Minutes

Attendance
Karen Stewart, MS, RRT, FAARC, President
Tim Myers, BS, RRT-NPS, Past President
Susan Rinaldo-Gallo, MEd, RRT, FAARC, VP/Internal Affairs
George Gaebler, MSEd, RRT, FAARC, VP/External Affairs
Linda Van Scoder, EdD, RRT, FAARC, Secretary/Treasurer
Bill Cohagen, BA, RRT, RCP, FAARC
Debbie Fox, MBA, RRT-NPS
Lynda Goodfellow, EdD, RRT, FAARC
Fred Hill, Jr., MA, RRT-NPS
Keith Lamb, RRT
Doug McIntyre, MS, RRT, FAARC
Camden McLaughlin, BS, RRT, FAARC
Frank Salvatore, MBA, RRT, FAARC
Greg Spratt, BS, RRT, CPFT
Cynthia White, BA, RRT-NPS, AE-C

House Officers
Bill Lamb, BS, RRT, CPFT, FAARC, HOD Speaker
Karen Schell, RRT-NPS, RPFT, RPSGT, HOD Speaker-elect
Bill Pupanek, RRT, HOD Treasurer
Sheri Tooley-Peters, BSRT, RRT-NPS, CPFT, HOD Secretary

Consultants
Dianne Lewis, MS, RRT, FAARC, President’s Council President
Colleen Schabacker, BA, RRT, FAARC, Parliamentarian

Guests
Larry Wolfish, Legal Counsel
Frank Sloan, Sloan Wealth Management
Bill Sims, Salmon, Sims, Thomas

Absent
Denise Johnson, BS, RRT (Excused)
Tom Lamphere, RRT, RPFT, Past HOD Speaker (Excused)
Joseph Sokolowski, MD, BOMA Chair (Excused)
Tony Stigall, MBA, RRT, RPSGT (Excused)

Staff
Sam Giordano, MBA, RRT, FAARC, Executive Director
Tom Kallstrom, MBA, RRT, FAARC, Chief Operating Officer
CALL TO ORDER
President Karen Stewart called the meeting of the AARC Board of Directors to order at 8:04 a.m. CDT, Friday, April 8, 2011. Secretary/Treasurer Linda Van Scoder called the roll and declared a quorum.

DISCLOSURE
President Karen Stewart reminded members of the importance of disclosure and potential for conflict of interest.

WELCOME AND INTRODUCTIONS
Members introduced themselves and stated their disclosures as follows:

- Tim Myers – OH Bylaws, Advisory Board for Boehringer Ingelheim
- Linda Van Scoder – Director of CoARC accredited program
- Lynda Goodfellow – Program Director, Teleflex Medical, Mediserve Consulting
- Fred Hill – Advisory Board of S Alabama
- Frank Salvatore – Advisory Board
- Bill Pupanek – Advisory Board
- Dianne Lewis – Employed by Rotech Oxygen & Medical Equipment
- Susan Rinaldo-Gallo – Masimo, NC Bylaws
- Keith Lamb – Co-worker of John Emberger
- George Gaebler – Advisory Board
- Bill Cohagen – AZ Board of Respiratory Care Examiners
- Sheri Tooley – per Diem for Masimo
- Debbie Fox – Advisory Committee
- Karen Schell – Advisory Committee
- Bill Lamb – Employed by Hamilton Medical, Advisory Committee
- Greg Spratt – Employed by Oridion Capnography
- Cyndi White – OH Bylaws
- Sam Giordano – COPD Coalition, ARCF

OATH OF OFFICE
Past President Tim Myers administered the oath of office to Dianne Lewis, MS, RRT, FAARC and Frank Salvatore, BS, RRT, FAARC.
**APPROVAL OF MINUTES**

George Gaebler moved “To approve the minutes of the December 4, 2010 meeting of the AARC Board of Directors.”

*Motion Carried*

George Gaebler moved “To approve the minutes of the December 5, 2010 meeting of the AARC Board of Directors.”

*Motion Carried*

Bill Coahgen moved “To approve the minutes of the December 9, 2010 meeting of the AARC Board of Directors.”

*Motion carried*

**E-MOTION RATIFICATION**

Karen Stewart moved “To ratify the E-Motions discussed over the Board AARConnet since December 2010 as follows:

11-1-49.1 “That the AARC Board of Directors approves the proposal for the Oncology Roundtable.”

George Gaebler moved to ratify the E-Motion. Not enough interest from AARC members, therefore, no Oncology Roundtable will be created.

*Motion Carried*

**IT Upgrade Proposal**

Steve Nelson gave an overview of the AARC 5 Year Information Technology Strategic Plan that was included in the Board Book. (Recommendation in Finance report) (See Attachment “B”)

Frank Salvatore suggested donating the older equipment as a form of stewardship from the AARC.

**OATH OF OFFICE**

Past President Tim Myers administered the oath of office to Keith Lamb, RRT.
GENERAL REPORTS

President
President Stewart discussed her report. (See Attachment “A”)

Executive Director/Office
Tom Kallstrom reported that membership is growing at a rate of 4%. International membership is growing at a rate of 15%. It has been determined, thru weekly membership meetings of the Executive Office, that members need to be notified about 60 days before their membership is due to expire. Karen Stewart will be video-taping a message for the members to remind them to renew.

Drive4COPD won national recognition for their endeavors. AARC is working with them again this year.

Sam Giordano, Tim Myers, Dean Hess will attend ERS (European Respiratory Society) in Amsterdam in September. AARC will pay expenses for this trip. In return, ERS will send the moderators of their meeting to AARC Congress in November at ERS expense.

As of today, about 32 states have signed 2011 Revenue Sharing Agreements and approximately 80% of those 32 have signed the Co-Marketing Agreement as well. Tom Kallstrom will speak with state leadership about the importance of Co-Marketing. In 2010 there was close to $10,000 to share with states.

LEGAL COUNSEL
Larry Wolfish gave an overview of Board member fiduciary responsibilities.

AUDITORS REPORT
Audited financial statements were distributed to the Board. Bill Sims with Salmon Sims Thomas discussed the audited financial statements.

RECESS
President Stewart recessed the meeting of the AARC Board of Directors at 10:11am CDT Friday, April 8, 2011.

RECONVENE
President Stewart reconvened the meeting of the AARC Board of Directors 10:23am CDT Friday, April 8, 2011.

INVESTMENT REPORT
Investment reports were distributed to the Board. Frank Sloan of Sloan Wealth Management discussed investments.
HOUSE OF DELEGATES
Bill Lamb stated that two Ad Hoc Committees had been formed for 2011: Ad Hoc Committee Connections on Professional Volunteerism and Ad Hoc Committee on Student Mentorship. The chairs are Carole "Kelly" Crawford Jones (Illinois) and John Steinmetz (Nevada) respectively.

STATE GOVERNMENT AFFAIRS
An update on the activities, both legislative and regulatory that are occurring at the state level was presented. Provisions in the Affordable Care Act provide the opportunity for state governments to implement new pilot projects and demonstration programs that RTs may be able to participate in. Funding for these new programs depends on federal funding and the question remains whether Congress will indeed provide the funding for these state initiatives. States due to budget constraints are cutting back on current health program and are unable to support new programs or expansions. However there is a growing recognition for the need to manage both COPD and asthma, indicated by increased legislation that is being introduced.

The Hawaii Society is currently working on the regulations that will implement RT licensure. The Washington State Society is supporting legislation that will permit RTs to take orders from NPs and PAs as well as physicians.

States are raising licensing fees and consolidating licensure boards. An update on the licensure efforts of other occupations and professions occurring in several states was provided.

COMMISSION ON ACCREDITATION for RESPIRATORY CARE (CoARC)
CoARC Executive Director Tom Smalling reviewed his report to the Board. There are open Board positions for CoARC that will be filled at their July meeting. CoARC requested nominations for AARC representatives to serve on the CoARC Board.

