

## President's Message Laurie Tomaszewski



Every fall, for as long as I can remember, the MSRC holds a leadership meeting. The board of directors, committee chairs, committee members, and interested

members start the day with a board meeting, the last one for 2007. The board meeting is followed by the leadership meeting; it is the time for the president-elect to take the reigns.

Vicki Engmark, our president for 2008, did an amazing job of putting all the dates together for 2008; please go to [www.msrcnet.com](http://www.msrcnet.com) to see the full listing.

The leadership meeting gives the officers from 2007 the opportunity to hand off their duties to the newly elected officers for 2008. Here Curt Merriman shows



Lori Vogelpohl the secretary's computer and lists her responsibilities.

President's Message  
continued on page 5.

## Tobacco Cessation by Jan Salo-Korby

October 24- 26, 2007 marked the date of the National Conference on Tobacco or Health. The conference attendance was nearly 4000 participants. I was told it was the largest the Minneapolis Convention Center has ever had. I heard from several people that they found Minneapolis to be the best site so far, and they hope to return in subsequent years. Despite the large numbers, many breakout sessions and sub-plenaries were offered so most of the learning opportunities involved time for feedback and questions.

Some of the main topics included:

- Cessation, Nicotine and the Science of Addiction
- Tobacco-Use Prevention Among Youth
- Public Policy and Advocacy Strategies
- Comprehensive Tobacco Control Programs and Combined Strategies
- Evaluation and Surveillance
- Increasing Diversity/Eliminating Disparities
- Media and Communication Strategies

There were also ancillary meetings held before and after the conference to address issues such as smoke-free multi-family housing.

Article continued on page 12.

## Stair Climb by Cheryl Sasse

### *Race UP the Place*

On Saturday, February 2, 2008, the American Lung Association of Minnesota presents **Race UP the Place**, the state's premier stair climb fundraising event. A diverse crowd will gather at the Wells Fargo Place building in downtown St. Paul, to climb 35 floors to the top of the tallest and most respected building in the city.

Race UP the Place participants, as individuals or teams, will climb their way up the 35 stories in 10-second intervals, to arrive at the top. Participants will use the event, sometimes called a "vertical road race," as a fitness target, a competitive race, an effort to support clean air and healthy lungs or simply as a great way to have fun being part of something brand new.

Addressing lung health issues is more critical now than ever before. Lung disease is the third leading cause of death in the United States, and is increasing at a faster pace than heart disease and cancer.

- *More than 35 million American's are living with chronic lung disease*
- *Approximately 400,000 Minnesota children and adults suffer from Asthma*

Article continued on page 8.

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(What You Did!)**

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R E I N V E N T I N G L I V E S

# Editor's Note

SPRING ISSUE DEADLINE  
FEBRUARY 11, 2008

Hello, I am Rhonda Brown, and I will be working with Barb Sherwood as the Co-Editor of *The Bronchus*. I am looking forward to working and sharing this responsibility with her. This will be an exciting networking adventure for me since I haven't done anything like this before. Please be patient with me as I find my way around and get to know everyone. For those of us who know, love, and trust Megan she isn't leaving yet, so don't panic! She will be around to mentor and guide us.

So little bit about myself, I graduated from The College of St. Catherine's as a Respiratory Therapist in 2000. I currently work at Minneapolis Children's Hospital and have been there for four years, and before that I was at North Memorial Hospital. I am also the mother of four wonderful children ages 13, 10, 4, 2 and let's not forget the wife of a loving and supportive husband.

Rhonda Brown, *Co-Editor*



*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.

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# President's Message

(continued from cover)

Deb Skees, our soon-to-be Senior Delegate, led us in an interactive script of Robert's Rules. Robert's Rules are meeting rules that the MSRC follows to assure that all attendees are acknowledged and heard. Historically the senior delegate is the parliamentarian for the MSRC.



In 2008 I will lead the Long Range Planning Committee (which is the past-president's role); this committee consists of all past presidents. For 2008 we have decided to do strategic planning regarding: our mutual funds, direction of publications, advertising, MRCF, and philanthropy to name a few items. We asked for a show of hands of all past presidents in the room—there were eight! This shows the strength of our society for so many people to stay involved in our organization.



