MSRC
Minnesota Society for Respiratory Care

The Bronchus

Official Newsletter of the Minnesota Society for Respiratory Care

SPRING 2007 VOLUME 31 #1 www.msrcnet.com

President's Message
Laurie Tomaszewski

It is going to be a busy year for the MSRC; we have many initiatives underway. The support of the board and committee members for these plans is exceptional – we have quite the team!

In our first board meeting of the year we showed our support to the students of Minnesota by a unanimous vote to send a student Sputum Bowl team to the AARC for the national competition. Shari Mlodozyniec (St Mary's, Duluth) led this charge by conducting surveys with teachers and students. The annual student job fair is so successful that those funds raised will go toward this new venture. We are very proud of the students and teachers; thank you Shari for making this happen. We also unanimously voted for the North Regional Respiratory Care Conference of 2008 to be held in Rochester, Minnesota. We LOVE Duluth and are sad to move on; we are simply in need of a bigger venue. The NRRCC looked at a number of options and the committee toured the facilities in Rochester.

President's Message continued on page 5.

Disaster Preparedness Committee Update 2007
by Nick Kuhnley, RCP, RRT

In 2006 our past president Carrie Bourassa made it a priority to advance our professional recognition by becoming involved in the statewide planning for disaster mitigation. Carrie stated this was one of the most important things we could engage in, and subsequently the Disaster Preparedness Committee was formed, co-chaired by Steve Sittig and myself. We have accomplished the first statewide ventilator inventory, and have begun producing a disaster manual for distribution to all RCPs in Minnesota.

In just the past few weeks, two things have recently transpired that have promoted our profession to the highest levels of participation in our State medical response planning and development.

As a Disaster chair for the MSRC, I have been selected for membership on the Science Advisory Team (SAT) which operates under the Minnesota Department of Health's (MDH) Office of Emergency Preparedness (OEP). This team is the advisory body that reports to the Minnesota Commissioner of Health and onto the Governor. Up until now the SAT has been a physician only team, supported by personnel from the OEP.

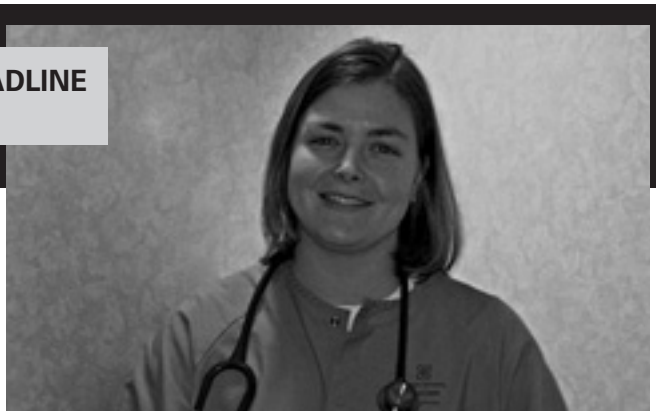
The first mission of the Science Advisory Team is to develop and organize the entire medical response to natural disasters, pandemics, and terrorist actions through advance prepared guidelines, protocols, and systems preparation. SAT is developing the tools necessary to mitigate disasters, and achieve best outcomes in a resources-limited environment. With the advent of an actual disaster, the SAT will be convened at the Capitol to interpret ongoing medical operations and advise the Commissioner and the Governor.

Last week I had the opportunity to provide information for the OEP as they prepared a request for ventilator funding on the State level to the Governor. I provided a detailed report on regional and statewide oxygen infrastructure to the SAT at the quarterly group meeting later that same week at MDH. I forwarded a number of proposals for protocols which were accepted in concept, and assigned to John Hick, M.D. and I for development. These include a "triggered" Oxygen Conservation Protocol for hospitals, and a protocol for triaging oxygen patients in an austere and resources-limited environment. I also provided the

Article continued on page 4.

Editor's Note

SUMMER ISSUE DEADLINE
MAY 21, 2007



I would like to call to action anybody who would be interested in joining *The Bronchus* committee.

This is a great opportunity for networking with other RT's throughout the state. I have met a lot of great people that I'm not sure I would have had the chance to communicate with otherwise. As most of you know already, a lot of what we do is email based–especially since I am terrible at making phone calls!

Please contact me for more information and join us for our next planning meeting.

Megan Schultz
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MSRC
Minnesota Society for Respiratory Care

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.

Editor — Megan Schultz
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Advertising Manager — Nick Kuhnley

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Disaster Preparedness Committee Update 2007
(continued from cover)

concept for the provision of oxygen in "auxiliary" medical locations, a problem that has plagued every group that has attempted to develop a workable system.

