47th International Respiratory Congress, Dec. 1-4, 2001, San Antonio, Texas USA

For 46 years the AARC’s International Respiratory Congress has been the gold standard of respiratory care education and trade. For 46 years the AARC’s International Respiratory Congress has delivered the highest quality programs with information that really matters. For 46 years the AARC has plowed its resources back into the profession, expanding the practice and influence of respiratory therapy in the health care system.

Don’t miss out on the largest and most comprehensive respiratory care meeting in the world, coming in 2001 to one of the most entertaining cities in the US, San Antonio. For additional information, please call (972) 243-2272, or e-mail clay@aarc.org.

Respiratory Care Journal Publishes Two Landmark Special Issues on Palliative Care

The November and December issues of Respiratory Care featured the proceedings of a unique conference convened by the Journal in May of last year. The conference, “Palliative Respiratory Care,” brought together a faculty of internationally-recognized experts to review and discuss aspects of end-of-life care pertaining to the respiratory field.

Among the topics addressed at the conference were: how to assess and treat dyspnea in terminally ill patients, how to talk to families about death and dying in the ICU, the nuts and bolts of withdrawing life support, and the role of respiratory therapists in palliative care. The two Journal issues contain the formal papers presented by the faculty, the often spirited discussions following each presentation, and an insightful conference summary.

According to Dr. David Pierson, Journal editor, “although almost nothing has previously been published on this specific aspect of palliative care, respiratory care clinicians have long played a vital role in this arena. The material presented in these special issues breaks new ground, and is sure to become a valuable and practical reference source for everyone participating in the care of patients with severe respiratory disease.”


AARC 2000 Human Resources Survey Now Available

Understanding respiratory care manpower just got a whole lot easier. The AARC 2000 Respiratory Therapist Human Resources Survey represents the most comprehensive study of its kind ever conducted by the AARC. In addition to separate surveys of all common respiratory therapy employment venues (acute care, long-term care, home care, and respiratory therapy education programs), for the first time ever respiratory therapists, regardless of where they were employed, were surveyed directly.

The primary objectives of the survey were to capture information about the
How can you help your staff earn the continuing education credits they need to maintain state licensure or other requirements? The AARC’s Professor’s Rounds in Respiratory Care provides the cost-effective answer for many departments.

Respiratory therapists can earn one hour of CE credit, and nurses can earn 1.2 hours, for each program attended. Here’s a brief overview of the programs for 2001 and when they will be available:

**Taking the Mystery Out of Weaning the Pediatric Patient from the Ventilator**  
Peter Betit, BS, RRT and Richard D. Branson, BA, RRT, FAARC

Learn when to begin the process and how to recognize critical events in weaning a pediatric patient. Also teaches the physiological differences between the adult and pediatric patient and why weaning of the pediatric patient is different. The presentation confronts participants with options in providing assisted ventilation and the correct selection of options that expedite weaning.

**Live Videoconference:** March 13, 11:30 a.m.-1:00 p.m. Central Time  
**Teleconference with Videotape:** April 10, 11:30 a.m.-12:00 Noon Central Time

**Pulmonary Rehabilitation: Standard Care for Chronic Lung Disease Patients**  
Trina Limberg, BS, RRT and Thomas J. Kallstrom, RRT, FAARC

Find out when to refer a patient for pulmonary rehabilitation and the four elements necessary for the successful operation of a rehabilitation service. Details how to prepare a treatment plan during assessment and how to modify it based on subsequent evaluations, as well as how to incorporate rehabilitation techniques into routine bedside therapy sessions.

**Live Videoconference:** March 27, 11:30 a.m.-1:00 p.m. Central Time  
**Teleconference with Videotape:** April 17, 11:30 a.m.-12:00 Noon Central Time

**Noninvasive Ventilation: The Latest Word**  
Dean R. Hess, PhD, RRT, FAARC and Richard D. Branson, BA, RRT

Learn how to avoid intubation in the acutely ill patient through identification of patients most likely to benefit from noninvasive ventilation. Learn selection and proper fit of full masks or nasal masks and how to select the proper ventilator based on the patient’s condition and desired outcomes. Also learn when to make adjustments to achieve the goals of unloading respiratory muscles and achieving good patient/ventilator synchrony.

**Live Videoconference:** April 24, 11:30 a.m.-1:00 p.m. Central Time  
**Teleconference with Videotape:** May 29, 11:30 a.m.-12:00 Noon Central Time

**Education of the Patient with Asthma**  
Tracey Mitchell, AS, RRT and Thomas J. Kallstrom, RRT, FAARC

This program teaches how to ensure that patients understand the disease process of asthma and their care plan for effective disease management. It also describes the patient education materials available to assist in the process, their content, where to find them, and the best methods of presentation, including new terminologies, analogies, and techniques.

