In the last Bulletin I mentioned the National Committee on Clinical Laboratory Standards’ (NCCLS) document on quality systems. I recently had the pleasure of working on this project with Susan Blonshine (past chair of our section), and it struck me as a classic example of the professional recognition respiratory therapists are gaining in the health care system.

Sue has been serving as the AARC representative to NCCLS for some time now. NCCLS is a professional group known for its influential clinical practice guidelines. The organization’s guidelines for laboratory practice, including arterial blood gases (ABGs), should be recognized by anyone who has endured a CLIA or CAP inspection. Through her representation, Sue has finally been able to influence documents that have affected the practice of those working in ABG labs for many years.

The proposed guideline on Quality Systems in Healthcare is a global guideline modeled on the ISO 9000 quality system, which is a quality model in business. When completed, this document will be utilized (as have other NCCLS guidelines) as a standard in quality system circles in health care.

What makes this a classic example of professional recognition for RTs comes from the fact that RTs are noted as an important group in the document. The pulmonary diagnostician’s quality system path of workflow is defined as an example in this document, and more general respiratory care job roles will be included in future appendices.

Although I did assist Sue with this project, she deserves our praise and congratulations for representing our profession in this worthwhile endeavor. Through her professionalism, knowledge, and undying efforts, she has helped to establish our profession as an integral member of this quality system model in health care. “Way to go, Sue!”

I hope you will be able to use this issue of the Bulletin as an information resource in your daily practice. Please let our editor or myself know if there are any topics that you would like reviewed. Have a great summer!

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Success in the Pulmonary Diagnostics Lab Is Directly Related to the Patient’s Understanding of the Test
by Mary K. Collins, RRT, RPFT

We’ve often written and spoken about quality assurance in pulmonary function testing, but many times we neglect to address the importance of the patient in this process — even though we cannot succeed without the patient’s full cooperation. Indeed, it has been my experience over the years that 90% of the time the success of my test depends on whether my patient understands what I want him to do.

This year while teaching pulmonary diagnostics reality once again came to the forefront as I watched my students in the clinical setting attempt to conduct tests on patients. I realized how important it is to explain to the patient what the test is about and give him an idea, in a general sense, of what the doctor will find out from the test. We need to walk our patients slowly through the test, explaining each step clearly. Sometimes acting out the correct technique while explaining what you want the patient to do can be very helpful. Taking the extra time prior to testing to give the patient time to relax, listen, and understand what the procedure is about will save tremendous time and frustration for both the patient and the technician in the long run. You will achieve your goal of meeting all the American Thoracic Society standards for best test much more quickly and efficiently when your patient understands what you are trying to accomplish.

Capital Investing
by Lloyd Steere

As hospital budgets dwindle and capital costs increase, more and more asset managers are looking to stretch their dollars. Occasionally, that means purchasing the latest equipment in hopes of maximizing the efficiency of patient testing, care giving, or maintenance. Over the past few years, more emphasis has been placed on after-sale support. Here are some things to keep in mind when trying to get the most for your dollar.

After cost, training is probably the most important aspect to consider when purchasing equipment — not just the “buttonology,” but the function of the equipment mechanically and clinically. The more your people know about the function of the equipment, the more valuable they’ll be if your equipment needs service at a time when you need the equipment up and running. In an effort to make their products more appealing, many manufacturers include some type of basic operator training course. But have you considered an advanced clinical or biomedical training program? Many times, equipment may appear to be malfunctioning when in fact it isn’t. An expertly trained clinician or technician can spot problem areas before you invest time and money into the unnecessary repair of your equipment. Make sure you get the training details from the manufacturer’s representative. Low- or no-cost advanced training programs are offered by the majority of companies and could save you thousands of dollars a year in lost testing and unneeded service calls.

In addition, technical support should be available when you need it, not when it’s convenient for the support people to call.

“Capital Investing” continued on page 3
FYI . . .

1999 Summer Forum

The AARC will hold its annual Summer Forum July 16-18 in Phoenix, AZ. This outstanding meeting promises to provide a wealth of information for practitioners holding positions in management and education and should be of interest to anyone wanting up-to-the-minute information about the profession and where it is headed as we prepare to enter the new millennium.

For more information about the Forum and how you can attend this important meeting, see your April issue of AARC Times or visit the AARC’s web site at www.aarc.org.

