



Introducing the New and Improved....

Arizona Airways

Summer Issue—October 2009

Fall 2009 AzSRC Presidential Address

Bill Sayers, RRT

2009 OFFICERS:

President
Bill Sayers, RRT

Past-President
Chuck Ramirez, BA,
RRT

President-Elect
Kathy Rineer, MBA,
RRT

Vice-President
Amy Bardin, RRT

Treasurer
Layla Logan, RRT

Secretary
Shannon Miranda, RRT

Delegate
Ed Thomas, MA, RRT

Delegate
Marie Fenske, Ed.D,
RRT

Board Members:
Ed Hoskins, M.Ed, RRT

Tony Rodela, MBA,
RRT

Cheryl Hamilton, MS,
RRT

Jim Love, RRT

Approximately 300 people attended the AZSRC 2009 Annual Conference at the Arizona Grand Resort on August 19th and 20th. We want to especially thank the speakers that presented at the conference and recognize the companies that participated in this year's AZSRC Vendor Hall. We hope that everyone who attended enjoyed themselves and learned a lot. Thanks to all that came and supported our conference. Overall, this year's conference was a great success. Thanks go out to all of those who made it possible.

This year was once again a potpourri of events including: Welcome Reception, Golf Tournament, 3rd Annual Leader Vendor Luncheon, Leader work shop, 1st Annual Abstract Presentation, Afternoon Hands on Breakout Sessions, Multi-generational Topics, 13 AARC CEU's, Sputum Bowl Finals, Vendor Booth Exhibition Hall, Therapist, Educator & Department of the Year Awards.

The AzSRC would like to recognize and thank the 2009 annual conference sponsors, including:

Abbott Point of Care, CVC, Inc., Electromed Inc., Immediate Respiratory Staffers, Infasurf, Kimberly Clark, Masimo, Americas Inc., Salter Labs, Seimens Medical Solutions, Sepracor, Walgreens-OptionCare, Embla, IKARIA, Vortran Medical Technology I Inc., Phillips-Respironics, Covidien-Puritan Bennett, Dale Medical, Bunnell, Instrumentation Laboratory, Monaghan Medical Corp, PRCS, Praxair Healthcare Services, Nephron Pharmaceuticals, Arizona Society for Respiratory Care, Draeger Medical, Inc., Air Gas Puritan Medical, B & B Medical Technologies, Grand Canyon University, CareFusion, Tri-anim Heath Services, Newport Medical, Radiometer, Clinitec Medical Sales, Respirotech, Teleflex, Astrazeneca, APIERON, Thayer Medical, Edwards Life Science, ALA/AZ Smokers Helpline.

AzSRC also thanks the 2009 annual conference speakers, including:

Glenna Salsbury, Marc Matthews MD, Brigham Willis MD, Keith Kobutek RRT, Marcos Restrepo MD, Christian Joseph RRT, Don Maxwell DO, Gary Clawson PhD, RRT, and of course our conference moderator Steve Padgett of PRCS.

A special thanks also goes to The Arizona Grand Resort for their outstanding service and care for all conference attendees.

Inside this Issue of The Airways:

2009 Fall AzSRC Presidential Address	Page 1
Arizona Hospital Spotlight ~ Hualapai Regional Medical Center	Page 2
Arizona Remembers....Clifford De Herrera, RRT	Page 2
CDC Interim Guidelines for H1N1 Infection Control	Page 3,4
2009 AzSRC Seminar Sees Record Attendance!	Page 5
Congrats! 2009 Award Winners	Page 5
SAVE THE DATE~55th International AARC Congress ~ December 5-8, 2009.....	Page 6

The Arizona Hospital Spotlight Shines on... Hualapai Mountain Medical Center, Kingman Arizona Grand Opening Right Around the Corner!



If you've driven on I-40 recently, you're already aware Hualapai Mountain Medical Center (HMMC) is looking closer to completion for its slated October opening date. The exterior synthetic stucco surface is being applied, and work has begun on the main patient entrance. Interiors are beginning to take shape with the laying of the ceramic floor in the kitchen, and the delivery and installation of kitchen equipment is underway. Floor tile is also being installed in the medical laboratory and other departments as they reach readiness for flooring finishes.

The hospital is simply stunning. Each of the 106 beds offer private rooms and stunning views. "Hualapai Mountain Medical Center will be licensed as a general acute care hospital with a 24/7 emergency department and a wide array of high acuity medical and surgical services", said Ed French, President and CEO of MedCath, the Charlotte, NC company building the hospital. MedCath Corporation, headquartered in North Carolina, is a healthcare provider focused on high acuity services with the diagnosis and treatment of cardiovascular disease being a primary service offering. MedCath owns interests in and operates ten hospitals with a total of 635 licensed beds, located in Arizona, Arkansas, California, Louisiana, New Mexico, Ohio, South Dakota, and Texas.



