

## **AARC Summer House of Delegates**

**Marco Island, Florida**

**July 18-19, 2014**

What is the AARC doing for you? A summary of the reports from the summer HOD meeting.

### **Tom Kallstrom Executive Director of the AARC report:**

Tom Kallstrom talked about all the partnerships the AARC has with other companies/foundations. Some of these companies/foundations are NAMDRC, COPD foundation, CDC/HHS, Health Technology Foundation, and AAMI. The NAMDRC (National Association of Medical Directors of Respiratory Care) is a company founded 30 years ago, and is a national organization of physicians whose mission is to educate its members and address regulatory, legislative and payment issues which relate to the delivery of health care to patients with respiratory disorders. CDC/HHS and the AARC partnered in ventilator training. The AAMI (Association for Advancement of Medical Instruments) and the AARC are collaborating about alarm fatigue. And they participated in the AAMI/FDA summit on mechanical ventilation.

There is also a new opportunity for AARC members. The AARC partnered with Edison Nation Medical, which is a site to help with medical practitioner ideas and how to get them patented. AARC members can share new ideas and innovations. If the idea is patented, members can receive 50% of payment with 5% going to ARCF, and 45% going to Edison Nation Medical.

The AARC and the ARCF's virtual museum currently has 256 bricks sold. This is a wonderful opportunity to help funding to document and preserve the tradition and history of the profession through the development of the online virtual museum. You can purchase a brick the [www.arcfoundation.org](http://www.arcfoundation.org).

A new AARC website is scheduled to launch in August. Through the website is a new link called *AARC U*, which is an online education system.

Drive 4 COPD has a new campaign with prizes for those who get the most screenings. New digital screening is available on the AARC website under the Drive4COPD link. There are 3 goals with this campaign: 1) help in diagnosis 2) promote the profession 3) and show the world.

### **International Fellowship committee:**

John Hiser reported there are fellows from 13 countries applying for international fellowship. These fellows consist of 4 MD's, 5 RT's and 6 RT/PT. This program has given non-U.S. health care professionals an opportunity to visit the U.S. and observe respiratory care as it is practiced in the United States.

### **Government Affairs:**

Cheryl West and Ann Marie Hummell reported on HR2619. They wanted continued support from the members to push it and contact legislators, especially now since they will be home on

recess. This is a great time for us to push HR 2619 and take advantage of the opportunity due to all the CMS changes stemming from the Affordable Care Act. There are currently 33-34 co-sponsors for the bill. Cheryl and Ann Marie made a power point presentation informing of the CMS changes and our 3 codes for education and training of chronic disease management. The PowerPoint will also include pulmonary rehab code changes. Cheryl informed other states to be aware of their “licensure sunset revision”, she has made a primer/toolkit for states to be able to address and review. A few states have be threatened with de-licensing. If we were faced with de-licensing many unethical and uneducated people might try to seek employment within the state. Currently Texas is facing de-licensing. Thankfully the AARC executive office went to the state capital to discuss this with state representatives. The final vote is Aug. 13<sup>th</sup>.

## **HAPPENINGS WITHIN THE HOD**

Speaker Skees recommended forming a new standing committee to help affiliates with bylaws prior to bylaw review at the AARC level. This committee will consist of the HOD Secretary, Parliamentarian and 5 members selected from the HOD. This recommendation passed.

Another standing committee was created by the HOD on the House Policy manual and Procedure guide, this was previously an Ad HOC committee.

Several “open-mic” sessions are help during the meeting, one important suggestion was made by the Tennessee delegate. She mentioned to beware of consultants who suggest “staffing via billable services”, managers and leaders need to have data on value added benchmarking for staffing purposes, and this will help managers who are being judged on FTE’s for service.

The HOD also has “best practice” presentations for delegates to bring ideas back to their states. There are PowerPoint presentations on AARConnect if anyone is interested in them. The presentations this summer were on student chapters within the state chapter, taking CEU meetings on the road, and 1 day breakout sessions for managers, students, practitioners, and strategic plans for your affiliates. If any of the best practice presentations would benefit South Dakota I would certainly bring them to the members at the annual meeting.

We also discussed new available roundtables added onto AARConnect including:

- International medical missions
- Education/simulation
- Tobacco cessation

The HOD are all on committees within the House. Some of the committees include:

- Elections
- Scrutinizing
- Chartered affiliates/special recognition
- Delegate assistance
- Student mentorship
- Connection/professional volunteerism
- Best practices
- New member orientation
- Policy Manual and Delegate guide revisions
- Resolutions

## **New resolutions**

**57-14-1** Resolve that the AARC create a financial assistance budget of \$1000 per year to support Respiratory Care Students attending the House of Delegates. There was much discussion on this resolution and the HOD decided to increase the amount to \$2000. The motion did carry and was passed to AARC BOD for further discussion. The next day the past speaker reported the AARC agreed to the resolution and also voted to add free registration to the International Congress to any student who attended the Winter HOD meeting. The HOD applauded this addition.

**94-14-2** Resolve that the AARC establish a committee to review and update the Code of Ethics and Professional behavior statement, to include language addressing unacceptable conduct related to intimidating and disruptive behaviors. The HOD discussed changing the resolution and striking the words “establish a committee”. The motion carried through the HOD and the AARC BOD and was passed to the executive office to complete.

## **AARC President-Elect**

Frank Salvatore is the President-elect and gave a brief update on his goals. His main focus is to “promote, advance, and advocate”, he also wants to help strengthen state societies.

## **AARC President Update**

President George Gaebler talked about some of the agenda items acted on by the BOD. The bylaws for South Dakota and Louisiana had been passed. He also spoke briefly on major changes in the AARC strategic plan. Many of these changes will be addressed in the 2015 and beyond initiative. There is a new website called OPENFDA, which is to be more transparent with issues like drug interactions, and equipment recalls. Some of the transition planning is focusing on “new blood” and future leaders.

## **AARC Education Update**

Shauna Strickland gave her update on the AARC education. She talked about the AARC University, which is a one-stop education to find and purchase or find free courses for CEU's. Updates are being made to the prep course which aligns with the NBRC-ACCS matrix (available 2015). The AARC is working on increasing CEU's to benefit those who have the AE-C, currently there is 35 credits under the AARC U asthma channel. The exam prep course for the NVBRC CRT and RRT exam matrix contains 28 hours of video material. AARC U also includes webcasts, professor rounds, and AARC leadership Institute.

## **AARC Membership Update**

Gary Wickman talked about the “visit project” to increase membership. There are currently 40,230 active members, the committee is hoping to increase this number to 46,000. One of the first priorities is to engage with the students who are transitioning from students to professionals

and get them to understand why it is so important to support the profession by becoming members in the AARC. The next priority is to engage with those who have lapsed memberships to try and get them to come back. Lastly they will work to engage those who are not members through our visits to hospitals. The visit project is including all the AARC membership committee, the State Affiliates, the AARC BOD. And the AARC Executive Office. We hope to engage people through communicating what the AARC is doing for the profession, listening to the input we receive and do what they can to eliminate the barriers identified by the visit project.

I am available by email, and will be at the annual business meeting in Rapid City if anyone wants to discuss what goes on in the House of Delegates or has any questions, comments, or suggestions to help our state and our profession.

Respectfully submitted,

Julie Dowling