Notes from the Chair
by Karen Stewart, MS, RRT

I am really excited about starting a new year as chair of the Management Section and having the opportunity to serve on the AARC Board of Directors. It will be difficult following the wit and wisdom of John Kimble, and I am grateful that he has decided to remain as the editor of this Bulletin.

One thing I would like to do this year is create a more robust web site for the section. To that end, I am seeking a group of people who would like to participate in a clinical advisory group for a web site “swap shop.” The swap shop would be designed to encourage members to share protocols, policies and procedures, clinical ladders, and other materials that would be relevant to members of the AARC.

We have several other areas to address this year as well. Like many of you, I am very concerned about our increasing difficulty in recruiting prospective therapists for our departments. We need to use our resources — the Bulletin, the section listserve, and the web site — to share ideas on recruitment and retention. I am also very interested in hearing from folks who are working with their local schools to recruit new students into the profession.

There is an initiative underway at the AARC to address the coding issues facing our departments, and we need you to send us the techniques that you are using to code your services so that we can share them with others. I would also like to create a “Coding Corner” for the Bulletin where we could publish these techniques on a regular basis.

Above all, I want to begin my tenure as chair by asking each of you to consider what you want your Management Section to be and then communicate your response to me so that we can best meet your needs. Any and all ideas are welcomed. My contact information appears on page 2 of this and every issue.

Notes from the Editor
by John D. Kimble, Jr., RRT, RCP

It was a pleasure serving you as section chair — so much so that I have now volunteered to be editor of the Bulletin for Karen Stewart, our present chair and new representative on the AARC Board of Directors. Of course, this means I will be joining Karen in begging and pleading for member contributions to the Bulletin, so please consider now how you can help out by sharing some of your experiences in your department with your peers through an article in this publication.

I would also like to encourage all of you to check out a new feature on the Management Section portion of the AARC web site. The Cost Reduction Page, which is located at http://www.aarc.org/sections/mgmt_section/cost_reduction/, offers you the opportunity to see what others have done to reduce costs in their hospitals. Each posting also contains contact information, so you can contact managers directly to learn how they did it. We’ll also be sharing some of these postings with the membership through articles in this newsletter. (See the “Cutting Costs” article in this issue for the first installment.)
Throughout my career as a respiratory care professional, I have learned that many of my fellow “professionals” do not see the benefit of belonging to their professional organization. Again and again I learn of new ways to entice people to join the AARC. Everyone has their own list of favorites, ranging from professional pride to a terrific journal to discounts at educational meetings. I’d like to tell you about one of my personal favorites: the specialty section email listserves.

For years I used my computer only as a word processor. At one point I was forced to learn to use a spreadsheet, but that went by the wayside when my career path took me away from budgets, expenses, and BvsA reports. I finally broke down (actually, my kids forced me into it) and got a home computer that did more than print documents. I signed up for AOL (“ALL my friends have AOL, Mom!”) and entered the glorious world of the Web. Now we could “go online” and look up all kinds of neat stuff, from Nintendo codes for my son and his friends, to research for an assigned paper for the high school set, to building tree houses for my contractor husband, and of course anything medical for me. And of course I began to communicate electronically with some of my personal and professional contacts (when my daughter would let me near the computer, that is!).

It wasn’t until I began to participate in the section listserves, however, that I began to realize the full potential of my computer as a communication tool and information source. In my previous position, my interests were in the areas of home care and pulmonary rehabilitation, so I joined those sections and subscribed to those email lists. All of a sudden I was introduced to a depth of information and resources that I could not have imagined. Ask any question, someone will answer. Pose a dilemma and you’ll get a variety of points of view. Learn about new products and techniques, reimbursement and regulation issues, problem areas to avoid.

Then I changed jobs and joined the Management Section. Wow! This group really knows how to share information and ideas. Need to evaluate a piece or type of equipment? Put your query on the email list and you’ll get information from all over the country, big hospitals and small ones, pro and con, plus suggestions on how to expand your search in ways you hadn’t even thought about. The “short list” of recent topics includes sleep diagnostic equipment, water seal CPAP, multiple use circuits, IPPB devices, nasal prongs for infants, portable suction equipment, needle protective devices, various and sundry mechanical ventilators, and peak flow meters.

More concerned about how to do something than what to do it with? How about use of Pulmicort respules, invasive bi-level policies, NIV via face mask, or frequency of nebulizer changes? Or how about a policy for Flutter valves, PEP, prioritizing workload, or saline instillation with endotracheal suctioning? Want to know how other hospitals handle RT coverage of high risk deliveries? Or who has had experience with self-scheduling? The listserves has the answers.

