



Office of the American Lung Association of America 490 Concordia Ave. St. Paul, MN 55103-2441 1-800-642-LUNG PRST STD U.S. Postage Paid St. Paul, MN Permit No. 17



# Bronchus Output Description:

Official Newsletter of the Minnesota Society for Respiratory Care

**SUMMER 2006** 

**VOLUME 30 #2** 

www.msrcnet.com

### President's Message Carrie Bourassa, RRT



With summer in full swing, I hope all of you are enjoying all that Minnesota's summers have to offer (minus the mammoth mosquitoes). Our workplaces are high tech, fast

paced and challenging no matter the season.

The activities of the MSRC have also been fast paced. The 2nd Annual North Regional Respiratory Care Conference held in Duluth in May was a great success! The Wisconsin Society worked closely with the MSRC to bring the RTs in both states a place to network, learn and have a little fun! A special thank you to all who helped make this second year as successful as the first! Whether you were an attendee, a vendor, a student, a speaker, or on the NRRCC committee: every role and effort ensured the respiratory therapists in both states had access to wonderful educational opportunities. Join us for the 3rd Annual NRRCC conference at the Kalahari in the Wisconsin Dells in the fall of 2007. The MSRC will have our fall conference, annual business meeting and board meeting in September, details will be available on the website soon.

President's Message continued on page 19.

# Disaster Preparedness 2006 by Nick Kuhnley

It is time for an update concerning disaster preparedness as it relates to the RCP profession in the State of Minnesota.

The MSRC is putting together a Disaster Preparedness Committee which will probably meet on a near monthly-basis throughout this year. The initial membership convened a meeting on June 22nd to discuss the formation of a planning and operational group. All RCP's who are willing to attend and participate should contact me at my e-mail address.

We also have speakerphone capability for those out state RCP's interested in attending without actually being in the Twin Cities. Your MSRC intends on securing a positive and effective role in this State's disaster planning programs.

I have completed the annual ventilator inventory which has been conducted every year since 2001. This year I expanded the survey from the metro-area to almost all Minnesota hospitals and UHS. The results in an Excel spreadsheet are available on-line at the MSRC website in the "Professional Educational Resources" section, and under "Miscellaneous", "Equipment /Product Resources". This tool can be used by any department to locate similar ventilators and experienced personnel; in the advent a disaster exceeds their institution's

Article continued on page 4.

# Staying Motivated For a Variety of Reasons by Anne Baublitz

Knowing that no two days on the job are ever the same is what keeps Dean Boike, RRT, CRT, MN, RCP, energized and eager to approach his work each morning. As the Assistant Director of Respiratory Care at Rice Memorial Hospital in Willmar, Minnesota, Boike knows that there is only one thing he can be sure about: whether he is scheduled to visit with an ICN premie or to oversee sleep tests on an elderly patient, his job is constantly changing, and it is packed with the variety he craved when he chose a career in healthcare.

Based on this constant change, Boike describes his position as the Assistant Director, explaining how it is flexible, and frequently morphs to encompass new responsibilities and surrender to other ones. "That's what I like about the work - the variety," he says. "We have the opportunity to work with premies and the elderly, and everyone in between."

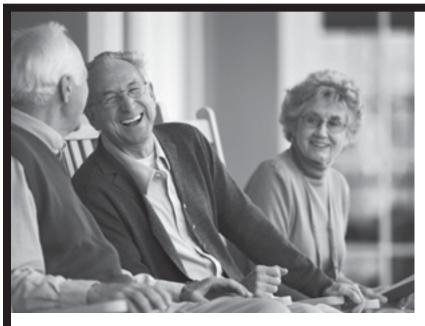
Since he works in one of the fastestgrowing cities in Minnesota, he sees patients from all over the surrounding areas that come to the hospital for a variety of reasons. He describes Rice Memorial Hospital as a 110-bed cityowned hospital 90 miles west of the

Article continued on page 12.

**5** RCP of the Year Nomination Form

Have Your Cake and Eat it Too

17 COPD Committee Report



## **Oxygen Services**

Concentrators • Cylinder Gas Liquid Systems • Conserving Devices



# ALLINA. HOME OXYGEN & MEDICAL EQUIPMENT

Allina Hospitals & Clinics

- Buffalo
- Fridley
- Cambridge
- Coon Rapids
- Hutchinson
- New Brighton
- New Ulm
- St. Paul
- Owatonna
- Minneapolis

## Respiratory Equipment

CPAP/BiPAP • Apnea Monitors Ventilators • Nebulizers

Call Us Today!

651-628-4800 or 800-737-4473

www.allinahome.com



Partnering with you to enhance the health of the communities we serve.

## Editor's Note

My mother-in-law is currently job seeking at the age of 56 after her now ex-employer decided to down size. It has been quite the process for her and she has been jobless now since February. She has been scouring the want-ads, searching on-line, and volunteering to expand to contact list. Job searching is hard enough, but I can't imagine having to make a career change just to find something. She moved to Plymouth from Mankato thinking there would be more opportunities in the Twin Cities. We did receive a phone call from her last night rejoicing that she was accepting a job offer in the morning.

I consider myself lucky to be in the field of Respiratory Care because I feel that I will never be in the same predicament as my mother-in-law. I do realize that the



job market was not always as plentiful though. I have confidence in our organization that our hard work to continually establish our role in the field of healthcare will only continue to grow.

