MSRC
Minnesota Society for Respiratory Care

The Bronchus

Official Newsletter of the Minnesota Society for Respiratory Care

Spring 2008 VOLUME 32 #1 www.msrcnet.com

President's Message
Vicki Engmark

One day, one of my co-workers and I were walking down the hall of the hospital and a nurse saw us from a distance and yelled, "Hey RT." We just looked at each other. How did she know us? We had never seen her before and we had never worked on that floor. We worked with outpatients. After we helped her, we asked her how she knew we were Respiratory Therapists. She said,

> *"Respiratory Therapists are the only ones that walk down a hall and look like they know where they are going."*

We thought that was a great compliment. We felt proud to be professional respiratory therapists.

Our profession has so many opportunities and places to go. This year, the MSRC Legislative Committee is taking a trip to Washington D.C. to talk to our congress about supporting Respiratory Therapists with three bills. First, a bill for Pulmonary and Cardiac Rehabilitation mandating that the Medicare Program issue a National Coverage Policy for Pulmonary Rehab. Second, a bill for our profession to review the Medicare law to permit qualified Respiratory Therapists to provide some respiratory therapy services under the general supervision of a physician, without the physician having to be physically present. Third,

President's Message *continued on* ***page 12***

Why offer Asthma Education, and who should do it?
by Heather Steffens

An educated patient is an empowered patient. If a patient is knowledgeable in what asthma is, how to treat it, what medications to take and when, then they should stay healthier than those that do not understand asthma at all. If patients are educated and proactive about their asthma, they often see their medical spending decrease. But how does a patient become educated? We all know that the doctor's time during an office visit is limited, so how do you learn the nitty gritty about your disease? The internet? The library? Or maybe it is the neighbor's sister's husband that has the same disease. The answer is education by Certified Asthma Educators (AE-C). Education is one of the cornerstones of gaining and maintaining asthma control.

If we can educate our patients and empower them to take care of themselves at home, we all win; their healthcare dollars are saved, and our asthma admission rates will decline. Respiratory Therapists are a key piece to the asthma puzzle. RT's should strive to be AE-C's, as they are dealing and teaching patients daily about asthma. We, as RT's, need to take it a step further. The NAECB reports that there are 2196 AE-C's in the nation, and in Minnesota, we have 117. If respiratory therapists are to become more recognized in the healthcare field, we need to step up to the plate and walk the walk. Having the AE-C credential behind your name immediately conveys a knowledge

"Asthma Education" continued on ***page 12***

Asthma Walk
by Jennifer Schroeder

The American Lung Association®, can give you 22 million reasons why we need to "Blow the Whistle on Asthma" and why you should help fight the asthma epidemic and make an impact. More than 22 million Americans currently have asthma. You probably know someone who suffers from this chronic disease. It could be a family member, a young child, a co-worker, a neighbor or maybe even you. Asthma Walk gives you the chance to get involved and help your loved ones breathe easier.

Asthma isn't always obvious; you can't see asthma but you can count its devastating effects in the United States. Asthma is responsible for over 12 million lost school days in children and more than 14 million lost workdays for adults. Even more frightening is the fact that asthma can be fatal; nearly 4,000 deaths are attributed to asthma annually. The economic cost of asthma is staggering - over $16.1 billion dollars is spent annually. We need your help to make an impact in the fight against asthma. Join an Asthma Walk near you today.

Asthma Walk is a nation wide effort to bring attention to this devastating chronic illness. We know a lot about asthma, but there is so much we don't know. Your participation will raise the funds necessary to provide life saving education, research and advocacy so we can better control asthma and soon find a cure.

Join the 2008 Minnesota Asthma Walk on Saturday, June 7th! Visit www.asthmawalk.org for more information!

Editor's Note

SUMMER ISSUE DEADLINE: **MAY 19, 2008**

As I sit down to write my second editors letter for the "Spring issue" of *The Bronchus* it is a frigid cold night with a wind chill of -38. Oh how I am eagerly waiting for those spring temperatures to arrive. The process of putting together *The Bronchus* is more complex than I ever imagined, thank you to everyone who submits articles. Without the articles there would be no *Bronchus*. I am slowly learning the ropes and it is becoming easier with the help of a great teacher and mentor, Megan. If I haven't said it before I am saying it now, Megan has done a wonderful job and I am not sure how she did all of this Editor business alone for so long. Unfortunately Barb Sherwood has stepped down from the Co-editors position and I want to thank her for her time and efforts. I am excited to say that I have found a great replacement, who is very passionate about our profession and I can't wait to introduce him to all of you in the next issue.

If there is anyone else interested in becoming involved in *The Bronchus* committee free to get in contact with either myself or Megan. This issue is full of great articles but in particular I want to encourage everyone to read the article submitted by Heather Steffens regarding the importance of RCP's becoming asthma educators. This is a very powerful and insightful article for our profession. Who knows this information better than us, let's get involved and make a difference for our patients.

Think warm spring thoughts!
Rhonda Brown, RRT
The Bronchus Co-Editor

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.

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.