Carrie Bourassa, our Legislative co-chair, walked us through the AARC "Capital Connection" to contact our senators and congressmen/women. During lunch many of the attendees participated in writing to our congressmen/women and senators. If you have not already

done so, please go to [aarc.org](http://aarc.org) and click on Capital Connection to let our legislators understand the importance of these bills! If you've already done this – log on and do it again! The AARC counts which state is most active...let's be on the top of the list.

Bob McCoy, the AARC's Chair of the Home Care Section, spoke of the importance of doing the right thing for our patient's and our profession by taking an active role in promoting respiratory legislation, because it affects all of us.

The elected board of directors for 2008 brought back in some familiar faces. It is good to have John Wheeler and Gary Johnson back in the BOD. John and Gary both had committee roles for the last several years.



*This picture shows the leadership of the past, present and future...*

Did you know that the MSRC sends its president and president-elect to a leadership meeting in Dallas each March and to the International Congress each December? We represent all Minnesotans in our travels and we take that role very seriously. It has been an amazing experience to meet the other state presidents and the AARC staff. I'd like to thank you for electing me to the MSRC. It has been a great year! Thank you again for your support and trust in me; I've learned so much from this experience.



# Fun In The Dells

by Debra Skees

It appears that the 3rd annual North Regional Respiratory Care Conference (NRRCC) which took place in Wisconsin Dells on September 19-21 was another huge success. The final registration totaled 446 individuals with 154 attending from Minnesota and 286 from Wisconsin. Illinois, North Dakota, South Dakota and Maine were also represented. The speakers at the two and a half day event were a diverse mix of



national, regional and state physicians and practitioners. In addition to the general plenary lectures, breakout sessions were utilized to focus on the major specialty areas within our discipline. These breakouts are quite popular as they provide an opportunity to select from a variety of current issues. A frequently voiced comment was that it was difficult to decide what presentation to attend because there were too many good choices.

Wednesday's agenda included an Awards Luncheon. Student awards included 4 Helmholtz Awards, presented for superior student work in writing and research, as well as 2 Nonin Scholarships, which are given based on scholarly achievement, public service and leadership potential. The MSRC Practitioner of the Year Award was also presented at that time. There were several nominations this year with Charles McArthur from Immanuel-St. Joseph's Mayo Healthsystems in Mankato taking top honors.

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Above and beyond the water park theme provided by the Kalahari Resort there were any number of activities to keep registrants entertained when they were away from the lecture halls. Those who arrived on Tuesday evening had an opportunity to participate in a Meet the Board Party with members of both states' boards of directors.



On Wednesday evening the ever popular Sputum Bowl competition took center stage. The Rochester Mayo Team defeated CORE for the honor of representing the MSRC in Orlando, Florida at the AARC International Respiratory Congress this year. Then in a very competitive dual the Wisconsin Madison Team won the bi-state rivalry over Mayo by a single point, 8-7. Entertainment activities on Thursday afternoon included a Wisconsin Dells "Ducks" boat tour and a golf tournament. The final celebration was a '70's disco era "Studio 54" Dance which took place on Thursday evening. Contestants vied for prizes in the categories of best disco attire and team choreography. It appeared that a good time was had by all.



## Fun In The Dells

(continued from page 6)

Last, but certainly not least, there were a record number of exhibitors representing various technology and therapeutic aspects of the profession. Recruiters from a variety of institutions were also on hand. As always we are extremely appreciative of the support provided by this constituency. In addition to providing the latest information on their products, many of the exhibitors sponsored speakers, entertainment, refreshments and/or door prizes at the conference.



Mark your calendars now for the next NRRCC meeting which will take place in Rochester on September 29 – October 1, 2008. Preparation for that event has already begun but if anyone is interested in participating on any of the planning committees they should contact our MSRC President.

