



Home Care

January / February 2003

Bulletin

Notes from the Chair

by Joseph Lewarski, BS, RRT

As I write this column just a few days before Christmas, it's hard to believe 2002 is quickly coming to an end. By the time you receive this edition of the Bulletin, we'll be well into the New Year. I would like to thank all of you for the great support you've provided during 2002 and let you know we hope to make 2003 another successful year for the Home Care Section. By banding together through this section, we have truly found our place within the AARC. Through our work together we can continue to excel in this ever-growing and important sector of the profession. I'll do my best to serve your needs in the coming year and want to remind all of you to contact me anytime I can be of assistance.

There are many active folks within the section, but I would like to take a moment to single out a few people who have made my job much easier by providing regular and significant contributions, often behind the scenes. Jim Stegmaier, Bob Fary, Tim Buckley, Greg Spratt, Patrick Dunne, and Bob McCoy are well known names in our arena. They are dedicated to the advancement of home care and have been tireless supporters of home care activities, both inside and outside the AARC. I thank each of them for their extra commitment and assistance. I wouldn't be able to do my job as well without their support.

Although many folks in the AARC Executive Office and current leadership are supporters of the Home

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Notes From The Editor: Home Care Team Excels at Sputum Bowl

by James Stegmaier, RRT, RPFT, CCM

The home care presence at the AARC International Respiratory Congress has seen tremendous growth over the past couple of years, thanks in large part to the hard work and many hours devoted by dedicated members of the Home Care Section. The increase in lectures and workshops is improving the knowledgebase not only of the home care therapists but of all respiratory therapists, regardless of the setting in which they practice. Because our section membership has been 1,000 or more for one full year, our section has had representation to the AARC Board of Directors. Joseph Lewarski, RRT, our section chair, has served on the board and facilitated the concerns of the section being voiced and heard.

Now our ever-increasing presence has reached even greater heights - and in a new venue. At last year's 48th International Respiratory Congress in Tampa Bay, FL, the Sputum Bowl team representing the state of Virginia was composed solely of RTs who practice respiratory care in the home care environment. Not only that, they made it to the final four!

All of the members of the team are respiratory care supervisors at different branches of Robert's Home Medical, an independent durable medical equipment supplier providing home respiratory care services in Maryland, Virginia, and the District of Columbia. The team includes Randy Harris, RRT; Lou Kaufman, RRT; Becky Greco, RRT; and Jo Lynn Hamelman, RRT. Every member of this team has been in respiratory care for a minimum of 15 years. Lou Kaufman has been practicing respiratory care and been a member of the AARC for 30 years. Because the team members are spread out across the state of Virginia, all the members had to prepare for the competition on their own.

The Robert's Home Medical team was formed in 2000, and in that year the team won the Virginia State title and went to the 46th International Respiratory Congress. Success was short lived, however, as they lost their first two matches and were eliminated from the competition. Even though they did not win at the national level, the team gained valuable experience they felt would help them in future bids.

In 2001, the team made another attempt at the Virginia State title but lost to the team from the University of Virginia in overtime.

With two years experience in Sputum Bowl competitions under their belts, the Robert's Home Medical team entered the 2002 competition with the goal of winning the Virginia State title and at least one match at the International Respiratory Congress. The state title was theirs.

However, in Tampa Bay, this home care team had a difficult start to the Sputum Bowl competition as they had to compete against the ultimate winner of the Bowl, Indiana, in their first match. Indiana edged Virginia in a close match. However, the Robert's Home Medical team rallied, winning the next seven matches to make it to the final four with teams from Indiana, Florida, and Ohio. In one of the two semi-final matches Florida defeated Virginia.

This was the first Virginia team to make it to the final four, and although no records have been kept, we believe this is the first all-home care respiratory therapist team to advance this far in the competition. Congratulations to the Robert's Home Medical team for their accomplishments and the dedication required to compete at the national level in the Sputum Bowl competition! This is another step forward in our efforts to remind the profession of the caliber of professionals dedicated to the home respiratory care patient.

