

President's Message

Vicki Engmark,
B.S. RRT, CPFT, AE-C
Mille Lacs Health System



There have been a couple changes to the MSRC Board. Cindy Darnell, first year President of the Board of Directors, has

submitted her resignation. We would like to thank Cindy for her time as our President, and wish her luck with her future plans!

Please welcome new Board President: Chad Langton! Chad is very excited to begin his term on the MSRC board!

The three task forces that the board created have begun to meet. The membership task force has some plans and ideas for increasing membership. The education task force is looking into ways to better our educational offerings. The communication task force (website/*Bronchus*) has started to look at the best ways to communicate to MSRC members. If any RT would like to join a task force or has ideas, please let me know.

The legislative committee is working hard on the next steps towards licensure. The committee is starting to work on hiring a lobbyist and finalizing the documents needed. Thanks to Carrie Bourassa, Lisa Hamel, Julie Clark, Lori Rausch and Ruth Rinker for their hard work!

President's Message continued on page 12

The Great American Smokeout November 15, 2008

by Kathy Schultz, RRT, RCP
St. Francis Regional Medical Center

"Quitting is easy. I've done it a thousand times." Mark Twain

The American Cancer Society will celebrate the 31st anniversary of the Great American Smokeout on Thursday, November 15th, 2008. With exactly half

of the United States now protected by smoke-free laws, and a variety of cessation resources available, there has never been a better time to help our patients quit smoking. According to the U.S. Surgeon General, people who quit smoking, regardless of age, live longer than people who continue to smoke. Quitting smoking substantially decreases the risk of lung, laryngeal, oral, pancreatic, bladder, and cervical cancers, not to mention decreasing the risk of developing Chronic Obstructive Lung Disease.

The American Cancer Society Great American Smokeout grew out of a 1971 event in Randolph, Mass., in which Arthur P. Maloney asked people to give up cigarettes for a day and donate the money they would have spent on cigarettes to a high school scholarship fund. In 1974, Lynn R. Smith, editor of the Monticello Times in Minnesota, spearheaded the state's first D-Day, or Don't Smoke Day. The idea caught on and on November 18th, 1976, the California Division of the American Cancer Society succeeded in getting nearly one million smokers to quit for the day. That California event marked the first Great American Smokeout, which went nationwide the next year.

Over 3 million Americans are successful in quitting smoking each year. At any given time, 70% of all smokers will say that they want to quit. In addition, there are numerous effective treatment options to help any tobacco user in his or her attempt to quit using tobacco for good. These treatment options include:



- Brief counseling by a health care provider
- Nicotine replacement therapy or other smoking cessation medications
- Smoking cessation specialty clinic services
- Online services

"The Great American Smokeout" continued on page 12

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

Editor's Note

WINTER ISSUE DEADLINE: November 10, 2008



It has been a while since I have written an Editor's Note so go easy on me! I am so happy that our committee now has two excellent editors. I have had a great time working

with Rhonda. And, even though he has been with us for only a short time, David has really proven to be a very nice addition to the group. I finally got up the courage to announce to Rhonda, David, and Naomi that this would be my last issue working with *The Bronchus* after eight years on the committee. I was nervous about Rhonda's reaction, but she was very understanding. It is just my time to move on,

especially considering the arrival of our second little boy at the beginning of September. However, I do still look forward to working with the MSRC in the future.

My experience with *The Bronchus* has been wonderful. I have met so many people over the years that I know I wouldn't have gotten the chance to otherwise. Naomi, with Amplio Marketing, has become someone who I call a friend and plan to continue to work with professionally. I have said this before but I truly encourage others to be active in the MSRC if for nothing other reason than for the wonderful networking opportunities it provides with other RTs.

Thank you to everyone!

Megan Schultz



The Bronchus is the official newsletter of the Minnesota Society for Respiratory Care, and an affiliate of the AARC. Published in Minneapolis, Minnesota. *The Bronchus* welcomes articles from respiratory therapists, physicians, nurses, and other health care personnel interested in pulmonary care.

