for Respiratory Therapy experts who can move the profession forward. Earning a BSRT is a proven strategy to improving technical expertise across all healthcare disciplines, and Respiratory Therapy is no exception. As the debate continues on healthcare reform, it is likely that in our lifetime we will see healthcare as a right for all who live here in America. What this may mean to healthcare facilities is a need for a more qualified clinician who has the clinical expertise to care for a patient population that is more diverse, older, with many more chronic illnesses than ever before. Further, while the healthcare debate rages onward and long before the dust really settles, get off the sideline and really get in the game. This is the one golden opportunity to focus on preparing yourself to work in healthcare for the 21st century.

We are not alone in this educational move; for example, Physical Therapists have moved to a Doctoral Degree for entry to practice, Occupational Therapy already requires a Masters Degree for entry to practice, while Clinical Pharmacists require a Doctoral Degree as well. These are your colleagues at the bedside discussing the same patient that you are caring for.

In most instances you have as much or more technical and theoretical knowledge as any of these, your allied health peers.

Historically, Respiratory Therapists and others have compared our status with our Nursing colleagues, with regard to our education, and entry to practice. While this may be an easier comparison, quite frankly, our standing is fairly even across the board. In our view, the Nursing profession



and the Respiratory profession are more complimentary. Having said this, there is a big push in most nursing schools to graduate a Baccalaureate Nurse versus an Associate Degree Nurse, and hospitals are much more willing to hire the Bachelor prepared Nurse versus the Associate Degree Nurse. Just as the practice of other professions has evolved, so shall the practice of Respiratory Therapy evolve, when, like our nursing colleagues, hospitals will prefer to hire Baccalaureate prepared Respiratory Therapists. We believe that time is near.

Why pursue a degree at the University of the District of Columbia? There are many advantages to obtaining the degree here in

our nation's capital; let us name some: 5

The nation's capital is one of the most vibrant places on earth.

It is by far the most affordable of all the four year schools in our metropolitan area.

Many of you are former graduates of UDC, so you know and love the place.

The Respiratory Therapy courses are geared toward building your theoretical knowledge base.

UDC is an urban land-grant institution, which means that part of our mission is to offer services to the community. As a BSRT student you will be involved in grant-writing and research based activities as a part of our commitment to the community. Currently, the program is involved in an asthma grant in the community.

Easy entry into the program: you need an Associate Degree in Respiratory Therapy, your CRT and a license to practice Respiratory Therapy in the local area.

It is conceivable that you might really meet President Obama, he seems to be everywhere in this town (smile); if not President Obama, then our very own President Allen Sessoms.

There is a familiar saying, "knowledge is power". You have been armed with knowledge, so get off the sideline and get in the game. The power to enact your plan is yours.

Contact us to schedule an interview, we would be glad to help you map out a schedule that is just right for you. If there are several interested therapists at your hospital, we will be happy to visit you there to discuss the program.

Email Susan Lockwood
slockwood@udc.edu or
Elgloria Harrison:
eharrison@udc.edu

8:00 a.m. - 4:00 p.m.Registration

8:00 a.m. - 9:00 a.m..... Coffee & Tea

Sponsored by: Maryland/District of Columbia Society for Respiratory Care

MARYLAND/VIRGINIA ROOM

9:00 a.m. - 10:00 a.m. Robert Kacmarek, PhD, RRT
Unrestricted educational grant from RespiTech Medical, Inc
Respiratory Care 2015 and Beyond: Charting a Future for the RT Profession

10:00 a.m. - 11:00 a.m. Gene Colice, MD
Sponsored by Boehringer-Ingelheim
RCP's: Leading the Way in the Management of Acute Exacerbation of COPD

11:00 a.m. - Noon Robert Kacmarek, PhD, RRT
Unrestricted educational grant from RespiTech Medical, Inc
Patient-Ventilator Synchrony, PAV and NAVA

Noon - 1:00 p.m..(Patio/Beach).....Lunch

1:00 p.m. - 2:00 p.m. Tom Striplin, MEd, RRT
Elevating the Respiratory Profession from "Good to Great"
Unrestricted Educational Grant from Covidien
2:00 p.m. - 3:00 p.m..... Janet Harding, PHR
Diversity and Inclusion (E)**
Sponsored by Johns Hopkins Bayview Medical Center

