

# AARC Congress 2014

The 60th International Respiratory  
Convention & Exhibition



## Advance Program

Mandalay Bay Resort and Convention Center • Las Vegas, Nevada, USA  
December 9 – 12, 2014 • [AARC.org](http://AARC.org)





## AARC Congress 2014 . . .

*"This is a new year. A new beginning. And things will change." — Taylor Swift*

*2014 is a year where the respiratory community saw great change...from The Affordable Care Act to Value-Based Purchasing.*

*A year where staffing models changed, services realigned, and "value" redefined.*

*Changes where cuts in reimbursement have led to cuts at the bedside.*

*But with great change, comes great opportunity.*

*As an AARC Congress 2014 attendee, you've taken the first step to embrace these changes...to become leaders, problem solvers and solution providers.*

*The next 4 days will give you all of the tools you need to move the profession forward, because after all...2015 is "a new year, a new beginning and things will change".*

*Thanks for attending!*

***Unless specified differently, all Congress events will be held at the Mandalay Bay Resort and Convention Center.***

# The 60<sup>th</sup> International Respiratory



# AARC Congress 2014



On behalf of AARC President George Gaebler, President-elect Frank Salvatore, and the Board of Directors, we invite you to attend the largest respiratory care meeting in the world. At AARC Congress 2014 in Las Vegas, the AARC Specialty Sections and the Program Committee have developed a curriculum that will offer more of everything that matters to you and your patients. You may attend other educational meetings, but none of them offer you all of the following...

- The latest information on the Affordable Care Act and its impact on hospitals, patients and the respiratory therapist.
- The AARC Exhibit Hall where you can learn, see and touch the latest advancements in technology showcasing all manufacturers in the industry...more than 200 exhibitors in total and 8 hours of unopposed exhibit time.
- The result of original research presented to you by your peers in 16 OPEN FORUMS over the 3 ½ days.
- All the continuing education credit (CRCE) you need to maintain your state license.
- Programs in all areas of respiratory care: adult critical care, neonatal and pediatric care, home care, continuing care, rehabilitation, diagnostics, transport, management, education, sleep, and long-term care, all presenting the most current and cutting-edge information.

Read through this program and very rapidly you will realize why you must come to Las Vegas and be part of the largest and most comprehensive respiratory care meeting anywhere in the world...AARC Congress 2014.

See you there!

**300+ original research projects**

**140+ speakers**

**238+ sessions on current  
respiratory care topics**

**3½ days of networking and  
education**

**3 days of exhibits with all  
companies in the industry**

**21+ CRCE credits**

**So register now and connect to the  
professional event where everything  
is about quality respiratory care.**

#### PROGRAM COMMITTEE

Ira M Cheifetz MD FAARC - *Chair*  
Bill Galvin MEd RRT CPFT AE-C FAARC  
Cheryl A Hoerr MBA RRT FAARC  
Garry Kauffman MPA FACHE RRT FAARC  
Keith Lamb RRT-ACCS  
Thomas Lamphere RRT FAARC  
Joseph Lewarski RRT FAARC  
Dean R Hess PhD RRT FAARC - *Consultant*  
Douglas Laher MBA RRT - *Staff Liaison*



## Convention & Exhibition



# Pre Course: Preparing for a Pandemic: The Strategic National Stockpile – Mechanical Ventilation Workshop

Monday, December 8 | 8:00 am — 12:00 noon

Mandalay Bay Resort and Convention Center • Las Vegas, NV

Course capacity is limited. Pre-registration required. Deadline: Monday, November 17, 2014, or when course is full. Approved for 3.25 hours of continuing education credits (CRCE). You must attend the entire course to receive CRCE credit; no partial credit will be awarded.

**OBJECTIVES:** Pandemic events present multiple challenges to the health care environment and the ability of the respiratory therapist to provide mechanical ventilation to all persons in need. The Strategic National Stockpile is a repository of ventilators that would be used to supplement the supply currently in use by the nation's acute care facilities. These ventilators can be requested and allocated to areas of need in the event of a pandemic.

This symposium is designed to provide the respiratory therapist with the information necessary to utilize the SNS ventilators during a pandemic in addition to an opportunity for hands-on experience with all three stockpiled ventilator types.

Richard D Branson MSc RRT FAARC/*Presiding*



Lewis Robinson  
MD



Richard D Branson  
MSc RRT FAARC



Eileen Malatino  
RN MS

8:00 am – 8:30 am

## Mass Respiratory Failure

**Lewis Robinson MD, Seattle WA**

This session will focus on how a pandemic event will impact acute care facilities and the provision of mechanical ventilation. The respiratory therapist's role in these events will also be discussed.

8:35 am – 9:05 am

## RT Roles in Mass Respiratory Failure

**Richard D Branson MSc RRT FAARC, Cincinnati OH**

This session will concentrate specifically on the respiratory therapist's role in mass respiratory failure.



9:10 am – 9:40 am

### **SNS Stockpile: Ventilator Allocation, Storage and Maintenance**

**Eileen Malatino RN MS, Atlanta GA**

This session will describe how SNS ventilators are requested and delivered. In addition, the presenter will discuss how the SNS ventilators are stored and maintained.

9:40 am – 9:55 am

### **Break**

9:55 am – 10:25 am

### **A Clinician's Perspective: The SNS Ventilators**

**Richard D Branson MSc RRT FAARC**

The Strategic National

Stockpile consists of three specific mechanical ventilators. This session will discuss the capabilities of all three mechanical ventilators.

10:30 am – 12:00 noon

### **SNS Hands on Ventilator Training**

**Richard D Branson MSc RRT FAARC**

This session will provide the respiratory therapist with the opportunity to gain hands-on experience with all three SNS ventilators.





# Pre Course: Current Practice of Mechanical Ventilation: A Case-based Audience Interactive Session

Monday, December 8 | 8:00 am — 12:00 noon

Mandalay Bay Resort and Convention Center • Las Vegas, NV

Course capacity is limited. Pre-registration required. Deadline: Monday, November 17, 2014, or when course is full. Approved for 3.50 hours of continuing education credits (CRCE). You must attend the entire course to receive CRCE credit; no partial credit will be awarded.

**OBJECTIVES:** Mechanical ventilation is arguably one of the most important clinical activities of respiratory therapists. Evidence is now clear that the approach to mechanical ventilation affects outcomes. The objective of this course is to review aspects of current best practices of mechanical ventilation. A case-based audience interactive approach will be used to emphasize important points.

Ira M Cheifetz MD FCCM FAARC and Dean R Hess PhD RRT FAARC/Co-Presiding

8:00 am – 8:30 am

## Approaches to Noninvasive Ventilation

Dean R Hess PhD RRT FAARC,  
Boston MA

This will be a case-based presentation dealing with noninvasive ventilation. Included will be indications for noninvasive ventilation, selection of interface, selection of settings and dealing with adherence.

8:35 am – 9:05 am

## Selection of Tidal Volume and Mode (VC vs. PC)

Keith D Lamb RRT-ACCS,  
Des Moines IA

This will be a case-based presentation dealing with selection of tidal volume in patients with and without lung disease. Also addressed will be the pros and cons of selecting volume control versus pressure control.

9:10 am – 9:40 am

## PEEP and Auto-PEEP

Dean R Hess PhD RRT FAARC

This will be a case-based presentation dealing with PEEP selection in the patient with ARDS and auto-PEEP in the patient with obstructive lung disease.

9:40 am – 9:55 am

## Break

9:55 am – 10:25 am

## Approaches to Asynchrony

Keith D Lamb RRT-ACCS

This will be a case-based presentation dealing with a mechanically ventilated patient who is asynchronous.



Dean R Hess PhD  
RRT FAARC



Keith D Lamb  
RRT-ACCS



Neil R MacIntyre  
MD FAARC



10:30 am – 11:00 am

**Ventilation of the Patient with Obstructive Lung Disease**

**Dean R Hess PhD RRT FAARC**

This will be a case-based presentation dealing with a patient with COPD exacerbation and auto-PEEP.

11:40 am – 12:00 noon

**Panel Discussion**

**Dean R Hess PhD RRT FAARC**

**Keith D Lamb RRT-ACCS**

**Neil R MacIntyre MD FAARC**

**Q & A Session**

11:05 am – 11:35 am

**How to Liberate the Patient from the Ventilator**

**Neil R MacIntyre MD FAARC,  
Durham NC**

This will be a case-based presentation dealing with ventilator liberation (weaning).



# Pre Course: Pulmonary Function Testing

Monday, December 8 | 8:00 am — 12:00 noon

Mandalay Bay Resort and Convention Center • Las Vegas, NV

Course capacity is limited. Pre-registration required. Deadline: Monday, November 17, 2014, or when course is full. Approved for 2.58 hours of continuing education credits (CRCE). You must attend the entire course to receive CRCE credit; no partial credit will be awarded.

**OBJECTIVES:** Pulmonary function testing is one of the cornerstones of the respiratory care profession. This course is designed to provide the respiratory care practitioner with a better understanding of four major areas of this testing. The presentations will be pertinent to those working in a pulmonary function laboratory on a regular basis as well as those who work there infrequently. Attendees will leave the course with a much better understanding of the many different parts that go into obtaining accurate test results from a patient.

Thomas Lamphere BS RRT-ACCS RPFT FAARC/*Presiding*



Thomas Lamphere  
BS RRT-ACCS RPFT  
FAARC



Jeff Haynes RRT  
RPFT

1:00 pm – 1:40 pm

## **Spirometry**

**Thomas Lamphere BS RRT-ACCS RPFT  
FAARC, Sellersville PA**

Spirometry testing is the most basic of all pulmonary function tests. If performed correctly by both the patient and the person administering the test, it provides a tremendous amount of valuable information about the patient's airways. However, a lot goes into obtaining reliable data from the test. This lecture will review the steps necessary to obtain accurate data and will describe the problems and errors both large and small that must be overcome to ensure success!

1:45 pm – 2:25 pm

## **Lung Volume Testing**

**Jeff Haynes RRT RPFT, Nashua NH**

Lung volume testing can be performed using several different methodologies. This lecture will look at the three most frequently utilized (body plethysmography, helium dilution and nitrogen washout) and provide attendees with specific steps necessary to obtain optimal results.

2:25 pm – 2:40 pm

## **Break**



2:40 pm – 3:20 pm

### **Diffusing Capacity**

**Jeff Haynes RRT RPFT**

There are many factors that can affect a patient's diffusing capacity and, therefore, the results of a DLCO study performed in a PFT lab. This lecture will review the basics of a DLCO study and focus on the numerous factors that can adversely affect the results and how these factors can be minimized.

3:25 pm – 4:00 pm

### **Bronchial Challenge Testing**

**Thomas Lamphere BS RRT-ACCS RPFT**

**FAARC**

Historically, bronchial challenge testing was performed using methacholine. However, in recent years, new types of bronchial challenge testing have appeared. This lecture will review the most popular forms of bronchial challenge testing and the pros and cons of each.



# Pre Course: ECMO: A Comprehensive Approach for Pediatric and Adult Practitioners

Monday, December 8 | 1:00 pm — 5:00 pm

Mandalay Bay Resort and Convention Center • Las Vegas, NV

Course capacity is limited. Pre-registration required. Deadline: Monday, November 17, 2014, or when course is full. Approved for 3.25 hours of continuing education credits (CRCE). You must attend the entire course to receive CRCE credit; no partial credit will be awarded.

**OBJECTIVES:** Extracorporeal life support, including ECMO, is being used at an increasing rate in the pediatric and adult populations. This course is designed to provide the respiratory care practitioner with a better understanding of this emerging technology. The presentations will be pertinent for those who care for ECMO patients as well as for those who transfer patients to an ECMO center. This state-of-the art, interactive course will provide a better understanding of this life-saving approach to refractory respiratory and/or cardiac failure for all who attend.

Ira M Cheifetz MD FCCM FAARC and Dean R Hess PhD RRT FAARC/Co-Presiding



Ira M Cheifetz MD  
FCCM FAARC



Neil R MacIntyre  
MD FAARC

1:00 pm – 1:20 pm

## ECMO Past, Present and Future

**Ira M Cheifetz MD FCCM FAARC,  
Durham NC**

The field of extracorporeal life support is changing faster than any other aspect of critical care. This presentation will review the current state of this life saving approach and set the stage for the remainder of this pre-Congress course.

1:25 pm – 1:55 pm

## Increasing Use of VV ECMO: Evidence, Rationale and Vent Management

**Neil R MacIntyre MD FAARC,  
Durham NC**

Venovenous ECMO for severe acute hypoxemic respiratory failure is being increasingly used. The rationale for this lung protective approach as well as considerations for optimal ventilator management will be discussed.



2:00 pm – 2:25 pm

### **Pediatric Cardiac ECLS: ECMO as a VAD**

**Ravi Thiagarajan MD MPH,  
Boston MA**

Although many clinicians are focusing their attention on the increasing use of venovenous ECMO, cardiac ECMO continues to represent the majority of cases in many ECMO centers. This presentation will discuss the various approaches to the patient with refractory cardiac failure.

2:30 pm – 3:00 pm

### **Controversies in the Use of ECMO for Specialized Populations**

**Heidi J Dalton MD, Phoenix AZ**

While the use of ECMO for refractory respiratory failure is becoming routine for many populations, there are several populations of patients which are generating significant controversy. Should ECMO be considered for pregnant women, trauma patients, those status post-bone marrow transplantation and patients with septic shock? This presentation will discuss the various aspects of this complex and emotionally charged controversy.

3:00 pm – 3:15 pm

*Break*

3:15 pm – 3:40 pm

### **Technologic Advancements**

**Lee Williford RRT, Durham NC**

The recent increase in the use of ECMO in the pediatric and adult populations has been facilitated by the rapid advancements in technology, including pump and cannula design. This presentation will provide an overview of the key technologic advancements in this life-saving approach.

3:45 pm – 4:10 pm

### **Blood Management: Anticoagulation and Transfusion Thresholds**

**Ravi Thiagarajan MD MPH**

Despite decades of experience, there remains uncertainty as to the optimal approach to blood management for the ECMO patient. Controversy remains around anticoagulant management and transfusion thresholds. This presentation will overview the available data and offer thoughts for an optimal approach.

4:15 pm – 4:40 pm

### **Pushing the Limits: ECMO of the Future**

**Ira M Cheifetz MD FCCM FAARC**

Although ECMO has changed dramatically over the past several years, the anticipation is that even more dramatic change is on the horizon. This presentation will discuss the moving field of extracorporeal life support, including ambulatory ECMO and the use of ECMO as a bridge to transplantation.

4:45 pm – 5:00 pm

### **Open Discussion**

**Ira M Cheifetz MD FCCM FAARC**

**Heidi J Dalton MD**

**Neil R MacIntyre MD FAARC**

**Ravi Thiagarajan MD MPH**

**Lee Williford RRT**



Ravi Thiagarajan  
MD MPH



Heidi J Dalton MD



Lee Williford RRT

# Pre Course: Sleep & Wellness 2014

Monday, December 8 | 8:00 am — 4:15 pm

Mandalay Bay Resort and Convention Center • Las Vegas, NV

Course capacity is limited. Pre-registration required. Deadline: Monday, November 17, 2014, or when course is full. Approved for 6 hours of continuing education credits (CRCE). You must attend the entire course to receive CRCE credit; no partial credit will be awarded.

**OBJECTIVES:** This course is designed to increase the effectiveness of the Respiratory Therapist and Sleep Technologist in the Sleep Clinic.

8:00 am – 8:45 am

## **The Role of the RRT/CRT/ RPSGT in This Changing Health Care Environment**

**Todd J Swick MD, Houston TX**

Sleep technologists and therapists need to take an active role as physician extenders in the clinic. Educating patients and families and improving the patient experience is a vital part of education required for daytime clinic employment. The presenter will discuss the role of the sleep technician and therapist and what they must do to maximize their value.

8:50 am – 9:35 am

## **Integrating the Sleep Technologist into the Clinic: The Certification in Clinical Sleep Health (CCSH)**

**Chad Ruoff MD, Redwood City CA**

New credentialing by the BRPT signals migration by the profession to better support sleep technologists and therapists in the clinic environment. The presenter will discuss the CCSH certification and what it means to sleep technologists and therapists.

9:35 am – 9:50 am

## **Break**





9:50 am – 10:40 am

### **HST: Procedures, Paperwork and Preliminary Interpretations**

**Amber Galer BS RRT, West Point UT**

Home sleep testing (HST) provides invaluable information for the referring specialists. Sleep technologists and therapists must provide appropriate patient interface, preliminary diagnosis, reporting, and charting. This presentation will provide insight into these and other important components of HST.

10:45 am – 11:30 am

### **Understanding the PSG and Scoring Reports**

**Cindy Olsen RPSGT, Sterling CO**

Effective daytime sleep technologists and therapists should bridge the gap between scoring sleep records and increasing the level of information given to the sleep specialists. The presenter will discuss how clinic personnel can assist the physician in educating patients and their families on the results.

11:30 am – 1:00 pm

### **Lunch – On Your Own**

1:00 pm – 1:40 pm

### **New Methods for Identifying Narcolepsy in Clinic**

**TBD**

The diagnosis of narcolepsy is often missed in affected patients. This presentation will discuss how and why this happens and then highlight the newest available research to include Early Sleep Onset Criteria as a diagnostic tool.

1:45 pm – 2:30 pm

### **Dental Devices: Educating Patients & Families About Options and Proper Use**

**Elliott J Alpher DDS FAGD DABCP PC, Washington DC**

**Richard Klein DDS, Warren MI**

Dental devices are an emerging treatment option in treating the SDB patient. This presentation will discuss better understanding of dental device treatment options and opportunities to better educate patients for maximal therapeutic benefit.

2:35 pm – 2:50 pm

### **Break**

2:50 pm – 3:30 pm

### **DME and the Sleep Center: Assessment, Treatment, and Follow-up Care**

**Karen S Schell DHSc RRT-NPS RRT-SDS RPFT RPSGT AE-C CTTs, Emporia KS**

Sleep technologists and therapists providing direct patient care must be competent at patient assessment, treatment plans and follow-up care while setting patients up with sleep-related breathing devices. The presenter will discuss these and other DME-related responsibilities while working in a sleep center.

3:30 pm – 4:15 pm

### **The Bi-Directional Relationship Between Sleep and Obesity**

**Chad Ruoff MD**

This presentation will address the implications of obesity and discuss basic weight-loss strategies with patients.



Amber Galer BS  
RRT



# AARC Congress 2014





# Tuesday, Dec 9

## Opening Session

8:30 am – 10:55 am

Thomas J Kallstrom MBA RRT FAARC  
AARC Executive Director/CEO/Presiding

## AARC Awards Ceremony

8:30 am – 10:10 am

The ceremony recognizes the “doers” in the profession, from students to long-established practitioners. Be there and applaud your peers. Today it’s them; tomorrow it may be you!

## Keynote Address

10:15 am – 10:55 am

## Sputum Bowl Preliminaries

8:00 am – 6:00 pm

Sherry Whiteman BHS RRT/Presiding

Teams from the AARC State Societies compete in the preliminary competitions. The top four teams will advance to the Finals on Thursday evening, Dec 11, along with the Student Sputum Bowl finalists.

## Opening of Exhibit Hall

11:00 am

George W Gaebler MEd RRT FAARC/  
Presiding

2013/2014 AARC President George Gaebler and President-elect Frank Salvatore opens the Exhibit Hall. As the “Gold Standard” of all respiratory care meetings, AARC Congress 2014 presents to you all the manufacturers and suppliers in the industry. The Exhibit Hall offers attendees an opportunity to see, touch, and manipulate the latest technology in the field and have clinical conversations with manufacturer representatives. Don’t miss this great opportunity!

## Presenting an OPEN FORUM Abstract

11:30 am – 12:00 noon

Teresa A Volsko MHHS RRT FAARC,  
Youngstown OH

The purpose of this presentation is to introduce the neophyte research presenter to the customs, roles, and experience of presenting an OPEN FORUM session. Included will be the stage of an OPEN FORUM presentation that include setting up the poster, interacting with moderators, presenting at the podium, and participating in moderated audience discussion of the research.



Teresa A Volsko  
MHHS RRT FAARC



Ira M Cheifetz  
MD FAARC

## Orientation for First-time Attendees

11:30 am – 12:00 noon

Presented by the AARC Program  
Committee, Ira M Cheifetz MD FAARC

Are you a first-time attendee with unanswered questions about who to see, where to go, and what to expect from your first AARC Congress? If so, then attendance at this presentation is a MUST for you! This presentation provides first-time attendees with an overview of the entire AARC Congress and includes suggestions on how to maximize your time not only at the educational session, but also at the exhibits and peripheral activities as well.

---

## Continuing Respiratory Care Education (CRCE)

AARC Congress 2014 is approved for all the credit hours you need to maintain your state license, more than 21 hours.

---

# Tuesday, Dec 9

## Developing an Outpatient Breathing Disorders Center to Impact COPD Transition of Care

1:00 pm – 1:35 pm

### Developing an Outpatient Breathing Disorders Center to Impact COPD Transition of Care

Anil C Singh MD MPH, Pittsburgh PA

*Content Category: Management*

This lecture targets how a pulmonologist-led and respiratory therapist-staffed breathing disorders center can supplement post discharge COPD care during the critical 30-day post discharge period. Additionally, the center provides in depth respiratory services for the primary care physician who partners with the center for pulmonary function testing, GOLD staging, COPD medication best practices, accurate ADL oxygen titration, and dyspnea management skills as part of a COPD network of excellence.

## Aerosol Therapy During Mechanical Ventilation – What Is the Evidence?

1:00 pm – 1:35 pm

### Aerosol Therapy During Mechanical Ventilation – What Is the Evidence?

Bruce K Rubin MD MEng MBA FAARC, Richmond VA

*Content Category: Adult Critical Care*

Bonchodilators, steroids, mucolytics, antibiotics ... a remarkable number of medications are delivered as aerosols to the intubated patient. There are dozens of bench and clinical studies evaluating novel ways to administer aerosols during mechanical ventilation. But what is the clinical evidence that these therapies are beneficial? Data, anyone?

## “Let’s Have Lunch Grandma”: Successful Aging and Nutrition

1:00 pm – 1:35 pm

### “Let’s Have Lunch Grandma”: Successful Aging and Nutrition

Mary K Hart MS RRT AE-C FAARC, San Antonio TX

*Content Category: Clinical Practice*

Adequate nutrition in older adults is a public health issue that therapists need to be prepared to address. This presentation will address the unique nutritional needs of the elderly patient.

## The “Oxygen Assessment”: It’s All About the “O<sub>2</sub>”

1:00 pm – 1:35 pm

### The “Oxygen Assessment”: It’s All About the “O<sub>2</sub>”

Katrina Hynes RRT CPFT, Rochester MN

*Content Category: Pulmonary Function*

The “Oxygen Assessment” is a comprehensive service laboratories can offer their patients. This presentation will discuss your role as a clinician, the art of the oxygen titration, the high points of patient education, and key parameters to document to ensure Medicare/Medicaid reimbursement.



Bruce K Rubin MD  
MEng MBA FAARC



Mary K Hart MS  
RRT AE-C FAARC



Katrina Hynes  
RRT CPFT

## RESPIRATORY CARE

OPEN FORUM<sup>®</sup> Symposia  
sponsored by

monaghan<sup>™</sup>

Clinicians present the results of their scientific studies. Abstracts with a similar focus are clustered into a symposium to encourage discussions and interactions among investigators and observers; posters expand the information presented. 16 OPEN FORUM Symposia will be presented during the four days of AARC Congress 2014. See pages 88-97 for symposium sessions, abstracts titles and authors.



## Evidence-Based Medicine: Translating Research into Practice

1:00 pm – 2:55 pm

1:00 pm – 1:35 pm

### What Is Evidence-Based Medicine?

Natalie Napolitano MPH RRT-NPS FAARC, Philadelphia PA

*Content Category: Clinical Practice*

The practice of medicine is both a science and an art. When aligning a multidisciplinary team we need to rely on the science to set standard practices and protocols to standardize care. Utilization of the current evidence is different than completing new research.

1:40 pm – 2:15 pm

### Not All Evidence Is Good Evidence

David Grooms MS RRT, Suffolk VA

*Content Category: Clinical Practice*

Not all published literature is good and not all publications are peer reviewed. When attempting to utilize the published literature to make clinical decisions there is a process to determine a rating of the evidence.

2:20 pm – 2:55 pm

### Utilizing Evidence-Based Medicine To Improve Quality of Care

Thomas P Malinowski BSRT RRT FAARC, Fredericksburg VA

*Content Category: Clinical Practice*

Translating evidence into a successful quality improvement program can have many challenges beyond the science. These case scenarios of successful implemented evidence based programs can assist in breaking down some barriers.

## Neo-Peds Spotlight Symposium: Controversies in Pediatric Respiratory Care

1:00 pm – 3:35 pm

1:00 pm – 2:15 pm

### Early Use of ECMO as a Lung Protective Approach Is Optimal – Pro/Con

Ira M Cheifetz MD FCCM FAARC, Durham NC

Heidi J Dalton MD, Phoenix AZ

*Content Category: Neonatal/Pediatric*

ECMO is being used at an increasing rate for refractory hypoxemic respiratory failure in the pediatric and adult populations. Despite this growing experience with venovenous ECMO, the optimal timing for cannulation remains uncertain. In this pro/con session, the presenters will debate the evidence for the early use of ECMO as a lung protective strategy. To show their equipoise, the speakers will flip a coin at the start of the session to determine who presents each side of this important clinical controversy.

2:20 pm – 3:35 pm

### 6 ml/kg Is the Optimal Tidal Volume for Pediatric ARDS – Pro/Con

Pro: John H Arnold MD, Boston MA

Con: Neal J Thomas MD MSc, University Park PA

*Content Category: Neonatal/Pediatric*

Although 6 ml/kg is commonly accepted as the optimal tidal volume for adults with ARDS, conclusive data in pediatrics are lacking. The optimal tidal volume for infants and children with ARDS is unknown and may be lower (or higher) than 6 ml/kg. This interactive pro/con presentation will debate the available data and the various thoughts on the optimal tidal volume for pediatric acute lung injury.



Natalie Napolitano  
MPH RRT-NPS FAARC



David Grooms  
MS RRT



Thomas P Malinowski  
BSRT RRT FAARC



Ira M Cheifetz  
MD FCCM FAARC



Heidi J Dalton MD



Neal J Thomas  
MD MSc

# Tuesday, Dec 9

## Pulmonary Rehabilitation Best Practices

1:00 pm – 4:55 pm

1:00 pm – 1:35 pm

### Program Essentials

Connie Paladenech RRT RCP,  
Winston-Salem NC

*Content Category: Clinical Practice*

Come to this presentation and learn all you've ever wanted to know about developing a world-class pulmonary rehabilitation program.

1:40 pm – 2:15 pm

### Candidate Selection and the Individualized Treatment Plan

Gerilynn L Connors RRT MAACVPR FAARC,  
Falls Church VA

*Content Category: Clinical Practice*

The Individualized Treatment Plan (ITP) is the structural foundation for a comprehensive PR program. This presentation will demonstrate how your outcome success is critically dependent upon how complete, thorough, and all-inclusive the data is documented.

2:20 pm – 2:55 pm

### Patient Training and Education

Connie Paladenech RRT RCP

*Content Category: Clinical Practice*

PR is NOT just an exercise program but a comprehensive therapeutic treatment plan that has a strong educational component. What topics should be covered? How do you train your staff to be effective teachers and coaches? Attend this lecture to find out!

3:00 pm – 3:35 pm

### The COPD Foundation and PR

Scott Cerreta RRT, Washington DC

*Content Category: Clinical Practice*

Why invent the "wheel" and waste time and money? The COPD Foundation has developed extensive patient education programs for the COPD patient and your pulmonary rehabilitation program can utilize their expertise.

3:40 pm – 4:15 pm

### Bringing It All Together: Outcomes, Marketing and Community

Carl Willoughby RRT, Eureka CA

*Content Category: Clinical Practice*

Come to this presentation to discover how to most effectively market your program to the community. Put your good outcomes to work for you!

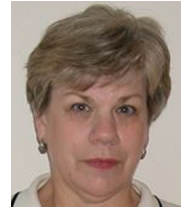
4:20 pm – 4:55 pm

### Successful Billing and Documentation Processes in Pulmonary Rehab

Gerilynn L Connors RRT MAACVPR FAARC

*Content Category: Clinical Practice*

There are many challenges associated with pulmonary rehabilitation reimbursement. This program will review the important aspects of coding and documentation for reimbursement for comprehensive pulmonary rehab programs.



Connie Paladenech  
RRT RCP



Gerilynn L  
Connors RRT  
MAACVPR FAARC



Scott Cerreta RRT



Dean R Hess PhD  
RRT FAARC

## Exhibit Hours at The Buying Show:

Tuesday, Dec. 9, 11:00 am - 4:00 pm

Wednesday, Dec. 10, 9:30 am - 3:00 pm

Thursday, Dec. 11, 9:30 am - 2:00 pm





## Year in Review 2014

1:00 pm – 4:55 pm

1:00 pm – 1:35 pm

### Patient Safety

Dean R Hess PhD RRT FAARC, Boston MA

*Content Category: Patient Safety*

A discussion of important papers related to patient safety that were published in 2014.

1:40 pm – 2:15 pm

### Mechanical Ventilation

Keith D Lamb RRT-ACCS, Des Moines IA

*Content Category: Adult Critical Care*

A discussion of important papers related to mechanical ventilation that were published in 2014.

2:20 pm – 2:55 pm

### Airway Clearance

Shawna L Strickland PhD RRT-NPS AE-C FAARC, Irving TX

*Content Category: Clinical Practice*

A discussion of important papers related to airway clearance that were published in 2014.