EDITORIAL GUIDELINES

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

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

Co-Editors..... Rhonda Brown
David Boeckmann
Circulation Coordinator..... Jeff Anderson
Advertising Manager..... Nick Kuhnley

FILE SUBMISSION

All materials for publication, including advertisements, should be submitted in electronic form. Acceptable file formats include: Word, InDesign, PDF, EPS, or TIFF. Images should be at highest resolution available.

Send files via E-mail to: Rhonda Brown: bwbrown32@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; jander307@charter.net

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

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How Bad Do You Want It?

AARC Delegates Report — Summer 2008

by Debra Skees BS, RRT, CPFT, RCP, Mercy Hospital and Curt Merriman RRT, RCP, CORE Respiratory.

By now you have probably heard the news that the bill to include pulmonary rehabilitation in Medicare reimbursement was passed into law. This could not have happened without the tireless and vigilant efforts of the AARC legislative staff and the MANY of you who wrote to your representatives and senators over the past year. This is the first of several bills which the AARC has been active on, to be passed into law. We are excited about this success, which will benefit not only the patients for whom we care, but also many professional colleagues. Stay tuned for future calls for action as we can only be successful with the power of our total membership. AARC President Rodriguez, in her address to the House of Delegates, really summed it up by saying "How bad do you want it?" If we do indeed want "IT," it must therefore be a collective "WE" that will rise to the challenge by demonstrating commitment through professional participation, dialogue and membership in the AARC/MSRC.

Having recently returned from the Summer House of Delegates Meeting, Curt Merriman and I would like to share the other highlights and AARC activities that would be of interest to respiratory therapists in Minnesota.

- AARC membership hit an all-time high of approximately 47,000 members.
- Several new education offerings have been created and will be rolled-out this year, accessible both on-line, as self-study, and as the AARC web cast. Keep a look out for the "Reimbursement College II" sequel to be released later this year if you have an interest in learning more about the financial aspect of respiratory therapy services.
- Three new roundtables were created: Military, Moderate Sedation and Research. This is an excellent venue to discuss issues and to determine best-of-practice around these topics.
- Project "Respiratory Care 2015 and Beyond" has held one conference including key stakeholders to determine the strategy and further direction for our profession. This is a landmark undertaking that will help strengthen and solidify the role of respiratory therapy in overall patient care across the continuum. The final product will be presented sometime next year, after the completion of the final of three planning sessions.
- "Spirometry Drivers License" is a service that will be offered by the AARC to physician clinic offices in order to assist non-respiratory staff perform spirometry which consistently meets guidelines for quality reports.
- Two resolutions were sponsored by Minnesota and were passed by both the House and Board of Directors.



Bob McCoy, Director on the AARC Board of Directors; Debra Skees and Curt Merriman, Delegates to the AARC House of Delegates; and Denise Johnson, Director on the AARC Board of Directors.

The first regards improving the way CRCEs are reported, by sectioning board licensing requirements into separate categories. The second seeks to improve the dependability of AARC email communications. An additional resolution was presented to develop strategies for engaging program students, in order to assure that our professional association stays strong into the future.

The next House of Delegates meeting will be held in December. Curt and I encourage you to share issues or ideas you wish to bring forward for discussion at the national level. Feel free to contact either of us if you have questions, or to suggest ideas to improve our professional organization.

So, exactly how bad DO you want it???

- Are the goals of this organization worth getting into the trenches and fighting for?
- Can you afford to be passive in this time of dramatic change to health care?
- Can we just rely on a few soldiers in the field or do we need a battalion to fight for the important causes that have been identified to make respiratory care great?
- Can you find a way to contribute?
- Can you rally a colleague to get involved?
- Can you demonstrate your commitment with active membership in the AARC?

It is indeed time to go after what we want, and with many hands all things are possible!

The 2008 MSRC Election Results Are In!

The 2008 MSRC election results for 2009 Officers were announced at the MSRC Board meeting held September 29, 2008 at the North Regional Respiratory Care Conference. The results are as follows:



Gerald Ebert
President Elect



Connie Knipp
Vice President



Pat Johnson
Treasurer



Kim Borgstrom
Board of Directors



Al Kendall
Board of Directors



Ryan Philpot
Board of Directors



Betty Sprengeler
Board of Directors

Congratulations to those elected!