CoARC recently submitted its eligibility application to CHEA (Council on Higher Education Accreditation). To achieve recognition by CHEA, CoARC must demonstrate compliance with CHEA’s Recognition Standards.

CoARC established two Ad Hoc Committees – International Accreditation and Master’s Degree Accreditation.

CoARC presented the first “Site Visitor of the Year” Award at the AARC’s Annual Congress in December 2010 in Las Vegas, NV. The award was presented to Dr. Ralph Kendall and Michael W. Prewitt, PhD, RRT.
**CoARC Proposed Bylaws Changes**
The proposed Bylaws changes letter to the AARC is dated March 23, 2011. AARC has 60 days from that date to respond. Dr. Smalling answered questions from the Board.

President Stewart stated that the AARC Board of Directors will formulate a response to the letter by the deadline.

**RECESS**
Karen Stewart called a recess of the AARC Board of Directors at 12:10pm CDT, Friday, April 8, 2011.

**RECONVENE**
President Stewart reconvened the meeting of the AARC Board of Directors 1:38 pm CDT Friday, April 8, 2011.

**GOVERNMENT & REGULATORY AFFAIRS**
AARC’s Respiratory Therapy Medicare Initiative was re-introduced by Congressman Mike Ross (D-AR) on March 8th, the bill for this Congress is HR 941. Discussions continue with Senator Mike Crapo (R-ID) for the introduction of the Senate version of the bill. The issue we continue to face is the cost of the bill estimated by the CBO. The 12th annual AARC PACT Hill Lobby Day was held March 7-8, 2011. 120 RTs from 46 states and DC were represented. Fifteen patients from the Alpha One Association and the COPD Foundation also came to DC to assist in our lobby effort. Prior to Hill Day, AARC launched a Virtual Lobby Week, where RTs and supporters sent in emails to their members of Congress asking for support for the Initiative. Over 10,000 messages have been sent.

AARC also has sent letters of support to the sponsors of the bill HR 1041 a bill that would repeal the Medicare DME Competitive Bidding Program.

CMS has notified the public and the DME Industry that the implementation date for the next round of DME Competitive Bidding (set for January 2012) will be delayed for 18 months, now to begin in the summer of 2013.

A proposed regulation, implementing a provision of the Affordable Care Act was issued by CMS. This regulation would prohibit Federal Medicaid payments to states for any dollars spent for providing medical assistance for healthcare acquired conditions. Ventilator associated pneumonia is not yet included in the list of conditions.

CMS will also hear proposals to amend its current rule for the timeframe under which hospital personnel must administer ordered medications. The AARC and its successful petition to CMS for an expanded timeframe for the delivery of aerosol medications was the basis for the Institute for Safe Medication Practices (ISMP) to advocate to CMS for timeframe revisions for the delivery of all medications in hospitals.
BOARD OF MEDICAL ADVISORS (BOMA) REPORT
Linda Van Scoder moved to accept Recommendation 11-1-7.1 “To recommend revision of the AARC bylaws to create a new category of membership in the AARC designated as ‘Physician Member’ distinct from the present associate membership.”

George Gaebler made a motion to refer to Karen Stewart to consider how to proceed since it will involve a Bylaws change.

Motion to refer was withdrawn by George Gaebler

Original Motion Carried

President Stewart created an Ad Hoc Committee to Recommend Bylaws Changes with Committee Members George Gaebler (Chair), Susan Rinaldo Gallo, Linda Van Scoder and Tim Myers to report back to the Board at its July meeting.

Frank Salvatore moved to ratify the Ad Hoc Committee to Recommend Bylaws Changes and their charges.

Motion carried

PRESIDENT'S COUNCIL
Applicants will be screened by Dianne Lewis and Kathy Blackmon before being placed on the ballot for Life Membership.

George Gaebler moved “To accept the General Reports as presented.”

Motion Carried

President Stewart turned the meeting of the AARC Board of Directors over to Past President Tim Myers.

STANDING COMMITTEES REPORTS

Bylaws Committee

Recommendation 11-1-9.1 “That the AARC BOD accepts and approves the Montana Society for Respiratory Care Bylaws.”

Frank Salvatore moved to accept the recommendation to approve the Montana Society for Respiratory Care Bylaws as presented.

Motion carried
**Recommendation 11-1-9.2** “That the AARC BOD accepts and approves the Ohio Society for Respiratory Care Bylaws.”

Susan Rinaldo Gallo moved to accept the recommendation to approve the Ohio Society for Respiratory Care Bylaws as presented.

**Motion carried**
(Tim Myers and Cynthia White abstained)

**Recommendation 11-1-9.3** “That the AARC BOD accepts and approves the North Carolina Society for Respiratory Care Bylaws.”

Frank Salvatore moved to accept the recommendation to approve the North Carolina Society for Respiratory Care Bylaws as presented.

**Motion Carried**
(Susan Rinaldo Gallo abstained)

**Recommendation 11-1-9.4** “That the AARC BOD accepts and approves the Colorado Society for Respiratory Care Bylaws.”

Bill Cohagen moved to accept the recommendation to approve the Colorado Society for Respiratory Care Bylaws as presented.

**Motion Carried**

**Recommendation 11-1-9.5** “That the AARC BOD accepts and approves the New Mexico Society for Respiratory Care Bylaws.”

Frank Salvatore moved to accept the recommendation to approve the New Mexico Society for Respiratory Care Bylaws as presented.

**Motion Carried**

**Finance Committee**
Linda Van Scoder moved to accept **Recommendation 11-1-1.1** “That the Board of Directors authorize up to $372,000 for our IT Upgrade Initiative 2011, which will provide an updated system capable of providing the support necessary to manage the needs of the association for the next five years. This plan will be implemented in phases and be completed by the end of 2015. This Upgrade will allow us to expand IT platform and capabilities. An IT Upgrade Initiative will reduce the cost of desktop support, improve our business continuity, and provide better member access to our increasing online offerings (see attached IT Upgrade Initiative 2011 proposal, Attachment “B”)

**Motion Carried**
**Audit Subcommittee**
Linda Van Scoder moved to accept Recommendation 11-1-13.1 “That the AARC BOD consult with their investment advisors to determine if refining and establishing further investment range categories (e.g. foreign stocks 0-10%, domestic growth stocks 0-25%, etc.) is prudent within the broad overall ranges currently existing in the AARC Investment Policy.”

Susan Rinaldo Gallo moved to refer to Executive Office to consult with investment advisors and report back to the Board in 30 days

**Motion to refer carried**

**Program Committee**
Frank Salvatore moved to accept Recommendation 11-1-15.1 “That the Sputum Bowl competition be eliminated from the AARC International Respiratory Congress following the 2011 meeting in Tampa, FL.”

**Motion Carried**

President Stewart will send a formal notification to long time Sputum Bowl supporters immediately to thank them and inform them of the Board’s decision.

George Gaebler moved “To accept the Standing Committee reports as presented.”

**Motion Carried**

**RECESS**
Karen Stewart called a recess of the AARC Board of Directors at 3:14pm CDT, Friday, April 8, 2011.

**RECONVENE**
Karen Stewart reconvened the meeting of the AARC Board of Directors at 3:32pm CDT, Friday, April 8, 2011.

**SPECIALTY SECTION REPORTS**

**Management Section**
Frank Salvatore moved to accept Recommendation 11-1-55.1 “That the AARC BOD allow the Management Section to be able to produce and send out one Bulletin to all AARC members who are managers, but not members of the Management Section promoting the section and to increase the Section membership.”

Susan Rinaldo Gallo moved to refer back to the management section to work with Executive Office for amplification.
Motion to refer carried

Frank Salvatore moved to accept Recommendation 11-1-55.2 “That the AARC BOD allow the Management Section to enhance and categorize the Management Section Library in order to have quicker searches for Policies & Procedures, Protocols, Job Descriptions, past discussions, etc.”

