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President's Message

Gary Johnson

It's all about you –
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Tying into last year's theme seemed very appropriate, as I wanted to build on Curt's message. You, the individual, has stayed connected with the AARC/MSRC, the organizations that have recognized for years, the potential for Respiratory Care Practitioners to practice across a broad spectrum of sites. Nine Specialty areas are now recognized by the AARC.



It is great to see that, from our basic training, we can move into a wide variety of patient care settings and actively employ over 1,400 RCPs in the State of Minnesota. That, by its self, poses a problem. How do we begin, as a volunteer group, to pull back together when we have RCPs working in every environment possible? Well, we asked, via the survey last fall, what your needs were and what the issues are.

President's Message
continued on page 4.

Is Your Patient an LTACH Patient?

by **Cindy Darnell, MS, RCP**
Director of Business Development
Regency Hospital of Minneapolis

Since the early 1980's, the long-term acute care hospital (LTACH) has been an integral part of the continuum of care for many hospitals and health care systems (Murer, 2004). Originally developed as tuberculosis hospitals, or long term hospitals for ventilator dependent patients, LTACH's today provide an ideal venue in which to treat patients with complex medical conditions requiring an extended stay in an acute care setting. In addition to ventilator management and weaning, LTACH's have the ability to treat a variety of patients who require long lengths-of-stay with access to technologically advanced therapies inclusive of respiratory care, wound care, dialysis, and low endurance rehabilitation. The care environment provides patients with a 24/7 on-site physician, 24/7 respiratory care staff, in addition to pharmacy, physical therapy, occupational therapy, and speech therapy services. Specialty physicians provide consultive and on-site patient care as needed, and include such specialties as cardiology, neurology, pulmonology, rehabilitation medicine, infectious disease, and psychiatry.

Article continued on page 10.

Join the CEU Safari to the Kalahari

By **Debra Skees**

Pack your Range Rover, grab your pith helmet and head to the Wisconsin Dells for the first annual North Region Respiratory Care Conference (NRRCC). This joint effort by the Minnesota Society of Respiratory Care and the Wisconsin Society of Respiratory Care promises to be an exceptional journey for learning, networking and fun.

The two and half day conference will take place in the tropical setting of the Kalahari Resort and Convention Center in the Dells. With your mind thirsting for knowledge and your body craving warmer climates, what better place to spend time with your colleagues acquiring the latest in respiratory care and specialty practice.

Internationally and nationally recognized speakers such as Robert Kacmarek and John Downs, to name just a few, will present all

Article continued on page 11.

5 **MSRC 2006
Elections**

8 **RCP
of the Year**

13 **My Trip to the
AARC National
Convention**



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Editor's Note

SUMMER ISSUE DEADLINE
MAY 20, 2005



WANTED: YOUR HELP!

As co-editors of *The Bronchus* we are always working to bring Minnesota RTs the latest news from around the state. We try to include educational pieces as well as reports on events. It is also important that we include information on upcoming events so that you can take part in them.

But we seem to be struggling lately. We find ourselves begging and pleading for people to submit articles. We are constantly asking committees to submit reports of their going-ons. It is difficult for readers to know what the news is if no one tells us. We have tried and tried to pull departments and RTs from outside the Twin Cities to submit articles and news without much success.

The Bronchus is definitely underutilized. It should be a tool of communication for all RTs. Every RT department in the state should be receiving a copy of *The Bronchus* so that even if you are not a MSRC member you can still be kept abreast and be encouraged to become part of our organization and gain a voice. If your department is not receiving a copy of *The Bronchus* please let us know.

We find ourselves walking a fine line between keeping costs down and providing readers with articles and informative items. *The Bronchus* was never meant to pay for itself. Because it is seen as a communication and educational tool, it needs the support of the MSRC. *The Bronchus* would not be useful if any more content is devoted to advertising. We consistently update our mailing list so that only current members receive *The Bronchus*; also as a means of lowering costs.

We need to hear from more of you out there. This is your publication so make it your own.

Megan Schultz and Kyle Oen



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.

Editorial Guidelines:

The Bronchus welcomes contributions from readers, whether in the form of editorials, counterpoints, or commentaries. The editors of *The Bronchus* make the final decision on what letters are published. All letters must include the writer's name, address, telephone number, and email address if available. This information will be included in the letter if it is published. Any reader responses to a submitted letter will be referred back to the author. Letters must also include the writer's signature. We reserve the right to edit all letters. Letters should be kept brief. By submitting a letter to the editor, a counterpoint letter or a commentary article to the MSRC you are agreeing to give the MSRC permission to publish the letter or article in any format and in any medium. All letters submitted become the property of the MSRC.