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## Stair Climb (continued from cover)

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- Occupational lung disease is the number one work-related illness

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## Servo-Ventilation by Megan Schultz, RRT

The hot buzz topic in the world of sleep medicine these days is all servo-ventilation. Both Respironics and ResMed have different models of servo-ventilators out on the market for clinical and home use. Let's first talk about what this new mode of ventilation is used for.

Sleep disordered breathing has classically been defined as obstructive or central sleep apnea. This train of thought has left a gap in treating patients that have obstructive events and then subsequently central events once CPAP or Bi-Level therapy is initiated. The term Complex Sleep Disordered Breathing describes this distinct form of sleep apnea. It is a combination of both obstructive AND central sleep apnea.

Servo-ventilation provides support to treat complex sleep apnea and periodic breathing such as Cheyne-Stokes respirations. The units have very complicated algorithms that adjust rapidly and automatically during hypopneas or apneas. The support then backs off during periods of hyperventilation. This waxing and waning of hypoventilation and hyperventilation causes hypo and hypercapnia which is the body's response to normalize blood

gas values. The units have appeared to be effective but these patients can still be quite difficult to fix since their problems are so complicated to begin with.

At our facility, Whitney Sleep Center, we have had only a handful of patients requiring servo-ventilation. But on a large scale basis in the Twin Cities I know that quite a few patients are going home with servo-ventilation units. Many patients previously diagnosed with central sleep apnea are being reevaluated for complex sleep apnea since we didn't have complete answers for them previously. Identifying patients in our current populations has been an extensive task.

Proper training of staff is essential. The American Academy of Sleep Medicine has not released, to date, practice parameters for servo-ventilation use so defining a lab's policy and procedure for its use is a challenging but necessary task. Manufacturer reps and the feedback from members of other sleep centers have been very helpful.

It is exciting to see these advancements in technology and the ability to treat a greater population of our patients.

# Top 10 Reasons to quit Smoking List

by Kathleen Schultz

- 10 Minnesota is now smoke free indoors, making it easier for your patients to Quit! Hooray for the Freedom to Breathe Act!
- 9 RCP's see more tobacco users than any other health care professional and have the perfect opportunity to encourage quitting.
- 8 Your patients will save big money by quitting tobacco. A pack a day smoker who quits will save almost \$1800 annually!
- 7 Information to help you help your patients quit is Free at Clear Way Minnesota [www.clearwaymn.org](http://www.clearwaymn.org)
- 6 Information and resources to help your patients quit is Free at [www.quitplan.com](http://www.quitplan.com) or 1-888-354-PLAN
- 5 Most smokers really want to quit, they just need encouragement and resources from a healthcare professional - YOU!
- 4 Smoking Kills. Smoking is a leading cause of death in the US today.
- 3 Quit Plan provides Free nicotine replacement therapy to smokers trying to quit [www.quitplan.com](http://www.quitplan.com) or 1-888-354-PLAN
- 2 Smoking is the number one risk factor for lung cancer and COPD.
- 1 The number one reason is: It's Quitting Time!!! Help your patients today!

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## Congratulations!

**Congratulations to Denise Johnson!** Denise was just voted to the Board of Directors for the AARC. She has served in many positions for the MSRC; this past year she was Past- Speaker of the House for the AARC. We are very proud of Denise and thank her for representing our state society with such distinction.



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



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# Talking Points For ALAMN Staff on Healthy Design Remodel Project

by Cheryl Sasse

## **Where did the money come from for this project?**

The American Lung Association of Minnesota's recent remodeling of its headquarters at 490 Concordia Avenue in St. Paul has been funded entirely by a \$1.2 million federal grant from the Health Services and Resources Administration (HRSA) and by gifts-in-kind from corporate partners. The gifts-in-kind represent approximately 15 percent of the project's budgeted cost.

The grant, which was originally awarded to ALAMN in 2002, was intended to expand the association's healthy indoor environments programming (Health House) into the commercial sector. The HRSA grant, which is to be used to complete a Healthy Design Remodel, was championed by the late Senator Paul Wellstone. The funding could be used only for upgrading facilities that provide health care services or education.

