MSRC Minnesota Society for Respiratory Care

The Bronchus

Official Newsletter of the Minnesota Society for Respiratory Care

Winter 2008 VOLUME 32 #4 www.msrcnet.com

President's Message

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

Hello.

As I write my last newsletter note, I think of the 'places we've gone' this past year. We have taken great steps advancing the Respiratory Care profession towards licensure in the state of MN. We have recently hired a lobbyist, Bill Amberg, to assist us in this process. Mr. Amberg and the Licensure Committee have already begun to meet with representatives to get support for our bill. One of the next big steps is to get a representative to author our bill. It is quite the process!

Another big thing you will notice - this issue of *The Bronchus* is the first issue to go totally online! The MSRC Board of Directors set this goal and *The Bronchus* committee and Communications task force made it happen! Thanks for your hard work: Dave Boeckmann, Rhonda Brown, Derek Hustvet, Gary Johnson, Shelly Klein, Brianna Long, Lance Lothert, Charles McArthur, Curt Merriman, Megan Schultz, Laurie Tomaszewski and Naomi Teske from Amplio Marketing and the website company 50 Below.

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

Clear The Air

by Jan Salo Korby

Imagine this situation: Your child has asthma and has seen a medical provider who has written an asthma action plan. You've learned about the disease, about your child's triggers. You've maintained the proper medication schedule. You've given away the cat, you've purchased a high efficiency particulate air (HEPA) vacuum, and you have encased the mattress and pillows in their bedroom to reduce exposure to dust mites. However, you live in an apartment building and your neighbor smokes in his unit. The smoke travels throughout the building including your apartment. According to the U.S. Surgeon General, no amount of secondhand smoke is safe.

Additionally, according to the U.S. EPA, secondhand smoke can trigger asthma episodes and increase the severity of attacks. Exposure to secondhand smoke can also cause asthma in very young children.

Home is where children are most exposed to secondhand smoke and is a major location of secondhand smoke exposure for adults. Although secondhand smoke exposure among children has declined over the past 15 years, children remain more heavily exposed to secondhand smoke than adults. Almost 60% of U.S. children aged 3-11 years—or almost 22 million children—are exposed to secondhand smoke. About 25% of children aged 3-11 years live with at least one smoker, compared to only about 7% of nonsmoking adults who live with a smoker. Smoke-free rules in homes and vehicles can reduce secondhand smoke exposure among children and nonsmoking adults. Some studies indicate that these rules can also help smokers quit and can reduce the risk of adolescents becoming smokers.

The MDH Tobacco Prevention & Control Office has funded five organizations to focus on reducing exposure to secondhand smoke in their communities. The American Lung Association of Minnesota is funded to work in St. Louis, Carlton, and Lake Counties as part of this effort.

"Take it Outside" (www.takeitoutsidemn.org) encourages smoke-free home and car pledges. Information is distributed to parent groups, WIC clinics, hospital birthplaces, pediatricians and others. A "Secondhand Smoke and Cars" fact sheet has been developed for driver's education classes, infant car seat clinics, or anyone who wishes to make a smoke-free car promise. Apartment managers and owners in the region are encouraged to include a "no-smoking" rule in their leases. "Play Tobacco Free" works with parks and other outdoor areas where kids play to maintain or develop tobacco free policies.

"Clear The Air" continued on ***page 12***

Editor's Note

It has officially been a year. I have learned a lot through trial and error, and met many great and wonderful people who have helped me more than you will ever know. Unfortunately this will be my last issue with *The Bronchus*. I want to thank David Boeckmann for being a great Co-Editor and Naomi Teske (Amplio Marketing) who has been the best resource when I wasn't quite sure what I needed to being doing next. I also want to make sure to thank Megan Schultz for this opportunity. I don't think I would have signed up for this if you weren't who I would have been working with initially.

As you may notice this is the first issue of *The Bronchus* to be online, so look for these great articles that so many of you submit to us at the MSRC website www.msrcnet.com.

This issue has a great article from William Amberg our Lobbyist on Licensure which is exciting for our profession, the final President's Message from Vickie Engmark, and many more.

Just like last year's winter issue it is cold and snowing, but we are finishing last minute details a little closer to Christmas so I wish everyone a Happy Holiday!