As we go forward into 2003, we must remember that home care is not immune to the many challenges facing health care today. We will have to address some unique challenges this year. By working together, these issues can be met head on. The section has worked dili-

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Section Connection

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gently against difficult issues in the past - such as competitive bidding, oxygen therapy retesting, and declining reimbursement - and, indeed, these issues are far from behind us. Positive exposure such as that derived from the Robert's Home Medical team makes it a little easier to bring the unique issues of home care to our peers and our colleagues in all the other health care disciplines. Additional positive exposure of the practice of home respiratory care will only serve to further improve the Home Care Specialty Section and the profession.

I would like to challenge all section members to think about how they can provide some form of positive exposure for home respiratory care and the Home Care Speciality Section in 2003. ♦

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Pain Management Standards Touted in Study

A recently completed study by a University of Rhode Island nursing professor finds research-based pain management standards help home care patients feel better and their family caregivers feel less burdened.

The study involved 164 patients and their caregivers. Seventy-five individuals were part of the experimental group, which included interventions based on improved standards of care, while the control group of 89 received the usual care. The new research-based standards addressed specific interventions in four problematic areas of care, including assessment and monitoring, patient and family education, drug side effect management, and the use of complementary methods to enhance drug therapy.

Lead author Marlene Dufault, professor of nursing at the university, hypothesized that by involving clinicians, academic scientists, and students in developing research-based pain management standards of care, patients would experience decreased severity of pain, greater satisfaction with pain management, and less impact on quality of life. She also theorized that there would be a reduced burden on family caregivers.

In fall of 2001, the standards were drafted and training began in home care agencies. Then in January, Dufault began measuring the effects of the standards on the patients in the experimental group and comparing them with similar measures in the control group. Subjects in the control and experimental groups were surveyed three times during the course of study, before the first visit, and after the third and last visits. About 44,000 bits of data were analyzed to prepare the findings.

Before Visit 1, each group reported on a scale of 1 to 10 an average pain level of 4. After Visit 3, the experimental group reported a drop in average pain level to a ranking of 3, while the control group increased to an average of 4.5. By the end of the study, participants in the intervention group reported a pain level rank of 2.5, while the control group reported a pain ranking of 5.

In a survey of how pain was affecting the patients' quality of life, the study found patients in the experimental group went from a ranking of 5 at the beginning of the study down to ranking of about 2.5. The control group ranked 6 throughout the life of the study. Patients in the intervention group also reported less pain at its worst level and, on average, greater relief from the interventions.

Family caregivers whose loved ones were in the experimental group reported several important improvements, including reductions in sleep disturbances from the patient's pain, overwhelming financial strain, family adjustment, upsetting symptoms, changes to personal plans caused by pain, time demands caused by pain, and feelings of confinement. On average, patients receiving treatment under the new standards reported decreased severity of pain, decreased interference of pain, increased satisfaction with interventions and caregiver responsiveness, and decreased family caregiver burden. ♦

Nasal Spray Flu Vaccine Not for the Elderly

Elderly people most at risk for complications due to influenza aren't likely to be good candidates for the newly developed FluMist vaccine. Food and Drug Administration (FDA) advisors have endorsed the nasal spray vaccine only for healthy people between the ages of five and 49.

According to the advisors, there is currently not enough medical evidence showing the vaccine protects older people — particularly those with chronic diseases such as asthma or COPD — from the flu. Given the restrictions, health officials question whether the vaccine will be available for anyone in time for this fall's flu season, noting the FDA may balk at approving a vaccine with such limited use.

The vaccine was originally developed to provide an easier vaccination route to toddlers but won't be used in that age group because studies have shown it increases the risk of asthma attacks. Health officials also note the vaccine, which is made from a weakened but live flu virus, hasn't been adequately compared for efficacy with standard flu shots, which are made of killed viruses. ♦

NOTES FROM THE CHAIR

Care Section, there are two gentlemen that I feel have a special relationship with home care and who I also thank for their ongoing support of myself and all home care RTs.

Tom Kallstrom, RRT, FAARC, and Carl Wiezalis, MS, RRT, are familiar names in the AARC, but they're not always associated with home care. Tom is most recognized for his work and expertise in asthma, along with his active service on numerous AARC committees, including the Program Committee and the Fellowship Committee. In all of these activities, Tom is respectful and cognizant of the wants and needs of our section and regularly supports our cause. He is one of my RT mentors and a great friend.