3:00 pm – 3:35 pm

### COPD

Ruben D Restrepo MD RRT FAARC, San Antonio TX

*Content Category: Clinical Practice*

A discussion of important papers related to COPD that were published in 2014.

3:40 pm – 4:15 pm

### Asthma

Kathleen M Deakins MSHA RRT-NPS FAARC, Cleveland OH

*Content Category: Clinical Practice*

A discussion of important papers related to asthma that were published in 2014.

4:20 pm – 4:55 pm

### Aerosol Delivery Devices

Timothy R Myers MBA RRT-NPS FAARC, Irving TX

*Content Category: Clinical Practice*

A discussion of important papers related to aerosol delivery devices that were published in 2014.

## Using Transparent Leadership To Create, Execute, and Sustain a Strategic Plan – Part I

1:40 pm – 2:15 pm

### Clearing the Air Using Transparent Leadership

Matthew P Trojanowski MSc RRT, Abingdon MD

*Content Category: Management*

Leaders and their team members function in a dynamic environment. Unfortunately, this environment can become polluted with rumors and assumptions when a leader fails to exercise transparency. The presenter will take attendees on a journey to clear the air in the “Land of Misinformation,” where assumption pollution has reached an all-time high and threatens the area’s sustainability. Our only chance to save the “Land of Misinformation” is with the power of transparent leadership. Attend this lecture and learn how transparent leadership can clear the air in even the most heavily polluted environments.

## Arterial Blood Gas Quality Assurance – “Doing the Right Thing Right”

1:40 pm – 2:15 pm

### Arterial Blood Gas Quality Assurance – “Doing the Right Thing Right”

Susan Blonshine RRT RPFT AE-C FAARC, Mason MI

*Content Category: Pulmonary Function*

A sound quality assurance program is imperative in preventing and eliminating erroneous arterial blood gas results. We will discuss the current quality models and the impact that shortfalls in the path to work flow process will have on quality patient data.



Keith D Lamb  
RRT-ACCS



Shawna L Strickland  
PhD RRT-NPS AE-C  
FAARC



Ruben D Restrepo  
MD RRT FAARC



Kathleen M Deakins  
MSHA RRT-NPS FAARC



Timothy R Myers  
MBA RRT-NPS FAARC



Matthew P Trojanowski  
MSc RRT



Susan Blonshine  
RRT RPFT AE-C FAARC

# Tuesday, Dec 9

## Aerosolized Vasodilators Are Equivalent to Inhaled Nitric Oxide in Safety and Efficacy

1:40 pm – 2:55 pm

### Aerosolized Vasodilators are Equivalent to Inhaled Nitric Oxide in Safety and Efficacy

**Pro:** Richard H Kallet MS RRT FAARC, San Francisco CA

**Con:** Richard D Branson MSC RRT FAARC, Cincinnati OH

*Content Category: Adult Critical Care*

Inhaled nitric oxide has changed therapy for treatment of pulmonary hypertension and refractory hypoxemia. The cost of frequent off-label use is significant. As a cost-saving measure, aerosolized vasodilators have been used. Are these drugs as effective and safe? What do the data say? If inhaled nitric oxide was inexpensive, would we ever consider inhaled vasodilators?

## Industry Support Statement

- The AARC is proud of the collaboration we have had with friends in industry for many years, and we wish to acknowledge our appreciation for their unrestricted educational grants for AARC Congress 2014.
- All sponsored sessions will be identified in the program, with signage, and verbally at the lectern.
- The AARC accepts support only on the condition that the Program Committee be the sole organizer of all sessions, including selection of speakers and topics.

## An Interactive Quiz: What Is Your Home Care IQ?

1:40 pm – 2:55 pm

1:40 pm – 2:15 pm

### Respiratory Home Care Situations Quiz – Part I

**Gary Jeromin MA RRT, Ann Arbor MI**

*Content Category: Clinical Practice*

The Home Care Respiratory Clinician faces the daily challenge of resolving both clinical situations and requirements for insurance reimbursement. This interactive quiz session will pose both clinical situations as well as practical questions regarding prescriptions, equipment selection, reimbursement qualifications, and equipment application. We will cover the gamut from ventilators and oxygen administration, to Rad devices and airway clearance. As a participant, you will have the chance to respond to the questions by a polling device (clicker). Are you up to the challenge?



Richard H Kallet  
MS RRT FAARC



Richard D Branson  
MSC RRT FAARC



Gary Jeromin  
MA RRT



Angela King  
RPFT RRT-NPS

2:20 pm – 2:55 pm

### Respiratory Home Care Situations Quiz – Part II

**Angela King RPFT RRT-NPS, Leo IN**

*Content Category: Clinical Practice*

The Home Care Respiratory Clinician faces the daily challenge of resolving both clinical situations and requirements for insurance reimbursement. This interactive quiz session will pose both clinical situations as well as practical questions regarding prescriptions, equipment selection, reimbursement qualifications, and equipment application. We will cover the gamut from ventilators and oxygen administration, to Rad devices and airway clearance.



## Transitioning from Student to Professional: Getting Credentialed and Employed

2:00 pm – 4:50 pm

2:00 pm – 2:30 pm

### What It Means To Be a Professional!

Crystal L Dunlevy EdD RRT RCP, Columbus OH

This presentation will provide an overview of the profession of respiratory care to include its evolution, role and value. Emphasis will be placed on the characteristics and traits of a professional and the critical importance of being involved and maintaining professional membership.

2:35 pm – 3:05 pm

### Acquiring Your Credential: Success on the Written Exams

Bill Galvin MEd RRT CPFT AE-C FAARC, Gwynedd Valley PA

The presentation will address factors essential for success in the examination process. It will cover preparatory issues, what you will experience onsite, as well as test-taking strategies and techniques. Emphasis will be placed on the NBRC Therapist Multiple-Choice Examination.

3:10 pm – 3:40 pm

### Acquiring Your Credential: Success on the Clinical Simulation Exam

Bill Galvin MEd RRT CPFT AE-C FAARC

The presentation will serve as a sequel to the previous presentation and will address the factors essential for success on the NBRC Clinical Simulation Examination. It will cover such issues as exam content, structure, and unique strategies for progressing through a branching logic type of examination.

3:45 pm – 4:15 pm

### Securing Employed: Marketing and Networking Yourself to that Dream Job

Cheryl A Hoerr MBA RRT CPFT FAARC, Rolla MO

This presentation will provide an overview of the job search process to include: developing the cover letter, resumé, interview skills and measures that will prepare one for meaningful and satisfying employment.

4:20 pm – 4:50 pm

### Nobody Likes a Deadfish Handshake: Helpful Hints for an Interview

Christy McAllister RRT BHS, St Louis MO

Developing a resumé and preparing for a job interview can be very daunting. This presentation will provide you with helpful hints to the application and interview process to assist you in preparing for every part of the interview process.

## Fighting COPD Begins with Diagnostics

2:20 pm – 2:55 pm

### Fighting COPD Begins with Diagnostics

Frederic D Seifer MD FCCP, Shelbyville TN

*Content Category: Pulmonary Function*

Challenges associated with the management of chronic obstructive pulmonary disease (COPD) are gaining more and more attention as changes in health care legislation and reimbursement begin to reward quality and cost containment for chronic diseases. This lecture will educate on the importance of effective COPD screening and case-finding in today's changing health care landscape.



Crystal L Dunlevy  
EdD RRT RCP



Bill Galvin MEd RRT  
CPFT AE-C FAARC



Cheryl A Hoerr MBA  
RRT CPFT FAARC



Christy McAllister  
RRT BHS



Frederic D Seifer  
MD FCCP

# Tuesday, Dec 9

## **You've Given All You've Got and They Want More**

2:20 pm – 3:35 pm

2:20 pm – 2:55 pm

### **You've Given All You've Got and They Want More: Dealing with Stress and Time Management – Seek First to Understand**

Garry W Kauffman MPA FACHE RRT  
FAARC, Winston-Salem NC

*Content Category: Management*

Feel like you don't have enough time to take care of your staff, patients, physicians, nurses, and other customers? You're working 12-hour days, doing more than ever, getting less (if any) recognition for your extra efforts, and the boss wants even more? The answer isn't doing more of the same. Learn some effective tips and techniques for lowering your stress, effectively using your time, and feeling more confident in your abilities and value to your staff, your boss, and your organization. In this first part of two sessions, we'll start the process of improving our management of time and stress by reviewing the different types of stress. What will be revealed is how the use and prioritization of time and stress are interrelated.

3:00 pm – 3:35 pm

### **You've Given All You've Got and They Want More: Dealing with Stress and Time Management – Committing to the Change**

Garry W Kauffman MPA FACHE RRT  
FAARC

*Content Category: Management*

Building on our understanding of time management and stress, this session will add the dimension of burnout. We'll review the signs and symptoms of burnout, which mental health professionals indicate is the ultimate destructive consequence

of an individual's inability to manage time and stress at suitable levels. Participants will be provided with a validated burnout tool that will reveal their degree of burnout. Based on the information gleaned in this confidential survey tool, participants will receive a template and develop an action plan to steer them off the path to burnout, and take the path that will provide each person with a time management plan, stress management plan, and burnout avoidance plan. Individuals who have participated in this two-part program have overwhelmingly indicated that they have a better understanding of time, stress, and burnout and have been able to make a demonstrable and positive change in their personal and professional lives.

## **Spirometry and Diffusion Capacity Is All You Really Need**

3:00 pm – 3:35 pm

### **Spirometry and Diffusion Capacity Is All You Really Need - Pro/Con**

**Pro:** Matthew J O'Brien MS RRT RPFT,  
Madison WI

**Con:** Jeff Haynes RRT RPFT, Nashua NH

*Content Category: Pulmonary Function*

With the growing emphasis on cost containment in health care, are testing profiles like 'complete' or 'full' PFTs really necessary? What patient population(s) do spirometry and diffusion studies alone fit best? Two seasoned professionals will debate these questions.



Garry W Kauffman  
MPA FACHE  
RRT FAARC



Matthew J O'Brien  
MS RRT RPFT



Jeff Haynes  
RRT RPFT

## **RESPIRATORY CARE**

The peer-reviewed science journal of the  
American Association for Respiratory Care



## Improving COPD Acute Care

3:00 pm – 4:15 pm

3:00 pm – 3:35 pm

### Implementing Improvements To Reduce COPD Hospital Length of Stay

**Francis Gott III MBA RRT, Newark DE**

*Content Category: Adult Critical Care*

Attempting to reduce the hospital length of stay for COPD patients includes a multidisciplinary approach to implementing best practices for COPD care as well as implementing a clear plan of care. This discussion will cover best practices and how to implement them in your hospital to improve inpatient care of the COPD patient.

3:40 pm – 4:15 pm

### Implementing Improvements To Reduce Hospital Readmission of COPD

**John S Emberger RRT FAARC, Newark DE**

*Content Category: Adult Critical Care*

It is imminent that COPD will become a CMS hospital value-based purchasing diagnosis. Understanding your hospital COPD readmission rate and implementing enhancements to help keep COPD patients from being readmitted will become important for the financial security of hospital. This lecture will discuss how to initiate a process improvement to reduce COPD readmissions.

## Professors' Rounds: Dueling Experts

3:00 pm – 4:15 pm

### PEEP in ARDS Must be Optimized Using Transpleural Pressure

**Pro: Ray H Ritz BA RRT FAARC, Newbury MA**

**Con: Eddy Fan MD, Toronto Ontario**

*Content Category: Adult Critical Care*

Defining optimum PEEP for patients with ARDS has been under debate for over 30 years. Attention to reduction of alveolar stress with low tidal volume ventilation and failure to demonstrate significant improvement with high versus low PEEP in randomized trials combined with low tidal ventilation has reduced the interest in determining optimal PEEP. A recent report showing surprising improvement in survival by targeting individual optimization of lung compliance using transpleural pressure determination has resurrected interest in this important treatment modality. An expert clinician on each side of this debate will explain their own view of the literature and how they actually decide on optimal PEEP in their daily patient care.



Francis Gott III  
MBA RRT



John S Emberger  
RRT FAARC



Ray H Ritz BA RRT  
FAARC



Eddy Fan MD



# Tuesday, Dec 9

## AARC Program Committee Spotlight – The Changing Horizon: New Models of Health Care and the Role of the Respiratory Therapist

3:00 pm – 4:55 pm

3:00 pm – 3:35 pm

### **Integrating Respiratory Therapists in Accountable Care Organizations (ACOs)**

Vernon R Pertelle MBA RRT CCM,  
Oceanside CA

*Content Category: Clinical Practice*

Today's health care environment under the Patient Protection and Affordable Care Act has created significant opportunities for respiratory therapists to deliver clinical services and case management for patients who are diagnosed with COPD. Accountable Care Organizations (ACOs) require the expertise of respiratory therapists in coordination with physicians and physician extenders to help improve health outcomes, demonstrate meaningful use of resources and prevent reimbursement penalties due to readmissions.

3:40 pm – 4:15 pm

### **Keeping Respiratory Therapists at the Center of Patient-Centered Medical Homes (PCMHs)**

Vernon R Pertelle MBA RRT CCM

*Content Category: Clinical Practice*

The care and treatment of a patient who is diagnosed with respiratory disease must consider the whole patient and should be centered on the patient's needs. A new approach to managing complex respiratory conditions to keep patients at a stable state in the low-cost environment (their homes) must ensure that the health care team has a thorough understanding and knowledge regarding all components of

respiratory modalities and technology used to treat patients. The 'new normal' includes systems of care within ACOs and Patient Centered Medical Homes (PCMHs) that include respiratory therapists with specialized training in managed and integrated care systems.

4:20 pm – 4:55 pm

### **Respiratory Medical Device Education Programs in an ACO To Improve Outcomes**

Robert McCoy RRT, Apple Valley MN

*Content Category: Clinical Practice*

Respiratory medical device training and education helps physicians, nurses, physician extenders and case managers focus on the complex scientific, technical and quality assurance problems encountered with respiratory medical devices for patients diagnosed with chronic respiratory disease. Comprehensive education and training programs empowers key stakeholders with decision-making ability to improve health outcomes in an ACO or PCMH.

## Open Forums #1 and #2

3:15 pm – 5:10 pm

Supported by an unrestricted educational  
grant from

**monaghan™**

Researchers and clinicians present the results on bread-and-butter issues in respiratory care. Audience and authors review the posters during the first part of the session. A brief oral presentation (no slides) and audience questions and discussion allow presenters to expand on the work featured on the poster.



Vernon R Pertelle  
MBA RRT CCM



Robert McCoy RRT



## Using Transparent Leadership To Create, Execute, and Sustain a Strategic Plan – Part II

3:40 pm – 4:15 pm

### Creating, Executing and Sustaining a Departmental Strategic Plan

Matthew P Trojanowski MSc RRT, Abingdon MD

*Content Category: Management*

Strategic plans are only effective when they are actually put into action. A major reason that strategic plans become nothing more than empty words and fancy diagrams is that the actual people with the capacity to execute the plan are kept out of the loop until the final product is revealed. The speaker will discuss ways that leaders can use transparency to engage key stakeholders and increase the likelihood of a strategic plan's success.

## Aerosolized Acid Exposure and the Evaluation of Cough

3:40 pm – 4:15 pm

### Aerosolized Acid Exposure and the Evaluation of Cough

Katrina Hynes RRT CPFT, Rochester MN

*Content Category: Pulmonary Function*

The 24-hour laryngopharyngeal pH probe is a simplistic diagnostic procedure that measures pH levels of the upper airway which may be a cause for cough secondary to gastric reflux. The procedure and how to interpret the graphical presentation of the data will be explained. In addition, we will discuss the clinical utility in evaluating cough.

## Eliminating the Endotracheal Tube

3:40 pm – 4:55 pm

3:40 pm – 4:15 pm

### High Flow Nasal Cannula: Principles and Practice

Alex T Rotta MD FAACP FCCM, Cleveland OH

*Content Category: Neonatal/Pediatric*

Despite limited outcome data, high flow nasal cannula is gaining increasing popularity in the pediatric and neonatal population. This session will review the concepts, available data, and principles underlying the use of this technology.

4:20 pm – 4:55 pm

### Pediatric Noninvasive Ventilation for Acute Respiratory Failure

Lee Williford RRT, Durham NC

*Content Category: Neonatal/Pediatric*

Pediatric non-invasive ventilation is being used at an increasing rate in the acute care setting to avoid or limit the need for intubation and invasive mechanical ventilation. This presentation will highlight the rationale and available data supporting this approach. Speculation on the future of pediatric noninvasive ventilation will be offered.



Matthew P Trojanowski  
MSc RRT



Katrina Hynes  
RRT CPFT



Alex T Rotta MD  
FAACP FCCM



Lee Williford RRT



# Tuesday, Dec 9

## Stop Giving Humans Sodium Bicarbonate Infusions To Correct Metabolic Acidosis!

4:20 pm – 4:55 pm

### Stop Giving Humans Sodium Bicarbonate Infusions To Correct Metabolic Acidosis!

Matthew T Davis RRT, Baltimore MD

*Content Category: Adult Critical Care*

Metabolic Acidosis is a common phenomenon that occurs in the Intensive Care Unit. The standard of care for treating this disorder is the infusion of sodium bicarbonate IV. This process is no longer supported by the evidence and should immediately be stopped. This lecture will teach you how to correct the metabolic acidosis by fixing the actual problem. The evidence will show that infusing sodium bicarbonate may increase the morbidity and mortality of your patient.

## 2014 AARC Respiratory Therapist Human Resource Study Results

4:20 pm – 4:55 pm

### 2014 AARC Respiratory Therapist Human Resource Study Results

Shawna L Strickland PhD RRT-NPS AE-C  
FAARC, Irving TX

*Content Category: Management*

The AARC conducted the Respiratory Therapist Human Resource Study in 2014. This presentation will discuss the results of the study, data trends noted since the first human resource study, and the implications of the data on the respiratory therapy workforce.

## Disclosure of Faculty Conflict of Interest

- The AARC remains strongly committed to providing the best available evidence-based clinical information to participants of this educational activity and requires an open disclosure of any potential conflict of interest identified by our faculty members.
- It is not the intent of the AARC to eliminate all situations of potential conflict of interest, but rather to enable those who are working with the AARC to recognize situations that may be subject to question by others.
- All disclosed conflicts of interest are reviewed by the AARC Program Committee to ensure that such situations are properly evaluated and, if necessary, resolved.
- The AARC educational standards pertaining to conflict of interest are intended to maintain the professional autonomy of the clinical experts, which is essential in promoting a balanced presentation of science.
- Through our review process, all AARC CRCE activities are ensured of independent, objective, scientifically balanced presentations of information.
- Disclosure of any real or perceived conflict will be acknowledged at the onset of each presentation.



Matthew T Davis  
RRT



Shawna L Strickland  
PhD RRT-NPS AE-C  
FAARC



## Beyond Low Tidal Volumes for ARDS in 2014

4:20 pm – 4:55 pm

### Beyond Low Tidal Volumes for ARDS in 2014

Neil R MacIntyre MD FAARC, Durham NC

*Content Category: Adult Critical Care*

This presentation will review the most current evidence-based ventilatory management for adult patients with ARDS. This will include pressure- and volume-limited ventilation, optimal levels of PEEP, the use of recruitment maneuvers, and the place of adjuncts such as prone positioning and inhaled vasodilators.

## Screening & Follow Up of Lung Volume Reduction Coil Treatment in Patients with Emphysema

4:20 pm – 4:55 pm

### Screening & Follow Up of Lung Volume Reduction Coil Treatment in Patients with Emphysema

Matthew J O'Brien BS RRT RPFT, Madison WI

*Content Category: Pulmonary Function*

Already approved in Europe, multiple coil placement using bronchoscopy offers hope for patients with severe emphysema. Learn about one site's experience in providing screening and follow-up pulmonary function measures.

## Special Events

### Breakfast Symposia

Held in the morning, symposia present timely information on topics affecting your practice and are free of charge and approved for CRCE credits. In mid-October Congress registrants will receive an e-mail with the scheduled topics, speakers descriptions and instructions on how to register on-line. Course capacities will be limited, first-come, first served.

### AARC Awards Ceremony

Tuesday, December 9

8:30 am - 10:10 am

### Keynote Address

Tuesday, December 9

10:15 am - 10:55 am

### AARC Opening Reception

Tuesday, December 9, 8:00 pm

Sponsored by

**Dräger**

### 37th Sputum Bowl Finals

Thursday, December 11, 7:00 pm

### Closing Ceremony

Friday, December 12, 12:30 pm



Neil R MacIntyre  
MD FAARC



Matthew J O'Brien  
BS RRT RPFT



# AARC Congress 2014





# Wednesday, Dec 10

## AARC Annual Business Meeting

7:30 am – 8:20 am

George W Gaebler MEd RRT FAARC/  
Presiding

The official Annual Business Meeting of the AARC. 2015 AARC Officers, Board of Directors, and Officers from the House of Delegates are installed. Reports from AARC leadership are presented. The meeting concludes with an address from 2015/2016 AARC President, Frank Salvatore.

## 2<sup>nd</sup> Thomas L Petty Memorial Lecture

8:30 am – 9:30 am

### Management of the 2015 Asthmatic: Phenotyping and Managing Refractory Asthma



James T Good Jr MD, Denver CO

Content Category: *Clinical Practice*

Even with the availability of the National Asthma Education and Prevention Program (NAEPP) guidelines, up to 50 % of asthma patients are not well controlled. The greatest proportion of costs and medical complications occur in the more-severe or refractory asthmatic group.

This lecture will emphasize the importance of using fiberoptic bronchoscopy to phenotype refractory asthmatic patients and using this information to provide personalized individual directed therapy.

Appropriate recommendations for the prevention and treatment of exacerbations will be reviewed as well as the safety of current therapeutic guidelines.

Supported by an unrestricted educational grant from the Snowdrift Pulmonary Conference

## Sputum Bowl Preliminaries

8:00 am – 6:00 pm

Sherry Whiteman BHS RRT/Presiding

Teams from the AARC State Societies compete in the preliminary competitions. The top four teams will advance to the Finals on Thursday evening, Dec 11, along with the Student Sputum Bowl finalists.

## Management Section Membership Meeting



9:35 am – 10:05 am

Bill Cohagen BA RRT FAARC/Presiding

Section members meet to determine their needs and priorities, as well as how to use AARC resources to accomplish them. All Congress attendees, including section non-members, are invited to attend and to participate.

## Home Care Section Membership Meeting



10:00 am – 10:25 am

Kimberly Wiles RRT CPFT/Presiding

Section members meet to determine their needs and priorities, as well as how to use AARC resources to accomplish them. All Congress attendees, including section non-members, are invited to attend and to participate.

## Open Forums #3 and #4

10:00 am – 11:55 am

Supported by an unrestricted educational grant from

**monaghan™**

Researchers and clinicians present the results on bread-and-butter issues in respiratory care. Audience and authors review the posters during the first part of the session. A brief oral presentation (no slides) and audience questions and discussion allow presenters to expand on the work featured on the poster.

# Wednesday, Dec 10

## Forbidden Sleep: Why Teens and Adolescents Don't Have "Normal" Sleep

10:30 am – 11:05 am

### Forbidden Sleep: Why Teens and Adolescents Don't Have "Normal" Sleep

Karla M Smith RRT RPSGT, Bismarck ND

*Content Category: Sleep Medicine*

Teens and pre-teens have a different sleep pattern and that sleep pattern can cause problems with behavior, school and driving. The presenter will discuss the circadian rhythm in teens and adolescents and how this can affect all aspects of a young person's life. The presenter will also discuss how adults can help adolescents work through these sleeping challenges.

## Utilization of Multicenter Pediatric Patient Registries to Improve the Quality of Patient Care

10:30 am – 11:05 am

### Utilization of Multicenter Pediatric Patient Registries to Improve the Quality of Patient Care

Vinay Nadkarni MD, Philadelphia PA

*Content Category: Neonatal/Pediatric*

Large multicenter RCTs are ideal for determining the safety of practice change. However, such studies are expensive and difficult to coordinate and execute. Multicenter patient registries can assist clinicians in determining the effects of current practices as well as the efficacy of practice in a timely fashion. This presentation will discuss the key lessons learned from a large scale neonatal-pediatric airway database.

## Breaking the Unbreakable: Managing Status Asthmaticus

10:30 am – 11:05 am

### Breaking the Unbreakable: Managing Status Asthmaticus

Joel M Brown RRT FAARC, Newark DE

*Content Category: Adult Critical Care*

This lecture will highlight the evidence and clinical methods used to manage patients suffering from severe asthma exacerbation and status asthmaticus. The speaker will discuss the use of IV and inhaled bronchodilators, Heliox and inhaled anesthetic gases in the acute management of this patient population.

## What's in that Stoma? Demystifying Tracheostomy Tubes, Stents, Buttons, etc.

10:30 am – 11:05 am

### What's in that Stoma? Demystifying Tracheostomy Tubes, Stents, Buttons, etc.

Linda Dean RRT, Rixeyville VA

*Content Category: Clinical Practice*

RTs are expected to know everything about tracheostomy tubes, stents, buttons, and anything else protruding from that stoma. But the reality is, the average 2-year RRT degree program spends less than 6 hours TOTAL teaching didactic/clinical applications of artificial airways other than an endotracheal tube. This course will review tracheostomy tubes, cuffs, stents, buttons, t-tubes, stoma maintainers and sealers, voice prosthesis, and laryngectomy tubes: a review for advanced practitioners, but a "must see" for the new graduate and/or inexperienced therapist.



Karla M Smith  
RRT RPSGT



Vinay Nadkarni  
MD



Joel M Brown RRT  
FAARC



Linda Dean RRT



## The Use of Capnography to Determine Physiologic Dead Space and Guide Management of Mechanical Ventilation

10:30 am – 11:05 am

### The Use of Capnography to Determine Physiologic Dead Space and Guide Management of Mechanical Ventilation

Richard H Kallet MS RRT FAARC, San Francisco CA

*Content Category: Adult Critical Care*

Evaluation of dead space ventilation may be an important tool to help clinicians when determining certain ventilator strategies. Does it have a role in optimizing PEEP? Does it predict mortality? This presentation will discuss these topics and help us understand how the use of capnography may help guide the way.

## AARC Program Committee Spotlight – “Breaking Great” — Vital Initiatives for Respiratory Care Practitioners

10:30 am – 11:45 am

10:30 am – 11:05 am

### Staffing Models Built to Last

Richard M Ford RRT FAARC, San Diego CA

*Content Category: Management*

There is perhaps no greater consideration in the provision of safe and effective care than insuring you have adequate staff to provide great care. This program will review the elements of the 5th Edition AARC URM that provides for the assessment of number of staff needed, as well as reporting of productivity. Attendees will also learn how to quantify resources needed for new programs, how to effectively flex resources, and drive the staffing program through value.



Richard H Kallet  
MS RRT FAARC



Richard M Ford  
RRT FAARC

## RESPIRATORY CARE

OPEN FORUM® Symposia  
sponsored by

monaghan™

Clinicians present the results of their scientific studies. Abstracts with a similar focus are clustered into a symposium to encourage discussions and interactions among investigators and observers; posters expand the information presented. 16 OPEN FORUM Symposia will be presented during the four days of AARC Congress 2014. See pages 88-97 for symposium sessions, abstracts titles and authors.

11:10 am – 11:45 am

### Interested in Decreasing COPD Readmissions – Where Do You Begin?

Richard M Ford RRT FAARC

*Content Category: Management*

It is clear that respiratory therapists play a valued role in the provision of care to patients with COPD and reforms in health care bring new opportunity. If you're interested in starting a program, where do you begin? Getting started, organizing your team, determining resources required, and the key elements for success will be shared.

# Wednesday, Dec 10

## **New ATS/ERS Recommendations in Pulmonary Diagnostics**

10:30 am – 11:45 am

10:30 am – 11:05 am

## **New ATS/ERS Recommendations for Methacholine Challenge & Mannitol Testing**

Jack Wanger MS RRT RPFT FAARC,  
Rochester MN

*Content Category: Pulmonary Function*

This lecture will review the new 2014 ATS/ERS recommendations for bronchoprovocation using methacholine and mannitol as the challenge agent.

11:10 am – 11:45 am

## **New ATS/ERS Recommendations for Field Testing, e.g., 6-Minute Walk and Other Field Tests**

Carl D Mottram RRT RPFT FAARC,  
Rochester MN

*Content Category: Pulmonary Function*

This lecture will review the new 2014 ATS/ERS recommendations for field testing, which would include an update for the 6-minute walk test and initial recommendations for other field tests.

## **ALS Management in the Home**

10:30 am – 12:25 pm

10:30 am – 11:05 am

## **Overview of ALS Management**

Joseph Lewarski RRT FAARC, Elyria OH

*Content Category: Clinical Practice*

Neuromuscular diseases such as ALS (amyotrophic lateral sclerosis), also known as “Lou Gehrig’s disease” or motor neuron disease, present unique challenges to respiratory care practitioners. This session will enlighten clinicians to the general respiratory issues faced in treating these patients at home, and also their specific ventilatory challenges.

11:10 am – 11:45 am

## **Successful Home Ventilation in ALS**

John Cahill RRT, Oak Brook IL

*Content Category: Clinical Practice*

Successful home ventilation of ALS and other neuromuscular disease patients requires a team approach. This presentation will show how a team can work together to provide safe, comforting care at home for this special group of patients.

