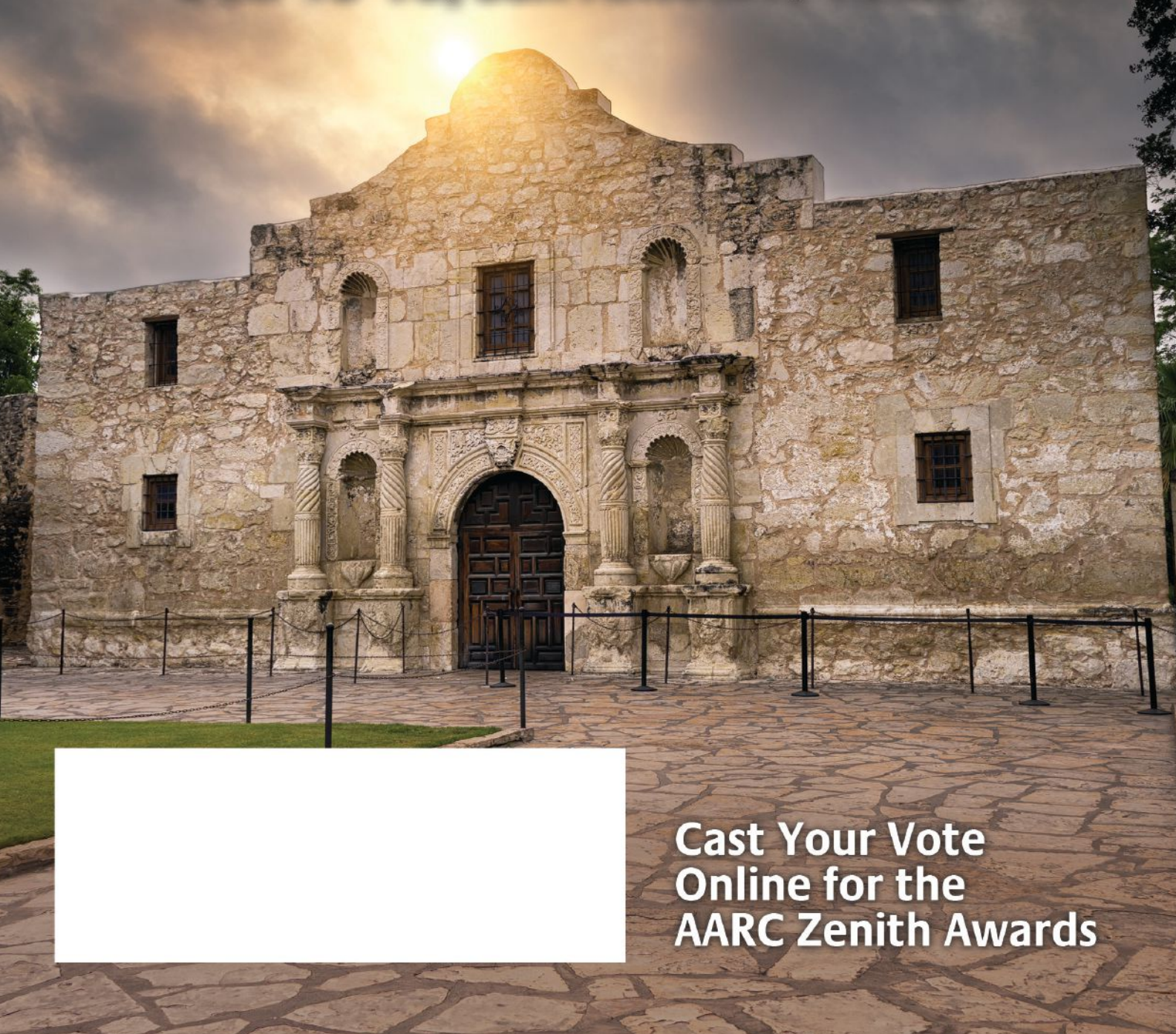




An Official Publication of the American Association for Respiratory Care
July 2016 Vol. 40, Issue 7 www.aarc.org \$11.50

Times

AARC Congress 2016
Oct. 15-18, San Antonio, Texas



**Cast Your Vote
Online for the
AARC Zenith Awards**



Increasing the Flow of Innovation.

Introducing a new standard in care, the Hudson RCI® Comfort Flo® Plus Cannula from Teleflex is redefining High Flow Nasal Cannula Therapy (HFNCT). With HFNCT you can achieve new levels of patient comfort, flush upper airway dead space and improve patient outcomes.¹

Our Comfort Flo Plus Cannula provides the following advanced, practical features:

- Large bore nares deliver 1 – 60 LPM
- Optional chin strap encourages closed-mouth treatments, which may increase PEP²
- Adjustable bifurcated head strap for a comfortable yet secure fit, even during patient movement
- Soft nasal prongs come in three sizes

comfortfloplus.com



References: 1 Frat JP, Thille AW, Mercat A, et al. High-Flow Oxygen through Nasal Cannula in Acute Hypoxemic Respiratory Failure. The New England Journal of Medicine 2015; DOI: 10.1056/NEJ-Moa1503326

2 Hirst KR, Patel A, Vines DL. Evaluation of Bronchial Pressures and Tidal Volume Using Three Different Adult High Flow Nasal Cannula (HFNC) Devices. AARC 2011 Open Forum # 13 Presentation. i. Cited in support of PEP effect only

Teleflex, Hudson RCI and Comfort Flo are trademarks or registered trademarks of Teleflex Incorporated or its affiliates, in the U.S. and/or other countries.

© 2016 Teleflex Incorporated. All rights reserved. MC-001076





29



24



98



22

Ventilation for Life | Page 5

Exploring Volumetric Capnography and Its Uses. By Thomas Piraino RRT, FCSRT

Clinical Perspectives | Page 14

Does Lung Cancer Provide a New Role for RTs? By Tim Buckley, MSc, RRT, FAARC

AARC Election 2017 | Page 19

Meet the candidates for the AARC 2017 leadership positions.

Cast Your Vote Online for the AARC Zenith Awards | Page 22

Help select the winners of the 28th Annual AARC Zenith Awards.

San Antonio Insider | Page 24

As we get ready to present Congress 2016 in San Antonio, here's a visitor's guide to the Alamo City, specially prepared for you by a member of the Texas Society for Respiratory Care. By Mary Hart, MS, RRT, FAARC

Cover Story: AARC Congress Advance Program | Page 29

Join us in beautiful San Antonio, TX, for Congress 2016, October 15-18

Reflections: Reborn as an RT? | Page 111

How respiratory care gave one RT his life. By Lou Kaufman, BS, RRT-NPS, AE-C, FAARC

Executive Office Update | Page 10

General Counsel | Page 17

RC Currents | Page 98

Advertiser Index | Page 110

Calendar of Events | Page 110

Classified Advertising | Page 110

Industry Update | Page 109

AARC Strategic Plan

The American Association for Respiratory Care has a Strategic Plan that includes its Mission and Vision Statements for 2015-2020.

Bookmark this page:
http://www.aarc.org/member_services/mission/.



American Association
for Respiratory Care

Editor

Marsha Cathcart, BA

Managing Editor

Douglas Laher, MBA, RRT, FAARC

Contributors

Debbie Bunch, BA
Sheila Henegar

Manager of Marketing and Production

Jeanette Chawdhury, MBA

Graphic Designers

Joyce Havins
Kelly Piotrowski
Jennifer Horn

Advertising Rates and Media Information

Contact: phil.ganz@aarc.org
Phil Ganz, 48 Abbey Woods Ln.,
Ste. 100, Dallas, TX 75248
Voice (972) 991-4994
Fax (888) 206-9006

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

AARC Times and *RESPIRATORY CARE* —
official publications of the AARC

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

Publisher

Thomas J. Kallstrom, MBA, RRT,
FAARC

Printed in USA

► Meet the AARC Staff



Grady Peters

Network Administrator
grady.peters@aarc.org



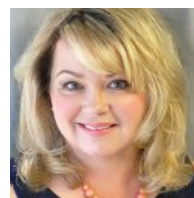
Russell Leighton

Database
Administrator
leighton@aarc.org



Joyce Havins

Sr. Graphic Designer
joyce.havins@aarc.org



Kris Kuykendall

Executive Administrative
Assistant
kuykendall@aarc.org



The INOmax DS_{IR}[®] is alarmed... so you don't have to be.

- ▶ FDA cleared to deliver an inhaled vasodilator
- ▶ Constant drug delivery monitoring with alarms
- ▶ Backup delivery modes
- ▶ Backup drug supply
- ▶ Backup power supply
- ▶ Backed by INOMAX Total Care[®]

Designed with numerous safety features and alarms, the INOmax DS_{IR} helps manage the risks of device-related rebound pulmonary hypertension.

 To learn more about the INOmax DS_{IR} and INOMAX Total Care, visit www.inomax.com.

Visit Booth 600 at AARC Congress 2016



Mallinckrodt, the "M" brand mark and the Mallinckrodt Pharmaceuticals logo are trademarks of a Mallinckrodt company. Other brands are trademarks of a Mallinckrodt company or their respective owners.

© 2015 Mallinckrodt. IMK111-01662-R2 July 2015 www.inomax.com

INOmax DS_{IR}[®]



Your Patients Can Self-Manage Their COPD.

Advise your patients to take control with the COPD Toolkit.



- Offers text, video, teach back & game plans
- Show me versus tell me approach



The COPD TOOLKIT is a disease self-management program for patients that includes:

- Easy to understand physiology of COPD
- How to avoid flare-ups – quicker reaction time
- Building a rescue plan with the doctor
- Understanding medication and medical devices
- Hands-on workbook and tools for daily living



Available now in the AARC Store.

c.aarc.org/go/toolkit

Volume pricing available.
Contact 972-243-2272 or
email info@aarc.org.

Information Contacts:

AARC Membership or Other AARC Services:

American Association for Respiratory Care • 9425 N. MacArthur Blvd., Ste. 100, Irving, TX 75063 • (972) 243-2272 • Fax (972) 484-2720 • www.aarc.org

Respiratory Therapist Credentialing

& Registration: National Board for Respiratory Care • 18000 W. 105th St., Olathe, KS 66061-7543 • (913) 895-4900 • Fax (913) 895-4650 • www.nbrcc.org

Accreditation of Education Programs:

Commission on Accreditation for Respiratory Care • 1248 Harwood Rd., Bedford, TX 76021-4244 • (817) 283-2835 • Fax (817) 354-8519 • www.coarc.com

Grants, Scholarships, Community Projects:

American Respiratory Care Foundation • 9425 N. MacArthur Blvd., Ste. 100, Irving, TX 75063 • (972) 243-2272 • Fax (972) 484-2720 • www.arcfoundation.org

AARC Times (USPS 491-930) (ISSN 0893-8520) is a monthly publication of Daedalus Enterprises, Inc., for the American Association for Respiratory Care. Copyright © 2016 by Daedalus Enterprises, Inc., 9425 N. MacArthur Blvd., Suite 100, Irving, TX 75063-4706. All rights reserved. Reproduction in whole or part without the express written permission of Daedalus Enterprises, Inc., is prohibited. The opinions expressed in articles, departments, or editorials are those of the author and do not necessarily reflect the views of Daedalus Enterprises, Inc. or the American Association for Respiratory Care.