3:00 p.m. - 4:00 p.m..... Patrick Dunn, MEd, RRT, FAARC
Improving Symptom Control in Patients with Chronic Respiratory Diseases
Sponsored by: Monaghan Medical
4:00 p.m. - 5:00 p.m.....Steven J. Schwartz, MD
Ethics :An Inescapable Practice ** (E)
Sponsored by: Johns Hopkins Bayview Medical Center

DELAWARE ROOM

9:00 a.m. - 10:00 a.m. Jacques R. Conaway, MD, DABSM, FAASM
Respironics Lecture Series
Introduction to PSG/Scoring
10:00 a.m. - 11:00 a.m. Jacques R. Conaway, MD, DABSM, FAASM
Respironics Lecture Series
Dangers of Sleepiness
11:00 a.m. - Noon Jacques R. Conaway, MD, DABSM, FAASM
Respironics Lecture Series
OSA- Preoperative Concerns

Noon - 1:00 p.m..(Patio/Beach).....Lunch

1:00 p.m. - 2:00 p.m. Jonathan Prince, RPSGT
CPAP Compliance for Children
Sponsored by Children's Hospital National Medical Center
2:00 p.m. - 3:00 p.m..... Marc Key, RPSGT
EKG Recognition
Sponsored by Premier Sleep Centers

3:00 p.m. - 4:00 p.m..... David Bianchi, MD
Surgical and Dental Solutions for OSA
Sponsored by: Bay State Medical
4:00 p.m. - 5:00 p.m.....Jonathan Prince, RPSGT
Pediatric Sleep Studies:Who should do them? And if you do, how.
Sponsored by: Childrens National Medical Center



7:30 a.m. - 9:00 a.m.Continental Breakfast

Sponsored by: Maryland/District of Columbia Society for Respiratory Care

8:00 a.m. - 9:00 a.m..... Registration

MARYLAND/VIRGINIA ROOM

9:00 a.m. - 10:00 a.m. Ken Thigpen, BS, RRT

Sponsored by Advanced Circulatory Sysyems Inc.

Navigating Between Quality and Efficiency

10:00 a.m. - 11:00 a.m. Joseph A. Procaccino, Jr., JD, MFS

Sponsored by: Maryland/District of Columbia Society for Respiratory Care

Avoiding the Medical-Legal "Oops" Issues ** (E)

11:00 a.m. - Noon.**VENDOR EXHIBITS OPEN**
Exhibit Area Open till 5 pm

Noon - 1:00 p.m..(Patio/Beach).....Lunch

1:00 p.m. - 2:00 p.m. Gary Clawson, RRT, Ph.D.
Respiratory Rate, Fluid Status, and Hemoglobin: Non-invasive Technologies for Managing Your Patients Sponsored by Masimo

1:00 p.m. - 2:00 p.m..... Mark Liu, MD
Latest Asthma Therapies: Something Old, Something New Sponsored by Glaxo

2:00 p.m. - 3:00 p.m. Leslie Kingslow, M.D.
Novel Therapeutic Interventions for the Chronically Ventilated Patient
Sponsored by Avery Biomedical Devices, Inc.

2:00 p.m. - 3:00 p.m..... Matthew Davis, RRT
The Traumatic Brain Injured Patient, A Respiratory Therapist's Approach.
Unrestricted Educational Grant from Covidien

3:00 p.m. - 4:00 p.m. Eric Kriner, BS, RRT
Fundamentals in Critical Care Assessment
Unrestricted Educational Grant from Covidien

3:00 p.m. - 4:00 p.m..... John Berger, MD
Cardiac ECMO- Why isn't it as tidy as neonatal respiratory ECMO.
Sponsored by Cardinal Healthcare

DELAWARE ROOM

9:00 a.m. - 10:00 a.m. Brian Bohner, MD,ABSM
Respironics Lecture Series
Complex Sleep Apnea