11:50 am – 12:25 pm

## **Airway Clearance for ALS: Hospital to Home**

Lee Guion MA RRT, San Francisco CA

*Content Category: Clinical Practice*

Airway clearance is of enormous importance when managing neuromuscular disease patients at home. This session will present techniques used to monitor airway status and methods of clearance that are available today. Clinicians will leave with an understanding of how to improve the airway clearance techniques for ALS patients in the home.

## **Sleep Apnea and Commercial Drivers**

11:10 am – 11:45 am

## **Sleep Apnea and Commercial Drivers**

Frances N Garcia RRT-NPS, Fontana CA

*Content Category: Sleep Medicine*

The presenter will review the U.S. DOT’s Federal Motor Carrier Safety Administration’s regulatory guidelines to identify, diagnosis, treat, and clear individuals who have sleep apnea to safely operate heavy machinery, and commercial driving, through a sleep medicine perspective.



Jack Wanger MS  
RRT RPFT FAARC



Carl D Mottram  
RRT RPFT FAARC



Joseph Lewarski  
RRT FAARC



Lee Guion MA RRT

## Clinical Research: How to Get Started

11:10 am – 11:45 am

### Clinical Research: How to Get Started

Robert L Chatburn MHHS RRT-NPS FAARC,  
Cleveland OH

*Content Category: Clinical Practice*

This talk will describe the fundamental principles of respiratory care research. The methods for selecting an appropriate topic, performing a literature search, designing the study, and collecting data will be discussed.

## Respiratory Care of the Morbidly Obese Patient

11:10 am – 11:45 am

### Respiratory Care of the Morbidly Obese Patient

John D Davies RRT MA FAARC, Durham NC

*Content Category: Adult Critical Care*

Morbid obesity is an epidemic that can have far reaching effects for respiratory management and the respiratory care practitioner. Some of the guidelines used in ventilator management may not apply to this patient population. This lecture will discuss some of the unique challenges posed by morbidly obese patients that will impact ICU care and, in particular, ventilator management.



## Pediatric Acute Lung Injury 2015

11:10 am – 12:25 pm

11:10 am – 11:45 am

### Pediatric Acute Lung Injury: Do We Have Consensus?

Neal J Thomas MD MSc, University Park PA

*Content Category: Neonatal/Pediatric*

Although the definition of acute lung injury/ARDS has been well discussed for adult patients for several decades, the situation has been much different for infants and children. Until recently, there has been a significant lack of attention paid to the pediatric world. This presentation will focus on the definition of Pediatric ALI/ARDS with an emphasis on the recent Pediatric Acute Lung Injury Consensus Conference (PALICC). Attend this session and learn the latest recommendations from a leader in the field for the management of the infant and child with acute lung injury.

11:50 am – 12:25 pm

### Lessons Learned from the Pursuit of Lung Protective Ventilation

John H Arnold MD, Boston MA

*Content Category: Neonatal/Pediatric*

Although all clinicians will agree that lung protective ventilation is important, there is little agreement on the optimal approach for infants and children. What is the role of low tidal volume ventilation in pediatrics? Which adjunct therapies have been demonstrated to be successful? What data are available to support our current management approaches? This presentation by an international expert will review the current data and offer speculation as to the future.



Robert L Chatburn  
MHHS RRT-NPS  
FAARC



John D Davies RRT  
MA FAARC



Neal J Thomas MD  
MSc



# Wednesday, Dec 10

## **Tracheostomy Care: Managing the Transitions of Care**

11:10 am – 12:25 pm

11:10 am – 11:45 am

### **The Journey from Hospital to Home: Teaching Family To Be Caregivers**

Elissa Williams RRT-NPS CPFT,  
Charlottesville VA

*Content Category: Clinical Practice*

Improving quality of care outside the hospital requires improving our methods for training family members to become caregivers for the home tracheostomy patient. Respiratory Therapists are essential to removing barriers and smoothing out bumps in the road for the tracheostomy patient's journey home.

11:50 am – 12:25 pm

### **The Tracheostomy Trainer: A New Method of Caregiver Training**

Elissa Williams RRT-NPS CPFT

*Content Category: Clinical Practice*

Necessity is the mother of invention. The Tracheostomy Trainer was developed late one night shift to facilitate teaching family member's tracheostomy care without using the tracheostomy patient as a practice dummy. Follow one simple idea from inception into standard practice.

## **Caution: Sleepy Teen Behind the Wheel**

11:50 am – 12:25 pm

### **Caution: Sleepy Teen Behind the Wheel**

Karla M Smith RRT RPSGT, Bismarck ND

*Content Category: Sleep Medicine*

A study conducted by AAA concluded that young drivers ages 16-24 were 78% more likely to cause an MVA while driving drowsy. The presenter will address these statistics and provide more information on

drowsy teenagers and the consequences faced when teens drive while they are sleepy. The presenter will also address steps that can be taken to help these young drivers arrive at their destination alert and alive.

## **Doing More with Data – How to Seamlessly Incorporate Bedside Data to Improve Quality**

11:50 am – 12:25 pm

### **Doing More with Data – How to Seamlessly Incorporate Bedside Data to Improve Quality**

Brian K Walsh MBA RRT-NPS FAARC,  
Boston MA

*Content Category: Management*

Today bedside monitors and ventilators provide digital data that is primed to be seamlessly integrated into systems that will help us provide higher quality. The question is whether this is merely data or information that we can utilize to improve our care. This lecture will review opportunities as well as hurdles to full integration of this data without adding to the noise.

## **Respiratory Care of the Patient with Spinal Cord Injuries**

11:50 am – 12:25 pm

### **Respiratory Care of the Patient with Spinal Cord Injuries**

Maria Madden RRT-ACCS, Baltimore MD

*Content Category: Adult Critical Care*

This lecture will discuss the challenges associated with caring for the patient with an injured spine. Ventilator management, bronchial hygiene, and future management of these patients including diaphragmatic pacing will be discussed.



Elissa Williams  
RRT-NPS CPFT



Karla M Smith RRT  
RPSGT



Brian K Walsh  
MBA RRT-NPS  
FAARC



Maria Madden  
RRT-ACCS

## New CF Infection Control Guidelines – Overview and Considerations for Pulmonary Labs

11:50 am – 12:25 pm

### New CF Infection Control Guidelines – Overview and Considerations for Pulmonary Labs

Matthew J O'Brien MS RRT RPFT, Madison WI

*Content Category: Pulmonary Function*

The new Cystic Fibrosis infection control guidelines are out and somewhat controversial. This lecture will present the new guidelines and discuss what Pulmonary Function Labs can do to prepare and help minimize cross contamination risk.

## Biomarkers and a New Understanding of Ventilator-Induced Lung Injury

11:50 am – 12:25 pm

### Biomarkers and a New Understanding of Ventilator-Induced Lung Injury

Charles G Durbin Jr MD FAARC, Charlottesville VA

*Content Category: Adult Critical Care*

New discoveries about immunologic mechanisms are helping to understand why mechanical ventilation causes lung injury even in patients with normal lungs. The innate immune system functions to create large molecular biomarkers to defeat intercellular microbiological invasion. These same mechanisms can be triggered by mechanical cellular stress and chemical crystallization near cells. The end result is cell injury and death with activation of the extrinsic immune system augmenting organ system failure. Learn how evolving understanding in this field can be applied to help prevent and treat ventilator-induced lung injury and ARDS.

## Diagnostic Section Membership Meeting



12:30 pm – 1:00 pm

Matthew J O'Brien MS RRT RPFT/Presiding

Section members meet to determine their needs and priorities, as well as how to use AARC resources to accomplish them. All Congress attendees, including section non-members, are invited to attend and to participate.

## Open Forums #5 and #6

12:30 pm – 2:25 pm

Supported by an unrestricted educational grant from

**monaghan™**

Researchers and clinicians present the results on bread-and-butter issues in respiratory care. Audience and authors review the posters during the first part of the session. A brief oral presentation (no slides) and audience questions and discussion allow presenters to expand on the work featured on the poster.

## Long-Term Care Section Membership Meeting



12:45 pm – 1:15 pm

Lorraine Bertuola RRT/Presiding

Section members meet to determine their needs and priorities, as well as how to use AARC resources to accomplish them. All Congress attendees, including section non-members, are invited to attend and to participate.



Matthew J O'Brien  
MS RRT RPFT



Charles G Durbin  
Jr MD FAARC

# Wednesday, Dec 10

## Neonatal-Pediatrics Section Membership Meeting



1:00 pm – 1:30 pm

Natalie Napolitano MPH RRT-NPS FAARC/  
Presiding

Section members meet to determine their needs and priorities, as well as how to use AARC resources to accomplish them. All Congress attendees, including section non-members, are invited to attend and to participate.

## Risky Business: When the Business of Patient Care Puts the Caregiver at Risk

1:45 pm – 2:20 pm

### Risky Business: When the Business of Patient Care Puts the Caregiver at Risk

Jenni L Raake MBA RRT-NPS, Amelia OH

*Content Category: Management*

In the everyday role of the Respiratory Therapist, there are risks that present themselves to the bedside caregiver. They present themselves in the form of workplace injuries, complications from shift work, depression from dealing with patient deaths, exposure to infectious pathogens, and the potential for physical violence. Understanding these risks and development of strategies to overcome these risks is vital for the safe well-being of the Respiratory Therapist in the line of duty.

## Pulmonary Function Testing in the Elderly

1:45 pm – 2:20 pm

### Pulmonary Function Testing in the Elderly

Jeff Haynes RRT RPFT, Nashua NH

*Content Category: Pulmonary Function*

This presentation will discuss how age-related changes in pulmonary function are reflected in PFTs. Quality issues and test interpretation of elderly PFT testing will also be discussed.

## What Are the Different Types of Research Projects in Which RTs Can Play a Vital Role? From Bench to Publication

1:45 pm – 2:20 pm

### What Are the Different Types of Research Projects in Which RTs Can Play a Vital Role? From Bench to Publication

John D Davies RRT MA FAARC, Durham NC

*Content Category: Clinical Practice*

This lecture will examine the different types of research projects available to respiratory therapists. Bench studies, case studies, prospective studies, retrospective reviews and equipment evaluations will be discussed.



Jenni L Raake  
MBA RRT-NPS



Jeff Haynes  
RRT RPFT



John D Davies  
RRT MA FAARC



## CoARC Update

1:45 pm – 3:00 pm

1:45 pm – 2:20 pm

### Next Steps in Developing the Advanced Practice Respiratory Therapist (APRT)

Charles E Cowles Jr MD, Houston TX

*Content Category: Education*

The presenter will (1) share his experience with development of the Anesthesiology Assistant profession, and (2) describe strategies for overcoming challenges in pursuing legislation, licensure, and reimbursement for practitioners. (3) Discuss advance practice laws and regulations at the state and local level.

2:25 pm – 3:00 pm

### Update on Standards for Degree Advancement Programs

Tom Smalling PhD RRT RPFT RPSGT FAARC, Bedford TX

*Content Category: Education*

The presenter will describe CoARC activities regarding the development of standards for Degree Advancement Programs. Additionally, it will describe advantages for seeking voluntary accreditation for Degree Advancement Programs, and discuss possible models for offering this type of program.



## The Changing NICU Environment: How Do We Steer the Ship in a New Direction?

1:45 pm – 3:40 pm

1:45 pm – 2:20 pm

### Alarms and the Neonate: Give Me My Earmuffs

Jonathan Fanaroff MD, Cleveland OH

*Content Category: Patient Safety*

Excessive noise can have a major detrimental effect on the developing baby in the critical care environment. This presentation will describe the adverse effects of the noise generated by respiratory devices and ICU activity on the developing neonatal organ systems.

2:25 pm – 3:00 pm

### BPD Prevention: Does Strategy Matter?

Jonathan Fanaroff MD

*Content Category: Neonatal/Pediatric*

Strategies for the optimal management of the low birth neonate are changing. This presentation will describe the traditional gold standards as well as promising new therapies in the prevention of BPD.

3:05 pm – 3:40 pm

### Pitfalls and Shortcomings of Current Neonatal Ventilation Approaches

Robert M DiBlasi RRT-NPS FAARC, Seattle WA

*Content Category: Neonatal/Pediatric*

Recent clinical data suggest volume-targeted ventilation in premature infants may result in better outcomes than pressure-targeted approaches. Despite these findings, many NICUs avoid the volume-targeted approach in this patient population. This discussion will focus on differences in various approaches to the ventilation of the premature infant as well as reveal “tricks of the trade” for optimal ventilator management in the neonatal critical care environment.



Charles E Cowles Jr MD



Tom Smalling PhD  
RRT RPFT RPSGT  
FAARC



Jonathan Fanaroff MD



Robert M DiBlasi  
RRT-NPS FAARC

# Wednesday, Dec 10

## COPD Challenge in the Home: Preventing Readmissions

1:45 pm – 3:40 pm

1:45 pm – 2:20 pm

### The Problem with COPD and Readmissions

Brian W Carlin MD FAARC, Pittsburgh PA

*Content Category: Clinical Practice*

This session will focus on the problem of 30-day hospital readmissions and the effects of the new CMS program for readmission reduction.

2:25 pm – 3:00 pm

### COPD Readmission: A Complex Problem with Complex Solutions

Robert Messenger RRT CPFT FAARC,  
Elyria OH

*Content Category: Clinical Practice*

Readmission of COPD patients is a common occurrence which exacts a heavy burden on our national health care system. The complex nature of the disease along with the socioeconomic challenges of this population leads to a wide range of causes for readmission. This lecture will explore the magnitude of the problem along with the diversity of causes and will offer actions that homecare respiratory therapists can take to help reduce the occurrence.

3:05 pm – 3:40 pm

### Empowering the Patient To Be Responsible and Accountable for Their Home Respiratory Care

Robert McCoy RRT, Apple Valley MN

*Content Category: Clinical Practice*

Home respiratory care is evolving due to changes in reimbursement and new health care models emerging with the affordable care act (ACA). Patient needs may not be met with current programs so patients will want and need to be more informed of options to treat their chronic respiratory conditions. This lecture will focus on existing educational resources available to patients and discuss new methods to educate, empower and motivate patients with chronic respiratory conditions.



Brian W Carlin  
MD FAARC



Robert Messenger  
RRT CPFT FAARC



Robert McCoy RRT



## AARC Program Committee Spotlight – COPD and Post-Acute Care... Connecting the Dots



1:45 pm – 3:40 pm

1:45 pm – 2:20 pm

### **Transitioning from Acute Care to Post Acute Care**

**Zachary Gantt RRT, Livingston TN**

*Content Category: Clinical Practice*

This lecture will explore the gaps in care throughout the acute care stay and discuss how the concept of the “Respiratory Navigator” can help to close these gaps. This model utilizes the expertise of the respiratory therapist throughout the patient’s acute care stay and into the post-acute care setting as the patient’s personal advocate, case manager and quality assurance coordinator.

2:25 pm – 3:00 pm

### **Skilled Care: Understanding Respiratory Care and Implementation of COPD Protocols within SNF/LTAC**

**Zachary Gantt RRT**

*Content Category: Clinical Practice*

In order for the post-acute care setting to “connect the dots” for a successful transition, respiratory education and protocols need to be implemented and outcomes measured within the SNF/LTAC setting. This lecture will show how an outcome-based program targeting these settings is making great strides in providing positive outcomes to care.

3:05 pm – 3:40 pm

### **Going “Home” – Linking Care between Home Health Agencies and DME Companies**

**Kimberly Wiles RRT CPFT, Ford City PA**

*Content Category: Clinical Practice*

In the past, respiratory services were given away. With all of the changes in reimbursement, this is no longer feasible, so how do we get to the respiratory patients in the home? This lecture will discuss how the respiratory therapist can be a valuable asset to the home health agency, and the importance of the DME company and the home health agency working together to manage risk and incorporate transition to home principles by utilizing a respiratory focused “hybrid” DME/home health agency.



Zachary Gantt RRT



Kimberly Wiles  
RRT CPFT

---

## Special Note

The largest respiratory care  
Exhibit Hall in the world will  
be open in  
Las Vegas, Nevada  
Tuesday through Thursday,  
December 9-11.

Most all exhibitors will  
have clinical specialist on  
hand to answer questions  
on products, services and  
technology. Don’t miss this  
unique opportunity with all  
companies in the respiratory  
care industry.

---



# Wednesday, Dec 10

## AARC's 30<sup>th</sup> New Horizons in Respiratory Care Symposium

### Approaches to Refractory Hypoxemic Respiratory Failure: Ventilate, Oscillate, Cannulate, or Rotate

1:45 pm – 5:00 pm

1:45 pm – 2:20 pm

#### Therapeutic Goals in the Setting of Refractory Hypoxemia

Neal J Thomas MD MSc, University Park PA

*Content Category: Adult Critical Care*

This lecture will cover appropriate gas exchange and lung mechanics goals in the setting of refractory hypoxemia.

2:25 pm – 3:00 pm

#### HFOV and APRV

Eddy Fan MD, Toronto Ontario

*Content Category: Adult Critical Care*

An overview of the evidence related to high-frequency ventilation and airway pressure-release ventilation.

3:05 pm – 3:40 pm

#### PEEP and Recruitment Maneuvers

Dean R Hess PhD RRT FAARC, Boston MA

*Content Category: Adult Critical Care*

A discussion of PEEP titration in the setting of refractory hypoxemia and the role of recruitment maneuvers. Included will be use of oxygenation tables, best compliance, stress index, and esophageal manometry.

3:45 pm – 4:20 pm

#### Extracorporeal Life Support

Ira M Cheifetz MD FCCM FAARC, Durham NC

*Content Category: Adult Critical Care*

This will be a discussion of the role of extracorporeal life support for refractory hypoxemia. What are the indications for this approach? An overview of veno-venous and veno-arterial approaches.

4:25 pm – 5:00 pm

#### Prone Position

Richard H Kallet MS RRT FAARC, San Francisco CA

*Content Category: Adult Critical Care*

When should prone positioning be used in patients with refractory hypoxemia? When is it indicated? A discussion of the technical aspects of proning a hypoxemic mechanically ventilated patient will occur.



Neal J Thomas  
MD MSc



Eddy Fan MD



Dean R Hess PhD  
RRT FAARC



Ira M Cheifetz MD  
FCCM FAARC



Richard H Kallet  
MS RRT FAARC

## How to Conduct a Risk Audit

2:25 pm – 3:00 pm

### How to Conduct a Risk Audit

Anthony L DeWitt RRT JD,  
Jefferson City MO

*Content Category: Patient Safety*

Learn how to identify critical areas of risk in your facility by learning how lawyers think. This presentation focuses on risk management strategies that can be employed by leaders in any size organization and will provide valuable information on how to manage your department and avoid potential legal pitfalls.

## Establishing a Clinical Ladder in the Pulmonary Function Lab

2:25 pm – 3:00 pm

### Establishing a Clinical Ladder in the Pulmonary Function Lab

Bonnie Crabb JD RRT RCP, San Diego CA

*Content Category: Pulmonary Function*

In light of the increasing entry level requirements to respiratory services, diagnostic lab managers may want to establish a unique internal system that will provide opportunities for upward mobility within the Pulmonary Function lab. This presentation will outline the implementation of a clinical ladder based on competencies, application of skills and direct participation in advanced or expanded practices.

## What Is the IRB and How Does It Help Guide Research?

2:25 pm – 3:00 pm

### What Is the IRB and How Does It Help Guide Research?

Robert L Chatburn MHHS RRT-NPS FAARC,  
Cleveland OH

*Content Category: Clinical Practice*

Once a great idea for a research project has been developed and a hypothesis/protocol has been drawn up what happens next? This lecture will discuss the role of the Institutional Review Board to protect patients, and as a facilitator between institutional research and the FDA. The resources that the IRB has to offer will also be highlighted.

## Monitoring Mechanical Ventilation at the Bedside

3:05 pm – 3:40 pm

### Monitoring Mechanical Ventilation at the Bedside

Thomas Piraino RRT, Hamilton Canada

*Content Category: Adult Critical Care*

This presentation will provide an overview of different noninvasive methods of monitoring mechanical ventilation and detecting ventilator-associated lung injury (VALI) at the bedside in patients with ARDS. Monitoring modalities that will be discussed include esophageal manometry, lung ultrasonography, quantitative CT, and electrical impedance tomography (EIT).



Anthony L DeWitt  
RRT JD



Bonnie Crabb JD  
RRT RCP



Robert L Chatburn  
MHHS RRT-NPS  
FAARC



Thomas Piraino  
RRT

# Wednesday, Dec 10

## **You Talking to Me? Communication Techniques for Patient Safety**

3:05 pm – 3:40 pm

### **You Talking to Me? Communication Techniques for Patient Safety**

Jenni L Raake MBA RRT-NPS, Amelia OH

*Content Category: Patient Safety*

Communication within the health care team is vital to the care of the patient. Various communication techniques such as SBAR, ARC, and STAR can be used to improve dialogue with members of the health care team. These techniques can enhance team dynamics as well as patient safety.

## **Developing a Bronchial Thermoplasty Program**

3:05 pm – 3:40 pm

### **Developing a Bronchial Thermoplasty Program**

Tamela Carroll RRT RPFT, Falls Church VA

*Content Category: Pulmonary Function*

Developing a new program is exciting but the team work involved is extensive and very critical. This presentation will take you through the steps in developing a Bronchial Thermoplasty program in your pulmonary diagnostic department.

## **Recent Algorithms Dramatically Change Approaches to Difficult Airway Management**

3:05 pm – 3:40 pm

### **Recent Algorithms Dramatically Change Approaches to Difficult Airway Management**

Charles G Durbin Jr MD FAARC,  
Charlottesville VA

*Content Category: Adult Critical Care*

One of the most frightening experiences is finding it impossible to provide manual ventilation to a critically ill or injured person. New approaches and devices have been shown to reduce this problem by plotting proven paths to success during this life-threatening situation. New recommendations have been issued by numerous organizations this past year and these will be introduced and harmonized for the attendees of this presentation.

## **Open Forums #7 and #8**

3:10 pm – 5:05 pm

Supported by an unrestricted educational grant from

**monaghan™**

Researchers and clinicians present the results on bread-and-butter issues in respiratory care. Audience and authors review the posters during the first part of the session. A brief oral presentation (no slides) and audience questions and discussion allow presenters to expand on the work featured on the poster.

## **WWMD: What Would MacGyver Do?**

3:45 pm – 4:20 pm

### **WWMD: What Would MacGyver Do?**

Zachary Gantt RRT, Livingston TN

*Content Category: Management*

Today's call to action in health care is to improve quality and reduce costs. Unfortunately, many employers are responding with cost-cutting and downsizing measures that marginalize our value. Now more than ever, RCPs must prove their value to the health care system. This presentation will address the pressures facing employers, offer an action



Jenni L Raake MBA  
RRT-NPS



Charles G Durbin  
Jr MD FAARC



Zachary Gantt RRT



plan to help us take a proactive approach to leading change to improve clinical quality for their departments/organizations, and improve outcomes for patients and the entire field of respiratory care.

## Health Promotion/Disease Prevention: A Vital Component of the Affordable Care Act

3:45 pm – 4:20 pm

### Health Promotion/Disease Prevention: A Vital Component of the Affordable Care Act

Bill Galvin MEd RRT CPFT AE-C FAARC,  
Gwynedd Valley PA

*Content Category: Education*

Health promotion/ disease prevention has always been cited as a vital component of any effective and comprehensive health care system. Personal responsibility, accountability and ownership of one's health and well-being are at the heart of the wellness movement. Health experts advocate for change — change from an acute care, treatment-dominated HC system to one of proactivity where preventing disease and promoting healthy lifestyle behaviors become the focus. This presentation will address the essential elements of the health promotion/ disease prevention movement. It will specifically address such topics as behavioral causes of death, life expectancy and longevity, determinants of health status, predisposing and enabling factors associated with disease/illness, the illness/wellness continuum, and the fascinating topic of optimum life expectancy. Just how long can the human body exist? Join the presenter and the audience for a discussion on what centenarian does to prolong life.

## Creating Order Sets in the PFT Lab

3:45 pm – 4:20 pm

### Creating Order Sets in the PFT Lab

Bonnie Crabb JD RRT RCP, San Diego CA

*Content Category: Pulmonary Function*

This presentation will describe how to package pulmonary function and/or exercise tests according to diagnosis or test objective. This approach guides the physician to order (almost) by diagnosis and provides information they may not know they need or can use.

## Pulmonary Rehabilitation: The New Guidelines

3:45 pm – 4:20 pm

### The New ATS/ERS Guidelines for Pulmonary Rehabilitation

Brian W Carlin MD FAARC, Pittsburgh PA

*Content Category: Clinical Practice*

This session will review the recently released ATS/ERS Guidelines for Pulmonary Rehabilitation.

## Optimizing the Ventilator for COPD

3:45 pm – 4:20 pm

### Optimizing the Ventilator for COPD

John S Emberger RRT FAARC, Newark DE

*Content Category: Adult Critical Care*

Patients with COPD can be complex to manage during mechanical ventilation. This lecture will outline key optimizations that will improve synchrony, reduce work of breathing and potentially minimize ventilator time. These optimizations will be demonstrated with cases. Literature will be reviewed for benefits of optimizing the patient with COPD.



Bill Galvin MEd  
RRT CPFT AE-C  
FAARC



Bonnie Crabb JD  
RRT RCP



Brian W Carlin  
MD FAARC



John S Emberger  
RRT FAARC

# Wednesday, Dec 10

## Airway Management, Not Just for Anesthesia and Certainly Not Just in the OR

3:45 pm – 5:00 pm

3:45 pm – 4:20 pm

### Out of Operating Room Airway Management for Non-Anesthesia Personnel – Part I

Thomas M Fuhrman MD MMSC FCCP  
FCCM RRT, Miami FL

*Content Category: Adult Critical Care*

The VA established a directive for OORAM (Out of Operating Room Airway Management) training and credentialing. This entails the training in didactics, simulation and hands-on for Non-Anesthesia providers to be credentialed as OORAM providers. This presentation will discuss other Airway Learning studies and review the OORAM program in general and specifically at one VA Hospital.

4:25 pm – 5:00 pm

### Out of Operating Room Airway Management for Non-Anesthesia Personnel – Part II

Julio Warren MD, Bay Pines FL

*Content Category: Adult Critical Care*

The VA established a Directive for OORAM training and credentialing (Out of Operating Room Airway Management). This entails the training in didactics, simulation and hands-on for Non Anesthesia providers to be credentialed as OORAM providers. This presentation will discuss other Airway Learning studies and review the OORAM program in general and specifically at one VA Hospital.

## Cystic Fibrosis

3:45 pm – 5:00 pm

3:45 pm – 4:20 pm

### Cystic Fibrosis: An Improving Outlook?

Jeremy Parks RRT, St Louis MO

*Content Category: Neonatal/Pediatric*

Treatment approaches for the patient with cystic fibrosis continue to advance. Inhaled therapies, secretion clearance devices, and increasing success of lung transplantation have made a real difference in outcomes. This presentation will provide an overview of the current approach to the management of the patient with cystic fibrosis.

4:25 pm – 5:00 pm

### Airway Clearance in Pediatrics: Does Device Matter?

Kathleen M Deakins MSHA RRT-NPS  
FAARC, Cleveland OH

*Content Category: Neonatal/Pediatric*

Choosing the optimal airway clearance modality in infants and children continues to be a challenge with an increasing choice of approaches. This presentation will review the available evidence and discuss the potential therapeutic options for airway clearance from an expert in the field.

## The Seven Deadly Sins of Management

4:25 pm – 5:00 pm

### The Seven Deadly Sins of Management

Anthony L DeWitt RRT JD, Jefferson City MO

*Content Category: Management*

Whether you are a seasoned leader, most recently promoted, or you're considering a career as a leader, this presentation will teach you how to avoid the pitfalls of ineffective management. Attend this presentation to learn about the seven deadly sins that every manager must avoid in order to be successful.



Thomas M Fuhrman  
MD MMSC FCCP  
FCCM RRT



Julio Warren MD



Jeremy Parks RRT



Kathleen M Deakins  
MSHA RRT-NPS  
FAARC



Anthony L DeWitt  
RRT JD

## Prepare a Message that Matters: Understanding Health Literacy

4:25 pm – 5:00 pm

### Prepare a Message that Matters: Understanding Health Literacy

Georgianna G Sergakis PhD RRT RCP, Columbus OH

*Content Category: Education*

Recent changes to the health care system increase the emphasis on delivery of clear health communication to prevent exacerbations and reduce readmissions. Low health literacy impacts health status and further increases health care disparities for vulnerable populations. This presentation will address fundamental concepts related to health literacy to reduce the impact of low health literacy in respiratory care. Use of interactive vignettes will put your health literacy evaluation skills to the test to improve your professional skills in providing clear health communication.

## Deep Inhalation: Dilating, Constricting, and False Negative Challenge Tests

4:25 pm – 5:00 pm

### Deep Inhalation: Dilating, Constricting, and False Negative Challenge Tests

Jeff Haynes RRT RPFT, Nashua NH

*Content Category: Pulmonary Function*

A simple deep breath has the power to produce bronchodilation, bronchoconstriction, and false negative challenge tests. This presentation will review the physiology of deep inhalation in health and disease and give examples of how deep inhalation can affect pulmonary function testing.

## Road Map to Success – The Critical Importance of Reducing Readmissions

4:25 pm – 5:00 pm

### Road Map to Success – The Critical Importance of Reducing Readmissions

Krystal Craddock RCP RRT-NPS, Sacramento CA

*Content Category: Clinical Practice*

COPD is not yet curable, but it is very treatable. In this lecture we will review the ABCDE and F treatments of COPD and how to use them in conjunction with patient care and education to help better manage patients and reduce readmissions to the hospital.

