



Management Bulletin

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Notes from the Chair

by John Kimble, RRT, RCP

Happy New Year to everyone! I would like to start by expressing my gratitude to the Management Section membership. You guys are making me look good! The level of discussion on our list-serve has been outstanding. I am extremely impressed with the ease with which everyone shares procedures, protocols, and information.

I am also proud to announce that Karen Stewart, our past chair, has been chosen Specialty Practitioner of the Year for the Management Section. Congratulations Karen! Your tireless efforts for the section and the AARC have not gone unnoticed.

The guest editor for this issue of the *Bulletin* is Anna Parkman, MBA, RRT. For those of you who attended the AARC International Congress in Las Vegas in December, I hope you were able to hear one of Anna's presentations. I want to

thank Anna and the RTs of the great state of West Virginia for their efforts. I'm sure everyone will greatly enjoy this issue.

The guest editor format continues to work extremely well. So far, we've seen contributions from Texas, Kansas, North Carolina, New York, and New Mexico. (If I've left anyone out. I apologize; as I write this column, it's 1:33 a.m. on a Saturday.) Of course, that means there are approximately 44 remaining states (I remember my US geography!) with RTs who could serve as guest editors. If you are interested, drop me an e-mail. My contact information appears on page 2 of this and every issue.

I hope you all had a wonderful holiday season and are ready to tackle the challenges of the new year and the new millennium! ■

Notes from the Guest Editor: "It's a Gamble"

by Anna W. Parkman, MBA, RRT

What a great time for the *Bulletin* to come out of West Virginia! One of our own, Karen Stewart, has just been named the Management Section Specialty Practitioner of the Year! We are all very pleased and proud! Karen has been a great contributor to respiratory care both in this state and on the national level. When I heard this announcement, I knew I'd made the right decision to edit the latest edition of the *Bulletin*. Of course, that doesn't mean I haven't had my doubts along the way . . .

When I started working on this *Bulletin*, my third-year respiratory student, Reggie White, had some reservations about my decision to take on the job. Her question: "What is an educator

doing editing the *Management Section Bulletin*? Don't you think that will tick somebody off?" I hadn't really thought about it much. I am an MBA after all, and I'm halfway through my PhD program in Organization and Administration. And, besides all that, I teach in both the respiratory care and business divisions. But still, she shook her head and replied, "Risky, risky."

I am a risk-taker to some degree. My friends will tell you that on short notice I will tend to go out on a limb for two things: my colleagues and my profession. (Okay, three – but we're not talking online stock trading today.) At any rate,

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when John Kimble asked me to guest edit the *Bulletin*, I didn't think twice. Fortunately for me, I have intelligent, motivated, and well-respected friends in a variety of management positions throughout the state. I knew they would enjoy the opportunity to share their ideas. I was also well aware that they would do it because I asked.

It's a delicate relationship that develops between managers and educators. We need each other. We impact each other's

professional lives and, at times, personal lives as well. This relationship has worked well in West Virginia. The give and take between the educators and the managers has benefited us all. I know that I am better at what I do because of the rich resources that our managers here have shared with me as an individual – not just with my program. I am not talking about clinical spots or clinical adjuncts. I am referring instead to the dynamic dialogue that occurs when we

present each other with ideas that challenge our thinking and actions. This exchange is priceless and shapes us all.

So, I had no doubt that my colleagues here in West Virginia would agree that it was appropriate for this educator to accept John's offer to edit the *Management Section Bulletin*. I hope you will feel the same. (And there's a lesson for Reggie here, too.) ■

Balanced Budget Act: What Does It Really Mean to Health Care?

by Karen Stewart, MS, RRT, LRTR, director, respiratory care and sleep disorders, Charleston Area Medical Center, Charleston, WV

The Balanced Budget Act (BBA) that was signed into law on August 1, 1997 by President Clinton was intended to balance the budget by 2002 – the first balanced budget since 1969. While those of us in health care recognized the need for

the Administration and Congress to balance the budget, there was a great deal of concern that the act was balancing the budget at the expense of public health. The BBA in its initial form was dangerous to public health as it threatened funding for many health and environmental programs. Historically, budget reductions have been aimed at programs for low-income people. Reductions in 1994, for example, took 93% of the total from entitlement programs for low-income people.

