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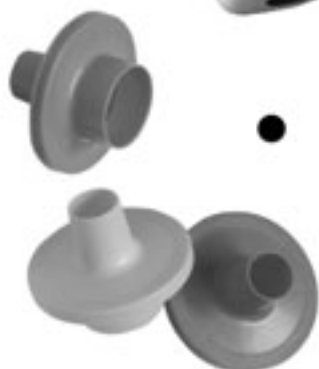
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## President's Message

### Curt Merriman, RRT

#### Thank You:

This is my last message in *The Bronchus* as president. I have spoken with many of the past presidents that have stated that the year



goes by so quickly and just when you feel like you're getting in the swing of things, your year is up. This year is no different for me; it has flown by.

What a year we have had as a Society! This year's highlights include a successful Frostbite Forum, Spring Forum, Student Job Fair and Sputum Bowl. Our involvement in Skate on the Wild Side, World Asthma Day at the Mall of America, and supporting our asthma camps in MN helped to top off our great year. Our "Do the Write Thing" letter writing campaign and seeking support to amend the Medicare home health services benefit to recognize services of Respiratory Therapists helped make a big impact on the State of Minnesota.

President's Message  
continued on page 4.

## Pulmonary Rehab Networking Sessions Launched An Opportunity to Share Ideas

by Pam Neuenfeldt, BS, RT, RCP

By now, we have all heard the phrase, "If it is not documented, it was not done." Compliance officers in every hospital, clinic and rehab facility are looking at how charges are justified so that when Medicare or other third party payers ask for records there is adequate proof that a procedure was done, was done properly, was medically necessary and was billed appropriately. The problem in pulmonary rehabilitation is we have not developed and adopted uniform ways of reporting what we do to satisfy the many requirements.



In an effort to answer questions about codes, procedures and charting from pulmonary rehab specialists, MSRC hosted the first networking session for pulmonary rehabilitation

on July 30, 2004 at the American Lung Association of Minnesota (ALAMN) in St. Paul. With support from Minnesota Association of Cardio-Vascular and Pulmonary Rehabilitation (MNACVPR), the ALAMN and North Memorial Hospital, practitioners from across the state gathered for this half day of presentations and sharing. This was so well received the MNACVPR dedicated the September Metro Meeting to a workshop on documentation styles. The momentum is certain to continue in 2005.



(Left) Group watches and documents the scenario of a therapist (above) training a difficult patient (played by Kris Mrozak) on skills common in pulmonary rehab.

Pulmonary rehabilitation in the United States has had its challenges over the years in proving effectiveness and worthiness of Medicare reimbursement.

Even though the Global Initiative of Obstructive

Article continued on page 8.

**5** Tobacco  
Cessation

**6** 2005 Election  
Results

**12** MRCF  
Scholarship  
Awards



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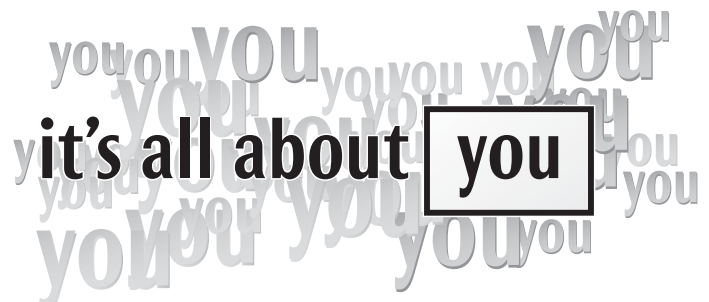
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## Save the Date

*Important Dates for Upcoming Events.*  
**MSRC 2004-2005**

<b>December 4-7, 2004:</b>	AARC 50th Anniversary International Congress: New Orleans, LA
<b>January 27, 2005:</b>	Peds and Acute Care Education Programs: Hennepin County Medical Center (6 CEUs)
<b>January 27, 2005:</b>	BOD Meeting - 3:30pm: HCMC (following education program)
<b>February 24, 2005:</b>	Rural Managers Meeting - Douglas County Hospital: Alexandria, MN
<b>February 25, 2005:</b>	Job Fair and Student Presentations: College of St. Catherine, St. Paul
<b>February 25, 2005:</b>	BOD Meeting - 3:00pm: College of St. Catherine, St. Paul
<b>April 25-27, 2005:</b>	NRRCC Education Conference, Kalahari Convention Center and Resort: Wisconsin Dells

## Celebrating RCP Week

by Nancy Drake

For the past several years St. Joseph's, along with the other three HealthEast hospitals, Bethesda, St. John's and Woodwinds, celebrates Respiratory Care Week in style. During this week we make sure each RCP is acknowledged for their talents and great work everybody does everyday.