So even when I feel overwhelmed with my responsibilities to *The Bronchus*, I always realize how worthwhile my time really is with the MSRC. I am helping to establish my own job security.

Megan Schultz 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

Editor —	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:

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**

8400 Coral Sea St. NE Suite #200 Blaine, MN 55449 (763) 780-0100 jander7337@aol.com

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.

#### Would you like to advertise in THE BRONCHUS?

2006 RATES	3 Issue Rate	Single Rate	One Time Set-up Fee
Full Page	\$425/issue	\$450/issue	\$100/issue
Half Page	\$250/issue	\$275/issue	\$60/issue
Quarter Page	\$150/issue	\$175/issue	\$40/issue

**Building Ads** — At present, those customers who do not have the means to construct ads may submit materials\* to *The Bronchus* and we will have basic ads constructed for a fee of:

Full Page \$175 Half Page \$150 Quarter Page \$125

#### Color is Available -

One additional color beyond B&W add: \$80/issue, any size For full color ads add: \$300/issue, any size

Premium Placement Offered — per each issue Inside Front Cover, full page ads add: \$50/issue Back Cover, half page ads add: \$25/issue

#### Website 'Bronchus' Electronic Ads -

The website is currently under construction. Please contact Ad Manager for details.

#### For more information, please contact:

Nick Kuhnley, Advertising Manager Respiratory Care Department, North Memorial Health Center 3300 Oakdale Ave. North Robbinsdale, MN 55422 Phone: (763) 520-7456 Fax: (763) 520-4755 nick.kuhnley@northmemorial.com

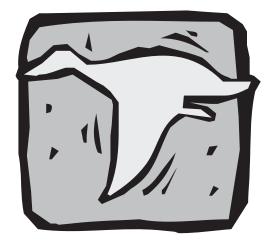
<sup>\*</sup>Photos, logos, discs, and script — The builder does not accept camera ready art, please call Ad Manager for assistance.

### **Disaster Preparedness 2006**

(continued from cover)

capabilities. Contact people and phone numbers are included. Contrary to the "wildly inaccurate" estimates being cited by "experts" the grand total stands at just under 1,000 permanent ventilators in the State of Minnesota. Our ventilator growth rate has averaged 6% per year. Using the calculations of CDC's "Flu Surge®" software, a novel flu epidemic lasting 8 weeks, peaking at 5 weeks, and involving 25% of the population would require two times the total hospital bed capacity, 4 1/2 times the critical care beds, and double the number of ventilators currently available. Other estimators have run far higher numbers in predicting ventilator needs.

The death toll from Avian Flu (H5N1) as reported in June by the World Health Organization, stands at 130, from a total of 228 laboratory confirmed cases since 2003. The death rate has been expressed as high as 57% by WHO, which is similar to the death rate the S.A.R.S. outbreaks experienced two years ago. At present, the current "real" threat to Minnesotans is still West Nile Virus, also not surprisingly vectored by birds. In South East Asia the Avian Flu is endemic in domesticated birds which has led to the culling of entire poultry populations, and has led to the death of hundreds of thousands of "wild" birds. Migratory waterfowl are being scrutinized closely as they may introduce the H5N1 virus into new geographical areas such as the virgin North and South Americas. There are many possible scenarios which could become responsible for the importation of these viruses, which include human travelers, smugglers, and wild migratory birds. Many bird species of South Eastern Asia migrate up the Asian coastline and terminate their migration in a loop through Alaska, where cross contamination of other species could occur. About thirty surveillance stations are now operating in Alaska monitoring avian activity.



All four major North American flyways originate in Alaska and Canada, and course in a southerly direction as far south as Antarctica. Ducks and Geese are showing an increasing resistance to this influenza, which means the less affected sick birds can fly further and deviate less from their original nesting areas. In one scenario, the most likely areas for entry of H5N1 would be along the Pacific, the Western, and Mississippi Flyways. Both the Mississippi and Western Flyways course through Minnesota and the Dakotas. In this scenario, our first US introduction could be with bird hunters and their retrievers this fall in Minnesota and North Dakota. If the virus is unchanged with no human to human transmission, a small number of hunters and their dogs could become infected from bird handling. Half of these cases could be fatal. If the virus changes its genetic makeup and allows human to human transmission, the situation could become much worse, transferring to families and friends, even leading to a epidemic. Rapid identification and quarantine will be required to mitigate a disaster if H5N1 is introduced here this year. Vigilance should be paramount in the minds of our RCP's located in Northern and Western Minnesota this Fall.

The experience in SE Asia has given us valuable insight into the clinical presentation of humans with Avian influenzas. Fever is found in 94-100% of cases. Cough in 67-100% of cases. Diarrhea in 17-70% of cases. Headache in 22-100% of cases. Abdominal pain in 17-50% of cases. Median age effected is between 9 and 22 years old. The time from last presumed exposure to onset of illness, averages 3-4 days, with a range of 2-8 days. The time from onset of illness to presentation at a medical facility averaged 6 days in SE Asia. That time could be much reduced in North America, where medical facilities are numerous, and now that we health care professionals are on notice.

We intend to provide future updates on disaster related issues in both *Bronchus* and the MSRC website over the upcoming months. Issues should include:

- Hospital surge capacity
- Potential alternative care sites (auxiliary hospitals).
- Oxygen delivery infrastructure
- Ethical dilemmas, and evolving criteria in the rationing of supplementary oxygen and mechanical ventilation
- Ventilator selection criteria for disaster
- The logical stockpiling of equipment, circuits, filters, and supplies for disaster.

