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Arizona Airways

Winter Issue—December 2007

The Role of Banner Estrella RCP's Expands to Central Line Insertions!

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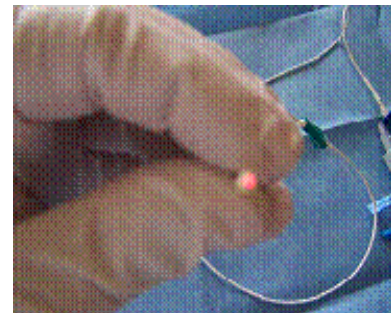
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Banner Estrella Medical Center opened in 2004 with the Respiratory Therapists inserting and maintaining Peripherally Inserted Central Venous Catheters (PICC). The low complications associated with these lines led to an interest in RCP's inserting and maintaining all Central Venous Catheters (CVC). Early 2007 six RCP's at Banner Estrella Medical Center expanded their role and started training for CVC insertions. The focus was to have a complication rate equal to or better than physician groups inserting CVC. Insertion complications included pneumothorax, hemothorax and arterial cannulation. On going complications included infection and deep vein thrombosis.

In addition to better complication rates we also planned to improve response time or wait time. Because physician groups are already spread thin. Patients occasionally have to wait for physician availability to insert a CVC. Non-life threatening catheters such as dialysis or triple lumen CVC could take as long as 24 hours for placement. With the trained RCP team on site the wait time would be minutes.



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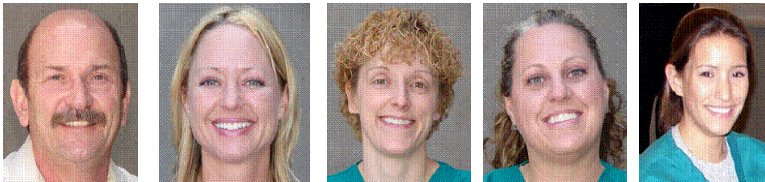
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The Role of Banner Estrella RCP's Expands to Central Line Insertions! *...continued from Page 1*

These chosen therapists were all already highly skilled professionals with several years of experience placing arterial lines and PICC lines. They completed the same training taken by trauma residents. RCP's attend an 8 hour Central Venous Catheter insertion course. Additional training is given at Banner Good Samaritan Medical Center Simulation Lab, placing catheters in very life like manikins. Then they precept with physicians at BEMC inserting lines. Six respiratory therapists began placing internal jugular and subclavian central venous catheters July, 2007. The maintenance part of the program is shared by level IV therapists and has been very successful with a 0% infection rate so far. The support from administrators, physicians and the nursing staff has been very encouraging and another reason why the program has been so successful. RTs are making a difference through excellent patient care! Congratulations!!

Respiratory Services BEMC



Chuck

Shannon

Gail

Amy

Layla

*"A successful team is a group of
many hands, but of one goal!"*

Go Team!!

Congratulations!! Scottsdale Healthcare Earns Prestigious Magnet Status from ANCC

Magnet recognition, considered the gold standard in patient care, was granted to Scottsdale Healthcare Shea and Scottsdale Healthcare Osborn on Oct. 16, 2006!

The Magnet program recognizes healthcare organizations that provide the best in nursing care and support for professional nursing practice. Granted by the American Nurses Credentialing Center, the designation provides consumers with the ultimate benchmark to measure the quality of care that they can expect to receive.

Hospitals must complete a rigorous documentation, on-site survey and interview process with ANCC appraisers to be considered for Magnet recognition. Peggy Reiley, Chief Clinical Officer, likened the Magnet application process to a two-year journey involving countless hours of hard work by the hospitals' staff members. Magnet is a nursing award, but an organizational achievement. Respiratory Therapy was instrumental in reaching this goal. One example is the Rapid Response Team which is made up of Respiratory Therapists and Critical Care Nurses as collaborative partners.

Scottsdale Healthcare Thompson Peak is designed to incorporate the same award-winning patient care practices. It will be included in Scottsdale Healthcare's next Magnet survey. Congratulations Scottsdale Healthcare!!

Arizona Hospital Spotlight....

Phoenix Children's Hospital!

With 299 staffed beds, Phoenix Children's Hospital is one of the 10 largest free-standing children's hospitals in the United States. Last year, Phoenix Children's had 11,861 admissions; 56,328 visits to the Emergency Department; 176,624 outpatient visits; and 11,876 surgical procedures. It has 137 ICU beds, one of the largest among all free-standing children's hospitals in the country. It offers full-range neonatal and pediatric services, and serves as a major referral center for the state and throughout the southwest. Additionally Phoenix Children's is in the midst of a long range expansion plan that will result in urgent care centers around the valley, an additional patient care tower on the Thomas campus and enhancement of specialty services. This expansion plan will increase the number of available beds to greater than 400 by 2011.

Employing 98 dedicated RT's, the Respiratory Care Department plays a major role in the treatment and well-being of PCH's patients. We offer complete standard respiratory care to the NICU, PICU, ED and the Medical Surgical areas. We also are responsible for inhaled nitric oxide therapy, high frequency jet and oscillator ventilation, capnography, exogenous surfactant replacement, and attend high-risk deliveries.

We are also proud to enjoy an asthma educator seven days a week, a dynamic pulmonary lab, and therapist driven protocols for asthma and bronchiolitis patients. Many of our RT's are members of the ECMO program. Add in an annual asthma camp, and that PCH is still growing, and it's easy to see that we have plenty of challenges and rewards!

The Respiratory Department vigorously champions advancement and continuing education by holding education opportunities throughout the year, and sends its members to local and national conferences. Please join us January 27, and 28, 2008, as we host a Kettering review for the Neonatal Pediatric Specialty (NPS) exam -- worth 13 CEU's!

Congratulations Phoenix Children's Hospital RT Team ~ Arizona is proud to call you ours!!

Frank Najera, RRT-NPS, Phoenix Children's Hospital

John C. Lincoln's Smoking Cessation Protocol to be Presented at the AARC National Conference!

John C. Lincoln- North Mountain (JCL-NM) Respiratory Department started a smoking cessation protocol November 1st, 2006. Prior to the start of the protocol, all the Respiratory Therapists participated and completed the Basic Tobacco Intervention Skills: Medical and Allied Health Professional Workshops. The training was done by Debi Holloway, BA, RRT, AE-C, CTTS with the ASHline and/ or by Charez Norris, RRT Clinical Educator for JCL-NM, who was trained to teach the workshops. The goal of the protocol was to get a consented referral to the ASHline for post-discharge. The missing link for smoking cessation education in the hospital setting has been the follow-up post-discharge. Part of the protocol includes Pharmacy recommendations for nicotine replacement and/ or other medications to help the patient be successful. Debi and Charez collaborated to write an abstract to be submitted to the American Association for Respiratory Care (AARC) on the Institution of a Smoking Cessation Protocol. The abstract was accepted for presentation this December at the AARC National Conference in Orlando, Florida. Charez will be going to present this collaborative effort.

Charez stated, "The link with the ASHline has been a great fit for our protocol. By giving patients resources and knowing the ASHline will provide good follow-up, we are doing the best care possible for our patients. The Respiratory Therapists at JCL-NM are the key why this has been a successful protocol."

On behalf of Arizona RCP's, we are proud to be represented by Charez Norris at the AARC National Conference!

Virulent form of Cold Virus Worries Experts

A new and virulent strain of adenovirus, which frequently causes the common cold, killed 10 people in parts of the United States earlier this year and put dozens into hospitals, U.S. health officials said on Thursday.

A U.S. Centers for Disease Control and Prevention report detailed cases of people ill in May of 2006 and from March to June of 2007 with a strain of the virus called adenovirus 14 in New York, Oregon, Washington state and Texas.

"Whether you're a healthy young adult, an infant or an elderly person, this virus can cause severe respiratory disease at any age," said John Su, who investigates infectious diseases for the CDC and contributed to the report.

"What makes this particular adenovirus a little different is that it has the capability of making healthy young adults severely ill. And that's unusual for an adenovirus, and that's why it's got our attention," Su said in a telephone interview.

Two of the 10 people who died from the new strain were infants, Su said. The CDC report said about 140 people were sickened by the virus and more than 50 hospitalized, including 24 admitted to intensive care units. One of those who died was a 19-year-old female recruit at Lackland Air Force Base in Texas where other cases were found.

"Adenoviruses are notorious for causing illnesses, particularly in military recruits," said Dr. Anthony Fauci, director of the U.S. National Institute of Allergy and Infectious Diseases. A CDC spokesman said there was no evidence the virus was currently causing disease anywhere in the United States.

Adenoviruses frequently cause acute upper respiratory tract infections like the common cold, but also can cause other illnesses including inflammation of the stomach and intestines, pink eye, bladder infection and rashes. Colds caused by adenoviruses can be very severe in the very young and the very old as well as in certain other people, like those with compromised immune systems.

DIMENSION OF THE PROBLEM

Dr. William Schaffner, a spokesman for the National Foundation for Infectious Diseases, said an important next step is for public health officials to determine the dimension of the problem.

"I think this is a big alert to those of us in infectious diseases and public health to gather the appropriate specimens and see how widely distributed this virus is," said Schaffner, chairman of the Department of Preventive Medicine at Vanderbilt University School of Medicine in Nashville, Tennessee.

The first case described in the report was that of an infant girl in New York City who died in May 2006. Seven other people died in Oregon, including an infant. And a patient with AIDS died in Washington state.

"The cases described in this report are unusual because they suggest the emergence of a new and virulent Ad14 (adenovirus 14) variant that has spread within the United States," according to the CDC report.

There are 51 types of adenoviruses, the CDC report said.

Have Something to Share???

Please submit articles & information to:

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We're on the Web!!!!

Azsrc.com

American Lung Association of Arizona Offering COPD Educator Course in 2008

2007 is the year for COPD awareness! In 2008, the American Lung Association of Arizona (ALAA) plans to take the show on the road!!

We have recognized a need to reach the rural areas of Arizona where COPD and tobacco smoking is most prevalent. We have partnered with the NHLBI, GOLD, University of Arizona HealthCare Partnership, the Arizona Smoker's Helpline, and several other agencies. We have been funded by the Arizona Department of Health Services, Office of Chronic Disease Prevention and Nutrition Services. Money for the grant comes from tobacco taxes. The goals of the COPD Educator Course are defined by the Arizona Comprehensive Lung Disease Control Plan (AzCLDCP). The ALAA conducted the state's first COPD Summit on November 7, 2007 to raise awareness for COPD and recruit members for the COPD Coalition. The coalition has been tasked to identify and eliminate barriers to properly diagnose and treat COPD and to reduce risk factors for the disease by prevention.

The COPD Educator Course is a two day comprehensive course that is offered free of charge. Provider educators will travel to rural areas of Arizona to deliver the training course and certify participant's as COPD Specialists. The second component of training teaches the UofA HCP model 5-A, Tobacco Brief Intervention Skills.

Scott Cerreta, B.S., CRT COPD Program Manager—Provider Educator

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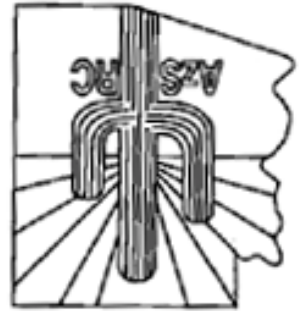
COPD Educator Course Description

As a part of *Breathe Free: A COPD Collaborative*, the American Lung Association of Arizona (ALAA) developed a two-day 12 CEU COPD Educators Course. Our goal is to reach areas of Arizona where COPD and tobacco use is most prevalent.

The first day is an Advanced COPD Education course designed for physicians, nurses, and respiratory therapists. Participants will attend an eight hour course with eight topics: COPD Overview, Pathology & Risk Factors for COPD, Simple Spirometry for Diagnosis of COPD, Establishing Diagnosis & Managing Stable COPD, Respiratory Pharmacology, Non-Pharmacological Management & Oxygen Therapy, Psychosocial Issues & Quality of Life, and COPD Exacerbations & Interventional Modalities. Upon successful completion of a post-test exam, participants will receive a course certificate of completion, receive eight CEU credits, and be recognized as an American Lung Association of Arizona "Certified COPD Specialist."

The second day of training involves a four hour session of the Lungs for Life module, *Basic Tobacco Intervention Skills*, prepared by the University of Arizona HealthCare Partnership (HCP). This is followed by a two hour session that rolls out the COPD Task Force model. The audience for this course: at least one Key Decision Maker at the facility, and personnel that provide brief interventions with patients to promote smoking cessation. The COPD Task Force is composed of four components: Arizona Smokers Helpline referral, pharmacy consult for NRT, a spirometry test, and the NHLBI patient educational video. An ALAA checklist will be used to track a patient's enrollment in each phase of the COPD Task Force. Upon successful completion of a post-test exam, participants will receive a course certificate of completion from HCP, and receive four CEU credits.

Follow up and support will be offered to the trained facility to implement portions of the Task Force model that are deemed necessary by the organization to meet their specific goals and requirements.



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