10:00 a.m. - 11:00 a.m. Anne Harter, RPSGT, CRT
Sponsored by Premier Sleep Centers
MD State Sleep License and Society

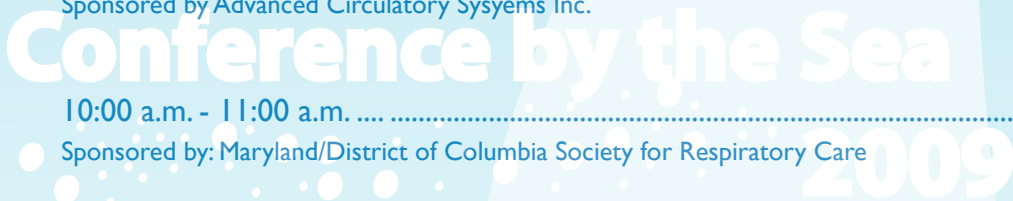
11:00 a.m. - Noon.**VENDOR EXHIBITS OPEN**
Exhibit Area Open till 5 pm

Noon - 1:00 p.m..(Patio/Beach).....Lunch

1:00 p.m. - 2:00 p.m. Thomas J. Balkin, Ph.D.
Sleep Deprivation
Sleep Services of America Lecture Series

2:00 p.m. - 3:00 p.m..... Peggy Powers, RRT
Introduction to Auto CPAP Technology
Fisher & Paykel Lecture Series

3:00 p.m. - 4:00 p.m.....Michelle Leonard, RRT
Humidification for CPAP Therapy
Fisher & Paykel Lecture Series



7:30 a.m. Coffee & Tea

Sponsored by: Maryland/District of Columbia Society for Respiratory Care

MARYLAND/VIRGINIA ROOM

8:00 a.m. - 9:00 a.m. Roberta Johnson, RRT

How to avoid the pitfalls of Non-invasive Ventilation

Sponsored by: Respirationics

Conference by the Sea

2009

9:00 a.m. - 10:00 a.m. Evan Richards

Respiratory Jeopardy

Sponsored by: Bunnell

10:00 a.m. - 11:00 a.m. Cynthia White, RRT-NPS, AE-C
Dan Rowley, BS, RRT-NPS, RPFT

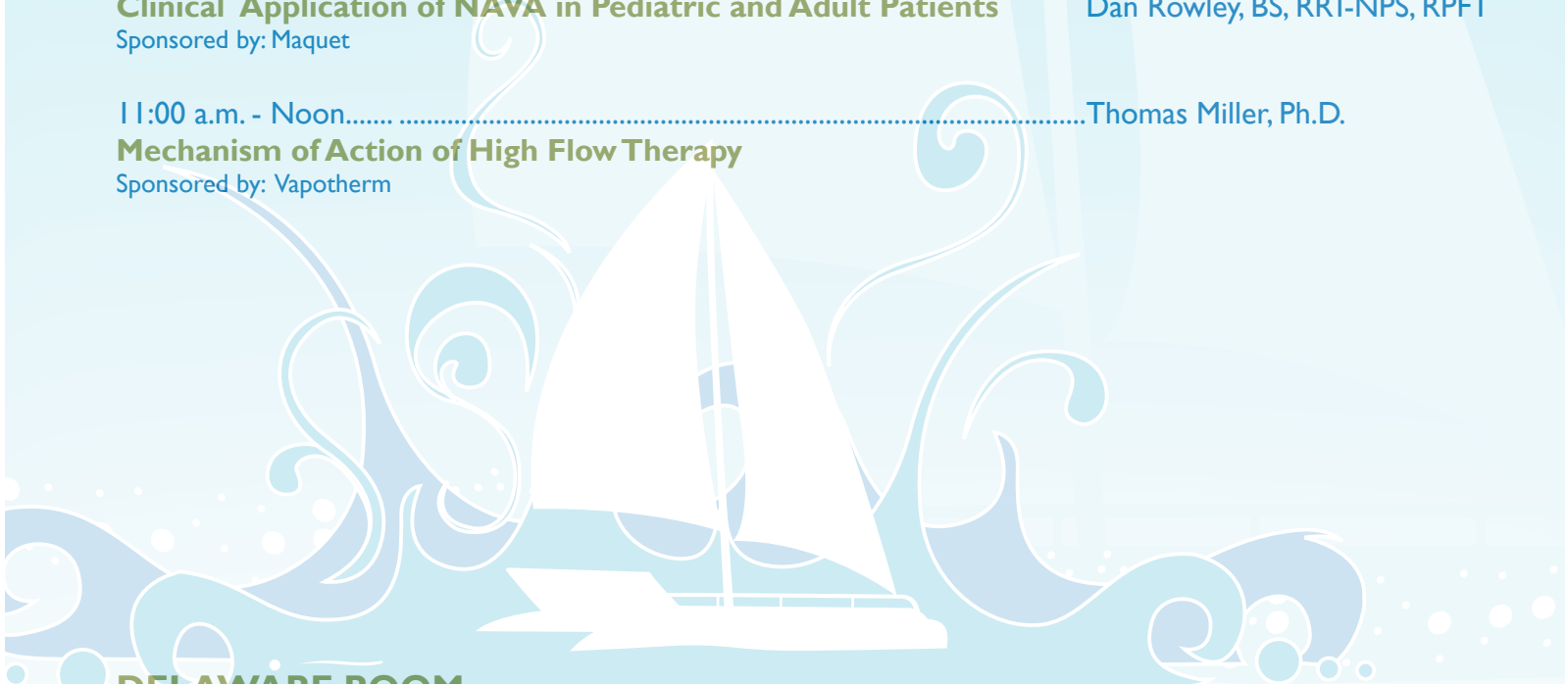
Clinical Application of NAVA in Pediatric and Adult Patients

