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Arizona Airways

Summer Issue—July 2009

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Wow! Northern AZ Spring Symposium a Huge Success!!

Bill Sayers, RRT 2009 AzSRC President

The Northern Arizona Spring Symposium was recently held in Prescott, Arizona. The conference was held in the Theater at Northern Arizona VA Health Care in Prescott, which promoted a relaxed atmosphere. This educational experience was enjoyed and experienced by over 98 Respiratory Care Practitioners from all over Arizona as well as those from as far away as Northern California. This was a very educational conference with experienced speakers. There was a little something for everyone in the array of topics.

Lorenzo Pavlica from Respiroics-Phillips, Eric Davis from Covidien, Kristen McFall and Judy Whitman from Hill-Rom presented information and demonstrations. The information presented included Non Invasive Positive Pressure Ventilation, Waveform Analysis, all modes of secretion clearance and High frequency Chest Wall Oscillation. AzSRC Vice President Amy Bardin planned, organized and orchestrated this event. The results were very impressive! As some of you might remember, this symposium at one time was a yearly event in Prescott and was sponsored by the AzSRC. The old Prescott Symposium was held in the fall at the Prescott Resort. Several years ago, we moved the date of our AzSRC annual conference from May to August. The Prescott symposium was abandoned because we were unable to dedicate the time necessary for two conferences so close together. The AzSRC wanted to restore the Northern Arizona Symposium and voted to do so at our February board meeting. With little time and starting from scratch, we anticipated around 20 people to register for this symposium. We hoped for at least 40. We ended up with almost 100 attendees! What a fantastic opportunity for 5 CEU's for only \$40.00 with lunch included.

I couldn't close this article without thanking everyone who helped make this inaugural event such a huge success. In addition to Amy, a special thanks go out to Ted Crowther, Sue Resetar, Steve Padgett, Christine Claxton and Layla Logan. As our society President, thank you to everyone who attended and all the volunteers that made this symposium a sensational event. Congratulations!

Inside this Issue of The Airways:

| | |
|--|--------|
| 2009 Northern AZ Spring Symposium Success!..... | Page 1 |
| Arizona Hospital Spotlight ~ Cancer Treatment Centers of America | Page 2 |
| PACT Update ~ HR 1077..... | Page 3 |
| Phoenix Children's Hospital, AzSRC & PRCS Team Up!..... | Page 4 |
| Editorial ~ Should we Eliminate Temporary RCP Licenses in Arizona? | Page 4 |
| Rapid Sequence Intubation ~ What Every RCP Should Know! | Page 5 |
| SAVE THE DATE~2009 AzSRC Annual Conference Preview..... | Page 5 |
| AARC Asthma Preparation Course..... | Page 6 |

The Arizona Hospital Spotlight Shines on..... Cancer Treatment Centers of America at Western Regional Medical Center



I always enjoy visiting, learning and sharing information about each facility profiled in The Airways feature, but this particular facility was especially wonderful: The Cancer Treatment Centers of America at Western Regional Medical Center. What a beautiful center and fantastic service they provide! From the moment I entered the building, I could sense the peacefulness, quiet calmness, and soothing atmosphere.

Built on a vision of hope and healing, Cancer Treatment Centers of America (CTCA) is the home of integrative and compassionate cancer care. At its core, CTCA is a network of cancer treatment hospitals and facilities. Enter the doors, and you will find so much more than a cancer hospital! Each of their welcoming, state-of-the-art cancer hospitals houses the latest treatments and technologies. Their founder, Richard J. Stephenson, designed their cancer hospitals to be warm and welcoming—where you can receive all of your care under one roof by a knowledgeable and compassionate medical team. They operate on a truly integrated treatment approach: using state of the art treatment options and technologies combined with complimentary therapies such as nutrition, naturopathic medicine, mind-body support and spiritual support to treat cancer. They actively empower their patients to make decisions about their treatment and educate them to make informed decisions on what's best for their lives. At CTCA, you will discover a closeness of patients, staff and family that is simply not found in any other cancer treatment center. Here, the focus is truly on the patient. Their signature Mother Standard® of care is the basic standard, meaning CTCA physicians and care givers provide patients with the same warmth, unconditional support and respect they would extend to their own mothers, fathers, sisters, brothers, or other loved ones.