The week usually starts out with hanging up posters for Respiratory Care Week in the department and throughout the hospital to let everyone know this is "our" appreciation week. The week is filled with fun events like sponsored "lunch and learns," which have been provided by various drug companies. The "lunch and learns" give practitioners a chance to take time out of their busy day to enjoy lunch plus learn about the latest in respiratory drugs available on the market. Besides the "lunch and learns," we can always count on the many homecare companies, vendors and staffing agencies to provide us delicious treats from bagels to pizzas.

Everything is coordinated so all shifts receive special treats, not just the leftovers.

It doesn't stop with the food; each practitioner receives a gift bag with treats and a special gift. This year everyone received an RT heart & lung pin from the AARC. Finally, there are gift drawings for prizes, such as gift certificates from Target, Bachman's, and Home Depot just to name a few.

This week would not be possible without the planning from the site education coordinators and the support from the managers at Bethesda, St. Joe's, St. John's and Woodwinds. Once again, Respiratory Care Week was a success at all of the HealthEast Hospitals.



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**JCAHO ACCREDITED**

# November Declared COPD Awareness Month

by Carrie Bourassa and Julie Clark

Respiratory therapists know the devastation of COPD. We see the hardships those with COPD suffer when they can't breathe. We have seen the despair in the face of a family who loses a loved one to COPD. We have seen the apprehension on the face of a person who has oxygen delivered to their home for the first time. We are also in a position to understand and experience the joy of an individual who feels like they have a new lease on life after attending pulmonary rehabilitation or having learned about ways to manage their disease. Maybe it's the smile someone with a COPD exacerbation gives you as you listen to their lungs after giving them a nebulizer treatment in the hospital. These are all reasons why we understand the need to spread the word about early detection, treatment, and prevention of COPD. Governor Pawlenty, once again, agrees with what we, as therapists and other healthcare providers, know only too well.

***The MSRC would like to thank each one of you who touch the lives of those with COPD.***

## Chronic Obstructive Pulmonary Disease (COPD) Awareness Month Proclamation:

WHEREAS, the state of Minnesota has long been concerned with the health of its citizens; and

WHEREAS, chronic lung diseases, known collectively as chronic obstructive pulmonary disease, are the fourth leading cause of death in the United States; and

WHEREAS, chronic obstructive pulmonary diseases cost the United States an estimated \$31.9 billion a year; and

WHEREAS, 16 million people in the United States have been diagnosed with some form of COPD with a similar number undiagnosed; and

WHEREAS, awareness, early detection and treatment are crucial in the prevention or slowing of the spread of lung disease in this country; and

WHEREAS, the citizens of Minnesota deserve the opportunity to grow, thrive, be healthy and be informed and aware of their respiratory health and of the factors that affect that health.

NOW, THEREFORE, I, TIM PAWLENTY, Governor of Minnesota, do hereby proclaim the month of November 2004 as Chronic Obstructive Pulmonary Disease Awareness Month in the state of Minnesota.

# Editor's Note

SPRING ISSUE DEADLINE  
FEBRUARY 12, 2005



## WINDOW ON RESPIRATORY CARE PRACTITIONERS

Throughout the years we have been classified under numerous categories. As part of the ever growing allied health team, we have been named Oxygen Suppliers/Experts, Inhalation Therapists, Respiratory Technicians, Respiratory Therapists and Respiratory Care Practitioners to name a few. As our continuing "role-model" education programs have taken on new heights, from on-the-job training, to one year tech programs, to today's four year bachelor degree programs, our scope of practice and role have changed tremendously. We no longer are being recognized as "button twirlers" or technicians. We have been identified by the Medical Board of the National Academy of Sciences as Type B Physician Assistants. Type B Physician Assistants are expected to have more knowledge about their medical specialty than the average Physician who is not board certified in that area. (Reference Tom Barnes EdD, RRT)

We are professionals in every way. At the hospital I work, our physicians tell us to use our judgment and be confident. We are their eyes and ears and we are able to detect when a patient is doing poorly before they can. Respiratory Care

Practitioners have more extensive respiratory training in the area of pulmonary/respiratory medicine and ventilator management than the average graduating family physician.