## **How is this remodeling project different?**

This will be the first building remodel in Minnesota that qualifies for the U. S. Green Building Council's Leadership in Energy and Environmental Design (LEED) Gold ranking, and only the 10th in the nation to earn this status. The products used in this project were selected to be sustainable, minimize indoor air pollution and asthma/allergy triggers, and to be as energy-efficient as possible. The new lights are designed to automatically dim or brighten depending on the amount of sunlight in the room. Our new Energy Recovery Ventilator (ERV) acts as the "lungs" of the building, bringing in fresh, filtered air and warming or cooling it with outgoing stale air, similar to what happens in the human body. Whenever possible, we reused and recycled the materials removed from the building during the project. Our policy is to use building products designed to never go into a landfill – dubbed "cradle to cradle" products. Even the landscaping is "green," using hardy native plants that need a minimum of care or extra watering.

## **How does this project relate to our mission?**

Raising the standard for healthier indoor environments has been a mainstay of our mission since 1992 and is an extension of our breakthrough healthy indoor environments work that started with Health House. The HRSA grant demonstrates the credibility of both our earlier work and our vision of the healthy indoor environments mission playing out in the home, school and work place.

The project serves as an example and teaching tool for others considering a remodel of a commercial building, and provides a proper home for the American Lung Association's National Health House program that is housed in our office.

The Healthy Design Remodel project utilized state-of-the-art knowledge to create a healthy, energy and resource efficient work place. It will use significantly less energy than before the remodel, cutting our utility bills in half, leaving more core dollars to be spent supporting our staff and programs.

If all buildings were built or remodeled like ours, it would have an immediate impact of both outdoor air pollution (63% percent of the state's electricity comes from burning coal) and the pollutants linked to global climate change. In the end, we have a nicer looking and healthier venue for our trainings for tobacco control, asthma education, COPD (chronic obstructive pulmonary disease) support groups and development activities. Staff will be more comfortable – and more productive – in work areas with individual temperature controls, new windows, new furniture and for many of us, new computers and telephones.

## **When will it be finished?**

All major work on the project, which began in July 2007, is scheduled to be completed by October 1, 2007. The Grand Reopening and Dedication will be on Nov. 14, 2007 at 3 p.m.

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## Tobacco Cessation (continued from cover)

Main Plenary speakers included:

- **Sharon Eubanks**, whistle-blower attorney formerly with the Department of Justice, helped direct the DOJ's groundbreaking lawsuit against the tobacco companies.
- **Terry Pechacek**, CDC, and **Robert Wallace**, MD, University of Iowa. Pechacek gave details of the newly released revision of the CDC's Best Practices in Tobacco Control: An Update. This report details what should be done to reduce tobacco use in every state. Wallace discussed the Institute of Medicine's report, Ending the Tobacco Problem: A Blueprint for the Nation, which outlines how tobacco control efforts can be more effective in the future.
- **Simon Chapman**, University of Sydney professor and author of a new book on the future of tobacco control, appeared on a panel of international tobacco control experts analyzing the proposed Global Tobacco Treaty: The Case for Involvement.
- Several people involved in the groundbreaking litigation between the state of Minnesota and the tobacco companies appeared on a panel. The speakers included the lead attorney in the case, Michael Ciresi; Richard Hurt, MD, of the Mayo Clinic; and the judge in the case, Kenneth Fitzpatrick.

The opportunities to network and learn more about research-based, effective tobacco control programs were endless. I was very happy to see that respiratory care professionals from across our nation were in attendance. Respiratory Care Practitioners play a unique role in tobacco control; the most obvious responsibility, of course, is to be that "brief interventionist" – the first line in recommending cessation resources to our patients who smoke. However, we also are excellent resources in our hospitals and facilities to encourage and guide smoke free properties/campus initiatives. Respiratory Care Practitioners serve as perfect advocates for policies on local, state and federal levels as well – whether it is tobacco taxes, youth access issues, FDA regulation, children's health care programs or smoke-free environments, let's continue to have our voice heard. I encourage every RCP in the state to learn more about the Best Practices for comprehensive tobacco control programs ([www.cdc.gov/tobacco](http://www.cdc.gov/tobacco)) and join the team of professionals who work on this daily. While Minnesota's smoke-free workplace law was a huge step in the right direction, we are far from finished. The tobacco industry is still actively marketing a product that when used as intended, sickens or kills its user and those around them.