**Live Videoconference:** June 26, 11:30 a.m.-1:00 p.m. Central Time  
**Teleconference with Videotape:** July 17, 11:30 a.m.-12:00 Noon Central Time

**New Respiratory Drugs: What, When, and How?**  
Joseph L. Rau, PhD, RRT, FAARC and Patrick J. Dunne, MED, RRT, FAARC

Introduces participants to new formulations such as racemic drug mixtures and single isomers and their effective duration and how they lead to lower costs with improved patient responses. Viewers will learn the use of improved anticholinergics in the treatment of asthma patients and learn the uses and effects of inhaled anti-inflammatory agents.

**Live Videoconference:** Aug.14, 11:30 a.m.-1:00 p.m. Central Time  
**Teleconference with Videotape:** Sept.11, 11:30 a.m.-12:00 Noon Central Time

**Invasive Ventilation: The Latest Word**  
Richard Kallet, MS, RRT and Richard D. Branson, BA, RRT, FAARC

Learn how proper ventilator management can preclude inflicting harm on the patient and why it is essential for the clinician to understand the function and mechanics of newer mechanical ventilators.

You can purchase the complete survey results online at: http://www.aarc.org /marketplace/store/management.html, or call the AARC at (972) 406-4663. The price is $55 for AARC members, $75 for nonmembers.

“Professor’s Rounds” continued on page 3
New Rules on Emergency Care

Under new EMTALA regulations that went into effect last October, hospitals are now being required to establish strict protocols to handle individuals who may present with potential emergencies to any hospital-owned facility. The regulations refer to the “entire hospital campus” and pertain to the main building and all buildings and structures located within 250 yards of the main building, along with all remote satellite facilities. The rules were published in the April 7, 2000 Federal Register.

JCAHO Offers Free Online Newsletters

Beginning immediately, health care professionals can receive accreditation information and news releases from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) via electronic mail.

The free service, which allows an unlimited number of people from a health care organization to subscribe, is designed to provide timely information in a convenient and speedy format. A recent JCAHO technology survey of accredited organizations found that nearly 90% of respondents wanted to receive information by e-mail. JCAHO has already received more than 65,000 requests for the service.

Participants may sign up to receive:
- Sentinel Event Alert, a periodic publication that focuses on health care errors; and
- news releases.

Subscribers also may select to receive information about any of the JCAHO’s accreditation programs, including notices about standards field reviews, publications, and upcoming education programs. To sign up for the free newsletters, go to: http://www.jcaho.org/news frm.html.

Ergonomics Standard Set for Implementation

The final Ergonomics Program Standard published in the Federal Register last November 13 by the Occupational Safety and Health Administration (OSHA) is designed to minimize employee exposure to ergonomic risk factors on the job that lead to musculoskeletal disorders (MSDs) of the back and upper and lower extremities. The rule, which will affect 102 million employees, including those in the health care industry, is intended to help reduce the nearly 600,000 MSDs requiring time off from work that are reported every year by the Bureau of Labor Statistics. OSHA estimates that the standards will prevent about 4.6 million work-related MSDs over 10 years.

The standard, which is expected to cost American employers $4.5 billion annually in compliance costs, is scheduled to go into effect on January 16, but workers may not see immediate effects in many places. Numerous employers and industries have issued petitions challenging the implementation of the standard, saying that it is vague, costly, and lacks scientific basis. To view the standard, visit www.access.gpo.gov/su_docs/aces/fr- cont.html and scroll down to “Occupational Safety and Health Administration.”

Public Dissatisfied with Health Care

Americans are becoming more critical of many aspects of the health care system, more confused about managed care, and more concerned about escalating medical costs, according to the results of a new survey from the nonpartisan Employee Benefit Research Institute (EBRI).

EBRI’s 2000 Health Confidence Survey (HCS) found that although the vast majority of Americans with health insurance are enrolled in some type of managed care program, respondents were less likely than in previous years to say they were familiar with managed care. The percentage describing themselves as somewhat familiar with managed care dropped from 29 percent in 1998 to 23 percent in 2000. At the same time, the percentage saying they were not at all familiar with managed care increased from 28 percent to 39 percent.

Other key findings include:
- Twenty-seven percent of respondents reported feeling that health care in general has gotten better in the last five years, but 39 percent said it has gotten worse. In comparison, 31 percent in 1998 felt health care had gotten better and 35 percent felt it had gotten worse.

“Public Dissatisfied” continued on page 4
Among those respondents who had received care in the past two years, 39 percent were extremely or very satisfied with the care they received, down from 46 percent in 1998.

Twenty-two percent named health care as the most critical issue facing America today, up from 16 percent in 1999 and 14 percent in 1998, placing health care just behind education (25 percent) and ahead of crime (16 percent), Social Security (11 percent), gun control (10 percent), and taxes (9 percent).