Tim Myers moved to accept for information only

Motion Carried

Neonatal-Pediatric Section
Susan Rinaldo Gallo moved to accept Recommendation 11-1-56.1 “That additional vouchers be available for purchase by affiliate societies for an AARC Specialty Section.”

Linda Van Scoder moved to refer to the Executive Office for planning and implementation.

Motion to refer carried

Sleep Section
Susan Rinaldo Gallo moved to accept Recommendation 11-1-58.1 “That the AARC formally request a meeting with the AASM with the primary goal of discussing recognition of the NBRC SDS credential in the AASM sleep center/lab standards.”

Linda Van Scoder moved to refer to President Stewart for review and to address at Tripartite Meeting

Motion to refer Carried

Susan Rinaldo Gallo moved to accept the Specialty Section reports as presented.

Motion carried

SPECIAL COMMITTEE REPORTS

Clinical Practice Guidelines
Susan Rinaldo Gallo moved to accept Recommendation 11-1-19.2 “The Committee requests the official appointment by the President of Steven Sittig, Keith Hirst, Leonard Wittnebel, Richard Wettstein, and John Embarger to the Committee to expedite the process of reviewing and updating the CPGs.”
Karen Stewart ruled the recommendation out of order. Requests for committee appointments should go directly to the President and not in a recommendation to the Board of Directors.

**Position Statement**
Susan Rinaldo Gallo moved to accept **Recommendation 11-1-26.1** “That the AARC BOD approves and publishes policy No.: CT.008 ‘Position Statement Committee’. This policy is submitted for your review as Attachment #1. Text to be deleted appears with strikethrough and text to be added appears with underline.”

(See proposed/amended changes in Attachment “C” of this document)

Susan Rinaldo Gallo moved to approve as amended

**Motion as amended Carried**

Susan Rinaldo Gallo made a motion to accept the Special Committee reports as reported.

**Motion Carried**

**SPECIAL REPRESENTATIVES REPORTS**
George Gaebler moved to accept the Special Representatives reports as presented.

**Motion Carried**

**ROUNDTABLE REPORTS**

**Asthma Disease**
Susan Rinaldo Gallo moved to accept **Recommendation 11-1-42.1** “To hold a web ex meeting and phone conference to discuss important items related to Asthma Disease Management Roundtable members.”

Linda Van Scoder moved to accept for information only.

**Motion carried**

**Hyperbaric**
Susan Rinaldo Gallo moved to accept **Recommendation 11-1-43.1** “The development of another Hyperbaric Medicine presentation for the 57th International Respiratory Congress to include:
- Expanded description of the indications, contradictions and techniques for the administration of hyperbaric oxygen
Further description of the skill set overlap between respiratory therapists and hyperbaric technicians
- Several case presentations.”

Tim Myers moved to accept for information only.

**Motion Carried**

**ROUNDTABLE REPORTS ACCEPTANCE**
Susan Rinaldo Gallo moved “To accept the Roundtable reports as presented.”

**Motion Carried**

**AD HOC COMMITTEE REPORTS**
Linda Van Scoder moved to accept the Ad Hoc Committee reports as presented.

**Motion carried**

**OTHER REPORTS (NBRC, ARCF)**
George Gaebler moved to accept the NBRC and ARCF reports

**Motion carried**

**RECESS**
President Karen Stewart recessed the meeting of the AARC Board of Directors at 4:35 p.m. CST, Friday, April 8, 2011.
Attachment “A”

President’s Report
The start of my presidency has been somewhat quiet as of this date but I am sure that will not last. Below is my current report with progress against the goals.

1. Continue to promote the patient and their families’ needs by being the advocate for those patients with respiratory disorders.

   Although we have not had a significant amount of activity in this area we did demonstrate our commitment to our patients by assisting them with the cost of transportation at our Capital Hill Day in Washington DC. We provided a $1000 grant to offset the cost of a van to help the patients who made calls with us in Washington. I know that the Alpha One Association appreciated this action.

2. Continue to develop and execute strategies that will increase membership and participation in the AARC both nationally and internationally.

   The membership committee is gearing up its work for continental recruiting of members and we have been busy on the international front. There have been two visits to the Middle East since the beginning of the year. The first trip was made by Sam Giordano from AARC and Gary Smith from NBRC more for a credentialing but it is always good to have the face of the AARC present. More recently was a trip to the Gulf Thoracic Society to present the Asthma Program. During that visit the AARC was in the exhibit hall with a booth with many visitors asking about membership. In the Middle East, primarily Saudi Arabia there are more than 800 members. I will be visiting the region in May.

3. Promote patient access to respiratory therapists as medically necessary in all care settings through appropriate vehicles at local, regional and national venues.

   The legislative activity that we are working on currently will assist us in meeting this goal. Other activity is yet to be explored.

4. Continue to advance our international respiratory community presence through activities designed to address issues affecting educational, medical and professional trends in the global respiratory care community and to advance advocacy for the patient.

   The asthma program that was presented at the Gulf Thoracic Society is an example of activity that is being done to enhance international respiratory community. I will be traveling to Saudi Arabia in May to attend their Society Meeting and speaking twice.
There are planned lectures are part of a shared symposium that will be presented at the ERS in Amsterdam this fall.

5. Evaluate the transitional needs to meet the competencies necessary to develop the “Respiratory Therapist for 2015 and Beyond” based on the expected needs of respiratory care patients, the profession and the evolving health care system.

The ad hoc committee has been formed and the first charge is in the process of being evaluated. The members of the committee have participated by providing their opinion of a gap analysis between the attributes and the recommendations from the task force as published after the third workshop. The committee will continue to evaluate other mechanisms to obtain input on the recommendations.

6. Promote the access of high quality continuing education to development and enhance the skill base of current practitioners to meet the future needs of our profession.

   Work continues with the leadership institute and other educational offerings. A solid Professors Rounds has been developed for this year.

7. Maintain and expand relevant communication and alliances with key allies and organizations within our communities of interest.

   Efforts are ongoing. Corporate Partners will meet in April.

8. Expand efforts to obtain research funding.

   No activity by the president at this time.

9. Increase and enhance activities to increase public awareness of respiratory therapists and their role in the treatment of respiratory disorders.

   No new activity at the present time.
Attachment “B”

5 Year Information Technology Strategic Plan
American Association for Respiratory Care

5-Year
Information Technology
Strategic Plan

Steve Nelson, MS, RRT, FAARC
Executive Associate Director

Russell Leighton, AA, A+, NET+
Information Technology Coordinator
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INTRODUCTION

The American Association for Respiratory Care (AARC) is a professional membership association for respiratory care professionals and allied health specialists interested in cardiopulmonary care.

AARC, a non-profit organization, is the leading national and international professional association for respiratory care.

AARC is primarily in the adult education business, where they are the publishers of several journals, magazines, and newsletters.

AARC membership base consists of approximately 50,000 members and subscribers throughout the world.

This document describes the current state of the AARC technology infrastructure, while outlining a robust and innovative vision designed to meet the instructional needs of our members over the next five years. The ultimate goal is to build an evolutionary roadmap of cost-justifiable projects to support the AARC in its effort to strengthen and enhance its core application and hardware infrastructure to provide quality services to enhance all aspects of teaching and learning.

This document tries to be consistent with the premise of the five basic goals of the AARC. These goals are as follows:

I. Financial
   a. New revenue generation
   b. Reduce costs
   c. Increase profit margin

II. Operational
   a. Improve efficiency
   b. Reduce product time to market
   c. Enhance product of quality/service

III. Market
   a. Increase market awareness
   b. Obtain greater market share
   c. Add competitive advantages

IV. Customer
   a. Improve satisfaction
   b. Increase retention
   c. Obtain greater customer loyalty

V. Staff
   a. Increase staff satisfaction
   b. Improve organizational culture
c. Improve staff retention

CONTENTS SUMMARY

Following the Executive Summary (Section 1), this document includes twelve additional sections.