Rhonda Brown, Co-Editor

Like Rhonda Brown, I too am stepping down as *The Bronchus* Co-editor. I wish to thank Rhonda Brown, Megan Schultz and Naomi Teske for their guidance and patience. I also wish to acknowledge that *The Bronchus* wouldn't exist without the year round efforts of its contributors (volunteers) whose timely articles inform and challenge all of us in the Respiratory Therapy profession. Thank you!

David Boeckmann, 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.

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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

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If you change your address or are having problems receiving *The Bronchus*, please notify the MSRC c/o:

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Minnesota's Respiratory Care Practitioner of the Year

by Laurie Tomaszewski, RCP, CRT-NPS, Handi Medical Supply.

Every year we are given the opportunity to honor "one of our own"; a respiratory therapist that is a shining example of someone who goes beyond the expectations of every day work. This year the nominees all had Y-E-A-R-S of experience in the respiratory field; every one of them well-deserving. Interestingly enough, not one of the nominees came from the hospital field. We heard amazing stories of how these therapists effect and change the lives of their customers and their families, along with their fellow therapists. Each one of them enriches the lives of those around them.

For 2008 we had 4 nominees:

Lisa Jensen from Pediatric Home Service

Curt Merriman from C.O.R.E. Respiratory Services

Leslee Gelman from Reliable Medical

Helen Thul from C.O.R.E. Respiratory Services

Lisa Jensen *Leslee Gleman* *Helen Thul*

The committee chose **Curt Merriman** as our Therapist of the Year. Curt was nominated by Carrie Bourassa and Kathy Stevenson. Curt has been involved in the MSRC for years, serving roles including President and is currently is our Junior Delegate. Curt is one of the owners of C.O.R.E. Respiratory Services and has been a respiratory therapist in many settings, from hospitals to home care. It doesn't matter where Curt is working he is the ultimate professional; he goes beyond the expectations of everyone who interacts with him. Curt helped Minnesota Therapists work on a national level by providing spirometry across the country with the national "COPD Learn More Breathe Better" campaign. I was proud to introduce Curt as the Minnesota RCP of the Year at our Annual Conference!

The 2008 Vent 5K

by Rich Bold, Student St. Paul College

Hi, my name is Rich Bold, and I'm a respiratory therapy student at St. Paul College. As part of our program, we were required to attend a respiratory therapy conference in Rochester, Minnesota - home of the renowned Mayo Clinic. Prior to the trip, one sunny summer day, our Clinical Instruction Director, Kathy Ross, came to us and said that we would have to dress up a ventilator in a costume and run five kilometers with it as part of the conference. I asked her if that was legal in this state and she assured me that it was.

The English translation for 5 kilometers is 3.1 miles, which was a lot farther than I cared to run, especially after I had racked up 47 years-worth of my own hard mileage. However, our Program Director Joseph Buhain came up with a plan. He explained that with a class of twenty-three, we could turn this into a relay race, all taking turns running with the vent for 100 yards so we didn't get so tired. That sounded a lot better to me than running 3.1 miles; I even ended up "measuring" my own hundred yards, which was considerably shorter than one hundred yards that would be dictated by the department of weights and measures, but I digress.

Tanya Ives, David Patterson and Russel Kruger, Representatives from Respironics, set us up with a sponsorship, which was really cool. So to honor our newfound supporters at Respironics, we selected a Respironics BiPAP Vision as our primary weapon. Classmate Chris Tyndall said that he had a Darth Vader Halloween costume that would look "kind of sexy" on that BiPAP. Additional creative inspiration came from classmate Cherri Person, who suggested naming our creation "Darth Ventilator." Two weeks prior to the conference I neglected my obsessive-compulsive medication, and while my classmates studied respiratory therapy, I fixated on the assembly of "Darth Ventilator." Tanya, the Respironics Representative, set us up with T-Shirts and a good stand to mount the vent on. A CPR/ ventilation practice mannequin was pressed into service and strapped to our vent. A light-saber one of my nephew's friends forgot at my house, and a boom box (with the Star Wars Main Title Them looping ad nauseam) were all secured to the vent, with several wraps of black electrical tape. Posters were printed, monetary pledges were secured, and we were off to Rochester.