If you’re concerned about JCAHO, you can also find information on missed treatments, pain assessment, conscious sedation, and consent forms. Do you manage areas other than RT, such as cardiac or EEG? So do lots of other managers, and they gladly share their experience and expertise.

Or, maybe your billing department is hounding you. Just ask, and you’ll get information on charges for medications with SVN treatments, reimbursement for pulmonary functions, and how to get paid for echos. Or join a lively discussion on the role of RT staff in obtaining appropriate information for coding and charging. Need help with competency assessment or want to learn about staff evaluation of managers (maybe not?)? Just ask — someone out there will have some help for you. I am truly amazed (and continually humbled) by the breadth of knowledge in this group.

While I admit there are some days when the sheer volume of correspondence is overwhelming, the trade-off is well worth it. Anyone who has an interest in managing, whether from a clinical or administrative perspective, would find this most helpful. I’d love to hear from members of other sections about the utility of their email lists. Maybe this is one more membership benefit we can promote to those non-members out there, especially those in the younger set who didn’t have to be dragged kicking and screaming into the computer age!
This new feature can be accessed from the Management Section home page menu of options by selecting “Cost Reduction Strategies” (http://www.aarc.org/sections/mgmt_section/cost_reduction/). When you select that option on the menu, you will see the contributions made by others. (Thanks to Elaine Green at St. Mary’s Hospital in Leonardtown, MD for kicking things off.) To contribute, simply scroll down to the form, enter some basic contact information, and describe what has worked for you at your facility. In addition to posting the ideas on the home page, we’ll also be publishing short articles on some of them in the Bulletin (starting with Elaine’s, in this issue). So start thinking now about what you’re doing in your facility that you’d like to share with your colleagues. It’s a great way to promote your department and help others at the same time.

Cutting Costs: St. Mary’s Hospital, Leonardtown, MD

Elaine Green, RRT, CPFT, from St. Mary’s Hospital in Leonardtown, MD, has found several ways to cut costs in her department.

The department policy on hand held nebulizer change-outs was revised to increase the usage time from three to five days and finally to no change-outs at all unless the nebulizer is not working properly, is soiled, or has been dropped on the floor. Ventilator circuit change-outs have been increased from every two days to up to 30 days. Neither revision has resulted in any increase in infection rates or length of stay. In the ABG laboratory, rather than run all levels Q8, the department now runs levels 1, 2, and 3 at 07:00, then level 3 again at 15:00 and level 2 at 23:00.

The department has also altered its policy on heat and moisture humidifiers, utilizing them for 72 hours (changing as necessary) and then changing the patient over to a water system unless secretions are thick or begin to become thick. In addition, they no longer provide nasal cannula humidification unless the liter flow is 4L/M or greater or humidification is requested by the patient, and nasal cannulas and face masks are changed only if they have become soiled.

When the department was in the market for a new ventilator, it found it could hold down costs by having three vendors come in and provide inservices to staffers on their products. Says Green, “We purchased the one the majority of the staff picked out. It wasn’t the most expensive either!”

Lastly, when the department found it difficult to fill “call offs” with regular and agency staff, it decided to initiate a “winter pay” policy on a trial basis. Staff members at the hospital are regularly scheduled to work 36 hours a week (three 12-hour shifts). Those who volunteer to work an additional one to four hours a week to fill in for absent staff are now paid an additional $5.00 per hour on top of their base pay for those hours. (Beyond 40 hours, staff are paid time and a half.) The department is currently evaluating the effectiveness of the trial, but Green has high hopes it will be continued again next year. “This seems to work well,” says Green. “It’s a win-win situation for everyone.”

Early Bird Savings for the 47th International Respiratory Congress

How can you get up to 25 hours of continuing education credit (CRCE) for the lowest possible price? Take advantage of the opportunity for early bird savings by registering now for the AARC’s 2001 International Respiratory Congress, to be held this December 1-4 in San Antonio, TX. As the longest running respiratory therapy convention in the world, the AARC’s annual show boasts:

* The lowest cost of continuing education per credit of any show, anywhere. And the early bird savings make your costs are even lower.

• The largest and most impressive exhibit hall with the most vendors.
• The largest gathering of respiratory care experts in the world.
• The most diverse and most dynamic series of lectures.
• The largest presentation of original research in the profession by RCPs.
• The most opportunities for YOU to participate in your profession through research and networking.

