

**House of Delegates Report**  
**Summer HOD Meeting, Vail, Colorado**  
**July 21, 22 2011**

What's the AARC doing for you? (Highlights of the summer 2011 AARC reports to the HOD.)

Membership is over 51,230 which are up 3,000 members from the same time last year. We are growing at a rate of 5 to 7% per year. Students / New Grads when upgrading to an Active Membership be sure you make use of the \$40 off your first years active membership and that you get and use the \$40 off your NBRC RRT exam. AARC is taking a green approach to the magazines; Respiratory Care and AARC Times and are available on line and can be printed as YOU choose. AARC is also looking at adjusting member rates based on using these options rather than receiving printed copies of the magazines.

Active/Life members reached 41,039 up 938 from December. The ultimate goal remains to get this to exceed 50% of active members so we can truly say we represent the practicing Respiratory Therapists nationwide. 4 States are over the 50% mark with Washington State at 62%; New Jersey at 56%; South Dakota at 55%; and Pennsylvania at 53%.

The AARC Board of Directors has approved an age related discount for members over 65, with 20 years of consecutive membership. The actual discount has yet to be decided but will be handled probably in a similar process as are the discount coupons in terms of revenue sharing.

Sam reported that the Department of Health and Human Services is starting a new program regarding triaging and moving inpatient COPD patients out of hospitals in a disaster area by moving them to a triage and stabilization area at a local airport and then air lifting them to hospitals not involved in the disaster area. They are planning on recruiting Respiratory Therapists for these teams beginning at the winter congress.

The AARC has been contacted by Haiti and they are interested in volunteers to come back to Haiti and assist with the care of ventilated patients. They do not have funds available to fly you there, however will provide meals and lodging for therapists who can provide their own transportation to and from Haiti. Contact the AARC for more details.

Dr. Tom Petty's book "Adventures of an Oxi-phile 2" that was in process at the time of his death has been finished and the plan is to make it available for electronic distribution along with limited numbers of printed copies.

The AARC will be convening a conference in September of 2011 regarding the care of chronically / Critically Ill Patients. The report of this conference will be published in 2012.

AARC educational materials:

EPA Asthma Triggers education course is becoming available in the co-marketing format and available thru the AARC.

Third and final in the series of Aerosol Guide Books will be released this summer and will focus primarily on nurses, physicians, and pharmacists. This will be available in limited print and on line. An executive summary is also available.

COPD Tool Kit will become available to the respiratory therapists for bedside teaching to our patients. Beta testing is underway.

Coming up is the taping of workshops in Alpha 1 and VAPs which will become available this fall.

Drive 4 COPD: This is the 2<sup>nd</sup> in a 3 year commitment. More than 1 million people have been screened in the last year. We continue to use the 5 question COPD screener. Celebrities' returning this year are Danica Patrick and Patty Loveless; new celebrities' this year include musician Billy Ray Cyrus and artist Michael Kalish. Remember COPD is the 4<sup>th</sup> leading cause of death in the US and moving towards the 3<sup>rd</sup> leading cause of death in the US.

There will be a webcast scheduled later this summer on Free Clinics: There will be some HFA MDI's and Peak Flowmeters made available thru the AARC.

Karen Stewart the President of the AARC gave an update on the Respiratory Therapist 2015 project. All 3 white papers have been published in the Respiratory Care journal. She has started an Ad Hoc committee which she is chairing and has formed to 2 groups seeking input from Bachelors / Graduate degree programs and from Associate degree programs. One of the goals of this is to make sure that we do not disrupt workforce flow secondary to any recommendations that may be made regarding the kinds of educational and skill levels the Respiratory Therapist of the future will need.

Bill Dubbs spoke from the Educational and Management Services. All 8 Professors Rounds are available for 2011. Webcasts have been averaging 350 participants per web cast. They are free and there are 8 remaining for 2011. They are good opportunities for continuing education.

AARC benchmarking now has 156 active subscribers. The website does have some free data available. Once you're enrolled in the program, renewal rates decrease significantly. Hospital systems once they have a hospital enrolled can enroll additional hospitals for \$150 per hospital.

Legislation:

HR1077 /S 343: Medicare Respiratory Therapy Initiative will revise the Medicare Part B statute that regulates the "medical and other health services" benefit. This revision will permit Respiratory Therapists with the RRT Credential and a bachelors degree to deliver respiratory care services without the physician being physically present when the services are being furnished (that is under "general" physician supervision rather than "direct" physician supervision which requires the physician to be on site at the time of service.