## How Patent Is Your Patient's Airway? Identifying and Managing a Partially Occluded Endotracheal Tube

4:25 pm – 5:00 pm

### How Patent Is Your Patient's Airway? Identifying and Managing a Partially Occluded Endotracheal Tube

John S Emberger RRT FAARC, Newark DE

*Content Category: Adult Critical Care*

Partial occlusions of the endotracheal tube can be tricky to identify and manage. Partial occlusions can masquerade as respiratory failure and cause increased ventilator time. This lecture will cover the signs of a partial endotracheal tube occlusion and solutions to regain a patent airway. Graphics and images from cases will be shown before and after clearing partial endotracheal tube occlusions.



Georgianna G Sergakis PhD RRT RCP



Jeff Haynes RRT RPFT



Krystal Craddock RCP RRT-NPS



John S Emberger RRT FAARC



# Open Forum Abstracts

## L HOSPITAL

### ATION BETWEEN VENTILATORS

RRT, Kelly Ho RRT, Nicholas Leonor RRT,  
University of California San Francisco

s: Cylinder pressures varied between 1500 to 2000  
before the sum of the pressures from the three  
ers varied between 5000 and 5900 psi. The sum of the  
ne minutes from each test ranged from 45 to 182  
es, the average cylinder duration ranged from 15 to 61  
es, and the average cylinder pressure drop ranged from  
to 30 psi/min.

clusion: Heliox gas consumption determined by  
nder pressure drop and cylinder duration is lowest for the  
milton G5 and the eVent Inspiration 7i and highest for the  
ea I and Avea II during invitro bench testing.





# RESPIRATORY CARE

## OPEN FORUM

Supported by an unrestricted educational grant from

**monaghan™**

Researches and clinicians present finding of studies on aerosol therapy, mechanical ventilation, neonatal and pediatric care, education, management, and every practice mode in our profession.

### **NEW in 2014!**

**Accepted abstracts will be presented in one of 3 formats:**

#### **Editors' Choice**

**Tuesday and Wednesday, Dec 9 – 10**

Display of Editors' Choice posters with top 6 abstracts.

**Thursday, Dec 11**

Ten-minute slide presentations with slides by authors of Editors' Choice abstracts, each followed by 10-minute period of audience questions and discussion.

#### **Poster Discussions**

**Tuesday – Friday, Dec 9 – 12**

Poster sessions grouped by topics. A brief oral presentation (no slides) and questions/discussion allow presenters to expand on the work featured on the posters.

#### **Posters Only**

**Tuesday – Thursday, Dec 9–11**

Posters presented in sessions grouped by category, different every day.

DOES HFOV BIAS CHANGES EFFECT VENTILATION?—Jeffrey Wright BSRT, West Valley City UT  
A META-ANALYSIS OF NIPPV VS. NCPAP FOR PRETERM INFANT WITH RESPIRATORY DISTRESS SYNDROME—Chin-Jung Liu MSc, Taichung Taiwan

A BENCH EVALUATION OF NITRIC OXIDE DELIVERY WITH THE PERCUSSIONAIRE VDR—Christopher Benitez MSPH, Salt Lake City UT

COMPARISON OF BREATH TRIGGERING IN THREE VENTILATORS AVAILABLE FOR TRANSITION FROM CRITICAL CARE TO HOME IN PEDIATRIC PATIENTS—Kristin Smith, Newark DE

FLOW/PRESSURE RELATIONSHIP OF VARIOUS RAM CANNULA SIZES—Susan Roark BSRT, Atlanta GA

NEONATAL INTENSIVE CARE EVACUATION DRILL: A PERFORMANCE IMPROVEMENT PROJECT—Elizabeth Kugler, South Deerfield MA

PEDIATRIC NON-INVASIVE VENTILATION: ANALYSIS OF USAGE FOR CAPACITY PLANNING DURING HIGH VOLUME SEASON—Lisa Tyler MSc, Cherry Hill NJ

MULTIDISCIPLINARY PROTOCOL FOR HIGH FLOW NASAL CANNULA (HFNC) THERAPY IN GENERAL CARE REDUCED DELAY IN HFNC INITIATION AND NEED FOR CPAP IN INFANTS WITH BRONCHIOLITIS—Charles Rubins RRT, Dayton OH

DOES CIRCUIT SIZE AFFECT DELIVERED TIDAL VOLUME ON THE TRILOGY VENTILATOR—Nancy Johnson RRT, Medina OH

EVALUATION OF INTERFACE TYPE WITH BUBBLE CPAP DELIVERY—Stephanie Bailes RRT-NPS, Stow OH

### **Ventilation/Ventilators**

THE DEVELOPMENT OF PROLONGED WEANING GUIDELINES TO FACILITATE VENTILATORY LIBERATION—Kenneth Miller MEd, Bath PA

LEAK COMPENSATION OF THE SERVO-I IN NIV MODE COMPARED TO THE RESPIRONICS V60: A LUNG MODEL STUDY—Courtney Swift RRT, Kansas City KS

REINTUBATION RATES AND DURATION OF MECHANICAL VENTILATION ACROSS THREE CLINICAL SERVICE LINES, 2011-2013—Sally Brewer RRT-NPS, Portland ME

CHARACTERIZATING THE FREQUENCY, DURATION, AND FUNCTIONALITY OF MECHANICAL VENTILATOR ALARMS—Matthew Trojanowski, Baltimore MD

COMPARISON OF THE TUBING COMPLIANCE OF THREE DIFFERENT NEONATAL VENTILATOR CIRCUITS—Sultan Alsolami, Mobile AL

COMPARING CARBON DIOXIDE ELIMINATION USING NON-INVASIVE TO CRITICAL CARE VENTILATORS—Paul Nuccio RRT FAARC, Boston MA

ACCURACY OF MANUALLY ENTERED DATA IN THE ELECTRONIC HEALTH RECORD: TIDAL VOLUME DURING PRESSURE CONTROL VENTILATION—Carla Wollens, Cleveland OH

OPTIMUM VENTILATION FOR LUNG DONORS—Stephanie Cole, Cleveland OH

NON-INVASIVE BUNDLES: AN APPROACH TO PREVENT INFECTIONS AND MINIMIZE HOSPITAL ACQUIRED PRESSURE ULCERS—Travis Collins MSc, Ft. Thomas KY

## **Tuesday, December 9**

### **OPEN FORUM • Posters Only #1**

**New in 2014!**

**11:30 am – 3:30 pm**

Researchers and clinicians present the results of their work in this Posters Only session.

Authors available from 12:00 pm – 1:30 pm for questions and interaction.

### **Neonatal/Pediatric**

A RETROSPECTIVE EVALUATION OF RECRUITMENT MANEUVERS IN A PEDIATRIC CARDIAC INTENSIVE CARE UNIT—Rhonda Schum BHS, Cincinnati OH

COMPARATIVE STUDY OF CIRCUIT PRESSURES AND CPAP EFFECT FOR TWO HIGH FLOW NASAL CANNULA DEVICES IN TWO VENTILATORS—Gary Lowe MEd RRT-NPS RPFT, Little Rock AR

DERIVATION AND CLINICAL VALIDATION OF A SIMPLE MATHEMATICAL FORMULA TO PREDICT CHANGES IN BLOOD PACO<sub>2</sub> AND PH VALUES—Ghazi Alotaibi PhD RRT, Dammam Saudi Arabia

RESPIRATORY CARE STUDENTS' EVALUATION OF NUMASK INTRA ORAL MASK AND ORAL PHARYNGEAL AIRWAY WITH BAG-VALVE-MASK AND ORAL PHARYNGEAL AIRWAY FOR MANIKIN VENTILATION—Joel Davis BSRC, Cortland OH

EFFECTS OF RISE TIME ON PEAK INSPIRATORY PRESSURE OF TWO SUBACUTE/HOME CARE VENTILATORS IN A SIMULATED NEONATE/INFANT MODEL—Gerald Moody, Richardson TX

PREDICTIVE ACCURACY OF EXPIRATORY FLOW TERMINATION AS A DETERMINATE FOR ESTIMATION OF AIR TRAPPING DURING AIRWAY PRESSURE RELEASE VENTILATION—William LeTourneau, Edina MN

CAN THE USE OF A FAST TRACK PROTOCOL INCREASE THE NUMBER OF OPEN HEART SURGERY PATIENTS EXTUBATED IN 6 HOURS?—Gary Wickman, Everett WA

BEHAVIOR OF END-EXPIRATORY LUNG VOLUME DURING EXPIRATORY POSITIVE AIRWAY PRESSURE DETECTED BY ELECTRICAL IMPEDANCE TOMOGRAPHY—Caio Cesar Morais, Recife Pernambuco Brazil

PERFORMANCE OF PORTABLE VENTILATORS AT TEMPERATURE EXTREMES—Dina Gomaa, Cincinnati OH

WORK OF BREATHING DURING CPAP: COMPARISON OF CONTINUOUS FLOW AND DEMAND FLOW VENTILATORS—Mark Siobal RRT FAARC, San Francisco CA

THE “WHO” AND “HOW” VENTILATOR SETTINGS AND ALARMS ARE SELECTED IN LATIN AMERICA: RESULTS OF A MULTINATIONAL SURVEY—Diana Serrato RT, Cali Colombia

DETERMINATION OF OPTIMAL PRESSURE LOW SETTING IN AIRWAY PRESSURE RELEASE VENTILATION—William LeTourneau Edina MN

BRONCHODILATOR PROTOCOL: CONVERSION FROM COMBIVENT METERED DOSE INHALER TO COMBIVENT RESPIMAT—Suzan Herzig RRT, San Diego CA

COMPARISON OF AEROSOL DELIVERY USING HAMILTON G5 OPTIONAL INSPIRATION, EXPIRATION, AND CONTINUOUS NEBULIZER MODES WITH AEROGEN NEBULIZER—Philip Delcore, Boston MA

CONTINUOUS AEROSOL DRUG DELIVERY DURING NON-INVASIVE VENTILATION USING VIBRATING MESH TECHNOLOGY AS PART OF THE MASK SYSTEM—Paul Nuccio RRT FAARC, Boston MA

COMPARISON OF THE SMALL VOLUME NEBULIZER TO THE AERONEB SOLO NEBULIZER FOR THE GROWTH OF INFECTIOUS MICROORGANISMS—Robert Prestia BSRC, Ellwood City PA

A STUDY TO EVALUATE THE MAXIMAL AEROSOL DOSE ADMINISTRATION AT TWO DIFFERENT LOCATIONS IN TWO DIFFERENT VDR 4 HIGH FREQUENCY PERCUSSIVE VENTILATOR (HFPV) CIRCUITS—Jeff Heltborg, Portland OR

INHALED TREPROSTINIL DELIVERY USING A VIBRATING MESH NEBULIZER IN MECHANICALLY VENTILATED ADULT, PEDIATRIC, AND INFANT LUNG MODELS—Donna Parker, Aurora CO

## Poster Discussions #2 Monitoring/Equipment – Part 1 3:15 pm – 5:10 pm

ETT CO<sub>2</sub> MONITORING WITH HFOV, A BENCH STUDY—Jeffrey Wright BSRT, West Valley City UT

COMPARATIVE STUDY OF TWO HYPERINFLATION SYSTEMS USED IN A PEDIATRIC INSTITUTION—Tom Leisenring, Little Rock AR

CONTINUOUS CUFF PRESSURE MONITORING USING CUFF SENTRY AND ITS ROLE IN PREVENTING MICROASPIRATION AND VENTILATOR ASSOCIATED PNEUMONIA IN CRITICALLY ILL PATIENTS—Cherian Paily MSc RRT, Chicago, IL IL

MULTI-DISCIPLINARY COLLABORATIVE IMPLEMENTATION OF A CONNECTIVITY ENGINE TO INTEGRATE POINT OF CARE (POC) VENTILATOR AND MONITOR DATA WITH THE ELECTRONIC HEALTH RECORD (EHR)—Tammy Angeletti MSc RRT-NPS RN CPFT AE-C, Hershey PA

ACCURACY AND USEFULNESS OF TRANSCUTANEOUS CO<sub>2</sub> IN ASSESSING THE EFFICACY OF TREATMENT OF CHRONIC HYPOVENTILATION WITH NON-INVASIVE VENTILATION—Sigurd Arrestad, Oslo Norway

COMPARISONS OF THE SPO<sub>2</sub> AND HR MEASURED BY NONIN ONYX 9590 AND CHOICEMMED OXYWATCH PULSE OXIMETERS IN NON-CRITICALLY ILL PATIENTS—Jasmine Moore, Mobile AL

A RETROSPECTIVE EVALUATION OF PEDIATRIC PRESSURE ULCERS CAUSED BY PULSE OXIMETER PROBES—Terry Conway, Cincinnati OH

ETCO<sub>2</sub> MONITORING DURING INTERNAL TRANSPORT TO IMPROVE PATIENT SAFETY—Anita Arnsperger, Villa Hills KY

ASSESSMENT OF CLINICIANS' ABILITY TO IDENTIFY INDIVIDUAL BREATHS IN A DIFFICULT CO<sub>2</sub> WAVEFORM—Lara Brewer PhD, Salt Lake City UT

## OPEN FORUM • Poster Discussions

Researches and clinicians present research results on bread-and-butter issues in respiratory care. Audience and authors review the posters during the first part of the session. A brief oral presentation (no slides) and audience questions and discussion allow presenters to expand on the work featured on the posters.

## Poster Discussions #1 Aerosols/Drugs – Part 1 3:15 pm – 5:10 pm

SUBSTITUTING INHALED EPOPROSTENOL FOR INHALED NITRIC OXIDE IN ADULT ICU PATIENTS WITH PULMONARY ARTERY HYPERTENSION, RIGHT HEART FAILURE, OR REFRACTORY HYPOXEMIA IS SAFE AND COST EFFECTIVE—Gail Drescher MA RRT, Washington DC

EVALUATION OF AEROSOL DELIVERY THROUGH HIGH FREQUENCY OSCILLATORY VENTILATION—Hui-Ling Lin MSc RRT RN FAARC, Taoyuan Taiwan

ESTABLISHING CONTINUOUS NEBULIZATION WITH VIBRATING MESH NEBULIZER—Chris Chambers RRT, Burlington VT



## Wednesday, December 10

### OPEN FORUM • Poster Discussions

Researches and clinicians present research results on bread-and-butter issues in respiratory care. Audience and authors review the posters during the first part of the session. A brief oral presentation (no slides) and audience questions and discussion allow presenters to expand on the work featured on the posters.

#### Poster Discussions #3 Ventilation/Ventilators – Part 1 10:00 am – 11:55 am

THE UTILIZATION OF THE PRESSURE-VOLUME TOOL TO DETERMINE THE LOWER INFLECTION POINT TO MAINTAIN LUNG INFLATION DURING EXTRA CORPOREAL MEMBRANE OXYGENATION (ECMO)—Kenneth Miller MEd, Bath PA

THE UTILIZATION OF INDEPENDENT LUNG VENTILATION VIA HIGH FREQUENCY PERCUSSIVE VENTILATION (HFPV) DURING EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)—Kenneth Miller MEd, Bath PA

MAINTAINING ADEQUATE CO<sub>2</sub> CLEARANCE DURING AIRWAY PRESSURE RELEASE VENTILATION (APRV) WITH THE ABSENCE OF SPONTANEOUS BREATHING—Maria Madden, Baltimore MD

RETROSPECTIVE ANALYSIS OF PROCESS IMPROVEMENT STRATEGIES TO DECREASE VENTILATOR LOS—Skip Bangley RRT, Greenville NC

EFFECTS OF ALCOHOL WIPE AND FOAM DISINFECTANT ON MICROBES THAT HARBOR ON THE SURFACE OF PB840 VENTILATOR—Abdulelah Aldhahir, Mobile AL

ARDS OR NOT: DIAGNOSTIC CHANGE BY BERLIN DEFINITION—Teramachi Ryo, Seto Japan

NONINVASIVE VENTILATION IN POST-OPERATIVE LUNG TRANSPLANT PATIENTS—Andrew Miller, Durham NC

HIGH-FREQUENCY OSCILLATORY VENTILATION WITH LOWER AMPLITUDE AND LOWER MEAN AIRWAY PRESSURE—Toshiki Yokoyama MD PhD, Seto Japan

INTERACTIONS AMONG TIDAL VOLUME, EXPIRATORY TIME AND TOTAL-PEEP IN APRV—Kimber Haug RRT, Cleveland OH

IDENTIFYING POTENTIAL VENTILATOR AUTO-TRIGGERING AMONG ORGAN PROCUREMENT ORGANIZATION REFERRALS—Nicholas Henry MSc, San Marcos TX

#### Poster Discussions #4 Diagnostics 10:00 am – 11:55 am

DEVELOPMENT AND IMPLEMENTATION OF A LUNG NODULE PROGRAM—Tamra Kelly, Roseville CA

A COMPARISON OF ARTERIAL SAMPLER FILLING TIMES USING 25 AND 26 GAUGE NEEDLES—Jillian Quintana, Columbus OH

MEASURED FRACTIONAL EXHALED NITRIC OXIDE LEVELS IN ELEMENTARY SCHOOL CHILDREN WHO HAVE BEEN DIAGNOSED WITH ASTHMA—Richard Wettstein MMed RRT, San Antonio TX

HOME SPIROMETRY MONITORING IN PEDIATRIC LUNG TRANSPLANT PATIENTS: DEVICES SELECTION, PROCESS, AND COST CONSIDERATIONS AMONGST THE PEDIATRIC LUNG TRANSPLANT CENTERS IN THE UNITED STATES—Abby Motz MSc, Cincinnati OH

BIOLOGICAL QUALITY CONTROL VARIABILITY IN CARDIOPULMONARY EXERCISE TESTING (CPET)—Katrina Hynes, Rochester MN

EVALUATION OF COMMON ICU PARAMETERS TO PREDICT OUTCOME OF INFECTED CIRRHOTIC PATIENTS: A PILOT STUDY—Abdullah Alismail MSc, Redlands CA

SPIROMETRIC CHANGES BETWEEN SMOKER AND NON-SMOKER PATIENTS UNDERGOING HYPERBARIC OXYGEN THERAPY—Abdullah Alismail MSc, Redlands CA

#### OPEN FORUM • Posters Only #2 10:30 am – 2:30 pm

Researchers and clinicians present the results of their work in this Posters Only session.

Authors available from 12:00 pm – 1:30 pm for questions and interaction.

#### Aerosols/Drugs

PERIOPERATIVE TRANSPORT OF THE PATIENT ON INHALED AEROSOLIZED EPOPROSTENOL: THE ROLE OF RESPIRATORY CARE—Sherwin Morgan, Chicago IL

EXHALED AEROSOL APPLIED ON THE LUNG DISEASES DETECTION: A NOVEL METHOD—Wang Sheng-yu, Xi'an Shaanxi China

AN IN-VITRO COMPARISON OF AEROSOL EMITTED DOSE DELIVERED BY AEROECLIPSE NEBULIZER WITH AEROBIKA, ACAPELLA AND RC-CORNET—Mohammed Reyany, Mobile AL

PATTERN OF LUNG DEPOSITION OF RADIOAEROSOL IN OBESE WOMEN—Armele Dornelas de Andrade PhD, Recife Pernambuco Brazil

#### Asthma/Pulmonary Disease

THE IMPACT OF A MULTI-DISCIPLINARY COPD AND PNEUMONIA READMISSION REDUCTION PROGRAM ACROSS THE HEALTH CARE CONTINUUM—Jacqueline Fisher MHA, Charlotte NC  
A CASE STUDY: THE USE OF ISOFLURANE FOR BRONCHODILATION IN A PATIENT WITH LIFE THREATENING STATUS ASTHMATICUS—Marnni Hutchins, Huntersville NC

A COMPREHENSIVE RESPIRATORY CARE SERVICES INPATIENT COPD EDUCATION PROGRAM—Patti Solano, Chicago IL

TIME ANALYSIS OF DELAYS IN BRONCHODILATOR ADMINISTRATION BETWEEN EMERGENCY DEPARTMENT DISCHARGE AND MEDICAL/SURGICAL UNIT ADMISSION—Ryan Stecks, Little Rock AR

PH AS AN INDEPENDENT PREDICTOR OF NON-INVASIVE VENTILATION FAILURE IN PATIENTS IN ACUTE HYPERCAPNIC RESPIRATORY FAILURE CAUSED BY EXACERBATION OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE—Constance Teo, Singapore

## Case Reports

THE EFFECTS OF AIRWAY PRESURE RELEASE VENTILATION ON PATIENT WITH UNILATERAL PNEUMONIA: A CASE REPORT—Ping-Hui Liu, Kaohsiung City Taiwan

THE EFFECT OF INHALED NITRIC OXIDE ON PULMONARY ARTERY PRESSURE DURING BIVENTRICULAR ASSIST DEVICE SURGERY—I-Chun Hou, Kaohsiung Taiwan

THE USE OF AIRWAY PRESSURE RELEASE VENTILATION (APRV) PREVENTS THE NEED FOR EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO) IN A TRAUMA PATIENT—Kate Dolly, Baltimore MD

METHEMOGLOBINEMIA IN A PATIENT WITH A CHRONIC COUGH: A CASE REPORT—Troy Ellens MSRC, Cincinnati OH

THE USE OF COMBINED NEGATIVE AND POSITIVE PRESSURE VENTILATION IN TREATING SEVERE ARDS AND AIR LEAK SYNDROME WHILE ON ECMO—Michael Le, Boston MA

POST-ICU MECHANICAL VENTILATION: OUTCOMES OF THE REVISED THERAPIST-IMPLEMENTED PATIENT-SPECIFIC (TIPS) WEANING PROTOCOL—Glenn Payne MPA, Los Angeles CA

NEURALLY ADJUSTED VENTILATORY ASSIST VENTILATION (NAVA) FOR MANAGEMENT OF RESPIRATORY FAILURE IN A COPD EXACERBATION—Justin Hoffman, Austintown OH

A CASE STUDY: USE OF BIPHASIC CUIRASS VENTILATION UPON DIAGNOSIS OF AMYOTROPHIC LATERAL SCLEROSIS (MINOR REVISION)—Frank Austan PhD, Voorhees NJ

A CASE STUDY: USE OF PIPHASIC CUIRASS VENTILATION UPON DIAGNOSIS OF AMYOTROPHIC LATERAL SCLEROSIS—Frank Austan PhD, Voorhees NJ

## Home Care

HOSPITAL UTILIZATION FOR COPD PATIENTS REQUIRING NONINVASIVE POSITIVE PRESSURE VENTILATION ENROLLED IN HOME-BASED PULMONARY REHABILITATION—Zachary Gantt RRT, Nashville TN

INCIDENCE OF POSITIVE OSA SCREENING WITH COPD PATIENTS IN A HOME RESPIRATORY READMISSION REDUCTION PROGRAM—Anil Singh MD, Pittsburgh PA

## Sleep/Pulmonary Rehab

A STUDY OF BODYBUILDERS PREDISPOSITION TO SLEEP DISORDERS—Alex Mostoller BSRC, Cortland OH

EFFECTS OF DIFFERENT CERVICOTHORACIC SPINE POSITIONS IN THE SUPINE POSTURE ON LATERAL DEVIATION OF UPPER THORAX AND RESPIRATORY FUNCTION—Naoya Nishida, Bunkyo-ku Tokyo Japan

ANALYSIS OF THORACIC SHAPE DURING FORCED BREATHING: RELATIONSHIP OF THE THORACIC SHAPE AND RESPIRATORY FUNCTION—Tetsuro Hirayama, Shinagawa-ku, Tokyo Japan

CHANGES IN SLEEP KNOWLEDGE AND SLEEP BEHAVIOR OF COLLEGE STUDENTS AFTER COMPLETING A SLEEP EDUCATION COURSE—Tamara Douglass-Burton MSc RRT RPSGT, Towson MD

THE COMBINED EFFECTS OF MANUAL CHEST SQUEEZING COORDINATED EXPIRATION WITH RELAXATION POSTURES IN PATIENTS WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)—Tomomi Ichiba PhD, Hachioji Tokyo Japan

EFFECTS OF PULMONARY FUNCTION OBTAINED DURING AEROBIC EXERCISE IN LUNG CANCER PATIENTS UNDERGOING CHEMOTHERAPY—Kyoko Honda, Iwakuni Yamaguchi Japan

EFFECTS OF MUSIC ON EXERCISE EXPERIENCE OF CARDIAC AND PULMONARY REHABILITATION PARTICIPANTS—Pamela Neuenfeldt MPH, Minneapolis MN

WHOLE BODY VIBRATION (WBV) IMPROVES FUNCTIONAL CAPACITY IN PATIENTS WITH COPD: A RANDOMIZED, CONTROLLED, Crossover CLINICAL TRIAL—Armele Dornelas de Andrade PhD, Recife Pernambuco Brazil

IMPROVEMENT IN THE 6-MINUTE WALKING DISTANCE BY FASTENING POSTURE STABILITY SYSTEM BELTS IN COPD PATIENTS—Yuuki Homma, Itabashi-ku, Tokyo Tokyo Japan

## O<sub>2</sub> Therapy

EVALUATION OF MOLECULAR SIEVE OXYGEN CONCENTRATORS AT VARYING FLOW RATES—Grace Hofmann, Boise ID

HIGH FLOW OXYGEN DELIVERY USING A SIMPLY MODIFICATION TO THE HAMILTON G5 VENTILATOR CIRCUIT—Mark Siobal RRT FAARC, San Francisco CA

## OPEN FORUM • Poster Discussions

Researches and clinicians present research results on bread-and-butter issues in respiratory care. Audience and authors review the posters during the first part of the session. A brief oral presentation (no slides) and audience questions and discussion allow presenters to expand on the work featured on the posters.