Specific health care programs that were impacted by the BBA included the Special Supplemental Food Program for Women, Infants, and Children; the Commodity Assistance Program; the Ryan White Program; and Title I-V. Other health programs that experienced cuts under the legislation included:

- Programs for special populations
- Hansen's Disease Center
- Health Professions Training
- MCH Block Grant
- Emergency Medical Services for Children
- Healthy Start
- Rural Health Research and Outreach Grants Programs
- Bone Marrow Donor Registry Program
- Family Planning Program Title X
- Organ Transplant

Medicare and Medicaid

The BBA has had a major impact on the Medicare and Medicaid programs. Overall, the BBA:

- Reduced spending on Medicaid by more than \$14.6 billion over 5 years.
- Slowed the growth of Medicare by more than \$115 billion dollars over 5 years.
- Included funds for preventive benefits such as annual mammograms, diabetes self management, and prostate and colorectal cancer screening.
- Repealed the Boren Amendment that had guaranteed reasonable payments to hospitals and nursing homes, reducing the budget by \$1.2 billion.

Understanding the impact of the BBA has been a slow process for hospitals and providers. But as the impact was realized, a significant amount of lobbying activity was created. These active lobbying efforts on the part of health-related groups and coalitions resulted in the passage of the Medicare, Medicaid, and SCHIP Balanced Budget Refinement Act last November. This amendment provides some relief to the deep cuts of the earlier legislation, restoring \$17 billion of the original cuts over the next 5 years. The following is a summary of the restoration.

There will be a restoration of cuts to the outpatient prospective payment system (PPS) of approximately \$3.9 billion over 5 years. A three and a half year transition to outpatient PPS has been established by this legislation, allowing hospitals that were scheduled for increases to

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continue to see those increases. If payments were to be reduced by 10%, then 8% is restored. If payments were to be reduced by 10% to 20%, then the loss will be limited to 8-15%. And if payments were to be reduced by 20% to 30%, then the loss will be limited to 15-21%. The restored value will be approximately \$1.4 billion over 5 years.

A budget-neutral adjustment will be made to pay for high cost outpatient services, medical devices, and drugs. In addition, the legislation has called for a two-year delay in the implementation of a volume expenditure cap for outpatient services, restoring \$400 million in outpatient payments.

Rural hospitals

For Sole Community Hospitals, the formula for reimbursement will be passed on a percent of cost for determined fiscal years. The Medicare Dependent Hospitals provision is being extended to 2006 rather than allowed to expire in 2001. The Critical Access Hospitals provision has been refined to add flexibility to the program. It will:

- Replace the current 96 hour length of stay (LOS) limitation with an average 96 hour LOS based on annual calculations rather than per case calculation.
- Permit hospitals to bill at the all-inclusive rate or to continue billing hospital and physician services separately.
- Grant Critical Access Hospital status to hospitals that have closed in the past 10 years or reduced to a health clinic or center.
- Allow the continuation of swing bed programs providing long-term care services.
- Extend the Critical Access Hospital Status to for profit hospitals.

The act will allow rural reclassifica-

tion through an appeals process. Under the Graduate Medical Education provision, rural hospitals will be allowed to increase the number of primary care residents. Community Health Clinics will see a two-year moratorium on the phase down of Medicaid cost-based reimbursement for federally qualified centers. Grant funding will be provided to help offset the training and computer software expenses associated with implementing new BBA methodology. Grants of up to \$50,000 per facility will be available to hospitals with less than 50 beds. Altogether, \$900 million over 5 years will be restored to rural hospitals.

