



Introducing the New and Improved....

# Arizona Airways

Spring Issue—March 2007

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## Peripherally Inserted Central Catheter (PICC) Program at JCL North Mountain

The Respiratory Care Department at John C. Lincoln (JCL), North Mountain (NM) hospital is part of a Peripherally Inserted Central Catheter placement program or PICC program for short. The department decided to take on inserting PICC's 7 years ago in an effort to expand their services and offer RCP's yet another level of advanced practice. Prior to beginning the PICC program, JCL RCP's were already maintaining a strong hemodynamic program comprised of placing art lines, assisting in the insertion of Swan-Ganz catheters and Intra-Aortic Balloon pumps. Currently, RCP's place approximately 90% of PICC's, with the radiology department accounting for the balance.

In order to be part of the PICC program, Registered Respiratory Therapist who are hired into Clinical Specialist roles are required to undergo extensive training. They are taught a modified Seldinger technique incorporating the use of ultrasound to find the vein for catheter insertion. Once a classroom training session is completed, competency is assured by a lengthy period of return demonstration. JCL currently employs 14 highly trained and proficient Clinical Specialists.

PICC's are approximately 50cm in length, marked every centimeter and contain a radiopaque tip. PICC placement is requested by physicians for patients who will have long-term IV needs, infusion of certain antibiotics, such as Vancomycin and when nursing is unable to place a peripheral IV. PICC's are also requested for infusion of contrast in radiology. When a PICC is placed for use in radiology, a special PICC, called a Power PICC is placed. The PowerPICC can withstand high end pressures at the catheter tip without fragmenting or shredding, allowing for rapid bolus of contrast for CT studies. Another type of PICC, called a Midline, is only 20 cm in length and is used for patients who have difficulty with IV placement. Midlines are best for patient's receiving medications that are not harmful to the vein. PICC's are placed at the bedside freeing up radiology, where PICC's were originally inserted.

All patients with PICC orders are assessed for access and appropriateness prior to line insertion. This includes reviewing medical history and laboratory results. Once the patient is identified as a good candidate, consent is obtained and the procedure is performed in the patient's room under sterile technique. *Continued Page 4...*

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## 2007 AzSRC President's Message - Ron Evans



What a great year to be in the respiratory profession! 2006 saw many advances in RT awareness happen in our own state and in our profession. The AzSRC put on a fantastic conference that saw a record numbers of attendees, vendors, sponsors and great speakers. If you missed it, you missed a lot of valuable information given by knowledgeable and interesting professionals from all over the Country. Please be sure to turn to Page 5 of this newsletter and get the 2007 AzSRC conference dates so you can make early arrangements to attend this year. 2007 marks the 20<sup>th</sup> year of my entrance in the field of respiratory care. That makes me a baby in the field compared to some of my predecessors!

But, we all have seen many changes in our field, much of it as recent as the last 5 years. We are in a great technological time that has seen great advances in the science of Respiratory Care: new, smarter ventilators, tiny bedside blood gas monitors, paperless charting and med systems (who thought we would ever see that one) just to name a few. Let us not forget, though, the “**art**” of Respiratory Care focuses on compassion, quality patient care, attention to detail, and the one thing that separates us from most other health care professions – creative thinking. Who else but a seasoned Respiratory Therapist could fashion anything you need with nothing but some wide-bore tubing, a 15/22mm adaptor, and a couple of one way valves (and some tape for you Macgyver fans). Never forget that time you were issued your first pager (and felt so important), donned your first pressed white lab coat, had your first successful outcome at a code, or had your first unsuccessful outcome at a code. And, how good it felt to hear someone you had helped say “thank you”! Always remember that without the “Art” of healthcare, the science is not as meaningful and valuable. Make 2007 a year to remember!! Ron Evans, RRT

## Congratulations ~ 2006 Awards!

The 2006 Awards for Department, Educator and Student Scholarships were awarded in December. Results:

### Department of the Year:

John C. Lincoln North Mountain

### Educator of the Year:

Marie Fenske, GateWay Community College

Student Scholarships—see below



### *Interested in nominating for 2007?*

2007 Nominations for Department, Educator, and Therapist of the Year will be accepted until September 1st, 2007. Forms will be available online at [www.azsrc.com](http://www.azsrc.com) later this spring. WATCH FOR IT!!!

## WOW! Arizona Society Foundation!!

The Arizona Society for Respiratory Care Foundation was started in December 2005. This non-profit foundation was started to support respiratory students and respiratory therapists by providing scholarships to help them in their educational goals.