### Poster Discussions #5 Neonatal/Pediatric – Part 1 12:30 pm – 2:25 pm

A COMPARISON OF FIO<sub>2</sub> AND GAS CONSUMPTION OF THREE BLENDERS DURING HELIOX ADMINISTRATION—Carrie Haessig, Cincinnati OH

NEBULIZED 3% HYPERTONIC SALINE FOR TREATMENT OF POST ECMO ATELECTASIS AND MUCOUS PLUGGING-A CASE REPORT—James Deckman BSRT, Parrish FL

THE EFFECTS OF EXTUBATION ON RESPIRATORY SUPPORT IN NEONATES ON NAVA—Howard Stein MD, Toledo OH

STAFF SURVEY FOLLOWING THE IMPLEMENTATION OF A BETA AGONIST/AIRWAY CLEARANCE PATHWAY IN A PEDIATRIC INTENSIVE CARE UNIT—Gary Lowe Med RRT-NPS RPFT, Little Rock AR

REDUCING NITRIC OXIDE USE IN THE NICU BY UTILIZING RESPIRATORY DRIVEN PROTOCOLS—Stacy Hubbard RRT, BSRT, Columbus OH

IMPLEMENTATION OF A BETA-AGONIST/AIRWAY CLEARANCE PATHWAY IN A PEDIATRIC INTENSIVE CARE UNIT—Gary Lowe MEd RRT-NPS RPFT, Little Rock AR

A RETROSPECTIVE EVALUATION OF PEDIATRIC PRESSURE ULCERS CAUSED BY DEVICES USED FOR NON-INVASIVE VENTILATION—Cynthia White MSc RRT-NPS AE-C FAARC, Cincinnati OH

HIGH FREQUENCY JET VENTILATION VS MID-FREQUENCY VENTILATION, DOES MINUTE VENTILATION AND CO<sub>2</sub> WASHOUT MATTER?—Kevin Crezee, Salt Lake City UT

THE DRISCOLL-RAINBOW MANEUVER: A NEW AIRWAY CLEARANCE TECHNIQUE IN MECHANICALLY VENTILATED PATIENTS WITH UNILATERAL DISEASE—Alexandre Rotta MD, Cleveland OH

HIGH FLOW NASAL CANNULA THERAPY AS AN ALTERNATIVE TO NASAL CONTINUOUS POSITIVE AIRWAY PRESSURE IN PRETERM INFANTS: A POOLED ANALYSIS—Alexandre Rotta MD, Cleveland OH

A BENCH EVALUATION OF MINUTE VOLUME AND FLOW DELIVERY THROUGH VARIOUS NASAL INTERFACES IN NIMV—Rick Carter AS Respiratory Care, Salt Lake City UT

## Poster Discussions #6

### Education – Part 1

12:30 pm – 2:25 pm

CPR CERTIFICATION AMONG FACULTY AT ELEMENTARY SCHOOLS—Jill Grove, Alliance OH

COPD OUTREACH THROUGH SERVICE-LEARNING IN RESPIRATORY THERAPY: STUDENT AND COMMUNITY PERCEPTIONS—Jessica Liddil, Canal Winchester OH

ICU PHYSICIANS HAVE THE PERCEPTION THAT RTS ARE PREPARED TO MANAGE MECHANICAL VENTILATION AND RELATED PROCEDURES FOR PATIENTS WHO ARE IN THE ICU—Abdullah Alqarni, Mobile AL

VIRGINIA SOCIETY FOR RESPIRATORY CARE MEMBERSHIP SURVEY OF BACCALAUREATE AND CREDENTIALING STANDARDS IN THE COMMONWEALTH—Thomas Malinowski MSc, Fredericksburg VA

BRINGING STANDARD WORK PRINCIPLES TO THE BEDSIDE: WEANING PROCESS—Charez Norris RRT, Phoenix AZ

AN ON-LINE PROGRAM IN CULTURAL COMPETENCY IMPROVES RT STUDENTS' KNOWLEDGE AND ATTITUDES ABOUT CULTURALLY DIVERSE POPULATIONS—Andrew Mazzoli, Augusta GA

A STUDY OF A MECHANICAL VENTILATION EDUCATION CURRICULUM FOR MEDICAL INTENSIVE CARE UNIT RESIDENTS—Wei Jian Matthew Tan BSRC, Singapore

EVALUATION OF LEARNING STYLES FOR PATIENTS WITH COPD—Jennifer Gilbert, Boise ID

## Poster Discussions #7

### Asthma/Pulmonary Diseases

3:10 pm – 5:05 pm

AIR QUALITY INDEX AND POLLEN EXPOSURE ON ASTHMATIC CHILDREN IN ARKANSAS—Gary Lowe MEd RRT-NPS RPFT, Little Rock AR

CHEST WALL STRAPPING INCREASES EXPIRATORY AIRFLOW AND THE NUMBER OF SMALL AIRWAYS—Harold Winnike RRT RPFT AE-C, Iowa City IA

IMPROVED DISEASE MANAGEMENT OF THE COPD PATIENT THROUGH AN ELECTRONIC MEDICAL RECORD—Fernando Gonzalez, San Diego CA

A BASELINE REVIEW OF COPD “FREQUENT FLIERS” AT 22 HOSPITALS WITH TWO YEARS IN REVIEW – COMORBIDITIES, HOSPITAL EVENTS AND READMISSION RATES: 3 OF 3—Steve Abplanalp MBA, Salt Lake City UT

EARLY AMBULATION (EA) IN HIGH ACUITY PATIENTS IN MULTIPLE FACILITY INTENSIVE CARE UNITS: 5 YEARS IN REVIEW—Vrena Flint MBA, Murray UT

MANAGING A PATIENT WITH STATUS ASTHMATICUS UTILIZING INTRAPULMONARY PERCUSSIVE VENTILATION AND A HIGH FLOW NASAL CANNULA AVOIDS ENDOTRACHEAL INTUBATION—Felix Khusid RRT-NPS RPFT FAARC, Brooklyn NY

EFFECTS OF A COPD PATHWAY ON HOSPITAL READMISSION RATES—Melissa Ash, Downingtown PA

PORTABLE CLINIC VISITS TO SCHOOLS IMPACT ASTHMA IN CHILDREN—William C Pruitt MBA RRT CPFT FAARC, Mobile AL

SPACE WEATHER: THE NEXT FRONTIER IN ASTHMA RESEARCH—Matthew Ourednik BSBS, Lakewood OH

THE IMPLEMENTATION OF A RESPIRATORY CARE SERVICES INFLUENZA TESTING PROTOCOL—Patti Solano, Chicago IL

JCAHO REQUIREMENT: IMPROVING FOLLOW-UP APPOINTMENT RATE FOR ASTHMA PATIENTS—Lisa Regnold-Frank, Cincinnati OH

INNOVATIVE MULTIMEDIA APPROACH FOR PATIENTS DISCHARGED WITH ASTHMA—Lisa Regnold-Frank, Cincinnati OH

THE VALUE OF ASTHMA EDUCATION IN PRODUCTIVITY TIME STANDARDS—Lisa Regnold-Frank, Cincinnati OH

## Poster Discussions #8

### Home Care/O<sub>2</sub> Therapy

3:10 pm – 5:05 pm

COMPARISON OF FLOW OUTPUT FROM COMPRESSORS USED TO RUN SMALL VOLUME NEBULIZERS—Carolyn McHendry BSRT, Independence KY

THE EFFECT OF ANATOMIC RESERVOIR ON FIO<sub>2</sub> FOR CONSTANT FLOW VS PULSE FLOW OXYGEN DELIVERY DEVICES—Steven Zhou, Hudson OH

ONE YEAR REVIEW OF HIGH FLOW OXYGEN DELIVERY SYSTEM OUTCOMES—Kenneth Miller MEd, Bath PA

HEALTHCARE PROFESSIONALS ACCURACY AND CONSISTENCY IN SETTING OXYGEN FLOWMETERS FOR PATIENTS IN AN INTENSIVE CARE UNIT—Suzanne Godbold BS Cardiopulmonary Care, Little Rock AR

PENDANT RESERVOIR CANNULA OFFERS ADVANTAGES OVER STANDARD CANNULA IN A MODEL OF COPD—Sherry Babic RRT, Cleveland OH



THE USE OF HIGH FLOW NASAL CANNULA IN OBESE PATIENT POST CARDIOTHORACIC SURGERY—Cassandra Haynes BHS, Cincinnati OH

COMPARISON OF RIGHT AND LEFT PRONG OXYGEN FLOW RATE ON FIVE DIFFERENT NASAL CANNULA ADJUNCTS—Nicholas Henry MSc, San Marcos TX

PERFORMANCE OF OXYGEN CONCENTRATORS AT ALTITUDE AND TEMPERATURE EXTREMES—Thomas C Blakeman MSc RRT, Cincinnati OH

PERFORMANCE OF CHEMICAL OXYGEN GENERATORS AT ALTITUDE AND TEMPERATURE EXTREMES—Dario Rodriguez Jr RRT FAARC, Cincinnati OH

EVALUATION OF OXYGEN USE IN THE ACUTE CARE SETTING OF A TEACHING COMMUNITY HOSPITAL - A PILOT PROJECT—Khalid Sherani, Mineola NY

THE EFFECTS OF NASAL CYCLING ON INSPIRED FIO<sub>2</sub> BY NASAL CANNULA IN AN ADULT MODEL—Nicholas Henry MSc, San Marcos TX

## Thursday, December 11

### OPEN FORUM • Poster Discussions

Researchers and clinicians present research results on bread-and-butter issues in respiratory care. Audience and authors review the posters during the first part of the session. A brief oral presentation (no slides) and audience questions and discussion allow presenters to expand on the work featured on the posters.

### Poster Discussions #9 Aerosols/Drugs – Part 2 9:30 am – 11:25 am

COMPARISON OF TWO CLINICALLY ACCEPTED METHODS OF METERED DOSE INHALER ALBUTEROL DELIVERY IN MECHANICALLY VENTILATED INFANTS WITH SEVERE BRONCHOPULMONARY DYSPLASIA—Brian Clouse, Barnesville OH

EFFECT OF TIDAL VOLUME AND VIBRATING MESH NEBULIZER POSITION ON AEROSOL DELIVERY IN A PEDIATRIC MECHANICAL VENTILATION MODEL—Randy Willis BSRT, Little Rock AR

EFFECTS OF BLEED-IN METHOD AND VOLUME VENTILATION ON NITRIC OXIDE DELIVERY DURING MRI—Chad Weagraff, Cleveland OH

COMPARISON OF AEROSOL DRUG DEPOSITION BETWEEN AEROSOL MASKS AND MOUTHPIECE USING A VIBRATING MESH NEBULIZER IN A SPONTANEOUSLY BREATHING LUNG MODEL—David L Vines MHS RRT FAARC, Chicago IL

INFLUENCE OF PATIENT INTERFACE AND GAS COMPOSITION ON ALBUTEROL DELIVERY IN A SPONTANEOUSLY BREATHING INFANT AND CHILD MODELS: A BENCH STUDY—Christine Kearney, Seattle WA

BENCH EVALUATION OF EZPAP: NEBULIZER EFFICIENCY AND POSITIVE AIRWAY PRESSURE GENERATION—Jonathan Cope, Red Lion PA

AEROSOL MASKS VERSUS MOUTHPIECE: THE INFLUENCE OF AEROSOL INTERFACES ON DRUG DEPOSITION IN A SPONTANEOUSLY BREATHING MODEL—Hemali Brahmhatt MSc, Chicago IL

FOLLOW THE ARROW: AN EVALUATION OF THE AERONEB SOLO ADULT T-PIECE DIRECTION ON DOSE DELIVERY IN AN IN-VITRO MODEL—Meagan Dubosky MS, Chicago IL

### Poster Discussions #10 Management 9:30 am – 11:25 am

2014 UTAH SOCIETY FOR RESPIRATORY CARE AARC/USRC MEMBERSHIP SURVEY—Kelly Rose MSHS, Murray UT

IMPROVING COMPLIANCE WITH A NEW PRODUCTIVITY PROCESS IN A LARGE PEDIATRIC RESPIRATORY CARE DIVISION—Angela Saunders RRT, Williamsburg OH

UTILIZING A PILOT STAFFING MODEL TO DRIVE PATIENT OUTCOMES IN A PEDIATRIC INTENSIVE CARE UNIT—Joyce Baker, Aurora CO

A QUALITY IMPROVEMENT PROJECT TO REDUCE THE NUMBER OF THIRTEEN HOUR SHIFTS IN THE RESPIRATORY CARE DIVISION—Elizabeth Cooper BHS RRT, Cincinnati OH

JUST CULTURE: A KEY ELEMENT TO IMPROVING PATIENT SAFETY—Joyce Baker MBA, Aurora CO

PROTOCOL BASED RESPIRATORY CARE SERVICES - STILL NOT NECESSARILY THE EXPECTED RESULTS?—Russell Graham BSRC, Houston TX

TRACKING SYSTEM OBSTACLES TO IMPROVE RESPIRATORY THERAPISTS WORKFLOW AND OVERALL QUALITY OF PATIENT CARE—Elise Miller RRT-NPS, Golden CO

WORKPLACE BULLYING AMONG RESPIRATORY THERAPY MANAGERS AND SUPERVISORS IN OHIO—Sarah Varekojis PhD RRT, Columbus OH

USE OF A STAFFING TOOL TO MEET HOSPITAL PRODUCTIVITY THRESHOLDS—Teresa A Volsko MHHS RRT FAARC, Akron OH

KBMA: ACHIEVE AND SUSTAIN MAXIMUM POSSIBLE COMPLIANCE—Peggy Watts, St. Louis MO

DECREASING SERIOUS HARM WITH QUALITY IMPROVEMENT IN A PEDIATRIC INTENSIVE CARE UNIT—Brandy Seger MSc, Cleves OH

ASSESSMENT OF MORAL DISTRESS IN RESPIRATORY THERAPISTS—Marjorie Timmer MA MBA MHA, Atlanta GA

SURVEY OF PROLONGED MECHANICAL VENTILATION IN INTENSIVE CARE UNITS IN MAINLAND CHINA: A PROSPECTIVE MULTICENTER STUDY—Jie Li MSc, Beijing China

### OPEN FORUM • Posters Only #3 10:30 am – 2:30 pm

Researchers and clinicians present the results of their work in this Posters Only session.

Authors available from 12:00 pm – 1:30 pm for questions and interaction.

## Airways Care

PERFORMANCE OF THE SONARMED AIRWAVE IN A CONTINUOUS FLOW ENVIRONMENT: A BENCH STUDY—Garner Faulkner II BSRC, San Diego CA

IMPACT OF SECRETION BUILD-UP WITHIN ENDOTRACHEAL TUBES ON AIRWAY RESISTANCE IN A SMALL PATIENT COHORT—Michael Sajor MSc, Winfield IL

EFFECTS OF COUGH WITH MECHANICAL ASSISTED COUGH (MAC) AND HIGH FREQUENCY CHEST WALL OSCILLATION (HFCWO) FOR AIRWAY CLEARANCE—Tetsuo Miyagawa PhD, Yokohama Kanagawa Japan

EFFECTS OF DIFFERENT AMOUNT OF ARTIFICIAL SECRETIONS ON THE AIRFLOW RESISTANCE OF ADULT ENDOTRACHEAL TUBES—Mufleh AlRougi, Mobile AL

OPINIONS OF RESPIRATORY THERAPISTS ON THE USE OF ADHESIVE TAPE AND HOLLISTER ANCHOR FAST TUBE HOLDER FOR ETT SECUREMENT—Saad AlMutairi, Mobile AL

COMPARISON OF ADDING A PEDIATRIC OMNI-FLEX CONNECTOR OR A SONTEK SWIVEL Y ON DELTA PRESSURE AND MEAN AIRWAY PRESSURE ON THE SENSORMEDICS 3100A—Jared Rice BSRT, Cleveland OH

MANUAL VERSUS MECHANICAL PERCUSSION—Shawn Case, Boise ID  
ESTABLISHING NEW UNPLANNED EXTUBATION BENCHMARK AT KING FAHAD MEDICAL CITY(KFMC)—Nasser AlHomoud, Riyadh Saudi Arabia

AARC ENDOTRACHEAL SUCTION CLINICAL PRACTICE GUIDELINE: IS IT IMPACTING OUR PRACTICE IN THE ICU?—Denise Acevedo, San Antonio TX

## Diagnostics

AN EVALUATION OF AEROSOL EXPOSURE AND OCCUPATIONAL ASTHMA IN RESPIRATORY THERAPISTS—Kelly McDermott, Madison WI

QUALITY OF SPIROMETRY PERFORMED BY REGISTERED NURSES IN A PEDIATRIC POPULATION: EFFECTS OF AN EDUCATIONAL PROGRAM—Julie Feldstein, Cincinnati OH

CAN CARDIORESPIRATORY PERFORMANCE BE INFLUENCED BY THE LIPID PROFILE IN DIABETIC HYPERTENSIVE ELDERLY? A PARALLEL TRIAL CLINICAL STUDY—Etiene Fittipaldi PhD, Recife Brazil

## Education

EFFECTIVENESS OF AMERICAN COLLEGE OF CHEST PHYSICIANS' INSTRUCTIONAL HANDOUT REGARDING METEDED-DOSE INHALER (MDI) ON ADULT PATIENTS—E. Rosenkranz MSRT, Chicago IL

PERCEPTIONS TOWARD AN INTERPROFESSIONAL EDUCATION CLINICAL ROTATION: COMPARING HEALTHCARE PROFESSION STUDENTS AND STAFF—Cindy Bravo-Sanchez MPA, Brooklyn NY

EVALUATION OF A TRAINING METHOD TO IMPROVE KNOWLEDGE, SKILLS AND INCREASE THE CLINICAL USE OF PRONE POSITIONING—Adel Aljoaid, Oak Park IL

## Management

IMPROVING THE DELIVERY OF ASTHMA EDUCATION TO PARENTS OF YOUNG CHILDREN—Jacqueline Arroyo MSc RRT, Skokie IL

THE UTILIZATION OF A RESOURCE ALGORITHM TO ENHANCE DEPARTMENTAL COMMUNICATIONS—Kenneth Miller MEd, Bath PA

“WE HAVE SO MUCH MORE TO GIVE!” – EXPANDING THE RESPIRATORY THERAPIST'S ROLE TO INCLUDE CLINICAL RESEARCH RESPONSIBILITIES—Suzanne Godbold BS Cardiopulmonary Care, Little Rock AR

USE OF SECURED MEDICATION BOXES IN GENERAL CARE REDUCES RT TIME AND ENHANCES EFFICIENCY ASSOCIATED WITH BRONCHODILATOR AND INHALED CORTICOSTEROID ADMINISTRATION—Joseph Lynott, Bowie MD

CREATING A TEMPORARY RESPIRATORY WORKFORCE COMPRISED OF NEW RESPIRATORY THERAPY GRADUATES: IS IT SAFE AND ARE THERE HIDDEN BENEFITS?—Scott Crego BSHA, Charleston SC

THE RISK AND RELATED FACTORS OF MECHANICALLY VENTILATED PATIENTS READMITTED TO THE INTENSIVE CARE UNIT WITHIN SEVEN DAYS – A NATIONWIDE POPULATION-BASED COHORT STUDY—Chia-Chen Chu MSc, TaiChung Taiwan

RESPIRATORY THERAPISTS' PERCEPTION ON THE ADMINISTRATIVE FUNCTIONS OF THEIR JOB—Albert Heuer PhD RRT, Newark NJ

SUSTAINING RESPIRATORY THERAPIST ENGAGEMENT IN ICU LIBERATION—Tamra Kelly, Roseville CA

PUTTING MECHANISMS IN PLACE TO REDUCE OVERTIME—Jenifer Graves, San Diego CA

QUALITY IMPROVEMENT PROJECT MEDICAL EMERGENCY EQUIPMENT BAG EXCHANGE POLICY: CHECK-IN OR CARRY-ON?—Tammy Schultz MBA RRT-NPS, Austin MN

MANAGING FOR DAILY IMPROVEMENT: 6 SAFETY ELEMENTS FOR THE CARE OF PATIENTS WITH A TRACHEOSTOMY OR LARYNGECTOMY—Kathleen Spihlman, St. Louis MO

THE KENTUCKY CHILDREN'S HOSPITAL NICU RESPIRATORY WORKGROUP: RESULTS FROM A MULTIDISCIPLINARY TEAM LED BY AN RT/ MD DYAD—Lisa Wright MA, Lexington KY

THE USE OF AUTOMATED SCHEDULING SOFTWARE IMPROVES SCHEDULING INTEGRITY: MD ANDERSON DEPARTMENT OF RESPIRATORY SERVICES—Clarence Finch RRT MBA MHA, Houston TX

## Monitoring/Equipment

CAN A COMMON TOOL USED FOR PATIENT ASSESSMENT BE A CULPRIT FOR HEALTHCARE ASSOCIATED INFECTIONS?—Daniel Hujar, Cary NC

## OPEN FORUM • Poster Discussions 10:30 am – 2:30 pm

Researches and clinicians present research results on bread-and-butter issues in respiratory care. Audience and authors review the posters during the first part of the session. A brief oral presentation (no slides) and audience questions

and discussion allow presenters to expand on the work featured on the posters.

## Poster Discussions #11

### Airways Care

12:30 pm – 2:25 pm

PHASE III OF A MULTI-PHASE INTERDISCIPLINARY STUDY AIMED AT REDUCING ENDOTRACHEAL TUBE DEVICE-RELATED HOSPITAL ACQUIRED PRESSURE ULCERS IN ICU AND CVICU—Charez Norris RRT, Phoenix AZ

IMPACT OF A FOCUSED TRACHEOSTOMY ALGORITHM AND TRAINING ON RT MANAGEMENT OF POST-OPERATIVE TRACHEOSTOMIES—Stephanie Sparacino RRT, Atlanta GA

PRESSURE CHANGES IN HME CIRCUIT USING CUFFED POLYURETHANE ENDOTRACHEAL TUBE—William Howard MBA BSRT, Boston MA

IMPACT OF CONTINUOUS CUFF REGULATION - QUALITY IMPROVEMENT INITIATIVE—Mark Bouthot, Boston MA

WHAT HAPPENS TO CUFF PRESSURE AFTER THE ROUTINE CHECK?—William Howard MBA BSRT, Boston MA

COMPARISON OF THE TRACHEAL WALL PRESSURE EXERTED BY FIVE ENDOTRACHEAL TUBE CUFFS: A BENCH EVALUATION—Christopher Chenelle, Boston MA

COMPARISON OF THE ABILITY OF FIVE ENDOTRACHEAL TUBE CUFFS TO PREVENT LEAK: A BENCH EVALUATION—Taiga Itagaki, Boston MA

EBC PH AND PERSONAL AIR POLLUTION EXPOSURE—Naomi Nakagawa PT MSc PhD, São Paulo São Paulo Brazil

DOES ENDOTRACHEAL TUBE CLAMPING MAINTAIN AIRWAY PRESSURE? A BENCH EVALUATION—John Emberger Jr BSRT RRT FAARC, Newark DE

ENDOTRACHEAL TUBE CUFF INFLATION VOLUME AND RESULTANT CUFF PRESSURE: A MANIKIN STUDY—James Calhoun, Roanoke VA

DOES SUCTIONING DURING HFOV EFFECT THE AIRWAY PRESSURE AND FLOW? A BENCH EVALUATION—John Emberger Jr BSRT RRT FAARC, Newark DE

## Poster Discussions #12

### Ventilation/Ventilators – Part 2

12:30 pm – 2:25 pm

PRESSURE COMPARISON OF VDR SINGLE PATIENT PHASITRON AND TURBOHUB AND PRESSURE MEASUREMENTS OF A SINGLE PATIENT PHASITRON WITH 3.5, 5.0, AND 7.0 ENDOTRACHEAL TUBES—Brent Welch MPA, Salt Lake City UT

IDENTIFYING APPROPRIATE MECHANICAL VENTILATION ALARM SETTINGS TO IMPROVE PATIENT SAFETY: A BENCH STUDY—Aaron Roebuck BSRT, Frederick MD

THE IMPACT OF ENDOTRACHEAL TUBE LENGTH TO DELIVERED TIDAL VOLUME IN AN INFANT BENCH MODEL—Edward Guerrero, Santa Clarita CA

EFFECTIVENESS OF TIDAL VOLUME DELIVERY IN THE TRANSPORT ENVIRONMENT WITH NASAL CANNULA IMV: A BENCH STUDY IN AN INFANT MODEL—Edwin Khatchetourian, Tujunga CA

UNPLANNED EXTUBATION RATE AND OUTCOMES IN THE ADULT INTENSIVE CARE UNIT—Jefferson Mixell, Newark DE

THE IMPACT OF CLINICAL TRIALS: A SURVEY ON THE USE OF HFOV: A ONE YEAR FOLLOW-UP—Jonathan Scott MSc, Chicago IL

VENTILATOR MANAGEMENT OF PULMONARY ALVEOLAR PROTEINOSIS POST-LUNG LAVAGE—Lindsey Kreisher, Durham NC

DOES OUR PRACTICE CHANGE WHEN PRESENTED WITH EVIDENCE? RESULTS OF FOLLOW UP STUDY ON VENTILATOR ALARM SELECTION IN A MEDICAL-SURGICAL ICU—Andrew Tate RRT, San Antonio TX

USE OF CONTINUOUS PHYSIOLOGIC AND MECHANICAL VENTILATION DATA TO PREDICT DEVICE UTILIZATION FOLLOWING EXTUBATION IN A PEDIATRIC COHORT—Brian K Walsh MBA RRT-NPS FAARC, Stoughton MA

## Poster Discussions #13

### Case Reports

3:15 pm – 5:10 pm

CASE REPORT FOR CHEST CUIRASS IN TODDLER WITH DIAPHRAGM WEAKNESS POST HEART TRANSPLANT—Ginger Weido RRT-NPS, Lilburn GA

ECMO AND HIGH FREQUENCY JET VENTILATION FOR NECROTIZING PNEUMONIA COMPLICATED BY BRONCHOPLEURAL FISTULA IN A PEDIATRIC PATIENT—Gary Lowe MEd RRT-NPS RPFT, Little Rock AR

A CASE SERIES OF FOUR TECHNOLOGY DEPENDENT INFANTS WITH COMPLICATIONS DURING NEBULIZER THERAPY—Shannon Short, Cincinnati OH

INDEPENDENT LUNG VENTILATION UTILIZING HIGH FREQUENCY JET VENTILATION IN A TWO MONTH OLD WITH CONGENITAL PULMONARY AIRWAY MALFORMATION—Ryan Sura, Minneapolis MN

NOVEL USE OF FIBEROPTIC BRONCHOSCOPY TO TREAT PERSISTENT LOBAR CONSOLIDATION—T. Jacques, Seattle WA

THE IMPACT OF AIRWAY RESISTANCE ON VENTILATOR ALARMS IN PEDIATRIC PATIENTS—Christy Dyer, Enon OH

THE VENTILATOR MANAGEMENT OF A CONGENITAL DIAPHRAGMATIC HERNIA IN A NEONATE: A CASE REPORT—Stephanie Bailes RRT-NPS, Stow OH

THE UNIQUE APPLICATION OF NEGATIVE PRESSURE CUIRASS VENTILATION IN A PEDIATRIC PATIENT—Mark Washam RRT RN MSN APRN, Cincinnati OH

THE RESULTS OF IMPLEMENTING A HIGH-FLOW NASAL CANNULA WEANING PROTOCOL IN A PEDIATRIC ICU—David Heitz RRT, Atlanta GA



## Poster Discussions #14

### Education – Part 2

3:15 pm – 5:10 pm

IMPACT OF PAID CLINICAL INSTRUCTORS ON RRT PASS RATE—Margaret-Ann Vaughan, Wichita KS

KNOWLEDGE, PERCEPTIONS, AND AWARENESS OF ELECTRONIC CIGARETTES AMONG HEALTHCARE PROVIDERS AND INPATIENTS—Amber Al-Abed, Cincinnati OH

IDAHO PHARMACY PRACTICES AS RELATED TO METERED DOSE INHALERS AND SPACERS—Kari Armstrong, Meridian ID

EXAMINING THE IMPACT OF AFTER SCHOOL HEALTH EDUCATION PROGRAM DESIGNED BY UNDERGRADUATE STUDENTS FOR ELEMENTARY-AGE CHILDREN—Joshua Coquat BSRC, San Antonio TX

CHILD ASTHMA CONTROL TEST USED TO ASSESS ELEMENTARY SCHOOL CHILDREN WHO HAVE BEEN DIAGNOSED WITH ASTHMA—Chinazo Orgazai, San Antonio TX

INTERPROFESSIONAL LAB: LOMA LINDA UNIVERSITY'S INCLUSIVE INTERPROFESSIONAL EDUCATION EXPERIENCE—Abdullah Alismail MSc, Redlands CA

KNOWLEDGE RETENTION OF DIFFERENT INHALER DEVICES BETWEEN RESPIRATORY THERAPISTS AND REGISTERED NURSES—Abdullah Alismail MSc, Redlands CA

## Friday, December 12

### OPEN FORUM • Poster Discussions

Researches and clinicians present research results on bread-and-butter issues in respiratory care. Audience and authors review the posters during the first part of the session. A brief oral presentation (no slides) and audience questions and discussion allow presenters to expand on the work featured on the posters.

## Poster Discussions #15

### Neonatal/Pediatric – Part 2

9:00 am – 10:55 am

IMPROVED INCIDENCE OF UNPLANNED EXTUBATIONS THROUGH PROCESS IMPROVEMENT IN A LEVEL IV NICU—Richard Williams BSRT, St Petersburg FL

IS THERE AN INCREASE IN EXPIRATORY RESISTANCE WITH GREATER BIAS FLOWS USING THE HIGH FREQUENCY OSCILLATOR?—Jeffrey Wright BSRT, West Valley City UT

VALIDATION OF THE MODIFIED INSURE METHOD AND EVALUATION OF ITS EFFECT ON INTUBATED DAYS AND REINTUBATION RATES—Maria Dixon, East Liverpool OH

CONTINUOUS HIGH FREQUENCY OSCILLATION THERAPY IN MECHANICALLY VENTILATED PATIENTS IN THE PEDIATRIC INTENSIVE CARE UNIT—Ira Cheifetz MD FAARC, Durham NC

COMPARISON OF AMPLITUDE AND LUNG COMPLIANCE DURING HIGH FREQUENCY OSCILLATORY VENTILATION—John Priest, Boston MA

THE INTRODUCTION OF A NOVEL NEWBORN RESUSCITATION TRAINING PROGRAM AT AN INEXPERIENCED LEVEL II BIRTHING HOSPITAL SIGNIFICANTLY REDUCED ERRORS IN NEWBORN RESUSCITATIONS—Gordon Lassen, Provo UT

NITROGEN DIOXIDE (NO<sub>2</sub>) MEASUREMENTS OBTAINED FROM DIFFERENT SAMPLING LOCATIONS IN THE PATIENT CIRCUIT USING TWO INFANT VENTILATORS DURING NITRIC OXIDE (NO) ADMINISTRATION—Andrea McKillip, Tacoma WA

THE EFFECT OF CIRCUIT SIZE ON WORK OF BREATHING, TIDAL VOLUME ACCURACY, AND GRAPHICS QUALITY DURING SIMULATED PEDIATRIC VENTILATION—Dave Croswell, RRT-NPS FAARC, Seattle WA

RATE OF UNPLANNED EXTUBATION AND ASSOCIATED OUTCOMES IN THE NEONATAL INTENSIVE CARE UNIT—John Emberger Jr BSRT RRT FAARC, Newark DE

EVALUATION OF THE RELATIONSHIP BETWEEN HEMATOCRIT AND FIO<sub>2</sub> IN PRETERM INFANTS—Ryan Sharkey BSRT, Charlottesville VA

PROSPECTIVE RANDOMIZED CROSSOVER STUDY TO EVALUATE PHYSIOLOGIC RESPONSE WITH TWO SUBACUTE CARE VENTILATORS IN TRACHEOTOMIZED INFANTS WITH CHRONIC LUNG DISEASE—Robert M DiBlasi BSRT RRT-NPS FAARC, Seattle WA

## Poster Discussions #16

### Monitoring/Equipment – Part 2

9:00 am – 10:55 am

EVALUATION OF PROXIMAL VERSUS DISTAL AIRWAY PRESSURE ON THE METANE<sub>B</sub>—Nancy Johnson, Medina OH

ACCURACY OF ETCO<sub>2</sub> MEASUREMENTS USING A SIDE-STREAM DEVICE ON A SIMULATED PATIENT VIA HIGH-FLOW AEROSOL TEE-PIECE—Maura Bush, Chula Vista CA

EFFECTIVENESS OF MUFFLED 2-IN-1 ADAPTER AT DECREASING AMBIENT SOUND LEVEL AND EFFECT ON FLOW OUTPUT—Charline Don, San Diego CA

PULSE OXIMETRY SENSORS: ONE SIZE FITS ALL?—Natalie Napolitano MPH RRT-NPS FAARC, Philadelphia PA

TIDAL VOLUME DELIVERY WITH MASK TRIGGERED VENTILATION DURING PEDIATRIC RESUSCITATION: A BENCH STUDY—Kathleen Deakins MSHA RRT-NPS FAARC, Chardon OH

EVALUATION OF HUMIDIFICATION SETTINGS IN THREE NEW ICUS USING HEATED WIRES: AN OBSERVATIONAL STUDY—Amber Marquette, San Antonio TX

A DISPOSABLE, BEDSIDE SYSTEM TO SUPERSATURATE LIQUIDS WITH DISSOLVED OXYGEN FOR TREATMENT OF CLOSTRIDIUM DIFFICILE INFECTION—Daniel Grady MSc, Asheville NC

ACCURACY OF TIDAL VOLUME DELIVERY IN 2 COMMONLY USED PEDIATRIC VENTILATORS: A BLAND-ALTMAN COMPARISON—Jessica Semenko-Meli, Pittsburgh PA



# AARC Congress 2014





# Thursday, Dec 11

## 41<sup>st</sup> Donald F Egan Scientific Memorial Lecture

8:30 am – 9:25 am

This lecture provides an overview of in-depth information about dynamic aspects of pulmonary physiology, pulmonary medicine, or clinical respiratory care. The lectureship is extended to a recognized world-class participant in the area of interest – investigator, clinician, or academician.

