



Notes from the Chair

by Catherine Foss, BS, RRT, RPFT

Thank you all for becoming more involved in your profession by taking the extra time and expense to become a Diagnostics Section member. Through our daily deeds and actions, we spread the word about our careers and the role respiratory therapists in the diagnostic arena can play in patients' health and well-being.

But are we doing enough? Peer practitioners just like you regularly volunteer their time to assist with section activities! We could use your help in expanding the breadth and depth of our specialized team.

Have you joined the section listserv so you can become involved in online discussions and hot issues? If not, go to www.aarc.org and sign up. Would you like to share your thoughts and ideas with your fellow section members? We are always looking for authors or ideas for articles in this Bulletin. Are you a computer guru? If so, the section's internet coordinator position may be just the creative outlet for you. Do you enjoy networking with practitioners across the country? Maybe you'd like to help with the Bulletin as an assistant editor. Do you know of an outstanding practitioner making a difference in the diagnostic field? Then nominate him or her for our Diagnostics Specialty Practitioner of the Year Award. Are you good at organizing things? In 2003, we will be fielding nominations for the next section chair-elect and will need to set up a nominations committee to handle logistics.

We are waiting for your continued and expanded involvement in our section. I hope to hear from you all soon! ♦

Respiratory Care: Diagnostics and Beyond

by Catherine Foss

If you treat your patient, you have helped him for a day; If you teach him, you have helped him for a whole lifetime.

– World Health Organization

Has your job ever involved cross-training?

In many hospitals, diagnostics is an area where staff are cross-trained to perform testing while also seeing patients in other areas of the institution. Over the past year, I have had the opportunity to work in just such a position and have enjoyed the rewarding experience of stretching the boundaries of pure diagnostics.

My adventure in cross-training began when I relocated to Durham, NC, with my family. I had been involved primarily with diagnostic respiratory care for the previous 12 years, but when I moved to this area, there were no positions available in my area of specialty. I took a job at Duke Hospital, working first for eight months in general and intensive care. Then, as other positions became available, I picked up hours in pulmonary rehabilitation and diagnostics while maintaining a few hours in the inpatient settings. This mix of positions has allowed me to become involved with the care of patients across the continuum.

In the human performance lab, for example, I test patients before and after pulmonary rehabilitation, along with other patients coming in for cardiac or pulmonary issues. I use down time between maneuvers to review proper medication use, pursed lip breathing and other educational issues with them. If the patient is not involved in rehab, I invite him to view the program and discuss the benefits with his physician.

I also work daily with patients who participate in the PR program, assisting them during educational and exercise sessions. During educational assemblies in PR, I explain the ins and outs of ABGs, PFTs and exercise testing. I give my patients the tools they need to understand the testing and be able to ask questions about their specific case when they see their physician.

Several times a month I rotate through the inpatient hospital setting, where I see some of the same clients I have interacted with in the outpatient settings. Since Duke is a transplant center, I also have the opportunity to see some of the PR transplant clients as they recover from surgery. I have assisted with bronchoscopies and comforted the scared ventilated patient. I have been involved in the ventilator care, extubations and routine respiratory care of these same clients, who know me from pulmonary rehab. When they are back in rehab post discharge, patients tell me how comforting it was to have a familiar person to interact with in the hospital setting.

During breaks from inpatient work, I visit with PR clients in other locations around the hospital. During Pulmonary Rehab Week, for example, I put up a display on pulmonary rehab in the pulmonary step-down unit. It was a big hit and added to referrals for the program.

The experiences I have gained by working with clients and their families throughout the hospital have been invaluable. My thanks to Dr. Neil MacIntyre, medical director of both the pulmonary rehabilitation program and respiratory care at Duke, for making this opportunity possible. ♦

Section Connection

GET IT ON THE WEB:

Help the AARC increase its efficiency by signing up to receive the Bulletin via the section homepage on the AARC web site (www.aarc.org). To change your option to the electronic Bulletin, send an email to: mendoza@aarc.org.

JCAHO ACCREDITATION REPORT:

Please consider sharing information about your most recent site visit by filling out the form on the AARC web site found at the following link: www.aarc.org/members_area/resources/jcaho.asp.

SECTION LISTSERVE:

Start networking with your colleagues via the section listserv. Go to the section homepage on www.aarc.org and follow the directions to sign up.