The foundation was started through Dave and Pamela Artibe through Legacy Global Foundation. Legacy Global is a non-profit entity that is supported by legal counsel to maintain the integrity of the foundations under their umbrella. Dave & Pam started the foundation by working with their attorney, Richard Durfee. They also started the foundation with a gift of \$20,000 to be used by the foundation toward education needs that it deems fit. In 2006, the Arizona Society for Respiratory Care Foundation awarded four scholarships in the amount of \$500 each.

These scholarships were award to:

- **Shawn Grosso** – Pima Medical Institute  
Mesa, AZ
- **DeNise Davis** – Pima Community College  
Tucson, AZ
- **Francene Jensen** – GateWay Community  
College Phoenix, AZ
- **Nathan Houck** – Pima Medical Institute  
Tucson, AZ (photo below)

We want to congratulate all of the scholarship award winners. Scholarships will be award every year at the discretion of the AzSRC Board of Directors. To find out how you can apply for scholarship awards, please check the website at [www.azsrc.org](http://www.azsrc.org) around the middle to end of each year.

## RCP's doing ULTRASOUND?!?! Banner Estrella doing it ULTRA-WELL!

Utilizing ultrasound does not sound like something that a respiratory care practitioner would normally be interested in. However RCP's at Banner Estrella are doing just that. Providing valuable information using ultrasound technology to obtain valuable hemodynamic data.

The ultrasound technology is made by USCOM. It is fairly easy to use, only takes about 20 patients to get comfortable. A wand is held at the sternal notch and measures blood flow across the aortic valve. This continuous wave doppler then calculates these waves into valuable cardiac information. The waves can be edited for quality of trace and capture. Once the cardiac output test has been completed the test can be stored or printed.

Hemodynamic optimization has proven to be successful in sepsis, high risk surgical patients and ARDS. The problem with traditional means is that the patient has to receive a central line in order to obtain hemodynamic data. So we weigh the benefits against the complications and we sometimes decide to manage our patients more globally. The USCOM is an accurate means of measuring hemodynamics non invasively. This non invasive tool provides us the means for monitoring goal directed therapy to achieve hemodynamic optimization. Since it is non invasive there are no clinical contraindications for performing the test.

There are a number of tools that we as therapist use to help determine adequate tissue oxygenation. Most of these tools like ABG's, Hb relate to oxygen content or  $(Hb * SaO_2 * 1.34) + (PaO_2 * CsO_2) = CaO_2$ . Now we have the ability to tie in the next step, oxygen transport  $(CO * CaO_2) = O_2$  transport. Not that any of us do the calculations but it helps to know why the information is relevant.

The therapists at Estrella are utilizing the USCOM through out the hospital. Incorporating the tool invarious protocols, assessment strategies and incorporated with our RCP training provides enhanced clinical assessments. Respiratory care practitioners leading the future for a higher standard of care.

Chuck Ramirez RRT

Director Respiratory Services

Banner Estrella Medical Center



## AzSRC 2006 Conference a Success!

The AzSRC 2006 annual seminar was a great success!!

Over **1000 people** attended the conference over 3 days at the beautiful Point South Mountain resort in Phoenix. Many thanks to those who donated hundreds of volunteer hours and many late nights making sure every detail was covered. We had over 40 volunteers. Special thanks to our co-chairs Charez Norris and Mike Field who helped organize everything. We had several events that were new this year: We had a dunk tank of Directors, massages in the vendor hall (just the ticket after a long day on your feet), and a fabulous Mardi Gras night. The annual seminar is the major education event of the year for our RT's in the state as well as a great network opportunity. Many people stated it was one of the "best conferences they had been to in a long time". Many thanks to the gracious hospital managers and directors who volunteered to be in the dunk tank.

"Rubber Duck Award"~ Awarded to Glenn Davis from Banner Good Samaritan Medical Center, for raising the most money for our student scholarships. Thank you Glenn!

## PICC Program at John C. Lincoln North Mountain

*...continued from Page 1*

The procedure starts by cleaning and numbing the skin where the PICC will be placed. Optimum placement is in the basilic or cephalic vein. Traditionally, these vessels were not accessed due to their depth and lack of visibility. With the advent of ultrasound technology, these vessels are now easily accessible for PICC placement. Measurements of the patient's chest are taken to determine appropriate catheter length. Ideal placement is for the tip of the catheter to terminate in the distal superior vena cava. Once the PICC is placed, an x-ray is performed to identify the radiopaque tip. The PICC is then "cleared for use."

On occasion the catheter can travel up the neck instead of into the superior vena cava. If this happens, the catheter will need to be re-directed. PICC's are considered successful if they end in the SVC, don't clot and do not become infected. The additional placement of a Biopatch at the time of insertion helps reduce infection and assures a quality PICC catheter for the patient.