Section 2, Vision and Goals, describes the trends that underlie the technology proposals found in this Strategic Plan.

Section 3, Guiding Principles, focuses on the guiding principles of the AARC transformation represented by the five-year plan.

Section 4, Data Center Infrastructure, describes ongoing plans for the Data Center, and the cost savings that can be realized through its implementation.

Section 5, Network Infrastructure, includes future directions in desktop/mobile services and support structure. It also describes key changes in technology implementation over the next five years.

Section 6, Workstation Hardware and Software, focuses on various efforts to enhance the AARC environment using technology by implementing a virtual desktop environment.

Section 7, Information Security, Firewall and Spam/Virus Protection, describes the efforts to ensure that everyone can access the information needed, but to limit access to only those who should have it.

Section 8, Membership Management System (IMIS), describes the database management software utilized for membership information.

Section 9, Accounting Software (Great Plains), describes the mid-market business accounting software package used by the accounting department.

Section 10, Document Imaging and Paperless Workplace, discusses the effort to become a reduced paper or paperless environment.

Section 11, Video Production Facility, discusses the vision to provide video teleconferencing services to the desktop and beyond.

Section 12, Budget information, is provided in many of the sections of this Strategic Plan, describing the budgets required to implement each of the new technologies. These budget estimates are synthesized in Section 13, the Overall Budget Plan.

SECTION 2: VISION AND GOALS

INTRODUCTION

In recent years, the American Association for Respiratory Care (AARC) has made great strides in assessing its operational effectiveness. Through this process of self-examination and improvement, technologies have been adapted and enhanced to provide an infrastructure for members and staff, while providing additional services, and improving operational efficiency.

Technology continues to change at a rapid pace, and today’s AARC network is much different from the network that existed just a few years ago. We see a trend toward usage of a wider range of technology devices. Five years ago, members primarily used wired, desktop computers to access the internet and other member resources. Now, members are going online with many different mobile devices, including laptops, tablets, handheld devices, and eBook readers. We expect this trend to continue and accelerate. One of AARC’s goals is to ensure that the range of devices work well within the enterprise network architecture.

DESIGN STANDARDS AND METHODOLOGY

Although this strategic plan focuses on technical innovation at the AARC, it should be understood that there is a long, complex process between the conception of such technological advances and their implementation. Between the process of defining the technology for a new service and the implementation of that technology at the AARC, the AARC provides a comprehensive, effective means for its realization.

In brief, each technological undertaking at the AARC consists of four main phases: planning, design, implementation, and post-implementation and support.

First, there is the planning phase, when the idea or service is formulated. Project Management plays an important role here, as it does throughout the project. Project Management ensures, among other things, effective resource management, and the timely completion of the AARC project implementation. Project Management is involved from the moment planning begins.

During the design phase, the proposed solution must adhere to the rigors of technical standards, which have previously been put in place by the AARC.

With regard to implementation, the project must also adhere to the framework for solution integration; that is, there is a process in
place for integrators to build out the necessary physical and logical framework that will support the technology. These elements should help to provide the necessary structure for the project.

The rigorous process described above must be able to be replicated at the AARC, as well as being extensible within the AARC; it must also be expertly deployed, and thoroughly and consistently supported by the AARC and/or its vendors.

CURRENT ENVIRONMENT

AARC currently has 11 Servers and 44 workstations deployed locally. There are 11 servers on the local area network (LAN) connected to the Internet. The 11 local (LAN) servers are connected to a gigabit switch. Connectivity to the Internet is achieved through a 6MB ATM line connected into a Cisco router. From there the router connects into a Fortigate 200A Firewall that provides security for the network.
SECTION 3: GUIDING PRINCIPLES

REFRESH STRATEGY POLICY

Purpose: All computer updates are governed by a "Refresh Policy". This policy states that if the American Association for Respiratory Care (AARC) is financially able, it will replace each desktop and laptop computer every three (3) years and servers every five (5) years. The Information Systems Technology (IT) department will provide the AARC with a refresh list. The IT department will then work the AARC, where these computers are located, to determine the best time to replace the computers.

Value: The AARC provides all full-time staff with AARC owned computers. In order to maintain pace with technology change (the fastest personal computer (PC) that is available today, is more than 3 times the speed of the fastest PC available just 1 year ago), and to manage acceptable support levels, these computers need to be upgraded in a cyclic fashion in order to maintain their business value and functionality. These upgrades are described as the "computer refresh".

A refresh is a business value and support decision made in conjunction with management and the IT department.

As the IT department is accountable for all hardware purchases for the AARC, it has the ability to maintain a master inventory and aging list of all computers.

Standards: The industry standard which the AARC has adopted are that every desktop configuration is considered for refresh every 3 years from purchase and servers every 5 years from purchase. This is a significant financial commitment and thus it is critical that all stakeholders (clients, management and IT) consider this process critically as good financial stewards. As hardware capability frequently exceeds software requirements over the life of a computer, the IT department does not provide "trickle down" or "computer swapping" services.

When the IT department technician comes to do the refresh, they will deliver a computer that already has the standard programs installed. The technician will transfer any data from the current computer to the refreshed computer, install any other departmentally required software, and setup/configure the new computer.

A follow-up will be made with the client 1 week after refresh to ensure that the client is satisfied with the transition.

Impact of refresh clients: While the IT department is always looking for ways to make the refresh less intrusive on clients, the refresh is
still a process that can take up to 4 hours depending on the client specific software that needs to be reinstalled onto the refreshed computer.

As a part of the communication process before a refresh takes place, an IT department staff member will contact the client and give them guidelines on how to minimize the impact of having their computer refreshed.

All computers purchased through the refresh process are owned by the AARC and under the trustee of the IT department.

SOFTWARE COPYRIGHT POLICY

Purpose: The Information Systems Technology (IT) department will purchase and maintain legal computer software licenses for any computer software purchased by the American Association for Respiratory Care (AARC).

Scope: This policy applies to all AARC employees and addresses issues of software purchasing, requirements, and licensing.

General Information: AARC has a large investment in computer hardware and software. The technical ease with which software can be copied or installed multiple times does not negate that such actions often are in violation of applicable copyright laws and/or the license agreements with the manufacturers governing the original purchase of the software. Moreover, regardless of the legalities, unauthorized copying is unethical. It is simply another form of stealing someone else's property.

Software manufacturers and distributors often monitor the compliance of their customers through a formal audit process. In addition, manufacturers have taken legal action to enforce their software agreements and copyrights.

The consequences to an organization such as the AARC being involved in a "software piracy" charge would be detrimental to our core values, image, and credibility. In addition, the financial implications of settling charges such as these could be crippling and would definitely not represent good stewardship of resources entrusted to us.

Policy: All computer software packages should be legally purchased and used. This includes software installed on computer hardware purchased by the AARC, in addition to computer hardware utilized on the premises.

Legal purchase and use would normally imply the following:

* The original media and manuals are of original distribution from the vendor, and are available on the premises that the software is being utilized.
* The software is being used in accordance with the license agreement under which it is purchased.

* No unauthorized copies are made.

* The software is not installed on more than the authorized number of systems.

* Software installed on a server in a client/server architecture has an appropriate multiple user license.

Responsibility: The IT department is accountable for the monitoring and correct implementation of this policy. Questions or points of clarification should be referred to the same.

DESKTOP SOFTWARE STANDARDS

Purpose: The Information Systems Technology (IT) department provides various levels of support and training for software applications depending on the needs of the user. Software applications are not limited to software installed on client computers, servers, or presented to users as web based applications.

General Information: The IT department will maintain a published list of department specific software packages. If a user or department installs software and/or hardware, and it interferes with the computer's operation and institutional support is required, the IT department will remove the non-standard products and return the system to its original state. During this refresh to a standard level of performance, the IT department will concentrate on preventing any loss of personal data, but no guarantees can be made.