Periodicals Postage: Paid at Irving, TX, and at additional mailing offices. POSTMASTER: Send form 3579 to *AARC Times*, Daedalus Enterprises, Inc., 9425 N. MacArthur Blvd., Suite 100, Irving, TX 75063-4706.

Change of Address: Six weeks' notice is required. AARC members should include their membership number when submitting an address change. Nonmember subscribers should provide old mailing label and new address. Send changes to *AARC Times*, Daedalus Enterprises, Inc., 9425 N. MacArthur Blvd., Suite 100, Irving, TX 75063-4706. Periodicals postage paid at Irving, TX.

Article and Feature Contribution: *AARC Times* welcomes AARC member contributions of feature articles and information for the regular columns. All materials should be submitted via email to Editor Marsha Cathcart at cathcart@aarc.org. Letters from members will be considered for publication if they relate to specific articles appearing in *AARC Times* within the last three months. Editorials may be published if they are of interest to the AARC membership. The editor reserves the right to edit letters and articles without changing their meaning in order to suit legal and space requirements.

Subscriptions: Individual subscriptions are available for \$90 per year (12 issues) in the United States or Puerto Rico; \$125 per year in all other countries. Airmail postage is an additional \$134 per year. Non-member Institution subscription \$140 per year. Member rates available at www.AARC.org. Single copies, current and back issues, if available, are \$11.50. Write *AARC Times*, Daedalus Enterprises, Inc., 9425 N. MacArthur Blvd., Suite 100, Irving, TX 75063-4706. Authorization to photocopy items for internal or personal use, or the internal or personal use of specific clients, is granted by Daedalus Enterprises, Inc.

Volumetric Capnography

By Thomas Piraino RRT, FCSRT

Capnography is the graphical display of exhaled carbon dioxide (CO_2) and it is commonly displayed as a pressure versus time waveform. Capnography is generally used for end-tidal CO_2 (P_{ETCO_2}) monitoring and is widely used in the operating room and for monitoring respiratory status in patients undergoing conscious sedation or procedural sedation. The use of capnography in the intensive care unit (ICU) is less common.

Volumetric capnography is the measurement of capnography that displays exhaled CO_2 as a pressure versus volume waveform. Volumetric capnography can be used to quantify the volume of exhaled CO_2 in a single tidal breath ($V_{\text{T}\text{CO}_2}$) and the exhaled CO_2 volume per minute (V_{CO_2}) calculated by multiplying the $V_{\text{T}\text{CO}_2}$ by the respiratory frequency (Figure 1). This article will outline the uses of volumetric capnography in the ICU to help clinicians understand the extremely useful information it can provide.

Calculating dead space fraction

The measurement of physiologic dead space ($V_{\text{D}}/V_{\text{T}}$) has been a subject of interest in research related to acute respiratory distress syndrome (ARDS). Many clinicians assume that it is a complicated measurement available through the use of dedicated equipment. Calculation of $V_{\text{D}}/V_{\text{T}}$ requires the measurement of mean expired CO_2 ($P_{\text{E}\text{CO}_2}$) which is easily done by using V_{CO_2} (in Litres), exhaled minute ventilation (MV_{E}), and barometric pressure minus water vapour pressure (see Equation 1). $P_{\text{E}\text{CO}_2}$ and $V_{\text{D}}/V_{\text{T}}$ can also be calculated using a volumetric CO_2 monitor such as the NICO₂ and NM3 monitor.¹

Calculation of $V_{\text{D}}/V_{\text{T}}$ has historically used the Enghoff modification (Equation 2) to the original Bohr equation (Equation 3). This calculation requires arterial $P_{\text{a}\text{CO}_2}$ and because of this it is affected by other causes of ventilation/perfusion mismatch including shunts caused by atelectasis, consolidation, or underlying respiratory conditions. Therefore, the Enghoff approach can overestimate the alveolar dead space ($V_{\text{D}\text{ALV}}$) portion of physiological $V_{\text{D}}/V_{\text{T}}$ (Figure 2).¹

about the author...



Thomas Piraino, RRT, FCSRT, is the clinical educator for respiratory therapy services at St. Joseph's Healthcare in Hamilton, Ontario.

He is also an assistant clinical professor with the Department of Anesthesia in the division of critical care at McMaster University in Hamilton, Ontario, Canada.

The "Bohr" approach for calculating $V_{\text{D}}/V_{\text{T}}$ is considered to be "true dead space".^{1,2} Areas of the lung with high ventilation and low perfusion affect the Bohr equation. Therefore, the Bohr equation best demonstrates the effects of alveolar over-distension, pulmonary emboli, and pulmonary hypo-perfusion (Figure 2).¹ The Bohr equation does not require $P_{\text{a}\text{CO}_2}$, instead it requires the pressure of mixed alveolar CO_2 ($P_{\text{A}\text{CO}_2}$) which can be measured using the midpoint of phase III of the volumetric capnogram (Figure 1).^{3,4} Measuring $V_{\text{D}}/V_{\text{T}}$ using both the Enghoff and Bohr approach can help distinguish between the $V_{\text{D}}/V_{\text{T}}$ and shunt conditions effecting gas exchange.¹

Estimating nutritional requirements

To determine the caloric needs of patients the resting energy expenditure (REE) needs to be calculated. This calculation is usually done using a metabolic analyzer, but if one is not available a simple modification to the Weir equation can use V_{CO_2} to estimate REE in kcal/day (Equation 4). If the RQ is believed to be within the normal range of 0.80

Figure 1

Capnogram demonstrating the values required to calculate dead space. Notice the difference between the Enghoff (also effected by shunt) and Bohr areas of alveolar dead space.

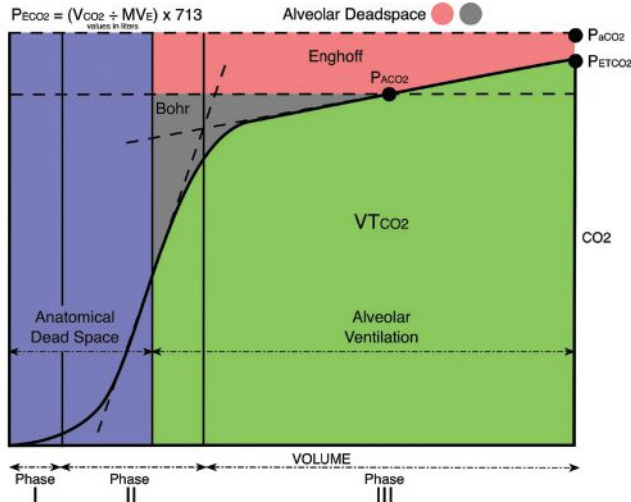
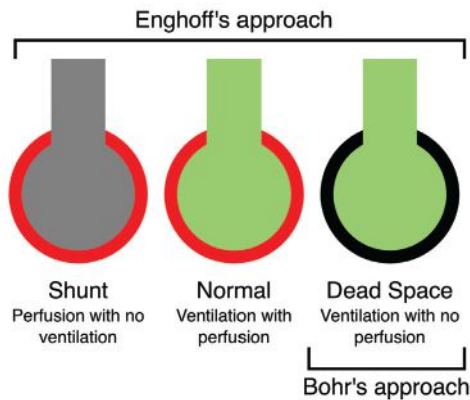


Figure 2

The Enghoff approach to calculating physiological V_D/V_T can overestimate true alveolar dead space as it is also affected by areas of shunt. The Bohr approach is considered the measurement of “true dead space” because the calculation is affected by areas of ventilation with poor perfusion only.



Equation 1-4:

<p>Equation 1</p> $P_{ECO2} = (V_{CO2} \div \dot{V}_{E}) \times 713$ <p><small>values in liters</small></p>	<p>Equation 2</p> $V_D/V_T = \frac{P_{aCO2} - P_{ECO2}}{P_{aCO2}}$ <p>Enghoff approach</p>
<p>Equation 3</p> $V_D/V_T = \frac{P_{aCO2} - P_{ECO2}}{P_{aCO2}}$ <p>Bohr approach</p>	<p>Equation 4</p> $REE = 8.19 \times V_{CO2}$

to 0.90, the accuracy of calculating REE using V_{CO2} is $\pm 5\%$. If the RQ is lower than normal, the percent error becomes more positive; whereas, if the RQ is higher than normal, the percent error becomes more negative.⁵

Ventilator adjustments

The discrepancy between P_{aCO2} and P_{ETCO2} is one of the reasons why clinicians may be discouraged to use capnography in the ICU. When the $P_{aCO2} - P_{ETCO2}$ gradient is normal (approximately 3-5 mm Hg), P_{ETCO2} is a useful tool for monitoring ventilation. However, when patients have a significant mismatch of the ventilation-perfusion ratio (V/Q), this gradient will increase. This makes the interpretation of P_{ETCO2} more complicated. For example, optimizing PEEP in a patient may cause an increase in V_{CO2} and P_{ETCO2} because of an improvement in V/Q. However, the increase in P_{ETCO2} reflects a decrease in the $P_{aCO2} - P_{ETCO2}$ gradient rather than an increase in P_{aCO2} . In fact, this optimization may result in a decrease in P_{aCO2} .

Although the $P_{aCO2} - P_{ETCO2}$ gradient reflects V/Q mismatch, it should not be used as a surrogate for V_D/V_T .² Therefore, the monitoring of V_{CO2} and the calculation of V_D/V_T is preferred.


Liberation from mechanical ventilation

When weaning or assessing patients for extubation, V_{CO2} is another monitoring tool. If a respiratory rate increase coincides with an increase in V_{CO2} , they may not be “failing” their weaning, and a higher respiratory rate would be acceptable. During a spontaneous breathing trial, a decreasing trend in V_{CO2} would indicate a reduction in effective alveolar ventilation and would likely lead to weaning failure, whereas a stable trend in V_{CO2} indicates successful weaning.⁶⁻⁸

Equipment

Stand-alone devices for measuring volumetric capnography are available. Probably the most common stand-alone device is the NICO monitor.¹ ICU ventilators with volumetric capnography as a built in option can also be used. The ability of volumetric capnography to calculate V_D/V_T , estimate REE, guide ventilator adjustments, and monitor weaning should make it standard in ventilation monitoring.

The future of closed suction is clear



Minimize the potential for HAIs by only having to open the circuit once per week to change the catheter system.

