



Introducing the New and Improved....

# Arizona Airways

Spring Issue—March 2008

## Arizona Hospital Spotlight is on...

### KINGMAN REGIONAL MEDICAL CENTER

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Kingman Regional Medical Center is the profiled hospital for this issue of Arizona Airways! I had the pleasure of interviewing Mr. Danny Gerardo, Director of Respiratory Care Services at Kingman Regional. Danny has been at the helm of the department over the last year and his leadership is producing great results! Here is a clip from my interview:

*Can you tell me a little about Kingman Regional and its services?*

Our facility is licensed for 220 beds, serving mostly adult care with a cardiovascular specialty line, and general pediatrics. The respiratory department consists of 30 employees, 18 respiratory therapists.

*What is the latest and greatest at Kingman Regional and what new medical services are up and coming that excite you?*

Our upcoming open heart program! We anticipate that program to be up and going by the end of this year. Also, in the fall, we are launching the hyperbaric and wound management program.

*If you are expanding the role of the RTs in your department, how will it expand?*

We are always looking for opportunities to expand our role. We will be providing additional support throughout the hospital to other disciplines. We will also expanding our role by ramping up additional invasive procedures including intubations and hemodynamic monitoring.

*What do you consider your greatest challenge as a manager?*

Maintaining the highest standard of care with our patients is always our greatest  
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## KINGMAN REGIONAL MEDICAL CENTER.... *continued*

goal. Over the last year, patient satisfaction survey scores related to respiratory care have dramatically increased. In fact, respiratory therapy is now consistently one of the best performing disciplines according to our patient surveys! I believe this was due to reintroducing the role of a therapist, continuing to educate our RT team, challenging our team to reflect on the RT profession, and promoting ownership and accountability within our department.

*What is your greatest benefit and challenge in being an outlying facility?*

The advantage to being an outlying or rural facility is that there is less direct competition. Another advantage is that our patients and community expect high standards in care! The disadvantage is that our array of services can be limited due to difficulty in physician recruitment.

*If you could add one additional service line for your department to provide, what would it be and why?*

I would select the expansion of neuro-diagnostic services. I believe that this is an up and coming arena and an essential part of overall diagnostics services.

*What are your hobbies or favorite things to do when you are not working?*

Of course, spending time with my family.... my 4 children keep me very busy!

*Lastly, who is your prediction for the NBA Champions?*

I'd like to see the Celtics compete, but I believe that the Lakers will be strong. So, reluctantly, my prediction is the Lakers as NBA Champions.

*By Michelle Williams, RRT*

## Sun Health Experiences Success with AeroEclipse BAN!

*By Bill Sayers, RRT, RPFT*

Sun Health Cardiopulmonary Departments switch to the AeroEclipse BAN has been a huge success.

Sun Health (Del E. Webb and Boswell Hospital) switched to the AeroEclipse Breath Actuated Nebulizer ("BAN") back in November of 2007. We have been using the AeroEclipse for all "non-ventilator" patients for six months now. Our staff attended a one hour in-service for competency training given by the manufactures representative before we replaced our continuous conventional nebulizer with the AeroEclipse. Some of our staff was concerned and uneasy with the change to the AeroEclipse.

One of the main concerns was our patients were not going to like the idea of 3 to 5 minute treatment times. We used the AeroEclipse patient information sheet that was provided to us in both English and Spanish when we switched nebulizers and that helped the transition tremendously. Within just a week our staff was telling me about the patients support and positive comments about the AeroEclipse. Several staff members stated they have noticed the patients were improving faster since using the AeroEclipse for their treatments.