Other restorations

In addition, the act will:

- Restore \$600 million to teaching hospitals over 5 years for Graduate Medical Education.
- Expand for two years the list of DRGs to which the BBA transfer provision currently applies, restoring \$100 million over 5 years.
- Increase payments under the Medicare Disproportionate Share Hospitals provision by eliminating the additional one percent reduction mandated in the BBA, restoring \$100 million over 5 years.
- Provide some relief under the Skilled Nursing Facilities provision in the RUG tables (approximately 4%), restoring approximately \$700 million over 5 years.
- Delay the 15% Home Health Care reduction scheduled for FY 2001 for one year, restoring \$1.3 billion to home health agencies over 5 years.
- Temporarily increase payments for durable medical equipment and oxygen by .3% in FY 2001 and .6% in FY 2002, restoring \$100 million.

Part of the solution

There are a number of other areas outlined in the Refinement Act not covered here. But you can see from the preceding overview that although some restoration is in place, funding has not been restored to pre-BBA levels. As a result, hospitals will continue their efforts to reduce costs and will continue to look closely at individual programs and their viability. As respiratory care managers, we must remain attentive to the need to reduce costs and continue to prove our value to the system by demonstrating the efficiency of our services in total cost reduction. We must be part of the solution, not part of the problem. ■

Bulletin Deadlines

Issue	January/February
Date editor must have copy	December 1
Date AARC must have copy	December 10
Issue	March/April
Date editor must have copy	February 1
Date AARC must have copy	February 10
Issue	May/June
Date editor must have copy	April 1
Date AARC must have copy	April 10
Issue	July/August
Date editor must have copy	June 1
Date AARC must have copy	June 10
Issue	September/October
Date editor must have copy	August 1
Date AARC must have copy	August 10
Issue	November/December
Date editor must have copy	October 1
Date AARC must have copy	October 10

Correction

The last issue of the Bulletin featured two articles by Jan Thalman, from Duke University Health Systems. Unfortunately, Jan's credentials and title were omitted from her bylines. We apologize for the omission. Jan is a BS, RRT, and is associate director of respiratory care services at Duke.

Organizational Citizenship Behavior

by Robert M. Ortiz, BA, RRT, RPFT

Over the last year I have become increasingly intrigued with a concept called, “Organizational Citizenship Behavior” or “OCB.” What began as a research paper captured my attention and led me to further study. I hope this article has the same effect on some of you.

OCB is defined as “individual behavior that is discretionary, not directly or explicitly recognized by a formal reward system, and that in the aggregate promotes the effective functioning of the organization.” The literature on this topic is plentiful and interpretable by even the most junior managerial staff. Given that, I find it perplexing that even the most seasoned professionals appear to struggle when it comes to altering employee commitment to their organizations.

OCB is a product of many items – it’s not just limited to interpersonal helping, individual initiative, and loyal boosterism. Within my research, I performed a

statistical analysis on data collected from a group of 120 male and female MBA students. I completed a multiple regression analysis on these students and contrasted the results against two other multiple regression analyses of organizational commitment

and organizational support. Briefly, I found statistically significant relationships between how employees are treated and their commitment to the organization and, subsequently, positive OCB.

Significant predictors of OCB are job satisfaction and organizational commitment. Factors that influence job satisfaction are fairness and the accessibility of supervision. However, one of the biases that exists in management is the manager’s propensity to show favoritism to staff members who exhibit OCB. This can lead to distancing of employees who need nurturing, and therefore could account for the difficulty that organizations have with this concept. In addition, research has shown that this tendency can affect the way in which managers rate their employees. In general, being aware of these two factors could assist many organizations in overcoming their struggles with culture. OCB may also influence performance appraisals, as the rater should recognize impressions of employee commitment. OCB is now considered an essential condition of organizational effectiveness.