Secondly, I have been assigned the task of putting a Review Group together made up of a diverse group of RCPs from across the State, to review related developments by the Science Advisory Team. My recommendation to OEP is to utilize the entire MSRC Disaster Committee in that role, only after a discussion and agreement with each member concerning the security of information. Much of the information we will deal with is rated as "Not for Public Disclosure" by Homeland Security. Respiratory Care Practitioners appear to be first on the list in this review capacity, which carries a great responsibility, as well as an opportunity to excel in the protection of our communities.

I will do my best to keep you updated on developments as they occur. As always, you may contact me at: nick.kuhnley@northmemorial.com or 763-520-7456

President's Message
(continued from cover)

They asked for, and received, our support for this move. We all thank the dedicated members of this committee for developing an outstanding conference. We look forward to this year's conference in Wisconsin Dells and next year's in Rochester.

What is all the rage in the media? Disaster Preparedness of course! Nick Kuhnley (North Memorial Hospital) and Steve Sittig (Rochester, Mayo) are the co-chairs of this very large committee. Nick and Steve have regional representatives on the committee and plans are underway for disaster preparation materials to be given to every RCP in the state!

Megan Schultz (Whitney Sleep Center) has been our *Bronchus* editor for several years now – in 2006 we had 3 editions of the Bronchus; this year we will have 4 newsletters. Thank you Megan for putting together outstanding work; we all look forward to receiving *The Bronchus*!

The MSRC is in need of one chair position: if you have an interest in working with teachers and students – the Foundation is the committee for you! This position interacts with Respiratory Care program's teachers and students for the annual scholarships. If you (or someone you know) is interested please contact me.

At our fall leadership meeting Lisa Hamel (Immanuel St. Joseph's, Mankato), along with Cheryl West from the AARC presented the details to opening our practice act and "going for" licensure. We will take 2007 to look into licensure versus registration; stay tuned for more information from this committee.

I hope you find these initiatives as exciting as I do! The MSRC members have a lot to look forward to. I see more RT's wanting to be involved; please check out our website at www.msrcnet.com and see if there is a committee that sparks your interest. We have a very dynamic group of people – it is going to be a great 2007!

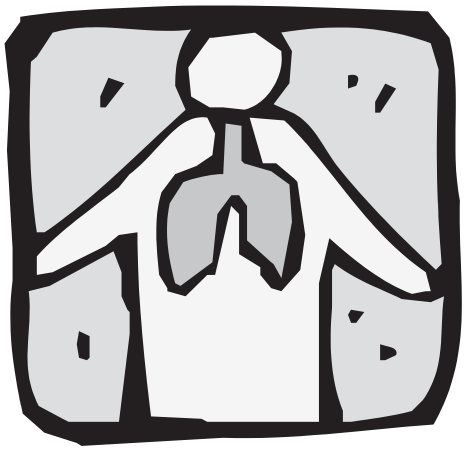
Second Hand Smoke and YOU

by Kathleen Schultz

The evidence is clear – second hand smoke is dangerous. If you watch television, you have probably viewed some of the new ads highlighting the dangers of second hand smoke.

Let's talk about the facts:

- ➔ Second-hand smoke kills approximately 49,000 nonsmokers annually, in the form of lung cancer and heart disease.
- ➔ 69% of Minnesotans support a comprehensive statewide smoke-free law that includes bars and restaurants. Support for a statewide smoke-free law is strong among every major political and demographic group in Minnesota.
- ➔ Smoke free public policies significantly improve public health. Bar and restaurant workers are the most impacted by secondhand smoke and least protected from this deadly form of indoor air pollution.
- ➔ According to the US Surgeon General, there is no safe level of exposure to secondhand smoke. In addition, the Surgeon General reported that smoke-free policies and regulations do not have an adverse economic impact on the hospitality industry.
- ➔ Smoke free public policies encourage people to quit. This translates to a decrease in healthcare costs, an increase in worker productivity and most importantly an improvement in health for employees.



Minnesota, once a leader in health care, does not have any smoke free public policy. To date, 17 states have passed strong smoke-free laws. Minnesota has no such laws, but times are changing. As of February 12, 2007, several bills are being introduced to our state legislature supporting smoke free public policy.

The following counties now have smoke free ordinances.

- Beltrami
- Carlton
- Hennepin
- McLeod
- Meeker
- Olmsted
- Ramsey

The following communities now have smoke free ordinances.

- Bloomington
- Cloquet
- Duluth
- Golden Valley
- Hutchinson
- International Falls
- Mankato
- Minneapolis
- Moorhead
- Moose Lake
- St. Paul

It is time for respiratory therapists to support smoke free public policy in Minnesota. Consider contacting your local and state legislators and letting them know how you feel. Support your local smoke free efforts. Educate yourself on smoke free public policy.