### What Have We Learned about Noninvasive Ventilation in the Past 20 Years?



Laurent Brochard MD, Toronto Canada

*Content Category: Adult Critical Care*

Twenty years ago, noninvasive ventilation was introduced into acute care practice. This therapy is now widely used in the acute care

setting. This lecture will address the evolution of noninvasive ventilation over the past 20 years, presented by an individual who has made much academic contribution to this field.

### Adult Acute Care Section Membership Meeting



9:30 am – 10:00 am

Keith D Lamb RRT-ACCS/Presiding

Section members meet to determine their needs and priorities, as well as how to use AARC resources to accomplish them. All Congress attendees, including section non-members, are invited to attend and to participate.



## Open Forums #9 and #10

9:30 am – 11:25 am

Supported by an unrestricted educational grant from

**monaghan™**

Researchers and clinicians present the results on bread-and-butter issues in respiratory care. Audience and authors review the posters during the first part of the session. A brief oral presentation (no slides) and audience questions and discussion allow presenters to expand on the work featured on the poster.

### OPEN FORUM Editors' Choice

9:30 am – 11:55 am

Abstracts in this session were selected by the RESPIRATORY CARE Editors and reviewers as the most outstanding ones submitted for this year's OPEN FORUM. Each Editors' Choice author will give a 10-minute slide presentation, followed by 10-minute of audience questions and discussion.

9:30 am - 9:50 am

#### Lack of Compliance with Lung-Protective Ventilation Is Not Due to Inaccurate Height Measurement

Terry L Forrette MHS RRT FAARC, New Orleans LA

9:55 am - 10:15 am

#### Accuracy of the Electronic Health Record Patient Height

Matthew C Jurecki RRT, Cleveland OH

10:20 am - 10:40 am

#### End-tidal Capnography Utilization in Determining Cardiac Arrest Outcomes in the Emergency Department

Nancy G Graff RRT RPSGT, Grand Rapids MI

10:45 am - 11:05 am

#### Use of a Respiratory Care Practitioner Disease Management (RCP-DM) Program for Patients Hospitalized with COPD

Robin Kidder RRT AE-C, St. Louis MO

11:10 am - 11:30 am

#### A Comparison of Positive Pressure Modalities in a Respiratory Therapist Driven Protocol for Patients Post Anatomic Lung Resection

Jenny Hsieh RRT, Chicago, IL

11:35 am - 11:55 am

#### Infant Pulmonary Function Testing and High Resolution Controlled Ventilation Chest CT as Predictors for Extubation in Endotracheally Intubated Infants with Severe Bronchopulmonary Dysplasia

Courtney R Cira MSc RRT, Columbus OH



# Thursday, Dec 11

## Surface & Air Transport Section Membership Meeting

9:50 am – 10:20 am

Billy L Hutchison RRT-NPS/Presiding

Section members meet to determine their needs and priorities, as well as how to use AARC resources to accomplish them. All Congress attendees, including section non-members, are invited to attend and to participate.



## Neonatal-Pediatric Clinical Cases — An Interactive Discussion

10:00 am – 11:05 am

### Neonatal-Pediatric Clinical Cases – An Interactive Discussion

Ira M Cheifetz MD FCCM FAARC,  
Durham NC

Lisa Tyler MSM RRT-NPS CPFT,  
Philadelphia PA

*Content Category: Neonatal/Pediatric*

Back by popular demand! This interactive, audience response session returns to the program. Interesting and informative neonatal and pediatric cases will be presented in an interactive, audience-response fashion. Come learn and share your thoughts on the management of difficult critically ill neonatal and pediatric patients with respiratory failure.

## RESPIRATORY CARE

The peer-reviewed science journal of the American Association for Respiratory Care

## How to Sleep with a Broken Heart: Impact of Sleep-Disordered Breathing on Cardiac Conditions

10:30 am – 11:05 am

### How to Sleep with a Broken Heart: Impact of Sleep-Disordered Breathing on Cardiac Conditions

Amber L Galer RRT, West Point UT

*Content Category: Sleep Medicine*

Sleep-disordered breathing can lead to many health complications, especially cardiac arrhythmias and, potentially, congestive heart failure. Learn when to refer for a sleep study as well as the various types of SDB that potentially may emerge. This lecture will provide insight into the various treatment options available to cardiac patients as well as the importance of adhering to treatment.

## Skating to Where the Puck Is Going – Business Strategies that Support Success

10:30 am – 11:05 am

### Skating to Where the Puck Is Going – Business Strategies that Support Success

Joy E Hargett MBA RRT, Manvel TX

*Content Category: Management*

Understanding where health care is headed is an arduous, unpredictable, and frustrating expedition. Being nimble and adaptable are key elements to success, whether you are a department manager, supervisor, or staff therapist. Using successful business strategies and leadership styles can guide you through these changing times to meet department and hospital objectives.



Ira M Cheifetz MD  
FCCM FAARC



Lisa Tyler MSM  
RRT-NPS CPFT



Amber L Galer RRT



Joy E Hargett MBA  
RRT

## Advances in Pediatric Resuscitation: Implications for the Respiratory Therapist

10:30 am – 11:05 am

### Advances in Pediatric Resuscitation: Implications for the Respiratory Therapist

**Vinay Nadkarni MD, Philadelphia PA**

*Content Category: Neonatal/Pediatric*

Significant controversy and disbelief surrounding the lessening of the importance of ventilation during resuscitation continues to exist. This presentation by an international expert will review the science supporting the recent changes in the approach to resuscitation.

## Ventilator Waveforms: Down to the Basics

10:30 am – 11:05 am

### Ventilator Waveforms: Down to the Basics

**Ruben D Restrepo MD RRT FAARC, San Antonio TX**

*Content Category: Adult Critical Care*

Recognizing how ventilator waveforms are displayed is critical to understand patient-ventilator interactions and to optimize the management of patients undergoing invasive mechanical ventilation. This presentation is designed to explain the foundational concepts behind every graphic displayed on the ventilator screen.

## APRV Is Optimal for Preventing Lung Injury

10:30 am – 11:45 am

### APRV Is Optimal for Preventing Lung Injury

**Pro: Nader M. Habashi MD FACP FCCP, Baltimore MD**

**Con: Robert M Kacmarek PhD RRT FAARC, Boston MA**

*Content Category: Adult Critical Care*

This Pro-Con will be held to illuminate both sides of the very commonly debated topic of whether or not Airway Pressure Release Ventilation should be used to manage patients with ARDS, or used to prevent ARDS.

## Oxygen Therapy: Doing It Right

10:30 am – 12:25 pm

10:30 am – 11:05 am

### Oxygen Therapy: The Science Behind the Therapy

**Brian W Carlin MD FAARC, Pittsburgh PA**

*Content Category: Clinical Practice*

This session will review the science behind the use of oxygen therapy for patients with chronic lung disease.

11:10 am – 11:45 am

### Oxygen Therapy: Methods to Optimize Therapy

**Kimberly Wiles RRT CPFT, Ford City PA**

*Content Category: Clinical Practice*

This session will focus on the practical aspects of setting up oxygen therapy in the home environment.

11:50 am – 12:25 pm

### Home Oxygen Therapy: What Is the Market Today and Where Is It Going?

**Joseph Lewarski RRT FAARC, Elyria OH**

*Content Category: Clinical Practice*

Home oxygen therapy has long been considered the foundation of the home respiratory business. Despite its business and social importance, it has been difficult to accurately quantify the size of the home oxygen market and its growth. The lecture presents data regarding the market size and uses a mathematical model to estimate the number of home oxygen therapy patients and the current growth rate.



Vinay Nadkarni MD



Ruben D Restrepo  
MD RRT FAARC



Nader M. Habashi  
MD FACP FCCP



Robert M Kacmarek  
PhD RRT FAARC



Brian W Carlin MD  
FAARC



Kimberly Wiles  
RRT CPFT



Joseph Lewarski  
RRT FAARC

# Thursday, Dec 11

## Uncommon Etiologies of Neonatal/Pediatric Respiratory Distress: A Transport Case Series

10:30 am – 12:25 pm

10:30 am – 11:05 am

### Neonatal Respiratory Distress and Irritability: Neonatal Absence Syndrome (NAS) of a Different Etiology?

Bradley A Kuch RRT-NPS FAARC, Pittsburgh PA

*Content Category: Neonatal/Pediatric*  
Neonatal absence syndrome (NAS) continues to be a major reason for neonatal referral to tertiary care centers. A large majority of these referrals are a result of narcotic withdrawal; however withdrawal from non-narcotic pharmacologic agents can result in a similar presentation. Selective Serotonin Reuptake inhibitors (SSRI) are one such agent. The lecture will begin with a case-review of a neonate referred for respiratory distress and irritability of unknown etiology. Epidemiology, symptomatology, treatment, and outcome of neonatal SSRI withdrawal will be discussed. The lecture will conclude with a literature review of SSRI withdrawal in the neonatal patient.

11:10 am – 11:45 am

### Not All Cardiogenic Shock Comes from the Heart!

Steven E Sittig RRT-NPS FAARC, Rochester MN

*Content Category: Adult Critical Care*  
This case study will discuss the presentation of a 3-day-old term infant arriving at a local emergency department with severe respiratory distress. Attendees will be lead through a systematic differential approach the pediatric transport team completed to stabilize this child. Ultimately the audience will learn

the unique condition encountered and why all causes of respiratory distress may not be so evident. Discussion will then focus on pathology and treatment of this case of high cardiac output failure.

11:50 am – 12:25 pm

### The 3 Most Interesting Neonatal/Pediatric Transport Cases I've Ever Seen

Steven E Sittig RRT-NPS FAARC

*Content Category: Adult Critical Care*

The specialty area of medical transport can be very dynamic as well as challenging. Any transport RT has stories to tell of their experiences and how even the best laid plans can throw you a twist to your day. Not unlike Forrest Gump's "Life is like a box of chocolates...you never know what you are going to get." This lecture will focus on the speaker's most interesting transport cases in his career so far.

## Best Practices in Pulmonary Rehabilitation

10:30 am – 12:25 pm

10:30 am – 11:05 am

### Endurance Training and Exercise

Chris Garvey FNP MSN MPA FAACVPR, Daly City CA

*Content Category: Clinical Practice*

Developing the best, individualized exercise program for the pulmonary rehabilitation patient is challenging. Incorporating aerobic exercise, strength training with upper and lower extremity exercises and oxygen titration for the oxygen dependent patient is a must. Where do you start? How do you do it? Come to this symposium and learn Best Practices.



Steven E Sittig  
RRT-NPS FAARC



Chris Garvey FNP  
MSN MPA  
FAACVPR



11:10 am – 11:45 am

### Keeping Patients Oxygenated During Exercise Training Sessions

Trina M Limberg RRT FAARC FAACVPR,  
San Diego CA

*Content Category: Clinical Practice*

Treating hypoxemia during exercise training can be challenging from finding the best delivery device to meeting the patient's oxygen demands to recommending a home oxygen system that will work. Oxygen titration is also very different for the obstructive versus the restrictive patient. How can you meet your patient's needs? Come to this presentation and take home clinically relevant information.

11:50 am – 12:25 pm

### Exercise Training and Progression Case Studies

Carl Willoughby RRT, Eureka CA

*Content Category: Clinical Practice*

Learn "Best Practices" on how to design a comprehensive exercise training program through Case Studies in a COPD, Restrictive and Pulmonary Hypertension Patient. Then take this data to the next level of patient outcomes.

### Continuous Pulse Oximetry for Diagnostic Sleep Screening

11:10 am – 11:45 am

### Continuous Pulse Oximetry for Diagnostic Sleep Screening

Jon Carlson RT RRT-NPS, Buffalo NY

*Content Category: Sleep Medicine*

This presentation expands continuous pulse oximetry monitoring into a diagnostic system for identifying suspected sleep apnea and applying an algorithm-based protocol for quantifying and treating positive patients.

### What Do You Mean That the Patient is Not the #1 Customer?

11:10 am – 11:45 am

### What Do You Mean That the Patient is Not the #1 Customer?

Scott Reistad RRT CPFT FAARC, Colorado Springs CO

*Content Category: Management*

The changing health care world is causing many organizations to put in place customer satisfaction programs, re-write mission and vision statements, and to engage external consultants to improve patient satisfaction. Despite this, organizations continue to struggle to move the HCAHPS scores to demonstrate excellent patient satisfaction. It has been found that by "turning the focus upside down", your department can flourish, and as a result, patient satisfaction soars.

### Controversies in Neonatal-Pediatric Respiratory Care

11:10 am – 12:25 pm

### Advances in Respiratory Monitoring Have Improved Outcomes

Pro: Michael D Davis RRT, Richmond VA  
Con: Brian K Walsh MBA RRT-NPS FAARC, Boston MA

*Content Category: Neonatal/Pediatric*

Advances in the technology to monitor the neonatal and pediatric patient with acute respiratory failure continue to occur. But, have these advances improved outcomes or simply increased the cost of medical care? This pro / con presentation will highlight both sides of this important clinical controversy.



Trina M Limberg  
RRT FAARC  
FAACVPR



Scott Reistad RRT  
CPFT FAARC



Michael D Davis  
RRT



Brian K Walsh MBA  
RRT-NPS FAARC



# Thursday, Dec 11

## Ethics: An Interactive Case-Based Discussion

11:10 am – 12:25 pm

### Ethics: An Interactive Case-Based Discussion

Shawna L Strickland PhD RRT-NPS AE-C  
FAARC, Irving TX

Lewis Rubinson MD PhD, Seattle WA

*Content Category: Ethics and Law*

Respiratory therapists are faced with challenging clinical situations on a daily basis. This session will present three cases in which respiratory therapists are faced with an ethical dilemma and work through the cases to arrive at the most ethically supported outcome. The presenters will use an audience response system to provide participants the opportunity to share perspectives on these important scenarios.

## Respiratory Therapy 2015 and Beyond: Applied Adult Acute Care Case Study

11:10 am – 12:25 pm

11:10 am – 11:45 am

### Respiratory Therapy 2015 and Beyond: Applied Adult Acute Care Case Study – Part I

Daniel D Rowley MSc RRT-ACCS NPS RPFT  
FAARC, Charlottesville VA

*Content Category: Clinical Practice*

The roles and responsibilities of respiratory therapists continue to expand in multidisciplinary care management of acutely ill patients. The AARC's 2015 and Beyond Task Force has identified seven major content areas with skills and attributes of graduate respiratory therapists that are needed to optimize participation in guiding patient care management. This case study presentation will demonstrate how each of the major competencies identified by the AARC's 2015 and Beyond Task Force may be readily applied in the adult acute care setting.

11:50 am – 12:25 pm

### Respiratory Therapy 2015 and Beyond: Applied Adult Acute Care Case Study – Part II

Daniel D Rowley MSc RRT-ACCS NPS RPFT  
FAARC

*Content Category: Clinical Practice*

The roles and responsibilities of respiratory therapists continue to expand in multidisciplinary care management of acutely ill patients. The AARC's 2015 & Beyond Task Force has identified seven major content areas with skills and attributes of graduate respiratory therapists that are needed to optimize participation in guiding patient care management. This case study presentation will demonstrate how each of the major competencies identified by the AARC's 2015 and Beyond Task Force may be readily applied in the adult acute care setting.

## Sleep in the ICU

11:50 am – 12:25 pm

### Sleep in the ICU

Amber L Galer RRT, West Point UT

*Content Category: Sleep Medicine*

How much sleep do patients actually get in the ICU? Are we doing more harm than good? This lecture will explore the changes in sleep architecture of patients in the ICU and how this impacts their healing process.



Shawna L Strickland  
PhD RRT-NPS AE-C  
FAARC



Lewis Rubinson  
MD PhD



Daniel D Rowley  
MSc RRT-ACCS  
NPS RPFT FAARC



Amber L Galer RRT

## Exhibit Hours at The Buying Show:

Tuesday, Dec. 9, 11:00 am - 4:00 pm

Wednesday, Dec. 10, 9:30 am - 3:00 pm

Thursday, Dec. 11, 9:30 am - 2:00 pm

## Concierge Medicine: Is This the Future of Health Care?

11:50 am – 12:25 pm

### Concierge Medicine: Is This the Future of Health Care?

Tammy Kurszewski MEd RRT, Burkburnett TX

*Content Category: Management*

Healthcare for the elite only! Boutique medical practices are appearing throughout the country. As the Affordable Care Act makes full impact on our nation's healthcare system, we are seeing increasing numbers trending toward concierge medicine. How will this VIP approach impact health care accessibility as well as quality of care for the average American? Is this the future of medicine in our country and how might this impact the practice of respiratory care?

## Beyond the Epidural

11:50 am – 12:25 pm

### Beyond the Epidural

Sheryl Sahr MD, Des Moines IA

*Content Category: Adult Critical Care*

It is well established that appropriate pain control is integral to avoiding adverse sequela after traumatic thoracic injury. Epidural analgesia is often relied upon to provide this. This presentation will cover alternatives to epidural pain control in this patient population.

## Sleep Section Membership Meeting

12:30 pm – 1:00 pm

Russell E Rozensky/Presiding

Section members meet to determine their needs and priorities, as well as how to use AARC resources to accomplish them. All Congress attendees, including section non-members, are invited to attend and to participate.



## Open Forums #11 and #12

12:30 pm – 2:25 pm

Supported by an unrestricted educational grant from

**monaghan™**

Researchers and clinicians present the results on bread-and-butter issues in respiratory care. Audience and authors review the posters during the first part of the session. A brief oral presentation (no slides) and audience questions and discussion allow presenters to expand on the work featured on the poster.



Tammy Kurszewski  
MEd RRT



Sheryl Sahr MD

## Education Section Membership Meeting



12:50 pm – 1:20 pm

Joseph G Sorbello MEd RRT/Presiding

Section members meet to determine their needs and priorities, as well as how to use AARC resources to accomplish them. All Congress attendees, including section non-members, are invited to attend and to participate.

## Continuing Care/ Rehab Section Membership Meeting



12:50 pm – 1:20 pm

Gerilynn Connors RRT FAARC/Presiding

Section members meet to determine their needs and priorities, as well as how to use AARC resources to accomplish them. All Congress attendees, including section non-members, are invited to attend and to participate.



# Thursday, Dec 11

## Want Your Employee Opinion Scores to Soar? Unit-Based Councils May Be Your Answer

1:45 pm – 2:20 pm

### Want Your Employee Opinion Scores to Soar? Unit-Based Councils May Be Your Answer

Scott Reistad RRT CPFT FAARC, Colorado Springs CO

*Content Category: Management*

With evidence linking employee satisfaction to patient satisfaction and organizational performance, leaders can no longer ignore investing time in their staff. Unit-Based Councils are not just committees, but are specific entities that have repeatedly demonstrated profound impact on departmental culture and employee satisfaction.

## Inhaled Therapies: Not Just Albuterol Anymore!

1:45 pm – 2:20 pm

### Inhaled Therapies: Not Just Albuterol Anymore!

Timothy R Myers MBA RRT-NPS FAARC, Irving TX

*Content Category: Neonatal/Pediatric*

Years ago, inhaled medication was limited to albuterol. Recently, there has been a dramatic rise in the availability of inhaled therapies for the patient with respiratory disease. This presentation will discuss the therapeutic options and review the data supporting some of these novel approaches.

## Rib Plating

1:45 pm – 2:20 pm

### Rib Plating

Sheryl Sahr MD, Des Moines IA

*Content Category: Adult Critical Care*

Flail chest is a serious complication of blunt chest trauma. Respiratory failure is often a consequence. Rib plating has been suggested to be an option for restoring the mechanical properties of the chest wall in patients with flail chest. This presentation will cover the mechanism of flail chest, the adverse sequel, and advantages of rib plating.

## Liberation of the Unweanable Patient: Wean the Airway or Wean the Vent?

1:45 pm – 2:20 pm

### Liberation of the Unweanable Patient: Wean the Airway or Wean the Vent?

Zachary Gantt RRT, Livingston TN

*Content Category: Clinical Practice*

Conditions like DMD, ALS, and COPD often require tracheostomy and Prolonged Mechanical Ventilation (PMV). In the US tracheostomies are performed 7-14 days following oral intubation as a standard of care. However, changes across health care are challenging the status quo. Is tracheostomy the most clinically effective or cost efficient way to manage PMV patients? This lecture will discuss unorthodox methods of weaning tracheostomies or endotracheal tubes for what have long been deemed "unweanable patients". The speakers will present a case study of a patient living with muscular dystrophy, previously deemed unweanable and requiring endotracheal ventilation, ultimately extubated using noninvasive positive pressure ventilation (NIPPV) and mechanical cough-assist.



Scott Reistad RRT  
CPFT FAARC



Timothy R Myers  
MBA RRT-NPS  
FAARC



Sheryl Sahr MD



Zachary Gantt RRT

## Case Reports in Adult Critical Care

1:45 pm – 3:00 pm

### Case Reports in Adult Critical Care

Keith D Lamb RRT-ACCS, Des Moines IA

*Content Category: Adult Critical Care*

This presentation will discuss case reports in adult critical care. Audience response technology will be used and participants will be encouraged to take part in these exciting discussions.

## AARC Program Committee Spotlight – Distance Learning in the Not-So-Distant Future

1:45 pm – 3:00 pm

### Distance Learning in the Not-So-Distant Future

Pro: Georgianna Sergakis PhD RRT RCP, Columbus OH

Con: Crystal L Dunlevy EdD RRT RCP, Columbus OH

*Content Category: Education*

Is distance/online learning the wave of the future, a poor substitute for classroom instruction or something in between? This presentation will argue the pros and cons of distance education using the familiar “Point/Counterpoint” style of debate, and provide specific examples of how to incorporate techniques from both camps that will provide students with the optimal learning experience.

## Specialty Care Transport: 2014 and Beyond

1:45 pm – 3:00 pm

1:45 pm – 2:20 pm

### The Survey Says...: Results of a National Survey of Specialty Care Transport Teams

Alex J Brendel RRT-NPS MBA, Roanoke VA

Tabatha M Dragonberry RRT-NPS AE-C, Washington DC

*Content Category: Clinical Practice*

In 2014, two Respiratory Care Practitioners surveyed Specialty Care transport teams across the country to find out how RCPs are being utilized. The survey included questions on: team composition, scope of practice, licensure requirements, educational requirements, competencies, and many other items. This presentation will review the results of the survey and discuss strategies for increasing the presence of RCPs on Specialty Care teams.

2:25 pm – 3:00 pm

### The Rules of the Road: What You Need to Know About Licensure & Interstate Transport

Alex J Brendel RRT-NPS MBA

*Content Category: Clinical Practice*

There is a lot of confusion among Respiratory Care Practitioners about whether their home state’s licensure laws cover them while on a transport to another state. This presentation will look at all of the states that currently have a reciprocity agreement or waiver in place for transport therapists and offer some strategies for approaching the states around you with a reciprocity agreement.



Keith D Lamb  
RRT-ACCS



Georgianna Sergakis  
PhD RRT RCP



Crystal L Dunlevy  
EdD RRT RCP



Alex J Brendel  
RRT-NPS MBA



Tabatha M  
Dragonberry  
RRT-NPS AE-C

## RESPIRATORY CARE

OPEN FORUM<sup>®</sup> Symposia  
sponsored by

monaghan<sup>™</sup>

Clinicians present the results of their scientific studies. Abstracts with a similar focus are clustered into a symposium to encourage discussions and interactions among investigators and observers; posters expand the information presented. 16 OPEN FORUM Symposia will be presented during the four days of AARC Congress 2014. See pages 88-97 for symposium sessions, abstracts titles and authors.

# Thursday, Dec 11

## Intelligent Mechanical Ventilation: How Long Will We Stand in the Way?

1:45 pm – 3:40 pm

1:45 pm – 2:20 pm

### Do We Need Smarter Machines or Respiratory Therapists?

Richard D Branson MSc RRT FAARC,  
Cincinnati OH

*Content Category: Adult Critical Care*

In today's digital age, computerized mechanical ventilators are in every ICU. Computerized ventilators have only driven up the cost and not improved the care we provide. Safe, effective, and lung protective ventilation can be provided by wise respiratory therapists without computerized automation.

2:25 pm – 3:00 pm

### Is Computerized Mechanical Ventilation Superior to the Respiratory Therapist?

Robert L Chatburn MHHS RRT-NPS FAARC,  
Cleveland OH

*Content Category: Adult Critical Care*

Automation of mechanical ventilation can be safely and effectively done today, but is computerized mechanical ventilation superior to the bedside respiratory therapist when it comes to timing and implementation of protocols? This lecture will review the current technology available for closed-loop ventilation.

3:05 pm – 3:40 pm

### Is Computer-Aided Decision Support the Middle Ground?

Brian K Walsh MBA RRT-NPS FAARC,  
Boston MA

*Content Category: Adult Critical Care*

Computer aided decision support has been around for years; however it has never been widely accepted in mechanical ventilation.

This lecture will review plausible reasons why this may be the middle ground we require before accepting full automation of mechanical ventilation.



Richard D Branson  
MSc RRT FAARC



Robert L Chatburn  
MHHS RRT-NPS  
FAARC



Brian K Walsh  
MBA RRT-NPS  
FAARC





## AARC Program Committee Spotlight – Patient Safety

1:45 pm – 5:00 pm

1:45 pm – 2:20 pm

### So You Think Your Patient Has OSA

Camden J McLaughlin RRT FAARC,  
Blacksburg VA

*Content Category: Patient Safety*

This discussion will be case based. You are called to see a patient on the ward who is noted to have desaturations at night. What might make you think it is SDB? What are the risk factors? What could be done while the patient is admitted? Is it enough to simply recommend that the patient get tested after discharge — what are the liabilities for the hospital? How do you get a sleep study for the patient if indicated?

2:25 pm – 3:00 pm

### Sleep Disorders in Acute Care: The Surgical Patient

Julie Jackson BAS RRT-ACCS, Des Moines  
IA

*Content Category: Sleep Medicine*

OSA is an important co-morbidity in hospitalized patients. This lecture will look at what is being done to identify and care for the surgical patient from pre-operative evaluation and screening to the monitoring of these patients post-operatively.

3:05 pm – 3:40 pm

### Sleep Disorders in Acute Care: It's Not Your Father's CPAP

Camden J McLaughlin RRT FAARC

*Content Category: Sleep Medicine*

This talk will cover APAP, servo devices, ramp, c-flex, and other modern technologies available in today's sleep machines. What's the RT to do when called to the floor to see a patient and the patient's device is one the therapist has never seen before? Should patients be allowed to use their home machine in the hospital?

3:45 pm – 4:20 pm

### Sleep Disorders in Acute Care: On the General Wards

Julie Jackson BAS RRT-ACCS

*Content Category: Sleep Medicine*

OSA is an important co-morbidity in hospitalized patients. This lecture will look at how this disorder relates to other events that occur within the hospital such as cardiopulmonary arrests, medical emergency team responses, and admissions to the ICU. This talk will also cover the possible correlation between OSA and trauma.

4:25 pm – 5:00 pm

### What If It's OSA? Operationalizing a Diagnose and Treat Program in Acute Care

Cheryl A Hoerr MBA RRT CPFT FAARC,  
Rolla MO

*Content Category: Patient Safety*

We're all becoming more aware of the prevalence of Obstructive Sleep Apnea in the general population and the large number of patients who remain undiagnosed. How do you ensure these patients are treated effectively when they are hospitalized? This presentation will share the steps RT Directors must take, as well as some of the barriers they will encounter when operationalizing a "diagnose and treat" program in the acute care setting.



Camden J  
McLaughlin  
RRT FAARC



Julie Jackson BAS  
RRT-ACCS



Cheryl A Hoerr  
MBA RRT CPFT  
FAARC



# Thursday, Dec 11

## Are Respiratory Therapists Going To Be Relevant in the Hospital Setting in Years to Come?

2:25 pm – 3:00 pm

### Are Respiratory Therapists Going To Be Relevant in the Hospital Setting in Years to Come?

Christy M McAllister RRT BHS, St Louis MO

*Content Category: Management*

Changes in health care due to technology, health care reform and reimbursement are forcing us to look critically how we as Respiratory Therapists can maintain a relevant position on the health care team. The presenter will discuss ways in which your staff can provide quality patient care by expanding the role of the RT to achieve expert status and a new level of value.

## Protocols, Care Paths, Guidelines, and Standards in 2015

2:25 pm – 3:00 pm

### Protocols, Care Paths, Guidelines, and Standards in 2015

Kathleen M Deakins MSHA RRT-NPS

FAARC, Cleveland OH

*Content Category: Neonatal/Pediatric*

What are the effects of health care reform on our approach to clinical care? How will current protocols, care paths, guidelines, and standards change over time? This presentation will review the effects of the changing models of health care and the implications for everyday clinical practice.

