

**AMERICAN ASSOCIATION FOR RESPIRATORY CARE**

**Board of Directors Meeting**

July 18, 2014 • Marco Island, FL

**Minutes**

**Attendance**

George Gaebler, MEd, RRT, FAARC, President  
Frank Salvatore, MBA, RRT, FAARC, President-elect  
Karen Stewart, MSc, RRT, FAARC, Past-President  
Colleen Schabacker, BA, RRT, FAARC, VP External Affairs  
Brian Walsh, MBA, RRT-NPS, RPFT, FAARC, VP Internal Affairs  
Linda Van Scoder, EdD, RRT, FAARC, Secretary/Treasurer  
Bill Cohagen, MBA, RRT, RCP, FAARC  
Lynda Goodfellow, EdD, RRT, FAARC  
Bill Lamb, BS, RRT, CPFT, FAARC  
Keith Lamb, RRT  
Doug McIntyre, MS, RRT, FAARC  
Natalie Napolitano, MPH, RRT-NPS, FAARC  
Karen Schell, DHSc, RRT-NPS, RPFT, RPSGT, AE-C, CTTS  
Joe Sorbello, MEd, RRT  
Sheri Tooley, BSRT, RRT-NPS, CPFT, AE-C, FAARC  
Cynthia White, MSc, RRT-NPS, FAARC  
Gary Wickman, BA, RRT, FAARC  
Kim Wiles, BS, RRT, CPFT

**Consultants**

Mike Runge, BS, RRT, FAARC Parliamentarian  
Dianne Lewis, MS, RRT, FAARC, President's Council President  
John Steinmetz, MBA, RRT, Past Speaker

**Excused**

Peter Papadakos, MD, BOMA Chair

**Staff**

Tom Kallstrom, MBA, RRT, FAARC, Executive Director  
Doug Laher, MBA, RRT, FAARC, Associate Executive Director  
Tim Myers, MBA, RRT-NPS, FAARC, Associate Executive Director  
Steve Nelson, MS, RRT, FAARC, Associate Executive Director  
Shawna Strickland, PhD, RRT-NPS, AE-C, FAARC, Associate Executive Director  
Cheryl West, MHA, Director of Government Affairs  
Anne Marie Hummel, Regulatory Affairs Director  
Tony Lovio, Controller  
Kris Kuykendall, Executive Administrative Assistant

**CALL TO ORDER**

President George Gaebler called the meeting of the AARC Board of Directors to order at 8:00am EDT, Friday, July 18, 2014. Secretary/Treasurer Linda Van Scoder called the roll and declared a quorum.

President Gaebler held a moment of silence in honor of Jerry Bridgers.

### DISCLOSURE

President George Gaebler 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:

Linda Van Scoder – CoBGRTE member, ISRC Legislative Committee  
Karen Schell – Consumer member FDA Board Pulmonary and Allergy Committee  
Natalie Napolitano – AANMA Board member, consultant for Draeger, Nihon-Kohden,  
Aerogen  
Lynda Goodfellow – NAECB Board member, CoBGRTE member  
Tom Kallstrom – AANMA Board member  
Bill Lamb – Ohio Medical  
Cynthia White – CoBGRTE member, research relationships with Vapotherm, Sleepnet,  
Respironics, Aerogen  
Brian Walsh – CoBGRTE member, research relationships with Draeger, Vapotherm,  
Teleflex, Maquet  
Joe Sorbello – CoBGRTE member

### APPROVAL OF MINUTES

Linda Van Scoder moved to approve the minutes of the April 11, 2014 meeting of the AARC Board of Directors.

#### **Motion carried**

Bill Cohagen moved to approve the minutes of the April 12, 2014 meeting of the AARC Board of Directors.

#### **Motion carried**

### E-MOTION ACCEPTANCE

**FM 14-2-15.1** Joe Sorbello moved to ratify **E14-1-15.1** “That the AARC Board of Directors ratify the chair and members of the 2014 Sputum Bowl Committee as noted below:

#### Chair:

Sherry Whiteman (MO)

Committee Members: Tom Lamphere (PA), Diane Oldfather (MO), David Panzlau (MI), Rick Zahodnic (MI) and Jim Ciolek (TX).”

#### **Motion carried**

### GENERAL REPORTS

#### President

George Gaebler gave highlights of his written report that was distributed at the meeting. A new Ad Hoc Committee has been formed (Revisions to AARC Bylaws) Chair: Mike Runge, Members: Lori Shoman, Karen Schell, Doug McInyre and Tim Myers as Executive Office Liaison. This group has been formed as a result of a recommendation from the April 2014 meeting by HOD Speaker, Deb Skees.