Visit the following websites:

- alamn.org – American Lung Association
- clearwaymn.org – ClearWay Minnesota
- smokefreecoalition.org
- freedomtobreatheminnesota.com

And remember, are you doing your part to help your patients quit tobacco? Refer Patients to QUITPLAN Services at 1-888-354-PLAN or www.quitplan.com

Tobacco Free Medical Campus

By Jan Salo Korby

It's one thing to say you're creating a tobacco-free medical campus and another thing to make it work. That's why dozens of SMDC (St. Mary's Duluth Clinic) physicians and employees are busy making sure the health system has everything from new signs to tobacco cessation support available before July 1.

That's the day that SMDC Health System and St. Luke's Hospital will go tobacco-free; and patients, visitors and employees will be asked to refrain from using tobacco on any property owned or operated by SMDC Health System. Both healthcare providers see this as a joint effort to promote health and prevent illness in the communities they serve.

For the medical facilities in the city of Duluth, it is not only good policy, but the law. The City of Duluth has an ordinance that prohibits tobacco use within 100 feet of any medical facility or clinic, also effective July 1, 2007.

Tobacco-free medical campuses are becoming increasingly common in the U.S., where more than 300 hospitals and health systems are currently tobacco-free. In Minnesota alone, at least a dozen hospital and healthcare systems have tobacco-free medical campuses,including the Mayo Clinic, Allina Hospitals and Clinics, and Grand Itasca Hospital in Grand Rapids.

The tobacco-free policy is not intended to control anyone's choice to smoke outside of the workplace, says Duluth Clinic Vice President of Operations Mike McAvoy, who is heading up SMDC's tobacco-free efforts. With tobacco contributing to one of every five deaths in the U.S., discouraging tobacco use around clinics and hospitals is simply a smart thing to do for public health.

My Trip to the AARC

by Heidi Gibson, RRT, RCP

This past December I was fortunate to attend our profession's annual convention. As a new graduate almost twenty years ago, I participated in various activities within the Indiana Society for Respiratory Care and faithfully attended the Region II conventions. And while that was quite a few years ago, I thought the 52nd International Respiratory Congress would be similar, albeit on a larger scale. I should mention this was the first national convention I attended. I should also mention that I was wrong in thinking the national convention would be similar to those early experiences.

From the opening session by AARC Executive Director Sam Giordano to the last lecture I attended on Thursday, I was in a state of perpetual astonishment. And I am not talking about the city of Las Vegas that had me spellbound. To begin, the sheer size of the Congress was incredible. Over 7,500 attendees from the all over the nation and thirty-nine countries packed the Las Vegas Convention Center from December 11- 14, 2006. The cornucopia of lectures and open forums available was intoxicating. At times, I longed to have a clone; I didn't want to miss a moment of it. I was told that walking into the vendor hall should be something every attendee should do, at least once. The vendor hall was packed with booths from every aspect of our profession; from the latest technology, to where the focus is heading among the institutions of education for our profession. One could literally grab information about all that we provide. In addition, you could learn about areas that respiratory care is becoming involved in that traditionally was thought to be outside our scope. 2007-2008 AARC President Dr. Toni Rodriquez's statement, "I am here to tell you today that respiratory therapy has an appointment with destiny. Internal and external factors are converging to make this our time" could not ring more true when I saw all that has become available to us.

However, what truly humbled and inspired me was the level of commitment to our profession by so many. Not only was I blessed to encounter individuals from across the nation, I was energized to hear them recite their love for the profession or share their data during lectures. What also struck me was how the continuum of experience was represented. From hearing lectures from well-known individuals in our profession such as Forrest Bird, Robert Kacmarek and Dean Hess that bring a vast number of years, to staff therapists that have been in the profession just a short time or are new graduates. The keynote address by Acting US Surgeon General, Rear Admiral Kenneth P. Moritsugo was worth the cost of air fare. What an honor it was to have him speak at the 52nd International Congress, and what an undertaking it must have been for the AARC to arrange for his attendance.

I know from personal experience that it is easy to let the years pass and neglect our profession on a more grand scale. To have met people such as AARC Past President Michael Runge and officers and delegates such as Claude Dockter, Debbie Fox and Lynn Lenz was inspiring. Another moment of astonishment came to me as I realized that our state of Minnesota is so well represented with four of the ten specialty memberships being chaired by Minnesotans. Not to mention the incredible honor it is to have the AARC Speaker of the House of Delegates, Denise Johnson (now past-speaker) as one of our own. I enjoyed attending "Minnesota Night" sponsored by the MSRC, where I was able to spend time talking and finding common ground with such wonderful people such as President Carrie Bourassa, President-elect Laurie Tomaszewski, MN Delegate Debbie Skees and Sharon Hanson and Curt Merriman. It was refreshing to see how many therapists and students attended Minnesota Night.