**A special thanks to ALL the candidates
for their willingness to run for office.**



Mayo Clinic, Mayo School of Health Sciences 2008 Graduates

Robert Arguello; Rhonda Baumberger; Kyle Busack; Kelly Sapan; Mark Shafer; Michael Stoffels; Alan Zeccardi

St. Paul College 2008 Graduates

Bezdichek, Megan; Boagle, Higgy; Cossette, Ryan; Edrozo, Leano; Gameda, Mekonnen; Guerra, Chris; Gunderson, Sarah Lewis, Michelle; Mekuria, Frew; Newton, Ashley; Nur, Bilan; Quartey, Mark; Reis, Nick; Seidel-johnson, Traci; Sh-Ibrahim, Jama;

Lake Superior College Respiratory Care Practitioner Graduates 2008

Abdi, Abdirahman; Amerud, Alex; Billman, Mitchell; Bolk, Veronica; Dunaiski, Corey; Farrell, Jason; Feist, Michelle; Hassan, Yoonis; Hoscheid, Reina; Jardine, Steven; Kallberg, Darin; Meller, Sara; Oachs, Shainell; Shykes, Myles; Solum, Steven; Sundin, Sheena; Talus, Aaron

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



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In Memory Rebecca "Becky" Ann Forss, RRT, R.PSGT

August 13, 1958–August 23, 2008

Many are saddened by the recent passing of our colleague and good friend, Becky Forss after a short battle with cancer. For those who knew her and for those who did not have the opportunity to meet her, I would like to take this public opportunity to reflect on her contributions and celebrate her life.

I had the good fortune of hiring Becky; she was instrumental in the development of the infrastructure of two new sleep labs at Mercy and Unity Hospitals. She used her clinical expertise and commitment to quality, to lay the foundation for this much needed service for northern suburban patients. She was tireless in her efforts to make the Sleep Lab a place of pride among her colleagues, and the entire sleep community. She often drew upon her training in Respiratory Therapy and considered this knowledge to be invaluable to her in this new career direction. And although her contribution to patient care was specific to sleep related issues, she would tell you how grateful she was for her RT background.

Becky was one of those individuals who flew under the radar screen. She was a quiet and somewhat private person even while contributing greatly from her wealth of clinical knowledge and breadth of experience. She could catch you off guard with her scathing wit and pure comic sense of humor. She had a trademark chuckle that was infectious and openly displayed her joy and amusement. About a week before her passing, we had the chance to celebrate her 50th birthday milestone while she was a patient in the hospital. Even in these last days, you could see the effort she made to "lighten up" the situation, joking about her age and "modeling" some of her birthday gifts.

As you read her obituary below, it is easy to understand her impact to the many lives she touched and for these and many more reasons, she will be greatly missed. Sleep well, my friend,

Becky was a 1976 graduate of Ellsworth High School and in 1978 she received her associates in applied science degree in respiratory care from St. Mary's Jr. College which is now the College of St. Catherine. In 1996 Becky received her B.A. degree with an emphasis in management from Metro State University in St. Paul.

During her career as a respiratory therapist she created a quality assurance program that was used as a model for a multi-hospital system. Becky also organized and implemented new respiratory care services for an existing hospital. She moderated national association meetings; guest lectured at technical colleges and community- out-reach programs and was the adjunct clinical instructor for the College of St. Catherine. Becky was also interviewed for a national periodical and appeared on local TV and radio programs. Becky was most recently the clinical coordinator at Mercy Hospital & Unity Hospital Sleep Disorder Center in Coon Rapids and Brooklyn Park, MN.

She also worked as a polysomnographic technologist at HCMC in Minneapolis, respiratory therapist at Abbott N.W., Mpls. Respiratory Care Supervisor and Pulmonary function tech. at Metropolitan Mount Sinai Medical Center, Mpls. chief respiratory therapist at Naeve Hospital in Owatonna, MN, and critical care therapist at East Jefferson General Hospital in Metairie, LA.

Becky enjoyed traveling and photography. She will be greatly missed by many.



Ten Reasons to Regulate the Practice of Respiratory Therapy Through Licensure

by Carrie Bourassa, RRT

WHO: Minnesota Respiratory Therapists

WHAT: Move toward licensure

WHEN: Our goal is licensure in the 2009-2010 legislative session.