An innovative suction handle design allows for single-handed operation and creates a direct line of air flow from the suction source to the catheter for enhanced suction performance.

Bring Clarity in your approach to closed suction with safe, simple access to the airway and improved safety, performance and versatility. Made without DEHP, the AirLife® Clarity closed suction system maintains a closed system up to seven days, helping to reduce the potential of HAIs while minimizing variability in catheter changeouts, reducing replacement costs and increasing standardization in care. An innovative, suction handle design creates a clear suction path from the suction source to the catheter for enhanced suction performance. Learn more at carefusion.com/Clarity

Visit Booth 1012 at AARC Congress 2016

AirLife®

 **CareFusion**

© 2016 CareFusion Corporation or one of its subsidiaries. All rights reserved. AirLife, CareFusion and the CareFusion logo are trademarks or registered trademarks of CareFusion Corporation or one of its subsidiaries. AL6435 (0516)

Visit Booth 225 at AARC Congress 2016

NEW!



Critical care-quality CPAP for ED, PACU, ICU, and continuum of care



Introducing the new MACS epic CPAP system

Features include: oxygen range from 21% - 100%, integrated patient alarms, and more. Learn about the MACS epic, and all our critical care products. Visit our website today or call.



AironUSA.com
888.448.1238



Airon

Summary and the role of the RT

Making adjustments to ventilation is primarily done with the guidance of common monitoring tools readily available to the respiratory therapist at the bedside. When a patient is increasingly difficult to manage, it is the responsibility of the RT to understand and interpret complicated cardiopulmonary physiology, and it our expertise that allows us to make ventilator adjustments accordingly. The addition of volumetric capnography and the valuable information it can provide allows the RT to make more advanced physiologically based decisions to optimize and individualize the care to the patient. ■

References

1. Siobal M, Ong H, Valdes J, et al. Calculation of physiologic dead space: comparison of ventilator volumetric capnography to measurements by metabolic analyzer. *Respir Care* 2013; 58(7):1143-1151.
2. Suarez-Sipmann F, Bohm S, Tusman G. Volumetric capnography: the time has come. *Curr Opin Crit Care* 2014; 20(3):333-339.
3. Tusman G, Scandurra A, Bohm SH, et al. Model fitting of volumetric capnograms improves calculations of airway dead space and slope of phase III. *J Clin Monit Comput* 2009; 23(4):197-206.
4. Tusman G, Suarez Sipmann F, Borges JB, et al. Validation of Bohr deadspace measured by volumetric capnography. *Intensive Care Med* 2011; 37(5):870-874.
5. Siobal M, Baltz J. A guide to the nutritional assessment and treatment of the critically ill patient. American Association of Respiratory Care, Irving, TX, 2013.
6. Gonzalez-Castro A, Suarez-Lopez V, Gomez-Marcos V, et al. Utility of the deadspace fraction (VD/VT) as a predictor of extubation success. *Med Intensiva* 2011; 35(9):529-538.
7. Gonzalez-Castro A, Suarez-Lopez V, Gomez-Marcos V, et al. Utility of the dead space fraction (Vd/Vt) as a predictor of extubation success. Article in Spanish. *Med Intensiva* 2011; 35(9):529-538.
8. Riou Y, Chaari W, Leteurtre S, et al. Predictive value of the physiological deadspace/tidal volume ratio in the weaning process of mechanical ventilation in children. *J Pediatr (Rio J)* 2012; 88(3):217-221.

ARE YOU READY TO JOIN THE 80%?

The AARC's board of directors has set a goal of having 80% of practicing respiratory therapists either holding or working on a bachelor's degree by 2020.*

Independence University can help you meet that goal. Our degree programs are flexible, online, and designed to help you advance your career without disrupting your work schedule. Plus, you'll have the opportunity to learn from industry leaders like Dr. Kenneth A. Wyka, who literally wrote the book on *The Foundations of Respiratory Care*.

Call 800-267-5011 or visit independence.edu/bsrc to learn about our Bachelor of Science in Respiratory Care

IU INDEPENDENCE[®]
UNIVERSITY *Since 1891*

NONPROFIT ONLINE EDUCATION



*<http://www.aarc.org/aarc-bod-sets-80-bachelor-degree-goal-by-2020>.
Independence University admits students of any race, color, and national or ethnic origin.
For program disclosure information, visit www.independence.edu/student-information.

Visit Booth 540 at AARC Congress 2016



Executive Office Update

Keeping Lifesaving Measures Close By

by Thomas J. Kallstrom, MBA, RRT, FAARC

Recently my grandson came back from the community pool with what looked like a real shiner on his eyelid. It almost looked like a bee had stung him. When I looked closer it appeared that it could be a serious allergic reaction to something, so off to the emergency room he, my daughter, and I went. My concern was that this could morph into anaphylaxis, and we did not want to wait around the house to confirm this diagnosis, especially when we do not have rescue epinephrine in our possession, which is the only rapidly effective intervention for such an episode.

We know that anaphylaxis and anaphylactic shock is not all that uncommon for people with a history of allergic reactions. One would think that these simple rescue devices, such as AEDs, would be commonly available in public. Unfortunately, this is not the case. Because of this, many professional and patient advocacy organizations are taking up this issue. The Allergy and Asthma Network (AAN) has long been leading the effort to make sure children have access to rescue medications in schools and beyond. The AARC has also partnered with AAN and supported these efforts.

Because of the preventable deaths that occur due to anaphylaxis, there was a move to do something about it. In 2013, the President signed the School Access to Emergency Epinephrine Act and it became law. The law makes an important change to the Children's Asthma Treatment Grants Program and other federal asthma programs, which authorize the Department of Health and Human Services to give funding preferences to states for asthma-treatment grants if they: 1) maintain an emergency supply of epinephrine (EpiPens); 2) permit trained personnel of the school to

administer epinephrine and 3) develop a plan for ensuring trained personnel are available to administer epinephrine during all hours of the school day. Since this was signed, it is estimated that over 1,000 unnecessary deaths annually have been avoided simply by allowing access to emergency epinephrine in schools.

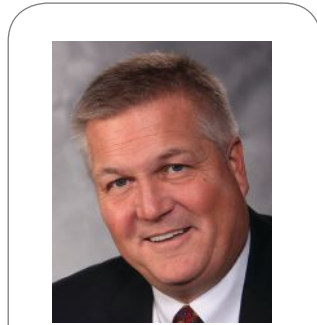
That was a good start but we are not done yet.

How many times have you been in a plane and have been exposed to dander-producing animals? Dogs are most commonly seen in the passenger compartment and certainly produce dander, which can trigger a respiratory episode for susceptible patients. Keeping in mind that the air in planes is recirculated, there is the possibility that a fellow passengers may find themselves in a situation where they risk going into anaphylaxis due to exposure to this trigger. It's not just animals — it could also be an exposure to peanut dust. Unfortunately, not all airlines have stopped serving peanuts. Southwest Airlines is one that serves them to its customers. So there is a real possibility

that a person at 30,000 feet can experience an allergic reaction from a number of triggers.

Fortunately, in August of 2015, U.S. Senators Mark Kirk (R-Ill.) and Jeanne Shaheen (D-N.H.) introduced the Airline Access to Emergency Epinephrine Act (S.1972), which would improve access to life-saving medication for airline passengers with food and other severe allergies. The act would require commercial airlines to maintain at least two epinephrine auto-injectors (one adult dosage and one child dosage) on each aircraft and, like the School Access to Emergency Epinephrine Act, would require airlines to train crewmembers to recognize allergy symptoms and administer epinephrine in the event of an allergy attack.

about the author...



Thomas J. Kallstrom, MBA, RRT, FAARC, is executive director of the AARC.



Less is more.

Spend less time on your process and more time with your patients.

You have a department to run with a staff that needs to concentrate on patient care. The epoc® Blood Analysis System is the tool to help you improve your blood gas and electrolyte testing process. With features such as positive patient identification, wireless communication and SmartCard technology, your staff can do everything they need to do standing at the patient's side.

To see how "less is more" contact your Alere representative for a demonstration and a discussion about how the epoc® System can improve your process.

Contact your Alere Representative about availability, **1.877.441.7440** or visit **alere.com**




Visit Booth 803 at AARC Congress 2016

The AARC is supportive of this bill and lobbied for it when the Political Advocacy Contact Team (PACT) made their hill visits in March 2016. I would encourage you to make sure that your senators know about the bill and ask for them to co-sponsor it. Remember, this summer there will be a break in Congress, and your member will likely be back home. In addition to the Airline Access to Emergency Epinephrine Act (S.1972), it would also be a great time to visit with them and tell them more about H.R.2948 — the Medicare Telehealth Parity Act of 2015. Let them know that we are in need of a Senate companion bill and you would be appreciative if they would consider introducing it. While there are other telehealth


bills, this one in particular specifies the respiratory therapist as a professional who could provide this service. Let them know it is important to our patients that a respiratory therapist is a key player in assessing, managing, and educating patients about their chronic pulmonary disease and this bill will make that happen. To learn more about this, please go to: https://www.aarc.org/app/uploads/2015/03/telehealth_faqs.pdf.

Getting back to my grandson, Bentley. He is doing fine and thankfully he needed no further intervention. I only hope that should he or anyone ever require lifesaving measures, wherever he would go, that they would be close by. ■

Smart Management Tools




www.AARC.org/store
More details available from the AARC Store.



ITEM # SW0028
AARC Uniform Reporting Manual for Respiratory Care, 5th Edition

This updated edition can analyze productivity, track trends in the utilization of services, establish FTE requirements, and measure demand and intensity of services. This URM provides current standards for clinical activities and includes: Echo/Non-invasive Cardiology Labs; Blood Gas Labs; Pulmonary Diagnostic Labs; Sleep Disorders Labs; Hyperbaric Medicine; and Pulmonary Rehabilitation Services. Worksheets are included for each productivity system. Copyright 2012 AARC.

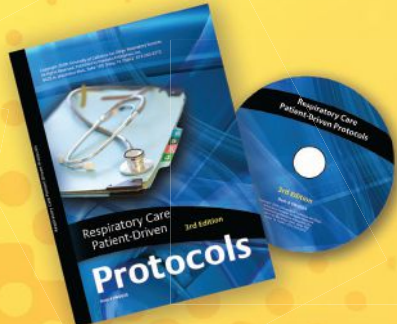
Nonmember Price	\$225.00
MEMBER PRICE	\$175.00
<i>Member Savings</i>	<i>\$ 50.00</i>



ITEM # SW0027
Orientation and Competency Assurance Documentation Manual for Respiratory Care 2nd Edition

This digital format manual provides tools for documentation of compliance for Respiratory Care Services with the 2010 standards for CMS, IHI (Institute for Healthcare Improvement), and The Joint Commission. Terminology is consistent with the AARC's Uniform Reporting Manual. Includes guidelines in chapter format with reference to over 90 detailed competency documentation forms. Copyright 2011 Daedalus Enterprises Inc.