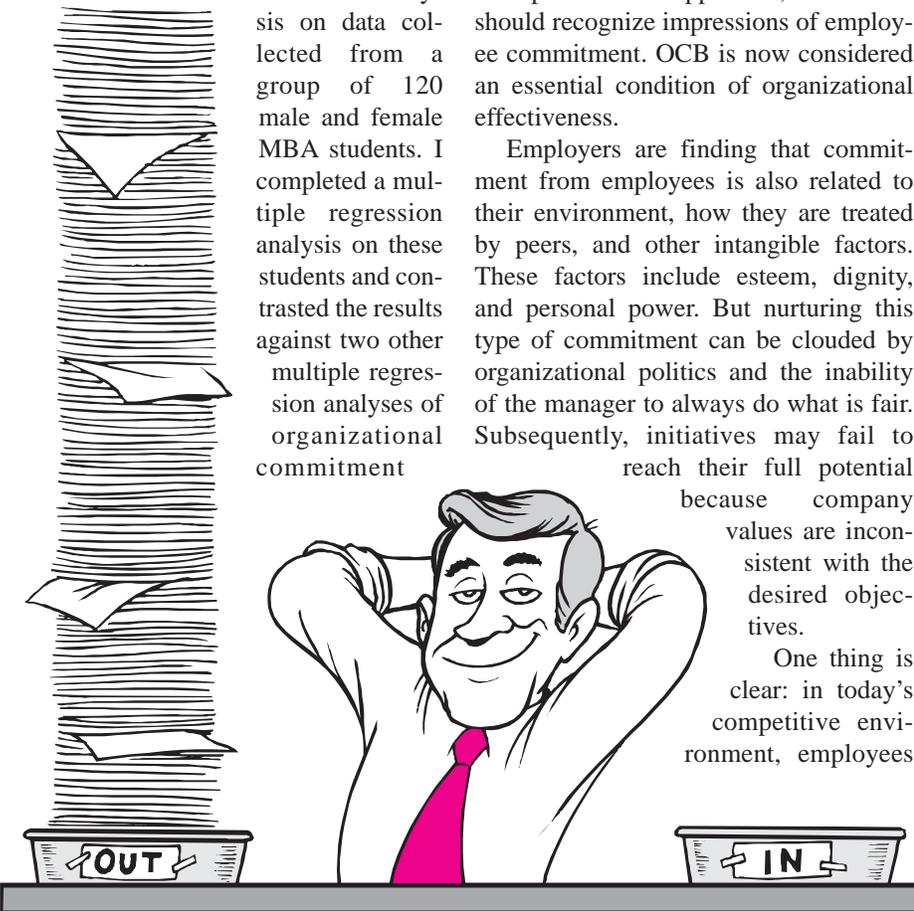
Employers are finding that commitment from employees is also related to their environment, how they are treated by peers, and other intangible factors. These factors include esteem, dignity, and personal power. But nurturing this type of commitment can be clouded by organizational politics and the inability of the manager to always do what is fair. Subsequently, initiatives may fail to reach their full potential because company values are inconsistent with the desired objectives.

One thing is clear: in today’s competitive environment, employees

who are “good citizens” are in demand. Culture will be reflected by how things get done, rather than what gets done. Cultural values are based on shared assumptions among organization members about key issues. Consistent with agency theory predictions, my argument is that when interests are not aligned, a strong performance-pay link is the main employment exchange between employer and employee. Pay for performance will likely motivate employees to focus on their in-role behavior and avoid behaviors such as OCB that are not rewarded.

Proper selection of employees is critical to the success of an organization. However, if one does not support these employees, one cannot expect that they will continue to be loyal and committed to the organization. Although seemingly simple, many organizations fail to see the need for a change in culture or the underlying root causes of apathy. Employees comprise the largest asset in an organization, yet sometimes they receive the least attention. From these statistical analyses and hypotheses we should take the following message: if we engage in OCB, it is possible to realign organizational culture. In fact, the data support the concept that even marginal employees can be converted to “good citizens.” Employees are more likely to exceed their job responsibilities if they are satisfied with their jobs, feel that their collective voices are heard, and perceive that they are being treated fairly.