I was asked to write about my experience in Las Vegas. Being in the company of such dedicated individuals and witnessing their deep commitment to the world of respiratory care and the patients we serve is a feeling

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My Trip to the AARC
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I hope everyone can be a part of at some point in their career. Attending the International Convention reminded me why I entered healthcare to begin with and why I chose the field of respiratory care in particular. Understanding what the MSRC and the AARC does for our profession is worth the membership fee. The involvement within these organizations is why we have come as far as we have. I'd like to thank all respiratory therapists that have come before me and those that have come after me, for they are the future of our profession.

Noteworthy People!

Steve Sittig has been very active at the AARC level for many years now. Steve took over the chairmanship of the Surface and Air Transport Section of the AARC in October of 2002. At that time the AARC was going to disband the section because of low membership in the section (168 members). Steve was able to persuade them to give him a year to make a go of it. At last count the membership was over 360 members!

Chairmanship of a section is normally a 2 year commitment. Steve handed off the chairmanship at the AARC meeting this year, ending a 4 year run. For several years now Steve has been very active at the annual AARC meetings. Besides chairing the Surface and Air Transport Section meetings, he has given several talks at each AARC meeting for the past few years. Steve has also been moderator of numerous sessions at the annual AARC meetings. He has participated in "Pro - Con" discussions at the annual AARC meetings, and has been a participant in "Panel Discussions" at the AARC meetings.

This year the AARC recognized Steve for all of his contributions to the profession by awarding him the Fellows in AARC (FAARC). Steve continues to be very active at the national level. Steve will remain editor of the Surface and Air Transport Section newsletter and their monthly electronic bulletin. Steve also remains chair of the AARC Disaster Response Roundtable. Steve will also become the AARC representative to the Commission on Accreditation of Medical Transport Services (CAMTS) Board of Directors this year.

Winter Workshop 2007
by Connie Knipp

The second annual MSRC Winter Workshop was held at St. Paul Community College on January 19th. Again this year the educational conference was held in St. Paul and broadcast to Duluth, East Grand Forks, Mankato, St. Cloud and Aitkin. A total of 123 Respiratory Care Practitioners and students either attended the conference or watched it via telecommunications. Curt Merrimen was the moderator and lunch was provided. Three CEUs were given for attending the conference.

The speakers were very knowledgeable and offered a wide range of topics and experience. Dr. Paul Kubik, Director of Pediatric Pulmonary and Pediatric Respiratory Therapy at Children's Hospitals and Clinics, St. Paul, spoke on Vocal Cord Dysfunction (VCD). His presentation included information on how to distinguish VCD from Asthma and the latest technology in the treatment of VCD. A highlight of his lecture included colorful photos of vocal cords in various stages of dysfunction.

The second speaker was Charles McArthur, B.A., R.R.T., R.P.F.T., Immanuel St. Joseph's, Mankato, who filled in for Dr. Michel Cramer-Borneman. Charlie spoke about the Diagnostic Updates for 2007. The topics of his presentation included the New Spirometry Guidelines, Inhaled Insulin and Exhaled Nitric Oxide. In addition to giving a great lecture, Charlie's entire power point presentation can be viewed on the MSRC website found at msrcnet.com.

The final two speakers shared the podium and, together, they spoke about Athletes with Asthma. Mr. Gary Spryncznatyk, educator at a local high school is, also, a soccer coach. His presentation revolved around how he has learned to help athletes deal with Asthma and what a coach's role is with an athlete with Asthma. Michael Peuschold, a student at a local high school, was the other speaker. His point of view focused on what it is like to be an athlete with Asthma. Both offered excellent information on living and dealing with Asthma and how to help athletes participate in organized sporting events. Gary suggested that anyone interested in coaching should checkout the website www.WinningWithAsthma.org. The website posts information on what to look for when coaching athletes with Asthma.

Preliminary evaluations are deeming the conference to be a success. The next educational workshop will be held May 18th in Aitkin, MN. Information on the workshop will be sent out at a later date.

MSRC Membership Committee Report
by Jeff Anderson, Committee Co-Chair

Look at your mailing label. Is it correct?

If you see an asterisks (*) on any line of your address, it means it has was temporarily altered this month to assure delivery to you. You need to contact the AARC to correct.

To update/correct your mailing address, contact the AARC at www.AARC.org, go to "Update Records" and follow the instructions.

The AARC updates and renews Minnesota's membership list monthly, so to ensure prompt delivery of all AARC and MSRC communications, please keep this information current. Most importantly, this is the only way to get AARC or MSRC voting ballots to our members.