## Specialized Hemodynamic and Physiological Monitoring of the Trauma Patient

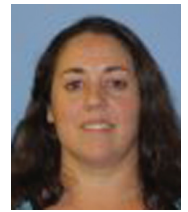
2:25 pm – 3:00 pm

### Specialized Hemodynamic and Physiological Monitoring of the Trauma Patient

Matthew T Davis RRT, Baltimore MD

*Content Category: Adult Critical Care*

Multiple etiologies of shock are common in the trauma patient. Hypovolemia, spinal injuries, traumatic brain injury as well as direct injury to the heart make ensuring end organ and tissue perfusion a difficult challenge. This presentation will talk about the latest in monitoring the trauma patient including STO<sub>2</sub>, PbO<sub>2</sub>, and hemodynamic monitoring.



Christy M McAllister  
RRT BHS



Kathleen M Deakins  
MSHA RRT-NPS  
FAARC



Matthew T Davis  
RRT





## AARC Program Committee Spotlight – Outcomes in Pulmonary Rehabilitation: The Science and Best Practices



2:25 pm – 5:00 pm

2:25 pm – 3:00 pm

### AACVPR Outpatient Program Registry: It's All about Benchmarking and Outcomes

Chris Garvey FNP MSN MPA FAACVPR,  
Dale City CA

*Content Category: Clinical Practice*

The AACVPR Outpatient Pulmonary Rehabilitation Registry is designed to provide research-quality data with reporting mechanisms that programs can use to ensure continued support from Administration. The data is also critical for demonstrating your program's strong outcomes to the third-party payers and government agencies. Attend this session if you want to understand WHY the Registry is for you.

3:05 pm – 3:40 pm

### Dyspnea Measurements and Psychosocial Evaluations

Chris Garvey FNP MSN MPA FAACVPR

*Content Category: Clinical Practice*

Knowing how to pick the best outcome tool for your program is challenging. Come to this presentation that will discuss the various types of dyspnea measurements and psychosocial evaluations that are available to help you develop and individualize your patient's pulmonary rehabilitation program.

3:45 pm – 4:20 pm

### Quality of Life, Clinical and Sleep Evaluation Tools

Connie Paladenech RRT RCP,  
Winston-Salem NC

*Content Category: Clinical Practice*

It's not easy knowing which outcome tool you need. Come to this presentation and learn how to choose the optimal outcome tools for your program in the areas of quality of life, clinical and sleep.

4:25 pm – 5:00 pm

### The AACVPR Pulmonary Rehabilitation Program Certification

Gerilynn L Connors RRT MAACVPR FAARC,  
Falls Church VA

*Content Category: Clinical Practice*

Come to this presentation and discover why the AACVPR Pulmonary Rehabilitation Program Certification is important to your program. Detailed information will be provided on the only peer-review accreditation process designed to review individual PR facilities for adherence to standards and guidelines developed and published by AACVPR, AARC, ATS, ACCP and other professional societies.

### The Show Must Go On! The Juggling Act of Leading Change in Today's Health Care Environment

3:05 pm – 3:40 pm

### The Show Must Go On! The Juggling Act of Leading Change in Today's Health Care Environment

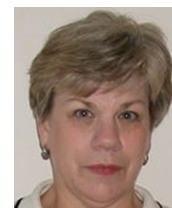
Charity Clark RRT, Valley Center KS

*Content Category: Management*

Do you feel that today's health care environment resembles a circus under the big top? There may be some days that you feel like a lion tamer and other times an acrobat. This session will help you understand how individuals process change, learn how to help yourself and others let go of old ways, and reach a new beginning as we look towards the future of health care.



Chris Garvey FNP  
MSN MPA FAACVPR



Connie  
Paladenech RRT  
RCP



Gerilynn L  
Connors RRT  
MAACVPR FAARC



Charity Clark RRT



# Thursday, Dec 11

## Palliative Care and Ethical Decisions for Resuscitating the Extremely Low Birth Weight Infant: Where Do We Stand?

3:05 pm – 3:40 pm

### Palliative Care and Ethical Decisions for Resuscitating the Extremely Low Birth Weight Infant: Where Do We Stand?

Jonathan Fanaroff MD, Cleveland OH

*Content Category: Ethics and Law*

Resuscitation of the very low birth weight infant continues to generate controversy. This presentation will review the ethical dilemmas and difficult decisions that need to be made in these touchy situations.

## Engaging Students in the Community

3:05 pm – 3:40 pm

### Engaging Students in the Community

Shawna L Strickland PhD RRT-NPS AE-C FAARC, Irving TX

*Content Category: Education*

Fostering volunteerism and engaging students in community events is an integral part of the respiratory therapy curriculum. However, engaging students in a meaningful way can be challenging. This presentation will discuss the benefits and challenges of engaging students in the community and provide practical strategies for providing meaningful community experiences for students.



## In-flight Cardiorespiratory Emergencies: Respiratory Care above 30,000 Feet

3:05 pm – 3:40 pm

### In-flight Cardiorespiratory Emergencies: Respiratory Care above 30,000 Feet

Alex T Rotta MD FAACP FCCM, Cleveland OH

*Content Category: Neonatal/Pediatric*

Have you ever been in a position where you were called into action for an emergency on a domestic flight? This presentation equips you with the tools to handle the unexpected.

## Respiratory Care and the Trauma Patient

3:05 pm – 5:00 pm

3:05 pm – 3:40 pm

### ARDS and the Trauma Victim

Joe C Hylton RRT-NPS NREMT-P FAARC, Charlotte NC

*Content Category: Adult Critical Care*

ARDS is a devastating clinical syndrome that frequently impacts trauma victims. Early recognition and treatment can significantly affect mortality, even in the transport environment. This presenter will discuss how trauma victims are uniquely susceptible to developing the syndrome. Recognition and interventions for conventional treatment of ALI/ARDS will be discussed.

3:45 pm – 4:20 pm

### Airway Management of the Trauma Victim

Brady Scott MS RRT-ACCS, Chicago IL

*Content Category: Adult Critical Care*

Trauma patients can present some of the most challenging airway scenarios. This presentation will cover intubation techniques in the spinal cord injury, severe facial trauma, and other out of the box situations.



Jonathan Fanaroff MD



Shawna L Strickland PhD RRT-NPS AE-C FAARC



Alex T Rotta MD FAACP FCCM



Joe C Hylton RRT-NPS NREMT-P FAARC



Brady Scott MS RRT-ACCS

4:25 pm – 5:00 pm

### **Mechanical Ventilation and TBI: How to Ventilate the Traumatic Brain Injured Patient**

Carl R Hinkson RRT FAARC, Seattle WA

*Content Category: Adult Critical Care*

Ventilating the TBI patient can be a challenge. This presentation will cover approaches to reducing intracranial pressure and how the ventilator may help or hurt in the process.

## **Current Topics in Tobacco Cessation**

3:05 pm – 5:00 pm

3:05 pm – 3:40 pm

### **Vaping: What Is It and Is It Safe?**

Ralph W Stumbo Jr RRT CPFT, Tacoma WA

*Content Category: Clinical Practice*

One of the new trends to replace smoking in public places where smoking is generally prohibited is Vaping (or E-cigarettes).

Patients are intrigued by this new product and will be asking RTs if it is safe. This lecture will examine what vaping is and discuss the literature and expert opinion around this topic.

3:45 pm – 4:20 pm

### **Smoking Cessation and Reimbursement for RTs**

Susan Rinaldo Gallo RRT MED CTTS FAARC, Durham NC

*Content Category: Clinical Practice*

Tobacco cessation includes many different components including education, medications and more. RTs can expand their scope of practice by providing smoking cessation but many are unclear as to what can and cannot be billed and reimbursed. This presentation will update attendees on the latest information on these two important issues.

4:25 pm – 5:00 pm

### **Tobacco Policies in the Workplace**

Susan Rinaldo Gallo RRT MED CTTS FAARC

*Content Category: Clinical Practice*

Over the past several years, many new policies have begun appearing in many new places including hospitals. In addition to the now popular “Smoke Free” campus policy, other policies have been appearing involving vaping (or E-cigarettes), smokeless tobacco and more. In addition, some businesses have begun testing for nicotine as part of their hiring practice. This presentation will review these policies and how they affect the RT and our patients.

## **Open Forums #13 and #14**

3:15 pm – 5:10 pm

Supported by an unrestricted educational grant from

**monaghan™**

Researchers and clinicians present the results on bread-and-butter issues in respiratory care. Audience and authors review the posters during the first part of the session. A brief oral presentation (no slides) and audience questions and discussion allow presenters to expand on the work featured on the poster.

## **How To Know When You Have a Diamond in the Rough: Key Factors for a Purposeful Interview**

3:45 pm – 4:20 pm

### **How To Know When You Have a Diamond in the Rough: Key Factors for a Purposeful Interview**

Christy M McAllister RRT BHS, St Louis MO

*Content Category: Management*

As a clinical leader, you are responsible for selecting the right therapist for your department. The interview process can be beneficial if you understand the clues into not only the candidate’s clinical knowledge but also their personality characteristics. This presentation will discuss some best practices for resume review and interviewing styles.



Carl R Hinkson  
RRT FAARC



Ralph W Stumbo Jr  
RRT CPFT



Susan Rinaldo Gallo  
RRT MED CTTS FAARC



Christy M McAllister  
RRT BHS

# Thursday, Dec 11

## **Impulse Oscillometry (IOS): Another Useful Tool in the Pulmonary Function Technologists Toolkit**

3:45 pm – 4:20 pm

### **Impulse Oscillometry (IOS): Another Useful Tool in the Pulmonary Function Technologists Toolkit**



**Dan Alamillo RRT-NPS  
CPFT, Oakland CA**

*Content Category:*  
*Pulmonary Function*

This presentation will serve as a primer for anyone interested in learning or relearning the concepts, science and application of impulse oscillometry. We will discuss how IOS works, what pieces of data are obtained, what that data means as well as its application in the diagnosis of lung abnormalities. Finally, some of the scientific literature will be reviewed that shows IOS to be a valuable tool for the pulmonary function technologist.

## **COPD Readmissions... We Don't Know What We Don't Know!**

3:45 pm – 4:20 pm

### **COPD Readmissions... We Don't Know What We Don't Know!**

**Kimberly Wiles RRT CPFT, Ford City PA**  
*Content Category: Clinical Practice*

An essential component of a successful COPD transition of care program is understanding risk and identifying measures that allow you to actively manage the clinical data. Key metrics need to be identified and utilized in maximizing patient outcomes and continuous performance improvement. Various metrics will be discussed along with how they have been incorporated into a successful transition of care program.

## **Neonatal Ventilation: Importance of Synchrony**

3:45 pm – 5:00 pm

3:45 pm – 4:20 pm

### **Optimizing Synchrony for Neonatal Ventilation**



**Kimberly S Firestone BS RRT,  
Akron OH**

*Content Category:*  
*Neonatal/Pediatric*

Optimizing ventilatory support for neonatal patients can be challenging. Short inspiratory times, rapid respiratory rates, presence of variable endotracheal tube leak, and the need to safely deliver small tidal volumes impose technological challenges for synchronizing mandatory breaths with spontaneous breaths. This presentation will provide the most recent information and research on the various methods to optimize patient-ventilator synchrony.

4:25 pm – 5:00 pm

### **New Modes That May Enhance Neonatal Synchrony**

**Robert M DiBlasi RRT-NPS FAARC,  
Seattle WA**

*Content Category: Neonatal/Pediatric*

Do the newer modes of ventilation have the potential to improve neonatal synchrony as compared to more traditional options? This presentation will discuss novel ventilatory modes designed to optimize neonatal synchrony. The benefits and barriers to the use of these new approaches will be discussed along with a review of the available data.



Dan Alamillo  
RRT-NPS CPFT



Kimberly Wiles  
RRT CPFT



Kimberly S  
Firestone BS RRT



Robert M DiBlasi  
RRT-NPS FAARC



## Legal Issues in Respiratory Care Profession

3:45 pm – 5:00 pm

3:45 pm – 4:20 pm

### Legal Issues in Respiratory Care

Joseph Goss MSJ RRT-NPS AE-C,  
Paramus NJ

*Content Category: Ethics and Law*

Respiratory therapists are employed in various areas and settings throughout the country. While each area and setting entails different standards of negligence and malpractice, therapists should be aware of the laws, regulations, and certain legal precedents that affect their practice.

4:25 pm – 5:00 pm

### Development of R-CITE: Respiratory Care Instructor Training and Evaluation

Joseph Goss MSJ RRT-NPS AE-C

*Content Category: Ethics and Law*

CoARC requires education programs to implement a preceptor / instructor training program to be completed at least annually. The speaker will present his experiences with a program entitled, Respiratory Care Instructor Training and Evaluation (R-CITE) that includes basic program background information, instructor responsibilities and video demonstrations for various competency levels.

## Rules of Engagement for Successful ACO/MCO Partnerships

4:25 pm – 5:00 pm

### Rules of Engagement for Successful ACO/MCO Partnerships

Garry R Pezzano MS CCC-SLP,  
Kennett Square PA

*Content Category: Management*

Whether you work in small hospital, mid-size, or an 800-bed medical center, it's essential that all of us understand the impact of traditional ACOs as well as what are termed 'virtual ACOs'. Learn the key components for developing effective post-acute ACO/MCO partnerships for creating

differentiating value to stakeholders, bundling payments, risk-sharing opportunities and measureable success.

## Are Your Patients Getting High? The Effects of Altitude on Our Patients and the Precautions They Need To Take

4:25 pm – 5:00 pm

### Are Your Patients Getting High? The Effects of Altitude on Our Patients and the Precautions They Need to Take

Ralph W Stumbo Jr RRT CPFT, Tacoma WA

*Content Category: Pulmonary Function*

With our increasingly mobile society, patients are traveling to and living more at locations with higher altitude. We all know there are hazards to flying but soon forget that there are many places where people live and vacation that are at similar altitudes. This presentation will discuss some of these places and what precautions are prudent for patients to take.

## Oximeter-Controlled O Delivery: Closed Loops & Titrate to Saturate?

4:25 pm – 5:00 pm

### Oximeter-Controlled O Delivery: Closed Loops & Titrate to Saturate?

Robert McCoy RRT, Apple Valley MN

*Content Category: Clinical Practice*

Long-term oxygen therapy has been a clinical challenge to insure adequate oxygenation at all activity levels. Equipment variability and patient dynamics require a constant adjustment of oxygen dose levels. Titration to adequate patient oxygen saturation has been discussed in the literature, yet the practicality of a patient constantly adjusting their oxygen is not feasible. This lecture will review the technology discussed in the literature and identify the limitations and applications of future commercially available devices with this capability.



Joseph Goss MSJ  
RRT-NPS AE-C



Garry R Pezzano  
MS CCC-SLP



Ralph W Stumbo Jr  
RRT CPFT



Robert McCoy RRT



# AARC Congress 2014





# Friday, Dec 12

## 30<sup>th</sup> Phil Kittredge Memorial Lecture

8:00 am – 8:55 am

This lecture provides a critical and incisive evaluation of an aspect of clinical respiratory care of emerging or increasing importance.

### Positioning the Respiratory Therapist as a Disease Manager: Now Is the Time

Thomas J Kallstrom MBA  
RRT FAARC, Irving TX

*Content Category: Clinical Practice*

In the changing landscape of health care, care of the patient now focuses on wellness and prevention rather than diagnosis and treatment. In doing so, a new paradigm has evolved in which chronic disease managers are adding value to organizations in the form of reduced length of stay, fewer hospital and emergency department readmissions, and most importantly, a better quality of life for the patient. Growing evidence has shown that the respiratory therapist can play a significant role as disease manager; particularly in diseases such as COPD, asthma, pulmonary hypertension, cystic fibrosis, and pulmonary fibrosis. This presentation will explore these roles, their impact on safety and quality, and expense reduction to an organization's bottom line.



## Tricky Tracheostomies: When the Airway Is the Wound

9:00 am – 9:35 am

### Tricky Tracheostomies: When the Airway Is the Wound



Jeanne Bird RRT,  
Charlottesville VA

*Content Category:  
Adult Critical Care*

Many "Ventilatory Wean" and "Respiratory Complex" patients admitted to UVA's Long Term Acute Care Hospital also have severe and complicating wound care needs. Examples of such patients are post-operative open cardiac / thoracic surgery, post-operative esophagectomy / laryngectomy, surgical tracheostomy placement complications, wound / pressure ulcer prevention and identification. It is because of these patients' often challenging and sometimes unique care needs, that requests for the wound assessment and care treatment learning opportunities were made by various Respiratory Therapists at our hospital to our Wound Ostomy Care Nurse Practitioner. Respiratory Therapists in the long-term acute care setting become better health care practitioners when they know and understand fundamentals of wound assessment and care management. This presentation will present and discuss strategies developed by RRTs and WOCNP to tackle these difficult patient care needs.



Jeanne Bird RRT





# Friday, Dec 12

## System of Operation, or How Did You Get All of That Done?

9:00 am – 9:35 am

### System of Operation, or How Did You Get All of That Done?

Charles Bangley RRT, Greenville NC

*Content Category: Management*

There are more systems than you can count to guide you through the mine field of leadership in health care. Unless the system starts with the staff members, it will only end up as a flash in the pan. The system that we established has greatly increased our ability to drive hospital-wide projects and quality measures, provided us with new tools, and increased staff satisfaction.

## Are You Caught in a Competency Conundrum? Novel Educational Approaches to Competency Assessment

9:00 am – 9:35 am

### Are You Caught in a Competency Conundrum? Novel Educational Approaches to Competency Assessment

Sheri Tooley BSRT RRT-NPS CPFT FAARC, Rochester NY

*Content Category: Education*

Do you struggle with maintaining competency for staff while keeping them engaged? This presentation will show you one hospital's answer to fulfilling the needs of patients, regulations, and the staff.

## ECMO during Patient Transport

9:00 am – 9:35 am

### ECMO during Patient Transport

Bradley A Kuch RRT-NPS FAARC, Pittsburgh PA

*Content Category: Adult Critical Care*

ECMO is a complex procedure performed in many hospitals across the country. Taking this procedure on the road creates unique challenges for the transport team.

## Home, Safe Home – A Review of the Literature on Home Respiratory Care Safety

9:00 am – 9:35 am

### Home, Safe Home – A Review of the Literature on Home Respiratory Care Safety

Angela King RPFT RRT-NPS, Leo IN

*Content Category: Clinical Practice*

What are some of the safety hazards that may be experienced by patients receiving home respiratory care? Accidental decannulation, fire, alarm fatigue, battery failure, incorrect back up ventilation settings.... the list of potential catastrophes is endless! This presentation will review recent literature on actual serious home respiratory care incidents, and discuss strategies to avoid these mishaps.



Charles Bangley  
RRT



Sheri Tooley BSRT  
RRT-NPS CPFT  
FAARC



Angela King RPFT  
RRT-NPS

## From the Vermont Oxford Network to Your Network

9:00 am – 9:35 am

### The Evidence Behind the Recommendations

Joel M Brown II BSRT RRT FAARC,  
Newark DE

*Content Category: Neonatal/Pediatric*

The Vermont Oxford Network (VON) is an international collaboration of health care institutions dedicated to improving the clinical outcomes for neonates and infants. This presentation will review the evidence that led to the Vermont Oxford recommendations and its implications for clinical care.

## Caring for the Respiratory Technology-Dependent Child

9:00 am – 10:15 am

9:00 am – 9:35 am

### The Next Frontier: Moving the Technology-Dependent Child from Intensive Care to Post-Acute Care

Sherry Barnhart RRT-NPS FAARC, Little Rock AR

*Content Category: Neonatal/Pediatric*

Transitioning ventilator-dependent infants and children from an intensive care unit to a post-acute inpatient unit allows them to be stabilized on the ventilator within an environment that promotes growth and development, parent-child interaction, and family education. Having a clear transition plan can reduce length of hospital stay and decrease readmission rates. This presentation describes such a transitional structure and process that includes key respiratory, nursing, and medical management components.

9:40 am – 10:15 am

### Caregiver Stress and Coping with Caring for the Technology Dependent Child

Denise Willis RRT-NPS, Little Rock AR

*Content Category: Neonatal/Pediatric*

Caring for the technology dependent child at home can be demanding and caregivers can easily become overwhelmed. This presentation will identify sources of caregiver stress and provide suggestions for the health care team to assist families with coping and stress reduction.

## Open Forums #15 and #16

9:00 am – 10:55 am

Supported by an unrestricted educational grant from

**monaghan™**

Researchers and clinicians present the results on bread-and-butter issues in respiratory care. Audience and authors review the posters during the first part of the session. A brief oral presentation (no slides) and audience questions and discussion allow presenters to expand on the work featured on the poster.



Joel M Brown II  
BSRT RRT FAARC



Sherry Barnhart  
RRT-NPS FAARC



Denise Willis  
RRT-NPS



# Friday, Dec 12

## RESPIRATORY CARE Symposium

### RESPIRATORY CARE

9:00 am – 12:15 pm

9:00 am – 9:35 am

#### How To Read a Paper Published in RESPIRATORY CARE

Bruce K Rubin MD MEngr MBA FAARC,  
Richmond VA

*Content Category: Clinical Practice*

An overview of the types of material that is published in RESPIRATORY CARE. Suggestions for the individual who has never published. How to improve your success in having your paper published.

9:40 am – 10:15 am

#### How To Review a Paper Submitted to RESPIRATORY CARE

Richard D Branson MSc RRT FAARC,  
Cincinnati OH

*Content Category: Clinical Practice*

An overview of the peer review process includes insights into expectations of the editors, how to write a good review (and how to avoid writing a bad one).

10:20 am – 10:55 am

#### The 5 Best Case Reports Published in RESPIRATORY CARE in 2014

Dean R Hess PhD RRT FAARC, Boston MA

*Content Category: Clinical Practice*

An overview of the 5 best case reports and teaching cases published in the Journal in 2014, as selected by the editors.

11:00 am – 11:35 am

#### The 5 Best Original Research Papers Published in RESPIRATORY CARE in 2014

Richard D Branson MSc RRT FAARC

*Content Category: Clinical Practice*

An overview of the 5 best original research papers published in the Journal in 2014, as selected by the editors.

11:40 am – 12:15 pm

#### The 2014 Respiratory Care Journal Conference on Aerosol Delivery

Bruce K Rubin MD MEngr MBA FAARC

*Content Category: Clinical Practice*

An overview of the 2014 Journal Conference on aerosol therapy.

#### Do You Really Know Who You Are Working For? - The Imposter Phenomenon

9:40 am – 10:15 am

#### Do You Really Know Who You Are Working For? – The Imposter Phenomenon

Ken Thigpen RRT FAARC, Jackson MS

*Content Category: Management*

The Imposter Phenomenon (I.P.) typically runs rampant through many, if not most health care organizations in America. In this session we will explore what I.P. is and how to recognize and respond to it once it's suspected.

#### Social Media in Health Care

9:40 am – 10:15 am

#### Social Media in Healthcare

Diane Oldfather MHED RRT, Rolla MO

*Content Category: Education*

Millions of people are using multiple forms of social media: for pleasure, hobbies, establishing relationships, blogging special moments, finding employment opportunities, and enhancing their education. The presentation will show how social media can be employed in health care to improve quality of care and patient outcomes.



Bruce K Rubin MD  
MEngr MBA FAARC



Richard D Branson  
MSc RRT FAARC



Ken Thigpen RRT  
FAARC



Dean R Hess PhD  
RRT FAARC



Diane Oldfather  
MHED RRT



## Creative Equipment Solutions During Transport

9:40 am – 10:15 am

### Creative Equipment Solutions During Transport

Wade Scoles RRT-NPS NREMT,  
Spokane WA

*Content Category: Adult Critical Care*

Have you ever been in a position where the piece of equipment you need isn't available? Respiratory therapists pride themselves on coming up with creative solutions to solve these problems. This lecture will review some creative solutions for using equipment during transport.

## There's a Standard for That? – Providing Ventilator Equipment & Services to Home Care Patients

9:40 am – 10:15 am

### There's a Standard for That? – Providing Ventilator Equipment & Services to Home Care Patients

Steve DeGenaro RRT, Waterloo IA

*Content Category: Clinical Practice*

Providing ventilator care in the home has been done for over three decades, with increasingly sophisticated technology and equipment. This presentation will discuss law and regulation regarding licensure of the companies and personnel providing this therapy, as well as quality and accreditation standards and their implication on the provision of ventilator care. Additionally, the presentation will discuss the content of the AARC Clinical Practice Guidelines and how they relate to this care.

## RT Instructors as Coaches – Training To Manage Critical Events

9:40 am – 10:15 am

### RT Instructors as Coaches – Training To Manage Critical Events

Julianne S Perretta MEd RRT-NPS,  
Baltimore MD

*Content Category: Education*

Rapid Cycle Deliberate Practice is a unique model of simulation training that incorporates high-fidelity team training with rapid directed debriefing and multiple scenario replays to assure that learning objectives are met during a scheduled time frame. It is indicated for content that is essential to master, and patient harm is likely if not done properly. Instructors act as coaches, providing direct and solution-driven feedback to improve team performance. This presentation will discuss the unique curriculum design, course structure, and instructor's role when teaching using rapid-cycle deliberate practice.



Wade Scoles  
RRT-NPS NREMT



Steve DeGenaro  
RRT



Julianne S Perretta  
MEd RRT-NPS



# Friday, Dec 12

## A New Age in Managing Sleep Disorders

9:40 am – 12:15 pm

9:40 am – 10:15 am

### Sleep Labs Moving Beyond the Basics

Rosa R Woodrum BA RRT-NPS, Fontana CA

*Content Category: Sleep Medicine*

This presentation will provide an update on the changing landscape for sleep labs and present a potential future model for sleep laboratories moving beyond polysomnographic testing and CPAP.

10:20 am – 10:55 am

### Starting an Ambulatory Sleep Program

Anthony L Daclan MBA RRT RCP, Fontana CA

*Content Category: Sleep Medicine*

Ambulatory Sleep Centers seem to be the coming trend in sleep medicine. The presenter will share the challenges of managing an ambulatory program and discuss some best practices in the field.

11:00 am – 11:35 am

### Using Current Technological Advances To Improve the Service and Care of Patients with Sleep Disordered Breathing

Rosa R Woodrum BA RRT-NPS, Fontana CA

*Content Category: Sleep Medicine*

Bringing Sleep Centers to the Twenty-First Century via use of modems, cloud servers, interactive voice recognition systems, and telemedicine.

11:40 am – 12:15 pm

### The Future of Attended Polysomnography Testing

Julie DeWitte RCP RPSGT, Fontana CA

*Content Category: Sleep Medicine*

Attended sleep testing studies for patients with complex sleep co-morbidities requires a higher level of treatment modalities other

than basic CPAP and Bi-level. Come and learn from the review of advanced protocols for treating patients with complex sleep disorders.

## Lead, Follow, or Get Out of the Way

10:20 am – 10:55 am

### Lead, Follow, or Get Out of the Way

Bill Cohagen RRT MSHCA FAARC, Salem OR

*Content Category: Management*

This presentation will provide an introspective look at how to succeed in the face of changing health care dynamics. An emphasis on how to recreate your teams to become industry leaders for the profession and your organizations will be discussed. Novice and experienced RTs managers are welcome to attend, as well as those hoping to escalate into a management position in their facility.

## Let the Baby Lead the Way – Ventilator Management Protocols in the NICU

10:20 am – 10:55 am

### Let the Baby Lead the Way – Ventilator Management Protocols in the NICU



Shari A Toomey MBA RRT-NPS, Roanoke VA

*Content Category: Neonatal/Pediatric*

Without the development and use of ventilator management protocols, clinical management becomes subjective and reflects the preferences of the provider. Data will be provided supporting the use of ventilator protocols within the neonatal population. The presentation will discuss algorithms and highlight the decision-making process designed for each unique patient scenario within the NICU.



Julie DeWitte RCP RPSGT



Bill Cohagen RRT MSHCA FAARC



Shari A Toomey MBA RRT-NPS

## Critical Care Transport in Developing Nations: A Comparison with the U.S. HEMS System

10:20 am – 10:55 am

### Critical Care Transport in Developing Nations: A Comparison with the U.S. HEMS System

Richard P Mitchell RRT-NPS, Greenville NC

*Content Category: Adult Critical Care*

As of September 2013, there were 299 air medical services with 993 bases and 1,301 aircraft serving the United States. Calculations show that 69% of interstate, 63% of principal, and 54% of minor arterial miles are now within a nominal 20-minute air medical RW response. Data also shows that the number of traffic fatalities in the U.S. has decreased by 15% in most states. Despite recent concerns regarding safety, studies show that the Air EMS system in the U.S. is an effective and worthwhile venture. In developing nations, geography, terrain, poor road conditions, and the centralization of definitive care, make air EMS, especially RW, very attractive. Despite the costs and difficulties, the building of modern HEMS is critical. This presentation will discuss need, development, and implementation strategies of critical care transport in developing countries.

## The Benefits of a Comprehensive PAP Follow-Up Program: Improving Adherence and Efficacy of Therapy

10:20 am – 10:55 am

### The Benefits of a Comprehensive PAP Follow-Up Program: Improving Adherence and Efficacy of Therapy

Scott Fedrizzi MPA RRT, Paradise CA

*Content Category: Clinical Practice*

This case study-based presentation will demonstrate the value of a comprehensive PAP (Positive Airway Pressure) follow-up program and the importance of appropriate intervention. Although it is well documented that the use of PAP is effective and efficacious as a primary treatment for Sleep Disordered Breathing, the therapy is of no benefit if it is not used. Even when patients are compliant initially, the literature states that approximately 50% of patients stop using their PAP unit within the first year. Non-adherence comes with consequences, most notably multiple co-morbidities and potentially increased mortality. This lecture will expand on the benefits of a comprehensive PAP follow-up program and how it can serve as a differentiator for your organization.