With cancer hospitals in suburban Chicago, Philadelphia, and Tulsa, the Phoenix Center opened its doors in December of 2008. A whopping 213,007sq ft, the CTCA of Phoenix houses 14 inpatient rooms (with the possibility of building out to 24 rooms), 24 outpatient clinic rooms, internal medicine clinic, 26 individual infusion bays, and 37 outpatient guest suites. Approximately 70% of their patients have advanced-stage and complex cancers. Patient care truly revolves around the patient, even in a physical sense. Nursing stations are decentralized to the bedside. The care literally revolves around the patient! Each inpatient room is ICU capable, and can transform to provide that level of care. Their facility is 100% digital, meaning patient scans, test, and blood results are provided in minutes to hours, as opposed to days or weeks. New and exciting medical services at CTCA include brachytherapy, airway stenting, and endobronchial ablation EBUS.



The respiratory department is led by Jose Gonzales, RRT, Manager of Cardiopulmonary and interim Director of Imaging and Radiation Oncology. The Respiratory team has 5 Registered Therapists, including Lead Therapist Shannon Miranda, RRT. Respiratory coverage is 24/7, performing PFTs, EKGs, HAST testing (High Altitude Simulation Testing), ventilator management, arterial line placement, assisting with bronchoscopies and all other respiratory procedures included in general floor duties. In addition, they are currently training to perform EEGs and intubations.

In talking with Jose and Shannon, it is obvious they care deeply about the care their team provides and they believe in the philosophies of CTCA. Shannon states "I enjoy working at CTCA because it is very rewarding. Patients and management appreciate all the small things. Management places value on making patients happy and comfortable. I feel that my efforts to make a patient smile or be more comfortable is valued by management just as much as my skills as a therapist. I've been given many hugs and thank yous by patients and family members, too, after they have stayed at CTCA. It's a great feeling to know I have made someone's hospital stay a little better." Congratulations CTCA!



PACT UPDATE:

HR 1077 ~ Seeks to Allow Respiratory Therapist to Provide Certain Services with Physician Supervision

Jim Love, Arizona PACT Representative

First of all, please let me say thank you to the AzSRC for giving me the opportunity to go to the March 9th PACT meeting in Washington D.C. The chance to advocate for the respiratory therapist and most importantly, our patients, was truly an honor. There were about 100 respiratory therapist present from 45 States.

The primary topic of discussion was HR 1077. This is a bill, introduced by Rep. Mike Ross (D-AR), that seeks to revise the Medicare law to permit qualified respiratory therapist to provide certain services, such as smoking cessations, asthma management, medication education and inhaler training. These services will be provided to asthma, COPD and other respiratory patients under the general supervision of a physician, but without the doctor present under Part B Medicare law. This legislation is designed as an extension of the "physician services" benefit under Part B, for which the physician bills Medicare directly and is paid under the physician fee schedule. It is very limited and purposely designed as costs to Medicare would be minimal. It focuses on physician's offices and group practices (we expect mostly pulmonary physicians will benefit) and RTs who may currently be working under the "incident to" a physician's services benefit, which in itself, is very limited.



Services furnished "incident to" a physician are those services that are commonly furnished in physician's offices and either rendered without charge or included in the physician's bill. "Incident to" requires that the physician provide direct supervision, which means the physician has to be in the suite somewhere and immediately available when the service is being provided but not necessarily present in the same room.