THANKS!

COPD Committee Report

by Kris Mrosak

Our committee met shortly after the fall MSRC leadership conference. We were pleased that our budget was passed and we focused on our ideas that represented our committee.

The first of our focus began right away with the desire to reach out to first line healthcare providers with knowledge of COPD and the relationship of pulmonary rehabilitation. It began with a phone call to Cheryl Sasse and the ALA regarding the COPD; A Primary Care Update seminar.

We were able to provide written information to them to be shared via handouts to the attendees of the Update. Our handouts consisted of: Examples of Conditions Appropriate for Pulmonary Rehab, Conditions that commonly lead to referrals, Essential Components of Pulmonary Rehabilitation and a handout entitled COPD and Pulmonary Rehab, which referred to the ATS statement on Pulmonary Rehabilitation and information that spoke of the purpose and benefits. We referenced the MSRC website as supporting education of pulmonary patients and also the ALA website for listings of programs and support groups.

Four of our members were able to be present at one of the local hosting sites. We were able to answer questions and display a few important tools we use in rehab. Our handouts were professionally displayed on MSRC letterhead and will be available at all the hosting sites that the ALA will be bringing their, COPD A Primary Care Update, seminar to.

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

Pressworks

Welcome!

Dr. Melynne Youngblood

MSRC Medical Director

Dr. Melynne Youngblood is an adult and pediatric pulmonologist and an adult critical care physician. She is currently the chair of pulmonary and critical medicine at Immanuel St. Josephs Mayo Health System, where she also serves as the medical director of Respiratory Therapy.

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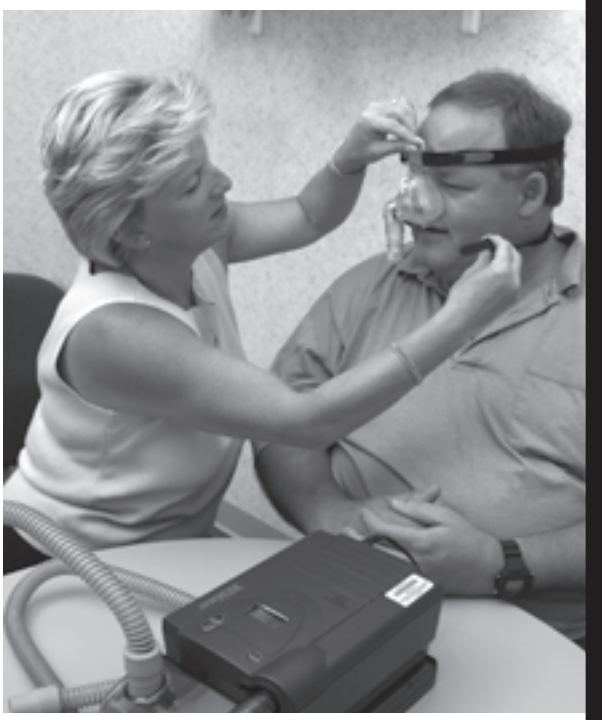

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Pandemic Triage & News

by Nick Kuhnley, RCP, RRT

Much speculation has been made concerning the impact that an influenza pandemic will impose on the medical systems of this country. We are well aware of the need to develop significant surge capacities in our hospitals, and the potential for employing the four color triage protocol first seen by many civilians in the Katrina disaster. For many of our healthcare workers, the idea of rationing care with the most critical patients and expending resources for the most viable masses, turns the world they have known before on its head.

I have monitored the disaster list serves, Homeland Security, CDC, MDH, and medical journals enough to see our concentration on meeting the needs of an additional pandemic population entering into the medical response system. What I have not seen in this country is a stark appraisal of what will happen to our regular resident customers, not part of the pandemic patient group. A pandemic period triage will include all patients who may be considered for critical care, not merely those with influenza, since all will share from the same limited resources.

A recent Canadian publication outlining the development of a triage protocol for critical care placement, sheds a clarity like never before on this issue. Michael Christian et al., has documented a protocol developed by a large body of experts and peer reviewed by an impressive number of resources. The Canadian medical system has a long experience in the rationing of medical care, and I would imagine that experience contributes to both the restrictive degree, and the unanimous peer acceptance of this protocol.

In essence, when faced with a medical census far beyond the resources available, the protocol allows only two inclusion criteria for entry into a critical care unit; the requirement for invasive ventilatory support, and treatment for hypotension that cannot be managed in a ward setting. There are of course a number of qualifying parameters that accompany these criteria.

The hard and bitter reality comes with the exclusion criteria for entry into critical care. The criteria are divided into three categories: patients who have a poor prognosis despite care in an ICU, patients who require resources that simply cannot be provided during a pandemic, and patients with advanced and chronic medical illness.