The 2009 National Conference on Tobacco or Health is slated for June 10-12 in Phoenix, Arizona.

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# RT Week

by Sue Shipley

We wanted to know what was happening for RT week, and a few of you let us know. An e-mail was sent out to all MSRC members to send in their letters of what was going on in departments across the state. Four were received and Fairview University was picked to receive six sweatshirts from the MSRC. They had one great week of speakers, food, contests and drawings. Way to go!

***We want to thank all who sent their letters in and keep up the good work!***

## University of MN, Fairview

To kick off Respiratory Care week this year, we designed a flyer full of pictures of many of our staff performing typical respiratory functions. We sent it out via email to every employee of the hospital asking them to help us promote lung health this week, and to stop by our booth located in the cafeteria.

We also designed a second flyer that we also sent out via email to our Pulmonary Staff inviting them to join us for the following presentations we had lined up!

### Monday, October 22

- Dr Marshall Hertz presenting "20 yrs of Lung Transplantation" at 0700
- Terry Gust with Draeger to discuss Smart Care at 1730 and 1930.

### Tuesday, October 23

- Virtual Lung—through the eyes of a bronch at 1100. *Sponsored by Rachel Cox with Boehringer Ingelheim.*
- Bake Off at 1400
- Alex Weiklander with Apria Healthcare at 1900

### Wednesday, October 24

- Ed Corazalla (Manager of PFT clinic)—talking about asthma. *Sponsored by Lori Anderson with Astra Zeneca.*

### Thursday, October 25

- Dr. Ingbar – update in COPD at 1100. *Sponsored by Peggy McDowell with GlaxoSmithKline.*

### Friday, October 26

Door Prize Drawings!!!!

On Tuesday October 23rd we held our 20th annual bake-off. Employees picked their favorite dessert, baked it and presented it for a team of judges. All entries were of course "FAT-FREE"!

This year, we have the unique opportunity to play a new game throughout RC week "How well do you know our new employees?" We have hired 11 new employees this summer and 4 new student RT's. Each new employee provided five fun facts about themselves that they may have talked about in the staff room or kept secret. We mixed up their facts and had the rest of the department guess what information went with each employee. This was the high light of the week, and in fact we will try it again next year with our "Old" staff!! At the end of the week I posted the correct answers and we all got another laugh out of some of the facts!

We are not sure how many years we've been playing this game during Respiratory Care Week but it's been a while. We have one RT that works in the Special Procedures Room, and collects various "Do Dads" throughout the year. He counts them and puts them in a see through container, and we guess how many "Widgets" there are.

We always have plenty of food during RC week and plenty of prizes to give away. All employees received a gift bag at the start of the week, containing a key chain flashlight among other things. This year we raffled off 2 AARC memberships, 6 Littman Stethoscopes, 6 MBRC hooded sweatshirts (which were a hit!), and several gift cards. We also raffled off 10 large gift baskets each with their own theme.

This year we encouraged our staff to contact their child's school, and give a presentation on asthma, or any other lung disease that they would like to know more about. We presented to groups of teachers, and students and teachers together. Handouts and information were provided and left with each school.