I have amassed a rather large amount of information pertaining to disaster preparedness, and will welcome any specific questions you may have on any subject. Feel free to call me at 763-520-7456 between 9AM and 4PM weekdays for involved conversations, or e-mail me at <a href="mailto:nick.kuhnley@northmemorial.com">nick.kuhnley@northmemorial.com</a> with shorter, less detailed questions.

No matter where you live in Minnesota—we are all in this one together.



## RCP of the Year Nominations

It is time once again for "RCP of the Year" nominations. Please consider nominating one of your fellow practitioners for their outstanding contributions in the field of Respiratory Care. This is an annual MSRC award given out at the Educational meeting in September. Check out our web site for more information!

We hope you will take this opportunity to recognize one of your colleagues for their ongoing commitment to our profession

Please return completed forms to:

Gary Johnson @ North Country Regional Hospital, 1300 Anne St. NW • Bemidji, MN 56601 • Fax: 218-333-5995, no later than September 1st, 2006.



### **Minnesota Society for Respiratory Care**

A Chartered Affiliate of The American Association for Respiratory Care

> Dedicated to Pulmonary Health: Through Care, Education, Research

PRACTITIONER OF THE YEAR AWARD		
Your Name: Telephone:		
Nominee Name:		
Employer:		
Position:		
Years of Experience: Credentials:		
MSRC Membership Involvement:		
Professional Intrests/ Activities:		
Community Involvement:		
Professional Accomplishments: (publications, awards, etc.) during the past year		
In the space provided below please write a brief description of why this person is special and deserves to be choosen for this position. DO NOT USE THE PERSON'S NAME IN YOUR DESCRIPTION		

www.msrcnet.com

## Lose One, Add One... A Council Rotation By Ruth Rinker

Beginning with February 2006's meeting, Joe Buhain became one of three therapists on the Board of Medical Practice's Respiratory Advisory Council (see related article in this issue). Joe filled the position held for six years by myself, Ruth Rinker. He was appointed by the Board of Medical Practice for a four year term with the possibly of one four year reappointment. All respiratory therapists regulated by the Board are eligible to apply for the role.

Those who attended last November's transition/leadership MSRC board meeting know that I resigned two years prior to the end of my second appointment in order that one, rather than two therapists come onto the Council at the same time. Alex Adams is scheduled to rotate off next at the end of 2007 after two four-year appointments.

It is not too early to begin thinking about application to the Council. Regarding this year's appointment process, Jeanne Hoffman, Licensure Coordinator at the Board of Medical Practice (BMP), commented that it seemed all applicants for the position would have made good Council members. It would be one more plus for the respiratory community to again provide the BMP with an outstanding slate in the fall of 2007.

Think about it. Is it a role for you? As Lisa Hamel's article describes, the Council reviews therapists' applications, education, problems, and professional growth issues. Although the individual information that the Council deals with is protected, Council members are an easy route to answers about your profession's regulation.



### Proud to Support the MSRC and the Respiratory Profession

Clinically Focused

## For Your Patients' Clinical Needs

- Clinical Assessments/Follow-up
  - Oxygen dependent patients
  - COPD patients
- Oxygen Delivery Systems
  - Invacare HomeFill II unlimited ambulatory oxygen supply
  - Spirit liquid conserving device
  - Helios liquid conserving device
  - Conservers compressed gas devices
- Respiratory Medications
- CPAP/BiLevel Pressure Therapy
- Home Ventilatory Program
- Infusion/Enteral Therapy

Visit us at: www.Apria.com





APRIA HEALTHCARE®

For more information, contact the office nearest you:

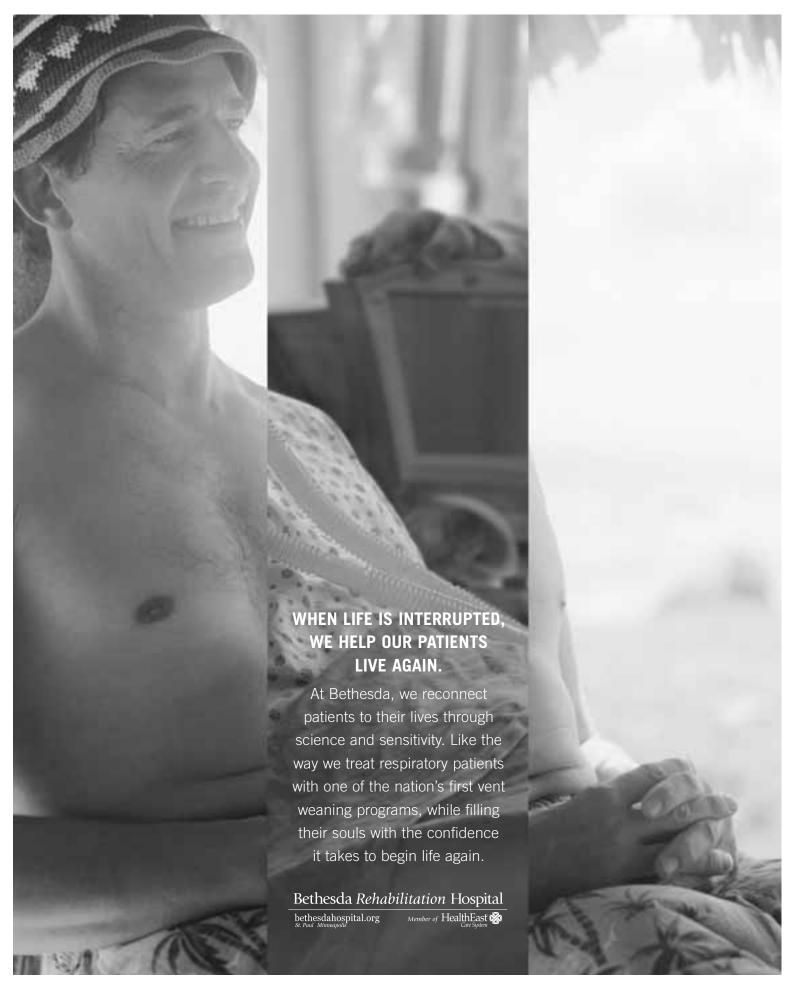
**Twin Cities** (651) 523-8829

**Rochester** (507) 285-0065

**St. Cloud** (320) 252-0655 **Duluth** 

(218) 723-7121

www.msrcnet.com Summer 2006



### Summary of Minnesota RCP Registration Activities by Lisa Hamel, Chair of Respiratory Care Advisory Board

As of May 2006, 1541 Registered Respiratory Care Practitioners are registered in Minnesota. The Respiratory Care Advisory Board, composed of 3 RCPs, two public members, and two physicians, meet monthly to approve applications, investigate complaints, and assure the registration act protects the public as it was written. The Respiratory Care Practitioner Advisory Council has been appointed by the Minnesota Board of Medical Practice to regulate the Respiratory Care Practitioners of the state.

#### **SUMMARY OF COMPLAINT ACTIVITIES**

<b>GROUNDS OF COMPLAINTS</b>	
Conduct-Departure MN Stand	8
Inability-Drunkenness	6
Violating BMP Order	4
Addic/Habit Drugs/Intoxicant	4
Violating State Med. Prad. Law	2
Restriction Other Jurisdiction	2
Engaging in Unethical Conduct	2
Hospital Privileges	2
Non-Juris. Not Referred Closed	2

COMPLAINT	
Patient	4
Third Party	1
BMP Staff	1
Family Member	1
Natl Practitioner Data Bank	1
Other Enforcement Agency	1

RESULTS OF COMPLAINTS	
Administrative Orders	3
Stipulation and Order	1
Complaints Opened and Processed	7

The RCP Advisory Council has the authority to investigate complaints concerning practitioners. Using due process, the Advisory Council gathers evidence and information in its investigation of the allegations, and if warranted, will recommend to the Board of Medical Practice, what actions to take. It's important to note that a significant number of complaints come from patients. Just as RCPs are regulated to protect the public, you are also under obligation to report RCPs who violate the registration act.

For more information regarding registration, visit the Board of Medical Practice at its website: www.bmp.state.mn.us

#### **CURRENT RESPIRATORY CARE BOARD MEMBERS**

Alexander Aderse DCD	
Alexander Adams, RCP	
John Bateman	
Lois Chambers	
Lisa Hamel, RCP	

Timothy Aksamit, MD Joseph Buhain, RCP Paul Hamann, MD

# Life is Lovely... Breathe It In<sup>sm</sup>

With our talented team of respiratory therapists and healthcare professionals, Praxair Healthcare Services is with you every breath of the way—as we have been for 35 years.

We specialize in Home Oxygen, Respiratory Medications, Sleep Therapy Products and Services and Durable Medical Equipment. Experience all the beauty and wonder life has to offer. Call Praxair Healthcare Services today.

> 800-316-4016 Covering Minnesota and Western Wisconsin www.praxair.com/homecare



## 12 locations serving Minnesota Over 650 locations in the United States



**ARROWHEATH** *Medical Supply-* is an organization dedicated to providing comprehensive home respiratory care services with the utmost quality and professionalism.

#### **Services Include:**

24-hour on call service
 Patient Assessment &
 Follow-up visits by RCP

Delivery Service

#### **Equipment Includes:**

Oxygen Concentrators
 Oxygen Conserving Devices
 Portable Oxygen Systems
 Unit Dose Medications
 Nebulizers
 CPAP, BiPAP & NiPPV
 DME Equipment
 Liquid Oxygen

(952) 924-8884 • (877) 924-8884 fax (952) 703-5852

### **JCAHO ACCREDITED**

### 2nd Annual North Regional Respiratory Care Conference by Paul Lamere

The 2nd Annual North Regional Respiratory Care Conference (NRRCC) was held in Duluth May 3-5, 2006. As many are aware, this meeting is a joint venture between the Minnesota and Wisconsin Societies for Respiratory Care. Survey results and comments from registrants and exhibitors indicate that the convention was an enormous success. Preliminary count reveals that there were in excess of 500 participants registered. Of those attending a little over 60% were from Minnesota. A total of 85 exhibitors including recruiters, DME vendors, manufacturer and pharmaceutical representatives, and chapter affiliates provided for an engaging Thursday afternoon. As always we are extremely appreciative of the exhibitors' support, without which this event could not take place.

Highlights of the two and one-half day conference included national and regional caliber speakers on a diverse range of topics.

Breakout sessions, once again, proved to be very popular and addressed a majority of the specialty areas within the profession.

In addition to the long-standing Sputum Bowl competition within the state, the MSRC and WSRC winning teams went head-to-head on Wednesday evening with the University of Wisconsin-Madison Hospital Team defeating our Mayo Team in the finals. A bright note was a victory by the Mayo Student Team.