On the day of the race, we were pitted against the honorable competitors from the University of Minnesota, Mayo Clinic. They were equipped with an antiquated ventilator of questionable pedigree that was strapped to an oxygen tank dolly, and dressed like Goldie Gopher. Class President James Youquoi had established the team line up where he had painstakingly posted each runner along the route, in order to best exploit his or her skills and abilities. Then the organizers decided to reverse the direction of the race, rendering James' hard work useless. Sorry James, you had a good game plan.

I had the honor of starting the race for our team by running the first one hundred yards, which more accurately measured about 65 feet, then handing "Darth Ventilator" off to Classmate Alex Worbah. Goldie Gopher got the jump on us out of the gate but the oxygen tank dolly proved to be an awkward affair, and true to form Goldie Gopher fumbled on the 40-yard line. At that point "Darth Ventilator" took the lead and never looked back. In the end, "Darth Ventilator" was victorious; all proceeds went to support the American Association of Respiratory Care, and all in attendance had a raucous good time.

Respiratory Care Week 2008

Bethesda Hospital

Bethesda Hospital Celebrates Respiratory Care Week by thanking the each of our staff for the wonderful care they provide year round. Our Department Manager, Scott Sapp hand wrote thank you cards to each of our 54 staff members. These thank you cards were attached to a little gift bag filled with treats and trinkets from the AARC.

Throughout the week our fabulous vendors treated the staff to Lunch & Learns or Dinner & Learns. They stopped by with breakfast fare and special treats. They also gave us gift cards, gift baskets and gift bags, which we used in our staff drawings all week long. We definitely appreciated all the vendors who helped us celebrate the week: Cardinal Health, Reliable Medical, On Assignement, Allina Home Oxygen & Medical Equipment, Handi Medical, Arrow Health, Lincare, Merck Pharmaceuticals, Liberty Medical and Praxair.

This year, one of our staff, Andrea Van Hoever had therapists bring in baby pictures of themselves. We are now enjoying a contest of trying to identify our therapists when they were babies.

All in all we had a fun week!

Pediatric Home Service

We took humorous photos of all the RCP's, and Respiratory Care staff while at work, and made a power point presentation which was shown throughout the week. We also enjoyed some respiratory themed word games, with prizes as well as a matching game of staff kids and pets.

St. Paul College

- Held a Celebration in the City View Café
- Offered free Peak Flow Meter Measurements, Oxygen Saturation Levels, Blood Pressure Screening and Smoking Cessation information and resources
- Held a Respiratory Club Fundraiser at Old Chicago Pizza

University of Minnesota / Mayo Clinic Respiratory Care Program

Evening Social with Dr. Forrest Bird

Dr. Helmholz

Dr. Bird with Respiratory Care Students from Mayo Clinic / University of Minnesota program

MSRC State Capitol Update

by William J. Amberg, JD

Our firm, Ewald Consulting, and I will be doing lobbying work on behalf of MSRC during the 2009 session of the Minnesota Legislature. Ewald Consulting was formed 26 years ago by former state representative Doug Ewald. We have six registered lobbyists and two licensed attorneys on our staff. One of our primary practice areas over 26 years of operation has been health and human services.

Before joining Ewald, I served as an Assistant Attorney General in the Health Division of the Minnesota Attorney General's Office, where I represented the Department of Health, drafted legislation and policy proposals on a broad range of issues, and undertook numerous investigations, among other duties. Prior to that, I worked as the Director of Communications and Research for the Minnesota Democratic Party, served as a legislative aide to Congressmen David Minge and Tim Penny, as research and policy director for several gubernatorial and Congressional campaigns in Minnesota and across the nation, and as an independent public relations consultant.

As you may know, MSRC will be introducing legislation in the Minnesota Legislature that moves registered respiratory therapists in Minnesota to licensure instead of registration, as is now the case. The Minnesota Legislature convenes on January 6th and must adjourn by the third Monday in May. The session will be dominated by the nearly $5 billion budget deficit, but the MSRC licensure bill will have some opportunity for passage because it has no fiscal cost to the state.

MSRC's Legislative Committee and I have already met with some key legislators and are having MSRC's bill formally prepared for introduction by legislative counsel, who are lawyers who specialize in the précised drafting and formatting of legislative bills.