WHERE: Throughout Minnesota

WHY:

1. Licensure helps to ensure the protection of the public health and safety by establishing minimum standards of formal education, clinical training, and competency testing in order to practice respiratory therapy.
2. A respiratory therapy licensure law enhances health care by defining a scope of practice, setting standards of care, and providing accountability to patients and the public.
3. The licensure application process helps to identify practitioners who do not meet the minimum standards required in order to practice, or whose license may have been revoked by another state due to disciplinary

actions before they enter the health care system.

4. Licensure helps to ensure the protection of the public health and safety by requiring that respiratory therapists demonstrate continued competency throughout their careers in order to maintain their license.
5. Respiratory therapy licensure laws are non-exclusionary, thereby allowing other licensed, formally trained health professionals who have demonstrated competency to practice respiratory therapy.
6. Licensure does not increase costs to the state since it is self-funding.
7. Licensure does not impact manpower since temporary permits allow students or those from foreign countries to practice until they meet all of the licensure requirements within a reasonable time period.
8. Respiratory therapy licensure laws provide for reciprocity among state laws with comparable licensure criteria, thereby allowing therapists licensed in one state to become licensed in another.
9. Licensure does not create independent practice for respiratory therapists since they continue to practice in accordance with the written or verbal orders of a licensed physician and under the supervision or direction of a qualified medical director.
10. Studies demonstrate that level of education, credentials, and the region of the country have a greater effect on salaries than respiratory therapy licensure laws.

Please visit the MSRC website to view the proposed language changes and updates and answers to FAQ.

HOW: Grassroots efforts by respiratory therapists!

When legislators hear from the respiratory therapists living and working in their communities it makes all the difference! Please join our grassroots efforts by visiting the MSRC website to register your email address to be part of the MSRC grassroots "Road to Licensure" team! If you have any comments or concerns please contact any Legislative Committee member or MSRC Board member for more information.

MSRC Legislative Affairs thanks you for your commitment to our patients and our profession!



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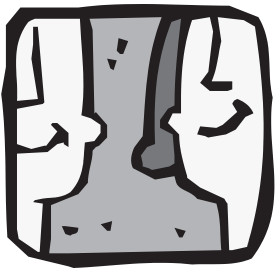
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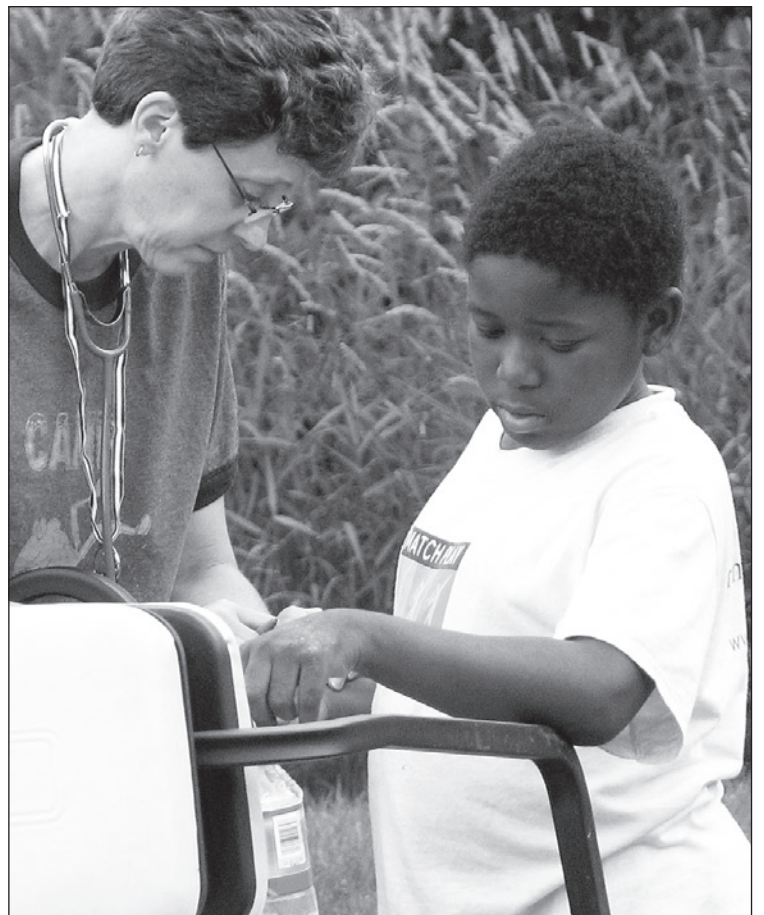
Camp Super Kids 2008



How do you say thanks 140 different ways?