The following is a tier-based design for installed software at the American Association for Respiratory Care (AARC).

1. Desktop Supported Workstations:

Tier 1 - Enterprise-wide, standard software application packages for AARC owned computers. This is a basic or "standard image" installed on all computers regardless of location and discipline. Software applications provided in this tier are:

Microsoft Office Professional 2010 for PC or 2011 for MAC - Word Processing

Tier 2 - Enterprise-wide software applications that are supported like Tier 1 software applications, but are not included in the "standard image" and are not installed on all computers. Software applications provided in this tier are:
Adobe Acrobat Professional - Document formatting and publishing
Adobe Dreamweaver - Web page designer
Adobe Illustrator - Artwork designer
Adobe Photoshop - Picture editor
AVG Anti-Virus - Virus and spam detection
Crystal Reports - Report design
Flash Professional - Video designer
FRx 6.7 - Accounting management database viewer
Great Plains - Accounting management database
iMIS 15.1.3 - Membership management database
iMIS TaskCentre - Automated task designer
Kaseya - Remote desktop
Macromedia Contribute - Web page editor
Reinvented Software Feeder - RSS feed and Podcast publisher
Smart Draw - Architecture designer
Visual Studio - SQL report designer
WinZip - File compression

2. Server Supported:

Tier 1 - Enterprise-wide, standard software application packages for AARC owned servers. This is a basic or "standard image" installed on all servers regardless of location and discipline. Software applications provided in this tier are:

Kaspersky Anti-Virus 2011 for Windows Servers - Virus and spam detection
Windows Server Datacenter 2008 R2 - Server operating system

Tier 2 - Enterprise-wide software applications that are supported like Tier 1 software applications, but are not included in the "standard image" and are not installed on all servers software applications provided in this tier are:
F-Secure Anti-Virus for Windows Server - Virus & Spy Protection - Virus and spam detection

LISTSERV - Electronic mailing list

Macromedia ColdFusion - Web applications developer
Microsoft Exchange Server - Company Email and Calendar

WebTrends - Analytic and web tracking

Windows SQL Server - Database management

WIN-PAK - Alarm system
SECTION 4: DATA CENTER INFRASTRUCTURE

VISION

The long-term vision for the AARC datacenter is to transform its current IT operation into a utility and customer-oriented service model. We will tailor our solutions strategically, according to the AARC business needs, and set the direction for developing a standardized platform. The platform will leverage traditional infrastructure. This platform will allow applications and infrastructure components to converge into product-service offerings, two of which are unified storage and enterprise servers. Unified storage and enterprise servers will help the organization’s strategic approach to IT consolidation and building the datacenter of tomorrow.

GOAL AND STRATEGY TO OBTAIN GOAL

There is a high demand for storage and servers, which are usually associated with projects for implementing new applications. Storing and sharing data on a secured storage platform is vital to the organization’s intellectual capital growth and business dynamics.

Virtualization is becoming the de facto standard for implementing services in the datacenter – from virtual servers, desktops to applications. Virtualization provides better utilization of compute resources. Most servers operate at about 15-20% capacity. Virtualization can raise utilization to over 80%, reducing the need for additional servers, electrical cooling, and maintenance. Virtualization, which manages storage, memory and computing power for their high-availability needs, ultimately reduce the overall physical server hardware footprint in the datacenter. We can easily relocate the entire datacenter when virtualized to a strategically assigned disaster recovery site. With virtualization forming the basis of the unified storage and enterprise server architecture, we will enable a dynamic datacenter infrastructure with high capability in terms of availability and the ability to perform “storage thin provisioning” – incrementally increasing storage capacity on-demand or as business grows. Virtualization and unified storage are the foundation for resiliency and a greener datacenter.

CURRENT STATE

The AARCSQL01 server, running Microsoft Windows Server 2003 and Microsoft SQL 2005, hosts two critical databases. One is the iMIS database, our membership management database. The second is the Great Plains accounting database.

The MAIL01 server, running Microsoft Windows Server 2003 and Microsoft Exchange 2003 software, hosts all of the email. Users on the local
network receive/send their email using Microsoft Outlook clients using SMTP protocols. Users also have the capability of access their email through Webmail using POP3 protocols.

The AARCWEB01 server, running Microsoft Windows Server 2003, is the primary web server hosting all websites.

The AARCNAS01 server, running Microsoft Windows Server 2003, is the iMIS application server, and the backup server, running Veritas Backup Exec 2010. The backup device is a High-Rely drive set.

The AARCFI-LESERVER server, running Microsoft Windows Server 2003, is the primary file storage server and Virus Protection server. Antivirus detection/prevention within the environment is Kaspersky Anti-Virus. Kaspersky Anti-Virus Administration, installed on this server, manages virus definitions for all Windows Workstations and servers attached to the AARC domain.

The EPA01 server, running Microsoft Windows Server 2003, is for hosting the www.epapartnershiparcf.org website. This is a secure SSL server utilizing RSA secure user login for authentication. This server also hosts the secure logon to e-series for iMIS.

The MAIL server, running Microsoft Windows Server 2003 and L-SOFT LISTSERV software, is a list server for several distribution groups. Some of these distribution groups contain as many as 30,000 names.

The AARC-GHOST server, running Microsoft Windows Server 2003, is the secondary DNS server and primary DHCP server.

The AARC01 server, running Microsoft Windows Server 2003, is the Primary DNS server and Active Directory/Policy server.

The AARC02 server, running Microsoft Windows Server 2003, is running the Kaseya program. This program provides remote access and patch management to the servers and workstations from home or an internal desktop.

Additionally, there is an older MAC server that is used for file share and backup for the Macintosh workstations.

AARC has three primary battery backup (UPS) setups. Two APC SmartUPS 5000 with extra runtime batteries for the servers and one UPS SmartUPS 1500 for the switches.

**CURRENT CHALLENGES**

The most critical problem that we currently face is running out of storage. We often advise users to delete or move existing data from the network shares, in an effort to free-up disk space. Inadequate
network data storage affects the overall end-user experience and impedes business productivity.

The servers and workstations are at the end of their projected lifespan. There has been one major server failure and three workstation failures so far. As the technology gets older the failures become increased.

TARGET STATE

The end-state is a reduction in the number of physical servers in the datacenter with terabytes of centrally managed storage. The reduced computer infrastructure will create a private cloud computer environment that can be leveraged by all AARC entities.

Targeted benefits include:

- Increased overall storage capacity
- Centralized storage management
- Efficient utilization of storage
- Reduce server hardware footprint
- Reduce server hardware heat and energy consumption
- Reduce the amount of time to backup and recovery of data

RECOMMENDATIONS AND ROADMAP

The following roadmap shows the path to obtain the vision:

- Build a unified storage platform to meet existing and future needs.
- Build an enterprise server infrastructure to support the applications with scalability and extensibility.
- Implement the tools to efficiently and effectively manage the environment.
- Develop sets of policies, processes, and procedures governing the storage and servers in the datacenter.

BENEFITS AND IMPACT IF NOT IMPLEMENTED

Implementing Unified Storage and using Enterprise Servers for the AARC will realize several organizational goals: from server application to desktop virtualization, including the idea of on-demand computing, it will transform our datacenter into a more dynamic and resilient environment. Additionally, by exploiting emerging market trends, AARC will immediately realize long-term reductions in deployment and administrative costs.

If not implemented, the datacenter will continue to operate as is without efficiency and resiliency. We will continue to have servers
with lack of storage space. This also prevents us from moving towards the development of a sustainable and dynamic datacenter. Without the right foundation, we will operate inefficiently, and we are unlikely to lower total cost of ownership due to ever-growing demand for storage and servers.