Something new this year was a dodge ball tournament which took place late Thursday afternoon. The activity seemed to be extremely popular with participants and audience alike. Rounding out the Thursday entertainment agenda was an evening of fun at the "Get Beached Ball".



Wisconsin Winners of Dodge Ball!

Looking ahead the next NRRCC is scheduled to take place in Wisconsin Dells on September 19-21, 2007. Anyone interested in participating in the planning of that meeting should contact the NRRCC Executive Committee.





University of Minnesota Team



Team Flutter Valves



St. Paul School Team



Wisconsin Team "Phleam Throwers



## Free-Breathing... Defined





### **Breathing In Balance<sup>™</sup> through Total Ventilation Solutions<sup>™</sup>**



Total Ventilation Solutions is our customizable wide range of products, programs and services designed to keep clinicians, hospitals and respiratory-impaired patients Breathing in Balance. To find out how:

Visit us at www.respironics.com; or call 1-800-553-5781 ext 5152.

Russ Kruger











"Respiranies" and "Esprit" are registered trademarks; "Free-Breathing", "Flow-Trak", "NeoPAP" and "CPAP Care for Babies" are trademarks; "Power Program" icons, "Breathing in Balance" and "Total Ventilation Solutions" are service marks of Respironics, Inc. and its affiliates. All rights reserved. © 2005 Respironics, Inc. All right reserved.

### **Staying Motivated For a Variety of Reasons** (continued from cover)

Minneapolis/St. Paul area, located in a town of approximately 20,000. The hospital is a regional referral hospital for the West Central and Southwest areas of Minnesota.

Depending on which patients are on Boike's schedule each day determines his activities and his locations within the hospital for that particular day. He describes how respiratory therapists at Rice Memorial Hospital are responsible for all areas of inpatient care, including the ER, ICU, PEDS, OB, the nursery, PACU, ambulatory care, adult health, women and children's health and mental health. "Because we meet with patients in all these areas, my day to day responsibilities tend to vary, but most commonly, I meet with adult and pediatric patients," says Boike. We also have an outpatient pulmonary rehab program to cater to those particular patients. He adds that this diversity is what keeps the job exciting and motivates him to come to work

each morning. "That's what has always made Rice Hospital interesting - the variety of patients we care for and all the different areas we serve."

Besides dealing with a vast assortment of patients, Boike also enjoys working in Rice Memorial Hospital's recently renovated facilities. He describes the hospital, which is still involved in a \$52 million expansion, as "beautiful" and "state-of-the-art." "Our hospital's expansion project will probably be finished by the end of 2006," he says. "We have all new patient care areas and all new ancillary departments too." Boike

describes how the new facilities are not only attractive, but they are also functional and allow the staff members to do their jobs more efficiently. "We are much closer to our patients in our new department. We still are responsible for therapy in all locations throughout the hospital, but getting there doesn't take as long," he says.

Boike believes that the recent expansions have not just made the layouts of the departments in the hospital closer together. He also believes the staff members feel professionally closer to one another as well, saying, "I think our therapists do a good job of communicating with nurses and physicians and amongst ourselves. We do daily patient rounds to discuss, with other departments, all patients. Interdepartmental communication is key to good outcomes. It, of course, takes time and commitment, but we are all here to benefit the patients, and our physicians are very receptive to suggestions we might have for them."

Because he deals with many patients who experience a broad range of symptoms, Boike is trained in several different areas including EEG, PFT, Holter monitoring, EKG and TCO2. He explains that he is also proficient in plethysmography, and uses these and other procedures in his daily routine at the hospital. During one of these projects, he recently worked on developing a Rapid Evaluation Team (RET) to bring a unique approach to patient care. "We developed a RET team, where an ICU nurse, a staff nurse and a respiratory therapist respond to the bedside to evaluate and treat a patient who is displaying a change for the worse in his or her condition," he explains.

Although the RET program is a new addition to Rice Memorial Hospital, Boike explains that the idea is widespread among patient care facilities. "The RET--or, as some hospitals call it, RRT (Rapid Response Team)--is actually

> in place in many hospitals throughout the country. It is aimed at recognizing signs and symptoms early in a patient's condition and calling the RET to come and evaluate the patient, call the physician and make interventions."

Boike explains that the ways team members respond to these patients varies depending on the symptoms each patient exhibits. "In many cases, response may mean suctioning the patient, providing proper dosage and administration of diuretics," he says.

oxygen, fluid administration or the use of Because these programs are in existence throughout the

United States, Boike explains that Rice Memorial Hospital is now involved in a national movement to provide better, more responsive care for patients. "There is a national goal to decrease by 50% the number of Code situations that occur outside the ICU and ED," he says. "This RET--or RRT--team is a way to help recognize early decline in a patient's status and get key people in to evaluate and treat the patient."

Since the RET program at Rice Hospital has only been in effect since October 1, 2005, Boike explains that there have not been very many opportunities to test the system. But that's fine with him, and he still believes it is important to have a system like RET in place. "We've never had many Code situations outside the ICU or ED, but this is still a great way to help evaluate patients who we are concerned about," he notes.

Article continued on page 18.