There has been continued activity related to Policy 13, the action by the NBRC to rescind the use of the Associate Equivalency.

Strategic planning will continue at this meeting. Karen Stewart has made suggested changes that will be a guide to move the profession forward taking into consideration of the findings related to 2015 & Beyond.

#### Executive Director/Office

Tom Kallstrom gave highlights of his written report. He, along with Shawna Strickland, Cheryl West, and John Hiser went to Austin recently to support the respiratory therapists who were in danger of being de-licensed. Declining membership numbers have been related to retired members who are not renewing.

Tim Myers reported that advertising continues to decrease due to many changes in the industry and with our advertising base. The new website is 85% complete and will debut in the coming months.

Doug Laher updated the Board about meetings.

Shawna Strickland updated the Board on activities in the Education department.

#### **RECESS**

George Gaebler recessed the meeting of the AARC Board of Directors at 9:20am EDT Friday, July 18, 2014.

#### **RECONVENE**

George Gaebler reconvened the meeting of the AARC Board of Directors at 9:36am EDT Friday, July 18, 2014.

Steve Nelson gave the Board updates of IT development. The new phone system has been installed. PCI compliance is up to date.

Bill Lamb moved to accept Recommendation 14-2-1.1 "That the AARC Board of Directors officially endorse 'Care of the Critically Ill and Injured During Disasters and Pandemics: A CHEST Consensus Statement'."

#### **Motion carried**

#### State Government and Regulatory Affairs

##### Federal Government Affairs

Cheryl West and Anne Marie Hummel provided an update on HR 2619 and the current legislative climate in Washington, D.C. which will hamper passage. Ms. Hummel detailed new Medicare regulations covering two new Medicare services covering transitional care and chronic disease care management and how these new benefits will provide employment opportunities to RTs.

##### State Government Affairs

Cheryl West provided updates on state legislation and regulation that impacts the RT profession. A more detailed discussion on the status of efforts by the Texas government to de-license RTs

was provided. Through the efforts of the Texas Society and the AARC and other supporters, it appears that TX RT licensure will be maintained. A final decision will come in August.

## **STANDING COMMITTEES REPORTS**

### Bylaws Committee

Bill Lamb moved to accept Recommendation 14-2-9.1 “That the AARC Board of Directors find that the Louisiana Society for Respiratory Care Bylaws are not in conflict with AARC Bylaws.”

### **Motion carried**

Doug McIntyre abstained.

Bill Cohagen moved to accept Recommendation 14-2-9.2 “That the AARC Board of Directors find that the South Dakota Society for Respiratory Care Bylaws are not in conflict with AARC Bylaws.”

### **Motion carried**

## **SPECIALTY SECTION REPORTS**

### Adult Acute Care

Brian Walsh moved to accept Recommendation 14-2-50.1 “That a group be appointed to put together a ‘consensus’ statement or statements addressing the following topics: the use of non-invasive capnography during conscious sedation, patient specific strategies for invasive mechanical ventilation, the use of invasive ventilation outside of the Critical Care Areas, the use of NIPPV outside of the Critical Care Areas, establish recommended competency standards for working in Critical Care.”

Colleen Schabacker moved to refer to Executive Office to develop a short term plan and long term plan and report back in December 2014.

### **Motion carried**

### HOD Report

Deb Skees gave highlights of her written House of Delegates report.

### Neonatal Pediatrics

Brian Walsh moved to accept Recommendation 14-2-56.1 “That the NBRC update the NPS examination to be a true specialty examination in line with the level and quality of the ACCS. Specifically the NBRC consider:

1. RRT with 12 month experience in pediatrics/neonatal care as minimum qualifications.
2. The survey for standard practice to guide test questions only be sent to CHA and NACHRI participating hospitals.
3. Request an official statement from the NBRC in response to this request that can be shared with the section membership and preferable representation at the NeoPeds section meeting in Las Vegas to be available for questions.”

Brian Walsh moved to amend the recommendation and remove points 1 and 2.

### **Amended motion defeated**

Natalie Napolitano moved to make a friendly amendment to the original motion to read “to ask the NBRC to come to the AARC Board meeting and NeoPeds section meeting in Las Vegas to discuss the concerns with the NPS exam.”

### **Motion carried**

Brian Walsh moved to accept the Specialty Section reports as presented.

