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Times

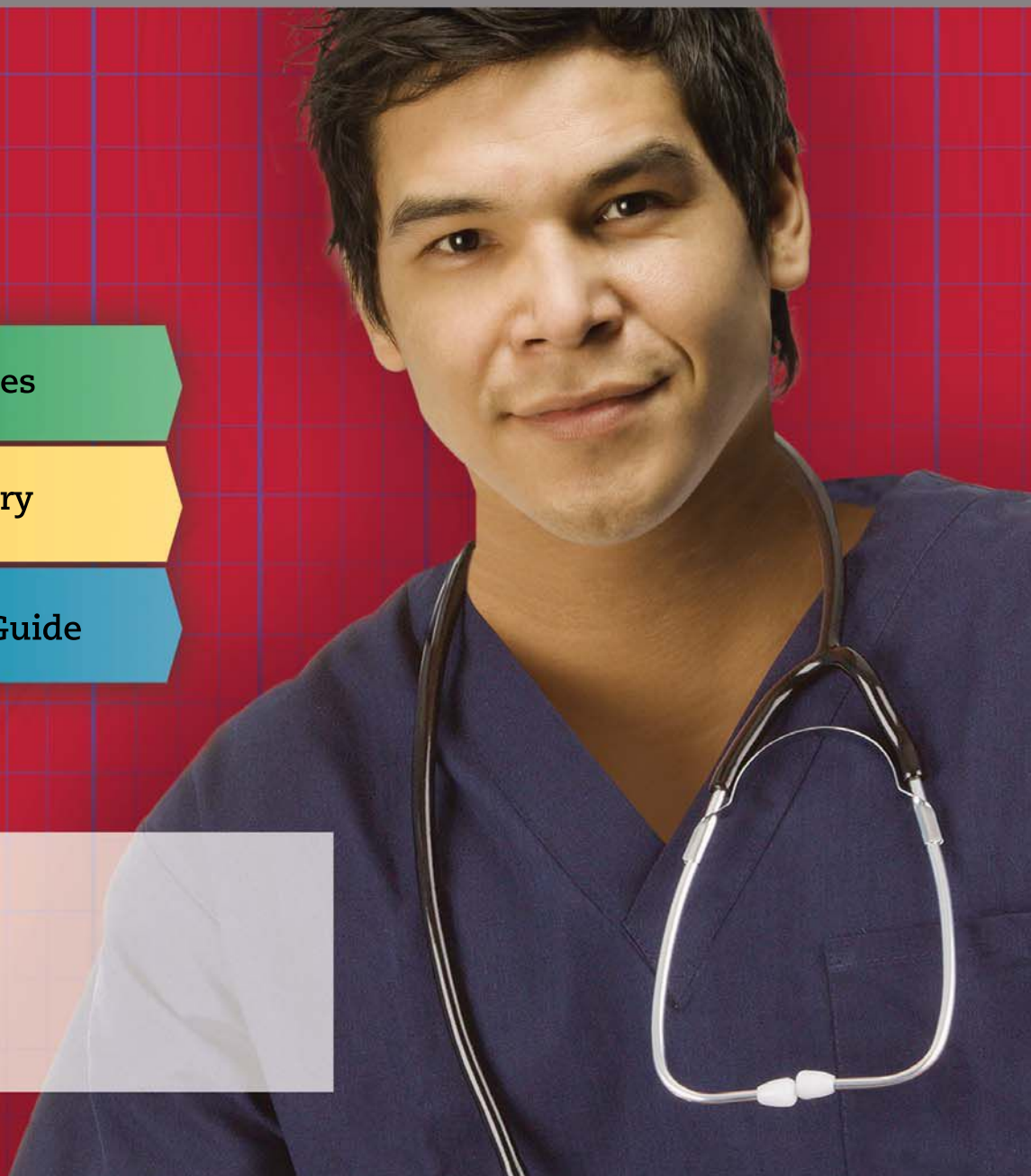
AARC BUYER'S GUIDE

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1. Finholt DA, Henry DB, Raphaely RC. Factors affecting leak around tracheal tubes in children. *Can Anaesth Soc J*. 1985;32(4):326-329.
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Tele-ICU: Is This the Future? | 10

Respiratory therapists can play an important role in the tele-ICU. By Richard L. Sheldon, MD, FAARC, FCCP

Engaging Your Hospital's Clinical Engineer in Ventilator Purchases | 14

Respiratory departments could be missing out on a valuable source of expertise that could lower their department costs and boost their productivity. By Jeffrey Davis, BS, RRT

7 Things RTs Need To Know About HCAHPS | 22

The HCAHPS patient satisfaction survey has taken on greater significance for hospitals this year when CMS began tying reimbursement to the survey results. What does this mean to you? This story appears in eight segments in the Products & Services section. By Jeffrey Davis, BS, RRT, and Allen Wentworth, MEd, RRT, FAARC

Put Your RC Knowledge to the Test | 48

While you peruse this year's AARC Buyer's Guide and all the new equipment available, reminisce a little about the respiratory equipment of years gone by and test yourself on the 10 "Can You Name It" sidebars in the Products & Services section beginning on page 48. Photos provided by Dennis Glover, RRT (retired)

My Most Memorable Patient | 69

In a series of short articles, seven AARC members share their personal stories about memorable events in their careers. By Jeffery Shelton, AAS; Marlyce Campbell, CRT; Andrew G. Miller, RRT; Tina Dean-

Everett, RRT; Rick Weaver, RRT-NPS, RPFT; Glenn F. Tammen, BHS, RRT, CPFT; and Tina Harper, BSRT, RRT.

Coping with Your COPD: Good Advice from a Respiratory Therapist | 116

Scattered throughout the 2013 AARC Consumer Buyer's Guide in this issue are five common questions asked by patients and answered here by respiratory therapists. This information is a valuable source to provide to your patients. By Debra Koehl, MS, RRT-NPS, FAARC; Gerilynn Connors, BS, RRT, FAARC; Robert McCoy, BS, RRT, FAARC; Patrick J. Dunne, MEd, RRT, FAARC; and Jim Stegmaire, RRT-NPS, RPFT.

2013 AARC Buyer's Guide for Respiratory Care | 16

This annual special issue lists over 370 respiratory companies and provides a convenient tool for locating the products and services you need. Start by reading this introduction, with instructions on navigating the two sections for clinicians: Company Directory and Products & Services. A third section, the Consumer Buyer's Guide, is intended for you to copy and share with your patients as an educational tool. You can also refer them to www.YourLungHealth.org, the AARC's consumer website.

Buyer's Guide Products & Services | 18

Buyer's Guide Company Directory | 64

2013 AARC Consumer Buyer's Guide | 114

The View from Here 7
Marketplace 128
Industry Watch 130
RC Currents 132
Classified Advertising 141
Calendar of Events 142
Advertiser Index 144

AARC Strategic Plan

AARC Vision/Mission Statement: The American Association for Respiratory Care (AARC) will continue to be the leading national and international professional association for respiratory care. The AARC will encourage and promote professional excellence, advance the science and practice of respiratory care, and serve as an advocate for patients, their families, the public, the profession, and the respiratory therapist.

AARC Strategic Objectives

- Refine and expand the scope of practice for respiratory therapists in all care settings.
- Advance the knowledge base and educational preparation of respiratory therapists to ensure competent patient care and to foster patient safety initiatives.
- Support research and scientific inquiry to strengthen the scientific foundation and promote best practice for patient care.
- Establish professional standards and outcomes supported by scientific evidence.
- Advocate for federal and state health care policies that enhance patient care, patients' access to care and professional practice.
- Partner with governmental agencies, community organizations, third-party payers, professional societies and the public to promote healthy behaviors and prevent cardiopulmonary disease.
- Broaden consumer and health care providers' knowledge and understanding of the value of respiratory therapists in providing safe, competent and cost-effective care.

The complete version of the Association's Strategic Plan is available to AARC members online at www.aarc.org/members_area/resources/strategic.asp.

Editor

Marsha Cathcart, BA

Managing Editor

Douglas Laher, MBA, RRT, FAARC

Assistant Editor

Karen Singleterry, BS

Contributors

Debbie Bunch, BA
Sheila Henegar

Art Director

Donna Knauf, BA

Graphic Designers

Jeanette Chawdhury, MBA
Lisa Dudley
Kelly Piotrowski

Consultant

Sherry Milligan, MBA, CAE

Director, Advertising Sales

Tim Goldsbury, BA, RRT
Goldsbury@aarc.org

Advertising Sales Consultant

Andrea Conté
andrea@aarc.org

Advertising Rates and Media Information

Contact: Goldsbury@aarc.org
Tim Goldsbury, 725 N. Highway A1A, Ste. C-106, Jupiter, FL 33477
Voice (561) 745-6793
Fax (561) 745-6795

Advertising Materials

Send production materials for AARC publications to Binkley@aarc.org or AARC 9425 N. MacArthur Blvd., Ste. 100 Irving TX 75063 c/o Beth Binkley
Voice (972) 243-2272
Fax (972) 484-2720

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Daedalus Enterprises, Inc.
9425 N. MacArthur Blvd., Ste. 100
Irving, TX 75063
(972) 243-2272
Fax (972) 484-2720

Director of Business Development

Dale L. Griffiths, BA

Publisher

Thomas J. Kallstrom, MBA, RRT, FAARC



Printed in USA

► Meet the AARC Staff



Karen Singleterry

Buyer's Guide
Administrator
AARC Times
singleterry@aarc.org



Marsha Cathcart

Editor
AARC Times
cathcart@aarc.org



Debbie Bunch

Writer
debbunch@aol.com



Sheila Henegar

Editorial Staff
sheilah@aarc.org



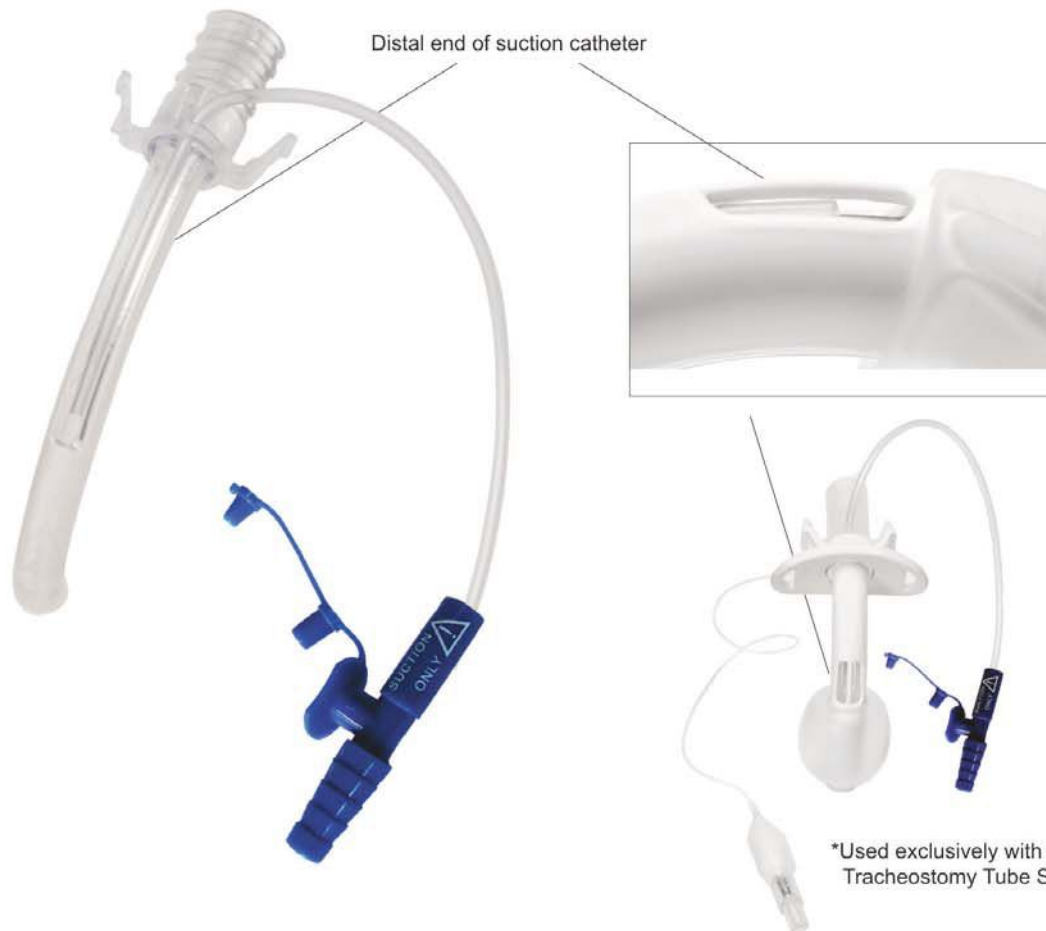
Dale Griffiths

Director of Business
Development
griffiths@aarc.org

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¹CDC; *MMWR Recom Rep.* 2004; 53:1-36 and ATS/IDSA; *AJRCCM* 2005; 171(4):388-416

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Grants, Scholarships, Community Projects:
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Utilize additional therapies to maximize oxygen delivery with validated ventilation systems.

Reference: 1. Data on file. Hampton, NJ: Ikaria, Inc; 2013.

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INOMAX Important Safety Information

- INOMAX is contraindicated in the treatment of neonates known to be dependent on right-to-left shunting of blood
- Abrupt discontinuation of INOMAX may lead to increasing pulmonary artery pressure and worsening oxygenation even in neonates with no apparent response to nitric oxide for inhalation

Please see Brief Summary of Prescribing Information on adjacent page.

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Brief Summary of Prescribing Information

INDICATIONS AND USAGE

Treatment of Hypoxic Respiratory Failure

INOMax[®] is a vasodilator, which, in conjunction with ventilatory support and other appropriate agents, is indicated for the treatment of term and near-term (>34 weeks) neonates with hypoxic respiratory failure associated with clinical or echocardiographic evidence of pulmonary hypertension, where it improves oxygenation and reduces the need for extracorporeal membrane oxygenation.

Utilize additional therapies to maximize oxygen delivery with validated ventilation systems. In patients with collapsed alveoli, additional therapies might include surfactant and high-frequency oscillatory ventilation.

The safety and effectiveness of INOMax have been established in a population receiving other therapies for hypoxic respiratory failure, including vasodilators, intravenous fluids, bicarbonate therapy, and mechanical ventilation. Different dose regimens for nitric oxide were used in the clinical studies.

Monitor for PaO₂, methemoglobin, and inspired NO₂ during INOMax administration.

CONTRAINDICATIONS

INOMax is contraindicated in the treatment of neonates known to be dependent on right-to-left shunting of blood.

WARNINGS AND PRECAUTIONS

Rebound Pulmonary Hypertension Syndrome following Abrupt Discontinuation

Wean from INOMax. Abrupt discontinuation of INOMax may lead to worsening oxygenation and increasing pulmonary artery pressure, i.e., Rebound Pulmonary Hypertension Syndrome. Signs and symptoms of Rebound Pulmonary Hypertension Syndrome include hypoxemia, systemic hypotension, bradycardia, and decreased cardiac output. If Rebound Pulmonary Hypertension occurs, reinstate INOMax therapy immediately.

Hypoxemia from Methemoglobinemia

Nitric oxide combines with hemoglobin to form methemoglobin, which does not transport oxygen. Methemoglobin levels increase with the dose of INOMax; it can take 8 hours or more before steady-state methemoglobin levels are attained. Monitor methemoglobin and adjust the dose of INOMax to optimize oxygenation.

If methemoglobin levels do not resolve with decrease in dose or discontinuation of INOMax, additional therapy may be warranted to treat methemoglobinemia.

Airway Injury from Nitrogen Dioxide

Nitrogen dioxide (NO₂) forms in gas mixtures containing NO and O₂. Nitrogen dioxide may cause airway inflammation and damage to lung tissues. If the concentration of NO₂ in the breathing circuit exceeds 0.5 ppm, decrease the dose of INOMax.

If there is an unexpected change in NO₂ concentration, when measured in the breathing circuit, then the delivery system should be assessed in accordance with the Nitric Oxide Delivery System O&M Manual troubleshooting section, and the NO₂ analyzer should be recalibrated. The dose of INOMax and/or FiO₂ should be adjusted as appropriate.

Heart Failure

Patients with left ventricular dysfunction treated with INOMax may experience pulmonary edema, increased pulmonary capillary wedge pressure, worsening of left ventricular dysfunction, systemic hypotension, bradycardia and cardiac arrest. Discontinue INOMax while providing symptomatic care.

ADVERSE REACTIONS

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice. The adverse reaction information from the clinical studies does, however, provide a basis for identifying the adverse events that appear to be related to drug use and for approximating rates.

Controlled studies have included 325 patients on INOMax doses of 5 to 80 ppm and 251 patients on placebo. Total mortality in the pooled trials was 11% on placebo and 9% on INOMax, a result adequate to exclude INOMax mortality being more than 40% worse than placebo.

In both the NINOS and CINRGI studies, the duration of hospitalization was similar in INOMax and placebo-treated groups.

From all controlled studies, at least 6 months of follow-up is available for 278 patients who received INOMax and 212 patients who received placebo. Among these patients, there was no evidence of an adverse effect of treatment on the need for rehospitalization, special medical services, pulmonary disease, or neurological sequelae.

In the NINOS study, treatment groups were similar with respect to the incidence and severity of intracranial hemorrhage, Grade IV hemorrhage, periventricular leukomalacia, cerebral infarction, seizures requiring anticonvulsant therapy, pulmonary hemorrhage, or gastrointestinal hemorrhage.

In CINRGI, the only adverse reaction (>2% higher incidence on INOMax than on placebo) was hypotension (14% vs. 11%).

Based upon post-marketing experience, accidental exposure to nitric oxide for inhalation in hospital staff has been associated with chest discomfort, dizziness, dry throat, dyspnea, and headache.

OVERDOSAGE

Overdosage with INOMax will be manifest by elevations in methemoglobin and pulmonary toxicities associated with inspired NO₂. Elevated NO₂ may cause acute lung injury. Elevations in methemoglobin reduce the oxygen delivery capacity of the circulation. In clinical studies, NO₂ levels >3 ppm or methemoglobin levels >7% were treated by reducing the dose of, or discontinuing, INOMax.

Methemoglobinemia that does not resolve after reduction or discontinuation of therapy can be treated with intravenous vitamin C, intravenous methylene blue, or blood transfusion, based upon the clinical situation.

DRUG INTERACTIONS

No formal drug-interaction studies have been performed, and a clinically significant interaction with other medications used in the treatment of hypoxic respiratory failure cannot be excluded based on the available data. INOMax has been administered with dopamine, dobutamine, steroids, surfactant, and high-frequency ventilation. Although there are no study data to evaluate the possibility, nitric oxide donor compounds, including sodium nitroprusside and nitroglycerin, may have an additive effect with INOMax on the risk of developing methemoglobinemia. An association between prilocaine and an increased risk of methemoglobinemia, particularly in infants, has specifically been described in a literature case report. This risk is present whether the drugs are administered as oral, parenteral, or topical formulations.

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The View From Here

First Grade Kids Receptive to Respiratory Therapy

by Stephanie Puente Jones

On Monday, March 4, I was given the opportunity to speak at my son’s school about respiratory therapy. I am a respiratory therapy student at Mott Community College, graduating in May this year. As a special project assignment, I attended a career day at one of our local schools.

I was originally scheduled to speak to my son’s first grade class; but once the other two first grade teachers found out I was coming, they had their classes join as well. This gave me an audience of 65 children, all of them either six or seven years old. Although I do have some public-speaking experience, an audience of this size and age was intimidating. I practiced my presentation prior, in front of my son, to help me with my fluidity; but I knew once I was in front of those children, anything could go astray. I am not going to lie: I was nervous.

I had prepared by using laminated pictures to aid me with explaining the anatomy. I had pictures of the lungs, heart, and the lungs and heart together. I wanted the children to be able to correlate the two and understand where these organs are inside the body. I also had pictures of human hands forming a heart and a picture of a birdcage. I brought with me 18 stethoscopes and four pulse oximeters. I made 3 x 5 score sheets with lines for the child’s name, heart rate, and SPO₂. On the bottom of the card there was a grading scale so the children could give their lungs an A.

I started by introducing myself and the helpers I had brought with me. I explained how respiratory therapists specialize in the lungs and heart and that it is our job to help people keep those organs healthy. I let the children know that I would be asking them questions and if they

thought they knew the answer, instead of raising their hand, I wanted them to yell out their answer as loud as they could. I did not want them to be shy or hold back, so I assured them that even if they were not sure if their answer was right, I wanted them to yell it out anyway. The teachers thought I had lost my mind, but the children loved it.

I began my presentation with anatomy. I asked, “What do your lungs do?” Everyone knew the answer to that question. “Breathe,” they all yelled out. I explained how the lungs take air in and out. I had them breathe in and out using just their mouth then using just their nose.

I explained that air has oxygen in it. I told them that you cannot see or feel it, but it is very important. I had them catch some oxygen in their hand, open their hand, then eat the oxygen. They loved that. I explained how the lungs put the oxygen into the blood, the heart pumps the blood through the body, and the body needs oxygen to help it stay healthy.

I told them that their lungs are soft. I had them point to where they thought their lungs were. I had them tell me if they felt softness there. I explained that the rib cage protects the lungs and heart and described it like a birdcage

protects a bird. I asked them, “What does your heart do?” They answered with excitement, “Beat” and “Love.” I showed them the picture of the hands forming the heart and had them demonstrate. Then I showed them the picture of a real heart and they all said, “EWWW!!!”

I explained how some people have a hard time breathing due to diseases or conditions like pneumonia or asthma, or people who have been in a fire. I asked if anyone had ever heard of asthma, and lots of hands went up.

about the author...



Stephanie Puente Jones graduated this spring from the respiratory therapy program at Mott Community College in Flint, MI.



I had them to hold their breath. I asked if any of them had ever been swimming and had tried to hold their breath too long. They all agreed that was not a good feeling. I explained how some people feel that way all the time and how it was my job as a respiratory therapist to help them.

I showed them my stethoscope. I explained how I use it to listen to a patient's lungs. I showed them the pulse oximeter. I explained how the light measures the amount of oxygen their blood has taken in. I broke them up in groups. They all had partners and took turns listening to each other's breathing. I taught them to listen to the breaths through the trachea, because we were in a public school and I was nervous about the hands-on comfort zone. Then they all visited the pulse oximeter station and filled out their "score sheets."

Once that was completed, I had them all gather back in the center. I asked if they had any questions. One child asked how the heart works and how it sends the blood to the body. I explained how the heart is a pump; and I had them make a fist, slightly loosen it, then tighten it. I had them do that a couple of times and explained how that was like a pump and if there was any-

thing inside their fist, it would escape from the pumping action.

I reiterated that a respiratory therapist's job is to help take care of the lungs and how the lungs and heart need to work together to keep balance within the body. I showed them a picture of a heart being held in someone's hands, and one of a stethoscope wrapped around it. Then I thanked them for their time and handed out heart-shaped chocolates.

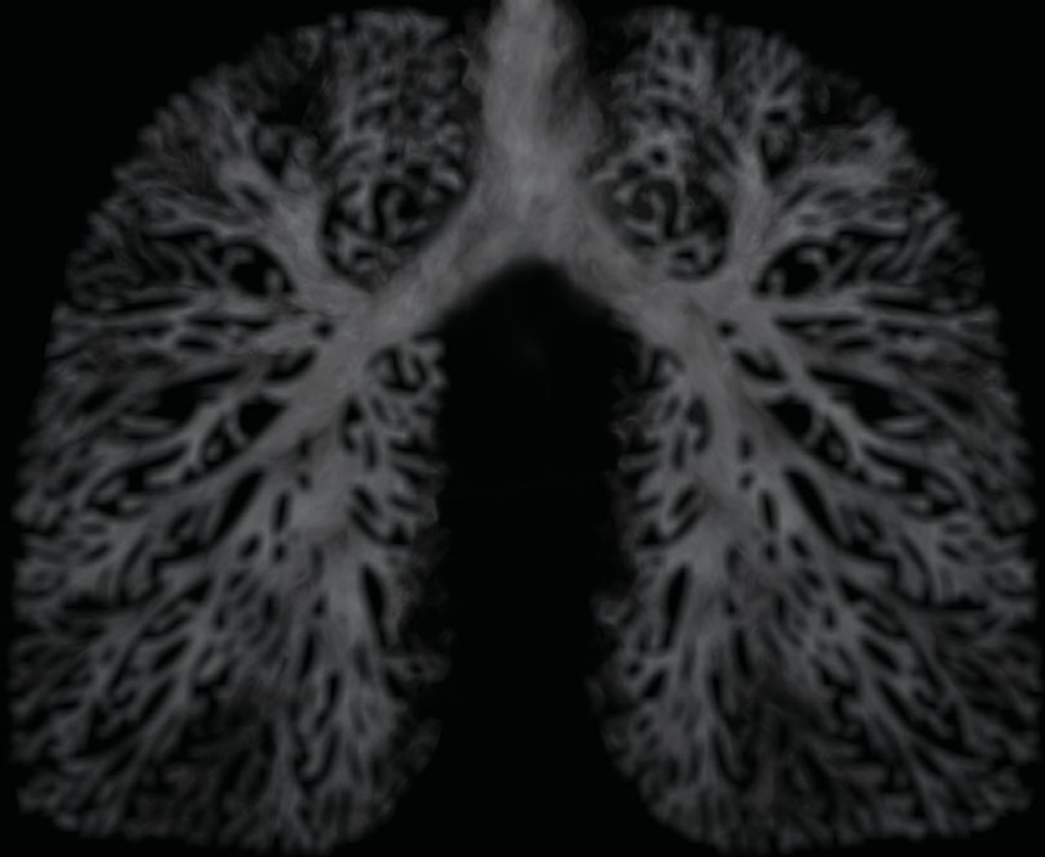
This was a great audience. I was surprised at how intelligent their answers to my questions were. They were inquisitive and attentive and interacted with me with interest and enthusiasm. Their eyes gleamed, and they never drifted off or got restless. One little boy knew every answer to my questions, and

it was not just my son who knew all the answers from me practicing my presentation over and over again in front of him. I told that little boy he may be a doctor someday. This was an amazing experience. I would definitely do it again. Children hold the future in their hands; and now, after hearing about respiratory therapy, maybe someday these children might be holding our hearts and lungs in their hands as well. ■





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Tele-ICU: Is This the Future?

by Richard L. Sheldon, MD, FAARC, FCCP

In the late 1990s a group of business executives, concerned about the rising cost of health care, its lack of consistent delivery of a quality product, and obvious inefficiency, formed The Leapfrog Group. Their mission was to “inform Americans about their hospital safety and quality, promote full public disclosure of hospital performance information, and help employers provide the best healthcare benefits to their employees.”¹

Their methods for advancing these goals have included issuing hospital safety scores and hospital benchmarking scores. They issue comparative hospital scores and make available to the public tools to allow patients to pick and choose which hospital to go to for care based on a hospital’s safety record. Intensive care units (ICU) are an area in the hospital where safety statistics can be isolated and studied.¹

A decade ago The Leapfrog Group issued a report regarding Intensive Care Physician Staffing (IPS) standards stating that there was a marked reduction in ICU mortality and morbidity when ICUs were “closed” and supervised and attended by board-certified intensivists 24 hours a day, seven days a week. They recommended nationwide implementation of this model as soon as possible.¹

Hospitals fulfilling the IPS standards would operate ICUs by intensivists who:

- would be present during daytime hours and provide clinical care exclusively in the ICU;
- and when not present on site or via telemedicine, return pages at least 95% of the time within five minutes and arrange for a physician (such as a hospitalist), physician assistant, nurse practitioner, or a FCCS-certified nurse to reach ICU patients within five minutes.¹

A recent White Paper published by the Society for Critical Care Medicine’s (SCCM) tele-ICU committee stressed that 30% of the care in U.S. acute care hospitals is delivered in ICUs; and as the population ages, more ICU beds are needed. Thus, the cost of care for ICU patients continues to climb. The paper also pointed out that 10% of all U.S. ICU beds are now remotely monitored and that the number is growing.²

The problem

The problems of implementing The Leapfrog Group’s recommendations center around the fact that in the United States, postgraduate medical education systems are not producing enough qualified intensivists. Qualified intensivists are defined as:

- being certified in the subspecialty of critical care medicine or physicians board-certified in emergency medicine who have completed a critical care fellowship in an Accreditation Council for Graduate Medical Education (ACGME)-accredited training program,
- or physicians board-certified in medicine, anesthesiology, pediatrics, or surgery who completed training prior to the availability of subspecialty certification in critical care and who have provided at least six weeks of full-time ICU care annually since 1987.¹

The lack of critical care nurses is also a problem, but the near total lack of mentioning respiratory therapists is noteworthy and unacceptable.