The exclusions start with severe trauma, severe burns, cardiac arrest, severe cognitive impairment, untreatable neuromuscular disease and metastatic malignant disease. It then progresses on to end stage organ failure of heart, lung, and liver, and the age of 85. The subcategories under lung failure include severe, and in some cases, moderate COPD, cystic fibrosis, pulmonary fibrosis, and primary pulmonary hypertension.

As Respiratory Care Practitioners we could see our "bread and butter" patients denied the care they routinely receive under our present circumstances. As frontline caregivers we will undoubtedly be called upon to deliver the "bad news" to many of these patients. This may be one of the hardest things we will ever do in our profession.

For a Trauma level one center such as North Memorial, the idea that our primary trauma patients would be restricted from critical care is unthinkable, and completely foreign to our role and experience. The adjustment to these circumstances could prove to be disastrous for healthcare personnel due to a number of possible scenarios well beyond the scope of this article.

We have yet to see guidelines like this for the civilian United States medical response system, but be aware, they are being developed as you read this. At the Preparedness Practicum 2007 put on by HCMC, Dr. John Hick's presentation included a number of slides concerning reallocation criteria for mechanical ventilation, and the concept of austere care for those with a low survivability, as might be applied here in Minnesota.

This has severe implications not only for our standard patient populations, but also for ourselves. Imagine that at sometime during the course of an eight week pandemic that you, or one of your family and friends, are involved in a serious motor vehicle accident. Under a similar protocol the victims might receive limited surgery and minimal medical management or palliative post-op care, without admission to a critical care unit. In extreme instances they might only

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Delegates Report

December 2006: Las Vegas, Nevada

by Jessie Christopherson

The House of Delegates met December 9-10 in Las Vegas, NV. There was much discussion on the issues of membership, government affairs, and education.

Sam Giordano reported that we have 42,464 members as of November 30. The AARC membership committee chair and fellow Tom Lamphere of Pennsylvania presented slides and reviewed the difference in voting members over the past year which was and increase of approximately 3500.

Three bills were discussed along with the importance of the general membership contacting their representatives:

- **S1440** – the pulmonary and cardiac rehab act of 2005 is still out there. Hopefully CMS will issue a national policy for pulmonary rehab and alleviate the need for the legislative process. CMS has refused to do so in the past.
- **HR964** – recognition of respiratory therapists under the Medicare home health benefits act now has 52 cosponsors. The American Physical Therapy Association is no longer opposing the bill.
- **HR5513** – bill would rescind the requirement that Medicare beneficiaries assume ownership of their oxygen equipment after 36 months of rental. DHHS has asked to further reduce this to 13 months. According to their report, Medicare and their beneficiaries spend 12 times the actual cost of oxygen equipment. This gives them further ammunition to reduce and limit coverage for home oxygen equipment. Please write your congressmen!

In the area of education the AARC registry prep course is now available. The AARC is also having a web based reimbursement college course for members this year. Future web casts have also been planned.

The following resolutions were discussed and voted on:

#29-06-18

"Resolved that the AARC request that the NBRC change testing qualifications to allow the RRT examination to be taken by qualified candidates without prior CRT examination. Upon successful completion of the RRT exam, the candidate will be issued both the RRT and CRT credential." POSTPONED UNTIL SUMMER 2007 HOD MEETING

#94-06-19

"Be it resolved that the AARC develop the process for the Chartered Affiliates to have the option of on line voting for state (Chartered Affiliate) elections".
MOTION CARRIED

Board Action: Referred to the executive office for a report in March 2007.

#33-06-20

"Resolved that the AARC House of Delegates create and charge an ad hoc committee to develop a tool kit and guidance for managers of Respiratory Care Departments involved in union organizing activities for petitioning the local labor relation boards to classify Respiratory Therapists as professional instead of technical".
MOTION WITHDRAWN

#34-06-21

"Resolved that the AARC add the county as a required field on the application for AARC membership or renewal".
MOTION DEFEATED

#94-06-22

"That the AARC investigate the feasibility of providing Internet Domain to each affiliate for the purpose of setting up and maintaining their web sites for the Affiliate".
MOTION CARRIED

Board Action: Referred to the executive office for a report back in March, 2007.
Follow up to prior passed resolutions was reported to us by Claude Dockter.

#22-06-02

"Resolved that the American Association for Respiratory Care develop in conjunction with the National Association of EMS Physicians (NAEMSP) a standardized curriculum for training paramedics in the safe and appropriate use of ventilators for transport of patients outside the hospital setting."

Board Action: Referred back to the HOD for more investigation and information with a report at the summer, 2007 meeting.