On behalf of the 140 youth that attended this year's Camp Superkids, thank you! This year's camp was made possible by the 50

respiratory care practitioners, nurses, and physicians who volunteered their time to help at camp. Want to make a difference in a child's life? Volunteer next year! Please enjoy the memories of Camp Superkids through pictures.



The ALA Asthma Walk

by Pat Johnson, CRT, BS, CORE Respiratory

The Asthma Walk this year was held June 7th at Boom Island in Minneapolis. There are so many reasons for RCPs to be involved in this event. We all know or have treated someone with this chronic disease. It is the #1 reason for missed school days amongst children, and the reason 14 million workdays are lost amongst adults.

As a Respiratory professional, we can make an impact, not only on the treatment and education we provide in the hospital/clinic setting, but by raising funds necessary to provide further research and education.



I personally started walking for this event only 2 years ago. Both my mother and daughter have asthma, and I have witnessed devastating effects from this disease. Even when it appears controlled, you never know what can unexpectedly trigger it. I know June is a time of year for other walks, graduation parties, and family vacations, but if you can spare two hours on one day for this great cause, this would be it.

Lastly, I would like to thank all the RCPs who were out there volunteering their time. Not just by walking, but by participating in so many various capacities. Just think of it, you, could one day be the reason we get one step closer to complete disease control.



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President's Message

(continued from cover)

Watch your emails and the website for further information.

If you are wondering how you get emails from the MSRC it is through the AARC. Make sure your email address is up to date on the AARC website. To check your account information, go to www.aarc.org and click member services.

This will bring you to the login screen. If you don't know your AARC number, the directions are there for you to find your login information. Your email information is only available to the AARC. The AARC does not share that information with anybody else including the MSRC. The best way for the MSRC to communicate timely information is through the AARC so make sure your email address is correct!

Thank you to everybody who ran for positions for the 2009 year. It is great to see so many names on the ballot! Congratulations to the newly elected board members!



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The Great American Smokeout

(continued from cover)

In Minnesota, our patients have access to **Clearway Minnesota's** tobacco cessation services, one of the most comprehensive quit-smoking programs in the country — **QUITPLAN**. **QUITPLAN** has helped over 12,000 Minnesotans quit smoking. **QUITPLAN** options include:

- **quitplan.com** — interactive online support network used by hundreds of Minnesotans going through the process of quitting
- **QUITPLAN Helpline** — our phone counseling service (1-888-354-PLAN)
- **QUITPLAN Centers** — face to face counseling at local medical centers

Many respiratory therapists see people suffering from the effects of tobacco abuse **every day**. The Great American Smokeout is an opportunity for all respiratory therapists to make a difference. Here are just a few suggestions of things you can do:

1. Use the Great American Smokeout day to ask every patient who smokes that you see, "Do you want help quitting smoking today?"
2. Update the smoking cessation resources in your department.
3. Ask to place an article in your institution's newsletter about the Great American Smokeout.
4. Ask to put up a Great American Smokeout display in your hospital with cessation resources for both employees, patients, and visitors
5. Research the cessation resources available through your organization's health plans

Check out the following websites for free information and cessation resources:

www.quitplan.com

www.cancer.org

www.clearwaymn.org

www.alamn.org

Now more than ever we need to encourage our patients to quit tobacco. Help your patients commit to a "smoke-free" day on November 15th.