Nonmember Price	\$159.00
MEMBER PRICE	\$119.00
<i>Member Savings</i>	<i>\$ 40.00</i>



ITEM # SW0025
Respiratory Care Patient-Driven Protocols, 3rd Edition

One of the most significant ways to accomplish safe and effective cost savings is through the use of protocols by respiratory therapists. Protocols can reduce expenses and this manual is an excellent resource for the development, implementation, or refinement of care plans. Contains algorithms with each protocol. Copyright 2008 University of California San Diego, Respiratory Services.

Nonmember Price	\$130.00
MEMBER PRICE	\$ 90.00
<i>Member Savings</i>	<i>\$ 40.00</i>



RespiPatient®...
The Only
Respiratory-
Centered
Manikin

It's All About the Lungs

A common limitation of manikin simulators is that their respiratory mechanics are fairly simple. To effectively teach mechanical ventilator management you need ventilator-grade lungs.

RespiPatient is the only manikin simulator that offers truly high-fidelity lungs. At the core of RespiPatient is our spontaneously breathing ASL 5000 – the world's most sophisticated breathing simulator.

Using any ICU ventilator, you can change a patient's condition on the fly, or as part of a disease state progression – with realistic PEEP, chest rise, and lung sounds. With RespiPatient, you can even train procedures such as needle decompression, tracheotomy, and chest tube insertion.

Free Webinars

Check out our free webinars on ventilator management at www.ingarmed.com/webinars.



Visit Booth 1200 at AARC Congress 2016

INGMAR MEDICAL

Respiratory Simulation Specialists

IngMar Medical, Ltd. is ISO 9001:2008 certified.



Take your training where you need it.
Create a mobile training station with
the optional cart.

5940 Baum Boulevard
Pittsburgh, PA 15206 USA
412.441.8228 Toll free 800.583.9910
www.ingarmed.com

Does Lung Cancer Provide a New Role for Respiratory Therapists?

By Tim Buckley, MSc, RRT, FAARC

Respiratory therapists understand that lung cancer is often a fatal disease. But most of us have only seen lung cancer when dealing with the extreme shortness of breath associated with end-stage disease. Unfortunately, as professionals, we realize that there is little we can do for those terminally ill patients other than make them comfortable and provide palliative care.

In 2014, there were more than 224,000 new cases of lung cancer diagnosed in the United States. During that same time period, over 159,000 deaths were attributed to lung cancer.¹ According to the National Cancer Institute, lung cancer comprises about 13.5% of newly diagnosed cancer in the U.S.¹ In 2014, it was expected to account for 27.9% of deaths from cancer, making it one of the deadliest forms of cancer, with a five-year survival rate of only 16.8%.

Survival is largely associated with the stage at which the cancer is diagnosed. Only 5% of lung cancers are diagnosed when the tumor is localized and has not spread to the lymph nodes. Fifty-seven percent of lung cancers are diagnosed when the disease has already spread to distant organs. At that point, the survival rate is only 4%. But if diagnosed early and in the localized stage, the survival rate increases to 57%.¹

Catching it early

An important goal of lung cancer care is to increase the diagnosis of early-stage lung cancer to improve patient outcomes. The consensus is that by diagnosing lung cancer early and treating it promptly, we will get better results. Medicare has recently approved the use

of low-dose CT screening for lung nodules in selected groups of Medicare patients.² Most insurers were already paying for this screening, but it is expected that they will all restate their guidelines to match Medicare in the future. These screenings may identify a number of early-stage lung cancers that can be treated, but they may also produce a large number of false positives that will require further testing.

Another large group of patients for whom lung cancer may be found early is comprised of those who have “incidental findings” on x-rays or scans done for another reason. For example, someone has a chest x-ray for a broken collarbone and it “incidentally” finds a suspicious lung nodule that needs to be tested further to rule out lung cancer. Over three months in 2009, one group looked at 600 CT scans done in the emergency department. Sixteen of those scans showed a reportable lung nodule.³

As Summa Health continued to see an increase in the volume of lung nodule patients from various sources, we felt that a “navigator” would be helpful to guide patients through the complex

process of follow-up to determine if the lung nodule was just something that needed to be monitored or if it required further testing and work-up. This presented an opportunity for one of our RTs to step up and develop a role as an RT lung nodule navigator.

The navigator's role

When we proposed filling this role with a respiratory therapist, we were asked, “What would an RT bring to this role?” Our answer was, first of all, this is a disease of

about the author...



Tim Buckley, MSc, RRT, FAARC, is system director of respiratory care, sleep medicine and critical care at Summa Health in Akron, OH.



the organ in which we are experts. Second, this disease is strongly associated with a smoking history, and frequently these patients have co-morbid conditions such as COPD, asthma, and congestive heart failure. These are all diseases in which RTs have expertise.

When we put an RT into this role, she had to quickly gain knowledge in the area of lung cancer. In spite of our expertise with the lungs, most RTs have little background in or knowledge about lung cancer. In addition to learning about the disease, our RT had to learn about the diagnostic process, how patients move through this process, and where the current bottlenecks exist. The RT navigator needed to be familiar with scheduling scans, tests, labs, and PFTs.

Lung cancer, like many other cancers, has consensus guidelines that recommend treatment based on the stage of the cancer.⁴ While the physicians stage the cancer, our RT navigator had to become familiar with these guidelines, as well as how they help determine the care plan and what they mean, so that she could explain them to patients and their families.

Our RT lung nodule navigator spends much of her time educating patients and their family members about the disease and the importance of prompt testing. She also spends a portion of her time helping to schedule tests ordered by the physician, making sure results are sent to the appropriate physician, and ensuring physician appointments are scheduled. She often has to troubleshoot roadblocks too, like delays in testing when an MRI is down. Our navigator knows more about how to obtain transportation for patients without access to a car or public transportation than most clinicians will ever have to know.

At our system, each week we conduct a multidisciplinary conference to recommend patient care plans based on the National Comprehensive Cancer Network Guidelines.⁵ The RT lung navigator is a key participant in these conferences, usually voicing the concerns of the patient or family and assessing the likelihood of compliance with testing and treatments. Some of this is clinical but much is experience based. Her skills in teaching, assessing, and providing diagnostic and clinical care are all at the forefront during these conferences. The RT is on an equal footing with the physicians, nurses, and other team members.

A natural fit

RTs at Summa have been working with our Cancer Center to support the Lung Nodule Program since 2013. This program is designed to increase the early detection of lung cancer and speed the diagnosis and treatment to improve outcomes. The need for a navigator became apparent as the patient volume increased. The role was traditionally a nurse's role, which had been developed in various cancer programs and proven to be successful.⁴ We challenged that thinking and developed a job description for a respiratory therapist to develop and fill this role. We have proven that a motivated and competent RT has the skills and background to be a successful navigator.

A recent article in *RESPIRATORY CARE* describes the role of a respiratory navigator with several key bullet points⁶:

- Empower patients through education about their disease and treatment.
- Improve patient adherence to treatment.
- Educate patients and families to recognize and employ healthier behaviors.
- Educate family caregivers who provide support for patients to help with adherence to the patient's care plan.
- Teach patients and family members to recognize exacerbations sooner and avoid the visit to the emergency department or hospital admission.

We used this as a model as we developed the role of the RT lung nodule navigator. The goal of the navigator is to move more of our patients from the low survival group to the group of those who can successfully survive lung cancer through early diagnosis, rapid treatment,

and effective support. This is truly a new role for RTs that can be duplicated elsewhere.

In 2015, we added a second RT into this role to deal with the increased volume of “incidental” lung nodules in our busy emergency departments. With the focus of the visit to the emergency department often another issue, the staff felt it was vital to add a navigator to reach out and ensure follow-up, since many of the visitors to our ED either do not have a primary care physician or are less likely to follow up on their own.

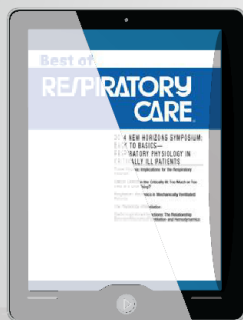
Employing an RT as a navigator is cost effective and an appropriate use of our skills and background. As we move from fee-for-service to population health management and value-based care, this type of position is a natural fit for RTs. ■

References

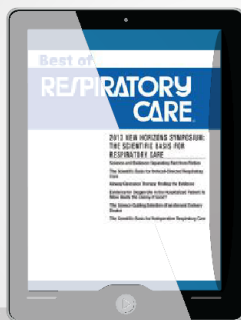
1. National Cancer Institute. Bethesda, MD. SEER Cancer Statistics Factsheets: Lung and Bronchus Cancer. <http://seer.cancer.gov/statfacts/html/lungb.html>. Accessed March 16, 2015.
2. Centers for Medicare and Medicaid Services. Medicare covers lung cancer screening. <http://www.medicare.gov/coverage/lung-cancer-screening.html>. Accessed March 16, 2015.
3. Thompson RJ, Wojcik SM, Grant WD, et al. Incidental findings on CT scans in the emergency department. *Emerg Med Int.* 2011;2011:624847. doi: 10.1155/2011/624847.
4. Wagner EH, Ludman EJ, Aiello Bowles EJ, et al. Nurse navigators in early cancer care: A randomized, controlled trial. *J Clin Oncol.* 2014;32:12-18.
5. National Comprehensive Cancer Network. https://www.nccn.org/store/login/login.aspx?ReturnURL=http://www.nccn.org/professionals/physician_gls/pdf/nscl.pdf. Accessed March 16, 2015.
6. Dunne PJ, MacIntyre NR, Schmidt UH, et al. Respiratory care year in review 2011: long-term oxygen therapy, pulmonary rehabilitation, airway management, acute lung injury, education and management. *Respir Care* 2012;57(4):590-606.

The Best of RESPIRATORY CARE eBooks

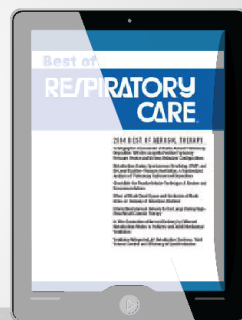
The Best of RESPIRATORY CARE eBooks are conveniently packaged manuscripts previously published and now available in electronic format for quick and easy reference. eBooks are based on themed topics, conference symposia or journal conferences, and can be immediately downloaded and saved on your computer or mobile technology.