### Have Your Cake and Eat it Too

#### by Connie Knipp

The Respiratory Care Dept. at Abbott Northwestern Hospital thinks it can have its sandwiches and make them, too. This past May the department assembled over 100 sandwiches for the Simpson Housing Services. The Simpson Housing Services is a shelter for adult men and women and is located at the Simpson Methodist Church in Minneapolis. Sandwich making is a voluntary activity that has been well received and supported by Allina in the past. The activity allowed the respiratory department to come together to contribute and support this very important community need in the Phillips neighborhood.

The activity of sandwich making was a group effort shared by many of the staff. Since it wasn't a budgeted or funded activity, staff generously donated money to help fund the project. Sharon Johnson-Eby, staff RCP, graciously volunteered her time to collect the donated money and purchase all of the needed materials. The department goal was to raise enough money to make, at least, 100 sandwiches. Not only was the goal reached but there was enough money left over to purchase fresh fruit and bottled water for the shelter.

Staff assembled the sandwiches during their downtime. Throughout the activity the department was transformed into a mini delicatessen. In the process of making the sandwiches (which consisted of various types of meat and cheeses), the



RCPs found the work flow process different than their usual respiratory assignment. Staff was able to choose their favorite section of the assembly line. The different areas of sandwich making included: sandwich assembly, packaging, labeling, final inspection and delivery. Over 100 sandwiches were made and packaged in less than 45 minutes.

The sandwiches were much appreciated by the Simpson Shelter guests. The respiratory department was happy that they could provide support and needed assistance to the men, women and children of the Simpson Housing Services. Who knows? Maybe next time it will be dessert.





## Alex B. Adams Receives the H. Frederic Helmholz Jr. M.D. Scientific Lecture Award

by Charles McAuthur

Alex B. Adams MPH, RRT, FAARC received the Helmholz Scientific Lecture award on May 5, 2006 at the NRRCC meeting in Duluth, MN. The award is given to a Minnesotan that has made a significant contribution to the practice of Respiratory Therapy and was created to honor Dr. H. Frederic Helmholz, Professor emeritus at Mayo Medical School. The title of Alex's lecture was "The Evolution and Intelligent Design of Respiratory Therapy" in which he addressed the history of the respiratory therapy profession. He discussed how our profession has developed to its current state and what the prospects are for the future.

Alex has contributed to the science of respiratory therapy in a multitude of ways. He has published in many areas related to the practice of respiratory therapy and has been on the editorial board of Respiratory Care since 1998 and currently is a reviewer for multiple medical journals related to respiratory therapy. Alex also serves on the Respiratory Care Advisory Council for the Minnesota Board of Medical Practice and is the current chair of the acute care specialty section of the AARC.



Alex is not just a well known scholar of respiratory therapy, but is also considered a mentor and leader in our professional community. He is a former President of the MSRC and has been involved in our professional society from its infancy. He has been a respiratory therapist, a manager, an educator, and a researcher.

Alex is currently an associate professor of medicine at the University of Minnesota and a senior research associate in the pulmonary research laboratory at Regions Hospital/Healthpartners Research Foundation.



Open Monday - Friday 8:00 am - 5:30 pm



## Medical

500 Central Ave. Osseo, MN 55369 FOMERLY: 'Twin Cities Medical Supply' "We Strive to Make a Difference in Our Patients' Lives and in Our Community."

763-315-6565

Visit our other locations in Redwing, Watertown, Apple Valley & Osseo

#### **Medical Equipment**

- Wheelchairs and Cushions
- Scooters
- Walkers and Accessories
- Seat Lift Chairs
- Hospital Beds and Accessories

#### **Respiratory Equipment**

- CPAP, Auto PAP, BIPAP and Supplies
- Nebulizers and Supplies
- Oxygen and Equipment

Contracted with insurance companies.
One of our specialties is treating patients with OSA (Obstructive Sleep Apnea).
If you need help with your CPAP or mask, please call for an appointment with one of our clinical specialists.

Owned and Managed by a Respiratory Therapist











## In The News

### **North Memorial/Fairview** Partnership Moves Forward with Maple Grove Hospital



On Wednesday, March 22, Governor Tim Pawlenty signed the Maple Grove hospital bill into law, authorizing the North Memorial/Fairview partnership to move forward with its proposal to build a new hospital in Maple Grove. North Memorial and Fairview are working together to finish design plans for the new hospital, which will open in 2009.

"We're excited about what this new hospital means to communities in the fast-growing northwest metro," says David Cress, North Memorial President and CEO. "Thanks to the tremendous support from the surrounding communities, we can now begin work to bring much-needed health care services to Maple Grove."

The new hospital will initially be 80 to 120 beds, but will be built to expand to as many as 300 beds when needed. Inpatient services will include emergency care, OB/GYN, pediatrics, heart, cancer, orthopedics, behavioral health services and more. The new hospital will have an open medical staff, allowing any physician to apply for privileges to practice at the facility. The hospital will also feature all private rooms as well as an electronic health records system.

"We're proud to have the opportunity to provide health care services to residents of the northwest metro," says David Page, Fairview President and CEO. "By working together, North Memorial and Fairview will combine its expertise and bring health care closer to home for residents living in these communities."

The hospital will be built on the North Memorial site, which is located near the intersection of Interstate 94 and the future Highway 610. This location was one of the reasons the Maple Grove City Council unanimously endorsed the North Memorial/Fairview partnership in January. The City Council also praised the complementary nature of the partnership and recognized the long-term commitment to the community by both organizations.

For more information, please visit North Memorial's website at www.northmemorial.com.