Women were more likely than men to identify health care as the most critical issue facing America today (25 percent versus 18 percent), to believe they will suffer hardship to afford health care once they are eligible for Medicare (54 percent versus 44 percent), to feel they will not have enough choice about who provides their medical care (51 percent versus 41 percent), and to believe they will not be able to get the treatments they need (42 percent versus 33 percent).

**Section Seeks Cost Reduction Ideas**

RC managers are no strangers to cost reduction efforts. After all, we’ve been dealing with demands to do more with less for over a decade now. So it stands to reason that in all that time at least some of us have come up with some unique and/or innovative ways to save money in our departments. Now we need to share those ideas with our colleagues. Remember: if we don’t all hang together, we will surely hang separately.

Use the following form to send us the cost reduction strategies that have worked for you, or better yet, simply post your strategies on the Management Section listserve on AARC Online (www.aarc.org). (If you have yet to sign up for the section listserve, go to the section homepage on the web site and follow the directions to sign up.) We’ll organize and archive the material on the web site so that everyone will have “one stop shopping” access to proven methods they can use when they get yet another request to “trim the fat.”

**Cost Reduction Strategies**

Name

Facility

Address _____________________________________________ City _____________________________ State ________

Telephone ________________________________ Email ________________________________________________________

In our department, we have cut costs by:

______________________________________________________________________________________________________

______________________________________________________________________________________________________

______________________________________________________________________________________________________

______________________________________________________________________________________________________

______________________________________________________________________________________________________

If necessary, please feel free to attach additional sheets.

Please fax to: Bill Dubbs, AARC, (972) 484-2720.

**AARC Wants to Know Your Top Five Areas of Concern**

The AARC is currently seeking input from section members regarding the top five areas of concern unique to our specialty area. Please mail, email, or fax your top five concerns related specifically to the specialty (not to the AARC or the practice of respiratory care in general) to: Kelli Hagen, 11030 Ables Lane, Dallas, TX 75229, email: hagen@ aarc.org, FAX (972) 484-2720 or (972) 484-6010. The Association will utilize our input in determining priorities for the coming year.

**HCFA Expanded Competitive Bidding Pilot Project**

The Health Care Financing Administration (HCFA) announced late last year that it would be expanding a pilot project seeking competitive bids on durable medical equipment. The agency added three counties in the San Antonio, TX, area to Polk County, FL, where the project started a year ago. HCFA reviewed 179 bids from 79 companies in choosing suppliers for hospital beds, inhalant drugs, manual wheelchairs, non-custimized orthotics and oxygen. The San Antonio contracts will run from Feb. 1 to Dec. 31, 2001.
### JCAHO Accreditation Report

The AARC is currently seeking information on JCAHO accreditation site visits. Please use the following form to share information from your latest site visit with your colleagues in the Association. The information will be posted immediately on the AARC web site at [http://www.aarc.org/members_area/resources/jcaho.html](http://www.aarc.org/members_area/resources/jcaho.html) and will also be featured in the *Bulletin*.

Accreditation visit you are reporting (choose one):

- [ ] Home Care  
- [ ] Hospital  
- [ ] Long Term Care  
- [ ] Pathology & Clinical Laboratory Services

<table>
<thead>
<tr>
<th>Inspection Date: __________________________________________________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Name: ___________________________________________________________________________________</td>
</tr>
<tr>
<td>Contact: ________________________________________________________________________________________</td>
</tr>
<tr>
<td>(Please provide name and e-mail address.)</td>
</tr>
</tbody>
</table>

1. What was the surveyors’ focus during your site visit? __________________________________________________
   _________________________________________________________________________________________________
   _________________________________________________________________________________________________
   _________________________________________________________________________________________________

2. What areas were cited as being exemplary?
   _________________________________________________________________________________________________
   _________________________________________________________________________________________________
   _________________________________________________________________________________________________

3. What suggestions were made by the surveyors?
   _________________________________________________________________________________________________
   _________________________________________________________________________________________________
   _________________________________________________________________________________________________

4. What changes have you made to improve compliance with the guidelines?
   _________________________________________________________________________________________________
   _________________________________________________________________________________________________
   _________________________________________________________________________________________________

**Additional comments:**

Mail or fax your form to:
William Dubbs, RRT
AARC Associate Executive Director
11030 Ables Lane
Dallas, TX 75229
FAX (972) 484-2720
Specialty Practitioner of the Year

Don’t forget to make your nominations for the 2001 Management Specialty Practitioner of the Year. This honor is given to an outstanding practitioner from this section each year at the AARC’s Annual Convention.

The recipient of this award will be determined by the section chair or a selection committee appointed by the chair. Each nominee must be a member of the AARC and a member of the section.

Use the following form to send in your nominations for this important award:

I would like to nominate ____________________________ for Management Specialty Practitioner of the Year because ______________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Nominee  
Your Name

Hospital
Hospital

Address
Address

City, State, Zip  City, State, Zip

Phone
Phone

Mail or FAX your nomination to the section chair at the address/number listed on page 2 of this issue.