The following chart provides the registration deadlines and costs for each phase of registration. So secure your low-cost registration fee by signing up to attend today. Registration forms are available in AARC Times magazine, online at www.aarc.org, or by calling the AARC office, (972) 243-2272. Hotel reservation materials will be available soon, and you can learn more about San Antonio, a great holiday destination, at www.sanantoniocvb.com.
The AARC Online Buyer’s Guide: Your Ultimate Resource for Respiratory Product Information

The AARC Online Buyer’s Guide is your ultimate resource for locating product information, company profiles and contacts, and trademarks and brand names.

Since it is updated continually throughout the year, the Buyer’s Guide contains the latest information on companies and products. What’s more, the Buyer’s Guide is your source for information about new product releases. Three main information resources provide you with everything you need to find the products you’re looking for: the Company Directory, the Equipment and Supplies Directory, and the Trademarks/Brand Names Directory.

Product information is only a click away with our email and URL links, and you can also access unbiased information to assist you in selecting products, such as “Clinical Perspectives” articles from AARC Times and peer reviewed articles from the science journal Respiratory Care. The Buyer’s Guide is also just one click away from the National Library of Medicine and free access to Medline. Visit the Online Buyer’s Guide today at http://buyersguide.aarc.org.

JCAHO Site Visit Reports

As of the end of February, the section had received the following responses to its request for information about JCAHO site visits:

**Hospital**
*Facility:* St. Mark’s Hospital, Salt Lake City, UT  
*Contact:* Jack Fried, MA, RRT  
*Inspection Date:* November 10-12, 2000

1. **What was the surveyors’ focus during your last site visit?**
   - Orientation check lists, annual age specific competencies, annual performance appraisals. There was an emphasis on pain management. Also emphasis on performance improvement.

2. **What areas were cited as being exemplary?**
   - Interdisciplinary cooperation and involvement on ICU rounds.

3. **What suggestions were made by the surveyors?**
   - No answer.
   - Additional comments: On every unit the surveyor asked about the role of the RT in the hospital. They wanted to know if responsibilities were shared (i.e., do other disciplines draw blood gases? Under what circumstances do RTs intubate?).

**Facility:** Carondelet Holy Cross Hospital  
*Contact:* Traci L. Burqkwist  
*Inspection Date:* October 30-November 1, 2000

1. **What was the surveyors’ focus during your last site visit?**
   - Assessment of pain, patient/family education, multidisciplinary care approach to all aspects of care

2. **What areas were cited as being exemplary?**
   - Interdisciplinary care plans, teaching tool, focused charting process

3. **What suggestions were made by the surveyors?**
   - That we work on multidisciplinary assessments and continue to develop pain assessment, since the new standards went into effect in 2001.

4. **What changes have you made to improve compliance with the guidelines?**
   - When the task force (which I chair) met, we decided to restructure our efforts and educate and recruit line service employees to become involved. As a whole team we will be continuously ready.

**Bulletin Deadlines**

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Are You on the Management Section Email List?

Sign Up Today on Your Section’s Home Page!

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

Inspection Date: __________________________________________________________________________________
Facility Name: ___________________________________________________________________________________
Contact: ________________________________________________________________________________________
(Please provide name and e-mail address.)

1. What was the surveyors’ focus during your site visit?
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4. What changes have you made to improve compliance with the guidelines?
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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 ______________________________________________________________________________________
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Nominee
Hospital
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City, State, Zip
Phone

Your Name
Hospital
Address
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Mail or FAX your nomination to the section chair at the address/number listed on page 2 of this issue.
call for abstracts

RESPIRATORY CARE • OPEN FORUM 2001

The American Association for Respiratory Care and its science journal, RESPIRATORY CARE, invite submission of brief abstracts related to any aspect of cardiorespiratory care. The abstracts will be reviewed, and selected authors will be invited to present posters at the OPEN FORUM during the AARC International Respiratory Congress in San Antonio, Texas, December 1-4, 2001. Accepted abstracts will be published in the October 2001 issue of RESPIRATORY CARE. Membership in the AARC is not required for participation. All accepted abstracts are automatically considered for ARCF research grants.

SPECIFICATIONS—READ CAREFULLY!