The route the MSRC bill will have to take is complex and time-consuming. The MSRC bill will have to be "authored" by a member of the House of Representatives and a member of the Senate. Typically, bills also have one or more "co-authors." Then the bill will have to be formally introduced in the House and Senate and given a number, for example, "House File 228" or "Senate File 440." The next step is to get a hearing on the bill in the relevant committee. In the case of MSRC's bill, we will have to have the bill hear and successfully voted on by the committee members of the House and Senate Health Committees as well as the health licensing subcommittees. In order for our bill to pass this year, we will need to clear all of these hurdles by the "policy" bill hearing deadline, typically near the end of February or beginning of March. There is, obviously, quite a bit more to the process, and we will talk more about the legislative process in future newsletters.

MSRC members can track a bill's progress, see when hearing are scheduled in committee, read the bill language, etc., through the Legislature's website: www.leg.state.mn.us. I encourage you to spend some time exploring it. There is an excellent and in-depth explanation of the legislative process in Minnesota which is on that website and can be read here: http://www.leg.state.mn.us/leg/howbill.asp.

We look forward to working with MSRC members in passing the respiratory therapist licensure bill!

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Proud to be a MN RT!

by Vicki Engmark, BS. RRT, CPFT, AE-C

Many of us braved the California weather and went to the AARC International Congress. Ok, it was those RTs who stayed behind and braved the weather – but those of us in Anaheim braved the potential of earthquakes. We did not feel an earthquake, but felt a little sun. Not only did the sun shine at the AARC congress, several MN RT's shone! CONGRATULATIONS TO EVERYBODY!

The AARC recognized many RT Heroes. The Heroes from MN include:

Military Recognition:
Joe Buhain and Steve Sittig

Disaster Response Activities:
Diane Saunders

What my RT Means to me:
Patients wrote in to the AARC their story working with their Respiratory Therapist. Lois Chambers from St. Paul wrote about how her Respiratory Therapist made a huge difference in her life: Carrie Bourassa!

The Allen DeVilbiss Literary Award:
went to Alex Adams, along with Marcia Volpe, Dr. Marcelo Amato and Dr. John Marini.

Vent 5k:
Three awards were given to the teams who participated in the vent 5K:

Two Minnesota teams received awards:
Second Place went to Mayo and
Third Place went to St. Paul College.

Speakers from MN were:
Bob McCoy, Jeff Ward, Dr. Peter Gay, Carl Mottram, Steve Sittig & Charlie McArthur

Moderators were: Alex Adams, Bob McCoy, Jeff Ward, Charlie McArthur, Carl Mottram & Steve Sittig

AARC Section Chairs:
Education Section Chair: Jeff Ward;
Home Care: Bob McCoy;
Diagnostics: Charlie McArthur
and newly elected to *Transportation Chair:* Steve Sittig

Sputum Bowl Student Team:
St. Paul College made it to the semi-finals!

Sputum Bowl Regular Team:
Mark Mulholland, Jose Banzon, Richard Hinds and Michael Kraft from Mayo made it to the finals and took second place

House of Delegates Treasurer:
Deb Skees is the newly elected treasurer!

AARC Board of Directors:
Bob McCoy and Denise Johnson

Rapid Response Team at Hennepin County Medical Center; How Are We Doing After Two years?

By Connie Knipp, BS, RCP, RRT, Supervisor of Respiratory Care HCMC

Hennepin County Medical Center (HCMC) has had a rapid response program since November of 2006. Respiratory Therapy is a member of the Rapid Response Team (RRT) along with a nurse and a physician. There are two primary goals of the RRT program. One goal is to decrease hospital mortality by 10% and the other is to decrease the number of Code Blues called outside the ICU. Data is collected at every RRT event to see if HCMC is meeting the goals. Although HCMC may or may not be meeting the primary goals the data suggests that Respiratory Therapy is making an impact on patient care.

As a background, the premise of the RRT is to decrease and eliminate the slow, traditional model of going up the "chain of command" to contact the physician for an order to get an intervention. The goals of an RRT program are to improve patient outcome quickly. It was developed as a result of the Institute for Healthcare Improvement "Save 100,000 Lives Campaign". Studies showed that 66% of patients have signs and symptoms within six hours before they arrest. The concept was to develop and implement an RRT program in order to save lives.