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

2008 Advertising Rates — *NEW*

	FULL PAGE AD	HALF PAGE AD	QUARTER PAGE AD
SETUP FEE	A one time setup fee is charged for each **new** advertisment placed.		
	$100	$60	$40
AD DESIGN	For those customers who do not have the means to construct ads, we can design basic ads for you. Please submit your materials* to *The Bronchus*. (*Photos, logos, etc., and the ad copy. Please call the Ad Manager for assistance.)		
	$200	$175	$150
ANNUAL RATE (4 issues)	$425/issue	$250/issue	$175/issue
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COLOR	• For one additional color* beyond B&W – add: $80.00 per issue, any size. *(*please specify PMS color if possible)* • For full color (4-color process) – add: $300.00 per issue, any size.		
PREMIUM PLACEMENT	• Inside front cover, full page ad – add: $50.00 per issue. • Outside back cover, half page ad – add: $25.00 per issue.		
MSRCNET.com WEBSITE ELECTRONIC ADS	Three types of advertising are available on the www.msrcnet.com website: 1.) Links to advertiser websites 2.) Banner/Flash ads 3.) Job placement ads Please contact the MSRCNET.com Webmaster, Derek Hustvet at: dahustvet@pediatrichomeservice.com		
CONTACT THE AD MANAGER	Nick Kuhnley Respiratory Care Department North Memorial Health Center 3300 Oakdale Ave. North Robbinsdale, MN 55422	Phone: 763-520-7456 Fax: 763-520-4755 E-Mail: nick.kuhnley@northmemorial.com	

In Memoriam

The HealthEast Respiratory Care Departments are deeply saddened to have lost two wonderful people this past month. Both taken too early by cancer.

Mary Ellen Sarafolean

Mary Ellen lost her eight month battle with pancreatic cancer on February 4th. She was a Respiratory Care Practitioner for HealthEast for the past 27 years. She started her career at Bethesda Hospital, moved to Midway and most recently at St. Joseph's.

Mary Ellen would light up a room with her smile and infectious laugh. Her sense of humor would always lighten the day.

Mary Ellen was a volunteer in her community, a world traveler and loved red convertible cars. Her greatest passions in life were her marriage to husband Mike and her two boys Ryan and Quinn.

She was a skilled, caring therapist and considered one of HealthEast's finest. She will be greatly missed by her co-workers and patients. Mary Ellen will always be remembered.

St. Joseph's Respiratory Care Staff

Nancy Jo Edmond

Nancy Edmond was diagnosed with a brain tumor in March 2007. She underwent 5 difficult surgeries but lost her battle on January 30, 2008.

Nancy came to Bethesda after graduating from the respiratory therapy program at St. Catherine's College in 2005. Nancy had a busy life prior to Respiratory Care. She and her family spent 10 years in Colombia, South America as missionaries.

Prior to going into Respiratory Care, Nancy was a teacher at the Harvest Christian School in Sandstone, MN. She also held a degree in Speech Therapy.

Nancy had a true passion for children as evident by her previous work, her family of five children and her four adopted nephews.

Nancy will be missed by her large family both at home and at Bethesda.

MSRC Membership Update

by Jeff Anderson, RCP, RRT, NPS, AAS

Active members total = 633

Recalling from the last *Bronchus* issue definitions, by type:

Active	**496**
Honorary	**1**
Industrial	**25**
Physician	**1**
Student	**76**
Industrial	**29**
Hold	**5**

(Hold is a designation for people that the AARC does not have a current/correct address)

Inactive members total = 40

Clip this Postcard and keep it as a reminder!

Improving Life one Breath at a Time.

AMERICAN LUNG ASSOCIATION.

ASTHMA EDUCATOR INSTITUTE

April 15-16, 2008

The Inn on Lake Superior
350 Canal Park Drive
Duluth, MN 55802
(218) 726-1111

To register go to
www.lungmn.org/prof/courses.cfm

AMERICAN LUNG ASSOCIATION. of Minnesota

minnesota asthma coalition

PRESENT:

ASTHMA EDUCATOR INSTITUTE

The American Lung Association's Asthma Educator Institute is a two-day workshop for individuals wanting to improve their ability to provide asthma education to patients and their families. Many course attendees go on to take the Certified Asthma Educator exam offered by the National Asthma Education Certification Board (NAECB) to become Certified Asthma Educators (AE-C).

Registration Fee: $250 (on or before April 1st)
Late Registration $275 (on or after April 2nd)
**Asthma Flip Chart available at discounted price with your registration!

For registration information contact:
Heather Steffens, RRT-NPS, AE-C
651-268-7587—or—
Heather.steffens@alamn.org

In The News

Global Initiative To Protect Children From Secondhand Smoke

— International Union Against Cancer

Effort Focuses on Dangers of Parental Smoking in Homes and Cars.

GENEVA, January 24 /PRNewswire/ It's a staggering statistic: 700 million children - almost half of the world's youth - breathe air polluted by tobacco smoke. People who smoke in confined spaces like the home or the car subject others to a dangerous mix of toxins including nicotine, carbon monoxide, and cyanide, even when the windows are open. Second-hand smoke exposes children to chronic health risks:

- Increases a baby's risk of dying suddenly from unexplained causes
- Contributes to low birth weight in newborns and harms lung development
- Causes bronchitis and pneumonia in young adults
- Increases the risk of ear infections, asthma, coughing and wheezing among school-aged children

These health threats underscore the need for parents to protect the children from secondhand smoke. In the first global initiative of its kind, the International Union Against Cancer (UICC) and members around the world will lead an initiative to promote smoke-free environments for children. "I love my smoke-free childhood" launches on World Cancer Day, 4 February, with these messages for parents:

- Avoid smoking at home or in a car
- Caution children to stay away from secondhand smoke and places that allow smoking
- Teach children there is no safe level of secondhand smoke
- Do not smoke while pregnant or near someone who is pregnant
- Use a smoke-free daycare center
- If you are a smoker, ask your doctor what you can do to stop
- Become a role model for your child - do not smoke

To back these messages, UICC is publishing a 40-page expert report, "Protecting our children against secondhand smoke". "I love my smoke-free childhood" is the first focus within the World Cancer Campaign, a five-year cancer-prevention effort launched on World Cancer Day 2007. The Campaign offers parents simple steps to share with children to prevent cancer later in life. (www.worldcancercampaign.org)

"Forty percent of cancers are preventable through healthy habits. The first step toward prevention is education, starting with parents and children. Every success story means fewer lives lost," says Isabel Mortara, UICC executive director. "Tobacco-related cancers lead the list of preventable deaths and hundreds of thousands of people who have never smoked die each year from diseases caused by secondhand smoke. That's why this initiative is so important."