The legislation is designed to change the supervision requirement from "direct" to "general" supervision. It gives the physician flexibility to be out of the office while the RT is furnishing a service that the physician would otherwise have to provide directly or be around in the suite while the RT is furnishing it. For example, while the physician is at the hospital seeing a patient, a qualified BA/BS RRT could provide smoking cessation counseling, or education on MDI/DIP inhalers in the office and the physician could be paid for that service.

The advantage to the physician is that he/she can essentially bill Medicare for two services instead of one: one for the service the physician provides directly while at the hospital, and the second for the RT's service in the office, although the service furnished by the RT will be paid at a lesser amount than what the physician would have received had he/she furnished the service directly. Alternatively, the physician could be in the office, have a CRT and a BA/BS RRT furnishing services while he/she is in the suite, and the physician could bill the services as "incident to" and be paid 100 percent of the fee schedule. The provision is only applicable if the physician is out of the office.

No one would be required to hire a BS/BA RRT under the legislation, nor would the scope of practice for an RT permit them to be "independent" and hang out their own shingle at any time. The scope of practice and state licensure laws require RTs to work under the direction of a physician and there is no intent to change the scope of practice now or in the future. Lastly, this legislation does not permit RTs to bill Medicare separately for their services or to be paid separately by Medicare. Payment is made directly to the physician and the physician only.



We need everyone to e-mail their congressman to support this bill as a co-sponsor and to vote yes! As of 3/22/09, in Arizona, we have Rep. Grijalva Dist. 7 as a co-sponsor. For assistance, please e-mail me at jim_lov@msn.com. I can provide you with a sample letter and email address of the person in your congressman's office.

Phoenix Children's Hospital, PRCS, and the AzSRC Team Up!!

Phoenix Children's Hospital (PCH) recently held a poster contest for pediatric pulmonary inpatients. The winner, Zacharia Wright received a Nintendo Wii, graciously donated by **PRCS!**

The poster has been produced and used to announce the upcoming 2009 AzSRC Conference.

If your department does not have a poster, please contact-
Michelle Williams of PRCS @ 1-888-508-2111 or
mwilliams@prcshealthcare.com.

Congratulations Zacharia!



Is it Time to Shorten or Eliminate the Temporary License for Respiratory Care Practitioners in Arizona?

Editorial written by Robert R. Brown, BS, RRT, AE-C

According to the National Board for Respiratory Care (NBRC), the entry-level Certified Respiratory Therapist (CRT) examination is designed to objectively measure essential knowledge, skills, and abilities required of entry-level respiratory therapists. The word "essential" in this instance, as I see it, means to possess the basic knowledge, skills, and abilities to start working in the field of respiratory care.

If we were to agree that individuals passing the CRT exam would be identified as being **minimally qualified** to practice respiratory care, then shouldn't we use that as the measure to allow individuals to work in the field?

The 'Arizona' Legislature finds and declares that the practice of respiratory care in the State affects the public health, safety and welfare and should be subject to regulation and control by the Board of Respiratory Care Examiners (AzBOE) in the public interest to protect the public from unauthorized and **unqualified practice of respiratory care....**

In reviewing a prior years minutes of the AzBOE, I could identify 59 individuals that had their applications for licensure closed and 19 individuals requesting extensions of their temporary license. I believe many individuals did not pursue their permanent license or they had to extend their temporary license because they were unable to pass the CRT. Therefore, a number of individuals worked for varying lengths of time (up to a year) without being able to demonstrate they had the essential knowledge, skills, and abilities required of an entry-level respiratory therapist. Is this in the best interest of public safety?

In 2008, The AzBOE changed the requirement to obtain a temporary license extension, whereas requiring applicants to have at least attempted the CRT prior to the extension request. This is a step in the right direction but in my opinion, it simply did not go the distance. The temporary license allows a graduate therapist to fail the CRT at least once, if not for as long as up to a year! Even when the individual has not been able to demonstrate they were able to pass an exam designed to objectively measure essential knowledge, skills, and abilities required of entry-level respiratory therapists, a graduate RT can continue to practice respiratory care under a temporary license.