Carl is a past AARC president and Board member and has served in many other roles in the leadership of the organization. Before, during, and after his presidency, and throughout my entire tenure as Home Care Section chair, Carl has made a special effort to reach out to our section and ensure that we are getting the attention and support needed to continue our advancement in the profession. The support of these two people has had a direct impact on our growth and exposure in the AARC.

Of course, our voice in the organization is most closely tied to the number and activity of the Home Care Section members. During this coming year please try to be active by attending meetings and especially by recruiting other home care RTs to the section. Our continued growth and success depends on it.

Thanks for the opportunity to represent your interests, both within the profession and beyond. ♦

Lung Profiler to Assist COPDers

The American Lung Association has launched a "COPD Lung Profiler" on its web site to help COPD patients learn more about their disease and the specific treatments which may help them live healthier lives. The Internet-based support tool is being billed as a user-friendly activity that "confidentially matches an individual's clinical information to a carefully selected group of peer-reviewed clinical studies." From this information, the tool provides patients with "personalized information about treatment options and side effects relevant to their condition, along with helpful questions to discuss with their doctors."

You can check out the profiler by visiting www.lungusa.org and clicking on the COPD Lung Profiler icon. ♦

It's Official

A new government study confirms what most home care RTs have known all along: smokers with diagnosed chronic conditions continue to smoke despite their health problems.

According to the Agency for Healthcare Research and Quality (AHRQ), about 38% of those with emphysema, 25% of those with asthma, 20% of those with hypertension or cardiovascular disease, and 19% of those with diabetes reported being current smokers in 2000. Three out of five of this group also said their doctors had advised them to quit smoking in the past year.

The new data come from a self-administered questionnaire added to the AHRQ's Medical Expenditure Panel Survey (MEPS) in late 2000/early 2001 to collect information on health care quality and satisfaction with health care. The data on smoking in the United States were derived by combining the results of the new questionnaire with demographic, chronic condition, and preventive care information collected by MEPS's nationally representative survey of people over the age of 18 who are not in the military or living in institutions. More than 15,600 people responded to the survey questions. ♦

Why They Fall

The National Safety Council says falls are the leading cause of accidental death among people over the age of 75 and the second leading cause for those aged 45 to 75. About half of falls in the over 75 age group will result in either death or institutionalization, and costs from hip fractures alone are expected to rise to between \$20 and \$50 billion by 2020.

Knowing the consequences of falls, however, does little to prevent them. A scientist from Virginia Tech hopes to change all that. Working in his Locomotion Research Laboratory, Thurmon Lockhart is suiting up young and old volunteers in a harness and a network of sensors that test musculoskeletal and neuromuscular changes and biomechanical responses during slips and recoveries to determine why falls occur and what can be done to avoid them.

As a test subject walks back and forth along an experimental platform in Lockhart's lab, the sensors monitor muscle and joint activities in the feet, ankles, legs, hips, and arms. At a randomly chosen moment in the test, an assistant stealthily pours a slippery solution of liquid detergent and water behind the subject. On the way back, the subject slips and goes through the motions of recovery (an actual fall is prevented by the harness).

All the data from the monitoring sensors is fed into a computer model, providing information to the researchers about the subject's gait while walking and the body motions involved during slipping and recovery. The tests are being run on a group of 60 volunteers divided into three age groups - 18 to 35, 40 to 55, and over 65 to find out how gait and balance changes brought about by aging may be putting older people at increased risk for falls.

Says Lockhart, "We may take slower and shorter steps (as we age), making a higher velocity contact impact with our heels - which in turn seems to make slipping more likely." Sensory factors such as vision, inner ear, and touch sensitivity decline with age as well, and Lockhart says, "These changes make us less able to detect that we're slipping until it's too late."

Lockhart hopes to use these findings to develop intervention strategies to assist people in avoiding falls. "For example, after our modeling helps us understand the mechanics of falling, we might be able to develop special shoes, strength training routines, or environmental and flooring designs that will help prevent falls among the elderly."

The study is being supported by a grant from the Centers for Disease Control and Prevention and the National Institutes of Health. ♦

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HELP OUR SECTION GROW

With numbers comes strength; we need practicing respiratory therapists to be active members in their professional organization and their speciality section.

Contact Pat Lee at (972) 243-2272 or lee@aacrc.org for more information. ◆