In addition to targeting individuals, the UICC encourages decision makers to put cancer on the public agenda. A growing number of countries have passed 100% smoke-free legislation, banning smoking in all enclosed public places without exception. Ireland was the first country to do so in 2004 followed by the United Kingdom, New Zealand, Uruguay, Bermuda, Bhutan and Iran. Puerto Rico and several U.S. states and cities have also enacted such bans.

"Countries with 100% smoke-free laws should be commended for their legacy to healthier families. In these nations the percentage of children exposed to secondhand smoke has decreased over time," says Dr. Franco Cavalli, UICC president. "While this trend is encouraging, this approach alone will not protect children from secondhand smoke. That's why educating parents is so crucial."

On World Cancer Day, the UICC will launch a global competition to design a sign for a smoke free environment.

The goal is to recognize a universally "smoke free" sign for homes and cars. Individuals and creative agencies may apply. The winning artwork will be announced on 5 May and awarded US$5,000 US. For further details contact divino@uicc.org.

RESOURCES FOR REPORTERS:

The International Union Against Cancer: Founded in 1933, the UICC is the world's only truly global consortium of cancer-fighting organizations with 300 members in 90 countries spanning Africa, the Americas, Asia-Pacific, Europe, and the Middle East. (www.uicc.org)

Protecting our children against secondhand smoke: This expert report, sets out the health consequences to children of exposure to environmental tobacco smoke and makes detailed recommendations on protecting children in homes, cars, daycare, schools and other public places. Authors include Dr. Jonathan Samet, senior scientific editor of the 2004 and 2006 U.S. Surgeon General's reports on smoking and health. Copies available on request (communication@uicc.org)

The World Cancer Congress 2008: World Cancer Congress offers access to the world's leaders in cancer control. The next Congress will convene in Geneva, 27-31 August. The meeting offers new research on new topics as well as ongoing evidence-based solutions to cancer control. (www.uicc-congress.org)

GLOBALink: The UICC's tobacco control network offers resources for reporters and provides an RSS feed with tobacco news from around the world. (www.globalink.org/news)

Web Site:

- ➔ http://www.uicc.org
- ➔ http://www.worldcancercampaign.org
- ➔ http://www.uicc-congress.org
- ➔ http://www.globalink.org/news

In The News

New Survey Finds 76% of Minnesotans Support Smoke Free Law

— ClearWay Minnesota℠

Support is widespread and strong throughout Minnesota

MINNEAPOLIS, Minn., Jan. 31, 2008 – A new survey released today by ClearWay Minnesota℠ found that 76 percent of Minnesotans support the statewide smoke-free law, with 44% indicating strong support. The survey also provides evidence of strong support among all leading demographics, including geography, political and ideological affiliation, income, age and gender. The survey was conducted by Minneapolis research firm Decision Resources, Ltd.

"The results of this survey demonstrate how quickly the smoke-free law has been embraced by all Minnesotans," said David Willoughby, Chief Executive Officer of ClearWay Minnesota. "We can now add the love of fresh indoor air to the list of things that define us as Minnesotans."

Other key findings from the survey include:

- ✓ Support for the smoke-free law has increased by 7% since a similar survey was taken prior to the law's passage and implementation in 2007.
- ✓ Minnesota smokers are smoking less and thinking about quitting as a result of the law.
  - 19% report smoking fewer cigarettes
  - 22% report that they are seriously considering quitting
- ✓ A decisive majority of Minnesotans – 82% – view secondhand smoke as a health hazard.
- ✓ Strong majorities in every part of the state support a smoke-free law (72% in the Twin Cities metro; 80% in the east metro; 75% in northern Minnesota; and 79% in southern Minnesota).

"I have been surveying Minnesotans on public policy issues for 24 years," said Bill Morris, President of Decision Resources. "These results are impressive because of the sheer intensity of support for the new law across all groups. Minnesotans have decisively made up their mind in favor of a smoke-free Minnesota."

In addition to clearing the air in workplaces, the smoke-free law is also helping to support Minnesotans who want to reduce or quit smoking. In December, ClearWay Minnesota and other major health plans reported increased demand for quitting services after the law went into effect. In addition, respondents who smoke reported smoking less and seriously considering quitting as a result of the smoke-free law.

"We are seeing the benefits of the smoke-free law extend beyond just making our workplaces healthier for employees and customers. The smoke-free law is helping to motivate Minnesotans to consider quitting now, and that is great news," concluded Willoughby.

Methodology

The 2008 study contains the results of a survey administered to 800 randomly selected 2006 voters across the state of Minnesota. Professional interviewers conducted the survey by telephone between January 10 and 21, 2008. The typical respondent took eight minutes to complete the questionnaire. The non-response rate was 3.9%. The results of the study are projectable to all adult Minnesota residents within ± 3.5% in 95 out of 100 cases.

To view complete survey results, visit
➔ www.clearwaymn.org.

ClearWay Minnesota℠ is an independent, non-profit organization that improves the health of Minnesotans by reducing the harm caused by tobacco. ClearWay Minnesota serves Minnesota through its grant-making program, through QUITPLAN® Services and through statewide outreach activities. It is funded with 3 percent of the state's 1998 tobacco settlement.

For more information on QUITPLAN Services, call 952-767-1400 or visit www.clearwaymn.org.

Legislative Update

by Carrie Bourassa, RRT

FEDERAL AFFAIRS

While the AARC is involved with numerous legislative issues, we have focused intense efforts on 3 legislative issues: HR 3968 - the Medicare RT Initiative; HR 552/S 329 - the pulmonary rehabilitation bills and HR 621/S 1484 - the home Oxygen Protection bill.