I had the recent pleasure of visiting the corporate office of Hualapai Mountain Medical Center. While waiting in the lobby, I witnessed each and every individual who passed by, stop, smile and said the same words with sincerity and kindness: "Have you been helped? Is there anything I can do for you?". Wow! I was completely amazed at the courtesy and genuine care that this team displayed. It appears that the philosophy of customer service and care is alive and well at Hualapai Mountain Medical Center, particularly from their administration!

The respiratory department is led by Mr. Fred Knarr, Director of Respiratory Therapy Services. When asked about his department and their services, it was obvious that Fred was passionate about the department and excited about the services they will provide. Fred's eyes lit up as he shared that "it is our goal to build a team that is knowledgeable, courteous team who embraces our patient care philosophy". Time and time again I heard Fred say "it's all about the patients!" Fred Knarr came out of retirement to lead this team and he is thrilled with his decision. "To see this project through from beginning to fruition is such a rewarding experience", he shared with a big smile.

The respiratory care department will provide a full menu of services and therapists will be cross trained in many other areas. Services will include intubation responsibilities, pulmonary function testing, emergency services and critical care management.

Congratulations Hualapai Mountain Medical, Fred Knarr, and the Respiratory team!



Interim Guidance for Infection Control for Care of Patients with Confirmed or Suspected Novel Influenza A (H1N1) Virus Infection in a Healthcare Setting

Source: Center for Disease Control

To date, human cases of novel influenza A (H1N1) virus infection have been confirmed in residents of several U.S. states and Mexico (for the most up-to-date list please see the [H1N1 Flu website](#)). Investigations of these cases suggest that on-going human-to-human novel H1N1 virus is occurring. Illness signs and symptoms have consisted of fever and respiratory tract illness (cough, sore throat, runny nose), headache, muscle aches. Some cases have had vomiting and diarrhea. Cases of severe respiratory disease, including fatal outcomes, have been reported. The novel H1N1 virus that has infected humans in the U.S. and Mexico is a novel influenza A virus that has not previously been identified in North America. This virus is resistant to the antiviral medications amantadine and rimantadine but is sensitive to oseltamivir and zanamivir.

Implementation of Respiratory Hygiene/Cough Etiquette

To prevent the transmission of **all** respiratory infections in healthcare settings, including novel H1N1, respiratory hygiene/cough etiquette infection control measures (see [Respiratory Hygiene/Cough Etiquette in Healthcare Settings](#)) should be implemented at the first point of contact with a potentially infected person. They should be incorporated into infection control practices as one component of Standard Precautions. Healthcare facilities should establish mechanisms to screen patients for signs and symptoms of febrile respiratory illness at any point of entry to the facility. Provisions should be made to allow for prompt isolation and assessment of symptomatic patients.

Implementation of Facility Contingency Plans

The current situation with novel H1N1 flu in the United States is evolving quickly. Staff in healthcare settings should monitor the [H1N1 Flu website](#) and state and local health department websites for the latest information. Healthcare facilities should be reviewing and making plans to implement their facility contingency response and/or pandemic response plans. This should include making plans for managing increasing patient volume and potential staffing limitations.

Interim Infection Control Recommendations

If the patient is presenting in a community where novel H1N1 transmission is occurring (based upon information provided by state and local health departments), these infection control recommendations should apply to all patients with febrile respiratory illness (defined as fever [greater than 37.8° C] plus one or more of the following: rhinorrhea or nasal congestion; sore throat; cough). If the patient is presenting in a community without novel H1N1 transmission, these infection control recommendations should apply to those patients with febrile respiratory illness AND:

- close contact with a person who is a confirmed, probable, or suspected case of novel H1N1 virus infection, within the past 7 days OR
- travel to a community either within the United States or internationally where there are one or more confirmed novel H1N1 cases within 7 days

As the situation evolves, the ability to use epidemiologic links to identify potentially infectious patients may be lost and these recommendations may need to be applied to all patients with febrile respiratory illness. This situation will be monitored, and these guidelines will be updated as needed.

Infection Control of Ill Persons in a Healthcare Setting

Screening of patients presenting to medical facility should be done in a location with negative pressure air handling whenever feasible.