“Respiratory Physiology in Critically Ill Patients”
\$2.99



“The Scientific Basis for Respiratory Care”
\$2.99



“2014 Best of Aerosol Therapy”
\$4.99

See the eBooks category in the AARC store for a full list of eBooks currently available • Visit: c.aarc.org/go/ebook



General Counsel

Never Forge Ahead, or a Signature

by Anthony L. DeWitt, JD, RRT, FAARC

The Advanced Pulmonary Lab

Our Lady of Perpetual Billing Hospital has the latest and greatest in pulmonary function technology. Not only do the instruments provide measurements and send those to the computer, the technology will draft an official-looking and official-sounding interpretation of the data based upon information put into the computer. The official-looking interpretation even has the pulmonary medical director's signature block set out (see Figure 1).

As the medical director of the department, Dr. Y is usually pretty good at reading tests at least once a week, except for those three weeks he vacations in Destin, FL, and lays out on the Emerald Coast basking in the melanoma-producing sun. Every now and then, Dr. Y will change something on the report, and require it be retyped, but about 80% of the time, he just signs the computer-generated interpretation because it accurately describes his own findings. He is always careful to make sure that the medical record and the clinical history match the findings.

But now it's Tuesday of the week that Dr. Y goes to Florida, and Dr. N, a notoriously short-tempered surgeon, wants to know if it's safe to operate on Ms. Esmerelda Peabody-Hough, a patient with advanced lung disease. The

technician has phoned Dr. Y, faxed Dr. Y, emailed Dr. Y, and even texted Dr. Y, all to no avail. She just can't get a reply. Dr. N is furious, threatening to take his patient to Cedars of Cashbox Hospital, where "interpretations are done immediately!" The hospital administrator is angry and the department director can't provide any advice. So the technician in the lab simply uses Dr. Y's stamp to sign the computer interpretation. Dr. N takes this as permission to operate, and as a result, Ms. Peabody-Hough winds up ventilator dependent.

about the author...



Anthony L. DeWitt, JD, RRT, FAARC, is an attorney and a partner in the firm Bartimus, Frickeleton, and Robertson, PC, and resides in Opelika, AL. He has also published two books and numerous legal journal articles. This article is not a substitute for legal advice.

Should anyone be worried? Are you Reddy for this...

While radiology is not exactly respiratory care, there is a radiology case¹ that should make everyone who even thinks that this might be proper to stop, reconsider, and make sure that no one is using a physician's stamp to sign anything.

Dr. Rajashakher P. Reddy was a radiologist who offered what are commonly called "nighthawk" services to small hospitals without dedicated radiologists. His cleverly named company, Reddy Solutions, offered to provide quick, correct interpretations of radiographs sent to him electronically by the serviced hospitals. But according to Sally Quillian-Yates, the United States Attorney in the Northern District of Georgia: "He produced tens of

thousands of reports claiming to include his medical findings and diagnoses based on radiology studies that had been performed, when in fact all those interpretations had been performed by non-qualified medical assistants."

In other words, unqualified medical assistants who had no radiology training other than what Dr. Reddy may have provided them, were the ones actually read-

Figure 1

Mr. X completed a pulmonary function test on Jan. 5, 2016 and both his FEV₁ and FEF₂₅₋₇₅% indicate small airways obstruction. DLCO results were within normal limits as were lung volumes. Clinical correlation is required.

Dr. Y

Figure 1. – The official-looking interpretation

ing the radiographs. Dr. Reddy was just signing them, and from the record, it looks like he was signing them electronically.

If that wasn't bad enough, Dr. Reddy instructed these same non-physician assistants to destroy records the government subpoenaed and to lie to federal authorities. He not only received convictions for mail fraud, wire fraud, and health care fraud, he was convicted of obstructing justice as well. He could receive a lengthy prison sentence as a result.

But everybody does it....

From time to time, even lawyers tell their clerks and secretaries to "sign my name." When a lawyer does that, he is as responsible for that document as if he had signed it himself. If it requires him to review documents (for example, for an affidavit or other sworn statement) and he falsely says he has done so, or lets a false signature go on the affidavit, he is likely to be charged criminally and lose his law license. However, when a physician says or gives permission for someone to "use his name," even in the context of a report they dictated but did not sign, they are playing with fire. So is the person who uses the stamp — and the organization they work for.

Health care providers are held to a high standard. Even if criminal charges do not result, it can certainly be negligence, or worse, fraudulent record keeping, and such activity could threaten a professional's license. It is also hard to explain during a deposition where a patient has wound up ventilator dependent because critical pulmonary findings were not reported as such.

I once took over a hospital department where the secretary routinely signed the name of a local physician to every cardiology report when that doctor had dictated it. She was such a competent forger that it was often difficult to tell her signature from that of the physician. This practice was immediately cancelled when I learned of it, and the physician's answer was to bring in a stamp and tell the secretary to ignore what I said and stamp the documents. He said, "I don't have time to read and sign all these [expletive deleted] reports!"

Eventually, the general counsel stepped in and quashed the process, but not until several sets of feelings were bruised. Fortunately, no one went to jail. The bottom line is that professionals should sign only what is within their scope of practice and should let physicians themselves use their stamps if they are unwilling to hand-sign each document. The person using the stamp is then liable — just as Dr. Reddy was — for the outcome if the reports are in any way fraudulent or improper.

Or, to put it more simply: No one ever went to jail for refusing to forge a document. ■

Reference

1. Atlanta radiologist sentenced to prison. Federal Bureau of Investigation, Atlanta Division, December 8, 2011. <https://www.fbi.gov/atlanta/press-releases/2011/atlanta-radiologist-sentenced-to-prison>. Last accessed May 11, 2016.

AARC Election 2017

All Active and Life members of the American Association for Respiratory Care will soon vote for the candidates running for 2017 officer and director positions of the AARC leadership on an online secure website.

As an AARC member, you have the important responsibility of choosing individuals to lead the profession and our professional association. All of the candidates are introduced briefly here in *AARC Times*. A biographical sketch about each candidate and their answers to questions posed by the AARC Elections Committee will be available for your review beginning August 1, 2016. The actual voting site will not be activated until Aug. 15, 2016, and voting will

continue through Sept. 14, 2016. Be on the lookout for an AARC email with the link and instructions; you can vote only upon receipt of the email. Only Active and Life members of each specialty section may vote for the chair of their respective sections.

Members of record as of Aug. 8, 2016, will be eligible to vote. An email will be generated with your unique link to your ballot, and you will vote directly from that link.

Your thoughtful consideration of this information before voting will help ensure that the most qualified people are chosen to lead your professional association. ■



Vice President Internal Affairs

Vice President External Affairs



Lynda Goodfellow, Edd, MBA, RRT, AE-C
Professor and Associate Dean
for Academic Affairs
Georgia State University
Atlanta, GA



Natalie Napolitano, MPH, RRT-NPS, AE-C, CTTS, FAARC
Research Clinical Specialist
Director, Tobacco
Dependence Program
Respiratory Therapy
Department
Children's Hospital of
Philadelphia
Philadelphia, PA



Doug McIntyre, MS, RRT, FAARC
President
Durable Medical Supply
Destrehan, LA



Sheri Tooley, BSRT, RRT-NPS, CPFT, AE-C
Supervisor Respiratory
Care Education
Rochester General Hospital
Adams Center, NY

Director-at-Large



Felix Khusid, BSRT, RRT-ACCS, RRT-NPS, RPFT, FAARC, FCCM, FCCP
Administrative Director of
Respiratory Therapy
New York Methodist Hospital
Brooklyn, NY



Raymond Pisani, BS, RRT-NPS, RRT-ACCS, FAARC
Director Cardiopulmonary,
Neurodiagnostics and Sleep
Disorders Center
Teche Regional Medical Center
Morgan City, LA



Susan Rinaldo Gallo, MEd, RRT, CTTS, FAARC
Training Specialist
Duke University
Health System
Durham, NC



John Wilgis, MBA, RRT
Director, Emergency
Management Services
Florida Hospital Association
Orlando, FL

Information on all AARC election candidates will be available for your review beginning August 1.

Voting will run Aug. 15–Sept. 14, 2016.

Secretary/Treasurer

Adult Acute Care Section Chair-Elect



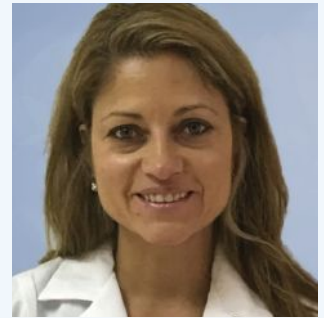
Karen Schell, DHSc, MHSc, BSRC, RRT-NPS, RRT-SDS, RPFT, RPSGT, AE-C, CTTS
Clinical Assistant Professor
Kansas University Medical
Center, Respiratory
Care Education
Kansas City, KS



Cynthia White, MSc, RRT-NPS, RRT-ACCS, CPFT, AE-C, FAARC
Quality Outcomes Manager
Ambulatory Specialty
Administration
Cincinnati Children's
Hospital Medical Center
Cincinnati, OH



Carl Hinkson, MSc, RRT-ACCS, RRT-NPS, FAARC
Assistant Manager
Harborview Medical Center
Seattle, WA



Maria Madden, BS, RRT-ACCS
Trauma Clinical Coordinator
University of Maryland
Medical Center/ R Adams
Cowley Shock Trauma
Baltimore, MD

Education Section Chair-Elect

Diagnostics Section Chair-Elect



Donna (De De) Gardner, MSHP, RRT, FAARC, FCCP
Chair, Department of
Respiratory Care
The University of Texas Health
Science Center at San Antonio
San Antonio, TX



Georgianna Sergakis, PhD, RRT, CTTS, FAARC
Associate Professor and
Program Director
The Ohio State University
Columbus, OH



Ralph Stumbo, Jr., RRT, CPFT
Pulmonary Function
Technologist Group Health
Pulmonary, Critical Care
and Sleep Medicine
Tacoma, WA



Katrina Hynes, MHA, RRT, RPFT
Supervisor Pulmonary
Function Lab
Mayo Clinic
Rochester, MN

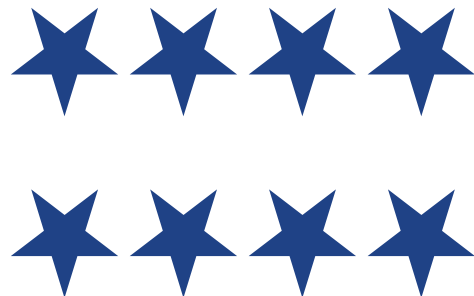
Management Section Chair-Elect



Cheryl Hoerr, MBA, BSRT, RRT, CPFT, FAARC
Director, Respiratory &
Sleep Services
Phelps County Regional
Medical Center
Rolla, MO



Christy Clark, RRT
Director, Respiratory Care and
Cardiopulmonary Services
Tallahassee Memorial
Healthcare
Tallahassee, FL



Cast Your Vote
Online for the

28th Annual AARC Zenith Awards

Each year the AARC presents the Zenith Awards to the top corporations in the respiratory care industry during our annual International Respiratory Convention & Exhibition. Considered the “people’s choice” award of the respiratory care profession, they are highly prized by the recipients, who proudly display them on their company websites and in their Exhibit Hall booths.