*PLEASE GO TO CAPITOL CONNECTION AT **AARC.ORG***

ITS FAST! ITS EASY! YOUR PATIENTS AND PROFESSION NEEDS YOU!

STATE AFFAIRS

Respiratory therapist licensure in 2009! Hopefully at this point every respiratory therapist in Minnesota knows we are going for licensure in 2009! If not SPREAD THE WORD! We are currently looking over our practice act with the AARC and the Minnesota Board of Medical Practice. Regular updates will be provided via the website, *The Bronchus* and our educational meetings. If you would like to be involved on these grass roots efforts please contact Carrie Bourassa, RRT on the MSRC website. Our profession has evolved and our need for licensure is the next big step for Minnesota to be in line most of the rest of the nation. We will work together with you to make this a reality.

The MSRC is working on a state level with Disaster Preparedness and well as with the Minnesota Department of Health and Human Services on many issues regarding the safety of patients with respiratory illnesses just to name a few.

Thank you once again for taking the time to contact your legislators don't let our professional voice or the advocacy for our patients get lost in Congress! Please go to Capitol Connection via the AARC website regarding these very important issues to contact your legislators!

Bachelor Degreed RRTs Eligible for Commissioned Corp in the U.S. Public Health Service

by Joe Buhain, MBA RRT, RCP NREMT-B

TIMELINE

The timeline for this mission has been evolving from 2001- 2007. It is recently that the Department of USPHS has awarded a bachelors degreed RT to direct commissioning in the USPHS division.

26 April, 2001

USPHS Division of Commissioned Personnel (DCP) requested Therapist Category to investigate and consider Respiratory Therapist as a new discipline within the category.

01 September, 2007

Bachelor trained Respiratory Therapist with the registered Respiratory Therapist (RRT) credential are eligible to be commissioned in the Therapist Category of the US Public Health Service.

07 October, 2007

Interview, Karen Lohmann Siegel, PT, MA, Captain, U.S. Public Health Service, Chief Therapist Officer, answers many of the questions RTs may be having regarding the inclusion of registered respiratory therapists with a bachelor's degree or higher in the Public Health Service (PHS) Commissioned Corps. ➜ http://www.aarc.org/headlines/07/11/phs/index.cfm

ELIGIBILITY CRITERIA

- ✓ Be a U.S. citizen
- ✓ Be less than 44 years of age
- ✓ Pass a physical examination
- ✓ Have an active professional license (if applicable)
- ✓ Have an appropriate bachelor's degree or a higher degree from an accredited university (varies depending on occupation)

RESPIRATORY THERAPY COMMISSIONING REQUIREMENTS

CANDIDATES MUST HOLD:

- ✓ A bachelor's or master's degree in respiratory therapy from a school or college of respiratory therapy accredited by the Committee on Accreditation of Respiratory Care (CoARC) or Commission on Accreditation of Allied Health Education Programs (CAAHEP) at the time of graduation.
- ✓ An active, current, unrestricted and valid Registered Respiratory Therapist (RRT) from any U.S. State, territory, commonwealth, or District of Columbia.
- ✓ At least a 2.5 grade point average.
- ✓ A degree from a RRT program recognized by the National Board for Respiratory Care (NBRC).

** It should be noted that a certified or registered pulmonary function technician/technologist is not a qualifying certification.

MILITARY ROUND TABLE

Past or present military RT members, please note:

The AARC is planning to email the military round table survey to members by the end of next week. Please encourage the active duty military to join the AARC so they can participate in the survey. We need 100 positive responses to develop the round table.

The AARC membership is currently free for active duty military!

LINKS OF INTERESTS

U.S. Public Health Service:
➜ www.usphs.gov

U.S. Public Health Service– Therapist:
➜ www.usphs.gov/profession/therapist/

USPHS Commissioned Corps
➜ Toll-free phone: 1-800-279-1605

Soldiers Creed

I am an American Soldier.

I am a Warrior and a member of a team. I serve the people of the United States and live the Army Values.

I will always place the mission first.

I will never accept defeat.

I will never quit.

I will never leave a fallen comrade.

I am disciplined, physically and mentally tough, trained and proficient in my warrior tasks and drills. I always maintain my arms, my equipment and myself.

I am an expert and I am a professional.

I stand ready to deploy, engage, and destroy the enemies of the United States of America in close combat.

I am a guardian of freedom and the American way of life.

I am an American Soldier.

When Asthma Isn't Asthma

by Genelle Magler, RT
and Dr. Robert Shapiro

Dr. Shapiro is an adult pulmonologist and critical care physician at Hennepin County Medical Center. He is also the Medical Director of the Pulmonary Function and Bronchoscopy Labs and is the Medical Director for the Bronchus.

CASE STUDY

A patient with significant psychiatric disease was admitted with shortness of breath and new onset of atrial fibrillation. The CXR revealed new enlarged heart and bilateral effusions. The CT angiogram was negative for pulmonary embolism. The Echocardiogram revealed Pulmonary Hypertension with right sided prominence.

Past medical history was remarkable for history of asthma with symptoms dating back to childhood. He had several visits to the ER and was evaluated in pulmonary clinic for his asthma. He had baseline symptoms of shortness of breath with activity, subjective improvement with bronchodilators.

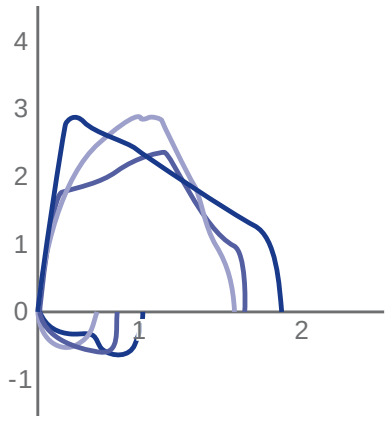
Spirometry showed: FEV1 2.40 (53% predicted), FVC 3.65 (67% predicted), FEV1/FVC 66, FEF50/FIF50% 1.91 with a flattened inspiratory loop. An ENT evaluation showed an unremarkable head/neck exam and the patient left clinic AMA prior to a flexible laryngoscopy exam. A CT of the neck was normal.