What are you practicing today in your hospital? How are you being recognized as "part of the team"? I know I am a Respiratory Care Practitioner, RCP. I wear it proudly every day at work on my employee badge. Our profession has come a LONG WAY from being called a "button twirler" or "Respiratory Tech". We have the training and knowledge, and are professionals in every way!

Thanks again for making *The Bronchus*, "The Greatest In-State Publication for RCPs in the Nation".

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 Quark XPress 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:

### Jeff Anderson

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It will also be necessary to notify AARC Membership Services at: 11030 Ables Lane Dallas TX, 75229 so that you continue to receive AARC publications.

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\* Color available for additional cost

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# Bi-State Conference

April 2005

The MSRC and WSRC [Wisconsin] are excited to announce the 1st annual North Region Respiratory Care Conference (NRRCC), a joint venture to provide Respiratory Therapists and other health care professionals with the highest quality scientific and professional presentations by local, national and internationally respected speakers.

The inaugural NRRCC meeting will be held April 25-27 2005 at the Kalahari Convention Center Resort in Wisconsin Dells. Mark your calendar now to reserve these dates.

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



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# President's Message

(continued from cover)

We also experienced a huge success at our 35th Annual Education Program in St Cloud, the last of its kind, as we move into a new era with the combined conference between MN and WI, the North Regional Respiratory Care Conference (NRRCC). Total membership for the AARC grew this year from just over 33,000 to over 37,000. In Minnesota, we also completed a comprehensive survey of Respiratory Therapists in our state to find out how the MSRC can improve to meet the needs of RTs better in the future.

A few words regarding the surveys returned to the MSRC: The Membership Committee is reviewing the results in brief with the MSRC Leadership at the November Board of Director's meeting, and at that time an action plan will be set forth to analyze the results in more detail. It is the intent of the Leadership to use the information gained from the surveys to make changes in how we do things, and to create a fresh start in opening the communication between the MSRC and the RTs within Minnesota.

This past year as your President has been an exceptional experience for me and I have appreciated the opportunity. For those of you that I had the pleasure to meet and talk with throughout the year at the education programs, the R.T. managers in out-state MN, students, and those who have been colleagues for many years, **thank you!** A special thanks, also, to the MSRC Board of Directors, Executive Committee, Committee Chairs and Committee Members - you are all wonderful and your efforts and support cannot be commended enough. For all the RTs who support the profession, thank you. The Respiratory profession is filled with tremendous individuals and continues to be a community I am proud to be a part of.

# Sputum Bowl

## Teams in the Sputum Bowl:

- North Memorial Medical Center
- Rochester Mayo
- Children's Minneapolis
- St. Paul College
- Methodist

Runner Up: Methodist

MSRC 2004 Sputum Bowl Champion: Rochester Mayo  
CONGRATULATIONS and Good luck at the Nationals!



## 2004 ATOMIC BOWL CHAMPIONS

### 10. Name the stage name of this former Duluth recording artist, Robert Zimmerman?

Mike: Bob Dylan

Scott: Bob Dylan

*Answer: Bob Dylan*

#### Final results:

Mike 10 out of 10 correct

Scott 8 out of 10 correct

This was a very impressive performance by both participants, especially Mike, who is the first person to ever answer every question correct. Great job Mike and Scott and thank you for taking the time out of your busy schedules to participate in this edition of "Who's Out There."

#### FACILITY PROFILE

**Facility Name:** Bethesda Rehabilitation Hospital

**Number of Beds:** 140 in St. Paul and 30 in Minneapolis

**Number of Therapists:** 55

**Specialty Work Area's:** Ventilator weaning, trach weaning, pulmonary rehabilitation

**A sample of procedure performed at Bethesda:** Trach changes, ABGs, overnight oximetry studies, Non-Invasive and Invasive use of Bi-Level Therapy, weekly care rounds.

**Number of available job openings:** 4

**Who to contact if someone is interested in an employment opportunity at Bethesda:** Human Resources at Bethesda 651-232-2313.

**Facility Website address:** Healtheast.org then click on link to BRH or <http://www.bethesdahospital.org>



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# WHO'S OUT THERE?!?!?

by Bill Clark

In this edition of "Who's Out There" we meet two dedicated Therapists from Bethesda Rehabilitation Hospital. Our first contestant is Mike Eilen, RRT. Mike has been a Therapist for over 20 years. When Mike is not spending time with his wife, Kathleen, and their six children he keeps busy with his many hobbies. Mike enjoys sports, philosophical and religious reading and watching family comedies. Our second contestant is Scott Sapp, CRT. Scott has been a Therapist for over 27 years. When Scott is not spending time with his wife, Barb, and their two children he enjoys doing anything outdoors. Scott likes to golf, coach soccer, snow shoe, duck hunt, fish and go boating.