## **Introducing The Respiratory Technologies & Critical Care Divisions of** VIASYS Healthcare Inc.

We're the names you've trusted for years. Now we're stronger than ever with the resources of VIASYS Healthcare, Working together our products make your applications easier.

Working together our more than 100 customer care specialists make your life easier.

And working together -

Critical Care

SensorMedics

· Bear

Bird

Excellence for life is a commitment, not just a slogan

 Jaeger SensorMedics

**Pulmonary Function Diagnostics** 

· Spire Tech

For a closer look at our entire product range, visit our website at www.viacus.tv or contact your local representative.

Gerald Ebert, 800-231-2466 ext 3721 for Critical Care Sales Kelly Gefroh, 800-231-2466 ext 8837 for PFT and Sleep Diagnostic Sales EALTHCARE Excellence For Life

Sleep Diagnostics

Nicolet Biomedical

SensorMedics

Jaeger

## MSRC Medical Advisor... A Crucial Component Submitted by Carrie Bourassa

The MSRC Medical Advisor's role is vital to our organization. Dr. Charlene McEvoy, MD, MPH brings to this position a diverse history in Pulmonary Medicine. Dr. McEvoy splits her time between HealthPartners Specialty Center - Lung & Sleep Health and HealthPartners Research Foundation.

Recently listed as one of MNTop Doctors in Minnesota Monthly, Dr. McEvoy's patient population includes those with all lung health issues. However, she has special interest in COPD, Asthma and Sleep Medicine. She is the co-Investigator with the COPD Research Network and is involved with a clinical trial for the evaluation of new and current treatments for COPD with others across the country.

Dr. McEvoy is also currently an Assistant Professor of Medicine, Clinical Scholar Track at the University of Minnesota, where she also received her Doctor of Medicine degree.

Working closely with respiratory therapists in both the clinical and research arenas, Dr. McEvoy states "RT's are a critical component to a quality pulmonary program and in general are underused by healthcare systems." Recognizing the value of the role of the respiratory therapist aids the Medical Advisor, who is an ex- officio member of all committees. This relationship enhances the efforts of the MSRC to advocate for our patients and our profession.



Charlene E. McEvoy, MD, MPH

On behalf of the MSRC, I would like to thank Dr. McEvoy for donating her time to our organization.



Community Of Respiratory Excellence

Not Simple, just simply the best.

Let us serve your Respiratory and Polysomnography staffing needs.

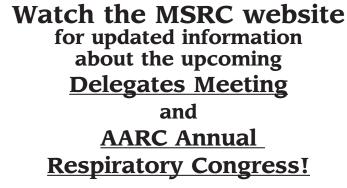
We offer assistance with:

- · Adult, Pediatric and Neonatal ICU staffing
  - · Pulmonary Function Testing
    - · Pulmonary Rehab
    - · Clinical Research
    - BLS Instruction
    - · Sleep Lab Staffing

612-770-2964 email: respiratoryrt@yahoo.com

11272 Kenworth Lane, Lakeville, MN 55044 www.corerespiratory.com

## http://www.msrcnet.com





### Sputum Bowl 2006!

This year at the NRCC in Duluth, MN six teams competed.

The teams included:

CORE Respiratory Services Children's Hospitals Immanuel St. Joseph's/ Mayo Health Systems Rochester Mayo Methodist Hospital U of M Hospital

The 2006 MSRC Sputum Bowl winner was... Rochester Mayo!

Team members included:

Michael Kraft James Pringnitz
Mark Mulholland Chris Potts

The Rochester Mayo team competed against the top Wisconsin team and unfortunately lost this year. So far the record is: MN 1, Wisconsin 1 for the bi-state competition.

Winner of the Best Question Award 2006 was CORE Respiratory Services.

Winner of the Team Spirit Award 2006 was Immanuel St. Joseph's/Mayo Health Systems.

This year we were fortunate to have a new buzzer system thanks to the MSRC. No more waving the hands to answer a question!

Thank you to all that participated and a big thank you to Rich Sheerwood for helping to organize the event.

## **COPD Committee Report** by Kris Mrosak

The Respiratory Rally was a huge success for patients and families.

Our support to the ALA for this rally represented our goals that were outlined for this year. Our committee recently met to discuss our continued direction. We are looking into the potential for public speaking opportunities, providing support for educators with presentations, and other areas to expand our presence. Thank you to those who have contacted us and are interested in being involved. Your suggestions are always welcome.

You may reach us at mrosak@parknicollet.com

### MSRC Annual Election-Coming Soon!

A big thank you to Laurie Tomaszewski and the nominations committee for their hard work securing candidates for the fall election. The candidate list is as follows:

Vicki Engmark	President Elect
Shelly Klein	Vice President
Jeff Anderson	Vice President
Lynn Buchanan	Treasurer
Deb Breuer	Treasurer
Joe Buhain	Board of Directors
Roberta Clark	Board of Directors
Andrine Docken	<b>Board of Directors</b>
Chris Gerlach	<b>Board of Directors</b>
Pat Johnson	<b>Board of Directors</b>
Sue Knight	<b>Board of Directors</b>
Nick Kuhnley	<b>Board of Directors</b>
Christine Langteau	<b>Board of Directors</b>
Ken Ottum	<b>Board of Directors</b>
Lori Vogelpohl	<b>Board of Directors</b>
Dennis Walstrom	<b>Board of Directors</b>

The official ballot along with the candidate photos and bios will be mailed in August to all Active and Life MSRC members (those eligible to vote). Check your mail; let your voice be heard!