JCAHO Moves Forward on Patient Safety Goals

A new Joint Commission advisory group met in mid-April to begin work on the first set of National Patient Safety Goals being developed by the JCAHO for implementation next year. Named for the Joint Commission's widely read periodic patient safety advisory, the *Sentinel Event Alert*, the Sentinel Event Alert Advisory Group will initially conduct a thorough review of all existing *Alert* recommendations and identify those that are candidates for inclusion in the annual *National Patient Safety Goals*.

The first set of six National Patient Safety Goals will be announced in July and health care organizations will be surveyed for compliance beginning in January of 2003. ♦

Want to receive this newsletter electronically?

E-mail: mendoza@aac.org for more information.

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White Paper Addresses Concurrent Therapy

The AARC is leading the way when it comes to ensuring safe care for patients who receive respiratory care services. Last spring, the Association released a groundbreaking white paper arguing against the practice of concurrent therapy, or stacking of treatments.

The paper states: "Patient safety is the primary reason for respiratory therapists not to deliver care via concurrent therapy without a thorough patient assessment. Indiscriminate use of concurrent therapy may lead to declines in quality and may jeopardize patient safety. Aerosolized medications administered during treatments have potential adverse reactions. Recognition of these reactions is not possible if the patient is left unattended and thus a safety hazard exists."

Read more about the paper on www.aarc.org. ♦

AARC Teams Up With Comedian Robert Klein

The AARC has teamed up with nationally-known comedian Robert Klein in the battle against COPD.

Klein, who has been a member of Chicago's famous "Second City" comedy troupe and is currently making a movie with Hugh Grant and Sandra Bullock, decided to get involved in helping the AARC increase public knowledge of COPD because he suffers from the condition himself. A former heavy smoker, he was diagnosed with the first symptoms of the disease in 1993, after having quit smoking more than six years earlier.

The national campaign will take Klein to cities across the nation, where he will tell his story and share information gathered by the AARC to encourage people to quit smoking and be tested for early signs of COPD. The campaign will also include a public service announcement starring Klein and featuring the AARC as a sponsor of the campaign. ♦

Treadmill Tests Help Uncover Early Heart Disease

Two Johns Hopkins studies affirm the value of treadmill exercise tests in diagnosing heart disease in middle-aged women and men with no symptoms of the disease.

"The current guidelines say that it's not necessary to do routine treadmill exercise tests on people without symptoms, but our studies suggest that for those with high cholesterol or other diseases, it might be warranted," says Samia Mora, MD, lead author of both studies.

The studies were based on data from the Lipid Research Clinics Prevalence Study conducted at Hopkins and nine other medical centers from 1972 to 1976. Researchers studied death rates and causes among 3,775 men ages 30 to 79 and 2,001 women ages 40 to 80 who underwent a treadmill exercise test at the start of the study then were followed for an average of 20 years by yearly mailed questionnaires and/or telephone or home visits.

In the women's study, 30% of those with abnormal test results died during the follow-up versus 22% who had inconclusive tests and 13% who had normal tests. In addition, women with abnormal and inconclusive tests were 2.4 and 2.6 times more likely to die from cardiovascular disease as those with normal tests, and 1.4 and 1.7 times more likely to die from any cause.

In the men's study, 10% of participants tested positive for cardiovascular disease. During the follow-up period, 45% with positive tests died versus 32% with inconclusive tests and 13% with normal tests. Men with positive results were twice as likely to die from heart disease and 1.6 times more likely to die from any cause.

The studies were presented at a recent meeting of the American College of Cardiology. ♦

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Don't forget that you can pick Continuing Education credits by logging into CRCE Online at the AARC web site. AARC members receive the highest discounts and have their credits tracked for them through CRCE. Anywhere, anytime, you can access quality continuing education at www.aarc.org. ♦

New Web Site Targets COPD

There's a new online resource available to health care professionals involved in the care of COPD patients. COPDProfessional offers quick and easy access to the latest research, clinical issues, case studies, conferences, international guidelines and journal and book reviews pertaining to the disease. The site, which was developed with a grant from Boehringer Ingelheim, also provides an opportunity for professionals to network with their peers around the world via online discussion groups, peer advice columns, and other communications venues. Check it out at: copdprofessional.org. ♦

Delays in Treatment Lead to Higher Costs for TB Patients

A new study out of Canada has found a strong association between initially missed diagnoses/delayed treatment for patients with active tuberculosis and late admission to the ICU and in-hospital death.

The study involved 429 patients who were newly diagnosed with active pulmonary TB following hospitalization between June 1992 and June 1995. Analysis of their cases found appropriate treatment was delayed one week or more in 127, or 30%. Among the patients with delayed treatment, the median interval from admission until isolation of the individual was 12.5 days. Of the patients who were newly diagnosed with active pulmonary TB following hospitalization, 52 (12%) died. Death was associated with older age, HIV infection, and ICU admission.