*Update: Senator Richard Durbin (D)IL and Senate Majority Whip has and Congressman Mike Ross (D)AR have agreed to sponsor our bills. Senator Mike Crapo (R)ID although restating his support for our bill is hesitant to move forward with re-introducing our senate bill until the previous and erroneous CBO cost estimate of our bill has been resolved. The AARC is continuing to work on resolving this issue.*

You may contact our Congressional delegation about any of these issues and others as they arise through the AARC website link Capitol connection under the Government Affairs page.

<http://www.aarc.org/advocacy/>

Frank Salvatore reported that the Virtual Lobby week was very successful in reaching congressional delegations during the PACT visit, there may be another virtual lobby day this year, and will certainly be another lobby day / week to coincide with next year's PACT visit.

2012 Pulmonary Rehab reimbursement rates have been marked for a decrease from \$68 to \$38 per visit. This is occurring because of a difference in how reimbursement rates are calculated for Pulmonary Rehab vs Cardiac Rehab. A multi society work group is working on developing an argument against the disparity in how these rates are calculated.

International Fellowship Committee report:

John Hiser reported 4 fellows have been accepted for this year's International Congress and visit host cities; including a physician from Croatia, a physician from China, a respiratory therapist from the United Arab Emirates and a physician from Egypt. Over the years there have been 1275 applicants for the international fellowship program, 130 accepted from 56 countries. International membership has increased significantly this year including 400 new members from Saudi Arabia.

AARC resources continue to be translated into other languages, much of which is being done for us by former fellows.

There is also a strong interest in getting respiratory therapists who would be interested in going to other countries to teach respiratory care for a period of 2 to 4 weeks. Currently there are no travel funds available thru the AARC, but if you are able to finance the travel side the hosting country is able to provide housing and meals. If you are interested please contact John Hiser thru the AARC International Fellowship Committee.

As a point of interest John reported that over the last 4 years the House of Delegates has brought in \$26,000 in donations for the International Fellowship program.

ARCF report:

Michael Amato reported that over the last 10 years the ARCF has distributed more than \$3 million dollars resulting in 70 awards to Respiratory Therapists but still needs your support to continue their work.

NBRC report:

The NBRC has received accreditation for its Specialty Examination for Sleep Disorders Testing and Therapeutic Interventions from the National Commission for Certifying Agencies. Recently the board has submitted a request to the AASM to officially recognize the NBRC's Sleep Disorders Specialty Exam in its Standards for Accreditation for Sleep Disorder Centers. The CRT-SDS and RRT-SDS credentials are recognized in the AASM's Standards for Accreditation of Out of Center Sleep Testing (OCST) in adult patients. Standard B-8 of the OCST standards does not specify credentials for "Technical Personnel;" however Standard B-9 "Scoring Personnel" does reference respiratory therapists who hold the NBRC's specialty credential.

Specifically the NBRC requests that the AASM modify the language of Standards B-7 and B-8 of the general accreditation standards to recognize respiratory therapists who have earned the CRT-SDS and/or RRT-SDS credentials as qualified to supervise a sleep testing center in an accredited facility.

New Resolutions:

**Resolution 07-11-01**

**Resolution Author:** Jim Lanoha

**Author's State:** Louisiana

"Resolve that the AARC copy the States Delegates on all routine correspondences to Affiliate Board members including but not limited to follow up on revenue sharing checks which have not been cashed."

**Rationale:**

To improve communication. Delegates can assist in ensuring that state President's and BOD's get all information in a timely manner. State society addresses often change more frequently than

that of most delegates.

**Impact of Resolution:**

HOD, Affiliates, Executive Office

**Implementation Cost:**

\$100

**Ongoing Cost:**

\$0

**Relationship to AARC Strategic Plan:**

Increase organizational effectiveness

The resolution was passed by the HOD and sent on to the Board of Directors. This was passed by the Board and sent to the executive office for implementation.

**Resolution 20-11-02**

**Resolution Author:** William R. Solly, MS,RRT,CPFT

**Author's State:** Pennsylvania

**Co-Sponsors and Their States:**

Deb Hendrickson (WI), Jim Lanoha (La), Rick Weaver (Co), Barry Westling (Ca), Bob Delorme (Ga), Jakki Grimbball (SC), Susan Parsons (TN), Ed Conway (OH), Tammy Jarnagin (IA), Sheila Guidry (LA), Curt Merriman (MN), Ross Havens (IN), Rose Shaefer (MO).

**Resolution:**

"Resolve that the AARC BOD re-evaluate the decision to discontinue the National Sputum Bowl. Furthermore this evaluation should include but not be limited to, exploring a change in program format along with all logistical and financial avenues in order to allow continuation of this honored tradition."

**Rationale:**

The National Sputum Bowl has been an annual tradition at the AARC 's International Congress since 1981. Since its inception over 30 years ago, the Sputum Bowl has been an institution in the AARC and continues to be an excellent way for both students and

practitioners to not only actively participate in the Congress, but to learn and retain valuable respiratory knowledge. AARC members have developed new friendships and collaborations by participating in the Sputum Bowl and it would truly be a travesty to the membership by discontinuing it.