Admission exam: a-fib with rapid ventricular response (HR 130) inspiratory stridor, diminished breath sounds at bases, no wheezes, normal expiratory phase, neck accessory muscle use, lower extremity edema, and no clubbing.

Labs: pH 7.22, PaCO2 96, PaO2 70, BNP 425, hgb 12.

Repeat spirometry: severely flattened inspiratory loop with inspiratory flows of < 1 l/sec. Patient was taken to the OR where an ENT exam revealed bilateral vocal cord paralysis.

The patient underwent tracheostomy, and after a few days was liberated from the ventilator.



Patient discharged with diagnosis of chronic hypercapnic respiratory insufficiency and cor pulmonale secondary to idiopathic bilateral vocal chord paralysis with variable extrathoracic upper airway obstruction, masquerading as chronic asthma. Follow up ABG and echocardiogram showed normalization of PaCO2 and resolution of pulmonary hypertension and cor pulmonale. The patient refused further work up for etiology of bilateral vocal cord paralysis.

Disaster Preparedness Update

by Nick Kuhnley, RCP, RRT

The Disaster Preparedness Committee is planning a meeting in mid-February at HCMC to discuss future planning around the State-wide survey results, and regional activities with the newly designated RCP Regional Coordinators.

First, nine RCPs have been selected to address and help manage State issues regarding disaster preparedness in each of the eight Minnesota regions. Two were selected to participate in the very large Metropolitan Region, one from Minneapolis and one from St. Paul. These positions, in conjunction with Regional Health Resource Coordinators (RHRC's), will determine the distribution of State ventilators and other respiratory equipment within their region, as well as to identify and begin the organization of RCP personnel who can provide expert-based education to medical facilities within their regions. The Regional RCP Coordinators will also serve as expert resources and contacts for State personnel from MDH and other State departments.

The results of the latest state-wide survey are indeed sobering, and reveal a larger problem of logistical supply that has gone virtually unmentioned nationally. The disparity between the ventilator inventory and the needs of a pandemic episode are staggering, but even of greater interest is the possibility that the ventilators we possess cannot be kept running even through half of a single pandemic wave. Unless dramatic changes are made very soon to address the supply issue, we will fail to provide current services which both RCPs and the public would expect as a minimum. We are planning to generate recommendations and solutions at the upcoming MSRC Disaster Committee meeting, that can be presented at the April Science Advisory Team meeting at the State Capitol.

As family leaders, I would like to guide your attention to the Code Ready website provided by the State of Minnesota. If the hurricane Katrina tragedy taught us nothing else, it demonstrated that there is no state-sponsored miracle to deal with disaster.

There will be no white knight to rescue you and your family from tragedy in the first day, week, or even month, irregardless of the scrutiny of national media coverage. The degree of state-sponsored preparation that you as a citizen probably expect, simply does not exist. The truth is as follows: The preparation responsibility for you and your family sits squarely in your domain, and if you do nothing, you can expect to receive nothing.

Code Ready is a Minnesota project designed to help people prepare themselves for the unthinkable, even if they as citizens don't know how or where to begin. Code Ready provides internet based templates that guide even the most uninformed people through the necessary steps in planning for self and family preservation. These templates do not store information, so you must have the capability to print the final products.

The fist step is a template that covers information gathering. It directs you to gather together physical, medical, contact, and locative information on each family member including family pets.

This document can be printed and ready to move with family members in an event. This kind of information may not be available after an event displaces you. It also includes the formation of pre-determined "rally points" for your kindred on neighborhood, regional, state, or national levels. This template will take some time for information gathering, and often, requires a return to the site to produce the document.

The second step is to advise you on the needs that may be required over differing periods of time. There are templates for "kit" preparation, whether you stay home, have to move, or want to prepare for special circumstances.

Even with an expertise and previous experience with disaster, an individual would have great difficulty in doing this as well on their own. Take advantage of this NOW! ... later may never come. You will find the beginning page for Code Ready at:

➔ http://www.codeready.org

Either select "Get Prepared" from the menu bar, or you may seek the address directly at:

➔ http://www.codeready.org /get prepared.cfm

Minnesota Well Represented at the 2007 AARC Congress

by Steve Sittig, RRT-NPS FAARC

The first of December found many fortunate RT's in the land of Mickey Mouse, Orlando Florida for the 2007 AARC Congress. Despite the nice weather most of us were hard pressed to attend every lecture we hoped to hear. Typically we could glimpse the sunny weather as we ran from lecture to lecture or off to the exhibit hall. The Minnesota contingent was in full force presenting a number of abstracts and lectures.