Culture is often thought to be the ultimate roadblock – something that cannot be changed and must simply be accepted. This need not be true. We must remember, however, that culture changes do not occur rapidly. As for me, I have begun making changes in my management style, thereby capitalizing on this learned subject. Perhaps in a year or two I will be able to present a follow-up to this article outlining the effects that OCB has had on my department. ■



Snapshots of the Generations

by Anna Parkman, MBA, RRT

Make no mistake about it, there have always been generational differences and conflicts played out in the work environment. This being the case, why is it so necessary for today's managers to make a study of the generations?

Well, the fact is, the generational conflicts may be age-old, but the workplace dynamic has changed dramatically. As a result of restructuring and downsizing, organizational charts are flatter. Individuals who traditionally worked primarily with peers of the same generation are now interacting daily with a variety of employees representing the full spectrum of the generations. Factor in the current emphasis on teamwork, and the work environment becomes the place where four generations converge. They don't understand each other and have no idea how to communicate with one another. Tension in the workplace rises. Some will stay but become less productive. Others will just decide it's too much hassle and leave.

In one case the manager is left short-handed and in the other with disgruntled, nonproductive workers. Worst-case scenario is that both occur, and morale drops like a rock. A basic understanding of the generational profiles can aid the manager in not only preventing cross-generational strife, but in recruiting, developing, motivating, and managing members of each generation:

Veterans (born 1922-1943): Members of this generation are credited with having created the United States as we know it today. They built the space station, landed a man on the moon, wiped out multiple diseases, and currently hold three-quarters of this country's financial assets. This generation was shaped by the Depression. They can remember Hitler invading Austria and what they were doing when they heard about Pearl Harbor. They believe in law and order, conformity, dedication, and hard work. Their heroes are FDR, Superman, Eisenhower, Churchill, Patton, and Joe DiMaggio. As a cohort they have a definable personality. Veterans like consistency and are conformers. They have seen a

great deal of change in their lifetimes, and they like things on a grand scale. They are past-oriented, history-absorbed, and believe in logic, not magic.

The Baby Boomers (born 1943-1960): Beginning with the post-war baby boom in 1946, the generation of Baby Boomers became a national obsession that has continued to this date. Healthier than their predecessors, eagerly awaited, and much doted on, these babies were cherished by parents who had sacrificed and fought a war for the right to raise them. Baby Boomers were shaped by the McCarthy hearings, the Civil Rights Act, and the Vietnam War. Baby Boomers remember John F. Kennedy being elected, John Glenn circling the earth, and Woodstock. They watched with horror as JFK, RFK, and Martin Luther King, Jr. were assassinated. Their heroes are Gandhi, Martin Luther King, Jr., John Glenn, and John F. Kennedy. This generation is optimistic. They value youth, work, health and wellness, involvement, and personal gratification. They, too, like things done in a big way and believe growth/expansion is a good thing. Baby Boomers think of themselves as the stars of the show. They have always been cool (just ask one), and they pursue their own personal gratification with a vengeance.

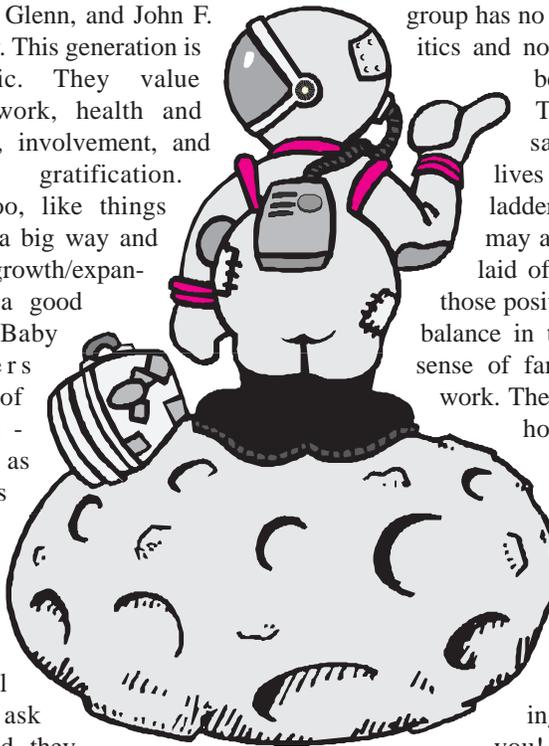
Generation X (born 1960-1980): The GenXer's see themselves as the invisible or lost generation. Born in the shadow of the Baby Boomers, this generation feels like a second child who's older sibling