I asked Mike and Scott each the same ten questions. Picking the ten questions was easy. I kept the questions relatively easy, but I thought I would catch them on a few. *Man, was I wrong!!*

**1. What was the original name of St. Paul, thanks to a flamboyant merchant of the 1800's?**

Mike: Pigs Eye  
Scott: Hilltown  
*Answer: Pigs Eye Landing*

**2. Who once tangled with Hulk Hogan and then became Minnesota's 38th Governor?**

Mike: Jesse Ventura  
Scott: Jesse Ventura  
*Answer: Jesse "The Body" Ventura*

**3. What is Minnesota's State Muffin?**

Mike: Blueberry  
Scott: Blueberry  
*Answer: Blueberry*

**4. What Minnesota City is host to the world's most inland seaport?**

Mike: Duluth  
Scott: Duluth  
*Answer: Duluth*

**5. What famous cartoon characters hailed from fictional Frost Bite Falls, a town based on Minnesota's Thief River Falls?**

Mike: Rocky and Bullwinkle  
Scott: Rocky and Bullwinkle  
*Answer: Rocky and Bullwinkle*

**6. Grand Rapids, Minnesota is the birthplace of what famous actress who wore some fancy shoes?**

Mike: Judy Garland  
Scott: Judy Garland  
*Answer: Judy Garland*

**7. Which Minnesota airport is actually located in Wisconsin?**

Mike: Red Wing  
Scott: Red Wing  
*Answer: Red Wing*

**8. In 1903, Le Sueur, Minnesota became home to this foods company, which is best-known for its oversized, vegetable-consuming mascot?**

Mike: Green Giant  
Scott: Green Giant  
*Answer: Green Giant Company*

**9. What is Minnesota's State Drink?**

Mike: Milk  
Scott: Apple Cider  
*Answer: Milk*



# Tobacco Cessation

by Pat McKone, Director of Tobacco Control for American Lung Association of MN

**Tobacco use is the single most preventable cause of death and disease in Minnesota.** An astounding 87% of all lung disease is related to tobacco use. Tobacco kills 5,600 Minnesotans a year. These are just some of the reasons respiratory care professionals need to get involved in prevention and advocacy.

Research has proven that using a combination of strategies is the most effective way to reduce tobacco use. Key strategies include: increasing the tax on tobacco products, enforcing youth access to tobacco laws, community-based education programs, establishing smoke-free workplaces and public spaces, supporting programs to help people quit smoking, and counter-advertising campaigns.

During this legislative session, tobacco control advocates will be focusing on several of these strategies. First, let's talk about increase the tobacco tax. Minnesota currently ranks 38th in the country at a mere 48 cents per pack. Minnesota has fallen well below the national average of 79.2 cents a pack. Minnesota has not raised taxes on tobacco in over a decade!

We know the five leading chronic disease killers are: heart disease, cancer, stroke, COPD and diabetes. Tobacco use is a primary factor in four out of five of these killers. Tobacco use costs Minnesotans \$2.6 billion annually in health care costs and lost productivity. It's time we worked together to raise the cigarette tax. The Minnesota Medical Society has put this issue at the top of their legislative agenda for this session.

The other "hot" topic around Minnesota for many months has been limiting exposure to second hand smoke. The cities of Bloomington, Golden Valley, Moorhead, Minneapolis, and the counties of Ramsey, Hennepin and Beltrami have all passed policies limiting smoking in workplaces including restaurants and in some locations like bars and private clubs.

Second hand smoke has been linked to approximately 48,000 cardiac deaths annually. This is more Americans than die annually from the flu. A statewide law can "immunize" our entire state from the 4,000 chemicals contained in second hand smoke including over 65 that cause cancer.

Introducing legislation again this year called the "Freedom to Breathe Act" will be a top priority for the American Lung Association of Minnesota, the American Cancer Society and the American Heart Association, along with partners from around the state.