The rollout of the RRT program has been done in phases by location over the last 18 months. Starting with the four inpatient medical-surgical areas the program continues to develop and, as of July, includes the Pediatric population. For now, the RRT program is established in the inpatient areas of the facility but future plans include rolling out the program to other areas of the hospital.

A collection of data over the past two years suggests that there is very high satisfaction with the RRT process among both the floor nurses and the team itself. A critique of the calls by RRT members shows the appropriateness of the activation of an RRT and that equipment and medications are available to end users. Likewise, an evaluation of the RRT call made by the floor nurses shows that there is very high satisfaction of those responding to the call in the timeliness of RRT arrival, knowledge and efficiency of RRT members, and good communication and collaboration between RRT members and caregivers. Nurses often mention that RRTs increase their level of comfort and confidence when managing patients in a crisis situation.

Below are graphs from the data of the RRT process since inception. There were 220 RRT calls and 195 patients involved from November 2006 through August 2008. There was no statistically significant increase or decrease seen in code calls at the organization wide or in high volume units. During this time, the number of beds at HCMC has increased by 20 thus increasing the census by 20. This may or may not have a factor in the statistics.

Distributions by Shift	
0701 - 1500	37%
1501 - 2300	35%
2301 - 0700	27%
Unknown	1%

The majority of the calls are on the day shift.

Distribution by Location	
Medical Floor	47%
Ortho Floor	18%
Surgical/Trauma/Neuro	15%
CCU	10%
Psych	5%
Rehab	3%
Burn	0%
PACU	0%
OB	0%

The majority of the calls are from the medical-surgical areas.

Reason for the Call	
Respiratory	94%
Neurological	36%
Cardiovascular	32%
Other	26%
Not answered	1%

The primary reason for the RRT call is for respiratory related issues.

RRT Interventions	
Oxygen applied or increased	67%
Medications	42%
EKG	37%
Cardiac Monitoring/Pulse Ox	33%
ABG/VBG	29%
Chest/Abd X-ray	25%
BiPAP Initiated	23%
Nebulizer TX	19%
Airway placed/Intubated	5%

(continued on next page)

Rapid Response Team
(continued from page 10)

Oxygen, medications, cardiac/pulse oximetry monitoring, and ABGs account for 30 – 67% of the interventions.

Level of Care at Conclusion of RRT Calls	
Transferred to Higher Level of Care	48%
Stabilized on the Floor/Tele Unit	50%
Expired	1%

The outcome indicators at the conclusion of the RRT and after 24 hours remained unchanged in the past 18 months.

Survival to Discharge	
Yes	85%
No	13%
Remains Inpatient	1%

The Survival to Discharge remains unchanged at 85% for the past 18 months.

The program continues to be evaluated and analyzed. Recent changes to the program include documentation of interventions and protocols in the computerized documentation system (EPIC). In addition, HCMC recently started participating in a benchmark study with University Health System Consortium which compares our data analysis with other hospitals.

The RRT program continues to meet the needs of patient's expectations by delivering excellent quality care and service. There is no doubt that Respiratory Therapy contributes to the success of the program.

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President's Message

(continued from cover)

One thing we are still working on is winning the Summit award. This is an award given to a state society by the AARC as recognition for outstanding work promoting respiratory care. We are going to apply again, so if you have done anything to promote our profession, please submit what you did to me. You can logon to the MSRC website www.msrcnet.com and click the Summit Award link. You can do this anytime you do an activity.

It was a great year serving as your President. Thank you to EVERYBODY for your hard work and dedication this year. I look forward to the growth of the MSRC and our profession. And as Dr. Seuss says, *'Oh, the things you can find if you don't stay behind!'*

Vicki

MSRC
Minnesota Society for Respiratory Care

Need to Reach Someone with the MSRC?

All Board Members and Committees Chairs are listed on the web site: www.MSRCnet.com

Clear The Air

(continued from cover)

Of course, the best way to eliminate secondhand smoke exposure is to quit smoking! However, if you or someone you know is not yet ready to make that move, here are some actions you can take to protect children and others from second hand smoke:

- Choose to make your home smoke-free and let others know that they must step outside to smoke.
- Choose to make your car smoke-free.
- Talk with family and friends about your concerns regarding your child's asthma and how secondhand smoke exposure affects them. Ask them to step outside to smoke for the health of your child.
- Invite your children's friends to your smoke-free home for a play date.
- Talk to your children's teachers and day care providers about keeping the places your child spends time smoke-free.
- Encourage family and friends to quit smoking and let them know about Quit Plan and other resources. The Quit Plan can be reached at 1-800-354-PLAN or www.quitplan.com. The American Lung Association Lung Help Line can be reached at 1-800-548-8252 or http://www.alamn.org/helpline.