gets all the attention, takes all the spoils, and wins all the awards. They feel Boomers have taken all the opportunities, and America's greatness has passed them by. Dennis Miller comments on the GenX perception. "It's like they got to the cocktail party 20 minutes too late and all that's left are those little wieners and a half-empty bottle of Zima." Latchkey kids, raised by dual career families, this generation has been independent and had less supervision as children than perhaps any other American generation. The Iranian Crisis, the killing of John Lennon, the Challenger disaster, the 1987 stock market plummet, massive corporate layoffs, and Desert Storm have shaped their collective psyche. Given all of this, GenX is very concerned with survival and that which is applicable to the here and now. They think globally, and they appreciate diversity, balance, and informality. This

group has no interest in corporate politics and no faith in the concept of being a "company" man. They have seen parents sacrifice their personal lives to climb the company ladder and watched with dismay as they were reorganized, laid off, and downsized out of those positions. The GenXers want balance in their lives. They seek a sense of family and community at work. The lines between work and home do blur for this group. Unlike their parents, who brought work home, this generation believes it is okay to bring family and personal lives to work. They do not, however, believe in taking your work home with you! Self-reliant and technosavvy, they are today's newest managers and supervisors. Their heroes? You guessed it – none; they aren't buying into that one!

The Nexters (born 1980-2000): This

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“Snapshots” continued from page 5

Save These Dates!

AARC Summer Forum
Vale, CO
June 2-4, 2000

46th International Respiratory Congress
Cincinnati, OH
October 7-10, 2000

**AARC Asthma Disease
Management Course**
Vale, CO
June 4-5, 2000

Atlanta, GA
Nov. 17-18, 2000

generation is being raised by the most age-diverse group of parents ever, ranging from adolescents to veterans. This is the digital generation, for which technological advances, the Internet, and smart classrooms are as natural as rain. This generation has been shaped by the Oklahoma City bombing, schoolyard shootings, and the Clinton/Lewinski scandal. Diversity and technology are givens in their lives. Their heroes are Michael Jordan, Mother Teresa, Mia Hamm, Tiger Woods, Bill Gates, and Christopher Reeves. Generation Next is still evolving, but they already recognize and value optimism, civic duty, morality, and sociability. Street smart, achievement oriented, and confident, they are just

beginning to bring their values to the workplace.

Well, there you have it. A “snapshot” of the generations, placed here to capture your interest. I realize this is certainly not enough to aid you in managing a cross-generational workforce, but if there is enough interest, I would be very willing to write an article on managing and working with each of the generations in future editions of the *Bulletin*. In the interim, please visit some of the web sites listed in the following article. And take a look at *Generations at Work: Managing the Clash of the Veterans, Boomers, Xers, and Nexters In Your Workplace*, by Ron Zemke, Claire Raines, and Bob Filipczak. ■

Web Resources Across the Generations

by Anna W. Parkman, MBA, RRT

There is a wealth of information about the generations on the World Wide Web. Check out the following sites, share them with your department, and please e-mail me (aparkman@uchaswv.edu) if you find any related sites out there that you feel are valuable.

The following general sites appeal to members of all generations:

www.fourthturning.com - This site discusses all types of generational issues.
www.millennials.com - Check out the “Generational Inquiry Group” (GIG) web page.

www.generationsatwork.com - Check out the “Speaking of Generations” web page.