**Impact of Resolution**

General Membership, HOD, AARC Officers, and HOD

**Implementation Cost**

0

**Ongoing Cost:**

Equal to or less than current expense in AARC budget

**Relationship to AARC Strategic Plan:**

Develop Art and Science of RC

This resolution was passed by the HOD and sent on to the Board of Directors along with a recommendation from the Speaker of the HOD that supports setting up a Ad Hoc committee to review this topic.

**The Board of Directors has accepted the resolution for information only, and is waiting to hear more from the Ad Hoc committee.**

**Resolution 00-11-03**

**Resolution Author:** Terry Gilmore MA,RRT-NPS, RCP

**Author's State:** Texas

**Co-Sponsors and Their States:** None at this time

**Resolution:**

"Be it Resolved that the AARC formulate and distribute a position statement regarding the rising of free standing emergency rooms (FSER) and the need for Respiratory Therapist to be an integral part of the ER Team."

**Rationale:**

In Texas there are a number of free standing emergency rooms (FSER) that have opted to open their doors without any RTs on the staff. The fact that the FSERs are full service ERs that will accept critical patients with the distinct possibility that they

will need to be intubated and ventilated. The TSRC BOD feels that RTs need to be part of the staff for patient safety reasons. We understand that nurses and physicians can legally be trained to take care of these patients, however RTs are the experts in this area of patient care. The TSRC recently sent a letter to outlining our concerns to the CEO of one of the hospitals in Austin, Texas.

**Impact of Resolution:**

General Membership

**Implementation Cost:**

0

**Relationship to AARC Strategic Plan:**

Develop Art and Science of RC

This resolution was passed and sent on to the Board of Directors.

The Board of Directors has referred the resolution onto the Position Statement Committee for development of a white paper or position statement on this issue.

**Resolution 05-11-04**

**Resolution Author:** Karen Schell Delegate Kansas, Meg Trumpp, President KRCS, Suzanne Bollig, Delegate Kansas

**Author's State:** Kansas

**Co-Sponsors and Their States:** None at this time

**Resolution:**

"Be it Resolved that the AARC strongly consider a full time executive office position to act as the Chartered Affiliate Liaison dedicated to working on a daily basis to support all chartered affiliates with strategic planning, business plan development, contract assistance training/development of board members, website assistance, and committee mentorship to improve efficiency and effectiveness, financial management/monitoring, and membership recruitment/retention."

**Rationale:**

The position would enhance collaboration between the AARC and the state affiliates resulting in higher performance of both the AARC and state affiliates with improved society operations as measured by financial performance, membership recruitment/retention, society satisfaction, and increased utilization of AARC resources

by the affiliates. Although the KRCS has consistently participated in the annual Leadership Workshop, consultation with a strategic planner was a necessity for continued success. The KRCS is now a better functioning affiliate with renewed energy, defined goals, and detailed action plans through the use of a strategic planner and continued availability of a said planner, as a consultant, as the KRCS moves forward in a recommitment to its members and mission. Knowing that a dedicated expert is available to provide consistent guidance, help develop processes, and address concerns has made the restructuring process possible and the continued operational success of the KRCS probable.

Position-Associate Executive Director for Affiliate Relations-\*  
Note Draft of proposed job description available.

Functional areas of responsibilities include:

Business Operations

Marketing and Public Relations

Education

Member Recruitment/Retention

**Impact of Resolution:**

General Membership, Affiliates, Executive Office

**Ongoing Cost:** \$125,000

This resolution was defeated by a poll vote.

**Relationship to AARC Strategic Plan:**

Develop the Art and Science of RC, Develop Human Resources, Increase membership, Increase financial resources, Increase organizational effectiveness.

The AARC Management section chair Bill Cohagen talked briefly about the fact that they are working with the Home Care section regarding the Hospital to Home program covering diagnosis of Heart Failure, COPD, Pneumonia and MI's. The goal of this initiative is to reduce re-admissions to the hospital. If you are interested in more information on this you can contact either Bill Cohagen or Greg Spratt thru AARCconnect.

AARC section membership is an additional fee over and above your AARC dues, however; this is a good way to connect and communicate with similar practitioners in our profession around the country.

Lynda Goodfellow spoke briefly on the Education section and encouraged that although this has historically been program educators, but are looking for also department based educators to become part of this group.

As always these are highlights of things presented at the House of Delegates meeting. If you have questions about these or other issues please feel free to contact us.

Respectfully Submitted,

Tom Cahill

Lora Bornhoft

9/15/2011