Other problems center around the cost of implementation. The current idea is that the high cost of wiring

about the author...



Richard L. Sheldon, MD, FAARC, FCCP, is the AARC’s American Thoracic Society representative to the Board of Medical Advisors and serves as medical advisor for the AARC Education Section and Diagnostics Section.

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beds to a tele-ICU system is offset by a reduction in length of stay (LOS) and mortality. There are challenges to this idea. In December of 2009, the *Journal of the American Medical Association* published an article that suggested tele-ICUs did not reduce LOS or mortality.³ Some hospitals have disconnected from their tele-ICUs having not achieved these anticipated goals. Nonetheless, many hospitals whose ICUs are monitored remotely do achieve the anticipated cost-saving goals.

How the system is developing

Currently, 10% of all U.S. hospital beds are covered by tele-ICU systems.² Most of these systems are privately owned by groups of intensivists, large hospital systems, or HMOs. Groups such as Performance ICU (based in Sacramento, CA) have a decade-plus of experience providing tele-ICU care to hospitals in California within the Sutter Health system of hospitals, plus others. Adventist Health is moving forward to provide all of their many hospitals, large and small, with tele-ICU capability.

In the typical ICU implementation, there is a hub or “bunker,” which is a larger room where one intensivist oversees a team of ICU nurses watching monitors that display real-time data on individual patients who are remote from the bunker — the distance away from the patient being immaterial. Available at the bedside there may be a “robot” with a high-density camera plus other sensors that can give added information to the team in the bunker.

Currently, the industry standards suggest that one intensivist can safely monitor 150–300 patients, and the nurses can monitor 20–30 patients. When working at full capacity, one bunker holds one intensivist and 10 nurses.²

Obstacles to implementation

While the installation cost to install the technology platform is the initial barrier, other issues can create obstacles. Operating costs are considered high. They include training costs, salaries, capital outlays for equipment, and licensing fees for software, with upgrades to software and hardware when needed. Annual contracting fees with the satellite and the providers present a moving budgeting target.

There is a lack of an adequate payment mechanism. The current mechanism does not respond to the increased acuity seen in tele-ICU monitored patients and the improved coverage.

Sometimes there is marked resistance to change by the local physician leadership. Thinking that the local intensivist will lose revenue, control, autonomy, etc., physi-

cian leadership may balk at the idea of “monitoring from afar.” These concerns are frequently deflected when the local physicians can negotiate the level of support the tele-ICU provides. (Night coverage only, so the local intensivist can get much-needed sleep, is a frequently used compromise.)

A newly contracted tele-ICU group must be able to “layer in” their operating system with the hospital’s operating system as seamlessly as possible. If the link between the tele-ICUs operating system and the lab, radiology, nursing, medical records, and other hospital areas isn’t consistent and error-proof, then the contract between the hospital and the tele-ICU will be short lived.

Outcome data

The tele-ICU, working closely with the hospital’s ICU team, can enhance the quality of care, although the ability to demonstrate the anticipated cost savings is extremely complex. Studies indicate that tele-ICU nursing involvement can enhance patient safety by preventing potential patient harm.⁴ The same could be said about respiratory care personnel.

What is the role of the respiratory therapist?

Currently, there is no requirement for involvement by respiratory therapists in a tele-ICU system. I believe hospitals would serve patient safety best by insisting there be respiratory therapist involvement in the bunker. The RT in the tele-ICU system should communicate with the in-house respiratory therapist in order to help advise with:

- Development and maintenance of appropriate respiratory care protocols
- Monitor how and when aerosol therapy was delivered
- Advise when and how intubation should occur
- Help with appropriate ventilator management to include assistance with eliminating ventilator-associated pneumonia and weaning
- Advise when patient can be moved to a step-down unit
- Advise hospital’s respiratory care department on capital equipment purchases.

National and state respiratory care organizations can play a vital part in demanding direct input by respiratory therapists in tele-ICU systems in order to optimize the care given.

Tele-ICUs are not for every hospital, but clearly they represent a solution for some hospitals that wish to provide the higher quality of care required by the future of

health care. Respiratory therapists have a role to play in this developing area of advanced technology. ■

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ADDITIONAL READING

Society of Critical Care Medicine website. The critical care physician workforce: an update from SCCM. Available at: www.sccm.org/ Accessed May 2, 2013



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Engaging Your Hospital's Clinical Engineer in Ventilator Purchases

by Jeffrey Davis, BS, RRT

As health care has advanced and changed throughout the centuries, so has the technology of health care. The value of the technology we use is in its application and contribution to a process. Respiratory therapists rely on technology to care for our patients; and hospitals, in turn, rely on respiratory therapists to add value to the outcome of the patients in their care.

Clinical engineering (CE) was developed over 50 years ago to “support and advance patient care by applying engineering and management skills to health care technology,” according to the American College of Clinical Engineering. Currently, clinical engineers are an integral part of the health care team, ensuring technology used in the health care setting is safe, efficient, and value-added.¹ Clinical engineers are much more than technicians charged with maintaining the safety of equipment. In this value-based period of health care, the clinical engineer is more of a “cradle to grave” steward of medical equipment.

Cost of operation

There are multiple factors involved in the capital purchase of medical equipment. Respiratory therapy departments will update/upgrade their fleet of ventilators every 10 years or so. We bring in the vendors, inservice and evaluate the equipment, run a live trial for a period of time, evaluate ease of use, functionality, and therapist and physician satisfaction. We entertain price quotes; and based on staff satisfaction and price, we choose our best option. But what if there is more to it than that? Are we missing an important variable in the purchase of our capital equipment? Vigen Esmailian, director of clinical engineering at UCLA Health System, expands: “We look at standardization and serviceability. Not that this is an obstacle, but it is an impor-

tant consideration when making a purchase. The clinical engineer will review the equipment service manuals and parts list to determine how, when, and where equipment service will be managed.”

One of the more common financial performance metrics that clinical engineering departments use to benchmark themselves is the service cost to acquisition cost (S/A) ratio. This ratio compares the total cost to deliver a service (including parts and labor) divided by the acquisition cost of the equipment.² Benchmarking S/A ratios nationwide on more than 600 categories of medical equipment has a mean S/A ratio of 0.10, meaning the service cost is approximately 10% of the acquisition value. No one in the health care community is better equipped than the clinical engineer to determine the cost effectiveness of a full-service contract versus an in-house service provided by the CE department.

A full-service contract includes the cost of repair, inspection, and preventive maintenance (PM) as compared to in-house service by the CE department.

Parts and CE labor costs (hours) multiplied by the “loaded” rate, which includes salary and benefits and other overhead expenses, determine the in-house service cost.² In general, original equipment manufacturer (OEM) service contracts are the most expensive, with in-house services often costing up to 50% less than an OEM contract.² When posed to Esmailian, without hesitation he shared that his S/A ratio is 2.7%. The UCLA Health System director of clinical engineering explains his success: “Now, my 2.7% S/A ratio is related to our in-house serviced equipment. There is a growing trend among vendors to provide equipment at no cost to the hospital in return for a purchase service contract. While attractive to the department manager, the cost of

about the author...



Jeffrey Davis, BS, RRT, is the director of respiratory therapy at Ronald Reagan UCLA Medical Center in Los Angeles, CA.



Clinical engineering departments are skilled in equipment acquisition and helping departments find the right options in equipment that serves the hospital's best interest in function, reliability, and cost.

the capital equipment is rolled into the price of disposables," says Esmailian. "Multi-year contracts can help the vendor avoid collaboration within a hospital or health system. This is especially prevalent in the cath lab, radiation oncology, and mammography."

I have also seen this in respiratory therapy in the case of pulse oximetry and certain airway clearance equipment where the vendor offers low-cost or no-cost capital equipment in return for a certain volume usage of disposables. Esmailian does not denounce this practice; he merely encourages early collaboration with CE to determine the best and most cost-effective approach for the hospital and health system. Collaboration can improve contract negotiations to achieve the most cost-effective results. In stressing this type of hospital-wide collaboration, Esmailian has been able to achieve this impressive S/A ratio performance. There are other financial considerations when comparing OEM service to in-house repair and maintenance contracts that generate added financial burden to the health care facility:

- the time it takes to arrange for a service technician to arrive at your facility and complete the repairs
- the time and cost of shipping equipment for repairs
- the rental costs incurred to replace the absent equipment.

Developing that relationship

"There are many ways that the CE department can help in the purchase of mechanical ventilators," according to Elias Habtemariam, clinical engineer at UCLA Health System. "Clinical engineers are experienced in evaluating the duration of warranty coverage, the frequency of PM and the cost of PM kits, cost of replacement parts and test equipment, the amount of time it takes to troubleshoot and fix

the problem, and the time and cost restraints of training classes." The most value-based option can be determined once these and other variables are evaluated. In turn, the respiratory therapy department's early engagement with the CE department can assure no lapse in warranty or service coverage. "By doing this," says David Barbrow, assistant director of clinical engineering at UCLA Health System, "it allows clinical engineering to begin supporting the devices as the warranty expires without having to pick up the cost of supporting devices on a time and material basis or having to pick up a service contract. This saves the hospital a significant amount of money over time."

Include CE on your team

A hospital's clinical engineering department is an important member of the health care team. CE departments are skilled in equipment acquisition and helping departments find the right options in equipment that serves the hospital's best interest in function, reliability, and cost. Early engagement with clinical engineering will allow the respiratory therapy department to make value-added decisions in their purchasing of mechanical ventilators and other capital equipment. In this era of value-added health care, the clinical engineer is the hospital's steward of safe and efficient technology. I've made a good neighbor with my CE department at UCLA Health System. You should, too. ■

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2013 AARC Buyer's Guide for Respiratory Care

Products & Services



Company Directory



Consumer Buyer's Guide



Buyer's Guide Introduction

The 2013 AARC Buyer's Guide for Respiratory Care has everything you need to research and evaluate products and services for your respiratory care facility. Color-coding enables you to quickly turn to the section you need, and alphabetized listings ensure you'll navigate right to the page you seek in record time. Here are the chief components of the guide and how you can put them to use in your purchasing decisions.

File this issue away so you can quickly retrieve it at those times your department needs to purchase respiratory products — or when you want to copy the Consumer Buyer's Guide for a patient.

Online AARC Buyer's Guide for Respiratory Care Complements Print Edition

The AARC's Online Buyer's Guide can be accessed 24/7 by manufacturers and service providers to post new products or news. A powerful search engine ensures online users will quickly and easily find the information they seek. So if you are wanting to learn about a respiratory care product or company, or if you are preparing to make a purchasing decision, you will find both this printed version of the guide and the online version invaluable. Go to <http://buyersguide.aarc.org/> to access the Online Buyer's Guide for Respiratory Care. ■

Products & Services:

This section allows you to search alphabetically for your product type — from adapters to ventilators. Under each category and subcategory you will find the names of the manufacturers or exclusive distributors of applicable products or services. Then flip to the Company Directory to find the contact information for the companies you wish to contact.

Company Directory:

Information on product manufacturers and suppliers is available in this alphabetical directory. Each listing provides postal, email, and Web addresses, phone and fax numbers, and a company description.

Consumer Buyer's Guide:

The Consumer Section is a helpful reference for patients and their family members who have been searching for an extensive listing of the companies that manufacture the equipment, supplies, and medications they use daily. This section is also available on the AARC's consumer website at www.YourLungHealth.org, which your patients will find is full of other useful information as well. ■

A

Adapters/Connectors

Connector

A Plus Medical
A-M Systems
Allied Healthcare Products, Inc.®
Amvex®
Bay Corporation
Besmed Health Business Corp.
CareFore Medical®
Cowman & Associates, Inc.
Fisher & Paykel Healthcare
Instrumentation Industries, Inc.
Medline Industries, Inc.
Mercury Medical®
MES, Inc.
Ohio Medical Corporation®
Pneuline Supply Inc.
Praxair Healthcare Services
Precision Medical, Inc.
R1 Technologies
Smiths Medical, Critical Care
Sunset Healthcare Solutions
Teleflex Medical
VacuMed
Westmed, Inc.

Elbow

A Plus Medical
Advantage Medical Systems
Aerogen
Allied Healthcare Products, Inc.®
Amvex®
Bay Corporation
Besmed Health Business Corp.
Bio-Med Devices, Inc.
CareFore Medical®
CareFusion
Cowman & Associates, Inc.
Fisher & Paykel Healthcare
GaleMed® Corporation
Hans Rudolph, inc.
Instrumentation Industries, Inc.
Medline Industries, Inc.
Mercury Medical®
Ohio Medical Corporation®
Pneuline Supply Inc.
Praxair Healthcare Services
Precision Medical, Inc.
R1 Technologies
ResMed Corp
Smiths Medical, Critical Care
Sunset Healthcare Solutions
Teleflex Medical
VacuMed
Westmed, Inc.

Swivel

A Plus Medical
A-M Systems
AEROLUNG CORP
Afton Medical LLC
Allied Healthcare Products, Inc.®
Amvex®
Bay Corporation
Besmed Health Business Corp.
CareFore Medical®
Cowman & Associates, Inc.
GaleMed® Corporation
Hans Rudolph, inc.
Instrumentation Industries, Inc.

Products & Services



Main Categories

Adapters/Connectors

Airway Devices

Ambulation Devices,
Critical Care
(In-Hospital)

Analyzers

Beds

Blood Gas Devices/
Supplies

Blood Pressure Devices

Breathing Retrainers

Bronchoscopes/Supplies

Business/Management
Services

Calorimeters

Capnographs/
Capnometers

Cardiac Diagnostics

Chest Physiotherapy
Devices

Compressors

Cough-Assist Devices

CPAP/Bi-Level Devices

Defibrillators

Distributor

Education

Equipment Accessories

Equipment Cleaning/
Disinfection

Equipment Rental/
Leasing

Equipment Repair/Used

Filters

Gas Administration
Devices

HEPA Filtration

Humidifiers

Hyperbaric Oxygen
Chambers/Services/
Supplies

Incentive Spirometers

Incubators

Infant Warmer

IPPB

Manometers

Medical Gas
Administration
Devices

Medical Gas Supplies

Medication/Aerosol
Delivery Devices

Medications

Monitors

Nitric Oxide Devices

Nose Clips

Oxygen Delivery

Peak Flow Meters

Personal Protective
Equipment

Pulmonary Function
Testing

Pulse Oximetry

Resuscitation
Equipment

Sleep Diagnostics

Stethoscopes

Suction Devices &
Supplies

Test Lungs

Tracheostomy Supplies

Ventilator Supplies

Ventilators

International Medical, Inc. (IMI)
Medline Industries, Inc.
Mercury Medical®
MES, Inc.
Ohio Medical Corporation®
Pneuline Supply Inc.
Praxair Healthcare Services
Precision Medical, Inc.
R1 Technologies
ResMed Corp
Salter Labs
Smiths Medical, Critical Care
Sunset Healthcare Solutions
Teleflex Medical
Westmed, Inc.

T

A Plus Medical
Airborne Life Support Systems™
Allied Healthcare Products, Inc.®
Amvex®
Bay Corporation
Besmed Health Business Corp.
CareFore Medical®
CareFusion
Cowman & Associates, Inc.
GaleMed® Corporation
Hans Rudolph, inc.
Instrumentation Industries, Inc.
Maxtec®
Mercury Medical®
Pneuline Supply Inc.
Praxair Healthcare Services
Precision Medical, Inc.
R1 Technologies
Smiths Medical, Critical Care
Sunset Healthcare Solutions
Teleflex Medical
VacuMed
Westmed, Inc.

Y

A Plus Medical
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Allied Healthcare Products, Inc.®
Amvex®
Bay Corporation
Besmed Health Business Corp.
CareFore Medical®
CareFusion
Cowman & Associates, Inc.
GaleMed® Corporation
Hans Rudolph, inc.
Instrumentation Industries, Inc.
Medline Industries, Inc.
Mercury Medical®
MES, Inc.
Ohio Medical Corporation®
Pneuline Supply Inc.
Praxair Healthcare Services
Precision Medical, Inc.
R1 Technologies
Sage Products Inc.
Smiths Medical, Critical Care
Sunset Healthcare Solutions
Teleflex Medical
VacuMed
Westmed, Inc.

Miscellaneous

A Plus Medical
A-M Systems
Airborne Life Support Systems™
Allied Healthcare Products, Inc.®
Ambu Sleepmate®
Amvex®

B&B Medical Technologies
 Bay Corporation
 Beevers Mfg & Supply Inc.
 Besmed Health Business Corp.
 CareFore Medical®
 CareFusion
 Cowman & Associates, Inc.
 Engineered Medical Systems, Inc.
 GaleMed® Corporation
 Hans Rudolph, inc.
 Healthline Medical, Inc.
 Instrumentation Industries, Inc.
 International Medical, Inc. (IMI)
 Lamtic, Inc.
 Medline Industries, Inc.
 Mercury Medical®
 MES, Inc.
 Neotech Products, Inc.
 Northern Pacific Medical LLC®
 Ohio Medical Corporation®
 Passy-Muir, Inc.
 Pneuline Supply Inc.
 Porous Media Corporation
 Praxair Healthcare Services
 Precision Medical, Inc.
 Pulmodyne®
 R1 Technologies
 Teleflex Medical
 VacuMed
 Westmed, Inc.

Airway Devices

Endotracheal Tube Attachment Devices

A Plus Medical
 Ambu Inc.
 ARC Medical Inc.
 B&B Medical Technologies
 Besmed Health Business Corp.
 CareFore Medical®
 CooperSurgical, Inc.
 Dale Medical Products, Inc.
 Hollister Incorporated
 IPI Medical Products
 LMA North America, Inc.
 Medline Industries, Inc.
 MES, Inc.
 NJR Medical
 Pepper Medical Inc®
 Smiths Medical, Critical Care
 Tri-anim Health Services

Endotracheal Tube Cleaning Devices

Engineered Medical Systems, Inc.
 Omneotech®

Endotracheal Tubes

Besmed Health Business Corp.
 CareFore Medical®
 Covidien
 ErgoMed Inc.
 Flexicare Inc.
 Hollister Incorporated
 Kimberly-Clark Health Care
 LMA North America, Inc.
 Medline Industries, Inc.
 MES, Inc.
 Parker Medical
 Smiths Medical, Critical Care
 Teleflex Medical

Esophageal Obturator

Boston Medical Products, Inc.
 Covidien

Laryngoscope Supplies / Stylettes

Besmed Health Business Corp.
 Medline Industries, Inc.
 Mercury Medical®
 Smiths Medical, Critical Care
 Teleflex Medical
 Tri-anim Health Services
 Verathon Medical
 Vital Signs a GE Healthcare Company

Laryngoscope with Video

Covidien
 Karl Storz Endoscopy—America, Inc.
 LMA North America, Inc.
 Verathon Medical
 Vision Sciences

Laryngoscopes

Airtraq
 Armstrong Medical Industries Inc.
 Besmed Health Business Corp.
 Flexicare Inc.
 GaleMed® Corporation
 Instrumentation Industries, Inc.
 International Medical, Inc. (IMI)
 Karl Storz Endoscopy—America, Inc.
 LMA North America, Inc.
 Medline Industries, Inc.
 Mercury Medical®
 Smiths Medical, Critical Care
 Spiracle Technology
 Tri-anim Health Services
 Verathon Medical
 Vital Signs a GE Healthcare Company

Oral and Pharyngeal

Ambu Sleepmate®
 ARC Medical Inc.
 Covidien
 Kimberly-Clark Health Care
 Medline Industries, Inc.
 NASORCAP Medical, Inc.
 NJR Medical
 Tri-anim Health Services
 Westmed, Inc.

Tracheostomy Tubes

Boston Medical Products, Inc.
 CareFore Medical®
 Covidien
 ErgoMed Inc.
 Medline Industries, Inc.
 Passy-Muir, Inc.
 Praxair Healthcare Services
 Smiths Medical, Critical Care
 Tri-anim Health Services

Ambulation Devices, Critical Care (In-Hospital)

GF Health Products, Inc.
 Intersurgical®
 Invacare Corporation

Analyzers

Blood Gas (pH, PCO₂, PO₂)

Abbott Point of Care
 CareFore Medical®
 Criticare Systems Inc.
 Epocal Inc.
 Instrumentation Laboratory
 Medica Corporation
 Nova Biomedical
 OPTI Medical Systems Inc.
 Praxair Healthcare Services
 Radiometer America Inc.
 Roche Diagnostics
 Siemens Healthcare Diagnostics

Calibration

Allied Healthcare Products, Inc.®
 CareFore Medical®
 CEA Instruments, Inc.
 Equilibrated Bio Systems Inc
 Michigan Instruments, Inc.
 Praxair Healthcare Services

Carbon Dioxide

CareFusion
 CEA Instruments, Inc.
 Equilibrated Bio Systems Inc
 Nihon Kohden America
 Philips Respironics
 Praxair Healthcare Services
 Siemens Healthcare Diagnostics
 VacuMed

Carbon Monoxide

Breathe E-Z Systems Inc.
 CareFusion
 CEA Instruments, Inc.
 Innovative Medical Marketing of Virginia, LLC
 Praxair Healthcare Services
 Siemens Healthcare Diagnostics
 VacuMed

Electrochemical

CEA Instruments, Inc.
 Praxair Healthcare Services

Electrolyte

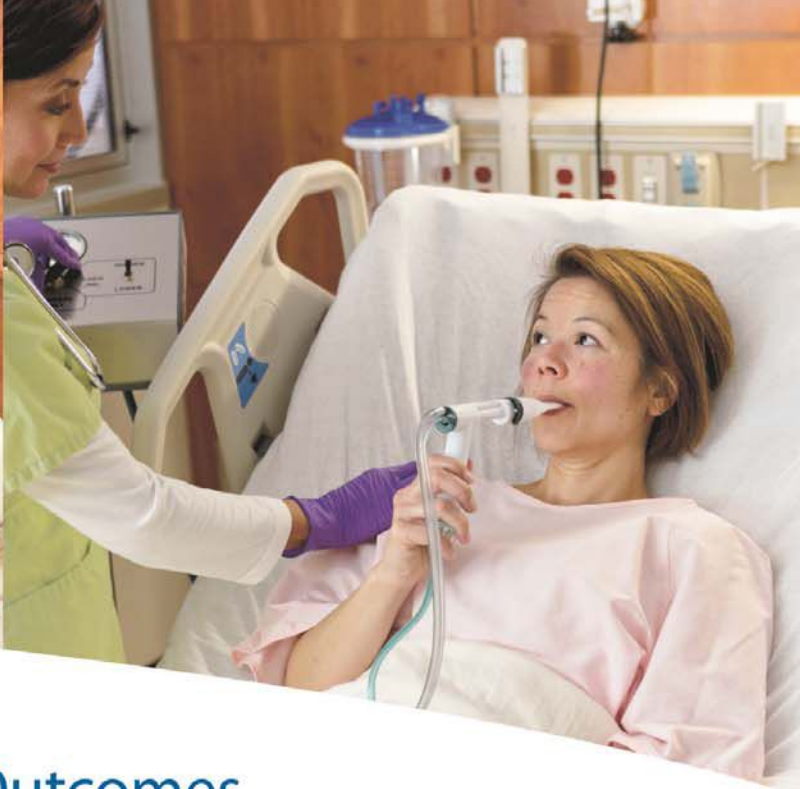
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 Radiometer America Inc.
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Helium

Equilibrated Bio Systems Inc
 ndd Medical Technologies, Inc.

Nitric Oxide

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Patient Satisfaction Survey

7 Things RTs Need To Know About HCAHPS

The Hospital Consumer Assessment of Health Providers and Systems (HCAHPS) patient satisfaction survey has been around for a number of years, but it took on greater significance for the nation's hospitals in fiscal year 2013 when the Centers for Medicare and Medicaid Services began tying reimbursement to the survey results. Now that hospitals are getting paid based on "patient experience," most are scrambling to ensure staff members understand their part in the process. What is the RT's role?

"With changes in reimbursement occurring in association with customer satisfaction, there has been a renewed focus on patient and family satisfaction," says AARC member Allen Wentworth, MEd, RRT, FAARC, director of the WELLS Center, respiratory care, ancillary health technicians, pulmonary diagnostics, and pulmonary rehabilitation at the University of Colorado Hospital in Denver, CO. "But as we discuss the results in our meetings, there is always a response that respiratory therapy is not mentioned in the survey."

That's true, says the director, but it does not matter. The reason: Patients often cannot discriminate between one hospital worker and another; and when they answer the survey questions, they are not going to remember who didn't meet their needs, only that their needs were not met. Therefore, each and every member of the hospital staff, including RTs, must go above and beyond the call of duty to ensure all patients are satisfied with the care they received.

AARC member Jeffrey Davis, BS, RRT, director of respiratory therapy at Ronald Reagan UCLA Medical Center in Los Angeles, CA, agrees. "Although the questions are directed to 'care from the nurse' and 'care from the doctor,' all caregivers can impact how the survey recipient answers the questions." He also emphasizes that staff must not only elicit good results on the survey, they must strive for excellence.