## Agencies Update

10:20 am – 11:35 am

### Agencies Update

George W Gaebler MEd RRT FAARC – AARC President

Michael T Amato MBA – ARCF Chair

Kathy J Rye EdD RRT FAARC – CoARC President

Carl F Haas MLS RRT CPFT FAARC – NBRC President

The leadership of the AARC, ARCF, CoARC and NBRC will present the most updated information affecting the profession, research, accreditation, and credentialing. A must-attend session in your agenda!



Richard P Mitchell  
RRT-NPS



Scott Fedrizzi MPA  
RRT



George W Gaebler  
MEd RRT FAARC



Michael T Amato  
MBA



Kathy J Rye EdD  
RRT FAARC



Carl F Haas MLS  
RRT CPFT FAARC



# Friday, Dec 12

## Is That for Real? Enhancing the Design of Your Respiratory Patient Simulations

10:20 am – 12:15 pm

10:20 am – 10:55 am

### Developing Your High-Fidelity Manikin Scenario

Shannon Poling RRT-NPS CHSE,  
Baltimore MD

*Content Category: Education*

A key factor in creating a believable and effective simulation experience is determining what your patient needs to do. Scenario design begins with determining learning objectives, then storyboarding ideal and less-ideal vital sign algorithms based on learner interventions and human physiology. It can be challenging for novice simulation instructors to design their own scenarios. This session will walk participants through the design steps, allowing them a chance to design their own patient scenario in the process.

11:00 am – 11:35 am

### Did That Really Happen? Improving the Realism of Your Scenarios

Roberta L Hales MHA RRT-NPS RN,  
Philadelphia PA

*Content Category: Education*

Even the highest technology manikins cannot replicate all aspects of human behavior. There are techniques that can be used to make scenarios more believable and encourage participants to interact more naturally during simulations. This session will describe tips and tricks to improve the fidelity (realism) of respiratory simulations.

11:40 am – 12:15 pm

### Creating a High-Fidelity Mechanically Ventilated Patient Overcoming (Almost) All Simulator Shortcomings

Julianne S Perretta MSED RRT-NPS CHSE,  
Baltimore MD

*Content Category: Education*

What patients do you most struggle with simulating? What do you most wish your simulator could do? Manikins are notoriously poor at both simulating a wide range of realistic pulmonary diseases and allowing mechanical ventilators to behave accurately on a patient with simulated lung disease. This presentation will share tips, tricks, and adaptations that will improve the ability to simulate mechanical ventilation.

### Performance Evaluation or Staff Development Tool

11:00 am – 11:35 am

### Performance Evaluation or Staff Development Tool

Charles Bangley RRT, Greenville NC

*Content Category: Management*

We all love performance evaluations! The annual review has long been seen as subjective, not related to the actual job, and tied to money. The result is a strong possibility that everyone forgets it is about staff development, not a report card. We have developed a respiratory-specific tool that was developed by staff-led teams. This new tool is now seen as very objective, tied directly to performance expectations, and focused on development of our team.



Shannon Poling  
RRT-NPS CHSE



Roberta L Hales  
MHA RRT-NPS RN



Julianne S Perretta  
MSED RRT-NPS CHSE



Charles Bangley  
RRT

## Noninvasive Ventilation in Transport: What Could Possibly Go Wrong?

11:00 am – 11:35 am

### Noninvasive Ventilation in Transport: What Could Possibly Go Wrong?

Wade Scoles RRT-NPS NREMT,  
Spokane WA

*Content Category: Adult Critical Care*

The popularity of noninvasive ventilation is growing but there are limitations and challenges of providing NIV during transport. This interactive presentation will discuss techniques of providing NIV (CPAP & BiPAP) to neonatal, pediatric and adult patients during transport. The speaker will focus on what has worked (and not worked) for his program and the challenges they still face. Participants will be encouraged to share their experiences as well.

## Fractured Fairy Tales – Innocent Stories of False Negative CPAP Compliance Reports

11:00 am – 11:35 am

### Fractured Fairy Tales – Innocent Stories of False Negative CPAP Compliance Reports

Gary Jeromin MA RRT, Ann Arbor MI

*Content Category: Clinical Practice*

Home care respiratory therapists are dependent upon the manufacturer's proprietary compliance software to monitor and document actual patient usage of their CPAP and/or BiPAP devices. The software performs so extremely well that results are never questioned or disputed by insurance companies. Truck drivers and airline pilots diagnosed with OSA heavily rely upon the captured data (by the software) to meet employment requirements. However,

there are occasional incidences when the software gets it wrong and reports false negative compliance. Potentially this can occur with nearly any PAP device. This presentation will discuss what conditions contribute to inaccurate reading of the usage data, what methods the respiratory therapist can do to identify false negative reports and provide actual examples of reports with false negative outcomes.

## Stopping Asthma Before It Attacks

11:00 am – 12:15 pm

11:00 am – 11:35 am

### Strategies To Reduce Asthma Readmissions

Tabatha M Dragonberry RRT-NPS AE-C,  
Washington DC

*Content Category: Neonatal/Pediatric*

As we care for patients, our goal should be to empower them to provide effective self-care. This session will discuss strategies to reduce asthma readmissions as well as the supporting data. Respiratory therapists can play a key role in the reduction of patient 'bounce backs'.

11:40 am – 12:15 pm

### Asthma Self-Management: Getting It Right!

Tonya A Winders MBA, Mclean VA

*Content Category: Neonatal/Pediatric*

As health care professionals, an overall goal is to help improve the quality of life for our patients, especially those with chronic disease. The education we provide to our patients their families can be life changing. Join us in this session as we look at some of these empowering experiences.



Wade Scoles  
RRT-NPS NREMT



Gary Jeromin MA  
RRT



Tabatha M  
Dragonberry  
RRT-NPS AE-C



Tonya A Winders  
MBA

# Friday, Dec 12

## Leadership Toolbox – Are You Packing What You Need?

11:40 am – 12:15 pm

### Leadership Toolbox – Are You Packing What You Need?

Ken Thigpen RRT FAARC, Jackson MS

*Content Category: Management*

Leading today requires a toolbox of competencies that many of us simply did not learn in school! Dealing with generational challenges, the sweeping changes we are seeing in health care reimbursement and technology were not part of most curricula. In this session we will discuss what some of these key competencies are as well as how they can be developed or obtained.

## What Every Therapist Needs To Know About End-of-Life Conversations

11:40 am – 12:15 pm

### What Every Therapist Needs To Know About End-of-Life Conversations



Deborah Linehan RRT,  
Annapolis MD

*Content Category: Ethics and Law*

An integral part of a respiratory therapist's job is caring for dying patients; however, there is nothing in our training that prepares us for the questions and situations we face. Sometimes the patient or families ask questions like, "Am I dying?" or "How much longer?" that leaves us unsure how to respond. These situations can be awkward, but understanding end of life conversations can turn those awkward moments into opportunities to care for a patient beyond their physical needs. In this analysis I will look at what a respiratory therapist needs to know about end of life conversations and how that knowledge can be applied to clinical practice to improve the care of the dying patient and their families.

## Air Transport of Nitric Oxide Patients

11:40 am – 12:15 pm

### Air Transport of Nitric Oxide Patients



Juan Eduardo Romero Toledo  
CRT MS, Santiago Chile

*Content Category: Adult Critical Care*

The presenter will describe the air transport system, describe the characteristics of the patients and the number of patients transferred.

## ALS on the Home Front

11:40 am – 12:15 pm

### ALS on the Home Front



Mary Beth Geise RN,  
Greensboro NC

*Content Category: Clinical Practice*

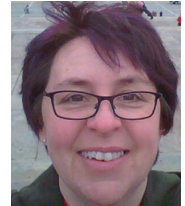
This presentation will review ALS progression along with anticipated symptoms, management of dysarthria, dysphagia and sialorrhea on the bulbar patient for better compliance of BiPap video, education of FDA diaphragm pacing system (mapping and implantation) and the outcomes reported by patients. Truthful disclosure to patients on their respiratory status and how to help them proceed with their choice will also be addressed.

## CLOSING CEREMONY

12:30 pm – 2:00 pm



Ken Thigpen RRT  
FAARC



Deborah Linehan  
RRT



Juan Eduardo  
Romero Toledo  
CRT MS



Mary Beth Geise  
RN



# 2014 Exhibitors

as of July 31, 2014

## A

AARC  
Advanced Circulatory  
Aerogen  
Airgas  
Airon Corporation  
Alere  
Allergy & Asthma Network  
Alpha-1 Foundation  
ARC Medical, Inc.  
Aureus Medical Group

## B

B&B Medical Technologies  
Baitella AG  
Baxter  
Bay Corporation  
Better Rest Solutions  
Bio-Med Devices, Inc.  
Boehringer Ingelheim  
Pharmaceuticals Inc.  
Boston Medical Products Inc.  
Boston Scientific  
Bunnell Incorporated

## C

Cadwell Laboratories, Inc.  
CAIRE  
CareFusion  
Cenorin  
Chiesi USA, Inc.  
Clippard Instrument Lab., Inc.  
CoARC  
ContinuingEducation.com  
COPD Foundation  
COSMED USA, Inc.  
Covidien

## D

Dale Medical Products Inc.  
Discovery Labs Inc.  
Draeger Medical Systems Inc

## E

Electromed, Inc.  
Epiphany Healthcare

## F

Fisher & Paykel Healthcare, Inc.

## G

GaleMed Corporation  
Gaumard Scientific  
GE Healthcare  
Goldstein & Associates Inc.  
Grand Canyon University  
Grifols USA, LLC.

## H

Hamilton Medical Inc.  
Hill-Rom  
Hollister Incorporated

## I

I.V. League Medical  
IKARIA  
Impact Instrumentation, Inc  
Independence University  
IngMar Medical Ltd  
Inova Labs  
Instrumentation Industries, Inc.  
Instrumentation Laboratory  
International Biomedical  
International Biophysics  
Corporation  
Intersurgical, Inc.  
Invacare Corporation  
IPI Medical Products

## K

Kettering National Seminars  
Kimberly-Clark

## J

Jones & Bartlett

## L

Lambda Beta Society  
Legacy Health System

## M

MAQUET Medical Systems, USA  
MARFAC, Inc.  
Masimo  
Maxtec  
Mediware  
Mercury Medical  
Methapharm  
MGC Diagnostics  
Michigan Instruments Inc  
MicroBase  
MIR-Medical International  
Research  
Monaghan Medical Corporation

## N

National Board for Respiratory  
Care, Inc. (NBRC)  
NDD Medical Technologies  
Neilmed Pharmaceuticals Inc.  
Neotech Products Inc.  
Nephron Pharmaceuticals  
Nonin Medical, Inc.  
Nova Biomedical  
NSpire Health  
NYU Langone Medical Center

## O

Ohio Medical Corporation  
Oricare, Inc.  
Otto Trading Inc.

## P

Passy-Muir, Inc.  
Percussionaire Corporation  
Philips Healthcare  
Praxair Healthcare Services  
Precision Medical, Inc.  
Pulmodyne

## R

Radiometer America, Inc.  
RemZzzs  
ResMed  
RespirTech  
RMS Medical Products  
Rollins Medical Solutions, Inc.  
RT/Sleep Review

## S

Salter Labs  
Schiller America  
Sentec By Mater Dist. Bemes Inc.  
Seoil Pacific Corp.  
Shinano Kenshi Corporation  
Smiths Medical  
Spiration, Inc.  
Sunovion Pharmaceuticals Inc.

## T

Teleflex  
Thayer Medical  
Titan Medical Group  
Tri-anim Health Services  
TSI, Inc.

## U

University of Cincinnati  
University of Virginia Health System

## V

Vapotherm Inc.  
Vitalograph Inc.  
VORTAN Medical



## Exhibit Hours at The Buying Show:

**Tuesday, Dec. 9,  
11:00 am - 4:00 pm**

**Wednesday, Dec. 10,  
9:30 am - 3:00 pm**

**Thursday, Dec. 11,  
9:30 am - 2:00 pm**

## Registration and Fees

### REGISTRATION FEES (SEE NEXT PAGE FOR THE FORM )

Congress (4 days)	By Oct 17	After Oct 17 And On-site 4 Days
AARC Member	\$389	\$419
AARC Student Member	\$165	\$185
Non-member	\$525*	\$545*
Non-member Student	Not Available	\$240* (Must register on-site)
Spouse	Not Available	\$50 (Must register on-site)

\*You may become an AARC Member prior to registering ([www.aarc.org](http://www.aarc.org)). If you opt to pay the non-member Congress 4 days fee, you are entitled to a complimentary 12-month AARC membership.

Congress Daily Fees (Must register on-site)	Tuesday-Thursday	Friday
AARC Member	\$215	\$125
AARC Student Member	\$95	\$55
Non-member	\$309	\$175
Non-Member Student	\$145	\$105
Spouse	Not Available	Not Available

### Active Duty Military

We have a special offer for all health care professionals, not just respiratory therapists, on active duty in all branches of the US armed forces, as well as military reservists recalled to active duty. Go to <http://tinyurl.com/registration-aarc-congress>.

### Congress Day Tripper Packages

Cost-saving group rates are available for AARC members, nonmembers and students.

#### Plan A-Group Package

##### \$649 for 4 one-day prepaid vouchers

Equates to \$162.25 per day, a savings of about 25% from the daily full-day rate for AARC members.

#### Plan B-Student Group Package

##### \$265 for 4 one-day prepaid student vouchers

Equates to \$66.25 per day, a savings of about 30% from the normal daily full day rate for students.

See page 138 for complete details.

(Continued on page 132)



**December 9-12, 2014 • Las Vegas, Nevada, USA**

**or MAIL:** Send this form to: AARC Congress 2014, 9425 N. MacArthur Blvd. Ste. 100, Irving, TX 75063-4706 U.S.A.  
Full payment must be included with your registration form.

One person per form. No invoices will be issued. Cancellations must be in writing. There will be either a 25% or \$50 handling fee, whichever is less, for cancellations received by November 24, 2014. No refunds will be made thereafter.

--	--	--	--	--	--	--

--	--	--	--	--	--

[illegible][illegible][illegible][illegible][illegible][illegible]

--	--

--	--	--	--	--	--	--	--	--

@

**EMPLOYMENT SETTING** (check one): ☐ Hospital ☐ School ☐ Skilled Nursing Facility ☐ Subacute Care ☐ Home Care/DME  
☐ HMO ☐ Home Health Agency ☐ Manufacturer/Supplier ☐ Other

June 1 —  
Oct. 17

☐ \$419

☐ \$185

☐ \$545

Total Received \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_

	AARC Member	Non-member
<b>By Oct 17</b>		
Course Only	<input type="checkbox"/> \$40	<input type="checkbox"/> \$60
With Congress Reg	<input type="checkbox"/> \$30	<input type="checkbox"/> \$50
<b>Oct 18– Nov 17</b>		
Course Only	<input type="checkbox"/> \$50	<input type="checkbox"/> \$70
With Congress Reg	<input type="checkbox"/> \$40	<input type="checkbox"/> \$60

## Registration Policies

- American Express, MasterCard, and VISA are the only credit cards accepted.
- Members who have paid the current year's dues and are in good standing or whose applications are in process will be admitted at the member rate.
- Members registering on-site will be required to present their current membership card. Any person who does not present a current membership card must register at the non-member rate.
- All students will be required to pay a registration fee. AARC members with student status can register at the student rate. Students who are not members of the AARC are required to pay the non-member student rate. Non-member students must register on-site and show proof of current enrollment.
- An active member is not permitted to register as an exhibitor or to assist in a booth unless he/she is an employee of the exhibiting firm.
- Spouses may register for the Congress on-site only. Any logical proof indicating that the person is a member's spouse will be accepted.
- Advance registration fees must be prepaid. No invoice will be issued. An acknowledgement will be made of the fee paid.
- **Refund requests must be in writing and must be received by Monday, November 24.** A processing fee of 25% or \$50, whichever is less, will be deducted from the refund. No refunds will be made after **November 24.**
- No soliciting from exhibitors or attendees is permitted without AARC permission.

## Registration (continued)

### Pre-Congress Courses

All pre-courses will be held on Monday, December 8, 2014.

- Courses run concurrently. You may register for one full-day or two half-day courses.
- You must attend the entire course to receive CRCE credit; no partial credit will be given.
- Course capacities are limited.
- Pre-registration is required. Deadline: November 17, 2014 or when course is full.

**FREE COURSE! Pre-Congress Course #1** — Preparing for a Pandemic: The Strategic National Stockpile—Mechanical Ventilation Workshop • 8:00 am to 12 noon

*Congress registration is not required. No course registration fee is required but you **MUST PRE-REGISTER BY THE DEADLINE.***

**Pre-Congress Course #2** — Current Practice of Mechanical Ventilation: A Case-Based Audience Interactive Session • 8:00 am to 12 noon

**Pre-Congress Course #3** — Pulmonary Function Testing • 1:00 pm to 4:00 pm

**Pre-Congress Course #4** — ECMO: A Comprehensive Approach for Pediatric and Adult Practitioners • 1:00 pm to 5:00 pm

### Fees for Each Course

By Oct 17	AARC Member	Non-member
Course only	\$100	\$175
With Congress Registration	\$50	\$50
Oct 18–Nov 17	AARC Member	Non-member
Course only	\$130	\$220
With Congress Registration	\$75	\$75

**Pre-Congress Course #5** — Sleep & Wellness 2014 • 8:00 am to 4:15 pm

By Oct 17	AARC Member	Non-member
Course only	\$40	\$60
With Congress Registration	\$30	\$50
Oct 18–Nov 17	AARC Member	Non-member
Course only	\$50	\$70
With Congress Registration	\$40	\$60

### Online Registration

If you are using a credit card, go to <http://tinyurl.com/registration-aarc-congress>.

### Faxed or Mailed Registrations

Complete the Registration Form on **page 131** and mail or fax it to the AARC. Details are on the form.

### Receipts

A receipt for your registration fee(s) will be sent to you prior to your departure for Las Vegas. Present this receipt on-site to receive your name badge and your registration packet(s).

### On-site Congress Registration Hours

Monday, December 8	10:00 am–6:00 pm
Tuesday, December 9	7:00 am–4:00 pm
Wednesday, December 10	7:30 am–4:00 pm
Thursday, December 11	8:00 am–4:00 pm
Friday, December 12	8:00 am–10:00 am
	8:00 am–3:00 pm—CRCE Assistance Available

**You can fill out the Registration Form and bring it with you for on-site registration.**

# Travel and Monorail Discounts

Discounts are offered to AARC Congress attendees, exhibitors, family members, and friends.

The air, car and shared-ride shuttle discounts shown below are valid for the McCarran International Airport (LAS) [<https://www.mccarran.com/>]. The airport is approximately 15 minutes away from the Mandalay Bay Resort and Convention Center.

## AIRLINES

### AMERICAN AIRLINES



- **Online** at [www.aa.com](http://www.aa.com) (no booking fee). Click "Refine Your Search" and enter 66D4BA in the Promotion Code box.
- **Call** AA Meeting Services at 800-433-1790 (booking fee added), and refer to Authorization Code A66D4BA.

### DELTA AIR LINES DELTA

- **Online** at [www.delta.com](http://www.delta.com) (no booking fee). Click on "More Search Options" and enter Meeting Event Code NMHVM in the box provided on the Book A Flight page.
- **Call** Delta Meeting Network at 800-328-1111 (booking fee added). Refer to Meeting Code NMHVM.

### UNITED AIRLINES UNITED

- **Online** at [www.united.com](http://www.united.com) (receive an additional 3% off and no booking fee). Enter ZRTX581982 in the Offer Code box.
- **Call** United Reservations Meetings Desk at 800-426-1122 (booking fee added). Refer to Z code ZRTX and Agreement Code 581982.

## GROUND TRANSPORTATION

There are a variety of discounted ground transportation options available.

### RENTAL CARS



- **Online** at [www.budget.com](http://www.budget.com). Enter U064639 in the Offer Code (BCD) box.
- **Call** 800-842-5628. Refer to Discount Offer Code U064639.



- **Online** at [www.enterprise.com](http://www.enterprise.com). Enter Discount Rate Code L9D0194 in the "Optional" code box. On the following page enter AME in the Sign In box.
- **Call** 800-736-8222. Refer to Discount Rate Code L9D0194.



- **Online** at [www.hertz.com](http://www.hertz.com). Enter 049T0010 in the Convention Number (CV) discount box.
- **Call** 800-654-2240 or 405-749-4434. Refer to Convention Discount Code 049T0010.

### SHARED RIDE AIRPORT SHUTTLE



**SuperShuttle** is offering a \$2 discount off the round-trip shared-ride fare from McCarran International Airport (LAS). To receive the discount, tickets must be pre-purchased online at least 48 hours in advance. Go to <http://tinyurl.com/supershuttle-discount> and enter code JNSU7. Additional coupons cannot be combined.

### TAXI

Fares shown are for up to five people in the vehicle.

- McCarran International Airport (LAS) to the Mandalay Bay and Delano  
\$22 - \$26 (includes an Airport Sitting Fee)
- Hotel to McCarran International Airport (LAS)  
\$18 - \$24



### MONORAIL TICKETS

The **Las Vegas Monorail** is offering AARC Congress 2014 attendees exclusive fare discounts. Use the Monorail to get around the Las Vegas Strip without the hassles of traffic and wasted time. Buy Monorail tickets online at <https://tickets.lvmonorail.com/aarc2014/> in advance and save 20%.



## AARC Congress 2014 in Las Vegas, Nevada

The Mandalay Bay Resort and Convention Center, including the new Delano Las Vegas debuting September 1, is the headquarters hotel and site of all official Congress pre-courses, lectures, exhibits, and social functions. The hotel complex is located at 3950 Las Vegas Blvd South, Las Vegas NV 89119, USA.

Go to <http://tinyurl.com/congress-site> to explore the multitude of restaurants, entertainment and retail shops on property. The new Delano Las Vegas, replacing THEhotel on the map below, is a non-smoking, all-suite boutique luxury tower.



# Housing Instructions

NOTICE: Unauthorized housing entities are contacting attendees and exhibitors to book Las Vegas hotel reservations. **Only the phone numbers, links and codes shown below are authorized by the AARC.** Neither the AARC, nor our hotel's Housing Department, will be making unsolicited calls regarding hotel reservations. Booking through an unofficial housing company puts you at risk for losing significant deposits and hotel reservations, and incurring hidden costs.

## Mandalay Bay Tower

With Strip and mountain views through floor-to-ceiling windows, each room features marble spa tubs and separate showers, 42" plasmas and one king or two queen size lofty pillow-topped beds.

## Delano Las Vegas

Each suite features a private bedroom with a king or two queen size beds, a spacious spa-style bath, and separate living room with a wet bar and its own powder room. The number of these suites is limited.

*(Continued on page 136)*





# Housing Rates and Info

## Reservation Deadline

Thursday, November 13 is the deadline to make your reservation at the AARC discounted rates. After this date, the official AARC room blocks will be released by the hotel and they may charge significantly higher rates for any rooms that are still available.

## Rates

- The nightly rates shown below are for single/double occupancy.
- Rates are plus 12% tax (subject to change without notice).
- Rates include
  - \$28/night Resort Fee
  - In-room wireless Internet
  - Cardio Center admission (does not include Spa access)
  - Daily newspaper
  - Local and toll-free number calls
  - Outgoing faxes at the hotel business center
  - Boarding pass printing at the hotel business center

	Mandalay Bay	Delano
<b>Pre-Congress Dates</b>		
Saturday, Dec 6	\$95	\$115
Sunday, Dec 7	\$65	\$85
Monday, Dec 8	\$125	\$145
<b>Congress Dates</b>		
Tuesday, Dec 9	\$125	\$145
Wednesday, Dec 10	\$125	\$145
Thursday, Dec 11	\$125	\$145
Friday, Dec 12	\$125	\$145

## Make Your Reservation

- **Online** at <http://tinyurl.com/aarc-meeting-hotel>. Enter RAMB14.
- **or Call** the hotel's Group Services at 702-632-9000 or toll-free at 877-632-9001. Tell the agent that the name of the meeting is "AARC Congress 2014" and provide our Reservation Code RAMB14.

## First Night Deposit

All reservation requests must be accompanied by a credit card. The card will be charged the first night's room and tax in order to guarantee the reservation. Attendee may then send a check and the credit card will be refunded for prior payment collected.

Cards must be valid through December 2014. Cards accepted: American Express, Discover, MasterCard, Visa.

## Check Policy

- Guests who would like to pay the initial deposit or any room and tax fees in the form of a personal check, business check, or a cashier's check may do so as long as the check is received no less than 14 days prior to the check-in date.

- If a personal, business, or cashier's check is received less than 14 days prior to guest arrival, the check will be returned unprocessed and the reservation will remain guaranteed under the credit card used to secure the deposit.
- The hotel's front desk will accept traveler's checks, with photo I.D., and the credit card will be refunded for prior payment collected.

## Incidental Charges Policy

- At time of check in, the front desk will ask for a credit card for authorization of any remaining unpaid room and tax, as well as incidental charges.
- Debit cards will be accepted; however, the card will be charged up front for remaining unpaid room and tax and \$100 per night of the stay to cover incidental charges. Any unused funds are credited upon checkout.
- Guest can decline charging privileges to the room if they are not booked in a suite. No authorization will be required for incidentals. However, guests will not be able to place charges to the room, watch movies in the room, or utilize any of the mini-bar items.
- Guests who stay in any large suite will be required to have a credit card or debit card on file for incidentals.

## Special Requests

Special requests cannot be guaranteed; however, the hotel will do their best to honor all requests. The hotel will assign specific room types upon check-in, based on availability.

## Acknowledgements

- Internet reservations: Print the confirmation page at the end of the reservation process. You will also receive an e-mail confirmation if you enter your e-mail address in your reservation record.
- Phone reservations: You will receive a confirmation number from the agent and can request an e-mailed confirmation.

## Making Changes to Reservations

Any changes to a reservation can be made via your original method. Changes will be accepted based on rate and space availability.

## Cancellations

Refunds will be issued on an attendee's reservation cancelled at least forty-eight (48) hours in advance of the confirmed arrival date. Hotel will charge the attendee the first night's room rate and tax for cancellation within forty-eight (48) hours of the scheduled arrival date or failure of the individual to check-in on the scheduled arrival date. Any remaining nights of a "no show" reservation will be cancelled.



# Reward your staff and students with a trip to Congress

This year the AARC is again offering everyone a more flexible opportunity to attend this premier event with a program introduced last year. There's a student package, too.

**Individual Attendees...** Want to attend AARC Congress 2014, but can't get the time off from work for all 4 days of the meeting? Perhaps a single day registration is more affordable and right up your alley. The AARC Day Tripper Package is a great opportunity for you and three other therapists to attend the 4-day event that is loaded with education, exhibits, networking, and many other activities.

**Managers...** Maybe you've wanted to send your staff in the past, but your budget can't absorb multiple, 4-day registrations. Even more importantly, department staffing won't let you give multiple employees off all at the same time.

## Here's how it works:

- Order the Day Tripper Voucher Package any time between now and Friday, October 17.
- You will receive 4 one-day vouchers to Congress 2014 in Las Vegas.
- Each voucher is good for one person for any one of the 4 days of Congress (December 9–12).
- The attendee brings the voucher to the onsite Special Services registration counter on the desired day and uses it to register for that day.
- The attendee has all the same privileges as other attendees who purchase a one-day registration onsite at the rate of \$215 for members or \$309 for nonmembers, a savings of up to \$146 per person!

## Benefits to Attendees

- Earn CRCEs at premier educational programs

- Opportunity to visit the largest respiratory care exhibit hall in the world
- Network with other professionals and meet the "who's who" in respiratory care

## Make it easy on yourself:

- Collaborate with your colleagues and decide at the last minute whom will attend—or change it if circumstances change.
- Mix and match any way that you want. A different person can attend each day. Or 4 people can all attend on one day. Or 2 people can use vouchers for 2 days each. Make it work for you and your schedule.
- Anyone you select can attend... members or non-members.

## Plan A - Day Tripper Group Package \$649.00

Package includes: 4 one-day vouchers to AARC Congress 2014. Price equates to \$162.25 per day, a savings of about 25% from the daily full-day rate for AARC members.

## Plan B - Student Day Tripper Group Package \$265.00

Package includes: 4 one-day student vouchers to Congress 2014. Price equates to \$66.25 per day, a savings of about 30% from the normal daily full day rate for students.

Same rules apply as for the regular Day Tripper Package with the following exceptions:

- Upon registration and presentation of the voucher onsite, students must show proof that they are currently enrolled as a full time student in an accredited respiratory therapy program.
- Student attendees are not eligible for CRCE credit.

## ANSWERS TO FAQs:

- Day Tripper is a special advance purchase program available only between now and Friday, October 17.
- Payment is required in advance with a check or credit card. Sorry, no purchase orders.
- **The package is nonrefundable.**
- Vouchers may be used by AARC members or nonmembers.
- Vouchers are fully transferable by the purchaser or within the purchasing company/school, and are not specific to a day of the event or to an individual. They may be used at any time during AARC Congress 2014.
- *Lectures will be presented December 9–12, Tuesday through Friday. Note that exhibits are on December 9–11 only.*
- Registration for specific names and dates is not required in advance. The attendee/student simply brings the voucher to the onsite Special Services registration counter upon arrival.
- Vouchers can be used on four different days, or all on the same day, by 1 person for 4 days, 2 people at 2 days each, or 4 people each attending one day...or any one of the many different combinations. The choice is yours!

To take advantage of this great Day Tripper package for your staff and students, visit <http://tinyurl.com/aarc-daytripper>.

## Questions?

Contact [info@aacr.org](mailto:info@aacr.org) or call Customer Service at 972-243-2272.