### **Motion carried**

### **RECESS**

George Gaebler recessed the meeting of the AARC Board of Directors at 11:15am EDT Friday, July 18, 2014.

### **RECONVENE**

George Gaebler reconvened the meeting of the AARC Board of Directors at 11:30am EDT Friday, July 18, 2014.

## **SPECIAL COMMITTEE REPORTS**

### **Position Statement Committee**

Brian Walsh moved to accept Recommendation 14-2-26.1 “Approve and publish the revised Position Statement ‘Pre-Hospital Mechanical Ventilator Competency’.”

### **Motion carried**

Karen Stewart moved to accept Recommendation 14-2-26.2 “Approve and publish the Position Statement ‘Competency Requirements for the Provision of Respiratory Services’.”

### **Motion carried**

Brian Walsh moved to accept Recommendation 14-2-26.3 “Approve and publish the Position Statement ‘Verbal / Telephone Orders’.”

Natalie Napolitano moved to add “diagnostic tests” to the list.

Linda Van Scoder moved to table this recommendation.

### **Motion carried**

Brian Walsh moved to accept Recommendation 14-2-26.4 “Approve and publish the newly developed Position Statement ‘Interstate Transport License Exemption’.”

### **Motion carried**

(See Attachment “A” for all revised position statements.)

### **RECESS**

President Gaebler called a recess of the AARC Board of Directors meeting at 11:40am EDT on Friday, July 18, 2014.

## **JOINT SESSION**

Joint Session was called to order at 1:40pm EDT on Friday, July 18, 2014. Secretary/Treasurer, Linda Van Scoder, called roll and declared a quorum.

Jim Lanoha and Doug McIntyre shared memories of Jerry Bridgers.

Elections Committee Chair, Jakki Grimball, presented the slate of candidates for the 2014 election:

Director at Large:	John Lindsey, Timothy Op't Holt, Raymond Pisani, Lisa Trujillo
VP External Affairs:	Doug McIntyre, Cynthia White
VP Internal Affairs:	Lynda Goodfellow, Camden McLaughlin
Secretary/Treasurer:	Colleen Schabacker, Karen Schell
Continuing Care Section:	Connie Paladenech, Arianna Villa
Transport Section:	Charles Bishop, Tabatha Dragonberry
Long Term Care Section:	Gene Gantt, Randy Reed

Cheryl West and Anne Marie Hummel gave highlights of the written State and Federal Regulatory Affairs report.

Membership Committee Chair, Gary Wickman, reviewed the membership campaign goals.

Bill Cohagen moved to go into Executive Session at 3:00pm EDT.

### **Motion carried**

Executive Session ended at 3:15pm EDT.

President Gaebler adjourned the Joint Session at 3:15pm EDT, Friday, July 18, 2014.

## **RECONVENE**

George Gaebler reconvened the meeting of the AARC Board of Directors at 3:30pm EDT Friday, July 18, 2014.

Karen Schell moved to accept the General Reports as presented.

### **Motion carried**

## **SPECIAL REPRESENTATIVES REPORTS**

Colleen Schabacker moved to accept the Special Representatives reports as presented.

### **Motion carried**

## **ROUNDTABLE REPORTS**

Brian Walsh moved to accept the Roundtable reports as presented.

**Motion carried**

## **AD HOC COMMITTEE REPORTS**

Ad Hoc Committee on Virtual Museum Development

Brian Walsh moved to accept Recommendation 14-2-28.1 “That the BOD approve the proposal to establish the *Legends of Respiratory Care* program.”

Colleen Schabacker moved to amend to add that annually there will be 5 nominations each from AARC, NBRC, CoARC and that members of the Ad Hoc Committee on Virtual Museum Development make the final decisions.

Colleen Schabacker withdrew her motion.

Brian Walsh moved to amend to change “proposal to establish” to “establishment of”

Brian Walsh withdrew his motion.

Gary Wickman moved to call the question.

**Motion to call the question defeated**

Natalie Napolitano moved to amend the recommendation to approve the Legends Program and ask the Ad Hoc Committee for Virtual Museum Development to select this year’s Legends and develop a policy for future selection process.

**Motion carried**

Brian Walsh moved to accept the Ad Hoc Committee reports as presented.

**Motion Carried**

## **HOD RESOLUTIONS**

Past Speaker John Steinmetz presented the HOD resolutions:

Natalie Napolitano moved to accept **Resolution # 57-14-1** Resolved that the AARC create a financial assistance budget of \$2,000 per year to support Respiratory Care Students attending the House of Delegates meeting.