Allen Wentworth,
MEd, RRT, FAARC



Jeffrey Davis, BS, RRT

"The HCAHPS survey asks questions that have answers of Never, Sometimes, Usually, and Always," explains Davis. "Hospitals strive for 'Always.' That's because only those facilities that score at the top will maintain the highest reimbursement. Hospitals nationwide are improving their patient experiences and bringing their HCAHPS scores to higher levels, meaning the bar is constantly being raised," says the director.

So what's the bottom line for RTs? Get on board with HCAHPS today. On the following pages, Wentworth and Davis take a closer look at seven key groups covered by the HCAHPS questions and what therapists need to do to ensure their patients are "always" satisfied with the care they provided in each one. ■

Nitrogen

Equilibrated Bio Systems Inc
Praxair Healthcare Services
VacuMed

Nitrogen Dioxide

CEA Instruments, Inc.
Innovative Medical Marketing of Virginia, LLC
Praxair Healthcare Services

Oxygen

Allied Healthcare Products, Inc.®
CareFore Medical®
CareFusion
CEA Instruments, Inc.
Cramer Decker Medical
Equilibrated Bio Systems Inc
Maxtec®
Medical Support Products, Inc.
Michigan Instruments, Inc.
Nidek Medical Products, Inc.
Ohio Medical Corporation®
Oxigraf Inc.
Praxair Healthcare Services
Responsive Respiratory Inc.
Salter Labs
Sechrist Industries Inc.
Teledyne Analytical Instruments
Teleflex Medical
VacuMed

B

Beds

BOMImed Ltd.
Hill-Rom
Intersurgical®
Invacare Corporation
Kinetic Concepts, Inc. (KCI)
Medline Industries, Inc.
Northern Pacific Medical LLC®
Praxair Healthcare Services

Blood Gas Devices/Supplies

Arterial Line Catheters

Praxair Healthcare Services
Smiths Medical, Critical Care

Arterial Puncture Kits

OPTI Medical Systems Inc.
Praxair Healthcare Services
Roche Diagnostics
Smiths Medical, Critical Care
Vital Signs a GE Healthcare Company
Westmed, Inc.

Blood Gas Data Management Software

Abbott Point of Care
Epocal Inc.
Equilibrated Bio Systems Inc
Instrumentation Laboratory
LM Software
Nova Biomedical
OPTI Medical Systems Inc.
Radiometer America Inc.

Roche Diagnostics
Siemens Healthcare Diagnostics

CO-Oximeters

GE Healthcare
Instrumentation Laboratory
ITC
Masimo Corporation
Nihon Kohden America
Nova Biomedical
Philips Respironics
Praxair Healthcare Services
Radiometer America Inc.
Roche Diagnostics
Siemens Healthcare Diagnostics

Controls

Air Liquide Healthcare America Corp
Instrumentation Laboratory
Nova Biomedical
Radiometer America Inc.
RNA Medical, Division of Bionostics, Inc.
Roche Diagnostics
Siemens Healthcare Diagnostics

Reagents

Instrumentation Laboratory
Medica Corporation
Nova Biomedical
Roche Diagnostics
Siemens Healthcare Diagnostics

Safety Devices

MAXAIR® for Bio-Medical Devices
Radiometer America Inc.
RAM Scientific
RNA Medical, Division of Bionostics, Inc.
Roche Diagnostics
Smiths Medical, Critical Care
Westmed, Inc.

Supplies

Air Liquide Healthcare America Corp
Nova Biomedical
Praxair Healthcare Services
Radiometer America Inc.
RAM Scientific
RNA Medical, Division of Bionostics, Inc.
Roche Diagnostics
Siemens Healthcare Diagnostics
Vital Signs a GE Healthcare Company

Syringes

Futuremed
Instrumentation Laboratory
Praxair Healthcare Services
Radiometer America Inc.
Roche Diagnostics
Siemens Healthcare Diagnostics
Smiths Medical, Critical Care
Vital Signs a GE Healthcare Company

Miscellaneous

Epocal Inc.
Praxair Healthcare Services
RNA Medical, Division of Bionostics, Inc.
Roche Diagnostics

Blood Pressure Devices

Cuffs

Cardiac Science Corporation
Criticare Systems Inc.
Ethox International, Inc.
GE Healthcare
Medline Industries, Inc.
Midmark
Praxair Healthcare Services
TaiDoc Technology Corp
The ScottCare Corporation
Tri-anim Health Services
Vital Signs a GE Healthcare Company
W.A. Baum Co. Inc.

Monitors

Airborne Life Support Systems™
Cardiac Science Corporation
CASMED® – CAS Medical Systems, Inc.
Criticare Systems Inc.
Mediaid, Inc.
Medline Industries, Inc.
Midmark
Nonin Medical, Inc.
Parker Hannifin – Precision Fluidics Division
Praxair Healthcare Services
Smiths Medical North America – Patient Monitoring
SOMNOmedics America, Inc.
TaiDoc Technology Corp
The ScottCare Corporation
Tri-anim Health Services
W.A. Baum Co. Inc.

Breathing Retrainers

Computerized Training Devices

R1 Technologies
Smiths Medical, Critical Care

Expiratory Resistance Devices

COSMED USA, Inc.
GaleMed® Corporation
Instrumentation Industries, Inc.
Marpac Inc.
Medline Industries, Inc.
Mercury Medical®
PARI Respiratory Equipment, Inc.
Smiths Medical, Critical Care
Vital Signs a GE Healthcare Company

Inspiratory Muscle Training Devices

A-M Systems
AEROLUNG CORP
COSMED USA, Inc.
GaleMed® Corporation
Instrumentation Industries, Inc.
Medline Industries, Inc.
R1 Technologies
Smiths Medical, Critical Care
VacuMed

Bronchoscopes/Supplies

Boston Scientific Corp.
Bronch Tech, Bronchoscope Repair
Instrumentation Industries, Inc.
Intersurgical®
Vision Sciences

Business/Management Services

Billing Consulting

Convergent, LLC
Medline Industries, Inc.
TechEd Consultants, Inc.

Billing Systems Software

Advantage Medical Systems
Convergent, LLC
MediServe

Equipment Financing

Medline Industries, Inc.
R1 Technologies
Sharpe Financial Network

Equipment Maintenance Software

Equilibrated Bio Systems Inc
KPMD IT Solutions Ltd
Modern Medical Systems Co.
The Remi Group

Inventory Control Software

Air Liquide Healthcare America Corp
KPMD IT Solutions Ltd

Inventory Management

Air Liquide Healthcare America Corp
Medline Industries, Inc.
Modern Medical Systems Co.
ResMed Corp
The Remi Group

Management Consulting

Convergent, LLC
MediServe
Meditrack Products
Modern Medical Systems Co.
TechEd Consultants, Inc.

Mobile Computing Applications

American Association for Respiratory Care
iSonea Ltd.
Lippincott Williams & Wilkins

Patient Management Software/System

Convergent, LLC
Covidien
Epocal Inc.
Equilibrated Bio Systems Inc
KPMD IT Solutions Ltd
LM Software
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Natus Medical Incorporated
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Presentation Development

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Patient Satisfaction Survey

1 What RTs Need To Know About HCAHPS: Courtesy & Respect

AARC members Jeffrey Davis, BS, RRT, and Allen Wentworth, MEd, RRT, FAARC, explain how courtesy and respect figure into the HCAHPS patient satisfaction survey.

Jeffrey Davis: Every employee is expected to treat patients with courtesy and respect. At UCLA, we practice CI-CARE, where we *Connect* with the patient and family member, addressing them in their preferred way; *Introduce* ourselves and our role in their care; *Communicate* what we are going to do and how long it will take; *Ask* permission before we examine the patient and anticipate their needs or concerns; *Respond* to the patient or family's requests; and *Exit* courteously with an explanation of when we will return or what is to come next. These steps help to ensure that our patients are treated with courtesy

and respect on every encounter with every caregiver, be it nurse, doctor, respiratory therapist, or other.

Allen Wentworth: At University of Colorado Hospital, we acknowledge individuals, introduce ourselves, thoroughly explain our care in terms that can be understood, ask if there is anything else that can be done, and thank individuals upon departure. It is important to do this with every interaction, including those you have with co-workers, nurses, physicians, radiology techs, etc. At our facility, we believe RTs must instill these behaviors into every interaction to help grow a culture of service excellence representing an exceptional patient care experience. ■

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¹ Paxton JH, Knuth TE, Klausner HA. Proximal humerus intraosseous infusion: a preferred emergency venous access. *The J Trauma* 2009;67(3):506-11. Research sponsored by Vidacare Corporation.

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Patient Satisfaction Survey

2 What RTs Need To Know About HCAHPS: Listen Carefully

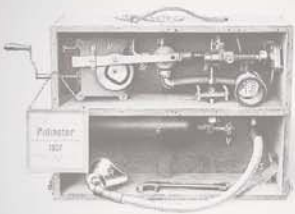
AARC members Jeffrey Davis, BS, RRT, and Allen Wentworth, MEd, RRT, FAARC, explain how listening to our patients and acting on their requests can improve a hospital's scores on the HCAHPS patient satisfaction survey.

Jeffrey Davis: Our patients have individual needs and concerns. As respiratory therapists, we are obligated to listen to our patients' concerns and address them appropriately. We must ensure our patients' concerns are met, even if they do not reflect our "job." A request for ice, or water, or pain medication is a call for help. The HCAHPS survey only asks how often the nurse or doctor listens carefully to the patient; but patients, despite our efforts, sometimes do not differentiate between nurse, aide, and respiratory therapist. As health care providers, we must ensure our patients'

needs are met on every encounter.

Allen Wentworth: Listen carefully to all communications even if you feel what's being expressed does not pertain to you. If it deals with pain, communicate with the nurse and ask when the nurse will be in to address the pain. Then tell the patient, "I'm sorry you are having pain. I cannot give medications to help you with that, but I have spoken with your nurse and she'll be here in five minutes to help you. Is there anything else I can do for you right now?" Listen for patient and family concerns, watch for body language and emotions, and address these needs as appropriate by advocating for the patient with other care providers, pastoral care, or a patient advocate. Never even think, let alone say, "It's not my job, push the call light," and then go. ■

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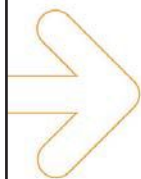
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Patient Satisfaction Survey

3 What RTs Need To Know About HCAHPS: Explain Care

AARC members Jeffrey Davis, BS, RRT, and Allen Wentworth, MEd, RRT, FAARC, emphasize the key role explaining care plays in the HCAHPS patient satisfaction survey.

Jeffrey Davis: Many of our patients are afraid, confused, and unable to comprehend certain aspects of their care. Respiratory therapists are not always providing the same service on every patient encounter. Who are we to assume our patient knows what we are doing or understands the side effects and desired outcomes? On every patient encounter, we must explain what we are going to do with the patient while we are in the room. If it is medication delivery, we must teach the patient the expected results and explain the possible side effects. Remember, even a ventilated, apparently sleeping or sedated patient may still be aware of her sur-

roundings. Introductions and explanations must occur each time we are with our patient.

Allen Wentworth: At University of Colorado Hospital, we explain care thoroughly and in terms that can be easily understood. We also use interpreters as needed. Our RTs ensure that patients and their families know why they are there and explain how the therapy they are providing is to benefit the patient. It's important to teach them about their disease and the interventions associated with treatment. ■



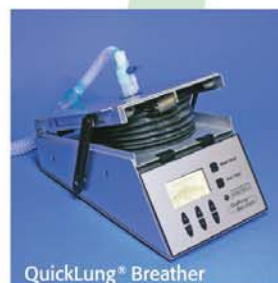
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Patient Satisfaction Survey

4 What RTs Need To Know About HCAHPS: Quiet at Night

AARC members Jeffrey Davis, BS, RRT, and Allen Wentworth, MEd, RRT, FAARC, explain how hospital policies aimed at facilitating rest among patients can impact the HCAHPS patient satisfaction survey scores.

Jeffrey Davis: Nursing units have been challenged with reducing noise levels in hospitals nationwide. Evidence shows that rest and sleep are directly related to recovery and healing. RTs are bound to work with the nursing unit efforts to allow restful sleep at night. Many units even implement “quiet time” during midday hours. Many aspects of respiratory therapy, just like many aspects of nursing care, can be rescheduled an hour earlier or later to provide longer periods of uninterrupted rest. Any efforts made by the hospital to improve patient satisfaction with the rest

they received can be delivered by any member of the patient care team, including the respiratory therapist.

Allen Wentworth: Quiet at night is a fundamental element of respect. Keep your voice down during conversations or go to a non-patient care area. Keep visitors quiet with gentle reminders that patients need their rest. Cluster your caregiving with nurses and CNAs, ensuring you work together when the patient needs attention to prevent waking them up every one or two hours. Ensure equipment is as quiet as possible. Address alarms quickly, avoiding prolonged periods of alarms sounding. Ensure alarms are set appropriately and safely. Put pagers and phones on vibrate. ■

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Patient Satisfaction Survey

5 What RTs Need To Know About HCAHPS: Control Pain

AARC members Jeffrey Davis, BS, RRT, and Allen Wentworth, MEd, RRT, FAARC, note pain control is a key component of the HCAHPS patient satisfaction survey and stress that RTs can play a role, even though therapists do not deliver pain medications.

Jeffrey Davis: Much of the HCAHPS survey discusses pain control. Not only is the patient asked if they needed pain medicine during their stay, but also if their pain was well controlled and how often hospital staff — meaning all hospital staff — did everything they could to control their pain. At a previous employer, the Las Palmas del Sol Health System in El Paso, TX, all health care providers were trained to assess for pain in the same manner to ensure consistent follow through. Each provider, whether it be nurse, physician, aide, or respiratory therapist, was expected to ask the pa-

tients about their level of pain and document the results — and if pain relief was requested, not only to notify the nurse of the request but to follow up with the patients within a specified time period to assure pain relief was met. This is what HCAHPS is surveying. We cannot expect the patients to be pain free during their hospitalization, but we can be expected to do all we can to address their pain.

Allen Wentworth: Controlling pain is part of an RT's responsibility, as well as physicians and nurses. Some hospitals require RTs to document pain scores and notify appropriate personnel at certain thresholds. Pain control is also important to get the maximum benefit of RT interventions. Collaborate with the patient's nurse to ensure that pain medication was given to assist the patient with deep breathing, inspiratory holds, or tolerance of CPT. ■

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2. AARC Evidence-based clinical practice guidelines: care of the ventilator circuit and its relation to ventilator-associated pneumonia. Respiratory Care 2003;48(9):869-879.
3. Restrepo RD, Walsh BK. AARC CPG: Humidification during invasive and noninvasive mechanical ventilation. Respiratory Care 2012;57(5): 782-788.

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Patient Satisfaction Survey

6 What RTs Need To Know About HCAHPS: Medications and Side Effects

AARC members Jeffrey Davis, BS, RRT, and Allen Wentworth, MED, RRT, FAARC, urge RTs to address the medication and side effects questions on the HCAHPS patient satisfaction survey at every patient encounter.

Jeffrey Davis: Respiratory therapists are at risk of becoming complacent with education regarding bronchodilator therapy. Frequent visits during the day can lead to a false sense that the patient already understands the expected results and side effects of the medication. While respiratory medications are given in a unique method as compared to nursing medications, that does not mean our patients understand what they are receiving. It is on us to teach our patients the expected outcomes of the medication they are to receive on every encounter. By explaining the therapy to

our patients, we are opening a dialogue with them and including them in their care and the decision-making process. This helps to improve their overall satisfaction.

Allen Wentworth: Medication and side effects should be discussed with patients and their families during therapy. Explain how medications work, go over the potential side effects, make sure they know which MDI is their “rescue” inhaler and which is “maintenance,” etc. Also, be sure to explain the importance of rinsing their mouths after an administration so they will not get an oral candida infection. ■

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Patient Satisfaction Survey

7 What RTs Need To Know About HCAHPS: Discharge Planning

AARC members Jeffrey Davis, BS, RRT, and Allen Wentworth, MEd, RRT, FAARC, stress the importance of discharge planning on the HCAHPS patient satisfaction survey and explain how RTs can and should get more involved.

Jeffrey Davis: Hospitals have taken great efforts to assure discharge information is complete and in an easily understood written format. Pulmonary disease patients require not only written instructions for their medication and self-care, but also physical education with return demonstration to assure they are performing their care properly. This is deeply rooted in the realm of the respiratory therapist, yet likely deferred to the bedside nurse or case manager providing the discharge instruction. At UCLA, we staff a respiratory therapist in the pediatric asthma clinics and cystic fibrosis clinics to provide the one-on-one patient/family education required to assure home therapy is taken correctly, with the ultimate goal of reducing return vis-

its and readmissions to the hospital.

Allen Wentworth: Discharge planning is very important for keeping patients from coming back into the hospital. Ensure they are set up with the right equipment by a home care company. Ensure they have been thoroughly taught to use the equipment appropriately and know what to do in case of failure. It might be difficult to know on admission what a patient's needs will be at discharge. However, discharge planning should begin on the day of admission. It's never harmful to teach a patient and family about oxygen delivery devices even if they don't end up going home on oxygen. Tracheostomy care should be taught to the patient as soon as possible and not delayed until the day before discharge. Another appropriate intervention would be to call the patient a day or two after discharge and ask if he understands his instructions, medications, and equipment, and then address inadequacies or concerns. ■

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Smiths Medical, Critical Care
Teleflex Medical
Vital Signs a GE Healthcare Company

Pneumatic

Allied Healthcare Products, Inc.®
DeVilbiss® Healthcare
Global Medical Holdings, LLC
Healthline Medical, Inc.
Medline Industries, Inc.
Praxair Healthcare Services
Smiths Medical, Critical Care
TaiDoc Technology Corp
Vital Signs a GE Healthcare Company
Vortran Medical Technology 1, Inc.®

Ultrasonic

Robbins Instruments, Inc.
Smiths Medical, Critical Care
TaiDoc Technology Corp
Teleflex Medical

Tubing

A-M Systems
Advantage Medical Systems
Afton Medical LLC
AG Industries
Allied Healthcare Products, Inc.®
Bay Corporation
Besmed Health Business Corp.
CareFore Medical®
DeVilbiss® Healthcare
Fisher & Paykel Healthcare
GaleMed® Corporation
Hi-Tech Medical™
Instrumentation Industries, Inc.
Medisize US, Inc.
Medline Industries, Inc.
Nidek Medical Products, Inc.
PARI Respiratory Equipment, Inc.
Praxair Healthcare Services
R1 Technologies
ResMed Corp
Salter Labs
Smiths Medical, Critical Care
Smooth-Bor Plastics
Sunset Healthcare Solutions
Teleflex Medical
Westmed, Inc.

Ventilator Adapters

Advantage Medical Systems
Airon Corporation
Amvex®
B&B Medical Technologies
Besmed Health Business Corp.
CareFore Medical®
CareFusion
GaleMed® Corporation
Instrumentation Industries, Inc.
Medline Industries, Inc.
Praxair Healthcare Services
R1 Technologies
Smiths Medical, Critical Care
Teleflex Medical
Thayer Medical
Westmed, Inc.

Medications

Anti-Inflammatories

AstraZeneca Pharmaceuticals, LP
Cornerstone™ Therapeutics Inc.
Forest Pharmaceuticals, Inc.
Mylan Specialty L.P.

Bronchodilators

Boehringer Ingelheim Pharmaceuticals, Inc.
Mylan Specialty L.P.
Nephron Pharmaceuticals Corporation
Novartis Pharmaceuticals Corporation
Praxair Healthcare Services
Sunovion Pharmaceuticals Inc.

Leukotriene Modifiers

AstraZeneca Pharmaceuticals, LP
Cornerstone™ Therapeutics Inc.

Lung Surfactants

Cornerstone™ Therapeutics Inc.
Mylan Specialty L.P.
ONY Inc. Infasurf
Praxair Healthcare Services

Mucolytics

Genentech, Inc.
Praxair Healthcare Services

Saline

Medline Industries, Inc.
Mylan Specialty L.P.
Nephron Pharmaceuticals Corporation
Praxair Healthcare Services
Smiths Medical, Critical Care
Teleflex Medical

Sterile Water

Medline Industries, Inc.
Mylan Specialty L.P.
Praxair Healthcare Services
Smiths Medical, Critical Care
Teleflex Medical

Miscellaneous

Alere Inc.
Baxter
Cann-Ease Co.
Forest Pharmaceuticals, Inc.
Grifols
Hospira
LouSal Enterprises Inc.
Marpac Inc.
Nephron Pharmaceuticals Corporation
Pfizer Inc
Praxair Healthcare Services
Smiths Medical, Critical Care
Vertex Pharmaceuticals Incorporated

Monitors

Airway Pressure

A Plus Medical
Airborne Life Support Systems™
Ambu Sleepmate®
Bio-Med Devices, Inc.
Braebon Medical Corporation
GaleMed® Corporation
GE Healthcare
Genstar Technologies Co., Inc.

Grass Technologies, an Astro-Med, Inc.
Subsidiary
Instrumentation Industries, Inc.
Natus Medical Incorporated
Philips Respironics
Praxair Healthcare Services
SenTec™ AG, by Master Distributor Bemes, Inc.
Smiths Medical, Critical Care
Spiracle Technology
Teleflex Medical

Apnea Monitors/Recorders

Advantage Medical Systems
Airborne Life Support Systems™
Braebon Medical Corporation
CareFusion
CleveMed
Grass Technologies, an Astro-Med, Inc.
Subsidiary
Masimo Corporation
MIR Medical International Research
Natus Medical Incorporated
Nihon Kohden America
Nonin Medical, Inc.
Philips Respironics
Praxair Healthcare Services
ResMed Corp
SOMNomedics America, Inc.
Vortran Medical Technology 1, Inc.®

Arterial Blood Gas

Hutchinson Technology Incorporated
MIR Medical International Research
Nihon Kohden America
Praxair Healthcare Services

Blood Pressure

CASMED® – CAS Medical Systems, Inc.
Criticare Systems Inc.
Draeger Medical, Inc.
Fukuda Denshi
Mediaid, Inc.
Medline Industries, Inc.
Nihon Kohden America
Nonin Medical, Inc.
Praxair Healthcare Services
Smiths Medical North America–Patient Monitoring
SOMNomedics America, Inc.
TaiDoc Technology Corp
The ScottCare Corporation
W.A. Baum Co. Inc.

Carbon Dioxide

Draeger Medical, Inc.
Fukuda Denshi
Nihon Kohden America
Nonin Medical, Inc.
Oridion® Capnography, Inc.
Philips Respironics
Praxair Healthcare Services
SenTec™ AG, by Master Distributor Bemes, Inc.
Smiths Medical North America–Patient Monitoring
Smiths Medical, Critical Care
VacuMed
Vitaline, Inc.

Carbon Monoxide

Breathe E-Z Systems Inc.

CEA Instruments, Inc.
Innovative Medical Marketing of Virginia, LLC
Masimo Corporation
Micro Direct Inc.
Praxair Healthcare Services
Vitalograph Inc.

Cardiac

Criticare Systems Inc.
Draeger Medical, Inc.
Equilibrated Bio Systems Inc
Fukuda Denshi
Nihon Kohden America
SOMNOMedics America, Inc.
The ScottCare Corporation
Zoll Medical Corporation

Hemodynamic

Draeger Medical, Inc.
GE Healthcare
Masimo Corporation

Holter

Cardiac Science Corporation
Futuremed
Midmark
Philips Healthcare
TaiDoc Technology Corp
The ScottCare Corporation

Hydrogen

Breathe E-Z Systems Inc.
CEA Instruments, Inc.
Innovative Medical Marketing of Virginia, LLC
Praxair Healthcare Services

Multiparameter

CASMED® – CAS Medical Systems, Inc.
CleveMed
Covidien
Criticare Systems Inc.
Draeger Medical, Inc.
GE Healthcare
General Biomedical Service, Inc.
Mediaid, Inc.
Natus Medical Incorporated
Nihon Kohden America
Praxair Healthcare Services
Smiths Medical North America – Patient
Monitoring
SOMNOMedics America, Inc.
Tenacore Holdings, Inc.
The ScottCare Corporation

Nitric Oxide

CareFusion
CEA Instruments, Inc.
Innovative Medical Marketing of Virginia, LLC
Praxair Healthcare Services

Nitrogen

Maxtec®
Praxair Healthcare Services

Nitrogen Dioxide

CEA Instruments, Inc.
Innovative Medical Marketing of Virginia, LLC
Praxair Healthcare Services

Telemetry

CleveMed

Draeger Medical, Inc.
Fukuda Denshi
GE Healthcare
Nihon Kohden America
Praxair Healthcare Services
SOMNOMedics America, Inc.

Temperature

Airborne Life Support Systems™
Alliance Tech Medical, Inc.
Bio-Med Devices, Inc.
Criticare Systems Inc.
Draeger Medical, Inc.
Fukuda Denshi
Instrumentation Industries, Inc.
Mediaid, Inc.
Nihon Kohden America
Praxair Healthcare Services
Smiths Medical North America – Patient
Monitoring
Smiths Medical, Critical Care
Tri-anim Health Services

Transcutaneous, Carbon Dioxide/Oxygen

Airborne Life Support Systems™
CEA Instruments, Inc.

Draeger Medical, Inc.
Philips Respironics
Praxair Healthcare Services
Radiometer America Inc.
SenTec™ AG, by Master Distributor Bemis,
Inc.

Ventilator

Advantage Medical Systems
Airborne Life Support Systems™
Bio-Med Devices, Inc.
CareFusion
Draeger Medical, Inc.
Futuremed
Hamilton Medical, Inc.
Maxtec®
Philips Respironics
Praxair Healthcare Services

N

Nitric Oxide Devices

Delivery/Analysis

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 Futuremed
 GaleMed® Corporation
 Hans Rudolph, inc.
 Healthline Medical, Inc.
 Instrumentation Industries, Inc.
 International Medical, Inc. (IMI)
 Mercury Medical®
 Micro Direct Inc.
 Midmark
 PARI Respiratory Equipment, Inc.
 Praxair Healthcare Services
 SDI Diagnostics®
 Spirometrics Medical Equipment Co.
 Tri-anim Health Services
 VacuMed
 Vital Signs a GE Healthcare Company
 Westmed, Inc.

Oxygen Delivery

Blenders

Airborne Life Support Systems™
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 CareFusion
 Cowman & Associates, Inc.
 Flotec, Inc.
 Maxtec®
 Medical Support Products, Inc.
 Ohio Medical Corporation®
 Tenacore Holdings, Inc.
 Vapotherm, Inc.

Cannulas

A Plus Medical
 A-M Systems
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 AG Industries
 Airgas Inc
 Allied Healthcare Products, Inc.®
 Besmed Health Business Corp.
 Braebon Medical Corporation
 CHAD® Therapeutics
 Cramer Decker Medical
 DeVilbiss® Healthcare
 Fisher & Paykel Healthcare
 Flotec, Inc.

GaleMed® Corporation
 Intersurgical®
 MAQUET, Inc
 Medline Industries, Inc.
 NASORCAP Medical, Inc.
 Nidek Medical Products, Inc.
 Nihon Kohden America
 Praxair Healthcare Services
 R1 Technologies
 ResMed Corp
 Responsive Respiratory Inc.
 Salter Labs
 Smiths Medical, Critical Care
 Sunset Healthcare Solutions
 Teleflex Medical
 Vapotherm, Inc.
 Vital Signs a GE Healthcare Company
 Western Medica
 Westmed, Inc.

Cannulas, Nasal

Advantage Medical Systems
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 Fisher & Paykel Healthcare
 GaleMed® Corporation
 Medline Industries, Inc.
 Neotech Products, Inc.
 Praxair Healthcare Services
 Smiths Medical, Critical Care
 Sunset Healthcare Solutions
 Teleflex Medical
 Tonopah Medical, LLC
 Vital Signs a GE Healthcare Company

Catheters, Transtracheal

GaleMed® Corporation
 Praxair Healthcare Services

Concentrator Transfilling System

Invacare Corporation
 Philips Respironics

Concentrators

Portable

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 AirSep® Corporation
 Automated Control Systems
 Caire, Inc.
 Chart SeQual Technologies Inc.
 Cramer Decker Medical
 DeVilbiss® Healthcare
 Inogen, Inc.
 Inova Labs, Inc.
 Invacare Corporation
 Medical Support Products, Inc.
 Philips Respironics

Stationary

Advantage Medical Systems
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 Automated Control Systems
 Caire, Inc.
 Chart SeQual Technologies Inc.
 Cramer Decker Medical
 DeVilbiss® Healthcare
 GF Health Products, Inc.
 Invacare Corporation
 Nidek Medical Products, Inc.
 Parker Hannifin–Precision Fluidics Division
 Philips Respironics

Put Your RC Knowledge to the Test

As this Buyer's Guide issue of *AARC Times* reminds us all, the respiratory care profession would not be the same without the equipment we use every day at the bedside to care for our patients. We're all familiar with the devices we use today. But could you recognize, say, an incentive spirometer from the early 1970s?

Thanks to AARC member Dennis Glover, RRT (retired), who hosts a website on the history of the profession called dgrespiratory.com, we found 10 great photos of respiratory devices from our past and we've scattered them throughout this section of the AARC Buyer's Guide for Respiratory Care, along with helpful hints to get you thinking. See how many you can correctly name! ■

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Cost-effective, easy-to-use capnography monitors from Nonin Medical.

The Joint Commission, the American Society of Anesthesiologists and the American Heart Association have at least one thing in common. They all recommend the use of ventilation monitoring for patient safety.¹⁻³

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If you're looking to add capnography to your patient monitoring protocol, we invite you to learn more about Nonin.

nonin.com/capnography

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References:

- 1) The Joint Commission, Sentinel Event Alert, Issue 33: Patient controlled analgesia by proxy, December 20th, 2004
- 2) American Society of Anesthesiology Standards for Basic Anesthetic Monitoring, Committee of Origin: Standards and Practice Parameters, amended October 20th, 2010
- 3) Field JM, Hazinski MF, Sayre MR, et al. 2010 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care. *Circulation*. 2010;122:5640-5656

Can You Name It?

Test Your RC Equipment Knowledge



Thousands of people ended up in one of these during the polio epidemic of the 1950s.

ANSWER: Iron Lung

Conserving Devices

Advantage Medical Systems
Allied Healthcare Products, Inc.®
Automated Control Systems
Caire, Inc.
CHAD® Therapeutics
Covidien
Cramer Decker Medical
DeVilbiss® Healthcare
Emergent Respiratory Products, Inc.
Flotec, Inc.
GaleMed® Corporation
Global Medical Holdings, LLC
Medline Industries, Inc.
Parker Hannifin – Precision Fluidics Division
Philips Respironics
Praxair Healthcare Services
Precision Medical, Inc.
Responsive Respiratory Inc.
Spiracle Technology
Teleflex Medical
Vortran Medical Technology 1, Inc.®
Western Medica

Cylinders

Advantage Medical Systems
Air Liquide Healthcare America Corp
Airgas Inc
Allied Healthcare Products, Inc.®
Cramer Decker Medical
DeVilbiss® Healthcare
Falls Welding & Fabricating, Inc.
Flotec, Inc.
Luxfer Gas Cylinders
Medline Industries, Inc.

Michigan Instruments, Inc.
Praxair Healthcare Services
Responsive Respiratory Inc.
Spiracle Technology
W.T. Farley, Inc.
Western Medica

Entrainment Devices

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Praxair Healthcare Services
Smiths Medical, Critical Care
Teleflex Medical
Vital Signs a GE Healthcare Company

Face Tents

Allied Healthcare Products, Inc.®
GaleMed® Corporation
Medline Industries, Inc.
Praxair Healthcare Services
Salter Labs
Smiths Medical, Critical Care
Teleflex Medical
Westmed, Inc.

High-Pressure Hoses

Air Liquide Healthcare America Corp
Airgas Inc
Allied Healthcare Products, Inc.®
Amvex®
Cramer Decker Medical
Flotec, Inc.
GaleMed® Corporation
Instrumentation Industries, Inc.
MAQUET, Inc

Maxtec®
Medical Support Products, Inc.
Medline Industries, Inc.
Michigan Instruments, Inc.
Praxair Healthcare Services
Precision Medical, Inc.
Salter Labs
Western Medica

Hoods

Maxtec®
Natus Medical Incorporated
Praxair Healthcare Services

Liquid Systems, Home

Advantage Medical Systems
Airgas Inc
Caire, Inc.
Covidien
Praxair Healthcare Services

Liquid Systems, Hospital

Air Liquide Healthcare America Corp
Air Products
Airgas Inc
Caire, Inc.
Convergent, LLC
Essex Industries
Praxair Healthcare Services

Lotions/Gels

AG Industries
Cann-Ease Co.
LouSal Enterprises Inc.

Masks

Nonbreathing

AEROLUNG CORP
Afton Medical LLC
Allied Healthcare Products, Inc.®
Besmed Health Business Corp.
CareFusion
ColdAvenger® Facemask
GaleMed® Corporation
Hans Rudolph, inc.
Intersurgical®
MAQUET, Inc
MAXAIR® for Bio-Medical Devices
Medline Industries, Inc.
Praxair Healthcare Services
Salter Labs
Smiths Medical, Critical Care
Sunset Healthcare Solutions
Teleflex Medical
Westmed, Inc.

Partial Rebreathing

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Besmed Health Business Corp.
GaleMed® Corporation
Hans Rudolph, inc.
Intersurgical®
Medline Industries, Inc.
Praxair Healthcare Services
Salter Labs
Smiths Medical, Critical Care
Sunset Healthcare Solutions
Teleflex Medical
Vital Signs a GE Healthcare Company

& Services

Simple Oxygen

Allied Healthcare Products, Inc.®
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Bio-Medical Devices International™
Cramer Decker Medical
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GaleMed® Corporation
Hans Rudolph, inc.
Intersurgical®
Medline Industries, Inc.
Mercury Medical®
Praxair Healthcare Services
RMS Medical Products
Salter Labs
Smiths Medical, Critical Care
Sunset Healthcare Solutions
Teleflex Medical
Vital Signs a GE Healthcare Company

Tracheostomy

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Besmed Health Business Corp.
GaleMed® Corporation
Intersurgical®
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Praxair Healthcare Services
Smiths Medical, Critical Care
Sunset Healthcare Solutions
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Westmed, Inc.

Venturi

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Besmed Health Business Corp.
GaleMed® Corporation
Intersurgical®
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Praxair Healthcare Services
Salter Labs
Smiths Medical, Critical Care
Teleflex Medical

Nasal Prongs

DeVilbiss® Healthcare
Fisher & Paykel Healthcare
MAQUET, Inc
Sunset Healthcare Solutions
Teleflex Medical

Open-Top Tents

GaleMed® Corporation
Praxair Healthcare Services

Portable Oxygen Accessories

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AG Industries
Air Lift Oxygen Carriers
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Allied Healthcare Products, Inc.®
Caire, Inc.
CHAD® Therapeutics
Cramer Decker Medical
DeVilbiss® Healthcare
Flotec, Inc.
GaleMed® Corporation
Luxfer Gas Cylinders
Medline Industries, Inc.

Passy-Muir, Inc.
Pentair Porous Media
Pneuline Supply Inc.
Porous Media Corporation
Praxair Healthcare Services
Responsive Respiratory Inc.
Salter Labs
Spiracle Technology
Teleflex Medical
Western Medica

Regulators

Air Liquide Healthcare America Corp
Airgas Inc
Allied Healthcare Products, Inc.®
Amvex®
CareFusion
Cavagna North America, Inc.
Ceodeux, Inc.
CHAD® Therapeutics
Covidien
Cramer Decker Medical
DeVilbiss® Healthcare
Essex Industries
Falls Welding & Fabricating, Inc.
Flotec, Inc.
Genstar Technologies Co., Inc.

Medical Support Products, Inc.
Medline Industries, Inc.
MES, Inc.
Michigan Instruments, Inc.
Pneuline Supply Inc.
Praxair Healthcare Services
Precision Medical, Inc.
Responsive Respiratory Inc.
Salter Labs
Spiracle Technology
Sunset Healthcare Solutions
Teleflex Medical
Tenacore Holdings, Inc.
Vortran Medical Technology 1, Inc.®
W.T. Farley, Inc.
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Reservoirs

Covidien
GaleMed® Corporation
Praxair Healthcare Services
Teleflex Medical

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CEA Instruments, Inc.
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Tubing

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Medline Industries, Inc.
Nidek Medical Products, Inc.
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R1 Technologies
Responsive Respiratory Inc.
Salter Labs
Smiths Medical, Critical Care
Smooth-Bor Plastics
Sunset Healthcare Solutions
Teleflex Medical
Vapotherm, Inc.
Westmed, Inc.

Armstrong Medical Industries Inc.
CareFore Medical®
Clement Clarke International Ltd.
DeVilbiss® Healthcare
Equilibrated Bio Systems Inc
Futuremed
GaleMed® Corporation
Global Medical Holdings, LLC
Maxtec®
Medline Industries, Inc.
Micro Direct Inc.
Monaghan Medical Corporation
Mylan Specialty L.P.
nSpire Health™
PARI Respiratory Equipment, Inc.
Philips Respironics
Praxair Healthcare Services
R1 Technologies
Salter Labs
SDI Diagnostics®
Sibel S.A.
Smiths Medical, Critical Care
Spirometrics Medical Equipment Co.
Teleflex Medical
Tri-anim Health Services
TSI Incorporated
VacuMed
Vitalograph Inc.

Personal Protective Equipment

Face Shields

Armstrong Medical Industries Inc.
Bullard
CareFusion
Kimberly–Clark Health Care

MAXAIR® for Bio-Medical Devices
Medline Industries, Inc.
Praxair Healthcare Services
R1 Technologies

Gloves

Airborne Life Support Systems™
CareFore Medical®
Kimberly–Clark Health Care
Medline Industries, Inc.
Praxair Healthcare Services
Sage Products Inc.

Goggles/Eyewear

Bullard
CareFusion
Medline Industries, Inc.
MES, Inc.
Praxair Healthcare Services
R1 Technologies

Pulmonary Function Testing

Airway Resistance

Interrupter Devices

CareFusion
COSMED USA, Inc.
Hans Rudolph, inc.
MIR Medical International Research

Oscillatory Devices

CareFusion
COSMED USA, Inc.
Hans Rudolph, inc.
Medical Acoustics, LLC
Methapharm Inc.
Smiths Medical, Critical Care
THORASYS™ – Thoracic Medical Systems Inc.

Plethysmographs

CareFusion
COSMED USA, Inc.
MGC Diagnostics
Morgan Scientific, Inc.
nSpire Health™

Bronchoprovocation

Dosimeters

CareFusion
Equilibrated Bio Systems Inc
Methapharm Inc.
MGC Diagnostics
Morgan Scientific, Inc.
nSpire Health™
Philips Respironics
Salter Labs
VacuMed

Pharmacologic Agents

CareFusion
Methapharm Inc.

Software

CareFusion
COSMED USA, Inc.
Equilibrated Bio Systems Inc
Futuremed
Methapharm Inc.

P

Peak Flow Meters

A-M Systems
Advantage Medical Systems

Can You Name It?

Test Your RC Equipment Knowledge



At-risk newborns in the 1950s were kept warm in this device.

ANSWER: 1950 Prager Infant Portable Incubator

MGC Diagnostics
Midmark
Morgan Scientific, Inc.
SDI Diagnostics®

Supplies

A-M Systems
CareFusion
Equilibrated Bio Systems Inc
Futuremed
Marpac Inc.
Methapharm Inc.
Morgan Scientific, Inc.

Calibration Devices, Other

Air Liquide Healthcare America Corp
CareFusion
Equilibrated Bio Systems Inc
Hans Rudolph, inc.
Morgan Scientific, Inc.
nSpire Health™
SDI Diagnostics®
VacuMed

Calibration Syringes

A-M Systems
CareFusion
COSMED USA, Inc.
Equilibrated Bio Systems Inc
Futuremed
Hans Rudolph, inc.
MGC Diagnostics
Micro Direct Inc.
Midmark
MIR Medical International Research
Morgan Scientific, Inc.
nSpire Health™
SDI Diagnostics®
Sibel S.A.
Spirometrics Medical Equipment Co.
VacuMed

Diffusion Equipment

CareFusion
COSMED USA, Inc.
Futuremed
GaleMed® Corporation
Hans Rudolph, inc.
MGC Diagnostics
Morgan Scientific, Inc.
nSpire Health™

Exhaled Gas Collection Bags

ECO PHYSICS, INC.
GaleMed® Corporation
Hans Rudolph, inc.
Morgan Scientific, Inc.
Sceti K.K.
VacuMed

Indirect Calorimetry Cart

CareFusion
COSMED USA, Inc.
MGC Diagnostics
VacuMed

Lung Volume Measurement

Helium Dilution Equipment

CareFusion
Equilibrated Bio Systems Inc

Can You Name It?

Test Your RC Equipment Knowledge



This device was first used circa 1865 to deliver respiratory medication to the lungs.

ANSWER: Codman Nebulizer

Futuremed
Morgan Scientific, Inc.
nSpire Health™
VacuMed

Nitrogen Washout

CareFusion
COSMED USA, Inc.
Futuremed
MGC Diagnostics
Morgan Scientific, Inc.
nSpire Health™

Plethysmographs

CareFusion
Hans Rudolph, inc.
MGC Diagnostics
Morgan Scientific, Inc.
nSpire Health™

Neonatal Pediatric Equipment

A Plus Medical
Airborne Life Support Systems™
Beevers Mfg & Supply Inc.
CareFusion
CooperSurgical, Inc.
ECO PHYSICS, INC.
GaleMed® Corporation
Hans Rudolph, inc.
Marpac Inc.
Morgan Scientific, Inc.
nSpire Health™
Teleflex Medical

Pulmonary Mechanics

Esophageal Balloons

CareFusion
CooperSurgical, Inc.

Hamilton Medical, Inc.
Morgan Scientific, Inc.

Esophageal Equipment/Supplies

CareFusion
CooperSurgical, Inc.
Hamilton Medical, Inc.
Marpac Inc.
Morgan Scientific, Inc.

Quality Monitoring Services

CareFusion
COSMED USA, Inc.
Equilibrated Bio Systems Inc
Futuremed
MGC Diagnostics
MIR Medical International Research
Morgan Scientific, Inc.
TechEd Consultants, Inc.

Software

Interpretation

CareFusion
COSMED USA, Inc.
Equilibrated Bio Systems Inc
Futuremed
MGC Diagnostics
Midmark
MIR Medical International Research
Morgan Scientific, Inc.

Multi-User

CareFusion
Equilibrated Bio Systems Inc
MGC Diagnostics
Midmark
MIR Medical International Research
Morgan Scientific, Inc.

Can You Name It?

Test Your RC Equipment Knowledge



Invented by Vivian Bennett in 1960, this was one of the first devices to automatically cycle a pressure equal to volume of air to the patient on inspiration.

ANSWER: Bennett TV-2P Pressure Breathing Unit with CA-170 Cycling Attachment

QC Data/Outcomes Management

CareFusion
Equilibrated Bio Systems Inc
MGC Diagnostics
Midmark
Morgan Scientific, Inc.

Spirometers

Diagnostic

A-M Systems
Boehringer® Laboratories Inc.
Cardiac Science Corporation
CareFusion
Clement Clarke International Ltd.
COSMED USA, Inc.
Covidien
Cowman & Associates, Inc.
Equilibrated Bio Systems Inc
Futuremed
Medical Support Products, Inc.
MGC Diagnostics
Micro Direct Inc.
Midmark
MIR Medical International Research
Morgan Scientific, Inc.
n dd Medical Technologies, Inc.
nSpire Health™
Praxair Healthcare Services
SDI Diagnostics®
Sibel S.A.
Smiths Medical North America – Patient Monitoring

The ScottCare Corporation
VacuMed

Monitoring

A-M Systems
Cardiac Science Corporation
CareFusion
Clement Clarke International Ltd.
COSMED USA, Inc.
Covidien
Cowman & Associates, Inc.
Equilibrated Bio Systems Inc
Futuremed
Medical Support Products, Inc.
Micro Direct Inc.
MIR Medical International Research
Morgan Scientific, Inc.
nSpire Health™
PMD Healthcare
Praxair Healthcare Services
Sibel S.A.
Smiths Medical North America – Patient Monitoring
VacuMed
Vitalograph Inc.

Screening

A-M Systems
Cardiac Science Corporation
CareFusion
Clement Clarke International Ltd.
COSMED USA, Inc.
Covidien
Cowman & Associates, Inc.

Equilibrated Bio Systems Inc
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Radiometer America Inc.
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Pulse Oximeters

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Airborne Life Support Systems™
Aigas Inc
Allied Healthcare Products, Inc.®
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Cardiac Science Corporation
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CASMED® – CAS Medical Systems, Inc.
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Covidien
Cowman & Associates, Inc.
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GE Healthcare
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Mextec®

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 Medical Support Products, Inc.
 Medline Industries, Inc.
 MGC Diagnostics
 Micro Direct Inc.
 MIR Medical International Research
 Natus Medical Incorporated
 Nihon Kohden America
 Nonin Medical, Inc.
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 Sunset Healthcare Solutions
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 Vitaline, Inc.

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 CareFusion
 Covidien
 Nonin Medical, Inc.

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 NuMask Inc.
 Praxair Healthcare Services
 R1 Technologies
 Smiths Medical, Critical Care
 Spiracle Technology
 Teleflex Medical
 Vital Signs a GE Healthcare Company
 Vitalograph Inc.
 Westmed, Inc.

Exhaled Carbon Dioxide Sensors

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 Medline Industries, Inc.
 Pulmodyne®
 Vital Signs a GE Healthcare Company

Resuscitators

Manual

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 Armstrong Medical Industries Inc.
 BLS Systems Limited
 CareFore Medical®
 Covidien
 CPR Medical Devices Inc.
 Engineered Medical Systems, Inc.
 GaleMed® Corporation
 Medline Industries, Inc.
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NuMask Inc.
 Praxair Healthcare Services
 Pulmodyne®
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 Spiracle Technology
 Teleflex Medical
 Vital Signs a GE Healthcare Company
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R

Resuscitation Equipment

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 Mercury Medical®

Can You Name It?

Test Your RC Equipment Knowledge



Today's RTs would not be without the modern-day version of this device.

ANSWER: Monaural Stethoscope

S

Sleep Diagnostics

Audio/Visual Monitoring

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 Covidien
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 Natus Medical Incorporated
 Philips Respironics
 Praxair Healthcare Services
 TheraSnores By Distar

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 CareFusion
 Compumedics Ltd.
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 Dymedix Diagnostics Inc
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Home Sleep Study Systems

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Can You Name It?

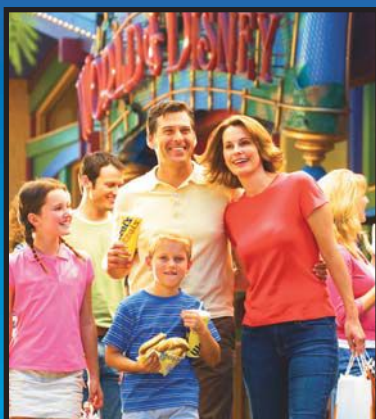
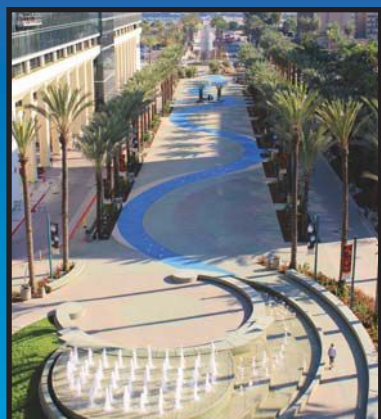
Test Your RC Equipment Knowledge



An early example of a device using a chemical reaction of ammonium nitrate, water, and ammonium hydroxide to obtain oxygen concentrations.

ANSWER: Orsat-Bingler Oxygen Analyzer

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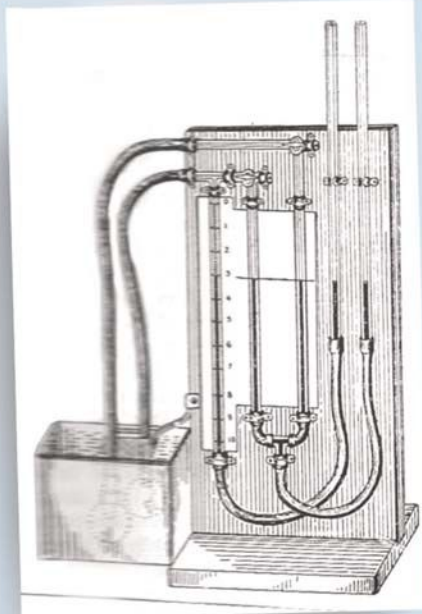
Find out more and register at www.AARC.org/education/meetings

AARC Congress is an educational meeting of the American Association for Respiratory Care.

* CRCE credits apply to most sessions.

Can You Name It?

Test Your RC Equipment Knowledge



The inventor of this device dosed himself with carbon monoxide to establish its affinity to hemoglobin.

ANSWER: Dr. John Haldane's Blood Gas Apparatus

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Teleflex Medical
Tri-anim Health Services

Kits

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T

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Holders

A Plus Medical
Avalon Aire Inc.

Can You Name It?

Test Your RC Equipment Knowledge



The control panel on this device from the 1960s reflects the pre-computerized age.

ANSWER: 1960s Bennett MA-2 Ventilator

Can You Name It?

Test Your RC Equipment Knowledge



Many of today's respiratory therapists use a video version of this device.

ANSWER: Boehm Laryngoscope

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 Covidien
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Concurrent Sessions for Managers and Educators

Pre-Summer Forum Sessions July 14

- NBRC-Sponsored Item Writing Workshop
 - CoARC Meet the Commission
- New Special Session - Clinical Preceptor and Inter-Rater Reliability Workshop



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V

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Airway Securing Devices

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Alarms

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Here is a preview of what the AARC Summer Forum has to offer*:

Keynote Address: Moving the Profession Forward

AARC President George Gaebler will provide a 2015 & Beyond update, highlighting recent actions taken by the AARC Board of Directors regarding this initiative and what the future holds.

Education

Flipping Your Classroom

Tired of the traditional “Death by PowerPoint” teaching methodology? Looking to infuse new life into your classroom? Then don’t miss Doug Gardenhire’s lecture on the concept of “flip teaching” where reverse instruction is directed by the student and the teacher becomes a facilitator to master content.

Technology in the Classroom

Lutana Haan discusses new teaching strategies that bring mobile technology into the classroom. Fear not that your students may know more about it than you do. Attend this lecture and take home practical ideas to incorporate this technology into your course curriculum.

Management

COPD Navigator: Bridging the Gap

Does your COPD length of stay exceed regional and national benchmarks? Are your 30-day readmissions causing financial heartache to your C-suite? Mary Hart describes the RT in a non-traditional role of “COPD Navigator.” Learn how to improve care through new value-added roles for RTs.

Bullying & Harassment in the Workplace

You know what bullying on the playground looks like, but what about the workplace? Intimidating and harassing behavior has become so problematic that The Joint Commission created a National Patient Safety Goal for it. This presentation reveals how to recognize this workplace behavior and how to stop it from happening.

* Topics are subject to change.

Most sessions at the AARC Summer Forum are approved for CRCE® contact hours.

AARC Summer Forum is an educational meeting of the American Association for Respiratory Care.

For more details and to register now, visit the website at
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High-Frequency

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Percussionaire Corp.
Praxair Healthcare Services
United Hayek Medical

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CareFusion
Covidien

Can You Name It?

Test Your RC Equipment Knowledge



Therapists who were practicing in the 1970s used this device to monitor lung volume in patients.

ANSWER: Battery-operated Incentive Spirometer

& Services

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Praxair Healthcare Services
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Tri-anim Health Services
United Hayek Medical
Vitaline, Inc.

Jet

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Instrumentation Industries, Inc.
Tri-anim Health Services

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Praxair Healthcare Services

Neonatal

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Noninvasive Positive Pressure Systems

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Item # PR20133

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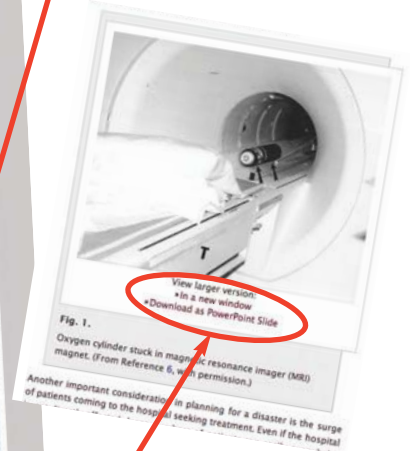
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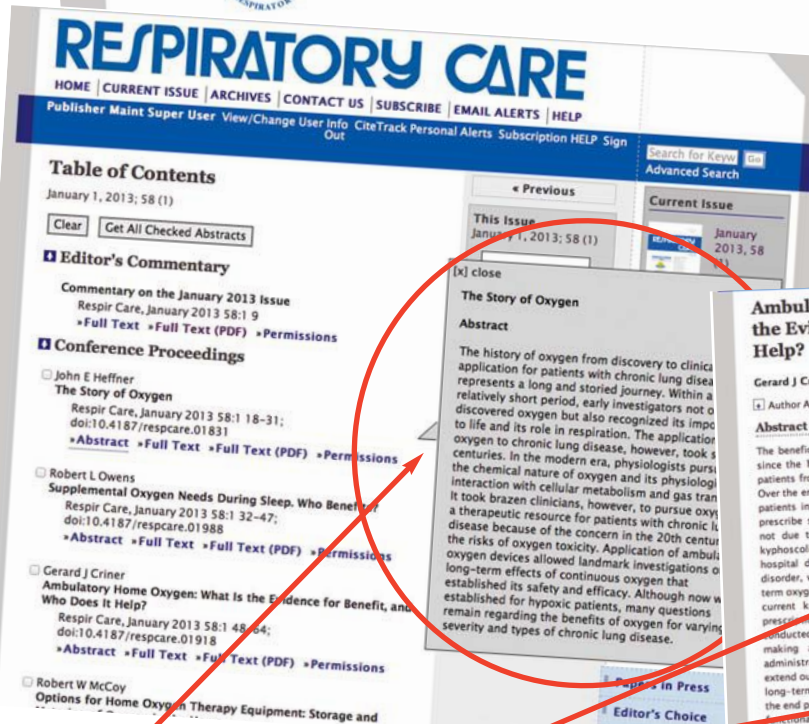
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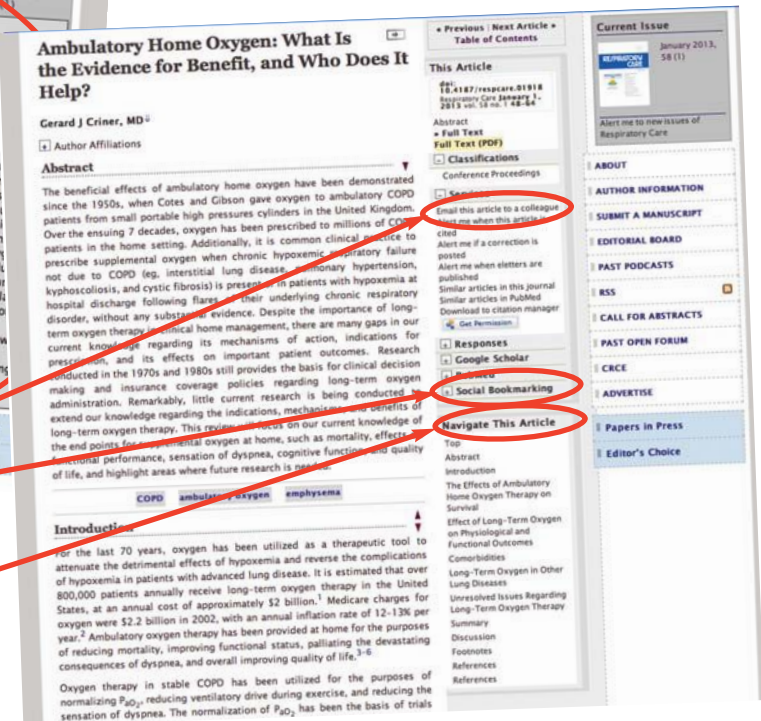
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My Most Memorable Patient

My First Donation Surgery

by Jeffery Shelton, AAS

My second day as an RT student in the ICU clinical rotation was the most interesting day I have experienced in respiratory care so far. I got the opportunity to work with a patient who was clinically dead.

My preceptor and I were giving the patient continuous treatments to keep her lungs going in preparation for organ donation later in the day. We performed albuterol treatments Q6 as well as vest treatment Q1. As the day progressed, the donation doctor came to the room to prepare the patient and family for the procedure, and I happened to be in the hallway after he finished up. He asked if I was a respiratory student and if I would like to watch during the surgery. I was thrilled at this opportunity, so of course I said "yes."

After I was gowned up and ready to go in, the doctor mentioned to me that there were only three recipients in the world who were a good match to receive our patient's lungs. I thought this was interesting. As we entered the operating room, it was hard for me to look back and see the family. The realization on their faces that this was the last time they would see their mom was really touching. I tried to think about what a great gift this patient was giving to others through her donations.

Once we were in the OR I was told to stay in the corner because I was just there to observe, but the doctor was really cool to explain what he was doing so I would know what was going on. As the surgeon was preparing to remove the lungs, he let me stand a



Not many RT students get the chance to watch an organ donation surgery in action, but Jeffery Shelton did.

little closer so I could see a little more. After the lungs were removed from the chest cavity, he lifted them up for me to see how big they really are when the rib cage isn't compressing them. It gave me such a new respect for the human body and its workings and how truly amazing organ donation is. ■

Jeffery Shelton, AAS, is a student in the respiratory care program at Weber State University in Ogden, UT.

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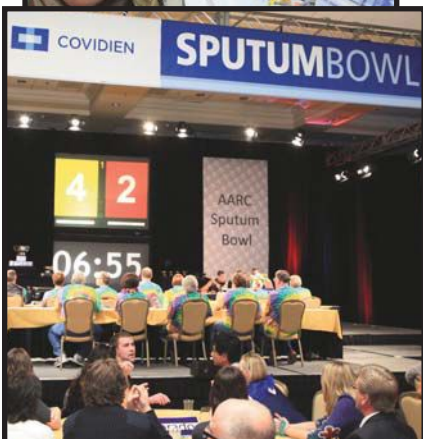
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My Most Memorable Patient

A Baby for One Night

by Marlyce Campbell, CRT

When I worked in the durable medical equipment (DME) area one night many years ago, I had to go to a home at midnight for an apnea monitor that would not stop alarming. After I had checked the infant and changed out the machines, the dad came into the room, bundled up the baby, handed him to me, and led me to the door with the apnea monitor.

“Please just leave, take him to the hospital,” he said, “and we will be up tomorrow.” I tried to not get pushed out the door, but before I knew it I was on the porch, not knowing what to do. The home was located in a rural area, and this was in the days before cell phones or even required car seats. So I could not easily call anyone, and I did not have anything to put the baby in while in the car.

I was shocked at what had just happened. I rang the doorbell and tried the door, which by then was locked. It

was now 1:30 a.m., and I decided I would simply have to go back into town with the baby. This scared me. What would happen if I hit a deer or ended up in a wreck? I placed the baby on the seat next to me, praying all would go right.

I showed up at the hospital where I worked and ran the DME on the side. The nurses could not believe what had just happened to me, and it was even harder to make the doctor understand. But he did admit that the mom was having problems with being a first-time mother at the age of 45, plus she never wanted kids. We placed the baby in a basinet, and he was sleeping soundly. I returned to work the next day and the parents arrived in late morning.

Once the mother and father had gotten a good night’s sleep and were instructed on different ways to troubleshoot the monitor, all went well.



Being pushed out the door with a baby in her arms was definitely not what Marlyce Campbell was expecting when she went out for a home care visit.

They were so proud of their son but had been sent home from a large hospital with very little training on the machine. The dad figured if the hospital could push them out the door and on a two-hour car trip back home with only minimal instruction on how to take care of their newborn, they did not feel it was wrong to give their baby to a respiratory therapist who knew the equipment. That’s small-town rural America! ■

Marlyce Campbell, CRT, is director of respiratory care at Gove County Medical Center in Quinter, KS.

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My Most Memorable Patient

A Remarkable Recovery

by Andrew G. Miller, RRT

I was on the first clinical shift of my first hospital rotation and was assigned to an experienced therapist. We were still in shift report when a call came over the pager from a nurse who requested a STAT breathing treatment.

When we arrived in the patient's room, she was in severe respiratory distress with a SpO₂ of 76% and retractions and audible wheezing. An RT who was a recent graduate of my program had placed her on a non-rebreather. The therapist I was assigned to suggested to the attending physician that the patient be moved to the ICU for non-invasive ventilation.

The breathing treatment and extra oxygen did not help her much, but her work of breathing improved markedly with positive pressure ventilation. Her respiratory rate

rapidly dropped from the 40s to the low 20s, and her work of breathing normalized. She was given furosemide IV, and we gave her more bronchodilator treatments. Within a few hours she had diuresed over one liter of fluid and could be removed from NIV and placed on nasal cannula.

It was incredible to see the rapid improvement in the patient's respiratory status. To see her go from struggling to breathe to watching TV while eating dinner by the end of our shift was truly amazing. Any concerns about my chosen career were put to rest, and I knew I had selected a profession that would have a great impact on patient care.

Since then, I have treated hundreds of patients with NIV, including many who



Andrew Miller remembers being amazed the first time he saw how NIV could help a patient.

were sicker than this patient. But this is the one that sticks out most vividly in my memory. It's probably why placing a patient on NIV is one of my favorite things to do as a practicing respiratory therapist today. ■

Andrew Miller, RRT, is a respiratory therapist in the emergency department at Duke University Medical Center in Durham, NC.

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My Most Memorable Patient

The Day That Made the Difference

by Tina Dean-Everett, RRT

I was a senior in high school. I had been working in the imaging department of my local hospital for over a year and was trying to decide what I wanted to do with my life. I was interested in going to college but just was unsure what I wanted to do for a career.

Then I met a Registered Respiratory Therapist named Bob who was good friends with one of the technologists in my department. He would come by to visit and look at chest x-rays. I was impressed by the fact that he knew what he was looking at, and I could tell that he cared about his patients and knew what to do for them. I knew his job was an important one.

I was also intrigued by the fact that every time they called a "CODE," the respiratory staff always took off running. Even at lunch they would leave their meals on the table and go.

My aunt, who worked with me in imaging, knew I was contemplating respiratory therapy. She asked me if I

would like to go see what they do when they have a code. I think she thought it would run me off. The x-ray department was connected to the emergency room, and a few days later they had a call that they were bringing in one. She took me to the ER to observe. It happened to be a person who was well known in the community.

This was in the spring of 1983. I will never forget the feeling in that room. Everyone was working so diligently. It was quiet yet busy. People were scrambling around yet respectful, hurried yet calm. It was like everyone knew what the others were going to do before they did it. As I watched in awe while they all worked to save this one life, the feeling I had just can't be explained. I don't think it is the same for everyone. I don't believe it is meant for everyone. However, that day I knew beyond a shadow of a doubt what path God wanted me to take. Even at that very young age, a part of me wanted to jump in and help. I had no idea what was



Watching a code play out during her high school job in the x-ray department made Tina Dean-Everett know respiratory care was the profession for her.

going on, but it definitely got my adrenaline flowing.

That was the beginning of a 30-year journey that I have never regretted. My adrenaline still flows anytime I see someone who needs help. I have seen a lot over the years; but whenever I think about how I got started on this path, I think about the patient who lost his life that day but helped a young girl decide that she wanted to make a difference in other lives to follow. ■

Tina Dean-Everett, RRT, is the cardiopulmonary care director at Highlands Medical Center in Scottsboro, AL.

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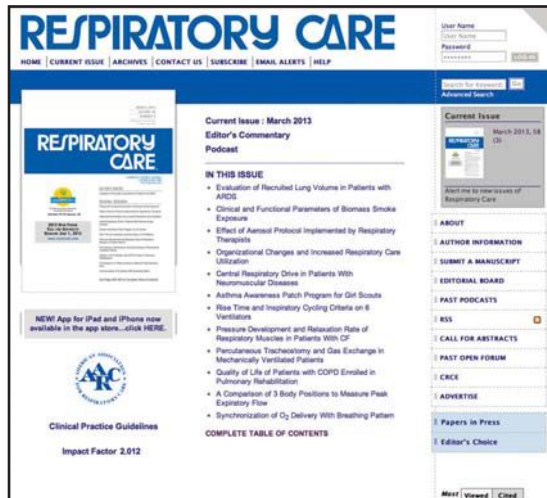
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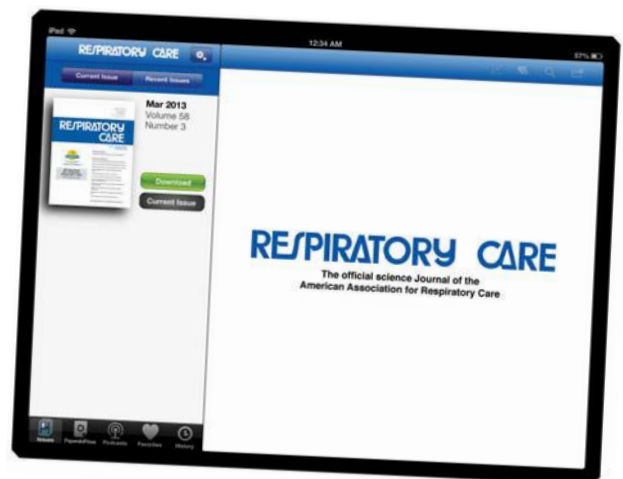
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Instrumentation Industries Inc. is a manufacturer and distributor of a wide variety of specialized products used in the respiratory, anesthesia, critical care, and emergency areas of the hospital. Our goal is to provide quality products to assist clinicians in the treatment of patients in all health care settings. We take pride in the fact that we are the company RTs and other health care professionals think of first when ordering specialty components for respiratory application.

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Instrumentation Laboratory (www.ilus.com), founded in 1959, is a worldwide developer, manufacturer, and distributor of *in vitro* diagnostic instruments, related reagents, and controls for use primarily in hospitals and independent clinical laboratories. The company's product lines include critical care systems, hemostasis systems, and information management systems. IL's GEM® product offerings, part of the critical care line, include the GEM Premier™ 4000 analyzer with Intelligent Quality Management (IQM®); GEM Premier

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ISIS Medical Solutions LLC is a wholesaler of pre-owned critical care equipment. On the buying side, our focus is on purchasing pre-owned infusion devices, monitors, SCDs, and respiratory equipment. We source from the hospitals, home healthcares, and alternate care facilities throughout the U.S. to make these acquisitions. On the selling side, our main specialty is in respiratory devices, such as ventilators and pulse oximeters. We also deal in infusion devices, monitors, and SCDs. Our customer base is in the hospital, home healthcare, alternate care, and foreign market. We also offer rental on portable ventilators, pulse ox, infusion, and SCDs.

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Michigan Instruments provides a valuable tool, the TTL® Training & Test Lungs and PneuView® software, to simulate actual human lungs. The system provides a broad spectrum of benefits, ranging from ventilator manufacturers validating the safety of their products; to therapists learning the ever-increasing complexities of ventilator operations; to biomedical engineers troubleshooting, resolving, and documenting difficult-to-recreate ventilator performance issues.

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Micro Direct offers a complete line of diagnostic tools for hospitals and physician offices. Our products include a complete line of screening and diagnostic spirometers, carbon monoxide monitors for CO poisoning detection or smoking-cessation programs, respiratory pressure monitors for pulmonary rehab programs, inexpensive finger pulse oximeters, peak flow meters, and a complete line of accessories and disposables including the SpiroSafe filter (which features low dead space and resistance and is certified well over 99% efficient at stopping bacteria and viruses). At Micro Direct our mission is clear: to provide innovative, high-quality respiratory products at a fair price and offer the support you expect.

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Midmark, the trusted leader of integrated diagnostic devices, provides IQecg™, IQspiro™, IQholter™, IQstress™, IQvitals™, and SleepView® devices. Our full product solution provides the flexibility to save diagnostic results using our IQmanager™ software, or you can experience a seamless integration as you adopt one of our 80+ EHR/EMR partners. Midmark devices and software solutions will help you stay ahead of the ever-changing business of providing health care while maintaining a high level of efficient patient care.

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MIR designs, develops, manufactures, and sells worldwide spirometers, oximeters and telemedicine systems. The company is focused on portable devices for specialist, primary care doctor, and for patient self-testing. Our latest technology includes devices with embedded GSM mobile communication, ideal for clinical trials and home health monitoring.

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Mobile Medical specializes in service, repair, and refurbishing homecare and portable ventilators. We offer on-site service for hospitals, homecare, and nursing homes. We also service and repair apnea monitors, pulse oximeters, I.V. pumps, bi-level PAP and CPAP units, and general respiratory equipment.

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Monaghan Medical Corporation (MMC) is headquartered in Plattsburgh, NY, USA. We are a leader in the development and manufacture of aerosol drug delivery devices and asthma management products. We are also a supplier to major pharmaceutical companies involved with respiratory medicine in the United States. Our strength lies in product development around core capabilities in mechanical engineering design, complimented by collaboration with a state-of-the-art aerosol research laboratory. Our company is focused on developing cost-efficient, outcome-based solutions for our customers.

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Morgan Scientific, Inc., is an independent provider of comprehensive pulmonary diagnostic solutions that include: spirometry and full PFT systems: flow-based, volumetric, and body plethysmography systems; testing and data management software; calibration and quality control devices; as well as HL-7 and networking solutions. We take great pride in a history of quality, commitment, and innovation spanning over 5 decades. Our company roots date back to England where many of the great strides in pulmonary function testing can be traced. Today, we are privileged to serve some of the most prestigious medical and academic institutions in the U.S. as well as private physicians, clinics, community-based hospitals, and medical centers.

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Mylan Specialty L.P., formerly Dey Pharma, is a specialty pharmaceutical company focused on the development, manufacturing, and marketing of

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www.nascap.com

Nascap Medical, Inc., is a Pennsylvania-based medical device specifications development and manufacturing firm dedicated to providing the anesthesia care industry with both premium and low-cost disposable cannular products. Its product line is used in capnographic respiratory monitoring of patients in various anesthesia care settings.

National Lung Health Education Program

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info@nlhep.org
www.nlhep.org

NLHEP has 2 goals: to increase awareness of COPD within the community, and to encourage primary care providers to use simple spirometry to diagnose and treat COPD. The Spirometer Review Process and the COPD Awareness Poster Project, along with patient, family, and professional educational materials, help to meet the NLHEP goals. It is estimated that up to 50% of those with COPD do not know they have the disease, even though they may be symptomatic. The motto of the NLHEP is "Test Your Lungs. Know Your Numbers." Everyone should know their lung function numbers just as they know their cholesterol and blood pressure numbers. Visit our website for information on the NLHEP and our COPD initiatives.

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Natus is a leading provider of health care products for screening, detecting, treating, monitoring, and tracking common medical ailments in newborn care, neurological dysfunction, and sleep disorders. Product offerings include computerized neurodiagnostic systems for neurology, polysomnography, and neonatology, as well as software systems for managing and

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tracking disorders and diseases for public health laboratories. Natus recently acquired Embla.

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Neotech Products is a leader in the development of innovative neonatal and pediatric respiratory products. In business since 1987, our main focus is on products that will help professionals save time and improve patient care. We continue to create new products and solicit new ideas from health care professionals throughout the world. If you have a new product idea or would like to see our new products, please visit www.neotechproducts.com.

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nSpire Health develops and manufactures respiratory care products and provides related services. The company is focused on cardiopulmonary diagnostics, respiratory core lab services, and disease management solutions designed to improve health care productivity while increasing the overall quality of patient care. nSpire Health is the exclusive provider of PiKo® home health monitors and HDpft™ systems, the most accurate and precise pulmonary function testing systems worldwide. nSpire Health is dedicated to revolutionizing the way the world detects and treats respiratory diseases.

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OxyCare GmbH is a German home care provider in respiratory care nationwide with around 80 people, including 50 sales representatives and serving 25,000 patients per year.

OxySure® Systems, Inc.

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Patient Shield Concepts is dedicated to developing products to eliminate cross contamination in surgical and other critical care settings.

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Pepper Medical Inc is a manufacturer of specialty medical products concentrating in the critical care/hospital areas. Products include adult and pediatric tracheostomy tube neckbands, endotracheal tube holder, patented ventilator antidisconnect devices, CPAP headgear and chinstraps, Foley catheter legbands, and abdominal binders. Brand names include: Trach-Tie® #501, Vent-Tie® #401, Pedi-Tie® #501-P, Pedi-VentTie® #501-P, Foley-Tie® #606, Endo-Tie® #745. AvalonAire Inc. offers replacement CPAP headgear and chinstrap.

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Percussionaire® is a leader in the development and manufacture of respiratory medical equipment and helped pioneer step-inflation lung techniques, a process of progressively increasing ventilation. Their respirator and percussive ventilator product lines bring a new dimension in the ventilation and treatment of patients in the clinical setting.

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My Most Memorable Patient

My First Death

by Rick Weaver, RRT-NPS, RPFT

I'll call her Diana. I was a 25-year-old respiratory therapy student on my ICU rotation at Brooke Army Medical Center in San Antonio, TX. Diana was 18 years old, the daughter of a fellow serviceman. She had come to the hospital with a fever and

a cough. She spent a day in a medical ward, but a spiking temperature and increased oxygen requirement soon mandated her transfer to the ICU.

Diana was a bright, cheerful young woman, even though she felt lousy. We quickly established an easy rapport. I told her I would take good care of her and we'd get her through this thing. "You're going to be just fine!" It was not to be so.

Early that first day, I administered Bronkosol nebulizer treatments and tipped and rolled Diana for percussion and postural drainage. Nothing I did made a difference. Her temperature exceeded 104° F; her cough was unremitting. By 3 p.m., despite a flush non-rebreather mask, Diana was blue, the smiles long gone. I assisted the physician who intubated her.

Her oxygen saturation fell and fell. She developed a pneu-

mothorax, and we placed a chest tube. Still, nothing made a difference. At 5 p.m., her heart stopped. We spent an interminable amount of time trying to resuscitate her, tears running down our faces. How could this happen so fast to someone so young? I was angry that I was not able to fix her. I felt guilty about telling her, "You're going to be just fine!"

At the autopsy — also my first — I was stunned and fascinated as I looked at Diana's lungs. She had a necrotizing pneumonia, and her lungs looked like Swiss cheese. I can still see them today. And to this day I still hesitate every time I'm about to say, "You're going to be just fine!" ■

Rick Weaver, RRT-NPS, RPFT, is a staff therapist at Memorial Hospital in Colorado Springs, CO, and a delegate to the AARC House of Delegates.



Rick Weaver's initial experience with a patient's death was heart-wrenching.

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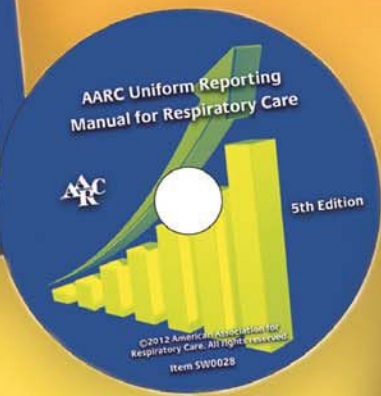
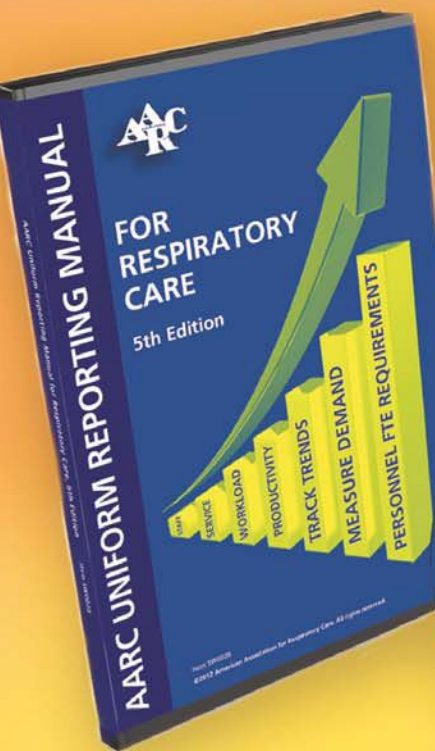
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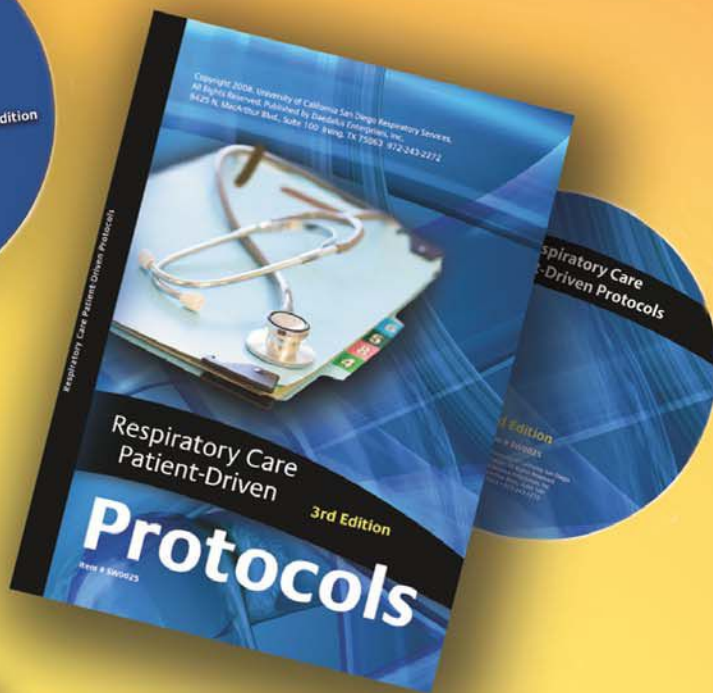
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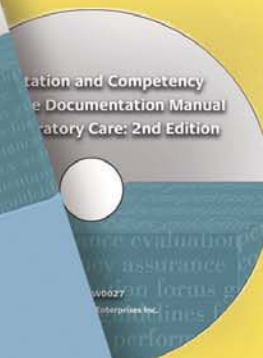


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My Most Memorable Patient

Beware the Kleenex Box

by Glenn F. Tammen, BHS, RRT, CPFT

I received the order to obtain a blood gas on a patient on the fifth floor. I checked the order, gathered the supplies, and entered the patient's room and introduced myself.

The patient was an elderly lady who seemed slightly confused but was pleasant and cooperative. I explained the procedure, checked the radial arteries on both wrists, and decided on the best one. I had her perform the Allen's test, further explained the procedure, and placed a small towel roll under her wrist. I knelt down beside her bed, located the artery, and prepared to draw the blood. I told her she was going to feel a "stick."

As soon as the needle pierced her skin, she used her free arm to grab a Kleenex box from her bedside table and proceeded to repeatedly hit me over the head with it while loudly yelling, "Stop it, that hurts, stop it, Sonny, stop it!" Trying not to laugh, and struggling to maintain my composure, I withdrew the needle and located another therapist to help hold her free arm while I successfully obtained the sample without further incident.

To this day, whenever I draw an arterial blood gas, I still make sure the patient's bedside table is far enough away and there are no loose objects



An assault with a box of tissues still makes Glenn Tammen think twice before leaving anything within his patients' reach during an ABG.

that can be grabbed, especially if the patient is an elderly, slightly confused lady. ■

Glenn Tammen, BHS, RRT, CPFT, is director of respiratory care at McPherson Hospital Inc. in McPherson, KS.

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My Most Memorable Patient

Learning When To Listen

by Tina Harper, BSRT, RRT

In 1992, I was a perky 19-year-old newly minted respiratory therapist who was excited about the field and anxious to educate my patients about their disease process. I had just received an order to start Q4h albuterol nebulizers on a 77-year-old male patient.

"Mr. Smith" was a frail man who could have been the "poster child" for COPD. When I entered his room, I found him leaning over his bedside table, using his accessory muscles and pursing his lips while he was trying to breathe.

I quickly noticed that Mr. Smith was not wearing his nasal cannula, as it was, in fact, lying over his bed. "Mr. Smith," I said, "you are not wearing your oxygen. We need to put this on

right now! Your heart and lungs suffer continuous cell damage when your oxygenation levels in your blood are deprived."

I reached over his bed to get his cannula. Mr. Smith perked up. "Little girl!" he said, shaking his finger at me as he spoke. "I have been wearing oxygen longer than you have been alive, and I know when I need my oxygen and when I don't. I will put on my oxygen when it is time for me to do so and not because you tell me to!"

While Mr. Smith took the wind out of my sails that morning, I did learn a valuable lesson. We have to allow patients to advocate for themselves. Many COPD patients know more about their



Tina Harper had only been on the job for a short time when one elderly gentleman with COPD set her straight on who was educating whom.

disease than we do, and we can learn from these individuals if we will take the time to listen to them. ■

Tina Harper, BSRT, RRT, is a respiratory therapist at Carolinas Medical Center—University in Charlotte, NC, and a clinical instructor at Central Piedmont Community College. She completed her BSRT degree at the University of North Carolina—Charlotte in May.

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vitcs@vitalograph.com
www.vitalograph.com

Vitalograph has more than 40 years experience manufacturing and selling spirometers, peak flow meters, COPD screeners, asthma monitors, inhaler trainers, resuscitation devices, and PFT consumables.

Vortran Medical Technology 1, Inc.®

21 Goldenland Ct., Ste. 100
Sacramento, CA 95834
(800) 434-4034
(916) 648-8460
(916) 648-9751 Fax
jlaplante@vortran.com
info@vortran.com
www.vortran.com

Vortran Medical Technology 1, Inc., is the innovator and manufacturer of Advanced Pulmonary Modulation Technology, offering a unique line of fully automatic, disposable respiratory devices for treating patients with pulmonary diseases in the hospital as well as alternate site (EMS, acute care, surgical, homecare) market segments.

W

W.A. Baum Co. Inc.

620 Oak St.
Copiague, NY 11726-3292
(888) 281-6061
(631) 226-3940
(631) 226-3969 Fax
info@wabaum.com
www.wabaum.com

W.A. Baum Company manufactures a complete line of mercury-gravity and aneroid sphygmomanometers equipped with Calibrated® V-Lok® Inflation Systems. We also make latex and latex-free, decorated and disposable cuff and bag assemblies for use with manual and automated noninvasive blood pressure monitors. Our products are sold through an international network of medical/surgical supply dealers.

W.T. Farley, Inc.

931 Via Alondra
Camarillo, CA 93012
(866) 804-4903
michael@wtfarley.com
www.wtfarley.com

W.T. Farley, Inc., manufactures durable oxygen cylinder holders, carts, I.V. poles, manifolds, regulators, MRI equipment, emergency suction and oxygen supply, hoses, oxygen tanks, walkers, newborn warmers, post-operative suction pumps, aspirators, suction regulators, and accessories.

Western Medica

875 Bassett Rd.
Westlake, OH 44145-1142
(800) 783-7890
(440) 871-2160
(440) 871-2197 Fax
westernmedica@westernmedica.com
www.westernenterprises.com

Western Medica has been supplying products for the control, storage, and transmission of high-pressure gases to the industrial and medical gas markets for over 50 years. As an ISO 13485:2003 registered manufacturer, Western leads the field in product design and reliability that meet or exceed CGA, FDA, and NFPA requirements for safety and performance. Products include regulators, flowmeters, suction equipment, fittings, quick connects and hose assemblies, oxygen conserving devices, oxygen transfilling systems, and cylinders. Western is a leader in gas control technology and provides a wide range of products worldwide.

Westmed, Inc.

5580 S. Nogales Hwy.
Tucson, AZ 85706
(800) 975-7987
(520) 294-7987
(520) 294-6061 Fax
sales@westmedinc.com
www.westmedinc.com

Westmed, Inc., is a manufacturer of high-quality disposable products for anesthesia and respiratory care. Westmed products include: breathing circuits and accessories, heated humidification systems, infant transport, arterial blood gas kits, resuscitation and ventilation products, face masks, small volume nebulizers, nebulizers for continuous therapy, and oxygen delivery products.

Z

Zoll Medical Corporation

269 Mill Rd.
Chelmsford, MA 01824
(800) 348-9011
(978) 421-9655
(978) 421-0025 Fax
info@zoll.com
www.zoll.com

Zoll Medical Corporation is committed to developing technologies that help advance the practice of resuscitation. With products for pacing, defibrillation, circulation, ventilation, and fluid resuscitation, Zoll provides a comprehensive set of technologies, including Real CPR Help® and See Thru CPR™, which help clinicians, EMS professionals, and lay rescuers resuscitate sudden cardiac arrest or trauma victims. Zoll also designs and markets software that automates the documentation and management of both clinical and non-clinical information.

B

Beds

BOMImed Ltd.
Hill-Rom
Intersurgical®
Invacare Corporation
Kinetic Concepts, Inc. (KCI)
Medline Industries, Inc.
Northern Pacific Medical LLC®
Praxair Healthcare Services

Blood Pressure Devices

Cuffs

Cardiac Science Corporation
Criticare Systems Inc.
Ethox International, Inc.
GE Healthcare
Medline Industries, Inc.
Midmark
Praxair Healthcare Services
TaiDoc Technology Corp
The ScottCare Corporation
Tri-anim Health Services
Vital Signs a GE Healthcare Company
W.A. Baum Co. Inc.

Monitors

Airborne Life Support Systems™
Cardiac Science Corporation
CASMED® – CAS Medical Systems, Inc.
Criticare Systems Inc.
Mediaid, Inc.
Medline Industries, Inc.
Midmark
Nonin Medical, Inc.
Parker Hannifin – Precision Fluidics Division
Praxair Healthcare Services
Smiths Medical North America – Patient Monitoring
SOMNOmedics America, Inc.
TaiDoc Technology Corp
The ScottCare Corporation
Tri-anim Health Services
W.A. Baum Co. Inc.

C

Chest Physiotherapy Devices (Percussors)

Besmed Health Business Corp.
Electromed, Inc.
Engineered Medical Systems, Inc.
GaleMed® Corporation
General Physiotherapy Inc.
Hill-Rom
Medical Support Products, Inc.
Praxair Healthcare Services
Pulmodyne®
Smiths Medical, Critical Care
Thayer Medical
Vortran Medical Technology 1, Inc.®

Cough-Assist Devices

Advantage Medical Systems
Aptalis
CareFore Medical®
Dymedso
General Cardiac Technology, Inc.
General Physiotherapy Inc.
Hill-Rom
Medical Acoustics, LLC
Philips Respironics
Praxair Healthcare Services
Smiths Medical, Critical Care
United Hayek Medical

CPAP/Bi-Level Devices

Chin Straps

AG Industries
Avalon Aire Inc.
CareFore Medical®
CareFusion
Covidien
DeVilbiss® Healthcare
Global Medical Holdings, LLC
Innomed Technologies Inc.
Medline Industries, Inc.
Pepper Medical Inc®
Philips Respironics
Praxair Healthcare Services
Pulmodyne®
ResMed Corp
Strapparatus® Corporation
Sunset Healthcare Solutions
Tri-anim Health Services

VacuMed
Vital Signs a GE Healthcare Company
Vitaline, Inc.

Head Straps

AG Industries
Avalon Aire Inc.
Besmed Health Business Corp.
CareFore Medical®
CareFusion
Circadiance
Covidien
DeVilbiss® Healthcare
Fisher & Paykel Healthcare
GaleMed® Corporation
Global Medical Holdings, LLC
Hans Rudolph, inc.
Innomed Technologies Inc.
Medline Industries, Inc.
NuMask Inc.
Pepper Medical Inc®
Philips Respironics
Praxair Healthcare Services
Pulmodyne®
ResMed Corp
RespCare, Inc.
Strapparatus® Corporation
Sunset Healthcare Solutions
Tri-anim Health Services
VacuMed
Vital Signs a GE Healthcare Company

Masks

Afton Medical LLC
AG Industries
Besmed Health Business Corp.
BLS Systems Limited
Breas Medical, Inc.
CareFore Medical®
CareFusion
Circadiance
Covidien
DeVilbiss® Healthcare
Discover Medical Devices
Fisher & Paykel Healthcare
GaleMed® Corporation
GF Health Products, Inc.
Global Medical Holdings, LLC
Hamilton Medical, Inc.
Hans Rudolph, inc.
Medline Industries, Inc.
Neotech Products, Inc.

Consumer Buyer's Guide

2013 AARC Consumer Buyer's Guide

A Publication of the American Association for Respiratory Care

The "AARC Consumer Buyer's Guide" is designed especially for your patients (and their caregivers) who use respiratory equipment in their homes. This special section is designed to allow searches alphabetically by product type, as listed below. Under each category and subcategory are the manufacturers or exclusive distributors of the products. They can then link to the company they choose using the online "AARC Buyer's Guide for Respiratory Care" at <http://buyersguide.AARC.org>. Or they can log on to www.YourLungHealth.org to access this information anytime they need it by selecting "Finding Care," followed by "Consumer Buyer's Guide." ■

Main Categories

- Beds
- Blood Pressure Devices
- Chest Physiotherapy Devices (Percussors)
- Cough-Assist Devices
- CPAP/Bi-Level Devices
- Education
- Equipment Accessories
- Equipment Cleaning/Disinfection
- Filters (Room Air)
- Gas Administration Devices (Face Masks)
- HEPA Filtration
- Humidifiers (Room)
- Medical Gas Administration Devices
- Medical Gas Supplies (Oxygen)
- Medication/Aerosol Delivery Devices
- Medications
- Monitors (Apnea Monitors/Recorders)
- Oxygen Delivery
- Peak Flow Meters
- Personal Protective Equipment (Gloves)
- Pulse Oximeters
- Stethoscopes
- Suction Devices & Supplies (Portable)
- Ventilator Supplies (Tracheostomy Tubes)
- Ventilators

Nihon Kohden America
 NuMask Inc.
 Philips
 Philips Respironics
 Praxair Healthcare Services
 Pulmodyne®
 R1 Technologies
 ResMed Corp
 RespCare, Inc.
 Sleepnet Corporation
 Sunset Healthcare Solutions
 Tri-anim Health Services
 Vital Signs a GE Healthcare
 Company
 Vitaline, Inc.

Systems

Airon Corporation
 Automated Control Systems
 B&B Medical Technologies
 CareFore Medical®
 CareFusion
 CooperSurgical, Inc.
 Covidien
 Cramer Decker Medical
 DeVilbiss® Healthcare
 Fisher & Paykel Healthcare
 Global Medical Holdings, LLC
 Hamilton Medical, Inc.
 Innomed Technologies Inc.
 Medline Industries, Inc.
 Natus Medical Incorporated
 Neotech Products, Inc.
 Philips Respironics
 Praxair Healthcare Services
 ResMed Corp
 RespCare, Inc.
 Respiralogics
 Vital Signs a GE Healthcare
 Company
 Vitaline, Inc.

Tubing

A-M Systems
 Afton Medical LLC
 AG Industries
 Breas Medical, Inc
 CareFore Medical®
 CareFusion
 CooperSurgical, Inc.
 Covidien
 DeVilbiss® Healthcare

Coping with Your COPD: Good Advice from a Respiratory Therapist

AARC member Debra Koehl, MS, RRT-NPS, FAARC, coordinator of the pulmonary rehab and patient education program at Indiana University Health Methodist Hospital in Indianapolis, IN, answers a common question asked by patients as they near the end of their pulmonary rehabilitation programs.



What if my pulmonary rehabilitation (PR) program does not have a maintenance program?

There are a couple of options you can explore if your PR program does not provide maintenance services:

- Contact another PR program in your area and see if you can join their maintenance program. You may have to ask your original program to forward some records to the new one so the new program can understand you and your condition. You may need an order from your physician as well.
- Check out a local YMCA and see if they have any special programs. If you fall into the “senior citizen” category, they may have programs that you can join.
- Look at community centers. Some of my patients have joined a local community center to continue to exercise.
- You can always get an exercise buddy to help continue your exercise at home. Ask the staff to provide you with guidance on a home program. If you are worried about oxygen saturations, you can purchase a good oximeter for around \$100. Many of my patients have an oximeter that they have purchased for home use. (Also see Patrick Dunne’s article in this section.)
- Lastly, some cardiac rehabilitation programs may offer a maintenance (or a Phase III) program you could join. Again, you may have to transfer records and get a physician order to join.

The other thing to think about is partnering with your current pulmonary rehabilitation program and brainstorming with the staff on starting a maintenance program. It may not be at their site, but perhaps they could work with a local YMCA, community center, or gym to offer services to pulmonary patients. If enough patients want a program, it might be worth the effort. ■

Buyer's Guide

Fisher & Paykel Healthcare
GaleMed® Corporation
Global Medical Holdings, LLC
Hamilton Medical, Inc.
Hi-Tech Medical™
Innomed Technologies Inc.
Medline Industries, Inc.
Neotech Products, Inc.
Philips Respironics
Praxair Healthcare Services
Pulmodyne®
R1 Technologies
ResMed Corp
Smooth-Bor Plastics
Sunset Healthcare Solutions
VacuMed
Vital Signs a GE Healthcare
Company
Vitaline, Inc.

E

Education, Patient and Family

Books/Pamphlets

Allergy & Asthma Network
Mothers of Asthmatics
American Association for
Respiratory Care
CareFusion
Covidien
Daedalus Enterprises, Inc.
DeVilbiss® Healthcare
Jones & Bartlett Learning
Monaghan Medical Corporation
Mosby/Saunders-Elsevier
National Lung Health Education
Program
PARI Respiratory Equipment,
Inc.
Passy-Muir, Inc.
Philips Respironics
Praxair Healthcare Services
RC Educational Consulting
Services, Inc.
ResMed Corp
VacuMed

CDs/DVDs/Videotapes

Birthways, Inc
Boston Medical Products, Inc.
CareFusion
Covidien
DeVilbiss® Healthcare
Hollister Incorporated
Monaghan Medical Corporation
Mosby/Saunders-Elsevier
Passy-Muir, Inc.
Philips Respironics
ResMed Corp
Smiths Medical, Critical Care
Spirometrics Medical
Equipment Co.
VacuMed

Internet-based

American Association for
Respiratory Care
Boston Medical Products, Inc.
GaleMed® Corporation
Jones & Bartlett Learning
National Lung Health Education
Program
Passy-Muir, Inc.
RC Educational Consulting
Services, Inc.

Software

Cardionics, Inc.
Methapharm Inc.

Equipment Accessories

Cases/Covers

Air Lift Oxygen Carriers
CareFusion
Cramer Decker Medical
DeVilbiss® Healthcare
Fordion Packaging LTD.
Futuremed
Instrumentation Industries, Inc.
MES, Inc.
Michigan Instruments, Inc.
Northern Pacific Medical LLC®
Pentair Porous Media
ResMed Corp
Salter Labs
Vortran Medical Technology 1,
Inc.®

Mountings/Holders/I.V.

A Plus Medical
Baitella AG
CareFusion
Falls Welding & Fabricating, Inc.
GCX® Corporation
I.V. League Medical
Instrumentation Industries, Inc.
Marpac Inc.
MES, Inc.
Northern Pacific Medical LLC®
Tenacore Holdings, Inc.

Equipment Cleaning/Disinfection

Detergents

Maril Products Inc.
Medline Industries, Inc.
Passy-Muir, Inc.
Praxair Healthcare Services
Vital Technologies, Inc.

Disinfectants/Deodorants

Bio-Medical Devices
International™
CareFore Medical®
Cramer Decker Medical
Maril Products Inc.
Medline Industries, Inc.
Praxair Healthcare Services
Sporicidin by Contec, Inc.
Sunset Healthcare Solutions
VacuMed
Vital Technologies, Inc.

Surface Sterilization

Maril Products Inc.
Medline Industries, Inc.
Sporicidin by Contec, Inc.
Tenacore Holdings, Inc.
Vital Technologies, Inc.

F

Filters (Room Air)

Austin Air Systems
Porous Media Corporation
Praxair Healthcare Services
Ultra Pure Products

G

Gas Administration Devices (Face Masks)

A-M Systems
 Allied Healthcare Products, Inc.®
 Bio-Medical Devices International™
 CareFusion
 DeVilbiss® Healthcare
 GaleMed® Corporation
 GE Healthcare
 Hans Rudolph, inc.
 Medline Industries, Inc.
 Mercury Medical®
 NASORCAP Medical, Inc.
 Pall Medical
 Praxair Healthcare Services
 Smiths Medical, Critical Care
 Spiracle Technology
 Sunset Healthcare Solutions
 Teleflex Medical
 Vital Signs a GE Healthcare Company
 Westmed, Inc.

H

HEPA Filtration

AG Industries
 ARC Medical Inc.
 Austin Air Systems
 CareFore Medical®
 GaleMed® Corporation
 Pentair Porous Media
 Porous Media Corporation
 Praxair Healthcare Services
 Smiths Medical, Critical Care
 Sunset Healthcare Solutions
 Teleflex Medical
 Ultra Pure Products
 VacuMed

Humidifiers (Room)

Medline Industries, Inc.
 Smiths Medical, Critical Care

Coping with Your COPD: Good Advice from a Respiratory Therapist

AARC member Gerilynn Connors, BS, RRT, FAARC, clinical manager of respiratory care outpatient services, pulmonary diagnostics, and pulmonary rehabilitation at INOVA Fairfax Medical Center in Falls Church, VA, answers your questions about your respiratory medications.



What are each of my medications supposed to do?

COPD medications are preventive and therapeutic. The purpose is to prevent, decrease, or eliminate COPD symptoms such as shortness of breath, wheezing, and coughing. COPD medications do this by bronchodilating the airways, which means they open the airways and relax the muscles that line the airways.

There are many different families of medications your doctor can prescribe. Medications prescribed daily are called *maintenance* or *controller* medications. Medications needed only periodically are called *rescue*, or *reliever*, or *as-needed* (often called PRN by medical professionals) medications. Inhaled medications go directly into the lungs and have fewer side effects than medications taken in pill form. Medications are expensive, so knowing why and how to take your prescribed medications is very important.

In what sequence should I take my medications?

There are many different combinations of medications that your doctor can prescribe including:

- Short-acting medications
- Both short- and long-acting medications
- Maintenance medications

The prescribing physician must tell you exactly what the sequence should be when you take your medications. Other resources on how best to use your medications would be the pharmacist at the pharmacy where you fill your prescriptions and staff at the pulmonary rehabilitation program you attend.

A good way for you to tell how your lung disease is impacting your quality of life is to take the COPD Assessment Test. The test is short, simple, reliable, and validated, which means the information that you and your doctor can get from the results is valuable in managing your COPD. This test should be taken before your doctor appointment or pulmonary rehabilitation treatment. Make sure you share the results with them. The test is available at <http://catestonline.org/>. ■

M

Medical Gas Administration Devices

Carriers/Stands

Air Lift Oxygen Carriers
Air Liquide Healthcare America Corp
Baitella AG
Bio-Med Devices, Inc.
CareFore Medical®
Cramer Decker Medical
Falls Welding & Fabricating, Inc.
Genstar Technologies Co., Inc.
I.V. League Medical
Medline Industries, Inc.
MES, Inc.
Praxair Healthcare Services
R1 Technologies
Responsive Respiratory Inc.
Sunset Healthcare Solutions
Teleflex Medical
Vortran Medical Technology 1, Inc.®
W.T. Farley, Inc.
Western Medica

Carts/Racks

Advantage Medical Systems
Air Liquide Healthcare America Corp
Airgas Inc
CareFore Medical®
Cramer Decker Medical
Falls Welding & Fabricating, Inc.
Flotec, Inc.
Genstar Technologies Co., Inc.
I.V. League Medical
Medical Support Products, Inc.
Medline Industries, Inc.
MES, Inc.
Praxair Healthcare Services
Responsive Respiratory Inc.
W.T. Farley, Inc.
Western Medica

Cylinders

Advantage Medical Systems
Air Liquide Healthcare America Corp
Airgas Inc

Allied Healthcare Products, Inc.®
CareFore Medical®
Cramer Decker Medical
DeVilbiss® Healthcare
Falls Welding & Fabricating, Inc.
Flotec, Inc.
Luxfer Gas Cylinders
Medline Industries, Inc.
Praxair Healthcare Services
Responsive Respiratory Inc.
Spiracle Technology
W.T. Farley, Inc.
Western Medica

Gauge Protectors

Air Liquide Healthcare America Corp
Air Products
Cramer Decker Medical
Flotec, Inc.
Instrumentation Industries, Inc.
Medline Industries, Inc.
MES, Inc.
Praxair Healthcare Services
Smiths Medical, Critical Care
VacuMed
W.T. Farley, Inc.
Western Medica

Medical Gas Supplies (Oxygen)

Advanced Aeromedical, Inc.
Advantage Medical Systems
Air Liquide Healthcare America Corp
Air Products
Airgas Inc
Amvex®
Bio-Medical Devices International™
Convergent, LLC
DeVilbiss® Healthcare
Flotec, Inc.
Maxtec®
Medline Industries, Inc.
Oxigraf Inc.
OxySure® Systems, Inc.
Praxair Healthcare Services
R1 Technologies
Responsive Respiratory Inc.
Spiracle Technology

Sunset Healthcare Solutions
W.T. Farley, Inc.

Medication/Aerosol Delivery Devices

Aerosol Masks

A-M Systems
Afton Medical LLC
AG Industries
Allied Healthcare Products, Inc.®
Besmed Health Business Corp.
Bio-Medical Devices International™
CareFore Medical®
DeVilbiss® Healthcare
GaleMed® Corporation
Global Medical Holdings, LLC
Healthline Medical, Inc.
Medline Industries, Inc.
Mercury Medical®
Mylan Specialty L.P.
Nidek Medical Products, Inc.
PARI Respiratory Equipment, Inc.
Philips Respironics
Praxair Healthcare Services
R1 Technologies
Salter Labs
Smiths Medical, Critical Care
Sunset Healthcare Solutions
Teleflex Medical
Vital Signs a GE Healthcare Company
Westmed, Inc.

Air Compressors

Advantage Medical Systems
Airborne Life Support Systems™
Allied Healthcare Products, Inc.®
CareFore Medical®
DeVilbiss® Healthcare
GE Healthcare
Global Medical Holdings, LLC
Medical Support Products, Inc.
Medline Industries, Inc.
Nidek Medical Products, Inc.
PARI Respiratory Equipment, Inc.
Pentair Porous Media

Praxair Healthcare Services
Precision Medical, Inc.
Salter Labs
VacuMed
Vortran Medical Technology 1,
Inc.®

Holding Chambers

GaleMed® Corporation
Healthline Medical, Inc.
Medline Industries, Inc.
Monaghan Medical Corporation
Mylan Specialty L.P.
nSpire Health™
PARI Respiratory Equipment,
Inc.
Praxair Healthcare Services
Smiths Medical, Critical Care
Thayer Medical

Medication Nebulizers

A-M Systems
Aerogen
Airon Corporation
Allied Healthcare Products,
Inc.®
B&B Medical Technologies
CareFore Medical®
Clement Clarke International
Ltd.
DeVilbiss® Healthcare
GaleMed® Corporation
Global Medical Holdings, LLC
Hamilton Medical, Inc.
Healthline Medical, Inc.
Intersurgical®
Meditrack Products
Medline Industries, Inc.
Monaghan Medical Corporation
PARI Respiratory Equipment,
Inc.
Philips Respironics
Praxair Healthcare Services
R1 Technologies
Salter Labs
Smiths Medical, Critical Care
Teleflex Medical
Vital Signs a GE Healthcare
Company
Vortran Medical Technology 1,
Inc.®
Westmed, Inc.

Metered-Dose Inhalers (Hand-held)

A-M Systems
Instrumentation Industries, Inc.
Meditrack Products
Philips Respironics
Praxair Healthcare Services
Smiths Medical, Critical Care
Thayer Medical

Nebulizers

Breath-Actuated

Cramer Decker Medical
Global Medical Holdings, LLC
Healthline Medical, Inc.
Meditrack Products
Medline Industries, Inc.
Monaghan Medical Corporation
Praxair Healthcare Services
TaiDoc Technology Corp

Continuous

Aerogen
B&B Medical Technologies
Cramer Decker Medical
DeVilbiss® Healthcare
Global Medical Holdings, LLC
Healthline Medical, Inc.
Mercury Medical®
Methapharm Inc.
Philips Respironics
Praxair Healthcare Services
Salter Labs
Smiths Medical, Critical Care
TaiDoc Technology Corp
Teleflex Medical
VacuMed
Vital Signs a GE Healthcare
Company
Westmed, Inc.

Hand-held

A-M Systems
Aerogen
Afton Medical LLC
Allied Healthcare Products,
Inc.®
Cramer Decker Medical
DeVilbiss® Healthcare
GaleMed® Corporation
Global Medical Holdings, LLC

Healthline Medical, Inc.
Medline Industries, Inc.
Methapharm Inc.
PARI Respiratory Equipment,
Inc.
Philips Respironics
Praxair Healthcare Services
Salter Labs
Smiths Medical, Critical Care
TaiDoc Technology Corp
Teleflex Medical
VacuMed
Vital Signs a GE Healthcare
Company
Vortran Medical Technology 1,
Inc.®
Westmed, Inc.

Pneumatic

Allied Healthcare Products,
Inc.®
DeVilbiss® Healthcare
Global Medical Holdings, LLC
Healthline Medical, Inc.
Medline Industries, Inc.
Praxair Healthcare Services
Smiths Medical, Critical Care
TaiDoc Technology Corp
Vital Signs a GE Healthcare
Company
Vortran Medical Technology 1,
Inc.®

Ultrasonic

Robbins Instruments, Inc.
Smiths Medical, Critical Care
TaiDoc Technology Corp
Teleflex Medical

Tubing

A-M Systems
Advantage Medical Systems
Afton Medical LLC
AG Industries
Allied Healthcare Products,
Inc.®
Bay Corporation
Besmed Health Business Corp.
CareFore Medical®
DeVilbiss® Healthcare
Fisher & Paykel Healthcare
GaleMed® Corporation

Coping with Your COPD: Good Advice from a Respiratory Therapist

When, and under what circumstances, should I turn my O₂ up?

You should always discuss your desire to turn your oxygen up or down with your physician. Many physicians agree that titrating, or adjusting your oxygen setting, to an appropriate oxygen saturation is the best way to ensure appropriate oxygen therapy levels. There is debate on what constitutes an appropriate oxygen saturation, yet 90% is the minimum target and higher might be appropriate if agreed upon by your physician.

Most people require more oxygen when they exercise as well, so turning up your oxygen may be needed when you are active. An oximeter is a valuable tool to monitor oxygen saturations, and you can purchase one at a variety of retail outlets.

Some people will also need to turn up their oxygen when they sleep due to shallow breathing that can occur with sleep. Again, your physician will let you know if this is necessary. When traveling by air, your oxygen may need to be adjusted to maintain adequate oxygen saturation levels due to the pressurization of the airplane cabin.

It is important for you to know what your target oxygen saturation should be, have the ability to monitor your oxygen saturation, and know when to turn up your oxygen to maintain your target oxygen saturation.

I want to travel, but I use O₂ all the time. What can I do, and what's safe for me? Can I fly?

Maintaining normal activities is important while using oxygen, and travel is fun and appropriate for someone on oxygen. All airlines allow people to use oxygen on their planes, but they will have guidelines that you must follow. These are usually found on the airline's website.

In order to board a plane with your oxygen, you will need to get a prescription from your physician indicating that you are using oxygen and at what level. Most



AARC member
Robert McCoy, BS,
RRT, FAARC,
managing director
of Valley Inspired Products Inc. in Apple
Valley, MN, answers your questions about
managing your oxygen therapy at home.

portable oxygen concentrators (POC) have been approved for use on airplanes, yet each device has specific capabilities. So you will need to ensure the device you select has the right capabilities to meet your needs at altitude.

Of course, it is difficult to predict what level of oxygen delivery you will need at altitude, and testing for a specific prescription from a medical facility can be burdensome. Another option would be to use the POC you have selected for air travel while engaging in some type of physical activity a day or two before your trip. Monitor your oxygen saturation while doing the activity to see if you are maintaining your target oxygen saturation at a setting *below* the highest setting. This will give you room to increase the setting in flight if needed. If the device you selected did not meet this criteria, another POC might be a better choice. ■

Hi-Tech Medical™
 Instrumentation Industries, Inc.
 Medisize US, Inc.
 Medline Industries, Inc.
 Nidek Medical Products, Inc.
 PARI Respiratory Equipment,
 Inc.
 Praxair Healthcare Services
 R1 Technologies
 ResMed Corp
 Salter Labs
 Smiths Medical, Critical Care
 Smooth-Bor Plastics
 Sunset Healthcare Solutions
 Teleflex Medical
 Westmed, Inc.

Medications

Anti-Inflammatories

AstraZeneca Pharmaceuticals,
 LP
 Cornerstone™ Therapeutics
 Inc.
 Forest Pharmaceuticals, Inc.
 Mylan Specialty L.P.

Bronchodilators

Boehringer Ingelheim
 Pharmaceuticals, Inc.
 Mylan Specialty L.P.
 Nephron Pharmaceuticals
 Corporation
 Novartis Pharmaceuticals
 Corporation
 Praxair Healthcare Services
 Sunovion Pharmaceuticals Inc.

Leukotriene Modifiers

AstraZeneca Pharmaceuticals,
 LP
 Cornerstone™ Therapeutics
 Inc.

Mucolytics

Genentech, Inc.
 Praxair Healthcare Services

Saline

Medline Industries, Inc.
 Mylan Specialty L.P.
 Nephron Pharmaceuticals
 Corporation

Praxair Healthcare Services
 Smiths Medical, Critical Care
 Teleflex Medical

Sterile Water

Medline Industries, Inc.
 Mylan Specialty L.P.
 Praxair Healthcare Services
 Smiths Medical, Critical Care
 Teleflex Medical

Monitors (Apnea Monitors/Recorders)

Advantage Medical Systems
 Airborne Life Support Systems™
 Braebon Medical Corporation
 CareFusion
 CleveMed
 Grass Technologies, an Astro-
 Med, Inc. Subsidiary
 Masimo Corporation
 MIR Medical International
 Research
 Natus Medical Incorporated
 Nihon Kohden America
 Nonin Medical, Inc.
 Philips Respironics
 Praxair Healthcare Services
 ResMed Corp
 SOMNOMedics America, Inc.
 Vortran Medical Technology 1,
 Inc.®

O

Oxygen Delivery

Cannulas

A Plus Medical
 A-M Systems
 AEROLUNG CORP
 Afton Medical LLC
 AG Industries
 Airgas Inc
 Allied Healthcare Products,
 Inc.®
 Besmed Health Business Corp.
 Braebon Medical Corporation
 CHAD® Therapeutics
 Cramer Decker Medical
 DeVilbiss® Healthcare
 Fisher & Paykel Healthcare

Flotec, Inc.
 GaleMed® Corporation
 Intersurgical®
 MAQUET, Inc
 Medline Industries, Inc.
 NASORCAP Medical, Inc.
 Nidek Medical Products, Inc.
 Nihon Kohden America
 Praxair Healthcare Services
 R1 Technologies
 ResMed Corp
 Responsive Respiratory Inc.
 Salter Labs
 Smiths Medical, Critical Care
 Sunset Healthcare Solutions
 Teleflex Medical
 Vapotherm, Inc.
 Vital Signs a GE Healthcare
 Company
 Western Medica
 Westmed, Inc.

Concentrators

Portable

Advantage Medical Systems
 AirSep® Corporation
 Automated Control Systems
 Caire, Inc.
 Chart SeQual Technologies Inc.
 Cramer Decker Medical
 DeVilbiss® Healthcare
 Inogen, Inc.
 Inova Labs, Inc.
 Invacare Corporation
 Medical Support Products, Inc.
 Philips Respironics

Stationary

Advantage Medical Systems
 AirSep® Corporation
 Automated Control Systems
 Caire, Inc.
 Chart SeQual Technologies Inc.
 Cramer Decker Medical
 DeVilbiss® Healthcare
 GF Health Products, Inc.
 Invacare Corporation
 Nidek Medical Products, Inc.
 Parker Hannifin–Precision
 Fluidics Division
 Philips Respironics

Coping with Your COPD: Good Advice from a Respiratory Therapist

AARC member Patrick J. Dunne, MEd, RRT, FAARC, president of HealthCare Productions Inc. in Fullerton, CA, answers a question many home oxygen patients have about purchasing a pulse oximeter for home use.



Should I purchase a pulse oximeter? If so, what are the optimal ranges I should maintain during rest? Exercise?

Many long-term oxygen therapy patients have discovered that having their own personal pulse oximeter has several advantages. Most importantly, the pulse oximeter can show when blood oxygen levels fall below the target saturation level, which is determined by your doctor. Most often the target saturation is 90%, although some doctors feel that maintaining a saturation of 93%–94% is even better. It is important that you know your target saturation and that you maintain that level at all times.

While most patients receiving oxygen are able to maintain the target oxygen saturation at rest, it is during exercise (or sometimes even during leisurely walking), where oxygen levels tend to drop. This is because our oxygen requirements increase when we perform physical activity. So, having a pulse oximeter to monitor oxygen saturation levels can alert you of the need to increase the oxygen dose in order to maintain the doctor's target saturation. This will reduce shortness of breath and make it easier for you to stay physically active.

If you decide to purchase a personal pulse oximeter, be sure that you obtain a high-quality, medical-grade device. While medical-grade oximeters do cost more than those sold for recreational use (about \$100 versus \$30), they are more accurate and usually come with a four-year warranty. The company that provides your oxygen equipment can help you find one that is right for you. And finally, if you do decide to purchase a medical-grade oximeter, your doctor will have to write a prescription for you. ■

Conserving Devices

Advantage Medical Systems
Allied Healthcare Products,
Inc.®
Automated Control Systems
Caire, Inc.
CHAD® Therapeutics
Covidien
Cramer Decker Medical
DeVilbiss® Healthcare
Emergent Respiratory Products,
Inc.
Flotec, Inc.
GaleMed® Corporation
Global Medical Holdings, LLC
Medline Industries, Inc.
Parker Hannifin – Precision
Fluidics Division
Philips Respironics
Praxair Healthcare Services
Precision Medical, Inc.
Responsive Respiratory Inc.
Spiracle Technology
Teleflex Medical
Vortran Medical Technology 1,
Inc.®
Western Medica

Cylinders

Advantage Medical Systems
Air Liquide Healthcare America
Corp
Airgas Inc
Allied Healthcare Products,
Inc.®
Cramer Decker Medical
DeVilbiss® Healthcare
Falls Welding & Fabricating, Inc.
Flotec, Inc.
Luxfer Gas Cylinders
Medline Industries, Inc.
Michigan Instruments, Inc.
Praxair Healthcare Services
Responsive Respiratory Inc.
Spiracle Technology
W.T. Farley, Inc.
Western Medica

Liquid Systems, Home

Advantage Medical Systems
Airgas Inc
Caire, Inc.

Covidien
Praxair Healthcare Services

Lotions/Gels

AG Industries
Cann-Ease Co.
LouSal Enterprises Inc.

Masks (Simple Oxygen)

Allied Healthcare Products,
Inc.®
Besmed Health Business Corp.
Bio-Medical Devices
International™
Cramer Decker Medical
Emergent Respiratory Products,
Inc.
GaleMed® Corporation
Hans Rudolph, inc.
Intersurgical®
Medline Industries, Inc.
Mercury Medical®
Praxair Healthcare Services
RMS Medical Products
Salter Labs
Smiths Medical, Critical Care
Sunset Healthcare Solutions
Teleflex Medical
Vital Signs a GE Healthcare
Company

Nasal Prongs

DeVilbiss® Healthcare
Fisher & Paykel Healthcare
MAQUET, Inc
Sunset Healthcare Solutions
Teleflex Medical

Portable Oxygen Accessories

Advantage Medical Systems
AG Industries
Air Lift Oxygen Carriers
Air Liquide Healthcare America
Corp
Allied Healthcare Products,
Inc.®
Caire, Inc.
CHAD® Therapeutics
Cramer Decker Medical
DeVilbiss® Healthcare
Flotec, Inc.
GaleMed® Corporation

Coping with Your COPD: Good Advice from a Respiratory Therapist

AARC member Jim Stegmaire, RRT-NPS, RPFT, respiratory care specialist at Hastings Professional Medical Equipment in Cleveland, OH, answers your questions about the use of spacers.



Do I really need to use a spacer when I take my inhaler?

Technique when using an inhaler is critical in order for the medication to be deposited in the lungs. Studies have shown that up to 70% of patients using inhalers do not use the proper technique. Improper technique can lead to oral infections, hoarseness, and the potential for the medication to be incorrectly absorbed if swallowed.

The spacer aids in delivering the right amount of medication that is deposited in the lungs and minimizes some of the coordination issues associated with inhaler administration. Even patients who have good technique should have a spacer, as their technique may deteriorate in situations where they are short of breath. Spacers have also been shown to decrease the risk of side effects with inhaled steroids, even when technique is good.

What is a static-free spacer, and do I need to use one?

Some of the materials used in the spacer can lead to a buildup of static electricity that will cause the medication to stick to the spacer instead of being delivered to your lungs. A static-free spacer is coated to reduce or eliminate the buildup of static electricity within the holding chamber. This allows for optimal administration of the medication to your lungs.

Regular cleaning of your spacer using the manufacturer's recommendations will also aid in reducing static buildup within a spacer. Let the spacer air dry, as drying with a towel can cause static charge to build up. Do not store your spacer in a plastic bag, since this can cause static electricity to build up as well. ■

Buyer's Guide

Luxfer Gas Cylinders
Medline Industries, Inc.
Passy-Muir, Inc.
Pentair Porous Media
Pneuline Supply Inc.
Porous Media Corporation
Praxair Healthcare Services
Responsive Respiratory Inc.
Salter Labs
Spiracle Technology
Teleflex Medical
Western Medica

P

Peak Flow Meters

A-M Systems
Advantage Medical Systems
Armstrong Medical Industries Inc.
CareFore Medical®
Clement Clarke International Ltd.
DeVilbiss® Healthcare
Equilibrated Bio Systems Inc
Futuremed
GaleMed® Corporation
Global Medical Holdings, LLC
Maxtec®
Medline Industries, Inc.
Micro Direct Inc.
Monaghan Medical Corporation
Mylan Specialty L.P.
nSpire Health™
PARI Respiratory Equipment, Inc.
Philips Respironics
Praxair Healthcare Services
R1 Technologies
Salter Labs
SDI Diagnostics®
Sibel S.A.
Smiths Medical, Critical Care
Spirometrics Medical Equipment Co.
Teleflex Medical
Tri-anim Health Services
TSI Incorporated
VacuMed
Vitalograph Inc.

Personal Protective Equipment (Gloves)

Airborne Life Support Systems™
CareFore Medical®
Kimberly-Clark Health Care
Medline Industries, Inc.
Praxair Healthcare Services
Sage Products Inc.

Pulse Oximeters

Advantage Medical Systems
AG Industries
Airborne Life Support Systems™
Airgas Inc
Allied Healthcare Products, Inc.®
Armstrong Medical Industries Inc.
Cardiac Science Corporation
CareFore Medical®
CareFusion
CASMED® – CAS Medical Systems, Inc.
COSMED USA, Inc.
Covidien
Cowman & Associates, Inc.
Criticare Systems Inc.
Flotec, Inc.
Futuremed
GE Healthcare
Grass Technologies, an Astro-Med, Inc. Subsidiary
Masimo Corporation
Maxtec®
Mediaid, Inc.
Medical Support Products, Inc.
Medline Industries, Inc.
MGC Diagnostics
Micro Direct Inc.
MIR Medical International Research
Natus Medical Incorporated
Nihon Kohden America
Nonin Medical, Inc.
OPTI Medical Systems Inc.
Philips Healthcare
Philips Respironics
Physio-Control, Inc., a division of Medtronic, Inc.
Praxair Healthcare Services
Radiometer America Inc.
ResMed Corp

Responsive Respiratory Inc.
SDI Diagnostics®
SenTec™ AG, by Master Distributor Bemes, Inc.
Smiths Medical North America – Patient Monitoring
Smiths Medical, Critical Care
Sunset Healthcare Solutions
TheraSnore By Distar
Tri-anim Health Services
VacuMed
Vitaline, Inc.

S

Stethoscopes

Armstrong Medical Industries Inc.
Cardionics, Inc.
Medical Support Products, Inc.
Medline Industries, Inc.
Philips Healthcare
Praxair Healthcare Services
Ren-Lor Medical Stethoscopes
Tri-anim Health Services
UltraScope® Inc.

Suction Devices & Supplies (Portable)

Airborne Life Support Systems™
Allied Healthcare Products, Inc.®
Armstrong Medical Industries Inc.
Boston Medical Products, Inc.
CareFore Medical®
CooperSurgical, Inc.
DeVilbiss® Healthcare
Flotec, Inc.
GaleMed® Corporation
GF Health Products, Inc.
Global Medical Holdings, LLC
Impact Instrumentation, Inc.
Medela, Inc.
Medical Support Products, Inc.
Medline Industries, Inc.
Neotech Products, Inc.
Ohio Medical Corporation®
Praxair Healthcare Services
Precision Medical, Inc.
R1 Technologies
RMS Medical Products

Gain a Major Return with your Minor Investment in these New Coding Resources for 2013

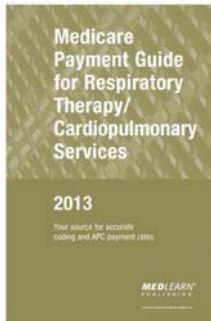
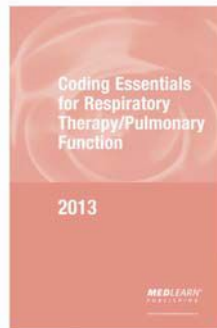
Updated MedLearn coding and payment guides for 2013 are now available. These softcover books contain comprehensive listings of codes and guidelines, along with detailed explanations, billing rules, and much more. And a special discount is once again extended to AARC Members when these books are ordered through the AARC Store.

2013 Coding Essentials for Respiratory Therapy/ Pulmonary Function

ITEM BKCR2013

Nonmember Price \$147.00

Member Price \$139.00



2013 Medicare Payment Guide for Respiratory Therapy/Cardiopulmonary Services

ITEM BKCM2013

Nonmember Price \$79.00

Member Price \$71.00

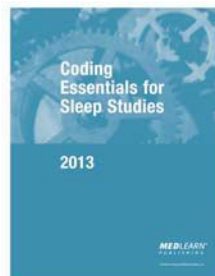


2013 Coding Essentials for Sleep Studies

ITEM BKCS2013

Nonmember Price \$147.00

Member Price \$139.00



Visit the AARC Store online at www.aarc.org/store for full descriptions & information.

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Passy-Muir, Inc.
Praxair Healthcare Services
Smiths Medical, Critical Care
Tri-anim Health Services

Ventilators

Home Care

Breas Medical, Inc
Breathe Technologies, Inc.
CareFusion
Covidien
Futuremed
GE Healthcare
General Biomedical Service, Inc.
Impact Instrumentation, Inc.
Medline Industries, Inc.
Newport Medical Instruments, Inc.
Philips Respironics
Praxair Healthcare Services
ResMed Corp
Tri-anim Health Services
United Hayek Medical
Vitaline, Inc.

Noninvasive Positive Pressure Systems

Airon Corporation
Breas Medical, Inc
CareFusion
Covidien
CPR Medical Devices Inc.
 Draeger Medical, Inc.
Emergent Respiratory Products, Inc.
eVent Medical
General Biomedical Service, Inc.
Hamilton Medical, Inc.
Innomed Technologies Inc.
MAQUET, Inc
Medline Industries, Inc.
Newport Medical Instruments, Inc.
Philips
Philips Respironics
Praxair Healthcare Services
ResMed Corp



A Salute to our 2013 Corporate Partners

Since 1947, the AARC has been leading the effort to advance the respiratory care profession and promote quality respiratory care. Collaborating with our 50 state organizations, we have successfully advocated for the profession at the federal, state and local level.

The combined efforts between the respiratory care profession and manufacturers in seeking ways to improve the quality and outcomes of our patients make us natural partners in today's healthcare continuum.

As health care budgets shrink and patient care becomes increasingly complex, our mutual challenges become greater. The synergy of the corporate partner concept is an effective way to address those needs utilizing our combined skills and resources.



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- Blom Speech Cannula is designed to allow speech for ventilator patients that require a fully inflated cuff
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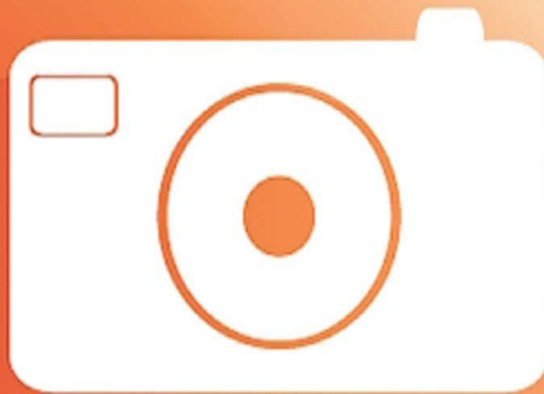
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AARC Times

Photo Contest

Call for Entries

*We want photos of
you with your patients*



Go to

<http://tinyurl.com/72qfqt5>

- Take the photo at your highest quality setting
- Email your photo to knauf@aacrc.org or send a CD to:
Photo Contest, *AARC Times*, 9425 N. MacArthur Blvd., Irving, TX 75063

■ You must be an AARC member.

■ Contest finalists will receive one year **FREE DUES** on membership renewal.

■ Finalists will be in the Dec. 2013 issue for members to vote on.

■ The winning photo will be on the March 2014 cover.

■ All photos become the property of the AARC.

■ You must provide a signed release form for everyone in the photo.

■ Go to www.aarc.org and type **photo release** in the search box or have Karen fax you one. Call (972) 406-4661.

■ If you have a story for the photo, please send that, too.



Industry Watch

Researchers collect data on sleep patients worldwide

Researchers across seven time zones are working together through the Sleep Apnea Genetics International Consortium to compile genetic, genomic, and phenotypic data of sleep apnea patients from various ethnic backgrounds in different countries. The data will allow investigators to determine the genetic basis of sleep apnea and its associated comorbidities, information that could lead to better ways of treating patients with the condition.

Forest Laboratories, Almirall, announce Phase III results

Forest Laboratories and Almirall announced the first Phase III clinical trial results for Almirall's Genuair inhaler last spring, noting positive findings. Genuair, which delivers fixed dose combinations of aclidinium bromide and formoterol fumarate to treat COPD, demonstrated improved efficacy and a safety profile comparable to placebo. The companies are expecting results from a second Phase III study

soon; and if those results are also positive, they anticipate filing new drug applications to medical authorities in the United States and Europe.

GeckoCap's beta product presented at TEDMED

GeckoCap presented the beta version of its new asthma management mobile device at the TEDMED Conference last spring in Washington, DC. The device allows parents to easily track their child's inhaler use with a "smart button" placed on the inhaler and a mobile phone interface. Data on inhaler use, which is stored in the cloud, may also be accessed by the physician.

Biolase receives FDA approval

According to Biolase Inc., the FDA has cleared its EPIC 10S™ soft tissue diode laser for use as a surgical instrument for over 80 different indications in 19 medical markets, including pulmonary surgery. "It is truly remarkable to see how our core technolo-

gies can impact so many other medical fields," said Biolase representative Fred Furry, COO.

ACOEM adds COPD to workforce program

The American College of Occupational and Environmental Medicine (ACOEM) has added COPD to its Healthy Workforce Now program. The organization will offer information and practical resources on COPD and smoking-prevention programs in the workplace to employers, including the Blueprint for Health, which provides a free online calculator that estimates the overall total health-related costs to employers resulting from COPD and other chronic conditions.

AACR supports evidence-based tobacco cessation

The American Association for Cancer Research (AACR) has published a statement asking the oncology community to provide evidence-based tobacco-cessation treatment for all cancer and cancer-screening pa-

tients and to evaluate tobacco as a confounding factor in cancer clinical trial outcomes. The statement, which calls for universal tobacco use assessment and documentation at every patient visit in all clinical cancer settings, was published in the April 9 edition of *Clinical Cancer Research*.

Insmed receives orphan drug designation for NTM drug

According to Insmed Incorporated, ARIKACE®, the company's liposomal amikacin for inhalation, has received orphan drug designation from the FDA for the treatment of infections caused by non-tuberculous mycobacteria (NTM). "The FDA's timely approval of our request for orphan drug designation for ARIKACE to treat non-tuberculous mycobacteria is a key milestone that supports our broader strategy for this potentially life-saving therapy," President and CEO Will Lewis was quoted as saying. "We continue to enroll patients in our Phase II clinical trial of ARIKACE to treat NTM patients in the

United States and Canada and look forward to having top-line data by the end of this year.”

Celsus Therapeutics receives patents

Celsus Therapeutics announced that the U.S. Patent and Trademark Office has granted it patents with claims covering Composition of Matter and Method of Treatments for MRX-4 for the treatment of allergic rhinitis. The therapeutic development program is part of Celsus’ platform of anti-inflammatory drugs. A recent study supported MRX-4 efficacy by showing it controlled six clinical symptoms associated with the condition: rhinorrhea, nasal itching, sneezing, frontal headache, nasal congestion, and ear/palate itching. Another trial noted no adverse effects associated with the drug, and pharmacokinetic analysis using ELISA did not detect MRX-4 in patients’ serum.

Aquinox Pharmaceuticals receives Series C funding

Aquinox Pharmaceuticals Inc. has secured \$18 million in Series C financing to build upon the success of its two recently completed Phase IIa clinical studies for its lead clinical candidate, AQX-1125. The studies were designed to evalu-

ate its ability to prevent airway inflammation in patients with asthma exposed to known allergens and volunteers exposed to an environmental inflammatory stimulus. Aquinox reports that AQX-1125 achieved its primary endpoint in both studies, demonstrating its anti-inflammatory properties and safety in humans and confirming similar findings seen previously in preclinical models.

Asmacure Ltee begins Phase 1/2 trial

Asmacure Ltee has begun a Phase 1/2 clinical trial of its lead compound, ASM-024, in a

DPI formulation. The company’s lead product, ASM-024 has a novel multi-functional mechanism of action with nicotinic and muscarinic effects and has demonstrated anti-inflammatory effects, bronchoprotection, and smooth muscle relaxation in pre-clinical asthma models. The current trial has single-ascending dose and repeat administration phases and will bridge to a Phase 2 study in moderate asthmatics.

Ingen receives first U.S. government purchase order

Ingen Technologies Inc. received its first purchase order for its Smart

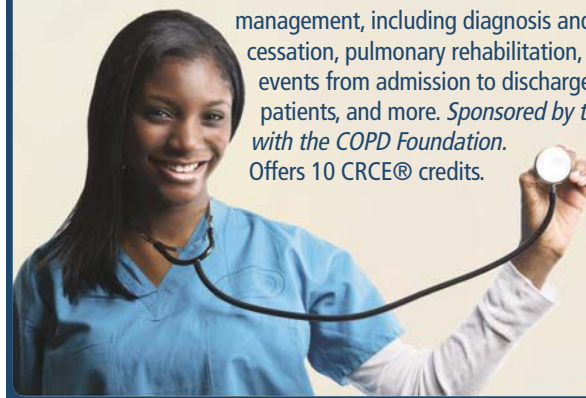
Nasal Cannula® from the U.S. Forest Service in March. The order came after the company engaged SenSoft International to assist in a record updating process necessary to allow Ingen to receive purchase orders through a Government Services Administration Department of Veterans Affairs Federal Supply Contract Award it received in February of 2011. The award is effective until 2016.

Brief submissions and photos for this column may be sent to Marsha Cathcart, AARC Times editor, at cathcart@aarc.org. ■

Respiratory Therapists Can Be the COPD Educators of Choice

A 2009 study published in the New England Journal of Medicine cited COPD as the third most frequent reason for hospital readmission. In these times, hospitals are looking closely at the reasons for costly readmissions and ways to reduce the number. They need clinicians who can provide the disease management services necessary to keep patients out of the revolving door. The ideal candidate is the respiratory therapist.

The **COPD Educator Course** can equip you with the tools you need to become the COPD educator of choice. This online course covers the essentials of COPD disease management, including diagnosis and treatment, smoking cessation, pulmonary rehabilitation, managing hospital events from admission to discharge, interviews with patients, and more. *Sponsored by the AARC in conjunction with the COPD Foundation.* Offers 10 CRCE® credits.



Nonmember Price \$225
Member Price \$165



Learn more and register at www.aarc.org/education/copd_course/



RC Currents

IN THE NEWS

► CMS Releases Public Database

AARC reacted to the public release of a Medicare database that shows disparities in billable charges from one hospital to the next, many of which are located within the same geographic location.

In an effort to be more transparent with regard to value-based purchasing, the Centers for Medicare and Medicaid Services (CMS) released a public database outlining inpatient charges, reimbursement, and volume information for the top 100 diagnostic-related groups (DRGs) for most hospitals in the United States. It is their belief that public disclosure of this information will allow consumers to make more informed decisions about their care. “Public criticism of hospital billing practices has always been a point of contention for patients, but we need to be cautious in interpreting this information,” says George Gaebler, MEd, RRT, FAARC, AARC president. He points out there is no quality of care information or indigent care statistics published with the report.

For more information and comments from Susan Gallo, MEd, RRT, FAARC, AARC’s representative to the AMA CPT Health Care Professional Advisory Committee, and Bill Cohagen, BA, RRT, FAARC, chair of the AARC’s Management Section, read the full story online at www.aarc.org/headlines/13/05/cms.cfm.

Also, the AARC will present a webcast on May 30 to discuss the implications and opportunities for respiratory therapists. Log on to www.AARC.org/education/webcast_central for information on the live webcast or to view it in the archives. ■

AARC Supports DMEPOS Legislation

The AARC sent a letter of support for the Medicare DMEPOS [durable medical equipment] Market Pricing Program Act of 2013 to two key legislators. Congressmen John Larson and Tom Price, MD, are being urged to support H.R. 1717 to ensure more appropriate provision of lifesaving and life-enhancing home respiratory equipment to patients with chronic respiratory conditions.

H.R. 1717 would replace the current competitive bidding system in place for Medicare DMEPOS. Health analysts have deemed competitive bidding a flawed system that will restrict access to needed home medical equipment for Medicare beneficiaries.

In the letter, AARC President George Gaebler, MEd, RRT, FAARC, notes that medical devices used in the home must be selected with individual patient nuances and requirements in mind and, thus, should not be subject to a reimbursement policy that views them simply as “commodities” or “products” subject to the lowest bid price.

“Oxygen devices and other respiratory support systems and methods continue to evolve, and respiratory patients need to be assured that they will have continued access to these improved technologies, including liquid oxygen,” writes Gaebler. “We believe an alternative system to competitive bidding can be used, which will help patients avoid costly exacerbations and improve their respiratory quality of life.” ■



AARC Webcasts Now on iPhone, iPad

The AARC webcast program has been a great way for members to earn free CRCE credits; but until now, you had to do it while sitting in front of your desktop or laptop computer. But thanks to a recent upgrade, our webcasts are now compatible with iOS version 4.3 and above on the iPhone, iPad, and iPod Touch. That means you can access the webcasts on any of these devices, opening the door to earning CRCEs on the go.

“With the popularity of mobile devices, many respiratory therapists have requested increased accessibility to our webcasts,” says Shawna Strickland, PhD, RRT-NPS, FAARC, AARC associate executive director-education. “We are so happy that our new upgrade allows us to provide webcasts in a variety of ways.”

All you have to do to access the webcasts on your iPhone, iPad, or iPod Touch is download the free Blackboard Collaborate app from the App Store and then follow a few easy instructions.

“Our webcast topics this year are so amazing that we want to help our members take advantage of this benefit regardless of physical location,” adds Dr. Strickland.

To find out about upcoming webcasts, go to Webcast Central at www.aarc.org/education/webcast_central/. ■



“New Members” Column Now Online

The AARC “New Members” column can be accessed at www.AARC.org/new_members. Current AARC members are encouraged to check this site on the first of each month to view the names of individuals who have been approved as “Active Members” of the Association. Any current member may object to a new membership by filing a written objection with the Executive Office at info@aarc.org within 30 days. ■

It’s Not Too Late for AARC Summer Forum

Did your schedule just loosen up and you are regretting not registering for the AARC Summer Forum in Orlando, FL, in July?

Good news! It is not too late. You (and your spouse) can still register online or on site for the respiratory educational event of the summer, July 15–17. See your May issue of *AARC Times* for details, log on to www.AARC.org/education/meetings/summer_forum_13/, or call the Executive Office at (972) 243-2272. We’ll see you at the Renaissance® Orlando at SeaWorld®. ■



Read the Rest of the Story at www.AARC.org

- EPA award goes to program led by AARC member — www.AARC.org/headlines/13/05/epa.cfm
- New CRCE transcript clicks it up a notch — www.AARC.org/headlines/13/05/crce/
- Polio survivor sees value in RTs — www.AARC.org/headlines/13/05/polio/

Smart Mobs Attract 21st Century Attention

Imagine you're somewhere and suddenly 15–20 people rush in and begin engaging in some kind of synchronized activity. Would you go over and see what's going on?

Many people are betting you would, and that's why they're increasingly organizing "flash mobs." But ill intent has been at the heart of some of these mobs, and that's spurred the development of more civilized "smart mob" events. Like the flash mob, the smart mob uses the element of surprise to engage the crowd — but that only happens after its organizers have acquired permission from the authorities to carry it out.



Many of the students who watched the smart mob in action pulled out smartphones and videotaped the event.

AARC member James Colquitt, MEd, RRT, organized a smart mob to help raise awareness of CPR and the availability of automated external defibrillators (AEDs) on the campus of Middle Georgia State College (MGSC) in Macon last fall. "I attended a large conference, the ECCU

Update 2012, in Florida last year, where I saw the event demonstrated and presented," says the MGSC director of clinical education and assistant professor of respiratory care. He took the idea and adapted it to use on the college campus.

Colquitt enlisted the support of both respiratory therapy and nursing students to carry out two smart mobs in the student life area of the campus, chosen because students regularly congregate there in between classes, and he hopes to sponsor more events this fall. The event begins when a student wearing a clown's wig rushes in and collapses on the floor. On his heels is another student who loudly proclaims, "Go call 911 and get the AED!" That student then begins compressions-only CPR while a third student runs for the AED and brings it over to the scene.

A few seconds later the Bee Gees' "Staying Alive" — touted as the theme song for CPR because it helps people find the right rhythm when doing compressions — begins playing on the loudspeaker. Then another 15 or so students rush in with CPR mannequins and begin compressions of their own. This goes on for a minute or two until Colquitt enters the scene to explain what's happening. His message: There



James Colquitt explains the purpose of the mob to bystanders. See this event on YouTube by clicking on this photo in the online version of July 2013 AARC Times available at www.aarc.org/members_area/aarc_times/

are three things bystanders need to do if they see someone in obvious cardiac or respiratory arrest — first, send someone to call 911 and go get the automatic external defibrillator; second, begin compressions-only CPR; and third, follow the voice prompts on the AED to save a life.

Incorporated into his brief talk is, of course, lots of credit for the college's respiratory therapy program, along with an organization he founded called "Smart Choices 4 Me" to help engage young people in planning their future.

The MGSC smart mobs lasted about 10 minutes from start to finish. "A few folks walked on once the events started, but many pulled out smartphones and videotaped them," says Colquitt. The idea is to know more about how to do CPR and use an AED on the spot in hopes that they will spread the word to their friends and associates about saving a life. Hosting the event takes a little time and effort — deans of health sciences, academics, students, local EMS, and public safety officials had to issue their stamp of approval — but Colquitt believes other RC programs would benefit from this approach to raise awareness of issues important to their campuses.

"In the last couple of years, our college campus added over 20 AEDs and trained over 200 staff and faculty on AED location and use," Colquitt notes. "During one of my courses I asked students to tell me where the nearest AED was... surprisingly, I found that there were many who had no idea where the AED was located or what it was used for, so we began searching for ideas to train a large number of students in a quick and edgy way." The smart mob was the answer.

For more information on hosting a smart mob, contact James Colquitt at jimmy.colquitt@maconstate.edu. ■

Enter the 2013 AARC Photo Contest

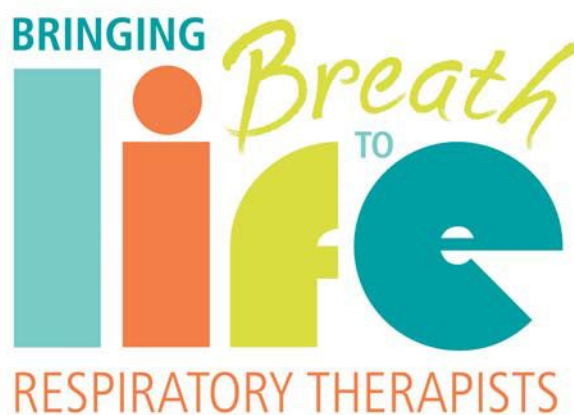
AARC Times is looking for creative members to enter our AARC Photo Contest. Finalists will receive a free one-year membership renewal and have their photo entered into our Photo-of-the-Year Contest with the chance of it being chosen to appear on the March 2014 cover. For instructions and guidelines, select the AARC Times icon on www.AARC.org and click on the "Photo-of-the-Year Contest" link. Deadline to submit photos is Oct. 15, 2013. ■



RC Week 2013 — Bringing Breath to Life

RC Week, celebrated Oct. 20–26, is that special time of year when respiratory care professionals everywhere are honored for their contributions. This year's theme, Bringing Breath to Life, reflects what respiratory therapists do each and every day. Share your enthusiasm in your chosen profession by planning events large or small for recognition, fun, and awareness with your RC team, your patients, your community, local students, and more. As the official sponsor for Respiratory Care Week, the AARC provides a great website at www.AARC.org/rcweek. Make it your favorite online destination for event ideas, planning tips, photo sharing, and more.

The AARC has partnered with Jim Coleman Ltd. again in 2013 to offer our members an RC Week store loaded with product choices for official themed items: coming in July to www.aarc.org/rcstore. ■



New Book Highlights the Spiritual Side of Quitting Smoking

Cigarette smoking has taken millions of lives and led to early disability for millions of others, but kicking the habit is an uphill battle for most people. AARC member Gary H. Peck, RRT, RPFT, CTTS, has long believed spirituality can play a role in helping people quit tobacco, and now he's sharing his beliefs through a new book titled "Rise from the Ashes — The Spiritual Path to a Smoke-Free Life."

Peck first entered the respiratory care profession back in the late 1970s after earning a bachelor's degree in biology. Since then, however, his career has taken him from respiratory therapy to theology school, to the ministry, and back again to respiratory therapy. Along the way, he also served as an associate editor of the AARC's science journal, *RESPIRATORY CARE*.

In the late 1980s, while he was managing outpatient pulmonary programs at St. Vincent Charity Hospital in Cleveland, OH, he appreciated the chance to connect with his patients on a more personal level to help improve their quality of life. Smoking cessation was a big part of that. Peck says he immersed himself in endeavoring to prevent people from reaching the point of ever needing rehabilitation.

Then, in 1987, he received the opportunity to become the editor of the AARC's Continuing Care/Rehabilitation Section *Bulletin* and found he enjoyed writing, interviewing people, and sharing the results with his colleagues in the profession. He began working for *RESPIRATORY CARE* in 1989. "It was certainly a privilege to work for the Journal and to be privy to the newest research taking place in the

Helping people kick the habit through spirituality

field," says Peck. "I had the opportunity to get to know many excellent researchers and editors doing what they were meant to do." After a couple of years, though, he missed direct patient care and began working in an RC department in Dallas.

Three years and lots of soul-searching later led him to realize he had another calling that needed to be addressed. "I began to sense among my patients deeper spiritual needs that were not being addressed in an in-depth manner in health care," says Peck. "After five years of living in Dallas, we moved back to northeastern Ohio where I enrolled in Ashland Theological Seminary." He became ordained and served in pastoral ministry for 11 years.

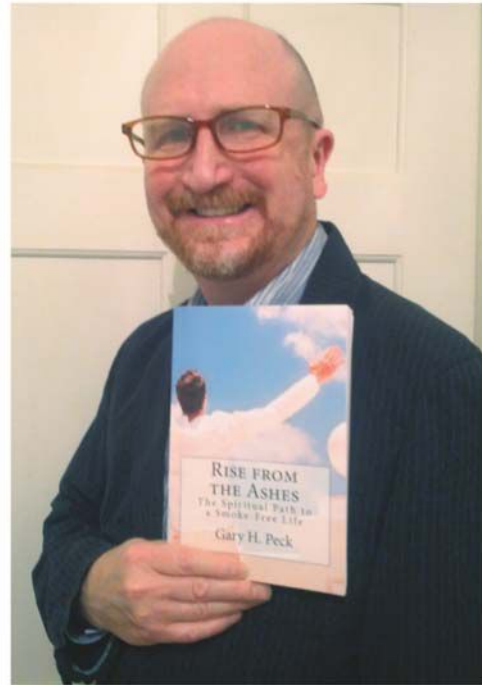
Throughout his years in the ministry, however, Peck remained in respiratory care on the side, working in the home care setting. His wife, Linda, also an RT, was providing smoking-cessation services in a hospital and was planning a workshop for the church on kicking the habit. She encouraged her husband to help, rekindling his own interest in the area.

After about a decade in the ministry, Peck decided to return to full-time respiratory therapy while using his pastoral skills to help people in a more secular way. He also resolved to sit down and

write a book to address the spiritual needs of people who attempt to quit tobacco, but time got away from him and the book went on the back burner. Then a life-altering event hit the family. Linda was diagnosed with acute myeloid leukemia in the summer of 2010 and underwent a bone marrow transplant the next winter. Peck took time off from work to care for her during the 100-day post-transplant period and that created the free time he needed to write the book.

He now works as a clinical specialist providing pulmonary rehab, PFTs, and smoking intervention in the pulmonary department at MetroHealth Medical Center in Cleveland. His book draws a parallel between the classical mystical stages of awakening, conversion, purgation, illumination, and union and the "stages of change" emphasized in addiction treatment — pre-contemplation, contemplation, preparing to quit, quitting, staying quit, and remaining quit. Peck believes the information is easy to incorporate into smoking-cessation counseling.

"Rise from the Ashes: The Spiritual Path to a Smoke-Free Life" is available at Amazon in paperback and can be "borrowed" for free on Kindle. ■



► Strange But True...

Scientists have long believed that olfactory sensors are exclusive to the nose, but that may not be the case. According to researchers presenting at the recent American Chemical Society meeting, the same receptors found in the nose can be found in other organs — including the lungs.

“Our team recently discovered that blood cells — not only cells in the nose — have odorant receptors,” noted Peter Schieberle, PhD, study author. “In the nose, these so-called receptors sense substances called odorants and translate them into an aroma that we interpret as pleasing or not pleasing in the brain. But surprisingly, there is growing evidence that also the heart, the lungs, and many other non-olfactory organs have these receptors.” ■



Is It Asthma or PVFMD?

Elite athletes who are diagnosed with exercise-induced asthma may really be suffering from a vocal cord disorder, report Ohio State University researchers who presented their findings at the Triological Society meeting earlier this year.

The study involved 46 division one collegiate athletes, marathon runners, and triathlon runners who were newly diagnosed with paradoxical vocal fold motion disorder (PVFMD). While only 30% of the participants reported consistently experiencing PVFMD symptoms like coughing during exercise, post-exertion testing using a flexible fiberoptic laryngoscope verified PVFMD diagnosis in all but six. When compared to a control cohort of non-athletes with PVFMD, athletes were less likely to present with a history of reflux, laryngeal edema, or psychiatric diagnosis.

“PVFMD symptoms can often mimic asthma, and as many as 40% of people with asthma also have PVFMD — so it’s typical for an athlete to get the asthma diagnosed correctly but not the vocal cord dysfunction,” study author Anna Marcinow, MD, was quoted as saying. “Nearly a third of our study athletes had been previously prescribed an inhaler for exercise-induced asthma — but many reported that the inhalers weren’t helping.” She emphasizes that a minimal response to bronchodilators should be a red flag for the PVFMD diagnosis. ■

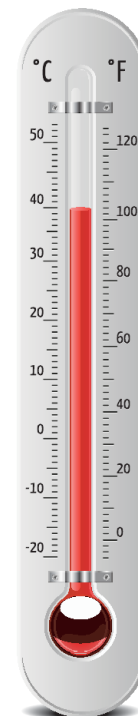
Summer Heat Bad News for Older People with Lung Problems

The summer months usually mean fewer respiratory infections, but new research from investigators at Johns Hopkins finds the warmer weather of the summer can be a problem for older people.

They looked at data on Medicare emergency respiratory hospitalizations during 1999–2008, along with measurements of weather and air pollution in 213 urban counties across the country. On average, respiratory hospitalizations increased 4.3% for each 10°F increase in daily mean summer temperature. This association was not changed by adjustments for air pollution, age, gender, or seasonal trends in hospitalization rates and temperature. It was strongest on the day of exposure to heat and remained elevated the day following exposure.

The increased risk for heat-related hospitalization was similar for COPD (4.7%) and respiratory tract infections (4.1%) and tended to be higher in counties where summers are typically mild.

The authors conclude that each 10°F increase in daily temperature translated to approximately 30 excess respiratory hospitalizations per day among the elderly in the 213 counties studied, with larger increases in temperature expected to result in more excess hospitalizations. The study was published online ahead of print in the *American Journal of Respiratory and Critical Care Medicine* last spring. ■



Smoking Cessation Reduces Lung Cancer Risk Among Asbestos Workers

A study conducted among 2,377 long-term North American insulators and 54,243 male blue collar workers with no history of exposure to asbestos found that the combination of asbestos exposure, asbestosis, and smoking increased the risk of dying from lung cancer by more than 36-fold. The combination of asbestos exposure and smoking raised the risk more than 28-fold.

For insulators who quit smoking, lung cancer mortality dropped in the 10 years following smoking cessation from 177 deaths per 10,000 among current smokers to 90 per 10,000 among those who quit. Lung cancer rates among insulators who had stopped smoking more than 30 years earlier were similar to those among insulators who had never smoked.

Participants in the study came from the Cancer Prevention Study II. The study by Queens College researchers was published online ahead of print last spring by the *American Journal of Respiratory and Critical Care Medicine*. ■



On the Path to a Treatment for IPF

A new study out of the University of Alabama at Birmingham has found a novel pathway that contributes to lung fibrosis, along with a potential treatment to block it. Scientists believe the findings could mean an eventual treatment for people with idiopathic pulmonary fibrosis (IPF).

The researchers note that IPF occurs when lingering myofibroblasts secrete too much collagen in the air sacs of the lungs, leading to scarring and stiffening of the surrounding matrix tissue. They found that a protein called Rho kinase, or “ROCK,” may contribute to the failure of myofibroblasts to undergo apoptosis by activating a mechanical signaling pathway causing the myofibroblasts to respond to mechanical cues. This promotes the survival of myofibroblasts and leads to more scar tissue formation, creating a vicious cycle of non-resolving repair.

A stroke drug called fasudil is known to be a ROCK inhibitor, and in animal studies and human IPF tissue studied in cell culture the investigators found that it blocked ROCK activation and promoted normal apoptosis of myofibroblasts. While blocking ROCK systemically with fasudil could result in adverse effects, such as hypertension, the researchers believe therapeutics to deliver the drug directly to the lungs could overcome that problem. Other ROCK inhibitors may be on the horizon as well. As this research continues on the ROCK signaling pathway, the development of other ROCK inhibitors might provide much the same mechanism of activity with less potential side effects, according to study author Yong Zhou, MD. ■

Allergen-specific Immunotherapy Found Safe and Effective

A review of the literature on allergen-specific immunotherapy has found it is generally a safe and effective treatment for nasal allergies and mild asthma in children and adults, although findings are stronger for adults than children. According to the report, which was conducted by the AHRQ and published in the March 27 edition of JAMA:

- A high strength of evidence supports the use of subcutaneous allergen-specific immunotherapy to reduce asthma, nasal, and conjunctivitis symptoms; lower the use of asthma medications; and improve quality of life. A moderate strength of evidence supports the treatment for reducing the need for rhinoconjunctivitis medication.
- Strong evidence supports sublingual immunotherapy to reduce asthma symptoms; moderate evidence supports its use for reducing nasal and conjunctivitis symptoms and medication usage, and improving allergy-specific quality of life.

While the FDA has yet to approve sublingual forms of immunotherapy, off-label use of subcutaneous aqueous allergens for sublingual desensitization is being explored, note the investigators. ■

Azithromycin: Double-edged Sword in Treatment of Non-CF Bronchiectasis

Long-term treatment with the antibiotic azithromycin can reduce respiratory symptoms in people with non-cystic fibrosis bronchiectasis, but it increases antibiotic resistance at the same time. That's the take-home message from Dutch researchers who conducted a multicenter trial to investigate whether low-dose macrolide treatment added to standard therapy is effective in reducing exacerbation frequency in patients with non-CF bronchiectasis. The randomized, placebo-controlled study was conducted among 83 outpatients with non-CF bronchiectasis and three or more lower respiratory tract infections in the preceding year. Forty-three patients received azithromycin (250 mg daily) and 40 received placebo for 12 months.

A total of 117 exacerbations treated with antibiotics were reported during the study, 78 of which occurred in the placebo group. Of the 40 participants receiving placebo, 80% had at least one exacerbation compared to 46.5% of those receiving azithromycin, yielding an absolute risk reduction of 33.5%. Forty percent of patients in the azithromycin group suffered gastrointestinal adverse effects versus 5% in the placebo group. However, the side effects were not severe enough for the patients to discontinue the study treatment. A macrolide resistance rate of 88% was noted in azithromycin-treated individuals, compared with 26% in the placebo group.

"We conclude that macrolide maintenance therapy was effective in reducing exacerbations in patients with non-CF bronchiectasis. In this trial, azithromycin treatment resulted in improved lung function and better quality of life but involved an increase in gastrointestinal adverse effects and high rates of macrolide resistance," write the authors. The study appeared in the March 27 edition of JAMA. ■



Did You Know?

According to the Agency for Healthcare Research and Quality (AHRQ), asthma, COPD, bronchitis, and upper respiratory infections were among the most common reasons for women to seek medical care in 2009. Overall, the AHRQ reports that 5.5 million women were treated for asthma and COPD, and 5.3 million received care for bronchitis and upper respiratory infections. ■

Members, Send Us Your Human Interest Stories

Have you been active in a ventilator-dependent kids' summer camp? Have you helped an elderly patient in need? Have you saved a life outside of a health care facility? *AARC Times* is always searching for stories from AARC members that relate special experiences.

If you have a human interest story to share with our readers, please contact *AARC Times* Editor Marsha Cathcart at cathcart@aacrc.org. ■



Genetic Marker + Wheezing Raises Asthma Risk

University of Chicago researchers who studied two carefully monitored cohorts of children from families at high risk for asthma find kids with two copies of a common genetic marker and a history of wheezing with a cold early in life are at the highest risk of developing asthma.

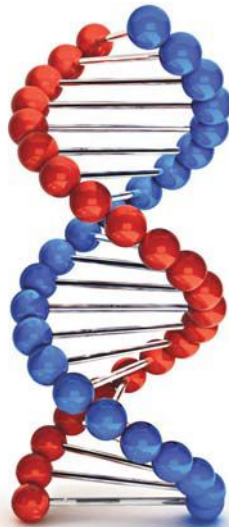
The first cohort involved 200 children in the COAST cohort based at the University of Wisconsin. These children had at least one parent with asthma, respiratory allergies, or both, and were followed from birth and evaluated for asthma at age six. The second cohort involved 297 Danish children born to mothers with asthma and evaluated for asthma at age seven.

In the COAST group, less than 30% of children who lacked the asthma-related genetic marker were subsequently diagnosed with the disease, compared to 40% with one at-risk allele and 50% with two.

Among children who lacked the risk-related genes, only about 25% of children with no wheezing illness developed asthma compared to about 40% of those who wheezed in the first three years of life.

When the researchers looked at kids who wheezed and had the genetic marker, nearly 60% of those with one copy of the asthma-related allele developed asthma. Ninety percent of those with two copies were diagnosed with the condition.

Although the overall asthma prevalence, based on slightly different criteria, was lower in the Danish cohort, the more-than-additive association between the at-risk genotype, wheezing illness in early life, and asthma diagnosis persisted. The study was published in the March 28 edition of *The New England Journal of Medicine*. ■



Boosting Vitamin D May Improve Lung Function of TB Patients

Korean investigators publishing in the *Journal of Clinical Endocrinology & Metabolism* find boosting vitamin D levels can improve lung function in people with tuberculosis (TB). Their study is the first to examine vitamin D and lung function in an East Asian population and involved cross-sectional survey data from the Korea National Health and Nutrition Examination Surveys in 2008–2010.

Results showed people with a history of TB had significantly lower levels of the vitamin D biomarker, 25-hydroxy vitamin D — 25(OH)D — in their blood. Lung function improved when 25(OH)D levels rose. “This study suggests TB patients may benefit from receiving vitamin D therapy to improve their lung function,” said study author Chan-Jin Choi, MD, PhD. “Vitamin D also has potential as a preventive measure for TB.” ■



No Quick Fix To Reduce Readmissions

Collaborative care is being touted in many sectors as one of the cures for excessive hospital readmissions, but a new study from investigators at Penn State, the Weill Cornell Medical College, and the University of Pennsylvania suggests that putting the concept into action is harder than it sounds. They analyzed 52 interviews with health care leaders involved in the first two years of the State Action on Avoidable Rehospitalizations, or “STAAR” initiative, which aims to reduce hospital readmissions in Massachusetts, Michigan, and Washington by 20%–30%.

These leaders agreed that fostering collaborative relationships among providers across care settings is key to reducing preventable readmissions. Also, more open and frequent communication helped them acquire a realistic understanding of each other’s roles and opportunities to improve care. However, significant obstacles remain. They note that collaborative relationships are not “naturally occurring” in most communities and there is a lack of evidence on the effectiveness of various interventions for reducing readmissions, especially for care outside the hospital.

Success was hampered by limited infrastructure and experience needed to implement rapid-cycle quality improvement techniques among some providers. “Even the most dedicated and forward-thinking participants made it clear that there is no quick fix,” said study author Jessica Mittler. The investigators published their findings in a recent issue of *Population Health Management*. ■





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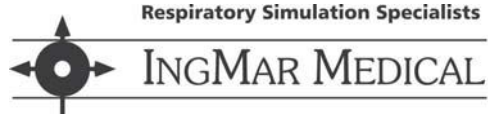
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AARC Summer Forum
Contact: AARC, (972) 243-2272,
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July 24–26
Biloxi, MS
42nd Annual TriState Respiratory Care Conference
Contact: TSRCC Registrar,
www.tsrcc.net

July 29–30
Columbus, OH
Ohio Society for Respiratory Care's 35th Annual State Meeting
Contact: Joe Huff,
www.osrc.org

September 25–26
Sturbridge, MA
MSRC's 36th Annual Meeting
Contact: Valeri-Ann Bolduc,
O2val@aol.com

September 25–27
Hot Springs, AR
42nd Annual ASRC State Meeting and Educational Seminar

Contact: John Lindsey,
(501) 620-3281

September 26–27
Mars, PA
PSRC's Western Regional Conference
Contact: Thomas Lamphere, (215) 687-2904, www.psrc.net

September 30 – October 1
Frankenmuth, MI
Michigan Society for Respiratory Care's Fall Conference
Contact: (866) 989-6772

October 3–4
Indianapolis, IN
Indiana Society for Respiratory Care's 39th Annual Fall Seminar
Contact: Pat Ingle,
(317) 962-5058

October 20–26
Respiratory Care Week
Contact: AARC, (972) 243-2272,
www.aarc.org/rcweek

October 23
Lung Health Day
Contact: AARC, (972) 243-2272,
www.aarc.org

November 1
Urbandale, IA
Iowa Society for Respiratory Care's Annual Meeting
Contact: Amy Weiford,
(319) 296-2329

November 16–19 (Saturday–Tuesday)
Anaheim, CA
AARC Congress 2013
Contact: AARC, (972) 243-2272,
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December 5–6
Springfield, MO
MSRC's 9th Annual Fall Specialty Conference
Contact: Christopher Cox, (417) 659-6590

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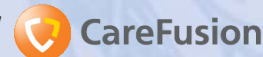


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