Sleep apnea report available

MetaWorks, Inc., one of 12 evidence-based practice centers (EPCs) under contract to the Agency for Health Care Policy and Research (AHCPR), has released its summary and report of a systematic review of the research literature on the accuracy of sleep apnea screening and diagnosis.

The EPC conducted the review and analysis to determine if there are tests for accurately screening and diagnosing sleep apnea that are simpler and less expensive than the current gold standard — the overnight, full-channel polysomnography (PSG). MetaWorks research found that the full PSG still appears to be the most effective test, although several less expensive and less time-consuming tests appear promising.

For more information or the full report, Evidence Report on Diagnosis of Sleep Apnea (AHCPR99-E002), visit AHCPR’s web site (http://www.ahcpr.gov) to access the National Library of Medicine’s HSTAT information retrieval system.

Printed copies are also available from: AHCPR Clearinghouse, PO Box 8547, Silver Spring, MD 20907, (800) 358-9295.

Task force develops consensus on allergy diagnosis and treatment

Concerned about the increasing prevalence and severity of allergic disorders and the lack of a uniform approach to diagnosis and treatment, 21 major health care and medical organizations have come together to develop the first broad-scale consensus document on how physicians should identify and address allergic disorders in clinical practice. The 300-page document will contain standardized information on diagnosing and treating allergic rhinitis, asthma, allergic conjunctivitis, urticaria, atopic and contact dermatitis,
dermatitis, sinusitis, otitis media, food and latex allergies, insect stings, and drug allergies in adults and children.

The group, which was convened by the American Academy of Allergy, Asthma and Immunology (AAAAI), believes a standard approach to the care of allergies will have an impact on economic costs associated with patient care. Allergies are currently responsible for 3.4 million lost U.S. work days each year, plus an estimated 2 million lost school days. An additional 10 million school days are lost due to asthma, which is directly related to allergies.

A full copy of “The Allergy Report” will be available from the AAAAI in June. (American Academy of Allergy, Asthma and Immunology)

**Feet warming reduces the early response to nasal challenge with allergen**

Warming of the feet may partially decrease the early response to nasal challenge with antigen, most likely due to an increase in nasal mucosal temperature.

Researchers from the University of Chicago conducted a randomized, two-way crossover study with 14 subjects with seasonal allergic rhinitis outside of their allergy season. They immersed their feet in either water at 42 degrees Celsius or water at 30 degrees Celsius for five minutes prior to and during nasal allergen challenge. Results showed a statistically significant increase in nasal mucosal temperature from baseline after immersion of feet in 42-degree water compared to 30-degree water. This was associated with a significant reduction in allergen-induced sneezes, secretion production, and vascular permeability.

The investigators speculate that the inhibitory effects of the warming of feet are related to the increase in nasal mucosal temperature and that such an increase is at least partly responsible for the inhibitory effects of hot, humid air on the early allergic response.

The study was presented at a recent meeting of the American Academy of Allergy, Asthma and Immunology. (American Academy of Allergy, Asthma and Immunology)

**One-mile run screens kids for asthma**

An asthma screening study done in conjunction with a Presidential Fitness Program at an elementary school positively identified eight out of 100 children as asthmatic during a one-mile run.

Investigators from Children’s Hospital of Pittsburgh took the children’s peak expiratory flow rates (PEFR) before and within ten minutes after the outdoor one-mile run. A decrease of 15% or more in PEFR rate was considered positive.

The study was presented at a recent meeting of the American Academy of Allergy, Asthma and Immunology. (American Academy of Allergy, Asthma and Immunology)

**University of Arizona researchers have found that a metered dose inhaler combining ipratropium bromide and albuterol sulfate is more effective in the treatment of COPD patients than an MDI containing albuterol alone.**

They compared the two techniques in a group of 357 patients enrolled at 17 centers, half of which received the combination therapy and half of which received albuterol alone. Those using the combination MDI exhibited a mean improvement in FEV1 over a six-hour period on day one and on day 29 of the 29-day trial of at least 15% over baseline, and the overall response to the combined therapy was considered superior to albuterol alone, particularly in the first four hours of treatment.

In addition, more than twice as many patients in the albuterol alone group developed exacerbations requiring further treatment than those in the combination group. Those in the combination group had fewer hospital admissions and emergency room visits than those in the albuterol alone group.

About a quarter of the patients on the combined therapy reported adverse side effects or worsening of the preexisting condition, compared with about a third of those in the albuterol alone group. The most commonly reported side effects were lower respiratory tract disorders. (Arch Intern Med 1999;159:156-160)