Now it is up to you to choose the recipients for 2016. This is your opportunity to say “thank you” to your favorite industry team members and the companies that research and develop new products and enhancements to make life better for patients, whose representatives are just a phone call or email away when you need help, who stand behind their products — and their promises.

The AARC will present the Zenith Awards to executives representing the winning companies when the



The AARC awarded the 2015 Zenith Award to Drager, Aerogen, Philips Healthcare, Carefusion, Fischer & Paykel, and Monaghan.

Association convenes AARC Congress 2016 in San Antonio, TX, on Saturday, Oct. 15. Your vote could place your favorite company in the spotlight during this year’s Awards Ceremony.

Consider these voting criteria

When making your choice, evaluate the manufacturers, service organizations, and supply companies that have done the most outstanding job for you over the past year according to these criteria:

- Quality of equipment and/or supplies
- Accessibility and helpfulness of sales personnel
- Responsiveness
- Service record
- Truth in advertising
- Support of the respiratory care profession.



These Top Companies Received the 27th Annual Zenith Award

Voting for the Zenith Awards is online at www.aarc.org/aarc-zenith-award-voting-underway-now/ where you will see the list of companies serving the respiratory care markets. You may vote for up to 10 companies by filling out the online ballot. Online voting will end on July 30. ■

Log on to www.aarc.org/aarc-zenith-award-voting-underway-now/

Cast your vote from June 20-August 20.

In last year's Zenith Award competition, we honored the following companies for reaching the pinnacle of excellence in service and support for the respiratory care profession: Drager, Aerogen, Philips Healthcare, Carefusion, Fischer & Paykel, and Monaghan.

Get involved in choosing the recipients of this year's award by voting online at www.aarc.org/aarc-zenith-award-voting-underway-now/. ■

San Antonio

INSIDER



A Visitor's Guide to the Alamo City

by Mary Hart, MS, RRT, FAARC



The AARC will bring Congress 2016 — our 62nd International Respiratory Convention and Exhibition — to beautiful San Antonio, TX, October 15-18 (Saturday–Tuesday). Plan to come early or stay late to sample all the great things San Antonio and the surrounding areas have to offer during the AARC’s annual meeting this year. In this issue, Texas Society member and San Antonio resident Mary Hart, MS, RRT, FAARC, writes about her favorite places in the city.

A few years ago, I received a great job offer from the University of Texas Health Science Center in San Antonio and made the move from my long-time home in Dallas, to the Alamo City. Moving to San Antonio has been an adventure for me — on foot most of the time, walking the winding paths of the River Walk that lead a traveler throughout the city and beyond. The

most fun has come from heading down the unbeaten paths that most visitors miss. Many little jewels are hidden in the midst of franchise restaurants and tour attractions.

Locals lead the way

One of the first fun restaurants that one of the locals pointed out to me when I arrived in



Photo by Stephanie Colgan.



Photo by Donald Nausbaum.



Photo by Tracey Maurer.



Photo by Bob Howen.

town is only two blocks from where I was living at the time in a loft apartment housed in an old Cadillac dealership in downtown San Antonio. The Ocho — at 1015 Navarro St. — is located in a glass conservatory attached to the Hotel Havana, a historical boutique hotel with a beautiful eclectic décor overlooking the River Walk. The hotel's Latin culture takes center stage in a menu rooted in flavors from Mexico, Cuba, and Texas. They serve breakfast, lunch, and dinner, and free Wi-Fi is available.

North along the River Walk, in an area lined with beautiful flowers and trees and interesting architecture, is the San Antonio Museum of Art. Being an artist myself, I was drawn to this place of beauty and history. Surrounded by giant oak trees, the museum is housed in the historic Lone Star Brewery, with outdoor spaces right on the river. The museum restaurant, Sketch, serves breakfast and lunch. Enjoy a quiet, peaceful meal while sitting on the terrace overlooking the river.

I found this part of the river enchanting, and I soon moved into an artful urban living community across from the museum and just five minutes from the Historic Pearl Brewery located on Pearl Parkway along the River Walk. On the way to the Pearl, you can explore the I-35 bridge. The fish in the river below illuminate the water with wonderful colors of orange and red, and bats fly out from under the bridge each evening at dusk.

Pearl neighborhood

When you arrive at the Pearl, the graceful Hotel Emma greets you from the banks of the river. The walk leads you to the level of the Pearl Brewery that now houses eateries, shops, bars, and on the weekend, the Farmer's Market.

The Farmer's Market at the Pearl each Saturday and Sunday provides more than just local flavors of empanadas, tamales, freshly baked breads, and crepes made fresh on the spot. Local artisans bring their honey, soaps, and lotions as well, and there's always music from local artists who play for the crowds milling around or sitting comfortably at a table under an umbrella just enjoying the day. My favorite musician so far is Dylan Loza — listen to his music on YouTube and decide for yourself. Regardless, the Farmer's Market is always a place for relaxation and people and dog watching.

The prestigious Culinary Institute of America is located within the Pearl Brewery complex — now known as the Pearl neighborhood — and hosts Nao, a restaurant where you can enjoy culinary art served up by the students from this premiere culinary college.

Other favorites of mine are —

- **Green:** A vegetarian's delight where you can eat indoors or out on the patio surrounded by herbs. It's dog friendly too!
- **Lick:** Small batches of artisan ice cream are made with milk and cream from a local dairy farm. Unusual flavors are served up one or two scoops at a time. Delicious!
- **La Gloria:** The name means "the heavens" and the fare consists of street food from Mexico by Chef Johnny Hernandez. You'll love the festive décor in delightful indoor or outdoor dining areas along the river.
- **Sandbar:** This fish house serves the freshest fish in town for lunch and dinner. Reservations are needed most nights.
- **Cured:** Chef Jeff McHugh creates handcrafted cured foods in a restaurant surrounded by historic and contemporary architecture.
- **Bakery Lorraine:** Sandwiches, pies, and tarts are the main attraction here. The bakery specializes in classic French pastry and is known for its Parisian macarons (French macaroons).
- **Boiler House:** This industrial-chic eatery offers gourmet American dishes and fine wines in an open, airy historic venue with both indoor and outdoor dining. Chef Jeff White's menu focuses on Texas ranch-style grilling with wild game, seafood, and the freshest local ingredients available.
- **Il Sogno Osteriar:** Chef Andrew Weissman features Italian fare found in the trattorias and osterias of Rome and Florence.

King William District

On the south end of the river is the King William District, featuring neighborhood streets lined with impressive, mid-nineteenth century houses designed in the Greek Revival, Victorian, and Italianate



Photo by Stuart Dee.



Photo by J Leet.



Photo by Bob Howen.

styles. This area is an arts district where, on the first Friday of the month, all along South Alamo St., artists bring you their work and musicians their music for a fun night of entertainment for all.

The Mad Hatter's Tea House and Café is one of my favorite spots in the King William District, especially for brunch! They are family owned and operated and serve freshly brewed hot tea in mismatched cups and saucers. Located at 320 Beauregard St.

The Liberty Bar, located at 1111 South Alamo St., is a window-filled eatery and bar in a restored convent that serves unique American fare all day — a fun place to catch live music most nights.

Further south on South Alamo is the Blue Star Art Complex-Blue Star Brewing Company, which showcases the work of many local artists and hosts many special events. Enjoy a bite at Halcyon, a hip hangout featuring a range of coffee drinks, elevated cafe fare, and creative cocktails, or try Stella Public House for a pizza and craft-brewed beer before renting a bike from one of the many bike rentals around the area and hitting the trail to the historical missions.

Tips

1. Bring comfortable walking shoes and sunscreen (even in October some days may be hot, humid, and sunny).
2. Walking is the best mode of travel in downtown San Antonio. There is also a very reasonably priced trolley that will take you from the north part of downtown to the south making stops along the way.
3. The River Walk is very safe, even at night. Just be aware of your surroundings. The San Antonio bike and river patrols add to your safety when walking.

Stay tuned for more about the side streets of San Antonio in an upcoming issue. ■

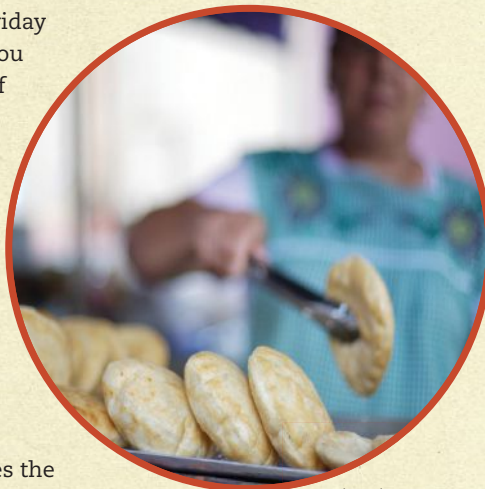


Photo by M. Moore.



About the Author

Mary Hart is an assistant professor and director of clinical education in the respiratory care program at the University of Texas Health Science Center at San Antonio.

AARC Congress 2016

The 62nd International Respiratory
Convention & Exhibition



Advance Program

Henry B. Gonzalez Convention Center • San Antonio, Texas USA
October 15 – 18, 2016 • AARC.org

Welcome To



HENRY B GONZALEZ CONVENTION CENTER

Where Patients Come First

With all the attention being focused on the business side of health care, it's easy to lose sight of the reason why we all got into respiratory care in the first place: patients. But at AARC Congress 2016 you'll find patients are front and center.

All of the lectures and symposiums during the four days of the meeting were developed with the patient in mind, from zeroing in on the latest treatments and technologies aimed at helping him recover from a critical illness, to highlighting the new and important role we can play in keeping her healthy and out of the acute care hospital

through the better use of disease management and telemedicine.

Whether we're talking about up-to-the-minute legislative and regulatory changes with the potential to impact respiratory care or managerial techniques designed to promote professionalism in our staffs, the patient is at the center. The result will inspire you to go back to your own hospitals or other facilities with a renewed commitment to patient-centered care and all it can mean not just for your patients themselves, but for the health and wellbeing of your organizations as well.

**Unless specified differently, all Congress events will be held at the
Henry B. Gonzales Convention Center**

The 62nd International Respiratory Convention & Exhibition

AARC Congress 2016

On behalf of AARC President Frank Salvatore and the Board of Directors, we invite you to attend the largest respiratory care meeting in the world. At AARC Congress 2016 in San Antonio, the AARC Specialty Sections and the Program Committee have developed a curriculum that will offer more of everything that matters to you and your patients. You may attend other educational meetings, but none of them offer you all of the following...