Tobacco control advocates are working across the state to encourage smoke-free home and car pledges, as well as educating apartment owners and managers on how they can create healthy, no-smoking policies in their apartment buildings and require "no smoking" in their leases. Groups are working on tobacco free parks and fairs, too! Please encourage those who work with respiratory health, asthma coalitions, or tobacco control groups to partner together to help protect kids from secondhand smoke.

There are also national and global initiatives to protect our kids from secondhand smoke. The U.S. EPA encourages smoke-free home/car pledges with free materials found at:http://www.epa.gov/smokefree/pledge/index.html. The global initiative to protect kids from secondhand smoke dangers is equally important to check out: www.worldcancercampaign.org –they have a poster, "I love my smoke-free childhood"…someday, it would be great if everyone can truthfully say they did, indeed, have a smoke-free childhood! Let's keep up the momentum!

For more information on protecting kids from secondhand smoke or how to partner with a local tobacco control group, contact, contact Christina Thill at 651-201-3668 or Christina.Thill@health.state.mn.us. Jan Salo Korby, RRT contributed to this article and is the Coordinator, Northeast Regional Asthma Coalition & Tobacco Control Programs/Policy of the American Lung Association of Minnesota.

Ten Reasons To Regulate The Practice Of Respiratory Therapy Through Licensure

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.

In The News

Smoking rate falls dramatically among Minnesotans: *New report finds 164,000 fewer smokers* — ClearWay Minnesota℠

MINNEAPOLIS, Minn., September 10, 2008

Findings from the latest Minnesota Adult Tobacco Survey (MATS), released today, show that Minnesota is making significant progress in reducing tobacco use. The survey—conducted by ClearWay Minnesota℠, Blue Cross and Blue Shield of Minnesota and the Minnesota Department of Health—found that Minnesota's adult smoking rate has declined to a new low of 17 percent. That figure is down approximately 5 percentage points since 1999 and represents 164,000 fewer smokers. Minnesota's declines are impressive compared to national trends, where smoking rates appear to have stalled at about 20 percent since 2004.

"This dramatic decline in the smoking rate means that fewer Minnesota families will suffer the health and economic devastation of tobacco-related diseases," said Dr. Barbara Schillo, Director of Research Programs for ClearWay Minnesota. "Minnesotans should be proud that our state's comprehensive program to reduce tobacco use, incorporating smoke-free policies, tobacco price increases, education and state-of-the-art cessation services for all Minnesotans, is working and producing remarkable results."

Released every four years, the Minnesota Adult Tobacco Survey is the most thorough and accurate source of information about smoking rates and tobacco-related behaviors, attitudes and beliefs in the adult Minnesota population, and serves as a tool for measuring the progress of Minnesota's tobacco prevention efforts. Previous MATS were conducted in 1999 and 2003.

Other Key Findings from MATS 2007 include:

- Fewer young adults are smoking - Smoking rates for young adults (18-24-year-olds) declined 8 percentage points, from 36.8 percent in 2003 to 28.4 percent in 2007, which means that there are 42,000 fewer young adult smokers than in 2003.
- The majority of smokers want to quit and more are getting help – More than half (56.7 percent) of Minnesota adults who smoked in the past 12 months attempted to quit in the past year. The percent of smokers who used counseling during their last quit attempt is up from 3.6 percent in 2003 to 14.9 percent in 2007. Getting help greatly increases a person's chances of being successful in quitting.
- Higher tobacco prices and smoke-free policies help people quit – Increasing the price of cigarettes and establishing more smoke-free places* was found to have supported quitting efforts. The 75-cent Health Impact Fee, which went into effect in 2005, helped current smokers to make a quit attempt (26.3 percent). Additionally, smoke-free policies also helped current smokers to make a quit attempt (28.1 percent).