Sponsored by: Maquet

11:00 a.m. - Noon Thomas Miller, Ph.D.

Mechanism of Action of High Flow Therapy

Sponsored by: VapoTherm



DELAWARE ROOM

8:00 a.m. - 9:00 a.m. Michael Delayo

Sleep Services of America Lecture Series

Restless Leg Syndrome

9:00 a.m. - 10:00 a.m. Philip Fuller, MD

Fisher & Paykel Lecture Series

OSA and Co-Morbidities

10:00 a.m. - 11:00 a.m. Troy Dorais BS, RPSGT

Resmed Lecture Series

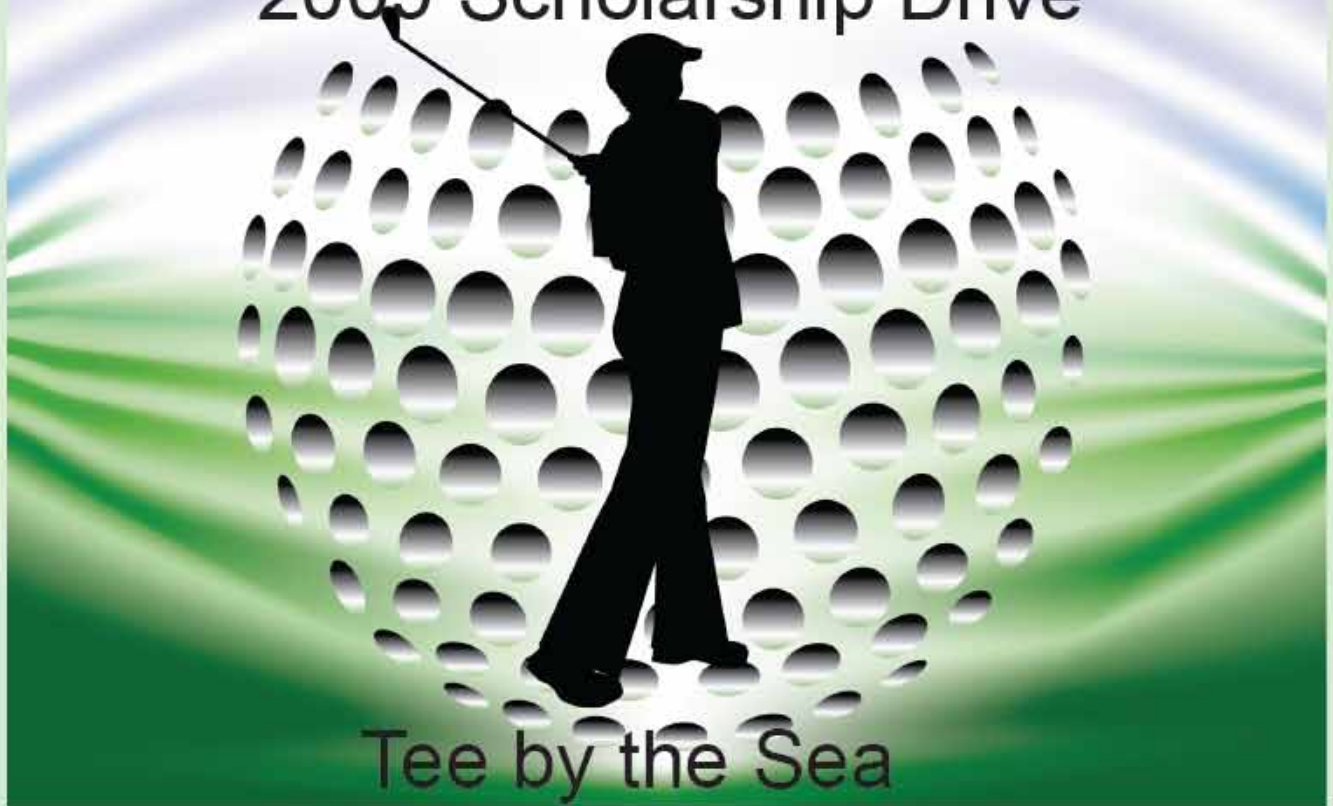
VPAP - ASV

11:00 a.m. - Noon Troy Dorais BS, RPSGT

Resmed Lecture Series

Overlap Syndrome: Identification and Treatment

Maryland-DC Society for Respiratory Care
2009 Scholarship Drive



September 15, 2009
**Ocean City Golf &
Yacht Club**
Seaside Golf Course

10am Shotgun
Cost for golf is \$100
Hole Sponsorship \$500
Luncheon, Driving Range,
Golf, and GPS Carts included.