**Current AARC Network**

![Current AARC Network Diagram]

**Proposed AARC Network**

![Proposed AARC Network Diagram]
BUDGET TO IMPLEMENT

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**SUBTOTAL**

$82,677
SECTION 5: NETWORK INFRASTRUCTURE

VISION

The vision of the network infrastructure is to provide high-speed Internet and shared resource access to the entire building to meet the needs of the next generation of computing in real time.

GOAL AND STRATEGY TO OBTAIN VISION

The ultimate goal is to increase network connectivity and provide internet and access to storage facilities within the AARC network. Updating internal network wiring and strategically placing switches around the building that shorten the length of Cat5 cable required will greatly speed up access.

CURRENT STATE

The AARC currently has every network drop run from each office back to the datacenter and into different patch panels. This is an inefficient model because of the length of each cable run throughout the building. Half of the building is also currently not being utilized by AARC staff and has old network cabling installed.

TARGET STATE

The goal is to install four network switches in the best location and have all network drops run to these switches depending on their location. The switches would then connect back to the datacenter via fiber optic cable. This is a more efficient model because of the reliability of fiber optic cable and avoids the loss of signal when using Cat5 cable in great lengths.

RECOMMENDATIONS AND ROADMAP

It is recommended that the AARC utilize new technology and internal wiring design to implement a high speed internal local area network with increased speed capability between the datacenter and local workstations.

BENEFITS AND IMPACT IF NOT IMPLEMENTED

The benefits of updating the internal wiring are as follows:

- Faster access to shared resources. As Cat5 cable lengths get longer the capacity for lost signal strength and data becomes increasingly larger.
Better access to unused space. As the AARC expands into the other side of the building, the wiring will have to be updated. Currently, the internal wiring on that side of the building is not connected.

Currently all workstations are connected to the datacenter with individual runs of cable. The longest run is approximately 200ft. The maximum recommended length is 328ft. As the cable gets longer, the signal gets fainter and network access speed diminishes.
Under the vision for the new network infrastructure, there will be four switches clustered throughout the building. Each workstation will have a cable run to the nearest switch. The longest estimated run would be 30ft. The switches will have a fiber optic backbone that runs to the datacenter into the gigabit switch. This network design will ensure signal strength is retained meaning faster network access and less data corruption.
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Note 1 - The current monthly cost for four T-1 lines is $1,600. Upgrading to OC3 will add a $600 increase monthly.
SECTION 6: WORKSTATION HARDWARE AND SOFTWARE

VISION

We all know that technology keeps on changing, and so do user needs. Workstations are likely to become obsolete after three years. It costs the AARC more to support antiquated hardware after three years than it would to upgrade to newer equipment. The initial purchase price of a PC is only a small portion of the total cost of ownership (between 10 and 20 percent). This is far outweighed by administrative support and disposal costs. Delaying a refresh plan can significantly increase support costs. The idea here is to reduce the overall costs in computer purchases and support.

GOALS AND STRATEGY TO OBTAIN VISION

Our goal is to incorporate 21st century technologies at the AARC to support the administrative requirements.

End-User Computing

- Deploy software applications on demand and remove when no longer needed with minimum effort.
- Provide virtualized desktops with access from anywhere.
- Provide centralized support to staff members by managing their end-user platforms remotely as much as possible.

Our Strategies

- Implement and deploy collaboration software tools to support centralized storage, VPN for remote access, end-user device management, thin-clients with virtual desktops.
- Develop processes and procedures governing the Virtual Desktop environment for ease of management and application deployment, including platform standardization.

CURRENT STATE

The AARC currently has 35 Windows Desktop Computers running Windows XP Professional, six PowerPC MAC Desktop computers, and three Powerbook MAC Laptop computers. All machines were purchased in 2006. The lifecycle on a standard desktop is three years.
Most software is outdated. Currently only four systems in the building are capable of reading the current MS Office file formats and other systems have had issues with new graphic formats.

**FUTURE STATE**

Providing a dynamic computing environment, where Operating Systems are no longer bound to their physical hardware is optimal. Using thin-client systems with Virtual Desktops is the future end-state for all end-user computing, especially in today’s economies. Thin-client devices are much cheaper than their overly-powered relative that is more costly to maintain.

**RECOMMENDATIONS AND ROADMAP**

Providing access to the latest collaboration and work environment will assure our staff is well trained with today’s relevant technologies.

- Implement an enterprise Desktop Management solution
- Implement Virtual Desktops with Thin-Client devices.
- Upgrade all software to current editions to take advantage of the newest features.

**BENEFITS AND IMPACT IF NOT IMPLEMENTED**

The benefits of implementing End-User computing for the 21st century are:

- Reduction in energy consumption.
- Secured and managed end-points.
- Reduction in software licensing costs.
- Enhanced end-user experience.
- Centrally deploy OS patches on time.
- Increased security.
- Improved data integrity by storing desktop images in a single location

If not implemented, the current configuration will continue to impede the process for taking AARC to the 21st century. This also prevents us from moving towards the development of a sustainable computing environment. Without the right foundation, we will continue to operate inefficiently, and we are unlikely to lower total cost of ownership due to ever growing demand for storage and computer processor power.
**BUDGET TO IMPLEMENT**

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SUBTOTAL $81,590

**NOTE 1** - The current five year plan will upgrade all existing software to its current version. Because graphic design software changes rapidly there is a software refresh included at the three year mark. This refresh will require that upgrades be purchased for graphic design software only to keep it current.
SECTION 7: INFORMATION SECURITY, FIREWALL AND SPAM/VIRUS PROTECTION

VISION

The AARC’s information security vision is of an environment in which the right people within the community have the right access to the right data, when and where they need it.

GOALS AND STRATEGY TO OBTAIN VISION

This vision may seem somewhat unusual for security organization. Too often, the focus of security is to act as a technology “cop”, playing whack-a-mole with specific technical threats, with the end result of “protecting” information by preventing access to it. This model is counterproductive, and runs contrary to the very purpose of information technology, which is to facilitate the creation of value from information. The AARC’s information security strategy was conceived with this in mind, and its focus is on providing users with the greatest possible access to the information they need without placing that information at excessive risk.

Payment Card Industry (PCI) is fast becoming widely recognized around the globe. The AARC is defined as a merchant and is directly involved in the processing, storage, and transmission of transaction data and must provide security and encryption so that the data is not misused. This requires the installation of PCI hardware, proof of compliance, and annual audits of the PCI program.

CURRENT STATE

The AARC currently utilizes a Fortigate 200A Firewall as the gateway between the Internet and the AARC.ORG domain.

The AARC currently utilizes a Barracuda 300 Spam/Virus Firewall as the filter for incoming email traffic.

FUTURE STATE

As the uses of technology evolves, so too has the associated risks. The value of making data available to the right people is unquestionable, but the value of such data to the “wrong” people has increased considerably as well. The future goal is to place a state-of-the-art firewall and spam/virus firewall in place that provides in-depth reporting services and IP tracking.

The AARC needs to be PCI compliant to continue taking online credit card transactions and eliminate the risk of credit card data being fraudulently obtained and used illegally.
RECOMMENDATIONS AND ROADMAP

The AARC’s information security vision is achieved through four core security functions: identity and access management; vulnerability management; policy and compliance management; and awareness and education. Each of the four core security functions addresses a fundamental prerequisite for meeting the vision of ensuring that the right people have the right access to the right data. Identity and Access Management is concerned with identifying who the “right people” are, and what the “right access” is. Vulnerability Management deals with the converse of the vision – ensuring that no one gets access that he or she is not supposed to have. Policy and Compliance Management codifies security processes into formal policies and ensures that information is accessed and stored in ways that comply with federal, state, and city mandates. Finally, Awareness and Education is dedicated to ensuring that the user community understands and respects each of the other core security functions.