"Quitting smoking is difficult, and we are very encouraged that in the past four years Minnesota has made great strides in reversing the alarming trend of high smoking rates among young adults," said Dr. Sanne Magnan, Commissioner with the Minnesota Department of Health. "An 8 percentage point drop is very encouraging, but 18-24-year-olds still have the highest smoking rate and that's where we must redouble our efforts."

While MATS 2007 documents Minnesota's continued progress in reducing tobacco use, significant challenges remain and should not be overlooked. In particular, 634,000 Minnesota adults continue to smoke and progress across the population has been uneven. Minnesotans with less education and lower incomes continue to smoke at higher rates, and young adults who do not attend college saw no reductions at all.

"Unlike the rest of the country, Minnesota's smoking rate is decreasing. That's a clear sign that we're doing the right things to reduce tobacco use," said Dr. Marc Manley, vice president and medical director for population health, Blue Cross and Blue Shield of Minnesota. "But tobacco use is still the leading cause of preventable death and disease and is responsible for nearly $2 billion in excess medical costs annually in Minnesota. We have to keep up our efforts if we want to improve health, save lives and control health care costs."

Full report and briefing sheets are available at www.mnadulttobaccosurvey.org.

*MATS 2007 does not reflect the effects of Minnesota's statewide smoke-free law that went into effect in October 2007. MATS data collection was completed prior to the law taking effect. The report does describe the effects of local policies, and potentially forecasts the larger effects of a statewide policy.

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.

Blue Cross and Blue Shield of Minnesota, with headquarters in the St. Paul suburb of Eagan, was chartered in 1933 as Minnesota's first health plan and continues to carry out its charter mission today: to promote a wider, more economical and timely availability of health services for the people of Minnesota. A nonprofit, taxable organization, Blue Cross is the largest health plan based in Minnesota, covering 2.9 million members in Minnesota and nationally through its health plans or plans administered by its affiliated companies. Blue Cross and Blue Shield of Minnesota is an independent licensee of the Blue Cross and Blue Shield Association, headquartered in Chicago. Go to www.bluecrossmn.com to learn more about Blue Cross and Blue Shield of Minnesota.

The Minnesota Department of Health is the lead public health agency in Minnesota. Its mission is to protect, maintain and improve the health of all Minnesotans. The department operates programs in the areas of disease prevention and control, health promotion, family and community health, environmental health, health care policy, emergency planning and preparedness and regulation of health care providers and facilities. The department works with local public health departments across the state to accomplish its mission.

Tobacco Use in Minnesota: 1999 to 2007

Smoking Rate Has Fallen Dramatically Among Minnesotans.

Minnesota's adult smoking rate dropped to 17 percent. There are 164,000 fewer smokers in 2007 as compared with 1999, representing a 5 percentage point drop. Minnesota's declines are impressive compared to national trends, where smoking rates have stalled at about 20 percent since 2004.

Young adults in Minnesota are also smoking less. Smoking rates for 18-24-year-olds have declined to 28.4 percent. That's a drop of 8 percentage points—or 42,000 fewer young adult smokers—since 2003.

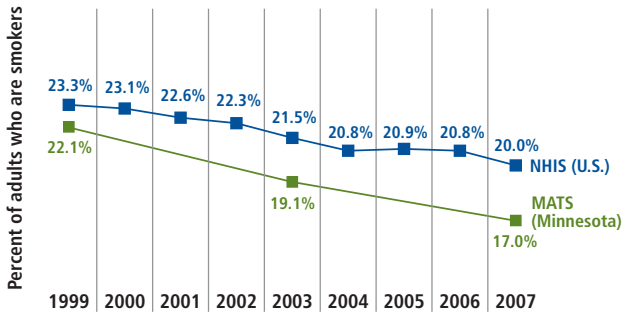
Minnesota's Comprehensive Approach to Tobacco Prevention is Working.

Higher tobacco prices and smoke-free policies help people quit. Increasing the price of cigarettes and establishing more smoke-free places* were found to have supported quitting efforts. The 75-cent Health Impact Fee, which went into effect in 2005, helped current smokers to make a quit attempt (26.3 percent). Additionally, smoke-free policies helped current smokers to make a quit attempt (28.1 percent).

More than half of Minnesota adults who smoked in the past 12 months attempted to quit in the past year. Smokers who sought cessation counseling rose from 3.6 percent in 2003 to 15 percent in 2007.