Frank Salvatore moved to amend the resolution to add complimentary registration at Congress for students who participate at the House of Delegates meeting.

**Motion carried**

Frank Salvatore moved to refer to the Executive Office for inclusion in 2015 budget and House Speaker to develop a student assistance policy.

**Motion carried**

Linda Van Scoder moved to accept **Resolution # 94-14-2** Resolved that the AARC review and update the Code of Ethics and Professional behavior statement, to include specific language addressing unacceptable conduct related to intimidating and disruptive behaviors.

**Motion carried**

**OTHER REPORTS**

The reports from ARCF, CoARC, and NBRC were reviewed.

**RECESS**

President Gaebler called a recess of the AARC Board of Directors meeting at 4:50pm EDT on Friday, July 18, 2014.

Meeting minutes approved by AARC Board of Directors as attested to by:

\_\_\_\_\_  
Linda Van Scoder  
AARC Secretary/Treasurer

\_\_\_\_\_  
Date



# Attachment “A”

Position Statements:

Pre-Hospital Ventilator Management Competency  
Competency Requirements for the Provision of Respiratory Care Services  
Interstate Transport License Exemption

## **American Association for Respiratory Care**

9425 N. MacArthur Blvd, Suite 100, Irving, TX 75063

### **Position Statement**

# **Pre-Hospital Ventilator Management Competency**

It is the position of the American Association for Respiratory Care (AARC) that all persons involved in the setup, initiation, application, and maintenance of mechanical ventilators in the pre-hospital setting be formally trained in both the clinical and disease-specific applications of mechanical ventilation. To meet the goals of mechanical ventilation and promote positive outcomes, pre-hospital care givers must be trained to understand age-specific applications of positive airway pressure and its effect on the cardio-pulmonary system, as well as the mechanisms available for the monitoring of these interactions. The pre-hospital provider must also be familiar with proper assessment of the airway and the indications for changes in the settings on a mechanical ventilator.

The AARC promotes the use of standardized terminology to promote understanding of the applications and pre-hospital management of mechanical ventilators. Furthermore, the AARC recommends that all pre-hospital providers of mechanical ventilation be required to demonstrate competence, at regular intervals, in the use and manipulation of all mechanical ventilators used during the transport of sick and injured patients.

Effective 12/07

**Revised 9/2011**

**Revised 7/2014**

**Position Statement**

# **Competency Requirements for the Provision of Respiratory Care Services**

The complexities of respiratory care are such that the public is at risk of injury, and health care institutions are at risk of liability when respiratory care is provided by inadequately educated and unqualified health care providers rather than by practitioners appropriately educated in the specialty of Respiratory care.

All health care practitioners providing respiratory care services to patients, regardless of the care setting and patient demographics, shall successfully complete training and demonstrate initial competence prior to assuming those duties. This training and demonstration of competence shall be required of any health care provider regardless of credential, degree, or license.

Formal education is defined as a systematic educational activity in the affective, psychomotor and cognitive domains. It is intended to develop new proficiencies with an application in mind, and is presented with attention to needs, objectives, activities and a defined method of evaluation.

The education shall be approved by a national accrediting entity. In the allied health fields, this training includes supervised pre-clinical (didactic and laboratory) and clinical activities, as well as documentation of competence accredited by an independent accrediting entity to be valid and reliable. The qualifications of the faculty providing this training shall be documented and also meet accreditation standards.

AARC, therefore, supports recognition of individuals with competencies from the aforementioned accredited formal education programs for the purpose of providing care which includes a subsection of the respiratory care scope of practice with the caveat that such provision be limited to the elements contained within each credentialing examination's matrix respectively.

Effective 11/98  
**Revised 12/08, 11/11**  
**Reviewed 7/2014**

**American Association for Respiratory Care**  
9425 N. MacArthur Blvd, Suite 100, Irving, TX 75063

**Position Statement**

# **Interstate Transport License Exemption**

The American Association for Respiratory Care (AARC) recommends temporary licensure exemption for respiratory therapists who are licensed or certified to practice respiratory care in another state or country.

These Respiratory Therapists must meet the following criteria:

- Must practice within the scope of their licensing medical board
- Must function under the direction of their transport agency's Operational Medical Director
- Must follow their transport agency's patient care protocols or their receiving physician's online medical control.

This position of the AARC seeks to ensure that patients needing specialty care or critical care transport have access to Respiratory Therapists' knowledge, skills and the abilities they bring to the transport team.

**Effective 07/2014**