Here are some simple tips on how you can help make smoking in public places a "thing of the past" and help put Minnesota back at the top of 'the pack' with the cigarette tax:

1. Get informed on the issue. There are lots of web sites and fact sheets that provide both the health information and economic impact studies around both of these issues. To get started, check out Minnesota Smoke Free Coalition's website: [www.smokefreecoalition.org](http://www.smokefreecoalition.org)
2. Contact your state senator and representatives and let them know you support these issues, want their support and will be watching for it during the upcoming legislative session.
3. Make your voice heard in your professional organization, youth groups, faith communities, etc. Unfortunately, the toll of tobacco is so large there is hardly any group left untouched. Start the process of having the groups you are involved with take a formal stand on the issues.
4. Join the American Lung Association of Minnesota's e-advocacy network and keep informed of weekly happenings and how to make your voice heard. Register online at [www.alamn.org](http://www.alamn.org)

If we continue with the same programs, tax, community 'norms' around tobacco use we will only get the same results; thousands of premature deaths. Don't confuse silence with neutrality. Silence is an endorsement of the status quo. Again, if nothing changes the death and destruction continue at the same unacceptable rate.



Some of the most important reminders of our work and its importance come from the personal stories, the lives we've directly impacted and the future where young people will be shocked to learn of the places smoking was once allowed – just like they are today when you describe how hospitals and airlines used to have "smoking" sections.

The tobacco industry will be focused on Minnesota during this session. Let's go into the battle together and win a smokefree future!

# Election Results

**✓Vote 2004**



**President Elect:**  
Carrie Bourassa



**Vice President:**  
Nick Kuhnley



**Treasurer:**  
Shelly Klein



**Board of Directors:**  
Deb Breuer



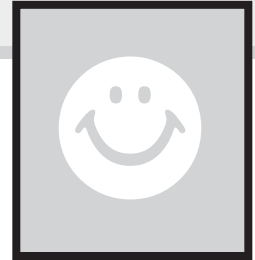
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**Board of Directors:**  
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*Our holistic touch to healing will soon reach Minneapolis. In the fall of 2003, Bethesda will open a satellite facility in Minneapolis with 27 beds for respiratory and complex medical care programs. For more information go to [www.bethesdahospital.org](http://www.bethesdahospital.org).*

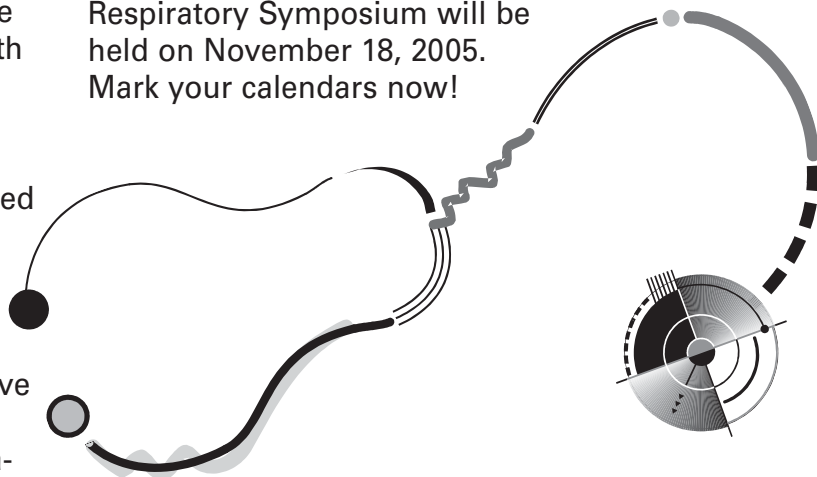
# North Memorial Medical Center Summary: 2004 Respiratory Symposium

by Terrie Newton

North Memorial's Respiratory Therapy Crew sponsored their annual Respiratory Symposium on November 19, 2004. A wide variety of excellent topics were presented. Participants were able to enjoy a low cost and varied educational experience. The topics included on Volumetric Capnography, Health Literacy, Chest Trauma, Levalbuterol Outcomes, Long Term Oxygen Therapy and "Getting Along."

Participants post evaluations remarks demonstrated the value and effectiveness of this symposium. These program evaluation remarks from the participants contained statements like: "Health Literacy – a real eye opener!"; "Dr. Truitt totally Rocks!"; "All topics/speakers were great, informative and interesting"; "Outstanding Symposium!"; "All Benny-great humor"; "nice to see vendor participation"; and "Doug Oberly demonstrated great knowledge for weaning techniques via VCO2 monitoring."

This symposium was a great success due to the respiratory care department's hard work and team approach, vendor support, quality of speakers and attending participants. The next North Memorial Respiratory Symposium will be held on November 18, 2005. Mark your calendars now!