## Mayo in Rochester

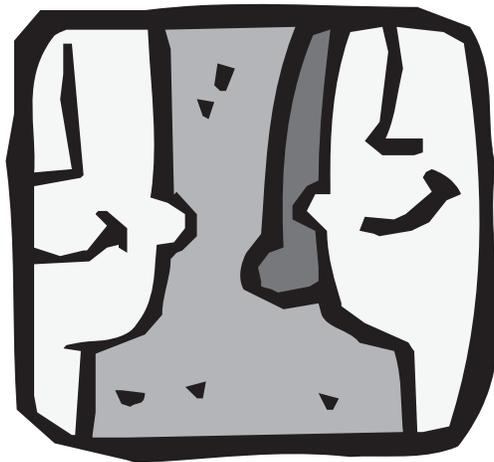
Hi Sue my name is Todd Meyer I am a RRT from Mayo in Rochester Mn. Our plans are:

Monday, October 22 (Stef) – X-ray Talk; Dr. Norm Torres  
Lunch: Sloppy Joes

Tuesday, October 23 (Al) – Didier Lecture, web cast back to staff at the hospital. Plummer dinner  
Lunch: Pizza

Wednesday, October 24 – Ped's Subject, Steve Sittig  
Lunch: Nacho

Thursday, October 25 – Spinal Cord Injuries, Scott Copeman  
Lunch: Busters

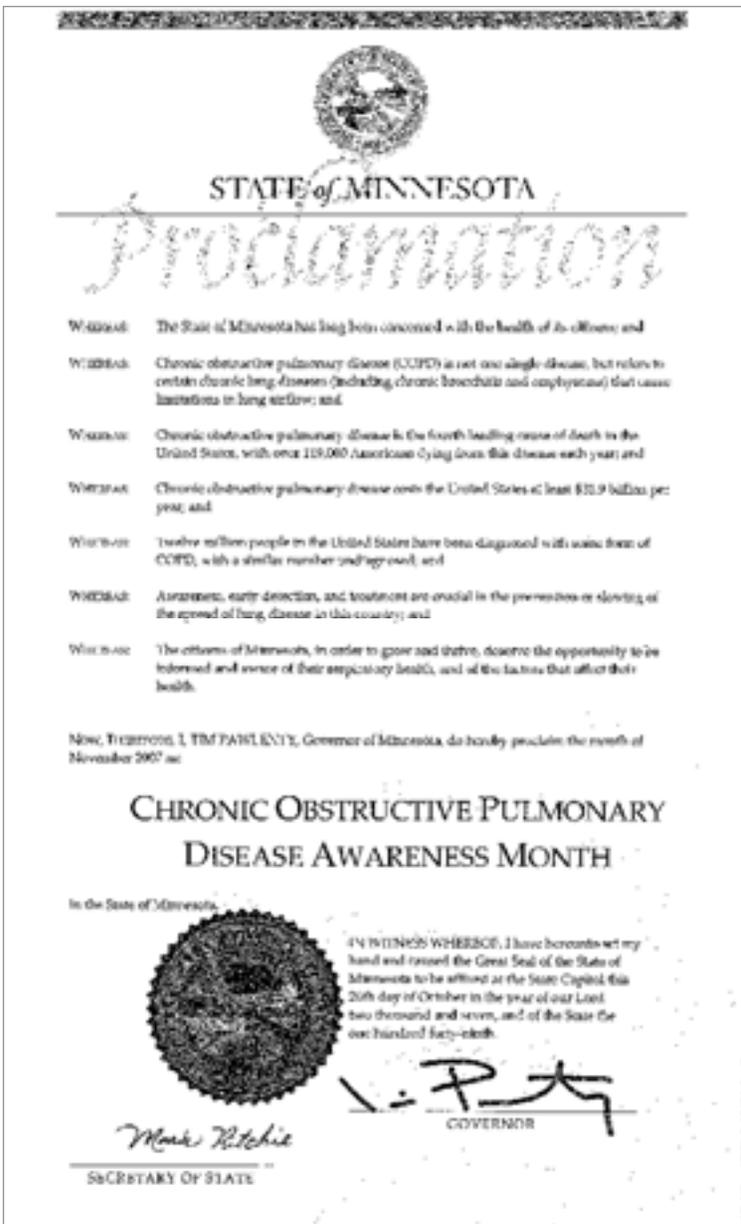


(Continued on page 18)

## Legislative Committee Report by Carrie Bourassa, RRT

The MSRC once again has worked with the governor to improve the health and wellness of Minnesotans by declaring National COPD Awareness Month. This annual recognition of the nation's fourth leading cause of death is now in its fourth year, and the momentum is growing, as respiratory therapists and other health care professionals use the occasion to educate the public and their patients about the disease and how it is treated.