Patient placement and transport

Any patients who have a confirmed, probable, or suspected case of novel H1N1 and present for care at a healthcare facilities should be placed directly into individual rooms and the door should be kept closed. Healthcare personnel who interact with the patients should follow the infection control guidance in this document. For the purposes of this guidance, healthcare personnel are defined as persons, including employees, students, contractors, attending clinicians, and volunteers, whose activities involve contact with patients in a healthcare or laboratory setting. For procedures that are likely to generate aerosols (e.g., bronchoscopy, elective intubation, suctioning, administering nebulized medications), an airborne infection isolation room (AIIR) with negative pressure air handling with 6 to 12 air changes per hour can be used. Air can be exhausted directly outside or be recirculated after filtration by a high efficiency particulate air (HEPA) filter. Facilities should monitor and document the proper negative-pressure function of AIIRs, including those in operating rooms, intensive care units, emergency departments, and procedure rooms. Procedures for transport of patients in isolation precautions should be followed. Facilities should also ensure that plans are in place to communicate information about suspected cases that are transferred to other departments in the facility (e.g., radiology, laboratory) and other facilities. The *ill person should wear a surgical mask to contain secretions when outside of the patient room* and should be encouraged to perform hand hygiene frequently and follow respiratory hygiene/cough etiquette practices.

Continued... Interim Guidance for Infection Control for Care of Patients with Confirmed or Suspected Novel Influenza A (H1N1) Virus Infection in a Healthcare Setting

Limitation of healthcare personnel entering the isolation room

Healthcare personnel entering the room of a patient in isolation should be limited to those performing direct patient care.

Isolation precautions

All healthcare personnel who enter the patient's room should take *standard and contact precautions plus eye protection should be used* for all patient care activities for patients being evaluated or in isolation for novel H1N1. Maintain adherence to *hand hygiene by washing with soap and water or using alcohol-based hand sanitizer* immediately after removing gloves and other equipment and after any contact with respiratory secretions. Nonsterile gloves and gowns along with eye protection should be donned when entering a patient's room. (See Personal Protective Equipment (PPE) in Healthcare Settings)

Respiratory protection: All healthcare personnel who enter the rooms of patients in isolation with confirmed, suspected, or probable novel H1N1 influenza should wear a fit-tested disposable N95 respirator or better. Respiratory protection should be donned when entering a patient's room. Note that this recommendation differs from current infection control guidance for seasonal influenza, which recommends that healthcare personnel wear surgical masks for patient care. The rationale for the use of respiratory protection is that a more conservative approach is needed until more is known about the specific transmission characteristics of this new virus.

Management of visitors

Limit visitors for patients in isolation for novel H1N1 infection to persons who are necessary for the patient's emotional well-being and care. Visitors who have been in contact with the patient before and during hospitalization are a possible source of novel H1N1. Therefore, schedule and control visits to allow for appropriate screening for acute respiratory illness before entering the hospital and appropriate instruction on use of personal protective equipment and other precautions (e.g., hand hygiene, limiting surfaces touched) while in the patient's room. Visitors should be instructed to limit their movement within the facility. Visitors may be offered a gown, gloves, eye protection, and respiratory protection (i.e., N95 respirator) and should be instructed by healthcare personnel on their use before entering the patient's room.

Duration of precautions

Isolation precautions should be continued for 7 days from symptom onset or until the resolution of symptoms, whichever is longer. Persons with novel H1N1 virus infection should be considered potentially contagious from one day before to 7 days following illness onset. Persons who continue to be ill longer than 7 days after illness onset should be considered potentially contagious until symptoms have resolved. Children, especially younger children, might be contagious for longer periods.

Surveillance of healthcare personnel

In communities where novel H1N1 virus transmission is occurring, healthcare personnel should be monitored daily for signs and symptoms of febrile respiratory illness. Healthcare personnel who develop these symptoms should be instructed not to report to work, or if at work, should cease patient care activities and notify their supervisor and infection control personnel. In communities without novel H1N1 virus transmission, healthcare personnel working in areas of a facility where there are patients being assessed or isolated for novel H1N1 infection should be monitored daily for signs and symptoms of febrile respiratory infection. This would include healthcare personnel exposed to patients in an outpatient setting or the emergency department. Healthcare personnel who develop these symptoms should be instructed not to report to work, or if at work, should cease patient care activities and notify their supervisor and infection control personnel. Healthcare personnel who do not have a febrile respiratory illness may continue to work. Asymptomatic healthcare personnel who have had an unprotected exposure to novel H1N1 also may continue to work if they are started on antiviral prophylaxis.