Minnesota COPD Coalition to Update Their Strategic Plan Resources

by Cheryl Sasse, RRT and Jill Heins Nesvold, MS, American Lung Association of MN

Data from the *Scope of COPD in Minnesota* study, conducted by the American Lung Association of Minnesota (ALAMN), showed that one out of 25 Minnesotans 45 years of age or older have been diagnosed with COPD. In April 2007, ALAMN formed the Minnesota COPD Coalition to address this growing problem. The mission of the Minnesota COPD Coalition is to improve the health outcomes of patients with COPD by working with patients, caregivers, and the health care community to increase awareness, increase early diagnosis, and improve treatment and management. A report of the *Scope of COPD in Minnesota* study, along with our past and new strategic plans and progress to date, will be available in November 2009. For more information, please contact Jill.Heins@alamn.org.

Get involved: You can become involved with one or more of the Coalition's working groups (Public Awareness, Assessment and Early Diagnosis, or Treatment). The focus of our upcoming meetings will be revising our statewide strategic plan for 2009 and 2010. We welcome your input by: participating in a workgroup in-person or via conference call; emailing your input on needs and solutions for COPD related issues; or reviewing the draft strategic plan update in October 2008. Please contact cheryl.sasse@alamn.org for a schedule of workgroup meeting dates.

RT Week is Coming Get Your Thinking Caps On!

Respiratory Therapy Week is around the corner and you could win 6 MSRC sweatshirts for your department. Let us know what you are planning for RT week. Enter your plans and we will judge which one is the best. You don't have to be a large department, small ones have creative ideas. There will be two winners, a large group and a small group. A team of judges will notify you if you win. The only thing is you must do the events that you plan and send us pictures for *The Bronchus* next issue.

Send you ideas to Sue Shipley at: suitcaseone@msn.com by Oct. 5th. Good luck to everyone.



We need input from you. The American Lung Association of Minnesota website lists the pulmonary rehabilitation and COPD support groups across Minnesota. This website is promoted to physician and patients. Please share your program with us. Go to <http://www.alamn.org/copd/supportgroups.cfm> and enter your program information.

Resources on our website: The latest is a quick glance guide for spirometry. Coming soon will be quick glance guides for oxygen therapy, coding/reimbursement for COPD, COPD guidelines, and a patient COPD Action Plan.

Mark your calendars — Upcoming courses and events:

1. Asthma Update — October 22, 2008
Implementation and Interpretation of Spirometry in the Primary Care Practice — October 23, 2008
2. 3rd Minnesota COPD Summit — November 2008
(date to be determined)
3. COPD Educator's Course — December 2008
(dates to be determined)

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100 Ideas for Respiratory Care Week

A compilation of new ideas, RC Week successes from the past, and ideas borrowed from other groups.