Disclaimer: All articles published, including editorials, counterpoints, and commentary, represent the opinions of the authors and do not reflect the official policy of the Minnesota Society of Respiratory Care or the institution with which the author is affiliated, unless this is clearly specified.

Editors _____ Kyle Oen & Megan Schultz
Circulation Coordinator _____ Jeff Anderson
Advertising Manager _____ Nick Kuhnley

All materials for publication including advertisements should be in: MS-Word, Illustrator or QuarkXPress format sent via E-mail to:

The Bronchus:

Kyle Oen: kyleoen@yahoo.com
Megan Schultz: meganterveen@hotmail.com

Change of Address?

If you change your address or are having problems receiving *The Bronchus*, please notify the MSRC c/o:

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It will also be necessary to notify AARC Membership Services at:
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President's Message

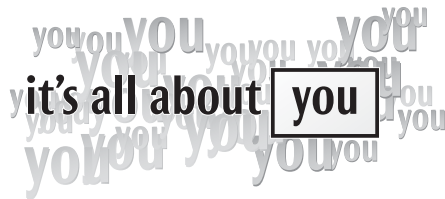
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The logical question that came to me, after reading the responses, was: **How can the AARC/MSRC stay connected to its membership and potential members in such a diverse environment?**

Our goal is to re-connect with the membership by changing and improving the flow of communication out to Minnesota's RCPs. An ad-hoc committee has been put together to address the issues/concerns from the survey and we would gladly accept anyone interested in joining the committee.

My personal goals as President for 2005 include:

- Communicate the survey results to Minnesota's RCPs.
- Review the role of *The Bronchus* as a communication tool for the MSRC.
- Keep the MSRC in touch with all RCPs through quarterly mailings.
- Support low cost educational programs to meet the needs and interests of our RCPs.
- Move the Board of Director Meetings around the state to allow increased participation at meetings.
- Use teleconference capabilities to aid in Board of Director meeting involvement.
- Develop a calendar highlighting "RCPs IN ANY CARE SETTING!" I want to showcase our most important resource, that being the RCP.



- Promote the MSRC Website as the GO-TO site for current information. www.msrcnet.com
- Promote chat room discussions on the MSRC website for each specialty area of respiratory care.
- Address the revenue stream for the MSRC.
- Promote MSRC activities, making you aware of upcoming opportunities where you may participate.

(continued on page 14)

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MSRC 2006 Elections

by Carrie Bourassa

As a member of the MSRC/AARC you support your fellow therapists and your profession, for that the MSRC thanks you. Without our members we would not be able to contribute to our profession as an organization. We are always striving to better serve the needs of our members.



As a respiratory therapist you make a difference in the lives of your patients, coworkers and other healthcare professionals. Have you been looking for another way to make a difference in your profession? Or do you know someone who you think would make a great leader? Do you wonder if you would know what to do? Or if you would have any support when you did decide to run for office? Do you wonder what it means to commit to something like that?

I, myself, asked all those questions when I was first asked to run for Board of Directors. I thought, I am not right for that kind of thing, someone else could do a better job! But I was mentored every step of the way by very dedicated volunteers in our organization. I always had someone to ask a question (my questions had to be the silliest ever asked) and I always was encouraged to share my ideas.

The Minnesota Society for Respiratory Care invites you to nominate anyone or ask to run yourself for an office within the MSRC.

The offices open this year are:

Board of Directors (4 positions)

- President Elect
- Vice President
- Secretary
- Jr. Delegate



For more information or to nominate someone please contact Carrie Bourassa at:

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HCMC Winter Education Meeting

by Vicki Engmark



The MSRC Winter Workshop was held on January 27, 2005 at Hennepin County Medical Center. The new format offered the option of attending the entire day or the morning or afternoon session. Following the AARC Specialty Sections, the morning session focused on adult acute care. The afternoon session focused on pediatric care.

The morning started out with a speaker, Dr. Don Jacobs, a surgeon from Hennepin Faculty Associates. He uncovered some of the myths and interesting facts in the field of bariatric surgery. Don Uden, Pharm D from the University of Minnesota, was next and informed the attendees about some of the drugs that induce pulmonary disease. The final talk of the morning was given by Bill Gossett from the Hennepin County Hyperbaric Chamber. He covered the history and uses of the hyperbaric chamber.