## North Memorial Medical Center

- Independent 516 bed Medical Center
- Suburban setting in Robbinsdale, MN
- Level 1 Trauma Center
- Unequaled Emergency Medical System
- NICU (III), MSICU, TNCU, CVICU, IRU, CDU
- Respiratory Care Dept:
  - Premier critical care experience
  - Ventilator management for 28 years
  - Leading non-invasive center
  - True respiratory case management
  - 70 personnel and growing



## North Sleep Health Center

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# Pulmonary Rehab Networking Sessions...

(continued from cover)

Lung Disease (GOLD) has included pulmonary rehab as a standard of care for COPD patients, and Medicare officials made pulmonary rehab the “gold standard” for treatment in the National Emphysema Treatment Trials (NETT), Medicare still drags its feet on establishing a national coverage benefit. Further more, Medicare insists that services provided to eligible beneficiaries (our patients) are to be documented in very specific and often very labor intensive ways.

Most regions of the country have developed Local Coverage Determination (LCD) policies - formerly known as Local Medical Review Policies – to give providers a clearer understanding of what is expected to satisfy auditors and to receive payment. In many cases the rules outlined in these LCDs have dramatically changed the way services are delivered. Minnesota and North Dakota do not have LCDs for pulmonary rehab. We do not have clear cut rules yet we try to make sense of the coding language and the rather vague answers to questions submitted to our Medicare Fiscal Intermediary, Noridian.

Minnesota and North Dakota are under the watchful eye of Noridian Administrative Services Medicare in Fargo, North Dakota. Noridian is paid to process and pay out Medicare claims for our state. Noridian also decides if and when a Local Coverage Determination is necessary but has thus far refused to do so saying we can wait for a national policy. In the meantime, Noridian has told us to document our services in the same manner as Occupational Therapy (OT), Physical Therapy (PT) and Speech Pathology.

This is no small matter. It can take weeks or months to devise the language and forms needed to describe all the potential interventions of any rehab department. Therapists in OT, PT and Speech have extensive training in documentation and decades of experience in charting therapeutic objectives, plans of care, expected outcomes and timelines. Outpatient pulmonary rehab programs are usually staffed by one or two part time people with a respiratory therapist (RT) or nurse in the lead. As an RT, this writer has not received training in these charting methods and there is not enough time in the work day to redesign forms to meet the ever changing requirements of documentation.

In most hospitals, pulmonary rehab is not a large enough entity to warrant attention from the business offices until denials, audits and repayment demands become an issue. No one enjoys being audited but when it happens one can finally learn what they are doing right as well as wrong. The few guidelines published by Noridian in their Updates of September 2002 and June 2003 were released only because a coalition of Minnesota and North Dakota pulmonologists and therapists wrote letters, went to meetings and made calls asking for clarifications and for a local policy or LCD. Individual programs are still left to interpret meanings of published statements. The fact that we are still asking questions confirms there is a lack of clarity and understanding. There are too few opportunities to compare notes with our colleagues on the day to day operations of our programs.

The networking sessions brought together respiratory therapists, nurses, exercise physiologists, coding experts, physical therapists, and a compliance officer. Lois Schmitt, Compliance Coordinator for St. Cloud Hospital, shared their experiences with Noridian medical reviewers when their pulmonary rehab program was audited, payment was suspended and charts were placed on 100% review for several months in 2003. After several changes the auditors must have been satisfied because the chart reviews have stopped and payment has resumed. St. Cloud's experience has helped participants look more closely at what goes into the medical record. There is still much room for improvement and the group's consensus was to hold more networking sessions, focus on specific components in greater depth and lobby for a national policy.

Leaders of the AARC and AACVPR and other professional groups have been trying to convince legislature and Medicare to establish a benefit category for pulmonary rehab but the process has been bogged down by election year issues and the still unclear interpretation of physician supervision and “incident to” services. There is hope that when these matters are resolved for cardiac rehab, the pulmonary pieces will fall into place.

Many thanks to the MSRC for sponsoring opportunities that encourage rehab professionals to cross the discipline borderlines, increase knowledge and skills to help our patients cope with and enjoy life.





University of Minnesota, Rochester/Mayo Clinic, third place for "MDI Use in Children with Asthma: A Focus on Teaching" by Pankaj Suri, St Paul College and fourth place for "Pediatric Obstructive Sleep Apnea Syndrome: An Overview of Current Practice" by Scott R. Christensen, College of St. Catherine.