The study appears in the first April issue of the *American Journal of Respiratory and Critical Care Medicine*. ♦

SDB May Lead to ADHD

Children who snore on a regular basis are nearly twice as likely as other children to have attention and hyperactivity problems, and the link is strong for other sleep problems as well, say researchers from the University of Michigan Health System. The study, published in the March issue of *Pediatrics*, was based on a survey of the parents of 866 children who were waiting to be seen at a pediatric clinic.

Investigators found the link between sleep problems and attention deficit and hyperactivity to be strongest in boys under age eight; habitual snorers in this group were more than three times more likely than non-snorers to be hyperactive.

The study was based on results from three different survey instruments: two asking parents about their children's behavior patterns, including hyperactivity, and one asking about snoring, sleepiness, and characteristics that may indicate sleep-disordered breathing problems. ♦

The AARC Needs You!

Did you know it takes more than 500 active volunteers to successfully run the vast and varied programs and services offered by the AARC every year? Who should take on these responsibilities? How about you?

President-elect David Shelledy, PhD, RRT, is currently seeking volunteers to serve on various AARC committees and in numerous other capacities during his presidency in 2003. If you'd like to sign up - or just find out more about how you can become more involved in your professional association - check out the following link on AARC Online: www.aarc.org/headlines/volunteer. ♦

Ode to My Cigarette

by Priscilla Betterton, Duke Hospital pulmonary rehabilitation participant

Editor's Note: Priscilla Betterton composed the following poem on her one year anniversary of smoking cessation in April 2002.

I had a lover and cigarette was his name.
I really loved him but to him it was a game.
All he had to do was to lay there
I picked him up without a care.
Now I am the one left with the shame.

I loved his smell, his feel, his taste.
My health was the one going to waste.
He filled my body with nicotine and tar
and didn't have to go far
to kill my lungs with haste.

The doctor said cigarettes were killing me
so I just had to let my lover be.
I had to put him aside
By this I had to abide.
Because he was a devil, not a lover you see.
He nearly got my life and soul
but now on me he has no hold.
He's always on my mind
But to my body I must be kind
I have to forget him I am told.

A long year has passed since I last
desired to hold him. It's in the past
It's over, my heart is like stone.
I have no more love for him, it's gone.
No more smoking for me, I could be dying.
No more cigarettes for me and I'm not lying. ♦

RC Week

October 21-25, 2002

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SPECIALTY PRACTITIONER OF THE YEAR:

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SDB Linked to Glucose Intolerance and Insulin Resistance

Researchers studying a community sample of 135 healthy but mildly obese men found that moderate to severe sleep-disordered breathing (SDB), as measured by a sleep test, was associated with glucose intolerance and insulin resistance. In the study group, SDB was relatively common, with a 40% to 60% prevalence rate for abnormal breathing events during sleep. However, a more stringent SDB definition involving associated objective daytime sleepiness reduced the rate to 20% to 30% of the sample.

Although the researchers did not find a relationship between fasting glucose and insulin levels and the severity of SDB, they saw a significant association between the apnea-hypopnea index (AHI) and 2-hour glucose and insulin levels. Among the study group, polysomnography revealed an average AHI of 17.4 events per hour. According to the authors, an AHI of over five events per hour was associated with worsening glucose tolerance, after adjusting for body mass index and percent of body fat.

The study was published in the first March issue of the American Journal of Respiratory and Critical Care Medicine. ♦

New Report Details Costs of Smoking

Each pack of cigarettes sold in the United States costs the nation an estimated \$7.18 in medical care costs and lost productivity, says a report released by the Centers for Disease Control and Prevention (CDC) last spring.

The study, which looked at deaths related to smoking, years of life lost and economic costs, found that smoking continues to be the leading cause of preventable death in America, resulting in an estimated 440,000 premature deaths every year. On average, adult men and women smokers lost 13.2 and 14.5 years of life, respectively, from 1995 through 1999 due to smoking. Economic costs due to productivity losses from deaths and excess medical expenditures totaled more than \$150 billion, \$54 billion higher than previous projections.

The study also notes that, despite recent declines, young people in the United States are still using tobacco at a high rate: 34.5% of high school students and 15.1% of middle school students currently use some form of tobacco. Every day, more than 2200 young people under the age of 18 become daily smokers. ♦

AARC 2002 48th International Respiratory Congress Tampa, Florida, October 5-8, 2002 Register online at www.aarc.org