The afternoon session started with Dr. Nancy Kammars of Gillette Children's Specialty. She spoke about asthma caused by reflux disease and current treatments. Steve Setzer, RPh, from Regional Poison Center, spoke about the most common pediatric poisonings. The last speaker was Chad Langton, RRT of Hennepin County Medical Center, who presented a case study on chicken pox pneumonia and its complications.

Thanks to all sponsors, supporters, speakers and attendees!

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RCP of the Year

by Carrie Bourassa

It has been a long tradition within the MSRC to recognize members of our organization for outstanding achievements within the profession. This year the recipient of the MSRC Respiratory Care Practitioner of the Year Award is Cheryl Sasse, RRT.

As the Program Manager of Adult Respiratory Health at the American Lung Association of Minnesota, Cheryl's name has become synonymous with Lung Health education in Minnesota.

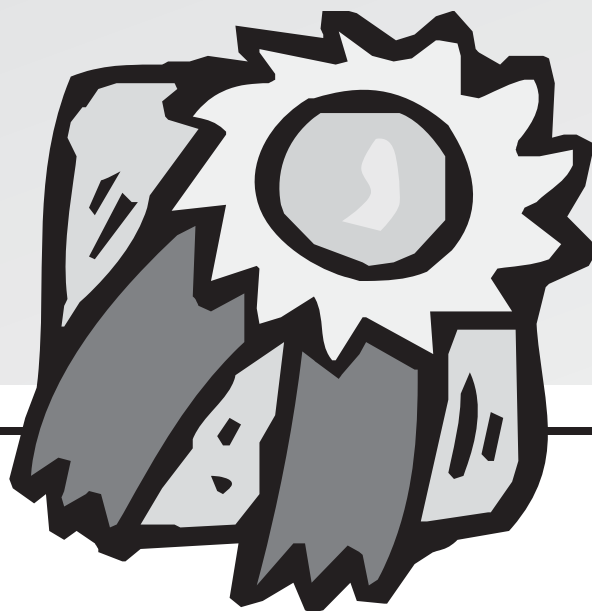
Having been Co-Chair of the COPD Committee for the MSRC and a member of the Annual Education Committee, she has dedicated countless hours to providing the best education opportunities to respiratory therapists in Minnesota.

Cheryl has changed the lives of many individuals who have been affected with lung illness. One only needs to watch her for a moment as the members of her support group, the Huffers and Puffers, greet her with appreciation and affection to see how she changes the lives of those who suffer from respiratory disease.

There are countless reasons that could be shared for the reason she was chosen as this year's recipient. However, the most important reason Cheryl Sasse was nominated for RCP of the Year is because she would be the first person to pass the award to the therapist standing next to her, whom ever they may be, and say, "you deserve this far more than I."

Cheryl, thank you for your contribution to your patients, profession, community and the lives you have changed along the way.

On behalf of the MSRC please consider nominating a respiratory therapist whom you admire for their commitment to their profession for RCP of the Year.



Delegates Report

by Charles McArthur

Have You an Interest In...?

February 2, 2005

AARC Roundtables are special groups that form among members who have common interests. A Roundtable is smaller than a Specialty Section (which will have at least 350 members), because a Roundtable needs only 100 members to form.

Any member of the Association can propose the formation of a Roundtable, which will have its own e-mail list and other perks, such as the ability to provide input into the programs for the AARC Summer Forum and International Congress. The AARC will solicit members for the group, and if at least 100 people agree to sign on, the Roundtable will officially form.

We're seeking member input to see if you're interested in joining one or more of the following Roundtables that have been proposed:

- **Hyperbaric Oxygen**
For those interested in sharing information with others on the topic of Hyperbaric Oxygen
- **Neurological Respiratory Care**
To include topics on spinal cord injury, multiple sclerosis, traumatic brain injury, etc.
- **Military**
For those working in military facilities currently or formerly in the military.
- **LTAC**
For those working in Long Term Acute Care hospitals.

Visit http://www.aarc.org/headlines/roundtable_survey/ to sign-up online.

Recertification and Enrollment Underway for QRCR Hospitals

January 27, 2005

All hospitals that received the Quality Respiratory Care Recognition from the AARC must re-qualify annually. We are in the qualification and new enrollment period until March 31, 2005. Hospitals applying for recertification or enrollment after that date will have to wait until the next period in 2006.



Any hospital that received the QRCR designation in 2004 will be asked to recertify. Hospitals applying for and receiving the designation after that date will receive a 2004 certificate and will not be asked to recertify until the 2005 period.