In most of the web sites you visit, however, generational profiles (Baby Boomers, GenXers, etc.) play out. Take some time to think about what you would

expect these generation-specific sites to reflect in terms of style and personality. Which do you think will be more likely to have all the bells and whistles? Which are more likely to be sparse in number, big on attitude, and very utilitarian? Then visit the following sites and see how close your predictions were to the truth.

Veterans

- www.aarp.org
- www.seniors.com
- www.seniornet.org

Boomers

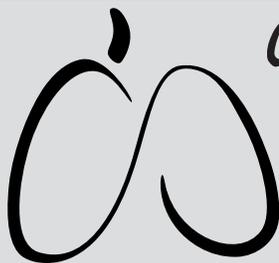
- www.babyboomers.org
- www.boomerassoc.com
- www.boomerint.org

Generation X

- www.cs.caltech.edu/~adam/lead/genx.html



- www.thirdmil.org
 - www.go.com/WebDir/People/Society/GenerationX
- ### Nexters
- www.millennials.com
 - www.forthturning.com
 - www.northwesternmutual.com/2001/summary-main.html
 - www.growingupdigital.com ■



Celebrate National Pulmonary Rehabilitation Week

March 12-18, 2000

Promote awareness of the role pulmonary rehab plays in improving quality of life for people with breathing disorders

- plan special events for your patients •
- set up informational displays in your facilities •
- educate the community and the media •

Pulmonary Rehabilitation Week
March 12-18, 2000

The Computer, the Internet, and Productivity

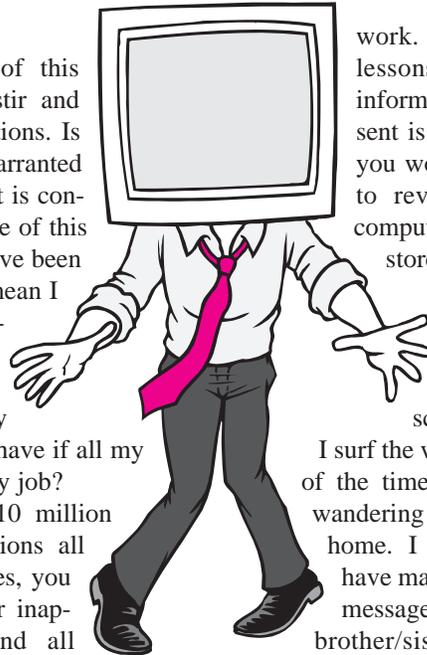
by Jay Wildt, RRT, RPFT

When the report was passed around the department managers' meeting, people shifted uncomfortably in their chairs. The report was a graph showing the number of Internet "hits" for the quarter. A hit is defined as each new "page" that someone opens on any web site. For example, reviewing 5 items for discussion on the AARC's web site, which would take 3-5 minutes, can result in as many as 20 hits. Our director of management information services provided the report, not as an admonishment (at least at that point), but more for our information. He assumed he would be credited with the most hits and was quite surprised by the report. He had approximately 3500. That was far less than the number racked up by many people who had Internet access. The hit king amassed over 105,000. The question begged to be asked, "Was any work being

done in that office?"

The presentation of this list created quite a stir and prompted a few questions. Is disciplinary action warranted for Internet use? What is considered appropriate use of this tool with which we have been provided? Does this mean I will no longer be eligible for the \$10 million that iwon.com gives away? Should I really care how many hits I have if all my surfing is related to my job?

Aside from the \$10 million question, those questions all have easy answers. Yes, you can be disciplined for inappropriate surfing, and all surfing should be related to



work. But there are other lessons here as well. No information you send or are sent is private. The company you work for has every right to review every aspect of computer use, including files stored on your hard drive.

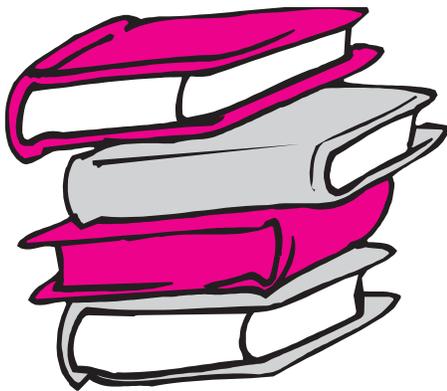
Most importantly, as Internet use by corporate employees increases, so does the scrutiny.