BENEFITS AND IMPACT IF NOT IMPLEMENTED

The technological advances experienced in recent times and expected in the next five years open up tremendous opportunities for improving the ways in which the AARC communicates and provides to its members. Information is king, and whether it is being used to analyze membership data, it is only of value if it can be accessed when it is needed. The proliferation of technologies enabling this access has made it easier than ever to get data to the right people, but this advance has not come without liabilities. Data that is easily accessed by the “right” people can often be accessed just as easily by the “wrong” people, with potentially disastrous consequences.

Information security is no longer about stopping annoying viruses; it is about protecting membership information from real harm, and must be treated as seriously as the security of the physical environment. The AARC’s information security strategy, through protections proactive and reactive, administrative and technical, and physical and virtual, ensures that our members and staff can safely navigate the dangers of cyberspace well into the next decade.
## BUDGET TO IMPLEMENT

<table>
<thead>
<tr>
<th>QTY</th>
<th>DESCRIPTION</th>
<th>UNIT PRICE</th>
<th>EXTENDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>001</td>
<td>Barracuda Spam/Virus firewall 400</td>
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<td>$4,000</td>
</tr>
<tr>
<td>001</td>
<td>Barracuda SSL/VPN 380</td>
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<tr>
<td>001</td>
<td>Fortigate 310B Firewall</td>
<td>$6,995</td>
<td>$6,995</td>
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SUBTOTAL

$12,995
SECTION 8: MEMBERSHIP MANAGEMENT SYSTEM (IMIS)

VISION

Advanced Solutions International (ASI) iMIS 15 is the latest version of iMIS, which is upgradeable, web-based software for organizations. The iMIS 15 uses advanced technology including Microsoft’s .NET development platform. iMIS has the ability to help with data collection, including managing member, donor and customer information. The iMIS 15 is a multi-module system which can help with relationship management, marketing, communication, and commerce.

GOALS AND STRATEGY TO OBTAIN VISION

Improve stability of iMIS to create a platform for improved communications and interoperability. To obtain better reporting and data-mining capabilities to allow AARC to make informed decisions from the data they have.

CURRENT STATE

The AARC is currently running version 10.6. This version requires software be loaded on the local user’s computer to access the database.

FUTURE STATE

Version 15.1.3 is available and has the following enhancements:

- Expanded support for an array of new operating systems and web applications.
- New web content management features, including support for a new design template based on Universal Design concepts, which makes it easy to transform web content for use in mobile devices.
- Better reporting integrated with SQL 2008 Reporting Services and Crystal Reports.

RECOMMENDATIONS AND ROADMAP

Recommend upgrading iMIS to the latest version to take advantage of upgrades, web-based programming and quality.

BENEFITS AND IMPACT IF NOT IMPLEMENTED

The AARC currently has version 10.6 installed. This antiquated version is a desktop based program that requires the product be installed locally on the user’s computer. iMIS 15 is web-based and is installed on a network server that has better processor power, memory and space.
BUDGET TO IMPLEMENT

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<thead>
<tr>
<th>QTY</th>
<th>DESCRIPTION</th>
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<tr>
<td>001</td>
<td>Training</td>
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SUBTOTAL

$14,550
SECTION 9: ACCOUNTING SOFTWARE (GREAT PLAINS)

VISION

Microsoft Dynamics GP is a mid-market business accounting software package. It uses either Microsoft SQL Server 2005 or 2008 to store data. It is one of four accounting packages acquired by Microsoft that now share the Microsoft Dynamics Business Solutions brand.

GOALS AND STRATEGY TO OBTAIN VISION

Improve stability of Great Plains to create a platform for improved communications and interoperability. To obtain better reporting and data-mining capabilities to allow AARC to make informed decisions from the data they have.

CURRENT STATE

The AARC is currently running version 9.0. Support from Microsoft for version 9.0 expired February 11, 2011.

FUTURE STATE

Microsoft Dynamics GP delivers built-in, flexible functionality that provides business value now and into the future. With Microsoft Dynamics GP you can:

- Simplify your business with a single solution that connects financials, manufacturing, supply chain, sales and marketing, project management, human resources, and services information.

- Improve productivity with familiar, easy-to-use tools such as Microsoft Office that make it easy to communicate and collaborate effectively.

- Go beyond basic reporting and extend insight across your entire organization with easy to use, out-of-the-box reporting capabilities and sophisticated analysis tools that help you gain deep insight into your business performance.

- Role-specific dashboards help set priorities and simplify access to the information your people need to make confident decisions.

- Choose from flexible deployment options and implement quickly using our rapid implementation tools, and customize your system to meet your current business needs knowing that you can easily adapt to changing demands by adding functionality, custom applications, and online business capabilities.

- Adapt quickly without complicated and costly development time, and easily connect to external applications and data sources.
- Realize fast, yet long-term ROI with consistent product releases that keep pace with Microsoft technology innovations, and robust support and training.

RECOMMENDATIONS AND ROADMAP

Recommend upgrading to the latest version of Great Plains. The software is already purchased as part of the AARC’s yearly maintenance plan. Cost associated is for Anchor Business Service to upgrade the software.

BENEFITS AND IMPACT IF NOT IMPLEMENTED

The current version of Great Plains installed is no longer supported by Microsoft. Because of the lack of support there will be no updates to the software or debugging.

BUDGET TO IMPLEMENT

<table>
<thead>
<tr>
<th>QTY</th>
<th>DESCRIPTION</th>
<th>UNIT PRICE</th>
<th>EXTENDED PRICE</th>
</tr>
</thead>
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<td>Upgrade cost 80hrs at $165hr</td>
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</table>

$13,200

SUBTOTAL

$13,200
SECTION 10: DOCUMENT IMAGING AND PAPERLESS WORKPLACE

VISION

A paperless office is a work environment in which the use of paper is eliminated or greatly reduced. It is argued that “going paperless” can save money, boost productivity, save space, make electronic documentation and information sharing easier and minimize environmental damage. With recent laws that require businesses to exercise due diligence in managing and storing documents with personally identifiable information, paperless office systems are now more critical. In reducing the amount of paper used, processes and systems are employed to further that objective and convert all forms of documentation to digital form.

GOALS AND STRATEGY TO OBTAIN VISION

As awareness of identity theft and data breaches become more widespread, new laws and regulation were enacted requiring companies that manage or store personally identifiable information to take due care with those documents. Paperless office systems are easier to secure than traditional filing cabinets, and can track individual accesses to each document.

CURRENT STATE

The AARC currently has one Xerox 4110 model Copier that has the capability to email. All documentation must be manually loaded into the copier and the printout is then sent to email addresses the user specifies. This is the only way to create electronic documentation from paper form at the AARC.

FUTURE STATE

As Payment Card Industries (PCI) compliance becomes integrated into everyday workflow at the AARC the requirements for document security will have an impact. We will need to purchase some tools to help us meet those requirements.

RECOMMENDATIONS AND ROADMAP

We will need to purchase digital scanning software and associated equipment to fulfill this requirement.

BENEFITS AND IMPACT IF NOT IMPLEMENTED

Benefits of a paperless environment are:
- Reduced costs and quicker access to information.
- Document security and easy information sharing.

**BUDGET TO IMPLEMENT**

<table>
<thead>
<tr>
<th>QTY</th>
<th>DESCRIPTION</th>
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<td>001</td>
<td>Workflow Base Server License 10 Users</td>
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<td>001</td>
<td>IntellChief Annual Maintenance (Yrly)</td>
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<td></td>
<td><strong>SUBTOTAL</strong></td>
<td><strong>$80,160</strong></td>
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$80,160
SECTION 11: VIDEO PRODUCTION FACILITY

VISION

The vision is to provide video teleconferencing services to the desktop and design a video teleconferencing setup for the executive conference room.

GOALS AND STRATEGY TO OBTAIN VISION

The primary goal is to enable users to host video teleconferencing calls from a local computer while sitting in their office space. Also, there is a need for a general meeting room with video conferencing capability to allow multiple personnel to attend without being short on space.