Forms and letters regarding the recertification process have been mailed to all hospitals who have attained that designation. Those forms are not available on the website. Those individuals who have received the forms should receive a new signature from their CEO attesting to the tenets of the QRCR Program which are:

- All respiratory therapists employed by the hospital to deliver bedside respiratory care services are either legally recognized by the state as competent to provide respiratory care services or hold the CRT or RRT credential.
- Respiratory therapists are available 24 hours.
- Other personnel qualified to perform specific respiratory procedures and the amount of supervision required for personnel to carry out specific procedures must be designated in writing.
- A doctor of medicine or osteopathy is designated as medical director of respiratory care services.

Is Your Patient an LTACH Patient?

(continued from cover)

How do you know if your patient is appropriate for a LTACH?

A variety of criteria is used to determine a patient's appropriateness for the LTACH care environment. As a practitioner, you may evaluate your response to a series of questions related to the patient such as:

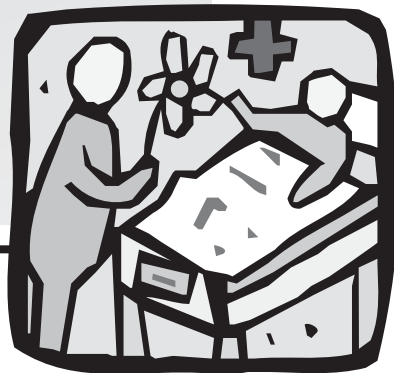
- Does this patient have multi-system failure?
- Is this patient dependent on a ventilator, with failed wean attempts?
- Does this patient have complex wound care needs?
- Is this patient too medically unstable to transfer to a lower level of care?
- Do acute medical issues compromise this patient's rehabilitation?
- Does the patient have the following care needs and/or conditions?
 - Chest tubes
 - Extensive wound care/potential for flaps
 - Long-term IV therapy (e.g. antibiotic, cardiac drip medications)
 - MRSA/VRE
 - Dysphagia management
 - TPN
 - Pain management
 - Telemetry
 - Dialysis-hemodialysis/peritoneal
 - Central line management
- Does this patient have a history of multiple readmissions to the short-term acute care hospital or is the patient at risk for medical complications when discharged?

If you answered YES to any of the previous questions, consider your patient as an LTACH candidate.

What are the other benefits associated with referring my patient to an LTACH?

Patients who require extensive medical management present significant costs to the healthcare system. When a patient is admitted to an acute care hospital, the reimbursement potential is based on a diagnostic related grouping, or DRG, a coding system unique to Medicare patient populations. DRG payment in the acute care hospital is limited by factors associated with primary and secondary diagnosis, procedures performed, age, and length-of-stay. Once a patient has exhausted their DRG reimbursement potential they are then classified as a DRG outlier, where then the acute care hospital is no longer reimbursed despite the continued provision of care and services. The dollars per year which acute care hospitals absorb secondary to DRG outliers is significant, with larger hospitals and care systems losing millions of dollars each year. Such financial losses could be significantly reduced through the referral of DRG outliers to the LTACH.

In the state of Minnesota, there exist (2) LTACH options. They include Bethesda Rehabilitation Hospital in St. Paul, and Regency Hospital of Minneapolis, located in Golden Valley. Both hospitals are licensed as acute care hospitals, and both are accredited by JCAHO. Additionally, Bethesda Rehabilitation Hospital, with its rehabilitation medicine focus, has additional accreditation through the Commission on Accreditation of Rehabilitation Facilities (CARF).



If you feel that your patient is a LTACH candidate, discuss this option with the patient's primary care physician, hospital's utilization review team, and discharge planner. Initiating the referral process is the first step in developing a WIN-WIN situation for all.

Join the CEU Safari to the Kalahari

(continued from cover)

the need-to-know information that will help you stay current in your profession. Specialty section break-out sessions will be offered in the areas of pulmonary and sleep diagnostics, critical care, pediatrics and home care. Surely every attendee will "bag the big one" that will rejuvenate and update their clinical knowledge.

A vast exhibit hall will provide opportunities to connect with vendors to discover those "must have" tools and technology for your practice. The sputum bowl tradition continues with a twist. Not only will a Minnesota and Wisconsin team be named champ but a first-ever border battle between these two winners will determine the 'ultimate' owner of the NRRCC sputum cup. Bring your Vikings horns (and your cheese-heads, if that be your preference) and be prepared for a competition like no other.