The MSRC one again thanks you for making a difference in the lives of the patients who suffer from COPD, their families, friends and community breathe a little easier.



## AARC/MSRC Membership by Jeff Anderson

### Active member

"... lives in the U.S. or its territories ...and meets ONE of the following criteria: (1) is legally credentialed as a respiratory care professional if employed in a state that mandates such, OR (2) is a graduate of an accredited educational program in respiratory care, OR (3) holds a credential issued by the NBRC."

### Associate member

"Individuals who hold a position related to respiratory care but do not meet the requirements of Active member shall be Associate Members. They have all the rights and benefits of the Association except to hold office, vote, or serve as chair of a standing committee. The following subclasses of Associate Membership are available: Foreign, Physician, and Industrial (individuals whose primary occupation is directly or indirectly devoted to the manufacture, sale, or distribution of respiratory care equipment and supplies). Special Members are those not working in a respiratory care-related field."

### Student member

"Individuals will be classified as Student Members if they meet all the requirements for Associate Membership and are enrolled in an educational program in respiratory care accredited by, or in the process of seeking accreditation from, an AARC-recognized agency."

As of October 2007, we currently have 491 Active members in the MSRC from a state that has almost 1600 credentialed RCP's. There are 54 MSRC members that are currently listed as Associate members (Industrial member [21] & Special member [33]). We currently have 86 Student members (Hooray!). We also have 37 individuals whose membership has lapsed.

### Look at your membership status type.

Are you correctly identified? If not, please contact the AARC directly at [www.AARC.org](http://www.AARC.org) and click the "Update records" tab on the top menu bar of the webpage. If you would like to join or need to renew, contact the AARC directly at [www.AARC.org](http://www.AARC.org) and click on the "Join or renew" tab on the top menu bar of the webpage.

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# Student's Corner

## Scholarships and Awards!

### Nonin Scholarship Winner:

Rebecca Tuminelly, College Of Saint Catherine

### Nonin Scholarship Winner:

Kyle Busack, Mayo School Of Health Sciences

### Helmholz Award Winner:

Kyle Busack, Mayo School O-f Health Sciences  
Paper: *Mechanical Ventilation in Asthma*

Other papers submitted by the respiratory schools we would like to acknowledge are:

*Verenciline for Smoking Cessation.*

By Rhonda Baumberger, College of Saint Catherine

*Data Analysis of Compliance with Prevention of Ventilator Associated Pneumonia Bundle in Four Hospitals in the Twin Cities Metro Area.* By Abash Abassa, Saint Paul College

*Using the Bundle Approach to Reduce Ventilator Associated Pneumonia.* By Kimberly Manke, College of Saint Catherine

*How Obstructive Sleep Apnea is Diagnosed and Treated in the Disabled Pediatric Population.* By Kristy McQuitty, Saint Paul College

*If and when a Pandemic of Avian Bird Influenza Were to Breakout, What is the Probability that Health Care Employees Would Come into Work.* By Angella Thill, Saint Paul College

## From The MSRC Medical Director

## Cough and Wheeze by Dr. Melyne Youngblood

I had the pleasure of speaking at the NRRCC meeting in the Wisconsin Dells. When I was asked to speak, I thought "What can I talk about that will have relevance to respiratory care?" It was an easy question to answer as I think of us as a team involved in the diagnosis of all respiratory patients.

I decided to present cases of cough and wheeze with the idea of showing the importance of team work and of the similarities and differences in the causes of respiratory difficulties across the ages. We talked about cases with similar presentations to discuss the differential of the signs/symptoms at various ages and the recommended work-up. We discussed how respiratory therapists were important in determining the correct diagnosis and treatment. We covered diagnosis ranging from GERD, vocal cord dysfunction, asthma, foreign body, carcinoid, and cancer. We talked about tools used in the diagnosis including PFT's, flow volume loops, CXR's, chest CT's, CPX (cardiopulmonary exercise test), and bronchoscopy. I hope, through this talk, to have encouraged respiratory therapists to be an active voice in the diagnosis of patients with respiratory symptoms both in an inpatient and outpatient setting.