- The latest information on the Readmission Reduction Program, Value Based Purchasing and its impact on hospitals, patients and the respiratory therapist.
- The AARC Exhibit Hall where you can learn, see and touch the latest advancements in technology showcasing all manufacturers in the industry...more than 200 exhibitors in total and 8 hours of unopposed exhibit time.
- The result of original research presented by your peers in 12 OPEN FORUMS over the 3 1/2 days.
- All the continuing education credit (CRCE) you need to maintain your state license.
- Programs in all areas of respiratory care: adult critical care, neonatal and pediatric care, home care, continuing care, rehabilitation, diagnostics, transport, management, education, sleep, and long-term care, all presenting the most current and cutting-edge information.

Read through this program and very rapidly you will realize why you must come to San Antonio and be part of the largest and most comprehensive respiratory care meeting anywhere in the world...AARC Congress 2016.

See you there!

300+ original research projects

120+ speakers

210+ sessions on current respiratory care topics

3½ days of networking and education

3 days of exhibits with all companies in the industry

20+ CRCE credits

So register now and connect to the professional event where everything is about quality respiratory care.

PROGRAM COMMITTEE

Ira M Cheifetz MD FAARC - *Chair*
Garry Kauffman MPA RRT FACHE FAARC
Richard Branson MSc RRT FAARC
Thomas Lamphere RRT FAARC
Karen Schell DHSc RRT-NPS RRT-SDS RPFT AE-C CTTS
Kent Christopher MD RRT FAARC
Sarah L Varekojis PhD RRT FAARC
Dean R Hess PhD RRT FAARC - *Consultant*
Douglas Laher MBA RRT FAARC - *Staff Liaison*

Pre Course: Arterial Fundamentals: Ultrasound Guided Arterial Catheter Insertion

Friday, October 14, 2016 • San Antonio, TX
8:00 am – 12:00 pm

Applied for continuing education credits (CRCE). You must attend the entire course to receive CRCE credit; no partial credit will be awarded.

OBJECTIVES: This 4 hour simulation course provides best practices for arterial catheter insertion and use for new and experienced inserters. This program includes didactic and simulation training with rotations through hands-on stations reinforcing insertion practice, increasing procedural confidence. Hands-on stations including: transducer set up and troubleshooting, site selection, device insertion, insertion review with simulation and anatomical ultrasound assessment. A review and practice of aseptic technique including hand hygiene, gowning, gloving, establishing a sterile field, draping, proper dressing and securement of arterial catheters will also be completed. Attending this course allows you to gain knowledge and comfort with proper insertion as well as, prevention, recognition and management of insertion-related complications with arterial catheters.

Learning Objectives:

1. Perform ultrasound scanning to identify anatomical structures, verify vessel health and identify appropriate insertion area.
2. Demonstrate the use of ultrasound for arterial catheter insertion.
3. Review and practice aseptic technique including hand hygiene, gowning, gloving, establishing a sterile field, draping, proper dressing and securement.



Amy Bardin MS
RRT VA-BC



Tim Spencer RN
VA-BC

Sponsored by

Teleflex®



Pre Course: Lung Protection, VILI, & Alveolar Protection – the Good, the Bad, and the Better

Friday, October 14, 2016 • San Antonio, TX

Approved for 4.00 hours of continuing education credits (CRCE). You must attend the entire course to receive CRCE credit; no partial credit will be awarded. Lunch will be provided.

OBJECTIVES: This course will review the current understanding of ventilator induced lung injury (VILI) mechanisms in the micro-environment - the alveoli and alveolar ducts. Using this understanding of VILI pathophysiology we will deconstruct the mechanical breath and identify the optimal combination of lung volumes, pressures, rates, flows and the duration that they are applied to the lung at inspiration and expiration necessary to diminish VILI. The mechanism of airway pressure release ventilation (APRV)-induced protection of alveoli and alveolar ducts and the efficacy of APRV at minimizing progressive acute lung injury will be demonstrated. Optimal APRV settings and adjustments based on changes in lung physiology will be identified.

Learning Objectives:

1. To explain the mechanisms by which the mechanical breath causes tissue damage at the alveolar level, known as ventilator induced lung injury (VILI).
2. To describe how the parameters that comprised the mechanical breath (i.e. lung volumes, pressures, rates, flows and the duration they are applied to the lung at inspiration and expiration) can be adjusted to minimize VILI.
3. To manipulate APRV ventilator settings necessary to maximize alveolar protection from VILI.
4. To explain the mechanisms by which the mechanical breath causes tissue damage at the alveolar level, known as ventilator induced lung injury (VILI).

12:30 pm – 1:25 pm

A Personalized Breath to Reduce the Incidence of ARDS

Gary Nieman PhD, Syracuse NY
This presentation will review practices of lung protective ventilation and how creating a mechanical breath profile can potentially prevent the onset of ARDS. A close examination of the relationship of pressure and time will be reviewed.

1:30 pm – 2:25 pm

Alveolar Stress & Microstrain

Michaela Kollisch-Singule MD, Syracuse NY
Recent laboratory work showing the relationship of pressure and time to recruit dependent areas of the lung will be presented. Homogeneous and heterogeneous injured lungs will be reviewed and the impact of alveolar damage as a result.

2:30 pm – 3:25 pm

Preemptive Use of APRV to Prevent ARDS

Nader Habashi MD, Baltimore MD
Clinical application of APRV will be reviewed including initial settings, troubleshooting, fine-tuning of parameters to achieve desired therapeutic results.

3:30 pm – 4:30 pm

Myths & Misconceptions of APRV

Penny Andrews RN, Baltimore MD
Clinical application of APRV will be reviewed including initial settings, troubleshooting, fine-tuning of parameters to achieve desired therapeutic results.



Gary Nieman PhD



Michaela Kollisch-Singule MD



Nader Habashi MD
FACP FCCP



Penny Andrews RN

Sponsored by

Drager

Pre Course: Preparing for a Pandemic: The Strategic National Stockpile – Mechanical Ventilation Workshop

Friday, October 14, 2016 • San Antonio, TX

Approved for 3.25 hours of continuing education credits (CRCE). You must attend the entire course to receive CRCE credit; no partial credit will be awarded.

OBJECTIVES: Pandemic events present multiple challenges to the health care environment and the ability of the respiratory therapist to provide mechanical ventilation to all persons in need. The Strategic National Stockpile is a repository of ventilators that would be used to supplement the supply currently in use by the nation's acute care facilities. These ventilators can be requested and allocated to areas of need in the event of a pandemic.

Learning Objectives:

1. Discuss the issues that would be encountered regarding pandemic events and the need for mechanical ventilation
2. Describe capabilities of the three SNS ventilators
3. Identify how the SNS ventilators are allocated and utilized during a pandemic event
4. Identify how the SNS ventilators are stored and maintained

8:00 am – 8:30 am

Mass Respiratory Failure

Dario Rodriquez MS RRT RPFT FAARC,
Union KY

This session will focus on how a pandemic event will impact acute care facilities and the provision of mechanical ventilation. The respiratory therapist's role in these events will also be discussed.

8:35 am – 9:05 am

RT Roles in Mass Respiratory Failure

Richard Branson MSc RRT FAARC,
Cincinnati OH

This session will concentrate specifically on the respiratory therapist's role in mass respiratory failure.

9:10 am – 9:40 am

SNS Stockpile: Ventilator Allocation, Storage and Maintenance

Catherine Mitchell MSN BSN RN,
Atlanta GA

This session will describe how SNS ventilators are requested and delivered. In addition, the presenter will discuss how the SNS ventilators are stored and maintained.

9:55 am – 10:25 am

A Clinician's Perspective: The SNS Ventilators

Richard Branson MSc RRT FAARC

The Strategic National Stockpile consists of three specific mechanical ventilators. This session will discuss the capabilities of all three mechanical ventilators.

10:30 am – 12:00 noon

SNS Hands on Ventilator Training

Richard Branson MSc RRT FAARC

Dario Rodriquez MS RRT RPFT FAARC

This session will provide the respiratory therapist with the opportunity to gain hands-on experience with all three SNS ventilators.



Dario Rodriquez
MS RRT RPFT
FAARC



Richard Branson
MSc RRT FAARC



Catherine Mitchell
MSN BSN RN

— 2016 —

Since 1947, the AARC has been leading the effort to advance the science and practices of the respiratory care profession while promoting the highest quality of care for our patients. Collaborating with the respiratory communities at-large, we have successfully advocated at the federal, state and local level for patients, their families, the community, the profession and the respiratory therapist.

The AARC'S CORPORATE PARTNERS

The collaborative efforts between the respiratory care profession and manufacturers in pursuing unique and innovative ways to improve both the quality and outcomes of our patients makes us natural partners in today's ever changing healthcare continuum.

As health care finances become more strained and patient care becomes increasingly more complex, the mutual challenges become greater for the profession and its industry partners. The inherent synergies of the corporate partner concept are to provide an effective and efficient way to address those needs utilizing our combined skills and resources.



Medtronic



PHILIPS
RESPIRONICS®

Dräger

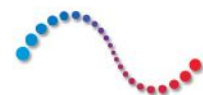
MAQUET
GETINGE GROUP

Teleflex®



AstraZeneca 

 **Mallinckrodt**
Pharmaceuticals



ResMed

*Changing lives
with every breath*

Fisher & Paykel
HEALTHCARE

AARC Congress 2016



VAPOTHERM

Saturday, Oct. 15

Opening Session

8:30 am - 10:55 am

Thomas J Kallstrom MBA RRT FAARC
AARC Executive Director/CEO/Presiding

AARC Awards Ceremony

8:30 am - 10:00 am

This ceremony recognizes the “doers” in the profession, from students to long-established practitioners. Be there and applaud your peers. Today it's them; tomorrow it could be you!

AARC Awards Ceremony Sponsored by:



Keynote Address

10:05 am - 10:55 am

Opening of Exhibit Hall

11:00 am

Frank R Salvatore Jr MBA RRT FAARC/
Co-Presiding

Brian K Walsh PhD RRT FAARC/Co-Presiding

The 2017/2018 AARC President-Elect and the current AARC President open the Exhibit Hall. As the “Gold Standard” of all respiratory care meetings, AARC Congress 2016 presents to you all the manufacturers and suppliers in the industry. The Exhibit Hall offers attendees an opportunity to see, touch, and manipulate the latest technology in the field and have clinical conversations with manufacturer representatives. Don't miss this great opportunity!

Orientation for First-time Attendees

11:30 am - 12:00 noon

Presented by the AARC Program
Committee Chair

Ira M Cheifetz MD FCCM FAARC

Are you a first-time attendee with unanswered questions about who to see, where to go, and what to expect from your first AARC Congress? If so, then attendance at this presentation is a MUST for you! This presentation provides first-time attendees with an overview of the entire AARC Congress and includes suggestions on how to maximize your time, not only at the educational session but also at the exhibits and peripheral activities as well.