For a bit more adventure, consider golfing at nearby Cold Water Canyon Golf Course or make use of the water park pass that you get with your hotel stay. Definitely don't miss the "Survivor in the Kalahari" celebration and competition.

Assemble your tribes and be prepared to test your survivor skills and dance around the tribal bonfire.

For registration information see the NRRCC brochure or go to the MSRC website at www.msrcnet.com.



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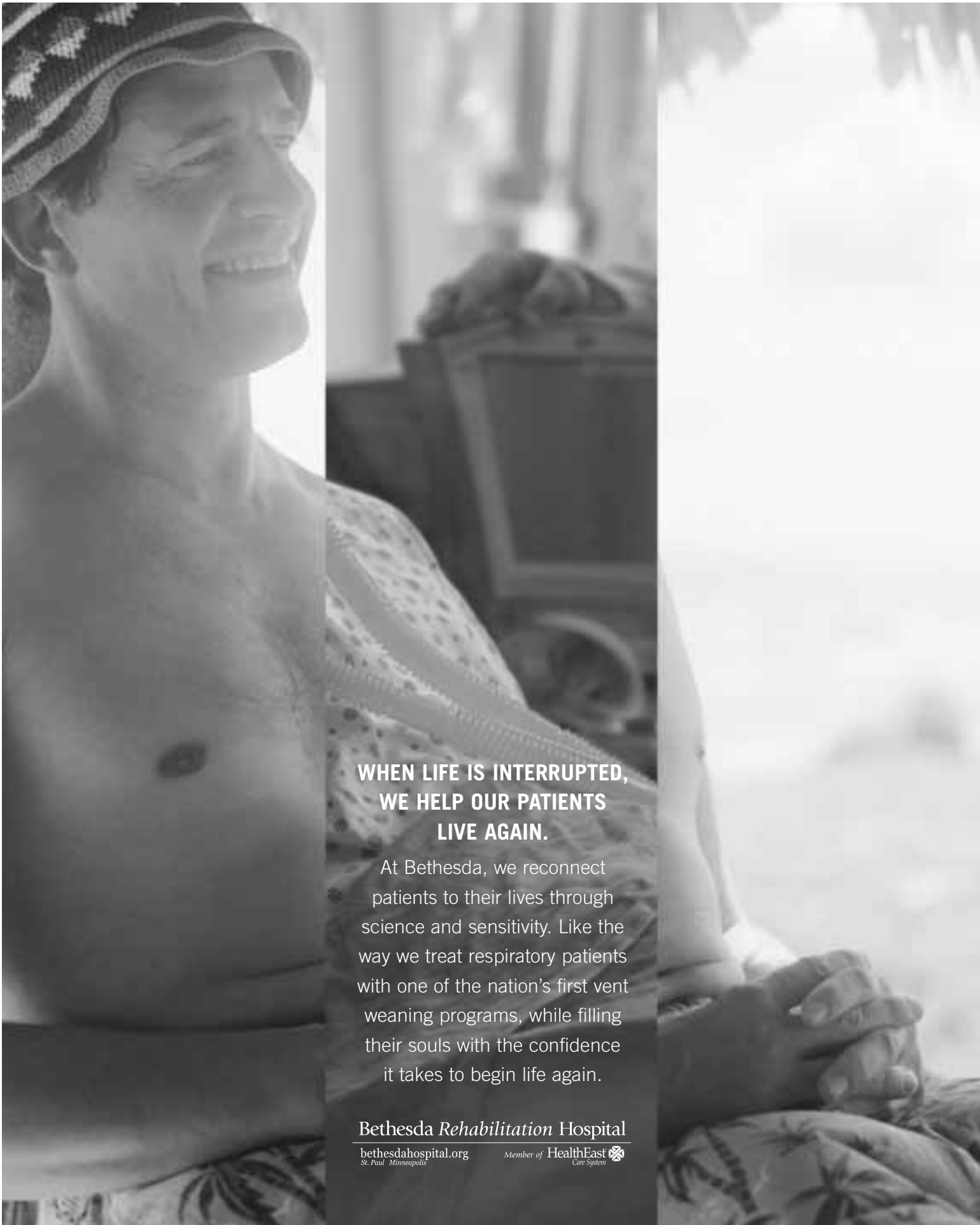
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Student's Corner

My trip to the AARC National Convention

by Ugo Onwumeme, St. Paul College

My trip to the AARC National Convention in New Orleans was an exciting one. I had a great time and had the chance to learn more about respiratory care. Most interesting of all to me were the lectures that were presented daily at the convention. I attended a total of six lectures, but three of them helped me a great deal in the understanding of respiratory therapy insights.