The Clinical Specialist at John C. Lincoln place an average of 4-7 PICC's per 8 hour shift. In the general areas of the hospital and in outpatient services, PICC's are placed Monday through Friday, 8am till 4pm with Clinical Specialist taking call on weekends. In the ICU, they are placed 24/7.

The Clinical Specialist at JCL/NM feel privileged to work at one of the few hospitals that have a PICC program. They like knowing that having a PICC will mean fewer sticks to the patient for things like lab draws and additional IV's. They appreciate being involved in a new aspect of patient care with such a high success rate. They recognize that offering a good response time facilitates patients being discharged home faster from the hospital. Lastly, they are proud to be part of better patient outcomes and of service to the community.

"Submitted as a team effort by the JCL PICC Clinical Specialist."

## Calling All RCP's... Call Your Senator Today!

These are important times for RCP's in our Great State! There are three critical bills to be decided upon which will greatly impact the profession of Respiratory Care.

We are asking for all RCP's to contact their Senator or Representative from their District to support these 3 bills.

You can locate your Representative by contacting the County Recorders Office. Any questions? Please contact Jim Love of the AzSRC.

These bills are:

1. HR 621: This bill will restore the payment of oxygen therapy for medicare patients.
2. HR 552: This bill will amend the Social Security Act to provide reimbursement for pulmonary and cardiac rehabilitation.
3. S329: This is the Senate bill version of HR 552.

Just imagine the impact if we, and our families and friends, take just a few minutes to call and support our profession!

*"This just takes a few minutes  
but can make a world of  
difference for Respiratory Care!"*

## Important Bill HB-2518 Passed!

A Bill vital to the Respiratory Care Profession this Legislative Session is HB-2518. This Bill continues the Arizona Board of Respiratory Care Examiners until July 1, 2017 and the Respiratory Care Practice Act to January 1, 2018! The Bill, introduced by Representative Rick Murphy (R-9) and Representative Bob Stump (R-9) and supported by the Society, passed House Health Committee unanimously (7-0) on February 14, 2007. There was no opposition to the Bill. The bill must now go to the Rules Committee and then for further action in the full House.

If passed, as expected, by the Arizona House of Representatives, the Bill must be taken up by the State Senate for their consideration. The Society and The Airways will keep you informed on further developments on this very important Bill to your profession!

# Lungs for Life Program!

**The Lungs for Life program** is designed to educate and motivate Respiratory Care Practitioners and their patients to adopt healthy living practices relevant to optimal lung health. Today, more than 30 million Americans are living with chronic lung disease. COPD is currently the fourth leading cause of morbidity and mortality in the United States.

In 2002, COPD was the third leading cause of death in Arizona. According to the Centers for Disease Control Data published in 2002, 70% of chronic lung disease patients are 65 and younger. The primary risk factor for developing COPD is tobacco smoking, which accounts for 90% of the deaths caused by COPD

Program components:

- Training Respiratory Care Practitioners in the Basic Tobacco Intervention Skills
- Promotion of Tobacco Cessation services and programs
- Educational sessions with special focus on the population who are most likely to suffer from tobacco related health disparities
- System setup for Proactive Referrals

It had been found that utilizing Respiratory Care Practitioners as the “ambassadors for tobacco cessation services and programs within the hospital has proven to be very successful.

Respiratory Care practitioners have significant interaction with respiratory patients and their families during their hospital stay.

Benefits of program include:

- Documentation in accordance with JACHO
- CEU's for practitioners
- New learning skills
- Partnership with outside resources to better serve our patients
- Satisfied customers

I look forward to working with you and your team on how you can make a difference. Your partner in better healthcare,

Debi Holloway, BA, RRT, AE-C

American Lung Association

Program Coordinator

## SAVE THE DATE!!!

2007 Arizona State Conference

August 2-3, 2007

Westin La Paloma Resort,  
Tucson, AZ

\*Golf Tournament is August 1, 2007

Check This Out....

New Link with Great Resources for RCP's...

<http://respiratorylinks.blogspot.com/>

## Have Something to Share???

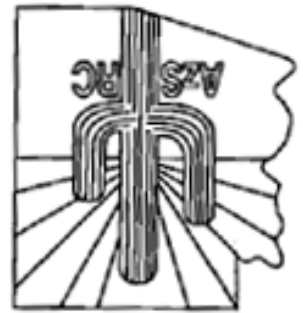
Please submit articles & information to:

Airways Editor 2007  
Michelle Williams, RRT  
602-508-0100 Ph.  
602-508-0051 Fx

*Dedicated to the Promotion and  
Education of Arizona's RCP's*

**We're on the Web!!!!**

**Azsrc.com**



***2007 Arizona State Conference***  
***August 2-3, 2007***  
***Westin La Paloma, Tucson, AZ***  
***\*Golf tournament August 1, 2007***