1. Hold an "MDI/DPI Check-Up Clinic." Ask patients to bring their inhalers and you'll check their technique.
2. Hold a "Lunch and Learn" gathering to bring other facility staff up to date on the latest advances in respiratory care.
3. Ask the marketing or public relations department at your institution to help you with planning/advertising community events.
4. Do lung testing at a local senior center on Lung Health Day.
5. Call your morning drive-time DJs to request coverage or sponsorship of a respiratory care awareness event.
6. Hold an awards banquet to recognize the entire respiratory care staff for their efforts throughout the year, but make it a little different by giving comedy awards for "most creative" moments or "fastest on your feet" in the past year.
7. Send your respiratory product vendors an e-mail about the dates and let them know your plans.
8. Hold a Vent 5K. See details on our ARCF site.
9. Set up a computer and Internet connection in the hospital cafeteria to showcase www.YourLungHealth.org during a busy lunch hour on RC Week.
10. Host a walk-a-thon or fun run event.
11. Host a fund-raiser and send a pediatric patient to Asthma Camp.
12. Offer a free session on asthma triggers at the YMCA or community center.
13. Broadcast Respiratory Care Week in advance with e-mails and bulletins of your schedule of events—and supplement them with banners, posters, buttons and/or table tents from the AARC.
14. Put on a "gurney tourney" in the parking lot and invite your local TV Doctor to participate.
15. Host a silent auction to raise money for a scholarship for an RT student.
16. Ask your pediatric patients to create posters for an art show.
17. Call the local news media to cover the story of the silent auction (see #15) or art show (see #16).
18. Host a health fair along with respiratory care practitioners from other facilities.
19. Do something unexpected for the staff—either as a group or individually.
20. Have a "funniest photo" contest among the staff.
21. Start a photo album or scrapbook that you can use when offering explanations or reassurance to your patients.
22. Call the mayor's office and ask for participation in a public screening event (be sure the media is on hand!).
23. Ask the mayor to officially declare Respiratory Care Week in your city.
24. Participate in career day with a local college that offers an RT curriculum.
25. Invite the local RT students to an information session or Q&A at your facility.
26. Reward yourselves with professional development. Take advantage of Lifelong Learning @ AARC.
27. Introduce the www.YourLungHealth.org website to local pulmonary doctors and clinics.
28. Recognize your support and administrative staff.
29. Invite the hospital staff to an Open House to let them know what you do.
30. Start a mentoring program with the local RT students.
31. Make a video about your respiratory department and show it at a pizza party for your staff.
32. Get your management informed about RC Week and the opportunity to get some publicity for the facility at community awareness events.
33. Do screenings and hand out information at a public event. Capture attention with "did you know" posters.
34. Have a peak flow contest at your facility to see who has the most "hot air".
35. Contact the local newspaper about doing a feature on the career of respiratory therapy in the employment section.
36. Check with local newspapers and magazines to see if they are doing any special editorial series in the field of healthcare—maybe they can do a feature on your team.
37. Host an air pollution awareness seminar to raise money for a clean air campaign. Check this list to see where your city rates nationwide.
38. Run PSAs (public service announcements) on the television or radio—they're free!
39. Gather materials from other respiratory care support groups such as your vendors.
40. Thank everyone on your staff with a handwritten note.
41. Thank all the staff members who support your team with a formal letter to their managers.
42. Give away door prizes at a staff Bingo night.
43. Pick a couple of current topics and bring everyone in the facility up to date with an internal health fair.
44. Have a trivia competition (mini-Sputum Bowl).
45. Put on a talent show for your long-term patients.
46. Get on the morning show on TV or radio to talk about RC Week and your profession.
47. Contact the local high school science clubs and offer to be a speaker about a career as a Respiratory Therapist.
48. Host an "arbor day" to stock or restock a park, greenbelt or forest with trees.
49. Have a raffle to raise funds to send staff members to educational seminars.
50. Get together with other groups to host a Fall Festival.
51. See what your state society is doing—are there any statewide events going on?
52. Get your healthcare institution certified for QRCR and award/display it during RC Week. Notify local media outlets of this accomplishment, too.
53. Find sponsors to help with funding of ongoing anti-smoking campaigns for the local schools. Businesses new to the area are sometimes a very good resource.
54. Invite your asthma patients to a get-together to learn more about asthma disease management, use of medications and equipment.
55. Take a photo of your staff wearing RC Week t-shirts and send it with an article to your hospital newsletter.
56. Place an announcement about your activities in the hospital newsletter/calendar of events.
57. Encourage your management to get involved in your activities.
58. Present a Respiratory Care Info Day for vendors, funders and community groups.
59. Have a bowling tournament or volleyball tournament at a favorite local spot and invite the community.
60. Have a department competition that centers around the theme of the effect of the different seasons on people in general—or on the respiratory care staff!
61. Honor a particularly special contribution of each team member.
62. See if a company will sponsor a billboard for the week. If there is an empty billboard, the owner might be willing to let you have it at a reduced rate.
63. Ask the local paper to run an ad promoting RC Week. It's not really a PSA, but they get a chance to show the community they care without doing much. This could be worked into a media sponsorship if they're open to it.