- **Jeffrey J. Ward**, MEd RRT FAARC, Rochester, MN – Planning Clinical Simulation Educational Venues
- **Melynne Youngblood**, MD, Mankato, MN – Inhaled Insulin
- **Cheryl A. Paulson**, RRT and Robert J Clifford RRT, Rochester, MN – Maximizing the Learning Experience Using High Fidelity Simulation
- **Carl D. Mottram**, RRT RPFT FAARC Rochester, MN – Quality Control of Exercise and Gas Exchange Equipment
- **Daniel L. Herold**, RPSGT, Rochester, MN – New Scoring Rules for Polysomnographers, etc.
- **Rebecca Nielsen**, Roseville, MN – Pediatric Home Safety: Assessment, Collaboration, Education
- **Brenda Plumm**, St. Paul, MN – In Vitro and In Vivo Evaluation of a Neonatal High-Flow Nasal Cannula System
- **Rachel Blake**, Rochester, MN – Tidal Volume Accuracy on Bio-Med Crossvent 3
- **Bryan Wattier**, Rochester, MN – Development and Initial Analysis of a Formal Mentorship Program for a Baccalaureate Degree Respiratory Care Program
- **Charles McArthur**, RRT RPFT, Mankato, MN – Interpretation of Indirect Calorimetry Data, etc.
- **Gregory Schears**, MD, Rochester, MN – Upper Airway Infection
- **Steven E. Sittig**, RRT-NPS FAARC, Rochester, MN – Utilization of a Pediatric Specialty Team with Interfacility Pediatric Trauma
- **Robert McCoy**, RRT FAARC, Apple Valley, MN – Respiratory Home Care: Taking the Higher Ground, etc.
- **Lynn Lenz**, RRT, La Crosse, WI – Improved Quality of Care With Standardized Tracheostomy Management Protocols
- **Katrina McDonald**, CRT, Rochester, MN – Comparison of Two Methods for Monitoring Airway Responsiveness Before and After the Administration of Methacholine
- **Bruce Estrem**, Roseville, MN – The Course of SMA in the Home Care Patient: 3 Case Studies
- **Ryan Diesem**, Apple Valley, MN – A Bench Study to Determine and Compare the Maximum Total Dose Volume vs Maximum "Useful" Dose Volume of 33 Oxygen Conserving Devices

In addition to those that presented, many others from Minnesota were there just to attend the congress. I would hope that everyone can get an opportunity to attend this meeting. I always find that it recharges my batteries and inspires me to do the extra things such as participate in the MSRC and fulfill roles in the AARC. The 54th International Respiratory Congress is scheduled for December 13–16, 2008. So start planning now and hope to see you in Anaheim.

Were We Work

Children's Hospitals – Minneapolis & St. Paul

by Ryan Philpot, RRT
and Terri Zustiak, CRT-NPS

Working at Childrens' Hospitals and Clinics of Minnesota is a very rewarding place to work. It can be a challenge for a lot of people to work with sick kids, but you soon discover that these kids have a lot of strength, and can teach us a lot about simple joys, priorities in life, and the will to recover and play. Where else could you work wearing clothes with Scooby Doo and Dora the Explorer, and feel right at home? The best things about working with kids are the smiles and hugs you get when you come into their room.

HISTORY

Childrens' Hospital opened in 1924 with just 16 beds in the middle of Downtown St. Paul. Dr. Walter Reeve Ramsey initiated a hospital just for children. The Children's' Hospital Association was formed in 1933 by the Junior league to make hospital care available for the poor during the depression. Even back in difficult times there was compassion for the children. On the Minneapolis side, funds were raised to build a hospital there. Ground was finally broke in 1969, and a Children's Hospital was completed in 1973 on Chicago Avenue, next to Abbott Northwestern Hospital. Childrens' in St. Paul moved to its current site on Smith Avenue in 1979. It made sense to be in close proximity of United Hospital to be present for all the high-risk deliveries. There was a merger between the two Children's hospitals in 1994. This was to become the largest pediatric health care provider in the upper Midwest.

Children's Hospital and Clinics of Minnesota remains the 7th largest pediatric hospital in the United States. There are 326 beds that meet the need of 13,000 inpatients annually and 200,000 visits to the emergency department every year. There is a drive for Clinical excellence to advance the care for children. Children's Hospital is recognized nationally for it's commitment to safety, and has received Magnet status, and is one of the 8 hospitals nationally recognized by the Leapfrog group. It is one of the top 10 centers in the nation to treat Cystic Fibrosis, Cancer, Diabetes, and has one of the largest Cardio-vascular programs. In addition, a new $300 million dollar expansion is under way to enhance the ability to apply the latest technology, practices, and standards of care for our patients and their families.

THE ROLE OF ART AT CHILDREN'S

Respiratory Therapists at Children's are staffed in all areas: PICU, NICU, and Medical-Surgical floors. Currently Children's is expanding the RT's role into the Emergency Department. In the E.D. RT's will be focusing their cares on medication delivery, assessment, innovative equipment use with technical support and assistance with cardiopulmonary resuscitation. Also, RT's are utilized in the E.D. and throughout the hospital for educational purposes to teach both patients and their families on use of equipment and disease processes, such as Asthma, Bronchiolitis and RSV. Other areas of focus for RT's at Children's are: research, special diagnostics, neonatal transport team, and high risk deliveries.

So as you can see Respiratory Therapists at Children's continue to strive for excellence clinically, by education, training and working together as a team. Advocating for the staff is a newly implemented Leadership Team that derives from a core of six Supervisors (3 per campus), 6 Educators (3 per campus) and a System Educator, who all continue to focus their efforts on upholding the mission and vision of Children's Hospitals within the Respiratory Care department.

Asthma Education

(continued from cover)

standard, and it tells others that you are serious! Another benefit of becoming an AE-C is that you become more marketable and more attractive to prospective employers that want to become key asthma facilities. By hiring an AE-C, facilities are choosing to become the leader in asthma care. The benefit of an institution having AE-C's on board is that they are making strides in asthma care. That facility becomes an asthma Champion, and thus raises the bar for asthma education. The facility would be more marketable to patients because they would be proactively setting an example for other health care institutions to follow.

Currently, those providing asthma education are not always certified asthma educators, creating concerns of consistency and information accuracy. If we are going to leave it up to any staff member, whose background is in, for example, orthopedics, that happens to be in the family practice clinic today because they were short staffed; how can you be certain that the patients she sees are going to go home and know how to administer their medications? Furthermore, "Up to two-thirds of MDI users and health professionals who teach MDI use do not perform the procedure properly". (Fink JB (2000). Respiratory Care, 45(6), 623-635). If we are to set the bar in Minnesota, we must set it high and be an Asthma Champion. Only those that carry the AE-C credential, are guaranteed to be teaching patients the most current asthma information out there. MDI, HFA, CFC, DPI, nebulizers, Aerolizer, Flexhaler, Turbohaler, Autohaler, Rotohaler, Spinhaler, Optihaler, OptiChamber, holding chamber, spacer—how can a patient NOT be confused?