The second award the Minnesota Society for Respiratory care bestows on its student members is







the Nonin Recognition Award. This honor is given to individuals who demonstrate excellence in both their scholastic pursuits and in service to their community. The MSRC and the Minnesota Foundation for Respiratory Care were proud to recognize Lisa Manikhong from the College of St. Catherine and Brian Schmidt from Saint Paul College for their contributions to their communities and their leadership in their respective college programs.


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# MRCF Scholarship Awards

by Sandy Brandley, Chair MRCF



The Minnesota Society for Respiratory Care has a long standing tradition of recognizing talent and abilities within our student therapists through the H. F. Helmholz Jr. Awards and the Nonin Recognition Award. The Helmholz Award was created to honor the recipient for excellence in research and scientific writing while also honoring the long and sterling career of one of the fathers of Respiratory Care, Dr. H. Fred Helmholz Jr.

The Helmholz Awards are presented to four students based on excellence of their research papers judged by practitioner and physician reviewers on organization, topic selection, quality of research, mechanics and handling of cited references, composition and grammar, and accuracy and completeness of content. When evaluating organization the reviewers look at the format of the abstract, introduction, materials and methods, results, and discussion. Several different styles may be used depending upon the type of paper presented. For example, a case study should include an introduction, case summary and discussion. The discussion should consist of the reason for reporting the case, concise description of the problem, complication, treatment, and statement of the "lesson" learned from the case.



The topic selection should demonstrate a relevance and interest for the respiratory care practitioner that will increase their knowledge and expertise. When evaluating the quality of research, the reviewers are looking for a comprehensive search and thorough analysis of the current status of medical and scientific literature. They are also interested in original research that demonstrates a command of scientific method and experimental design, competent execution of the study and analysis of the data.

The remaining areas of evaluation are to rank the technical merits of the papers. The presentation of the work must follow the guidelines in "Manuscript

Preparation Guide" from the journal *Respiratory Care* and also demonstrate correct spelling, neatness of presentation, the use of proper symbols and abbreviations. Grammar, sentence structure, word order and punctuation also have weight in the final evaluation of each paper.

Finally, the accuracy and the completeness of the content are rated. If the topic discussed is controversial, other opinions should be included in the student's review.

This year's winners of the Helmholz Awards were: first place for "New on the Horizon: Moving up the Chain of Events in Asthma With Adjuncts to Respiratory Care" by Gary Newman, University of Minnesota, Rochester/Mayo Clinic, second place for "Ariflo-A Second Generation PDE-IV Inhibitor, A Prospective Treatment for COPD" by Krystal Mason,

# Twin Cities Get on Board with Passage of Smoke Free Ordinances

by Julie Clark

## WHAT:

At last, the two most populous counties in our state, Hennepin and Ramsey Counties have passed smoke free ordinances. Following in the footsteps of pioneers in Moose Lake, Duluth and other cities and counties, the big "metro" finally has taken a stand supporting positive public health policy in regards to second hand smoke.

## WHO:

Carrie Bourassa and I, representing the MSRC and our employers, were proud to be part of the passage of these ordinances. In response to MSRC members, who wanted the Legislative/PACT leaders to get more involved in local issues, Carrie and I decided to do what we could to support the proposed ordinances this fall. We contacted our respective county offices and requested that we be allowed to testify at the county commissioner public hearings.

## HOW:

We coordinated our messages in advance of the meetings and relied on statistics provided by the AARC and the ALAMN to support our views. We attended the meetings and gave our testimony along with many other health organizations. It was an honor to represent our colleagues and especially our patients. Carrie proudly stated at a hearing, "As a respiratory therapist it is my job to help people to understand lung disease, learn to live with it the best they can, and also to help prevent others from getting sick." She also commented, "As I sat back down, I hoped that I had said the right things to help them see what we, as therapists, see." At the hearings we spoke on the subject of COPD, what it is, how people with COPD struggle and how some of these people never themselves smoked, but did live with a smoker or did work in a smoky environment. We related our view that all citizens have a right to breath clean air in their workplace and when dining out with friends and family.