64. Reward one of your staff members with AARC International Respiratory Congress registration or AARC membership for the year. Look for sponsors to help.
65. Invite the state society board members to do a presentation to your facility's staff. The presentation could be a lecture, a plug for AARC membership, or the awarding of an appreciation certificate.
66. Add your area of specialty practice to the membership of each AARC Member on your team in appreciation for all the work they do.
67. Send photos of your team in action to the AARC for inclusion in the AARC Photo Gallery. (Be sure you have permission to use the photos.)
68. If you live in a rural area, ask if you can sponsor the morning farm report.
69. Send an AARC shirt to your local television morning show host and explain why you're celebrating RC Week.
70. Celebrate the advances in respiratory care—maybe your hospital houses an old ventilator that's no longer in use—showcase it beside something that you use today.
71. Does your hospital sponsor research in respiratory diseases? If so, ask your researchers to produce a 5-to-10 minute talk on what's happening in this important arena.
72. Is your facility known for offering long-term care to respiratory patients? Then focus on some good tips for helping these patients breathe easier.
73. Kick off an anti-smoking campaign with local groups or companies.
74. Is one of your therapists a previous patient? If so, tell that therapist's story.
75. Explain why sports such as swimming are effective with those who have asthma.
76. Pick a topic and focus on it, maybe generating a public interest story for the media. For example, what is SARS, or why is tuberculosis on the rise and is your city at risk?
77. Invite your local, state or national elected official into your facility and explain why it's important that respiratory therapy is covered in all care settings including home care.
78. Tell your state society and your AARC public relations department what you're doing to promote RC Week. You may just make it into our national magazine or be featured on the website.
79. Many high schools and colleges have cable access television—you may want to contact them to see if you can get on a local television show and promote the profession.
80. Offer your sincere thanks to all the areas of your facility—after all, you're a care team and acknowledging nursing, occupational therapy and physicians, as well as the hundreds of other folks who work together with respiratory care is a good way to build relationships within your organization.
81. Don't forget Lung Health Day during the middle of RC Week. Invite your local reporters to see how easy it is to have a spirometry test.
82. Radio deejays have a lot of fun during the morning drive time hour—see if you can get a couple of rival stations to compete for who has the hottest air in a spirometry screening contest.
83. Invite a local television, newspaper, or radio station to sponsor a Lung Health Day during RC Week. They'll want to promote what they're doing for local organizations so you're sure to get some free publicity.
84. Ask your City Council/Government to proclaim the week as a special recognition week in your city. Staff can do the same for their hometowns/suburbs.
85. Ask local RTs to call their favorite radio show and request songs that include the word air, breathe, or breath—to honor respiratory therapists.
86. Contact other RT departments, schools or home health companies to coordinate a community-wide effort to promote lung health.
87. Invite hot air balloonists to set up their balloons at your facility. Or plan a balloon fiesta during RC Week.
88. Ask local public libraries to post displays about lung health with listings or displays of books to read.
89. Invite your administrators to an event to help honor your staff and learn more about your department and your profession.
90. Have a career day and invite students and guidance counselors to come to your facility to learn more about your department and the profession.
91. Have a family day. Invite spouses and children to come to the facility to learn more about what you do.
92. Ask local restaurants to prepare or feature meals for COPD patients. Ask local television stations to cover it.
93. Ask local health clubs to demonstrate exercises for COPD patients. Ask local television stations to cover it.
94. Go to senior citizen centers to promote respiratory health, COPD information, www.YourLungHealth.org, and perform spirometry tests.
95. Ask radio talk shows to present programs on lung health.
96. Sponsor a traffic report during the week.
97. Sponsor an air quality advisory in the paper, on the radio, or on television.
98. Encourage every RT to individually promote the profession and good lung health to patients, family, friends, and community.
99. Meet with school nurses to present information on asthma disease management so that they can better help their students with asthma.
100. Display RC Week table tents in your cafeteria, each department's break room, and in local restaurants.

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The Bronchus

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by December 31, 2008 to: Nick Kuhnley, Respiratory Care
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Save the Date

Important Dates for Upcoming Events.

MSRC 2008

Sept. 28–Oct. 1, 2008

NRRCC Bi-State Conference; Rochester, MN

Oct. 19–25, 2008

Respiratory Care Week!

Oct. 22, 2008

ALAMN Asthma Update

Nov. 5–6, 2008

ALAMN Asthma Educator Institute

Nov. 14, 2008

BOD/Leadership Meeting

Nov. 21, 2008

North Memorial Fall Symposium; North Memorial Medical Center
Contact terrie.newton@northmemorial.com for more info.

Dec. 13–16, 2008

54th International Respiratory Congress; Anaheim, CA

“Plans are already well underway for the next North Regional Respiratory Care Conference which will be held in Wisconsin Dells, April 27–29, 2009. Mark your calendars and watch for the next issue of the *The Bronchus* for more details.”



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