#49-05-01

"Resolved that the AARC conduct an average of at least two out of every three International Congresses before November 15th of each calendar year, excluding all future conferences previously under contract at the time of resolution ratification."

Board Action: Referred to the Program Committee. Program Committee reported that the AARC is committed through 2010 and that this resolution cannot currently be approved. They will, however, take this into consideration for the future. The Board defeated this resolution at this time.

#44-06-01

"Resolved that the AARC, with the assistance of the Section Chairs, develop an online speaker's bureau for use by state affiliates to assist in the preparation of local educational programs."

Board Action: Referred to the executive office for consideration and implementation.

In conclusion I would like to thank the members of the MSRC for their hard work. I will be chairing the Affiliate Best Practice committee this year, and Deb Skees will be working on the HOD Orientation committee. Remember to contact your congressional members!

Pandemic Triage & News

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receive palliative care, and be moved aside to die, because they would potentially cost more than resources available could be afforded.

You are being forewarned; during the course of a pandemic you must not only attend to family disease prevention issues, but you must address outstanding safety issues and avoid risky behaviors that could land you and your family in need of emergency medical care. What have you done in the last year that makes your family safer? Are your cars brakes and tires beyond safe limits? Do you have a decent fire extinguisher capable of turning a potential conflagration into a minor incident? Are smoke and CO detectors in place and checked? What is your awareness level to safety issues around you? Do you park your car in dimly lit areas? Do you know who your children are with, and what they are doing? Do you have adequate prescription medications at home, so that if subjected to sudden drug shortages, your family member does not become a medical emergency? Are you capable of, prepared and equipped, to deal with moderate medical emergencies outside of the hospital environment? There are many more questions you should be asking yourself, and your MSRC Disaster Preparedness Committee is developing a information manual to help RCPs in personal planning, among many other things.

On a positive note, the Department of Homeland Security (DHS) recently issued a scorecard assessment of 75 urban and metropolitan areas concerning their communication capabilities. The assessment judged their ability to link disparate systems and to facilitate communications between multi-jurisdictional responders (including State & Federal). The bad news is that only six stood out as fully operational and compliant. The good news is they included:

- ➔ Minneapolis & St. Paul, MN
- ➔ Laramie County, WY
- ➔ Sioux Falls, SD
- ➔ Washington, DC
- ➔ Columbus, OH
- ➔ San Diego, CA

They were judged on governance (leadership), standard operating procedures, usage, technology, and training and exercises. Communications is the first step in a successful response system, and we can rest a little better knowing the communication capability here in the Twin Cities is as good as it gets. The rest of the State of Minnesota will also benefit from the enhanced response capability of the metro area.

The afternoon session of the Preparedness Practicum 2007 was devoted to presentations and discussion concerning national political conventions. Presenters from Boston and New York City reviewed the two previous Democratic and Republican conventions and the utter monstrosity of security and organizational operations required. With the city of St. Paul hosting the Republican National Convention (RNC) in September 2008, our cities will be transformed into a response system unlike anything we have ever experienced. When it's all over, hopefully without disaster, we will have progressed our preparedness several fold, and we will be left with a fully integrated system with cooperation between agencies and planning experience beyond our current imagination. This can be a very good thing, pushing us into development faster than we could without such a cause. On a darker note, this event raises the possibility of terrorism to the highest level for our cities in September 2008.

Anyone wishing a copy of the Canadian Triage Protocol can e-mail me, and I will send a copy directly to the e-address of your choice. I will also forward it to be linked on the MSRC website.

AARC Member Joe Buhain Named One of 50 Heroes!

Visitors to the Department of Defense (DOD) web site are learning more about respiratory therapist Joseph Buhain, RRT, RCP, EMT-B. A staff sergeant in the U.S. Army Reserves, Buhain has just been named one of "50 Heroes from 50 States," representing Minnesota.

AARC members weren't really surprised. As they've learned over the past couple of years in articles on the AARC web site and in *AARC Times* magazine, SSG Buhain stands out from the crowd. Called up to serve in the Middle East in the spring of 2004, he did an 18 month tour of duty in Kuwait, Iraq, and Afghanistan, caring for soldiers in a combat support hospital in Baghdad and helping rebuild the health care infrastructure in Kandahar.

He says the recognition came as a pleasant surprise, but, in typical fashion, emphasizes the great contributions of the other men and women selected. "I was honored, but still feel that I really do not fall in the same category as all these other soldiers," says the registered respiratory therapist.

"If you look at the other soldiers honored, a lot of them sacrificed their lives in support of Operation Iraqi Freedom and Operation Enduring Freedom. It is these men and women who should be honored. I just did my job."