Management of ill healthcare personnel

Healthcare personnel should not report to work if they have a febrile respiratory illness. In communities where novel H1N1 transmission is occurring, healthcare personnel who develop a febrile respiratory illness should be excluded from work for 7 days or until symptoms have resolved, whichever is longer. In communities without novel H1N1 transmission, healthcare personnel who develop a febrile respiratory illness and have been working in areas of the hospital where swine influenza patients are present, should be excluded from work for 7 days or until symptoms have resolved, whichever is longer. In communities where novel H1N1 transmission is not occurring, healthcare personnel who develop febrile respiratory illness and have not been in areas of the facility where swine influenza patients are present should follow facility guidelines on returning to work. Facilities should implement plans to ensure appropriate allocation of personal protective equipment, including N95 respirators, and antiviral medications.

ARIZONA SEES RECORD ATTENDANCE AT 2009 RESPIRATORY ANNUAL CONFERENCE & EXHIBITION!

Despite a less than favorable economic environment, the 2009 Arizona Conference & Exhibition in August posted record attendance and reported a remarkable success! Over 300 attendees poured into the Arizona Grand Resort to hear the dynamic speakers and participate in the dynamic networking opportunities. The exhibit space was completely sold out, filled with 43 vendors. The conference theme “A Breath of Fresh Air” appeared to be just what the respiratory therapist ordered!



2009 AWARD WINNERS ~ CONGRATULATIONS!

Announcements for the 2008-09 Awards were made at the Annual State Conference. Congratulations to all award winners and many thanks to all who voted and contributed.

- RCP of the Year ~ MIKE CLARK, BA, RRT
- Department of the Year ~ TUCSON MEDICAL CENTER
- Educator of the Year ~ ERIC DAVIS, RRT, RPFT

Golf Tournament results

- 1st place ~ PRCS Team ~ Steve Padgett, Dawn Coleman, Joe Siever
- 2nd place ~ Nick Tahan, Robert Brown, Glen Tharp, Rick Piper
- 3rd Place ~ Mike Mally, Eddie Smith, Jeremy Beem, Chuck Ralls
- Longest Drive ~ Steve Padgett, PRCS
- Closest to the Pin ~ Mike Mally
- Longest Putt ~ Dr. Brigham Willis

Scholarship Awards

Jeffrey Scott ~ Pima Community College, Tucson

Paul Roldan ~ Pima Medical Institute, Tucson

Teresa Uargson ~ Gateway Community College, Phoenix



The Scholarship Awards are made possible by the Arizona Society for Respiratory Care Foundation, a non-profit foundation started by Dave and Pamela Artibey to support respiratory students and respiratory therapists by providing scholarships to help them in their educational goals. What a gift!

In Memory of...
Clifford B. De Herrera, RRT
August 14, 1944—August 16, 2009



Our great State and profession has sadly lost a fellow colleague, Clifford B. De Herrera, RRT.

Cliff was born in New Mexico, but also lived in the Chicago area where he graduated from Edgewater Hospital Respiratory Therapy Program in 1966. Cliff spent time traveling across the country working in Boston, Kansas City and Riverside CA.

In 1991, he moved to Arizona his family, where he began his career here as a staff therapist at Chandler Regional Hospital. After a brief departure, he later returned to Chandler Hospital in 2002. He enjoyed many aspects of respiratory care, including his work as a Sleep Technician at Casa Grande Regional Medical Center and Case Manager. Cliff also ventured into home health but was mostly remembered as an excellent educator.

In 1994, he starting teaching the Kettering Respiratory Therapy Review Seminars. From 1992 to 1997, he taught respiratory care at Apollo College. Since 2005, and until his untimely passing, he worked as a Clinical Instructor for Pima Medical Institute.

Clifford De Herrera has touched the lives of many respiratory therapist in his career. His warm smile, positive attitude and genuine caring for his students and co-workers will be dearly missed. We honor Clifford for all the contributions he made to the profession of respiratory care.

55th International Respiratory Congress
December 5-8, 2009 in San Antonio, Texas!

Read All About It!

We're pleased to announce that we've just posted all the information you'd like to know about this year's AARC International Respiratory Congress.

The full program, housing instructions and information, travel discounts, and information on the special add-on educational sessions are all online now.

Take a look and begin planning your trip to San Antonio, TX, for the best experience of your professional career.

http://www.aarc.org/education/meetings/congress_09/advance_program/index.cfm

We're on the Web!!!!

www.azsrc.org

The Airways is always accepting articles & information!
If you have something to share, please submit to:

Airways Editor 2009

Michelle Williams 602-508-0100 Ph. 602-393-1778 Fx
Email: mwilliams@prcshealthcare.com