## RESULTS:

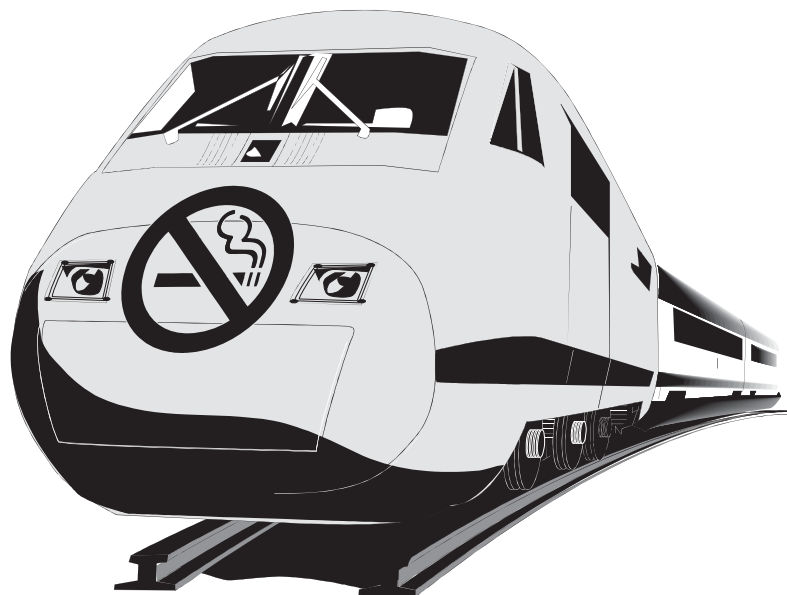
In Hennepin County, three hours of testimony was given to the commissioners on this ordinance. Both ordinances passed and can be viewed from the county website. The ordinances will go into effect on March 31, 2005.

Another result is that our profession had a voice in shaping public policy. As Carrie was leaving the meeting, three commissioners stopped her to thank her for her testimony. They remarked, "Thank you for talking about how, for many, work is a home away from home where people spend more time in the day breathing second hand smoke than they spend at home with their families." Another added, "We really needed to hear from your profession." The third commissioner softly added, "My mother died from COPD. Thank you so much."

I too was thanked by a few of the attendees at the Hennepin County meeting and some of my testimony, though I was unaware of at the time, was quoted in the local Sun Sailor Newspaper. Our representation served as a great boost to our profession. The fact that out of so many people who testified, a respiratory therapist was chosen as one of three people to be quoted in the news story is phenomenal. I found out about the article a few weeks later when I was called for a follow up interview after the ordinance had passed.

## SUMMARY:

Carrie and I were both very proud to represent the MSRC when giving our testimony. We would like to encourage all practitioners to get involved in helping to shape public health policy in a positive way based on the expertise of being a respiratory therapist.





# The 35th Annual Educational Program

by Peggy Lange



The 35th Annual Educational Program was held Sept 22-24, 2004 in St Cloud, MN. Our program began with a golf outing at Blackberry Ridge where 44 golfers vied for prizes. The PGA doesn't have to worry about takeovers this year! Meanwhile, 5 sputum bowl teams competed for the championship which went to the Mayo Clinic Team. We wish them well in New Orleans. Other activities included the Ice Cream Social and Atomic Bowling. The bowling night provided great costumes, great bowling and great FUN!

The conference had 267 registrants and many wonderful speakers. The initial topic of Political Advocacy encouraged us as RCPs to "Do the Write Thing" and contact state leaders to create an understanding of our profession and how we impact care for patients. Education topics included reviewing how to recognize and correlate the clinical patient picture to imaging tech-

niques, and how the diagnosis and treatment of thoracic injuries impact RCPs. The use of intensivists, an emerging trend in critical care, was explained and included information about Leapfrog. This direction will surely change how RC practice in the critical care setting. Also discussed were the challenges of home monitoring and the continuum of respiratory care from hospital to home, and a review of the pathophysiology, diagnosis and current treatment options of ARDS. Discussion was lively for the topic of medical ethics. Family knowledge and understanding in decision making is imperative. The final topic reviewed epidemiology of vaccine preventable respiratory diseases, a crucial topic for us this year with the influenza vaccine shortage.

The Helmholz Lecture Award winner this year was Dr Mohammed Yassin. He has been an outstanding advocate for Respiratory Therapists in the state of MN. His case study review carried pertinent care suggestions for RCPs and was entertaining as usual!

Thanks to all participants who filled out their evaluations. These really help in getting ideas for upcoming educational events. Many Thanks go to the vendors and sponsors of the activities and presentations. Without this sponsorship, this conference would not be possible! We look forward to continued support from vendors and participants as we move toward the Bi-State meeting being held at Wisconsin Dells, April 25 - 27, 2005.







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