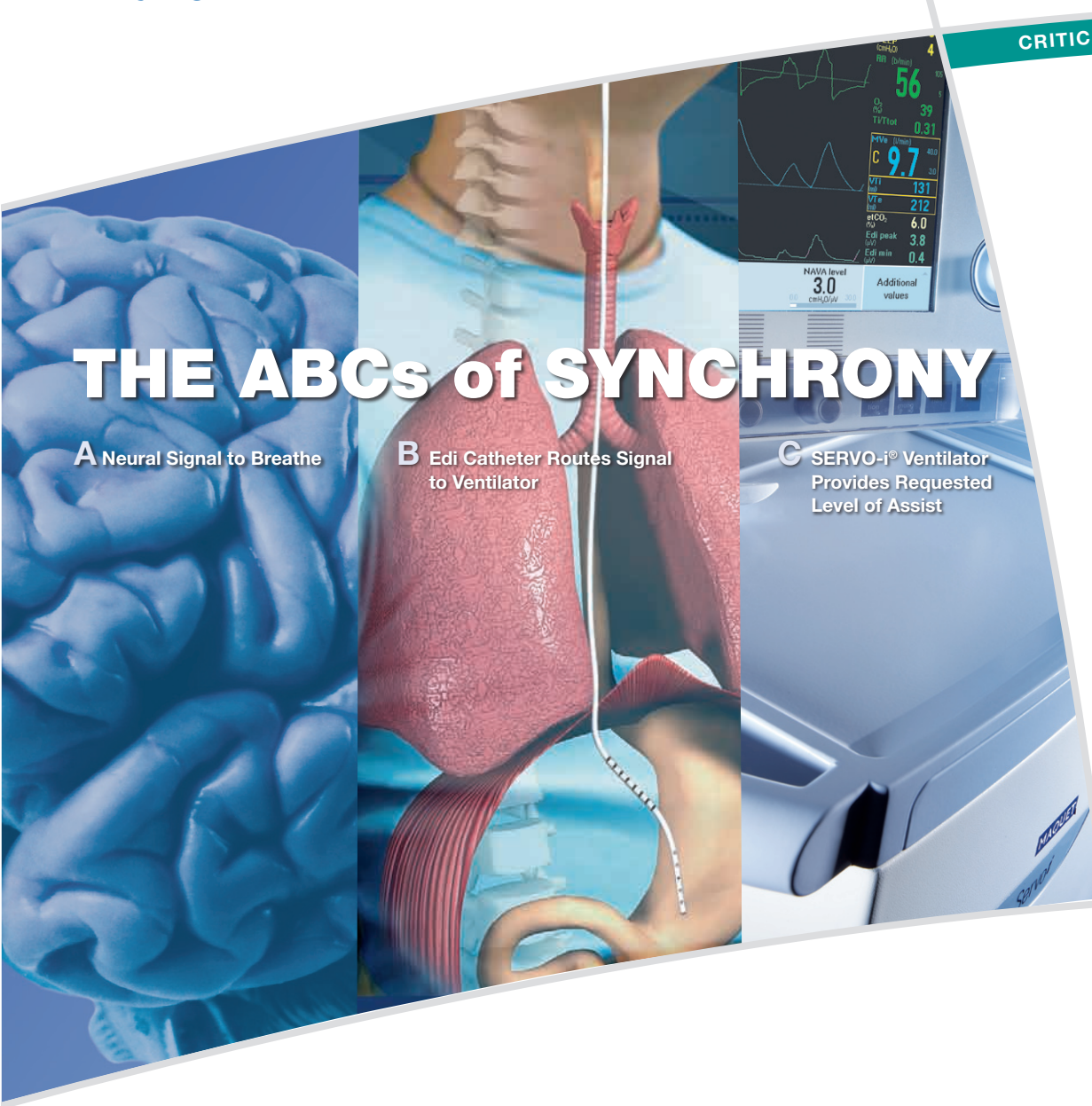
To Register for the Event Contact:

Howard McDonald 410-253-2175
Randy Wilkerson 443-570-0758

or online at www.mddcstore.com

SERVO-i® WITH NAVA
 NEURALLY ADJUSTED VENTILATORY ASSIST
**TRUE VENTILATION INTELLIGENCE
 BEGINS WITH THE BRAIN**

CRITICAL CARE



THE ABCs of SYNCHRONY

A Neural Signal to Breathe

B Edi Catheter Routes Signal to Ventilator

C SERVO-i® Ventilator Provides Requested Level of Assist

SYNCHRONY WITHIN EACH AND EVERY BREATH

One of the world's most trusted and flexible ventilation platforms is now enhanced with NAVA (Neurally Adjusted Ventilatory Assist) that adapts to your patient's changing needs.

In NAVA mode, the SERVO-i® Ventilator operates from the neural signal – a patient's own impulse to breathe. This autonomic directive is sensed by the Edi catheter and routed to the ventilator.

As a result, a patient receives precisely the level of support he/she wants within each and every changing breath by controlling his/her own flow, pressure, volume and frequency.

For more information or to arrange a demonstration, please visit www.maquetusa.com.

SERVO-i® with NAVA – Empowering Human Effort.

- Better patient/ventilator synchrony helps improve patient comfort, potentially reducing the need for sedation; this could lead to faster recovery and weaning times.
- True cycle-off criteria makes NAVA the only mode of ventilation that lets a patient communicate to the ventilator when he/she has had enough – potentially reducing lung injury and achieving true synchrony.
- Diagnostic respiratory data provides decision support to help reduce the incidence of lung injury (conventional ventilation mode).
- Studies indicate that improved synchrony can reduce the length of stay in the ICU.*
- Available for all patients – neonatal to adult.

* See, for example: Thille, A; Rodriguez, P; Cabello, B; Lellouche, F; Brochard, L; "Patient-ventilator asynchrony during assisted mechanical ventilation," Intensive care med., (226), 32:1515-1522, DOI 10. 1007/s00134-006-0301-8

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