Certified Asthma Educators teach the gold standard in asthma care:

- What does it mean to have a diagnosis of asthma?
- How do you manage asthma?
- What happens when an exacerbations starts?
- What can be done to prevent the exacerbations?
- What medications are used to treat asthma?
- What is the proper way to administer the asthma medications?

The bottom line is that patients need and want to be taught the most current information pertaining to their disease. They also want to know how to manage it properly. By providing patients access to AE-C's a facility is providing excellent customer service and creating happier and healthier patients. Isn't that what it is all about? Improving our patients quality of life and making a difference *"One Breath at a Time."*

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

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President's Message

(continued from cover)

a bill to repeal the current Medicare provision that requires Medicare beneficiaries to assume ownership and responsibilities for their oxygen equipment.

Our profession is making a huge impact with disaster preparedness and working with the MN Department of Health and Human Services. The MSRC has a large and growing disaster preparedness team of Respiratory Therapists working to prepare our state in the event of a disaster.

This year, the MSRC Legislative Committee is taking our profession to a new place – state licensure. There is a lot of work to be done – Thanks to the RT's volunteering to make licensure happen!

Keep watching *The Bronchus*, the MSRC website (www.msrcnet.com) and your emails for more information! Oh, the places we'll go!

MSRC
Minnesota Society for Respiratory Care

COPD Committee Report

by Kris Mrosak, RRT, RCP

The COPD Committee would like to increase awareness through educational opportunities at local senior fairs and health fairs, etc. If anyone receives inquiries or has information on small local fairs please contact our committee members.

In January I attended the conference, Pulmonary Rehabilitation: State of the Science. It was sponsored by Beth Israel Medical Center, Center for Cardiac and Pulmonary Health and held in Florida. I was glad to connect with Jessica Oman RCP from St. Cloud at the conference. We enjoyed being apart of the energy the speakers exhibited for the field of Pulmonary Rehabilitation. The topics were reinforcing in our quest to improve the quality of life for our patients.

Pulmonary Rehabilitation Week is March 16 - 22!

Keep up the great work!

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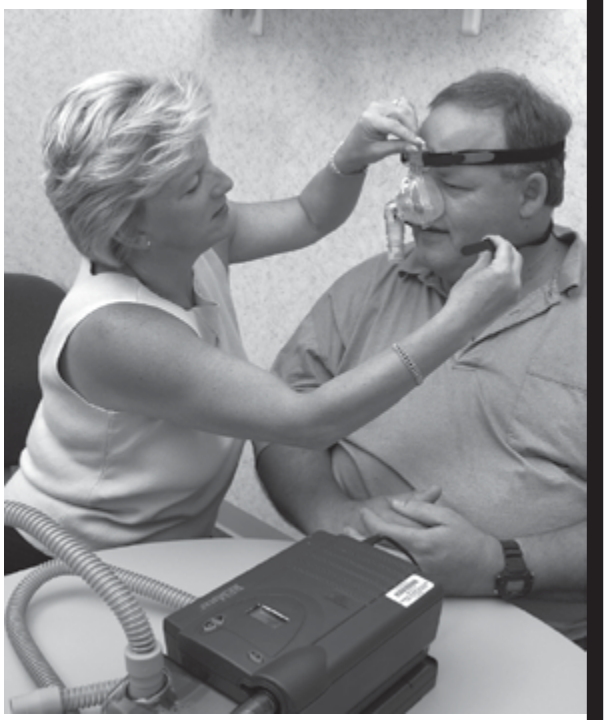

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Delegates Report

AARC & MSRC members- "Bricklayers" for the Future; Winter AARC House of Delegates Meeting in Orlando

by Debra Skees, MSRC Senior Delegate

I would like to take this opportunity to share with you, the MSRC members (and those readers who are not members) the impressive work and accomplishments that the AARC does on behalf of YOU. It is apparent from the numerous presentations and information shared during the recent House of Delegates (HOD) meeting that the AARC continues to be active on many fronts for the benefit of YOUR profession, the patients YOU care for and the public.

Sam Giordano, the Executive Director of the AARC addressed the House of Delegates and gave an overview of the health of the association. AARC membership continues to grow! As of Dec 2007, the membership total is over 44,550 - a 7% increase from the same time in 2006. Through membership fees, the AARC generates a good portion of the revenue that pays for the numerous activities to make a stronger profession AND provides for "revenue sharing" back to the MSRC to help support our local educational and professional activities here in Minnesota.

Sadly, although the national totals are up, Minnesota membership provided little contribution to this membership growth as our state membership continues to stay flat. This begs the question of what respiratory therapists in other states value about the AARC that is not yet recognized here in Minnesota? A key role for me as an AARC delegate is to convey the many activities and accomplishments that are going on at the national level on behalf of YOU, the Minnesota Respiratory Therapist as well as to encourage YOU to play a role with YOUR membership, YOUR vote and YOUR involvement.

Did you know that the AARC has provided 2 major educational venues in 2007? In Reno there were 3 different educational opportunities: the Summer Forum, an asthma educator prep course and the Mass Casualty Journal Conference. In Orlando, the International Congress, a Ventilator workshop, another asthma prep course and numerous breakfast CRCEs were presented. These high quality offerings have been created for the purpose of assuring YOU access to high quality, cost-effective, continuing education required for your registration and the chance to network with your colleagues across the country and world. Your membership allows YOU a significant discount to attend these as well as the educational presentations sponsored by the MSRC.