The DOD would disagree, noting SSG Buhain "built from scratch a respiratory school for Afghan medical students and an ICU in a hospital in Kandahar. He also trained more than 350 medical students in CPR, and took part in more than 150 missions, several of which were high risk."

His work earned him the Bronze Star in March of 2005.

SSG Buhain's tour of duty came to an abrupt end when a grenade was thrown at the Humvee he was riding in during a patrol through a busy market area and his knee was crushed in-between pieces of falling armor during the explosion. The injury sent him back home for surgery, and he has since recovered well enough to resume teaching duties at Saint Paul College and military missions with the 945th FST, where he is currently in charge of a 20 man surgical team. He will undergo more surgery this month, but expects to return to the Middle East in 2009.

When asked if his military service in Iraq and Afghanistan has changed him, SSG Buhain says, "Change is an understatement. Men and women who come back are never the same person…I believe that I have become better proficient as a trauma respiratory therapist and a better educator. I have experienced, developed, and managed areas in respiratory care others could not have imagined."

You can read about Joe Buhain and his fellow heroes on the DOD's *50 Heroes from 50 States* web page.

To learn more about his experiences while in Iraq and Afghanistan, check out these articles in AARC Times:

Lending a Helping Hand in Harm's Way: AARC Member Earns the Army's Fourth HIghest Honor in Afghanistan

On the Job in Iraq: RTs Tell What It's Like To Serve in a Combat Support Hospital

You can also read a great article about Buhain that appeared on the Saint Paul College web site:

Respiratory care instructor Joseph Buhain is back from the Middle East war zone with a new perspective on care-giving—and a new appreciation for his career at Saint Paul College

Legislative Update

Recommendations to Revisit the *Minnesota Respiratory Care Practice Act*

by Lisa Hamel

Minnesota's Respiratory Care Practice Act has been in existence since 1984. While some minor changes have been made to the statute, it may be time to revisit its purpose and intent. Regulation within statute is intended to assure protection of the public from harm. Currently regulation for Respiratory Care Practitioners in the State of Minnesota is registration of protected class of titles such as respiratory care practitioner. If an individual is found to be using a protected title, they are subject to a misdemeanor penalty. The use of the title requires applicants to meet certain criteria to be registered in the state.

What needs to change?

Title registration does not imply or connect the act of practice of respiratory care to the public. When practitioners are found to be using the title and have not registered within the state, as our act exists today, it does not protect the public from the practice of respiratory care. This may need to change to assure the practice of respiratory care is regulated and not limited by just using the title.

What are the risks?

If a request to open statute is made, it must go to the legislature and is subject to the legislative process. This means if other interested parties object or find this statute unfavorable to their interests, they may object to any changes we would be interested in making. In regulation of health occupations, the legislature has commissioned the Department of Health to review the request. This is only performed when the statute is opened and sponsored by the legislation.

If it is decided to open up our Registration Statute, we can suggest language to assure there is not exclusivity of our practice as to other "regulated health professions" such as nursing would not be threatened by our regulation. Again our intent is to tie the scrutiny of becoming a respiratory care practitioner to the practice of respiratory care not just the title.

What are the next steps?

In contact with the AARC, we've researched and found that Minnesota is the only state left with title registration. All others are regulated via licensure. A recommendation to the MSRC was endorsed to appoint a small group of interested respiratory care practitioners be charged with developing a more in depth study of what the next steps should be and move forward to make recommendations to the board.

If any practitioner is interested in more information or assisting, they may contact either Lisa Hamel or Carrie Bourassa.

On the Web //

- For listing and contacts of officers and committee chairs, visit the MSRC website.
  www.msrcnet.com
- Check out the January issue of ***RT Magazine*** to read the great article about Susan Wingert and Pediatric Home Service.
  Congratulations Pediatric Home Service!
  www.rtmagazine.com
  /issues/articles/2007-01_02.asp

Save the Date

Important Dates for Upcoming Events.
MSRC 2007

March 27, 2007:	MN Association of Cardiovascular and Pulmonary Rehabilitation Spring Conference; St. Cloud, Minnesota. Contact John Inkster at insterj@centracare.com for more information.
May 18, 2007:	MSRC Spring Forum, Aitken, Minnesota; BOD meeting to follow.
June 2, 2007:	Asthma Walk; Boom Island, Minneapolis, Minnesota.
July 8–13, 2007:	Camp SuperKids; Loretto, Minnesota.
July 13–15, 2007:	AARC 2007 Summer Forum; Reno/Lake Tahoe, Neveda.
September 19–21, 2007:	North Regional Respiratory Care Conference; Wisconsin Dells, Wisconsin.

MSRC
Minnesota Society for Respiratory Care

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