We learned that there are similarities in both the differential and work-up of respiratory symptoms in all age groups although it is more likely for acquired processes to cause problems as we age. Asthma/COPD is the most common cause of cough and wheeze at any age. We also learned that we need to be aggressive in using the diagnostic tools we have at hand to help evaluate these patients including tests like spirometry (*for children as low as age 3!*).

I greatly enjoyed this opportunity to speak at your bi-state meeting! I have been honored to be your medical director for this past year. Your contribution to the health care team is vitally important for the best care of our patients. You all have a lot to offer! Have a great 2008!

# RT Week

(continued from page 14)

Friday, October 26 (Mike) – Pulmonary Rehab (12-12:30), Scott Milburn and POE Clinic (12:30-1:00), Linda Weise  
Lunch: Soup

Meals and lectures are provided at 12noon and 12midnight so all staff can be involved. Thanks

## Mercy Hospital

Our director, Deb Skees, and our clinical coordinator, Breeon Hanks, go all out for RC week. They line up different reps to come in and give inservices, and there is usually a ton of food and treats that goes along with that. They also organize drawings for prizes. They go out of there way to make our department feel very valued! To promote our department, we usually take bags of Lifesaver candies with RC week balloons to all the different floors of the hospital, and we set up a display table in the main entrance hall. The table has tons of information on all aspects of respiratory care and respiratory health, along with pictures of all the RCP's in our department.

## Pediatric Home Service

Hi Sue, I am a respiratory therapist at Pediatric Home Service, a DME company based in Roseville. We have fun plans for RC week here! We have a "golden trach treasure hunt" where a gold (painted) trach tube is hidden in the facility, and clues are given daily. We also have each respiratory therapist share an on the job story (most are hilarious, some are heartwarming). Some stories will be shared with all the staff here daily, and they are to guess which clinician goes with which story. There will be prizes, and treats at the beginning and end of the week. That's about it. Mary Wightman

## Unity Hospital

Unity Hospital staff submitted a great list of activities, speakers and lunches for RT week. They were also having a peak flow contest for the staff with the winner getting a t-shirt.

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# Save the Date

Important Dates for Upcoming Events.

MSRC 2007-2008

<b>December 11, 2007:</b>	Freedom From Smoking Facilitator Training; ALAMN, St. Paul. Contact Pat McKone at <a href="mailto:pat.mckone@alamn.org">pat.mckone@alamn.org</a> .
<b>January 25, 2008:</b>	Winter Workshop; St. Paul College. BOD Meeting to follow.
<b>February 29, 2008:</b>	MSRC Student Job Fair, College of St. Catherine; St. Paul, Minnesota. BOD Meeting to follow.
<b>March 3-9, 2008:</b>	National Sleep Awareness Week.
<b>Sept. 29-Oct. 8, 2008:</b>	NRRCC; Rochester, Minnesota.

## Legislative Update

### HR 3968 Creates Opportunity for Respiratory Therapists by Carrie Bourassa

AARC has diligently pursued changes in Medicare that would bring patients greater access to respiratory therapists outside the hospital setting. Through support from both AARC members, pulmonary patients and the respiratory therapy community at large, we have taken one step closer to our goal. Congressman Mike Ross (D-AR) an influential member of the Health Subcommittee of the House Energy and Commerce Committee, introduced our Medicare Respiratory Therapy Initiative as HR 3968 which will, when passed by Congress, amend portions of the Pt. B Medicare law to allow certain respiratory therapists to deliver a broader array of services.

***Once again the MSRC thanks you for for getting involved supporting these very important initiatives!***



Visit Capitol Connection via the MSRC website ([www.msrcnet.org](http://www.msrcnet.org)) or the AARC Website to make a difference in the future of our patients and our profession!





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