The AARC is also focused on increasing public awareness of YOUR profession and appreciation for YOUR contributions to patient care. The Mobile Spirometry Unit, co-sponsored by the AARC and COPD Foundation provided lung screenings to over 9,000 people in 15 cities across the country (including Minneapolis). This interaction served 2 purposes- identifying patients at risk for COPD and telling the story of what a Respiratory Therapist is. In addition, an updated "life and breath" video was produced to stimulate interest in choosing RT as a profession and www.yourlunghealth.com provided health information on the web. Additional resources have been produced and are a free benefit to YOU, as a member, to assist in keeping clinically current: EPA asthma trigger Web module, various "Webcast" topics, Reimbursement College CRCE, and the Aerosol delivery resource to provide evidence-based reasons for the way we deliver inhaled medications. Add these to the monthly RC Journal and the AARC Times publications and it is evident that the AARC is working to hard to keep YOU up-to-date in all aspects of your profession.

With the assistance of lobbyists, Cheryl West and Mirian O'Day, the AARC has seriously taken on a vigilant approach to federal and state bills and regulations that may adversely impact YOUR profession. The AARC continues to work on YOUR behalf and for our patients. Stay tuned for the "call to action" to write letters to your senators and representatives as 2008 activities heat up.

For those of you that were not able to attend the 2007 International Congress in Orlando, I strongly encourage you to download an inspirational speech given by AARC President, Toni Rodriguez.

➔ http://www.aarc.org/headlines/2008/01/toni-podcast.cfm

She describes how the AARC is advocating for legislation that could have far-reaching impact on our profession and patient care. Getting involved in grass-roots political activism and by supporting the organization with your membership will send a strong message about the character of our profession. **If we don't care enough to be involved and active, why should anyone take us seriously?**

Still not sold yet on why being a member or maintaining your membership is worth the cost? Read on. The AARC is currently taking on an aggressive strategic planning tactic called "Project 2015 and beyond". This undertaking will determine the future of respiratory care and position YOU confidently as a key contributor in patient care. On top of all of the previously mentioned benefits, this undertaking is visionary and progressive and a true example of why being a member is worth your time and membership dues.

If you are currently a member, continue to stay involved, if not, join now or at the next MSRC meeting. Your $90 membership fee is like a "brick" that builds our professional association stronger every year. Along with your professional involvement as the "mortar", those bricks can grow into something remarkable!! Let's show the rest of the country that MN RCPs are awesome professional "bricklayers".

As for the "business" of the HOD, delegates bring forward resolutions that promote the profession or improve organizational operations. Following are the resolutions that were presented and acted on at the winter meeting:

NEW RESOLUTIONS:

04-07-23:

(Resolution concerning the HOD review and approval of AARC budget). Resolved that the HOD will receive the proposed AARC budget on the first day of the fall HOD meeting. On the next day of the meeting the HOD will vote on the proposed budget. *(Co-sponsored by Alabama, Florida, and Louisiana)*

RESULTS:
Motion carried in the HOD.

Due to a question about a potential conflict of interest raised by the auditing firm used by the AARC, there are still some recommendations forthcoming. In the meantime, it was decided that more of an executive summary would be provided to the HOD for review instead of the line-by-line detail in attempt to address those concerns yet keep the HOD informed.

Delegates Report

(continued from page 14)

94-07-24:

Resolved that the AARC develop a list of suggested competencies and equipment that Respiratory Therapy departments may use as a guideline in order to prepare for pandemic or mass casualty situations *(Sponsored by Virginia)*

RESULTS:
Motion carried in the HOD. Referred to the AARC president to be assigned to an adhoc committee

94-07-25:

Resolved that the AARC provide a discussion "blog" on the website for the purpose of posting relative and important information about submitted resolutions in advance of the HOD meetings. *(Sponsored by Minnesota)*

RESULTS:
Motion carried in the HOD. Referred to the Executive Office to be reported back to the AARC board of directors in March with and update to the HOD at the summer 08 meeting

STATUS OF RESOLUTIONS PREVIOUSLY PASSED:

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.

UPDATE:
Being investigated by the Executive office at this time. Information will be forthcoming. *(Presented in 2006 by Virginia)*

The MSRC believes in "paying it forward". During the HOD meeting, Jessie and I were very proud to present on behalf of the MSRC, a check for $1,000 to the AARC disaster relief fund to assist fellow respiratory therapists that may suffer from a natural disaster, like a flood, tornado or hurricane. The MSRC also contributed $500 to the Bill Bitzel Scholarship Fund. Bill was a highly respected and loved delegate from Georgia who died this past year and in honor of him this fund will assist future RTs with tuition costs.

Lastly, I would like to take this opportunity to both thank Jessie for her assistance as Senior Delegate these past 2 years and to welcome the new junior delegate, Curt Merriman to the House. Curt and I will strive to follow in the footsteps of the many highly regarded and well-respected past Minnesota delegates and continue to contribute to our profession on behalf of the MSRC and its members.

The next HOD meeting will be in July of 2008 in Phoenix, AZ. Curt and I invite your ideas and recommendations for resolutions to be submitted for discussion at the next meeting, which could benefit our profession, organization, or the public.

As always, feel free to contact Curt or myself if you have any questions: debra.skees@allina.com and/or cmerriman@corerespiratory.com

Save the Date

Important Dates for Upcoming Events.
MSRC 2008

April 15–16, 2008	**Asthma Educator Institute**; Duluth, MN. Contact Heather Steffens at 651-268-7587
April 25, 2008	**2008 2nd Annual Respiratory Care Conference**; Eau Claire, WI. Call 715-833-6417
May 2, 2008	**Spring Workshop and BOD meeting**; St. Cloud, MN.
July 6–11, 2008	**Camp Superkids**; Loretto, MN. Visit: www.LungMN.org
August 3–6, 2008	**Camp We No Wheeze North**; Wolf Ridge Environmental Center, Finland, MN.

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