The first lecture I attended was on PEEP in ARDS. This lecture emphasized the need to initiate PEEP therapy as soon as ARDS is diagnosed. Using PEEP aggressively at the onset of ARDS helps to get on top of issues, have control of blood gases and limit the progression of this disease instead of trying to catch up. Aggressive PEEP therapy and lung recruitment maneuvers have been proven to reduce mortality when used early enough.

The next lecture, which was presented by Dr. David J Pierson, was about permissive hypoxemia and permissive hypercapnia. The question posed was, "Are we too permissive or not permissive enough?" This lecture focused on the need, rationale and hazards of permissive hypercapnia and hypoxemia. It focused on the values (PaO₂ and PaCO₂) that should be achieved and how far these values are allowed to rise and fall before we start looking at other alternatives, which have not been proven beneficial in taking care of our patients.

The focus of the final lecture I attended was the progression of neuromuscular diseases (Guillain-Barre

and Myasthenia Gravis). The care of these patients and the progression of the diseases were discussed. It is important to question when the right time is to intubate and mechanically ventilate these patients to prevent them from going downhill and reduce mortality.

I also attended some of the sputum bowl matches. I found the sputum bowl sessions to be interesting and they provided me with a lot of information. I visited many of the vendor booths and saw a lot of new equipments that is yet to be placed in the market. It was great to see a new closed box device for FRC measurements.

I had a good time on my trip to the AARC and acquired a lot of knowledge. I would like to say thank you to everybody who was involved and made my trip possible.



President's Message

(continued from page 4)

The Education Committee got the new year off to a good start with the Winter Workshop. The meeting was held at Hennepin County Medical Center and 44 participants received updates in the areas of Pediatrics and Acute Care. I would like to thank the Education Committee for looking at a new format for the workshop. They highlighted two Specialty Sections, offered half day and full day registration options and lowered the registration cost. If you have a Specialty Section request for education, let us know on the web at www.msrcnet.com.

We want to inform you that Carrie Bourassa, your President Elect, is accepting nominations for this year's election. There will be the following positions on the ballot this year: President Elect, Vice President, Secretary, one Delegate position, and four first year Board of Director positions. Serving as an elected official has been made easier by being able to teleconference into the Board of Director Meetings from your home or work site. Help change the MSRC by nominating an interested RCP by e-mailing Carrie at carrie.a.bourassa@healthpartners.com.

The Minnesota Respiratory Care Practitioner of the Year Award will be presented at the North Regional Respiratory Care Conference in April. Curt Merriman is the chair for the committee and all nominations can be sent to his attention at curt.merriman@comcast.net. So take the time to recognize someone who is a consistent performer and represents the respiratory care practice on a day to day basis.



The Northern Regional Respiratory Care Conference will make its inaugural debut in April at the Kalahari Resort in the Wisconsin Dells. Minnesota and Wisconsin are working together to put on a first class educational offering at a wonderful location. It is time for a good old fashioned road trip to the Dells. Help represent Minnesota in what is sure to be a meeting to remember. The dates are April 25 – 27th, 2005. We hope to see you there!



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- Suction machines
- Respiratory medicines
- Bi level
- Nebulizers
- Nebulizer medications

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The MSRC would like to thank
Pressworks, Inc. for their support and help
in printing this issue of *The Bronchus*!



Save the Date

Important Dates for Upcoming Events.
MSRC 2005

- March 19–20, 2005:** Asthma Educator Certification Preparation Course: Cleveland, Ohio
-
- March 28, 2005:** BOD Meeting – 2:00 pm: North Memorial Medical Center, Terrace Mall
-
- April 2, 2005:** Northern Plains Sleep Society: Heart and Lunge Center, United Hospital
-
- April 7–9, 2005:** 5th Anniversary Focus on Respiratory Care & Sleep Medicine Conference, Cleveland Convention Center, Cleveland, OH. Call 800-661-5690 or visit www.foocus.com for information.
-
- April 23–24, 2005:** Asthma Educator Certification Preparation Course: King of Prussia, Pennsylvania
-
- April 25–27, 2005:** NRRC Education Conference: Kalahari Convention Center and Resort, Wisconsin Dells
-
- May 14, 2005:** 2nd Annual "Spring Sleep Forum": Holiday Inn, Fairmont, MN
-
- June 2, 2005:** BOD Meeting – 3:00 pm: St. Mary's Medical Center, Detroit Lakes

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