An abstract may report (1) an original study, (2) the evaluation of a method, device or protocol, or (3) a case or case series. Topics may be aspects of adult acute care, continuing care/rehabilitation, perinatology/pediatrics, cardiopulmonary technology, or health care delivery. The abstract may have been presented previously at a local or regional—but not national—meeting and should not have been published previously in a national journal. The abstract will be the only evidence by which the reviewers can decide whether the author should be invited to present a poster at the OPEN FORUM. Therefore, the abstract must provide all important data, findings, and conclusions. Give specific information. Do not write such general statements as “Results will be presented” or “Significance will be discussed.”

ESSENTIAL CONTENT ELEMENTS

Original study. Abstract must include (1) Background: statement of research problem, question, or hypothesis; (2) Method: description of research design and conduct in sufficient detail to permit judgment of validity; (3) Results: statement of research findings with quantitative data and statistical analysis; (4) Conclusions: interpretation of the meaning of the results.

Method, device, or protocol evaluation. Abstract must include (1) Background: identification of the method, device, or protocol and its intended function; (2) Method: description of the evaluation in sufficient detail to permit judgment of its objectivity and validity; (3) Results: findings of the evaluation; (4) Experience: summary of the author’s practical experience or a lack of experience; (5) Conclusions: interpretation of the evaluation and experience. Cost comparisons should be included where possible and appropriate.

Case report. Abstract must report a case that is uncommon or of exceptional educational value and must include (1) Introduction: relevant basic information important to understanding the case. (2) Case Summary: patient data and response, details of interventions. (3) Discussion: content should reflect results of literature review. The author(s) should have been actively involved in the case and a case-managing physician must be a co-author or must approve the report.

FORMAT AND TYPING INSTRUCTIONS

Accepted abstracts will be photographed and reduced by 40%; therefore, the size of the original text should be at least 10 points. A font like Helvetica or Times makes the clearest reproduction. The first line of the abstract should be the title in all capital letters. Title should explain content. Follow title with names of all authors (including credentials, institution(s), and location; underline presenter’s name. Type or electronically print the abstract single spaced in one paragraph on a clean sheet of paper, using margins set so that the abstract will fit into a box no bigger than 18.8 cm (7.4”) by 13.9 cm (5.5”), as shown on the reverse of this page. Insert only one letter space between sentences. Text submission on diskette is allowed but must be accompanied by a hard copy. Data may be submitted in table form, and simple figures may be included provided they fit within the space allotted. No figure, illustration, or table is to be attached to the abstract form. Provide all author information requested. Standard abbreviations may be employed without explanation; new or infrequently used abbreviations should be spelled out on first use. Any recurring phrase or expression may be abbreviated, if it is first explained. Check the abstract for (1) errors in spelling, grammar, facts, and figures; (2) clarity of language; and (3) conformance to these specifications. An abstract not prepared as requested may not be reviewed. Questions about abstract preparation may be telephoned to Linda Barcus at (972) 406-4667.

Early Deadline Allowing Revision. Authors may choose to submit abstracts early. Abstracts postmarked by May 31, 2001 will be reviewed and the authors notified by letter only to be mailed by June 15, 2001. Rejected abstracts will be accompanied by a written critique that should, in many cases, enable authors to revise their abstracts and resubmit them by the Final Deadline (July 17, 2001).

Final Deadline. The mandatory Final Deadline is July 17, 2001 (postmark). Authors will be notified of acceptance or rejection by letter only. These letters will be mailed by September 1, 2001.

Mailing Instructions. Mail (Do not fax!) 2 clear copies of the completed abstract form, diskette (if possible), and a stamped, self-addressed postcard (for notice of receipt) to:

2001 RESPIRATORY CARE OPEN FORUM
11030 Ables Lane
Dallas TX 75229-4593

submit your OPEN FORUM abstract electronically
visit www.rcjournal.com
**RESPIRATORY CARE OPEN FORUM 2001 Abstract Form**

1. Title must be in all upper case (capital) letters, authors’ full names and text in upper and lower case.
2. Follow title with all authors’ names including credentials (underline presenter’s name), institution, and location.
3. Do not justify (i.e., leave a “ragged” right margin).
4. **Do not use type size less than 10 points.**
5. All text and the table, or figure, must fit into the rectangle shown. (Use only 1 clear, concise table or figure.)
6. Submit 2 clean copies.

Mail original & 1 photocopy (along with postage-paid postcard) to

**2001 RESPIRATORY CARE OPEN FORUM**

11030 Ables Lane
Dallas TX 75229-4593

*Early deadline is May 31, 2001 (postmark)*

*Final deadline is July 17, 2001 (postmark)*

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