I surf the web appropriately most of the time. I save the mindless wandering for my computer at home. I was fortunate not to have many hits. The take home message is clear, however. Big brother/sister is watching. As well they should. ■

The Manager's Bookshelf

by Anna W. Parkman, MBA, RRT

They have a great tradition at West Virginia University Hospitals (WVUH) in Morgantown, WV. Each quarter, the lead management group chooses a book



that they will all read. Over the course of the quarter, the book is discussed and utilized to enrich the working environment. My colleague and good friend, Mike Ortiz, is the administrative director for respiratory care services at WVUH, and lucky for me, he not only shares the book list with me, but the discussions as well.

I know we all run across a great book now and then. I suggest we share the titles with each other in the *Bulletin*. To that end, I asked my colleagues in West Virginia (who contributed to this edition of the *Bulletin*) what they have read in the past six months that they would recommend. Following is what is new on the West Virginia manager's bookshelf:

- *The Circle of Innovation*, by Tom Peters
- *Images of Organizations*, by Gareth Morgan
- *Generations at Work*, by Zemke, Raines, and Filipczak
- *Job Shift*, by Williams Bridges
- *The Greatest Generation*, by Tom Brokaw
- *Management Challenges for the 21st Century*, by Peter Drucker
- *The End of Work*, by Jeremy Rifkin
- *Working with Emotional Intelligence*, by Daniel Goleman
- *The Dance of Change*, by Peter Senge
- *Executive EQ*, by Robert Cooper ■

AARC Introduces its all-new Online Bookstore!

Visit AARC's link to Amazon.com at:

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

You'll find the latest sources on respiratory therapy, healthcare management, and more...

15% of book sales benefit AARC, so you'll know you're helping support the profession when you buy!

Management Resource Directory Posted Online

In the last issue of the Bulletin I requested updates for your Resource Directory and announced that an updated version would be printed and mailed with this issue. However, upon examining the current list more closely, I realized that merely “calling for updates” wasn’t sufficient to get the list into prime condition. For example, many people on the list have not given me current contact information including email addresses which for many is a key networking tool.

I have decided to spend some serious time rebuilding your Resource Directory into a tool that will be the most helpful possible. While that process is underway, I believe it is best to simply post the current list on your section’s home page on AARC Online. In doing so I can make regular updates and the information you access will be entirely accurate. Until new lists are compiled and printed, I recommend you refer to your section’s home page for current information. If you do not have access to the Internet, you should use your printed list from 1999 keeping in mind that some of the information is no longer accurate.

So now, again, I am calling for your support of the Management Resource Directory. If you are on the current list, please send me confirmation of your contact information as listed and also give me your email address. If you want to be added to the list, please send me the information requested in the form below. You may complete the following form and mail or fax it to me (11030 Ables Lane, Dallas, TX 75229 / 972/484-2720) or the best option would be to email me (hagen@aarc.org). With your help we will soon have a truly helpful Resource Directory filled with names of people who are dedicated to helping others in their field succeed — and you will have accurate contact information to make it as easy as possible to take advantage of their expertise and advise.

Resource Directory Sign-Up Form

Name _____
Title _____
Organization _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
e-mail _____

The following are topics frequently requested by those who call the Executive Office. (Please check all that apply.)

Competency Documentation
 Performance Appraisals
 Respiratory Care Information Systems
 Benchmarking
 Case Management
 Other _____

Please list any materials (samples of contracts, business plans, etc.) you would be willing to share with others: _____

Are You on the Management Section Email List?

This free section member service facilitates:

- following RC trends from across the US
- networking to advance career opportunities
- sharing and learning new RC techniques

Sign Up Today on Your Section's Home Page!

http://aarc.org/sections/section_index.html