*MATS 2007 does not reflect the effects of Minnesota's statewide smoke-free law that went into effect in October 2007. MATS data collection was completed prior to the law taking effect. The report does describe the effects of local policies, and potentially forecasts the larger effects of a statewide policy.

CIGARETTE SMOKING IS DECREASING IN MINNESOTA



Source: NHIS 1999 to 2007; MATS: 1999 to 2007

There is Still More Work to be Done in Minnesota.

634,000 Minnesota adults continue to smoke. Minnesotans with less education and lower incomes continue to smoke at higher rates, and young adults who do not attend college saw no reductions at all.

Minnesota Adult Tobacco Survey: ClearWay Minnesota℠, Blue Cross and Blue Shield of Minnesota, and the Minnesota Department of Health collaborate on the Minnesota Adult Tobacco Survey, which is the most thorough source of information about tobacco use prevalence, behaviors, attitudes and beliefs in the adult Minnesota population and serves as a tool for measuring the progress of Minnesota's comprehensive tobacco control program. Data for the most recent MATS were collected in 2007. Other survey years were 1999 and 2003. Key findings from the most recent MATS and the trend analyses from all three MATS are discussed in the complete report, *Creating a Healthier Minnesota: Progress in Reducing Tobacco Use*, and in accompanying MATS briefings, which are available at ***www.mnadulttobaccosurvey.org***.

MINNESOTA ROCKED THE 2008 AARC SPUTUM BOWL!

by Denise Johnson

I could be known as a Sputum Bowl junkie by my friends. I have always enjoyed the event at a local and national level. I think it all started when the team from Children's where I worked at the time represented Minnesota at the Nationals back in 1995. That is when I became hooked! The thought provoking and challenging questions, fast paced action, quick buzzer responses, and tough competitors all create an exciting three day contest.

For the second time, the MSRC sponsored and sent a student team to represent MN. This year the winning student team was from St. Paul College. The members were Michelle Lewis, Fatima Molas and Nick Reis. The MN team had some tough competition and made it to the fourth round of playoffs, one game away from the finals, when they suffered a heartbreaking loss. Their matches were real nail-biters! They did a great job under incredible pressure.

Michell Lewis, Nick Reis, Fatima Molas

Once again the MSRC sponsored the winning practitioner team from our state competition to represent Minnesota at the National playoffs at the AARC International Congress. This year the meeting was in Anaheim, California and the winning team was from Mayo. The respiratory therapists on the team from Mayo were Richard Hinds, Mark Mulholland, Jose Banzon and Mike Kraft.

The team from Mayo suffered a loss in their first match, but continued to win match after match including ones that went into O.T. knocking off some of the usual favorites along the way! I was fortunate to be at almost every match including the one that put Minnesota into the Semifinal event. The Semifinal rounds pair up the top four teams in the nation. It is only the third time in my career that I can recall a MN team getting into this big event.

The Minnesota fans came out in large numbers, including our dear friends from Wisconsin who, even after losing to us earlier in the playoffs, came to support their neighboring team! Additionally, that evening Wisconsin was awarded the prestigious Sportsmanship Award for their stellar contributions to the Sputum Bowl competition. They were chosen by the other participating teams.

MN went up against Pennsylvania in the first match of the evening and won a barn burner match in O.T. That resulted in going to the FINAL round of the National competition, a first for Minnesota! The guys from Mayo faced a tough California team with a rowdy home team crowd to cheer them on. But the Minnesota crowd decked out in white t-shirts (representing snowflakes), was not to be outdone!

There were at least 50 of us to root for them with signs and special cheers. Unfortunately, in the end we lost to California in a close round 10-7.

I was told the next day by one of the Sputum Bowl organizers from the AARC that the Minnesota and Wisconsin fans made the evening event special. I was very proud of both our student team from St. Paul College and the RCP team from Mayo. Congratulations and thanks from your sputum bowl groupie!

Save the Date

Important Dates for Upcoming Events.
MSRC 2009

January 20, 2009	**Northeast Regional Asthma Coalition Meeting;** Duluth, MN Contact jan.salo.korby@alamn.org
March 6, 2009	**MSRC Student Job Fair, St. Catherine's College** 9:00am – 12:00pm (Lunch Provided). Following the Job Fair will be the Student Sputum Bowl.

"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."