In conclusion, it is my opinion that it would be appropriate to change the temporary license provision for respiratory care practitioners. Perhaps either eliminating the temporary license altogether, or allowing a temporary license for a short period of time with the provision that an applicant will lose their temporary license should they fail the CRT examination. (Many other State respiratory care licensure acts incorporate one or the other provision into their licensure requirements). Food for thought!

RAPID SEQUENCE INTUBATION—WHAT *EVERY* RCP SHOULD KNOW!

Complements of Kevin Romney, RRT, Team Lead, Respiratory Care, Mayo Clinic Hospital

Rapid Sequence Intubation is a very important part of a Respiratory Therapist duties today. RT's play a vital role in assisting and performing RSI in the hospital setting. But how much do we really understand and think about when we use RSI?

The objectives that I hope we can all get out of this presentation is to better understand the drugs that are used for RSI, so that the patient can safely be intubated without pain and without any recall of the intubation. This will also help the person doing the intubation to do it quickly, easily and not adding further complications to the patient. We, as RT's, should also be able to assess for a difficult intubation prior to intubating the patient so that we can have other adjuncts readily available if needed.

The last objective is to understand what roles each of the members of the RSI team are, especially for the RT's that are assisting. It is very important that the RT's are prepared for the intubation and airway management of the patient. As described in the presentation, there are specific roles for RT1 and RT2. Each RT has specific duties they are to perform making the assistance to the intubator smooth and efficient.

Remember the 6 "P"s of RSI:

~ Preparation, Pre-oxygenation, Pretreatment, Paralysis, Placement of ET Tube, Post Intubation Care

BE PREPARED!

If you would like a copy of Kevin's Power Point Presentation on RSI, please visit our website www.arsrc.com or send an email request to Airways Editor at mwilliams@prcshealthcare.com.

AZSRC 43RD ANNUAL CONFERENCE & EXHIBITION

"A Breath of Fresh Air" ~August 18-20th, 2009

Arizona Grand Resort, Phoenix

August 18th—Leader/Vendor Golf Tournament and Luncheon

August 19th & 20th -Conference / Exhibition

***Informative Lectures! Golf, Water Park! Abstract Presentation!
Vendor Exhibits! Sputum Bowl Finals!
Therapist, Educator & Department of the Year Awards!***

Approx 12 CEUs Applied For

NEW THIS YEAR....

- ***Abstract/ Poster Board Presentations***
 - ***Leader Workshop***
 - ***Vendor Online Registration***

Asthma Educator Certification Preparation Course

Article compliments of the AARC

Dear AARC Member:

I am very pleased to announce that the AARC's popular **Asthma Educator Certification Preparation Course** is now accessible online. This means that you can view the asthma course when it is convenient to you. **It's available online and on demand.**

There are several reasons why you should consider taking this course, including:

- Preparing for the certification exam offered by the NAECB
- Earning 10.5 CRCE
- Preparing for health care reform which will likely include asthma disease management
- Bolstering your asthma knowledge about asthma diagnosis and management
- AND an opportunity to take advantage of an early bird discount for AARC members.

This online course is the mirror image of the live course that has helped prepare thousands of respiratory therapists and which increased their chances of passing the exam. The faculty is the same as are the materials that you will receive. You will be walked through the same process just as if you are at the live course.

Important aspects of this course include:

- A pre-test that allows you to gauge your knowledge before you start the course (allowing you to know specific areas to concentrate on)
- A post-test (which allows you two attempts to take the exam and to earn your CRCEs)
- The resource library (will provide you with pertinent materials that you can use to prepare for taking the AE-C exam)

We invite you to proceed to the registration area for more information.

Sincerely,



Thomas J. Kallstrom, RRT, AE-C, FAARC
AARC Chief Operating Officer

We're on the Web!!!!

www.azsrc.com

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

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