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



www.msrcnet.com Summer 2006 1

## **Staying Motivated For a Variety of Reasons** (continued from page 14)

Because of new approaches like RET, Boike believes that the role respiratory therapists play has developed significantly in the past decade or so, and he also feels confident that it will continue to expand and change in the future. "The respiratory therapist's role has definitely evolved over the last 10 or 15 years," he says. "We provide so much more than therapy. We are the smoking cessation providers here at our hospital. We are also going to provide COPD education, in a more formal way, to our inpatients."

Not only does Boike believe the professional responsibilities of respiratory therapists have changed over time, he also believes people's attitudes towards RTs have changed as well. "We are viewed much more as professionals and less as technicians," he says. "Respiratory therapists have done a great job of stepping up to the plate to all new and varied services in our ever-changing work world."

Although Boike says respiratory therapists have done a good job of accepting increasing responsibilities and have, therefore, earned the respect of other medical professionals, he is a bit worried about how everyday people view him and his colleagues. "I am concerned about the general public's awareness of our job and our role in the healthcare team. We need to continue to present our profession in as many avenues as possible to increase awareness of what we do," he says.

Boike believes one way this can be accomplished is through educational outreach. "We can help promote RT as a profession by inviting groups, such as the Boy Scouts and the Girl Scouts, to a department tour at the hospital and explaining the work we do," he says. He also believes Health Career Fairs at local high schools are effective educational tools for older children and teens. By highlighting the work respiratory therapists do, Boike says these fairs also allow RTs to meet young people who may be considering career paths similar to their own. "Also, something as simple as a career spotlight in a local newspaper during RT week can increase awareness," he says.

Boike also describes how, in the past, he visited his children's fifth and sixth grade classrooms to discuss the respiratory system with the students. Through hands-on experience, like showing them how an oximeter and other tools work, Boike believes a greater understanding of the work RTs do is formed.

And, to those students who do grow up and decide to pursue a career in respiratory therapy, Boike recommends becoming involved in as many areas of the field as possible. "Pursue your special interests, as many opportunities await," he says. "From working with newborns to the very old, and with everyone in between, variety is the thing I have always enjoyed."

Dean Boike, RRT, CRT, CRT, RRT, MN, RCP, holds both an AA and an AS degree from North Hennepin College in Brooklyn Park, Minnesota. He also had respiratory clinical training at North Memorial Hospital in Robbinsdale, Minnesota. Today, he is the Assistant Director of Respiratory Care at Rice Memorial Hospital in Willmar, Minnesota.

Anne Baublitz is a freelance writer from Glen Rock, Pennsylvania. She is on the editorial board of NEWS-Line for Respiratory Care Professionals.



## Save the Date

## Important Dates for Upcoming Events. MSRC 2006

August 11, 2006:	BOD Meeting, ALAMN, St. Paul
August 16–18, 2006:	Midwest APT Annual Conference, Milwaukee, WI
September 21, 2006:	Annual Business Meeting, Location TBA
October 12-13, 2006:	ALAMN COPD Educator Course; Bloomington, MN
October 22–28, 2006:	Respiratory Care Week
October 25, 2006:	Lung Health Day
October 25–26, 2006:	ALAMN Asthma Educator Course Contact Glory Dennison, 651-268-7581 or glory@alamn.org for more information
November 10, 2006:	Fall Leadership Workshop, Rush Creek, Maple Grove, MN
November 11, 2006:	Upper Midwest Sleep Society, Downtown Radison, Minneapolis
November 17, 2006:	North Memorial/MSRC Fall Symposium, Terrace Mall Facility, Robbinsdale, MN
December 11–14, 2006:	52nd International Respiratory Congress, Las Vegas, Nevada
March 2, 2007:	MSRC Student Job Fair; College of St. Catherine, St. Paul, MN

## President's Message (continued from cover)

Political Advocacy efforts have continued with the collaboration of the AARC and Respiratory Care Societies from across the nation to advocate for our patients. We have seen and are dealing with many changes in Medicare prescription drug coverage as well as home oxygen reimbursement. We continue to work with our congressional offices to gain access to respiratory therapists in the home for our patients as well as pulmonary rehabilitation coverage. These are but a few of the issues our profession is involved in. Please visit the MSRC website at www.msrcnet.com or www.aarc.org, to learn more or contact us.

In this issue of the *Bronchus* you will read about the efforts of the MSRC/AARC on pandemic flu and disaster preparedness. This will be one of the biggest issues our profession will face in the near future or recent past. Minnesota is working on this issue with rest of the nation; visit the website for updates and vital information!

The Minnesota Respiratory Care Foundation has scholarships available respiratory care students. Unfortunately, in years past these scholarships have often gone without being awarded because no one applied! Students, please check the website for more information or to contact Sandy Brandley.

I remember how hard it is to be a respiratory care student. You live and breathe gas laws and modes of ventilation. I have had the pleasure to work with many students this year; your dedication does not go unnoticed or unappreciated! To all the therapists working with these students, remember, they are our future, treat them well, mentor them, buy them lunch or simply take the time to say hello and offer a helping hand.



The next MSRC Board meeting is on August 11 at the ALAMN please join us in person or via teleconferencing, details are on the website.

As always, if any issue discussed in this message interests you, or I can be of assistance in any way, please feel free to contact me at any time. Once again, I thank you for the opportunity to serve you.