CURRENT STATE

Currently the AARC is utilizing Skype messenger with a low budget webcam and headset. Video is choppy at best depending on the internet connection and sound is of a low quality. There is no video teleconferencing equipment for the executive conference room.

FUTURE STATE

The concept is to update staff members that require video teleconferencing with upgraded webcams with superior sound systems. The executive conference room will be updated with a web camera with panoramic view and the capability to move and zoom in on certain items. A surround sound speaker system and high quality microphone setup will be utilized for audio.

RECOMMENDATIONS AND ROADMAP

Recommend updating members computers requiring teleconference access with new technology. Also recommend installing a teleconference system in the executive conference room.

BENEFITS AND IMPACT IF NOT IMPLEMENTED

Video teleconferencing within the executive conference room will provide staff members with the opportunity to host a conference with multiple members in one location. This will allow them to share ideas and questions while together instead of waiting for responses to email or phone calls.

BUDGET TO IMPLEMENT
SECTION 12: OVERALL BUDGET PLAN

The matrix below summarizes the budget estimates provided in the technology sections in this Strategic Plan.

BUDGET TO IMPLEMENT

<table>
<thead>
<tr>
<th>Section</th>
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<tbody>
<tr>
<td>Section 4: Datacenter Infrastructure</td>
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<tr>
<td>Section 5: Network Infrastructure</td>
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<tr>
<td>Section 6: Workstation Hardware and Software</td>
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<tr>
<td>Section 7: Information Security, Firewall and Spam/Virus Protection</td>
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<tr>
<td>Section 8: Membership Management System (iMIS)</td>
<td>$14,550</td>
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<tr>
<td>Section 9: Accounting Software (Great Plains)</td>
<td>$13,200</td>
</tr>
<tr>
<td>Section 10: Document Imaging and Paperless Workplace</td>
<td>$80,160</td>
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<tr>
<td>Section 11: Video Production Facility</td>
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<tr>
<td>Overall Cost</td>
<td>$371,172</td>
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These are summary results; detailed breakdowns of these figures appear in the individual sections.

The numbers provided here need to be viewed as guidelines/high level estimates rather than as precise budgets. There are two reasons for this:

First, technology changes rapidly. Over the course of the five year horizon of this Strategic Technology Plan, new technologies will emerge that will be incorporated into AARC’s plans. Their inclusion will change the budget requirements.

Second, the technologies described in this plan are at various stages of maturity, and the accuracy of the budget estimates reflects that. Some, like the technology plans proposed for security, reflect ongoing efforts that have already begun. Plans may change as new and better technologies appear, but the estimates provided for proposed changes are fairly accurate.

TIMELINE TO IMPLEMENT

<table>
<thead>
<tr>
<th></th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Datacenter</td>
<td>100%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SECTION 13: EVALUATION AND ASSESSING NEW TECHNOLOGY

VISION

AARC typically works with several vendors before introducing any new technology. The process may include multiple iterations, starting with a test of AARC’s proof of concept lab, followed by a piloting of new products and testing performance against a specific check-list of tasks.

The evaluation process that takes place prior to technology deployment is both rigorous and well-defined. The same cannot be said for technology evaluation once the technology is deployed in the field.

GOAL AND STRATEGY TO OBTAIN VISION

AARC’s goal is to incorporate member evaluation as an integral component of every new technology roll-out. A requirement to include member evaluation would be part of each new RFP (Request for Proposal). The methodology for evaluation would vary from product to product, and be developed jointly by vendor and AARC staff.

CURRENT STATE

Currently, our understanding of how effective technology is after it is deployed is largely anecdotal. AARC staff often works with members, answering questions about technology, and in the course of this interaction gets a better understanding of how the technology is used by members. But there is no formal process to evaluate technology and address problems. Some technologies are rarely used after they have been deployed. An evaluative process as the technology is rolled out, might allow AARC to address aspects of the technology that later prove to be problematic.

TARGET STATE
The target state is an environment in which every technology is periodically evaluated by members, and these evaluations are used to accelerate, improve or curtail the deployment of the technology. It is in the AARC’s best interest to ensure that technology that users’ value, and that improves membership, is widely deployed.

RECOMMENDATIONS AND ROADMAP

Such a process starts with meetings between vendor and AARC staff to identify the desired goals. Understanding what members hope to gain from the new technology is a necessary step for deciding if the technology introduction is successful. Once the criteria for success are understood, vendor and AARC staff should agree on a methodology for evaluation. This will vary by technology. In some cases, the methodology may require the use of an evaluation form or questionnaire that will be completed periodically by members using the technology. In others cases, it may require nothing more than monitoring the network to quantify variables such as bandwidth utilization.

The periodic review of these results by AARC staff, along with follow-up meetings, can allow technology deployment to follow a number of different paths, each of which is valuable. One might be to accelerate deployment of technology that quickly proves to be very valuable, making the technology available to a larger base of users. A second is to work with the vendor to incorporate new features that members realize would enhance the utility of the technology. Another is to identify problems or limitations of the technology that went undiscovered during the initial testing. The technology environment found in AARC is so diverse, that technology that often works well for one member will perform poorly for another. Sometimes, only experience with the technology in diverse settings can reveal what these problems are. Finally, one possible outcome is to realize that the technology is not accomplishing what it was intended to do, and that plans for deployment should be curtailed. This will be crucial information for the AARC.

This Quality Assurance process, completed at regular intervals after technology deployment, should be an integral component of all AARC’s technology plans. Only by being open to all possible outcomes, will new technology be deployed in an optimal way at the AARC.

BENEFITS AND IMPACT IF NOT IMPLEMENTED

Incorporating member evaluations in the technology deployment process will ensure that the AARC is deploying technology and applications that best meet member needs. It allows the AARC to expand the role of the most useful technologies, and curtail the deployment of technologies and applications that are not embraced by the member community. Only by canvassing members to understand how they use technology can the
AARC be sure that its investment in technology is well-spent. If this is not done, the AARC risks investing in technologies that are inefficient and not widely used.

BUDGET TO IMPLEMENT

The budget for member technology evaluations will be incorporated into vendor pricing as part of the RFP process.
Attachment “C”

Proposed changes to Policy No.:CT.008
Position Statement Committee
(Attachment #1)

American Association for Respiratory Care

Policy Statement

Page 1 of 2

Policy No.: CT.008

SECTION: Committees

SUBJECT: Position Statement Committee

EFFECTIVE DATE:

DATE REVIEWED: July 2005, April 2011

DATE REVISED: July 2005, April 2011

References: PS.0478

Policy Statement:

AARC position and policy statements shall be created as required and reviewed in a timely manner.

Policy Amplification:

1. The AARC Board of Directors, AARC House of Delegates and/or AARC Board of Medical Advisors may initiate a recommendation for a new position statement.
2. The Position Statement Committee will draft all AARC position Statements and submit them for approval by the Board of Directors after soliciting comments and suggestions from all communities of interest as appropriate.
3. On an ongoing basis the committee will recommend to the Board, review, revise or delete as appropriate, all current AARC position statements in a timely manner. Each Position Statement reviewed/revised, shall be dated upon Board approval of review/revision.
4. The following definitions will be used when writing Position Statements:
   a. **Respiratory Care:** umbrella term that identifies a distinct subject area and health care profession within medicine; a subject area in medicine that includes all aspects of the care of patients; used to identify the services provided by Respiratory Therapists and other health care practitioners such as physicians, nurses, physical therapists, managers, educators, etc.
   b. **Respiratory Therapy:** term that describes a specific component of the area of medicine known as respiratory care; typically used to refer to the procedures,
treatments, and technology-based worked

c. **Respiratory Therapists**: term that identifies the professional practitioners who are credentialed as Registered and/or Certified Respiratory Therapists and who practice in the area of medicine known as respiratory care

5. Position statements adopted by this Association should be available to all members in either electronic or printed form.

**DEFINITIONS**: respiratory care, respiratory therapy, respiratory therapist

**ATTACHMENTS**: