

Official Newsletter of the Minnesota Society for Respiratory Care

Fall 2001

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PRESIDENTS MESSAGE

**Ron
Van Beusekom**

**Dare To Make
A Difference!**

You Make A Difference!

The career choice you have made is an important one. Oh yes, we all acknowledge the positive impact to the lives of the people for whom you provide respiratory care. The career choice you have made is also incredibly important to you. Yes, that's right. It's the great pay, wonderful hours, and low stress environment. Seriously. Where are the rewards? Don't forget to look within yourself. What is truly important? Do you have a passion for what you do, for the profession you have chosen? Of course you do. You accept responsibility for establishing yourself, advancing your career and attaining fulfillment from what you do. You don't rely on others to bring it to you. You seek it out. Dedication, determination, and a sense of purpose guide you. You take great pride in your work and what you have achieved. You approach your work with enthusiasm and vigor. You are progressive. You are professional. Being a respiratory therapist brings you satisfaction; yet you continuously seek more. You know who you are. Others are taking notice. They see the fire within you. You are a leader.

You Dare To Make A Difference for the people around you and for yourself.

Congratulations and thank you.

Ron Van Beusekom, RRT, RCP
MSRC President

Volume 25 #3

Rescue BiPAP in Critical Care

By: Sue Wiersgalla
RRT, RCP, Critical Care Coordinator
North Memorial

Have you ever considered using Bi-Level Positive Pressure Therapy to rescue your critical care patients with CHF or respiratory failure? At North Memorial Medical Center, we have instituted BiPAP successfully to prevent intubation, and to bridge the gap until other therapies take effect in a total of 63 patients. Of this group, 60 successfully avoided intubation with the appropriate use of bi-level therapy. Here are some examples:

CHF Case

An 89-year-old woman with a history of hypertension and CHF had mitral valve replacement done. Her surgery went well. On the second post-op day, the patient has been extubated for 48 hours and was working on incentive spirometry, reaching 750 ml; O₂ via nasal cannula at 4 LPM with SpO₂ of 96%.

At 0900, the patient was weighed and had increased 17 pounds from pre-surgical weight. Renal consult was called in. The patient had been on Lasix with no urine output.

At 1030, there was a decrease in oxygen saturation; the patient was changed to an Oxymizer at 6 LPM with SpO₂ increasing to 92%, RR 30-34, breath sounds with bilateral fine crackles throughout lung field with an expiratory wheeze. The patient was unable to speak in sentences, and had to sit up at 40° due to shortness of breath.

At 1040, BiPAP Vision was started with a medium size full face mask, and settings of IPAP 18, EPAP of 7, with good blood pressure maintained at 110/70, spontaneous VT of 550-610 ml, RR decreased to 16 - 18, FIO₂ of 40%, with an SpO₂ of 100%. Breath sounds after 20 minutes showed no wheezing with fine crackles

Rescue BiPAP.....Continued pg 10

Co-Editors Note

THANKS to everyone whom has been such a great help with the Bronchus thus far. If not for everyone's acceptance when asked to write articles for us, the Bronchus wouldn't be what it has become today over the years! Both Jeff and I would like to especially thank Deb Haider for her superb guidance! You are all much appreciated. Congratulations to all of the new graduates in Respiratory Care. Hope to see all of you at the annual meeting. Good luck to all you "Sputum Bowler's"

Have a warm and happy fall. Take care...

Kyle A. Oen, Jeff Rutter
Bronchus Co-Editors



The Bronchus is the official newsletter of the Minnesota Society for Respiratory Care, and an affiliate of the AARC. Published in Minneapolis, Minnesota. The Bronchus welcomes articles from respiratory therapists, physicians, nurses, and other health care personnel interested in pulmonary care.

Co-Editors _____ Kyle Oen
 _____ Jeff Rutter
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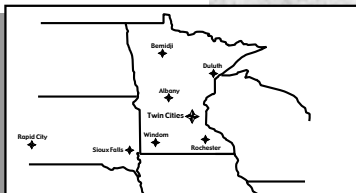
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PRESIDENT ELECT:

Julie Clarke-Wilson, BS, RRT, RCP



Employment: 1996 to present: Manager of Respiratory Care/PF lab, Methodist Hospital. 2000 to present: Staff Therapist, Fairview Ridges Hospital. Intermittent since 1991: Adjunct Faculty, College of St. Catherine.

MSRC: 2001 Member to the Board of Directors Smoke-Free Coalition, 1995 - present Legislative Affairs committee, 1997 Vice President, 1997 Chair of

Budget and Audit Committee, 1995-1996 Chair of Legislative Committee.

Education: BS Education, University of Minnesota
A.A.S. Respiratory Therapy, College of St. Catherine

"As I look ahead to the next five years in Respiratory Therapy, I see a future filled with promise. We have worked with our patients and the public to determine how to fulfill the needs of our communities. We are learning more in recent years about Chronic Disease Management and Political Action. At the same time, we are faced with an ever-decreasing number of colleagues to fill the roles we have carved out to serve the public. What is the appeal of becoming a therapist, what is the spark of interest that keeps the profession challenging and valued by our more experienced folks? Our continued efforts in answering these questions will help create a new vision of who we are and how we will remain key members in health care. I would be honored to serve as President of the MSRC as we learn together to answer these difficult questions.

VICE PRESIDENT:

Shelly Klein CRT, RCP, Perinatal/Pediatric Specialist



Employment: Present: Advanced Respiratory (formerly American Biosystems), 1997-2001 HealthEast Med Home, 1993-1996 Pediatric Home Respiratory Services

MSRC: Present: Public Relations committee, 1998-2000 Bronchus Co-Editor, 1999-2000 Board of Directors member

Education: 1980 Anoka Technical College- Respiratory Therapy Program

"My goals for the MSRC are to increase membership participation and continue with the mentoring process that has begun. I feel there are so many people who have so much to share, we just need to encourage them."

VICE PRESIDENT:

Lynne Bausman RRT, RCP



Employment: Present: HealthEast Bethesda

MSRC: 2000-2001 Board of Directors member, 1999 - present Chronic Disease Task Force Co-Chair, 2000-2001 Public Relations Committee, 1999-2001 Camp Super Kids RCP Coordinator, 2001 Camp Super Kids Co-Director.

Education:

Associate Degree in Respiratory Therapy-Rochester- Mayo

"As an elected official, I hope to increase RCP involvement in our society, improve MSRC membership, and career opportunities for RCP's. I would like to stress the need for RCP involvement in patient education and disease management."

SECRETARY

Laurie Tomaszewski BA,CRT, RCP, Perinatal Pediatric Specialist



Employment: Apria Health Care, HealthEast Med Home

MSRC: 2001 Vice President, 2000 Board of Directors member, 2000 Annual Meeting Chair, 1998-2001 Annual Education Committee member, 1999-2001 Coalition of Respiratory Therapists for Asthma, Camp Super Kids

Related Professional Activities:

St. Paul Technical College Advisory Committee

Education:

Metro State University, BA Business
Anoka Technical College, Respiratory Care Certificate
Century College, AA degree

"As an elected official, we must encourage and demonstrate why it is important to be involved in our profession. As Secretary, I will work with our team to educate our members on the external factors impacting us and why we need to take an active role in the MSRC."

JUNIOR DELEGATE

**Charles McArthur
BA, RRT, RPFT, RCP**



Employment: 1999-present
Cardiopulmonary Specialist- Immanuel St. Joseph's Hospital Mayo Health System, 1982-1999 Senior Respiratory Care Practitioner Pulmonary Lab, Hennepin County Medical Center

MSRC: 2000 Bylaws committee member, 1999-2000 Board of Directors member, 1996 Chair, Long Range Planning committee, 1996 Past President, 1995 President, 1994 President-Elect.

Education:

AA- Respiratory Therapy, University of Chicago, 1981
BA- Biomedical Science, St. Cloud State University, 1979

"I hope to learn to be an effective representative of our society to the AARC House of Delegates. I will also strive to keep members of our society informed of activities occurring at the national level. I will continue to work to promote the field of Respiratory Care and to support the best utilization of RCP's. RCP's are a highly specialized, valued resource in health care and the public should have full benefit of this resource. We need to continue to work for legislation that allows reimbursement of RCP's in the home health setting and appropriate reimbursement for pulmonary rehabilitation programs. We must continue to advocate changes in government health care policy, which to date, have not kept pace with changes in medical technology, practices, and procedures."

JUNIOR DELEGATE:

Debra Skees RRT, CPFT, CRT, RCP



Employment: 1980- present: Clinical Coordinator- Mercy Hospital, Allina Hospitals and Clinics

MSRC: Current member of Legislative Affairs, Long Range Planning, and Educational Seminars Committees, Charter member of the F.U.N. Committee, 1999 Co-Chair Public Relations committee, 1996-1998 President Elect, President and Past President, 1993-1994 Secretary, 1992 Judicial Affairs Committee Chair.

Related Professional Activities:

2000-present Vice-Chair of Health Professional Services Program Advisory Committee, 1990-present Health Career Advisory Committee-Hennepin Technical College, Medica "Asthma Navigator" Educator.

Education: AS in Respiratory Care
BA Candidate, Metro State University

"I have experienced great reward and gained much knowledge in serving in my various roles in the MSRC. I am also extremely proud of the many accomplishments of this affiliate on behalf of the RCPs of this state. My goal if elected as junior delegate, would be to take these lessons learned and work at the national level to advance the role of the RCP. I would focus on being a vehicle of communication to and from the AARC, to reflect the interests and opinions of the RCPs of Minnesota, promote the great ideas and innovation of our members and to build on the relationships and reputations established by my predecessors. "Knowing is not enough; we must apply. Willing is not enough; we must do (Goethe)."

BOARD OF DIRECTORS

Jim Pringnitz, RRT, RCP



Employment: 1995-present, Director of Clinical Education, Neonatal/Pediatric Transport Therapist, ICU Respiratory Therapist, Clinical Instructor-Mayo Health System, Rochester. 1994-1995, Respiratory Therapist, home care services-Miller Medical Services, Mason City, IA. 1994, ER/ICU Respiratory Therapist-Queens Medical Center, Honolulu, HI.

MSRC: 2000-2001 Student Affairs committee Co-Chair and member, 2000-2001- Public Relations committee member, 1998-2000 Sputum Bowl participant

Education:

B.S. Health Management, U of M, graduation, Summer 2001
A.S. Resp. Therapy, Mayo School of Health Related Sciences, 1994
A.A. Business Management, North Iowa Area CC, 1992

"As a RCP I feel fortunate to have found a profession that I can really get excited about. Respiratory Care is the best-kept secret among the counselor's list of potential careers. I have and will continue to be an advocate for the profession by developing exciting and informative recruitment materials/methods so that more students interested in health careers may discover opportunities in our profession. However, recruiting new professional into the field is not enough. It is important to get these people involved in their new profession. In continuing as the co-chair of the student affairs committee, I look forward to seeing increased student involvement in various MSRC committees/activities as these individuals have much enthusiasm and are the profession's future leaders. If elected to the board of directors, I promise to attend meetings, remain active, and encourage membership and RCP involvement, keep communication lines open and vote responsibly."

BOARD OF DIRECTORS

Carrie Bourassa, RRT, RCP



Employment: Current: Regions Hospital, Pulmonary Rehabilitation Program. Regions Hospital, Central Respiratory Care Department.

MSRC: COPD Committee Chair- Chronic Disease Task Force, Coalition of Respiratory Therapist's for Asthma-Chronic Disease Task Force.

Related Professional Activities: Active and special interest in pulmonary rehabilitation, especially legislative issues, reimbursement, and COPD awareness.

Education: AS in Respiratory Care

"This is a time in which both exciting and alarming things are happening in the world of Respiratory Care. My goal is to help Respiratory Care Practitioners stay informed and take action on these pertinent issues, such as legislation in regard to reimbursement issues and recruitment, as well as remaining active in my goals on the COPD committee. Thanks for your consideration."

BOARD OF DIRECTORS

Kerry E. Cline BS, RRT, RCP



Employment: Present: Merwin Home Medical, Methodist Hospital, HealthEast-St. Joseph

MSRC: Camp Wee No Wheeze, Asthma Support Group, Methodist Hospital

Related Professional Activities: Asthma Support Group, Methodist

Education: AAS Respiratory Care- College of St. Catherine's
BS Business Administration- Metropolitan State University

"One of my goals as a board member is to promote recognition of the profession of Respiratory Care to third party payer sources. That professional practitioners contribute to the treatment of their beneficiaries in a cost effective and efficient manner."

BOARD OF DIRECTORS

Kyle A. Oen CRT, RCP



Employment: Children's Minneapolis, North Memorial Medical Center

MSRC: Bronchus Co-editor

Education: AAS Respiratory Care- St. Paul Technical College Completed 2 years- North Hennepin Community College

"Being a new graduate of Respiratory Care and the new Co-Editor of the Bronchus, I feel that if accepted as a member of the Board of Directors for the MSRC, I can add youth and energetic enthusiasm to face changes to "dare to make a difference" to RCPs through out the state and for every patient seen at the bedside for many years to come. Being involved in the MSRC at a local level to have "our" voices heard not only strengthens our profession, it also teaches us the importance of getting involved. When asked to run for Board, I couldn't turn it down."

BOARD OF DIRECTORS

**Jeff Anderson:
CRTT, RRT, RCP, Pediatric/Perinatal Specialist**



Employment: Midwest Companies, HealthEast Med Home

MSRC: Secretary, Camp Super Kids for 10 years

Education: AAS- Respiratory Therapy

"To foster growth of our local organization by encouraging more participation by the Practitioners of MN. To improve awareness of issues (professional/political) to enhance the profession and it's members. "

issues (professional/political) to enhance the profession and it's members. "

BOARD OF DIRECTORS

Mike Compton, CRT, RCP



Employment: Allina Home Medical Equipment- Owatonna Branch Manager, Allina Home Medical Equipment, Cambridge Branch Manager

MSRC: Participation in the Special events for Annual Education Meeting

Education: CRTT Program-Anoka Vocational Technical College

"Standardize the sleep study systems to eliminate bad practice and learn from best practice. Work to get an efficient home care CPAP-BiPAP follow up procedure-standardize. Credentials for Home Care Respiratory Care Practitioners."

BOARD OF DIRECTORS

Barry Stahlman RRT, RCP



Employment: 1998-present: Mayo Clinic

MSRC: 2000 Legislative Affairs Committee Co-Chair, 1999 Student Affairs Committee Co-Chair

Education: AA Respiratory Care

" As an elected official, I will continue my duties as Legislative Affairs committee co-chair. I will continue to educate the RCP's of the state about Legislative affairs and keep them informed of any developments. I will continue to hold meetings and joining town hall meetings with our legislation informing them of our needs and concerns. I will strive to recruit more professionals into the MSRC as well as the profession. I will work with all of the committees to ensure that our membership dues are spent on appropriate issues."

**Please remember to vote
for the candidates of your
choice on the ballot that
will be mailed out to you.**

**Remember,
your voice makes a
difference!**

DARE TO THINK BEYOND

MSRC Spring Forum Update

Carolyn Dunow BS, RRT

The MSRC held its annual spring forum on Tuesday May 15th, 2001. The day filled with fresh perspectives on many aspects of Respiratory Care was preceded by F.U.N. Day-Monday. Mother Nature "fared" well with a perfect sunny day for the annual golf outing. The big hit was the first ever MSRC cribbage tournament inspired and organized by our own Teresa Miska. The day wrapped up with an evening Luau and dancing into the wee hours of the night. A big thanks goes to our F.U.N. rascals for their extraordinary efforts in planned and spontaneous fun happenings.

A big thanks also goes to this year's Spring Forum Sponsors; Glaxo Smith-Kline, Plastimed, INO Therapeutics, Rouche Laboratories, Advanced Respiratory, formerly American Biosystems and Midwest Medical. Our sponsorships provided a variety of excellent topics and speakers. Minnesota's own - Colleen Upton RRT, RCP started the education day with "Non-Invasive Nitric Oxide Applications". We were please to welcome back a former MSRC member, Donovan Pohl PA, RRT who gave a review of "Laboratory diagnostics". We were also fortunate to have Robert Campbell RRT, FAARC who traveled from Ohio to speak on "Diagnosing and Preventing Nosocomial Pneumonias". Nancy Drake RRT, RCP joined these speakers for a more intimate skills lab rotation. Nancy demonstrated the application of "High Frequency Chest Wall Oscillation". The skills lab gave participants a chance to have some hands on time with equipment, and allowed

interactive discussions with the speakers. This part of the day was once again a bit hit. The day was concluded with an update on "New Asthma Medications" by another Minnesotan: Dr. Rick Morris.

65 Respiratory Therapists attended the Spring Forum this year. I would like to thank the MSRC members and participants for the great feedback and continued support. It really helps to hear from you to know how we can better serve our profession. I also wish to personally thank all of the MSRC Education and Seminars Committee members for their hard work and support in providing the great venues and recruitment of sponsorship to make these seminars a great opportunity for professional growth right here in Minnesota.

Best wishes for success and happiness in your careers!

Upcoming Events;

Frostbite Forum – Friday, January 18, 2002 at United Hospitals Heart and Lung Center.

Spring Forum – Friday May 10, 2002 at Breezy Point Resort.

Also continue to check the MSRC website for additional educational offerings.



**Minnesota Society for Respiratory Care
32nd Annual Educational Program
September 19-21, 2001
Holiday Inn, St. Cloud, MN**

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The Students Corner

Duluth Graduating Class of 2001



Front row: Jessica Francisco • Judy Soukkala • Randi Fulford • Jeff Larson
 Back row: Anne Tinsley • Taryn Barnes • Jeanne Dahl • Worth Haney
 Richard Markham • Jon Fuller • Randy Kostrazb (not in photo)

SPTC Graduating Class of 2001



Janie Abbe • Jeremy Ellinghuysen • Barb Klassen • Sankore Sing
 Jason Hyatt • Teresa Green • Mark Mullon • Ahmed Ali • Cassandra Veeder
 Dana Wolters • Natalie Tangen

Mayo Graduating Class of 2001



Erin Harty • Stefanie Wolff • James Baker • Jerry Flaby • Rollin Dubbs
 Lisa Tellinghuisen (not in photo) • Ahmed Ikar • Faculty: Jeff Ward RRT
 Jim Prignitz RRT • Dr. David Plevak, Dr. Fred Hemholz

Continued from cover...

only in both lower lobes. The patient was now able to lay back and rest. After Bumex was started, there was an increase in urine output of 2 Liters. The patient was able to nap with BiPAP Vision on for 3 hours, allowing work of breathing to return to baseline.

At 1345, the patient was taken off BiPAP, placed on nasal cannula at 2 LPM, with a SpO2 of 95%, a RR of 14, and incentive spirometry increased to 1.5 Liters. At this point, the patient was sitting in a chair at bedside, eating a late lunch, and talking up a storm!

Acute Respiratory Failure

A male was brought to ER unconscious and unable to provide medical history. The patient had a CT of the head which was negative, and was brought back to the ER. The Respiratory Critical Care Coordinator suggested a set of ABG's to be drawn thinking that it would be appropriate to check acid base balance and PCO2. The patient was on a 40% ventimask with a SpO2 of 92%, and ABG results of pH 7.15, PCO2 of 159, HCO3 of 42, and PO2 of 69. The patient remained very lethargic. At this point, a family member arrived and was able to give some medical information about the patient, including this DNR/DNI status due to severe COPD. BiPAP Vision was instituted for the patient with a medium full-face mask, with settings of IPAP 12, and spontaneous VT of 150 – 210 ml. At this point, IPAP was increased to 17, with a new spontaneous VT of 475 – 580 ml., and EPAP of 5. The rise time was set at 0.1 and worked up to 0.2 with an inspiratory time of 1 second, to overcome his extreme work of breathing and need for rapid inspiratory flow. His FIO2 was set at 30% and quickly decreased to 25% with a SpO2 of 98%. The BiPAP back up rate was set at 12.

After 30 minutes on BiPAP, ABG's were redrawn with results of pH 7.24, PCO2 of 98, HCO3 of 41, and PO2 of 85. Patient was responding and beginning to speak in sentences. The patient was transferred to the critical care unit with continuous BiPAP, and ABG's were checked in 2 hours with results of pH 7.37, PCO2 of 78, HCO3 of 40, and PO2 of 77. BiPAP Vision was removed, and the patient was placed on a nasal cannula of 2 Liters. He was transferred out of ICU after 2 hours of bi-level therapy.

Status Asthmaticus

A 31-year-old woman with status asthmaticus presented to the ER stabilization room. She was unable to speak, very short of breath, with breath sounds extremely decreased and exhibiting bilateral inspiratory and expiratory wheezing throughout lung fields. The patient had an SpO2 of 96% while being nebulized with Albuterol and Atrovent. The patient was unable to lie back and had a RR of 36 – 38.

The patient was placed on the BiPAP Vision with a small full-face mask, with settings of IPAP 10, EPAP 5 to correct inadvertent PEEP, with return of spontaneous VT of 350 - 450 ml, and an FIO2 of 40%. She was started on continuous nebulization with 5 mg of Albuterol, placed in line with the BiPAP.

Legislative Affairs

by: Barry Stahlman

June 14, 2001

Dear Colleagues,

This letter is being sent to all RCPs in the state of Minnesota. The Legislative Affairs committee of the MSRC would like to invite all of you to join in discussing issues surrounding our profession.

The Legislative Affairs committee is now recruiting volunteers to join our Political Action Contact Team (PACT). The AARC has designed PACT to enhance their efforts at a national level. PACT team members and organizers will be responsible for handling government affairs at local level. By becoming more involved at a local level our comments will be much more meaningful.

Minnesota PACT will consist of key RCPs in the already established eight legislative districts. These eight people will be responsible for establishing a working relationship with the legislators in their district, as well as, keeping other RCPs in that district informed of important issues. If you are not interested in being one of these eight key RCPs, you are still welcome to contact the committee, so that the team can keep you well informed. At this time we are not asking that you belong to the MSRC or the AARC. Everyone is welcome.

The following are some examples of issues which the PACT will be focusing on in the next year:

Currently the Local Medical Review Policies (LMRP) for pulmonary rehab are not standardized across the nation. The AARC is now working with the Health Care Financing Administration (HCFA) at a national level to fix this problem. However, HCFA listens more closely to local fiscal intermediaries and regional offices. This is where we can make a difference at the local level.

The next one is a big one, Medicare reimbursement for home care visits. Respiratory Therapist, as many of you know, do not get reimbursed by Medicare for skilled visits. Respiratory Therapists only get paid for equipment visits. Believe it or not we can make a difference, after all a particular senator from this state sits on the HCFA.

If you feel all of this is impossible because there are only 1500 RCPs in the state, I beg you to consider this. If you were to tell a retired person that they would not have access to a nurse while they were in the hospital, wouldn't they be upset. One of our goals is to join forces with our consumers. Once educated these people can be a strong force. After all they want what we want, the proper people taking care of them.

In the meantime I encourage all RCPs to become registered voters. Without being registered voters our voice is greatly weakened. Our legislators are much more willing to listen to constituents in their area. I also encourage you to keep August 17, 2001 open. On August 17 the MSRC will be holding some educational classes regarding PACT. It is planned to half a day and CEUs will be offered. More information will follow.

If you are interested in helping with these efforts please contact me in one of the following ways.

Barry Stahlman
2022 26th Ave NW
Rochester, MN 55902

Email stahlman.barry@mayo.edu



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After 20 minutes on BiPAP with nebulization, the spontaneous VT increased to 500 – 610 ml; breath sounds exhibited increased aeration throughout lung fields with clearing of inspiratory and expiratory wheezes. Patient was then placed on a 2-LPM nasal cannula, with a RR of 14 – 16 and a SpO2 of 98%. The patient was now able to speak in sentences, and was resting in a reclined position.

The patient was then transferred to the floor with nebulizer therapy ordered, and placed on asthma inpatient management program, with Chronic Respiratory Disease Coordinator to see for evaluation and education.

Without the BiPAP Vision, the patient would've been transferred to ICU and possibly mechanically ventilated. This saved the hospital a tremendous amount of money, while instituting quality care for the patient without intubation and ventilation associated risks.

These cases illustrate the proactive role a Respiratory Therapist can play in these types of critical care situations, earning the respect of the other members of the health care team, as well as the important role of appropriately utilized bi-level therapy.



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Important Dates for Upcoming Events.

MSRC 2001

August 17, 2001: MN PACT Workshop, 8:00 a.m. - 12:00 noon. St. Paul Heart & Lung Center. 3 CRCE credits applied for. Admission free. Board of Director's meeting at 1:00 p.m.

September 13 - 16, 2001: AACVPR Annual Meeting, Minneapolis Convention Center. For information, contact the AACVPR at (608) 831-6989.

September 19 - 21, 2001: MSRC Annual Education Conference. Please see MSRC web site, www.MSRCnet.com, for more information.

November 16, 2001: Annual MSRC Leadership Retreat, Riverwood Conference Center, Monticello.



Office of the American Lung Association of Minnesota
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