Our department's major objective for the change was to help improve patient care and satisfaction. We have completely eliminated concurrent therapy once we started using the AeroEclipse. Our therapist are now able to stay with their patient for the entire treatment during our busy winter months. I'm positive this is one of the main reasons for the departments improved patient satisfaction scores. There have been other surprising benefits for staff and patients since we switched to the AeroEclipse. Our ER physicians were ordering SVN treatments back to back to back. This would take our therapist anywhere from 30 to 60 minutes to treat the patient depending on the time between treatments. We met with the ER physicians and explained the benefits of using the AeroEclipse. Our ER physicians now order the treatments using the AeroEclipse to sputter instead of back to back to back. The treatments times for these patients have decreased to around 8 to 10 minutes instead of 30 to 60 minutes. The AeroEclipse has been an enormous success in the emergency department. Our pulmonary function technologist stated he has noticed a change in responsiveness to the bronchodilator medication in more patients since we started using the AeroEclipse. Our change to the AeroEclipse has been a real winner for Sun Health and the cardiopulmonary departments.

*Bill Sayers RRT, RPFT  
Cardiopulmonary Supervisor  
Del E. Webb Hospital*

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Advanced Conference Room Rate:  
\$109.00/night.

## Kindred Healthcare announces new Director of Respiratory Therapy.... Charez Norris, RRT

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Congratulations to Charez Norris as she is named the new Director of Respiratory Therapy at Kindred Healthcare. Charez took office on April 28th and oversees 3 Kindred Hospitals in the Phoenix area. She will be responsible to oversee 3 hospital RT departments and will be providing education for Kindred staff. She has 12 supervisors (4 for each hospital) that will assist in the daily department operation. Although she offices out of Scottsdale, she will travel to both Phoenix and Peoria.

Kindred is a long term acute care (LTAC) Hospital. The floors are divided into med-surg floors and intensive care unit. They receive a lot of ventilated patients that require weaning. Kindred fits the niche between the short term acute care hospitals and extended care facilities. The staff specialize in weaning patients from ventilators. Kindred patients are discharged from the facility to home or extended care facilities. Often, the patients admitted to Kindred are very sick, having had ARDS or sepsis. Kindred staff are all ACLS trained in which they intubate, place arterial lines and are key participants in codes.

Charez states that her major goals and objectives in her new position include the following:

1. To expand the practices of the clinicians in our facilities.
2. To provide educational opportunities to expand those practices.
3. To challenge all registry-eligible staff to get their RRT credentials.
4. To work collaboratively with the other disciplines within the facilities to improve current practices.

Charez emphasized that her most important goal is to support the current respiratory therapists that work for Kindred to continue providing the best possible patient care. Patient care is the number one priority of our respiratory therapy departments.

In addition to her busy work schedule, Charez is working on her Bachelor's degree through NAU. When she is not working or attending school, she enjoys spending time with her husband at their cabin in Pinetop or taking their grandson for a sleepover at Grandma & Grandpa's!

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# Respiratory Trivia from the Past

By Ed Thomas, MA, RRT

Many of the “senior” respiratory therapists in the state may remember the old BEAR 3 ventilator. That unit was a light brown colored ventilator that had digital read-outs and, somewhat of an in efficient flow transducer. It was popular through the 90’s. But were you aware of the earliest model known as the BEAR 1?



The BEAR 1 was a blue colored ventilator and was developed to make an attempt to knock Puritan Bennett from the top ventilator slot with their workhorse, the MA-1. The MA-1 was the leader in mechanical ventilation for adults since the late ‘60’s. In the mid-70’s, Bourns, a company known for their volume infant ventilator, introduced this ventilator that had more electronic components than the MA-1, which included a electronic flow sensor to measure exhaled gases. The MA-1 continued using a volume measuring spirometer that captured the exhale gas and showing its volume with each exhaled breath.

So here is the Trivia Question:

How did the **BEAR 1** get it’s name. The answer is below.

To the right is a picture of a coaster I obtained while at an AARC International Congress in the 70’s. I use to have a set of four but am down to just two remaining. Note the name on the inside of the BEAR Paw shows the name of the company, Bourns, which was later, changed to BEAR. They produced a few more adult ventilators – BEAR 1, 2, 3, 5 and the 1000 and the BEAR CUB infant ventilator.



Oh yeah, the answer to the trivia question is: **BEAR** = **Bourns Electronic Adult Respirator**

Hope you enjoyed this trivia history lesson!!

Ed Thomas, MA, RRT

AzSRC Delegate



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