Sputum Bowl Preliminaries

8:00 am - 6:00 pm

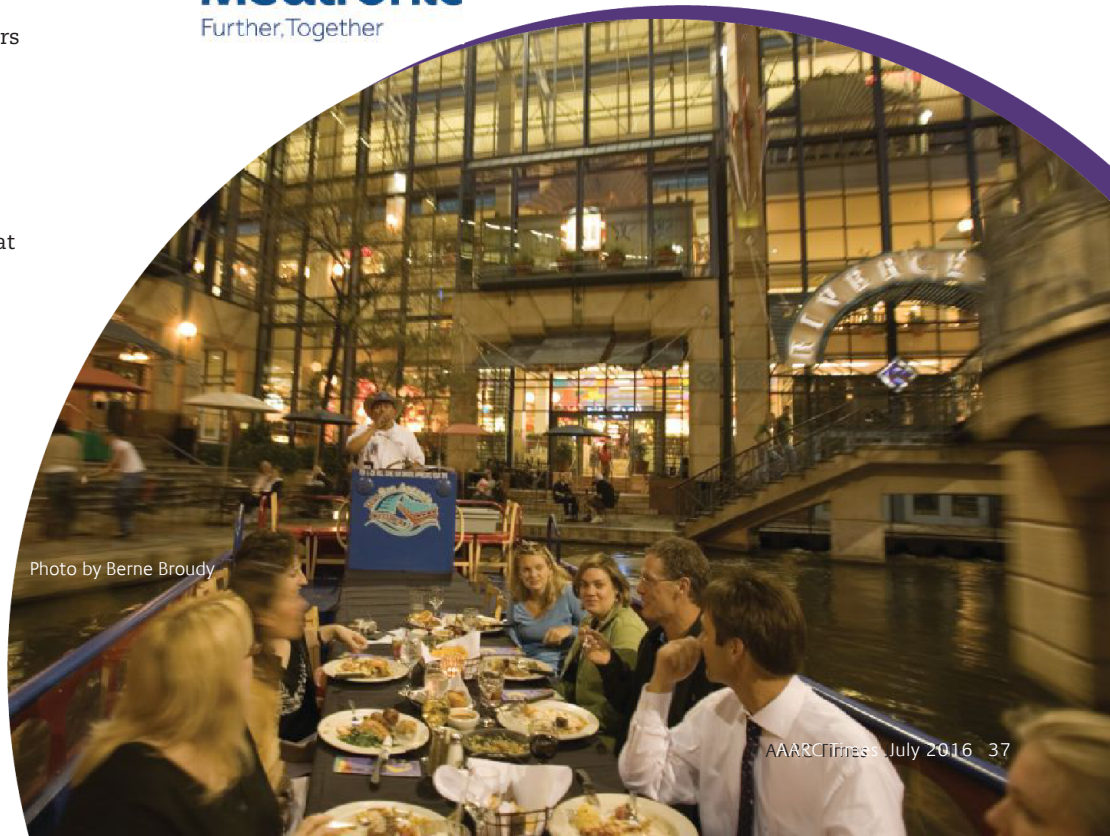
Renee Wunderley BS RRT-NPS/Presiding

Teams from the AARC State Societies compete in the preliminary competitions. The top four teams will advance to the Finals on Monday evening, October 17, along with the Student Sputum Bowl finalists.

Supported by an unrestricted educational grant from

Medtronic
Further, Together

Photo by Berne Broudy



Saturday, Oct. 15

Seeing the Unseen... Evaluating Online Instructors

1:00 pm - 1:35 pm

Monica Schibig MA RRT-NPS CPFT,
Columbia MO

Content Category: Education

In this age of distance education it is imperative that the quality of instruction endures. Central to this endeavor is thorough and effective evaluation of online faculty. This presentation provides key elements for reliable and comprehensive assessment of the delivery, attributes, and instructor/student interactions of online courses.

Using Motivational Interviewing Techniques to Improve Patient Care

1:40 pm - 2:15 pm

Sarah L Varekojis PhD RRT FAARC,
Columbus OH

Content Category: Education

It is necessary for many of the patients respiratory therapists care for to provide some self-care and to make some modifications to their lifestyle as part of their disease management. Making changes to health-related behaviors is hard, and when patients do not make the necessary changes, the consequences can be significant for both the patient and the facilities where they receive care. Motivational interviewing is a technique that can help respiratory therapists be more effective in helping patients make important changes.

Optimizing Patient Communication

2:20 pm - 2:55 pm

Lutana Haan MHS RRT RPSGT, Boise ID

Content Category: Education

This presentation is based on key concepts from Fran London's book that received the American Journal of Nursing Book of the Year Award 2010, titled "No Time to Teach." Learn specific strategies to optimize your patient interactions to better educate your patients.

Pause for the Cause... Remediating Professional Underperformance Through a Hospital and School Collaboration

3:00 pm - 3:35 pm

Monica Schibig MA RRT-NPS CPFT

Content Category: Education

The RT's role in today's health care arena is far more critical-thinking focused than task oriented. New graduates and seasoned practitioners that are transitioning to a higher acuity or more progressive hospital are faced with the challenge of meeting these new standards and elevated expectations. This presentation reveals how a partnership between the hospital and local school faculty can assist these individuals in advancing their knowledge and skills to move forward confidently and competently in their new role.

Budgeting for Simulation

3:40 pm - 4:15 pm

Lutana Haan MHS RRT RPSGT

Content Category: Education

Are you wondering how simulation is paid for? The cost of simulation and how to budget for this expensive learning opportunity will be discussed. The speaker will share what they found other simulation centers were doing and ultimately what their center has done to fund simulation. Additionally, how "outside" users such as Respiratory are "charged" for the use of the simulation center.

Congenital Heart Disease

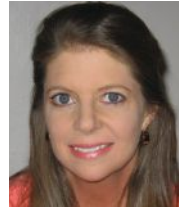
A New Adult Problem

4:20 pm - 4:55 pm

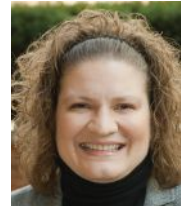
Nancy Johnson RRT-NPS, Cleveland OH

Content Category: Neonatal/Pediatric

As outcomes for infants and children with congenital heart disease continue to improve, adult-based clinicians now need to manage these complex patients. This presentation will review outcomes for patients with congenital heart disease, rationale for transitioning care, and implications for adult practitioners. Potential challenges and benefits will be discussed.



Monica Schibig MA
RRT-NPS CPFT



Sarah L Varekojis
PhD RRT FAARC



Lutana Haan MHS
RRT RPSGT



Nancy Johnson
RRT-NPS

Presenting an OPEN FORUM Abstract

12:05 pm - 12:35 pm

Teresa A Volsko MHHS RRT FAARC,
Akron OH

This presentation will introduce the neophyte research presenter to the customs, roles, and experience of presenting at an OPEN FORUM Session. The stages of an OPEN FORUM presentation including poster set-up, interacting with participants and moderators, presenting at the podium, and participating in moderated audience discussions will be addressed. Expectations for Editor's Choice and Poster Only presentations will be reviewed.

OPEN FORUM Poster Discussion #1

3:15 pm - 5:10 pm

Supported by an unrestricted educational grant from



Researchers and clinicians present findings of studies on aerosol therapy, mechanical ventilation, neonatal and pediatric care, education, management, and every other mode of practice in our profession.

OPEN FORUM Poster Discussion #2

3:15 pm - 5:10 pm

Supported by an unrestricted educational grant from



Researchers and clinicians present findings of studies on aerosol therapy, mechanical ventilation, neonatal and pediatric care, education, management, and every other mode of practice in our profession.

(Symposium) My Journey with Cystic Fibrosis

► **From Patient to Respiratory Care Professional: My Journey with Cystic Fibrosis and Lung Transplantation**

1:00 pm - 1:35 pm

Kimberly F Escamilla BSRC RRT, Austin TX

Content Category: Clinical Practice

The speaker chronicles her journey growing up and contending with cystic fibrosis (CF), its impositions and limitations, as well as the course that led to transplantation. The speaker will relate her experience of life-long treatment and navigating the path through transplantation and the difficulties that resulted in the need for a second transplantation. She will chronicle the tribulations and triumphs of her life with CF and now 12 years post-transplant, including her five years' experience as an RT, despite the risks and difficulties of such a choice. Her story will surely inspire those who attend this presentation.



Teresa A Volsko
MHHS RRT FAARC



Kimberly F Escamilla
BSRC RRT



Mark W Mangus Sr
BSRC RRT RPFT
FAARC

► **From Professional to Caregiver: My Journey with Cystic Fibrosis and Lung Transplant as Both Parent and Professional**

1:40 pm - 2:15 pm

Mark W Mangus Sr BSRC RRT RPFT FAARC,
San Antonio TX

Content Category: Clinical Practice

After 12 years in practice as an RT and two years working with children hospitalized for treatment of cystic fibrosis (CF) the speaker found himself face to face with the disease, discovered in his daughter, at the age of four months. This lecture chronicles his years of living with and management of a child with CF, the two lung transplants that followed, and his challenge to support her decision to become a respiratory care professional. The tribulations and triumphs of life with CF and lung transplantation and her ultimate professional choice will be discussed as well as the challenge of respiratory care intervention and management – performed both as a professional in the acute care setting and as a parent in the home.

Saturday, Oct. 15

Helping Patients Find the Right Support Community to Meet Their Needs

2:20 pm - 2:55 pm

Jane M Martin BA LRT CRT,
Washington DC

Content Category: Clinical Practice

Support communities done right – online, in person, or through social media – can be a great source of ongoing information and support for individuals with COPD and other chronic lung diseases. There are increasingly more websites and forums focused on COPD, more than the busy RT has time to research. The COPD Foundation offers a range of community options to meet a variety of patient needs, as well as new resources to help you, the lung health professional, build and promote solid, sustainable patient communities in your hometown.

Challenges of Self-Treatment of Respiratory Diseases By the Patient

3:00 pm - 3:35 pm

Nancy Johnson RRT-NPS, Cleveland OH

Content Category: Clinical Practice

With the increase in availability of devices/gadgets sought and bought by the patient there are challenges in determining whether they're appropriate, they have evidence for having clinical benefit, and if they can replace the standard approaches to independent care.

Hailing Frequencies Open: Using Social Media to Reach COPD Patients

3:40 pm - 4:15 pm

Michael W Hess BS RRT, Bethlehem PA

Content Category: Clinical Practice

Recent efforts to reduce COPD-related readmissions and improve access to telehealth have led to a number of innovative programs to improve patient education. This presentation covers the experience of creating and administrating an RT-operated COPD support/education group on Facebook, including the rationale of using social media and the results of a survey on the impact of the group on patient-perceived knowledge and quality of life.

Reassigning Clinic Access for New Efficiency: Non-Traditional Roles of the RT in Accountable Care Organizations

4:20 pm - 4:55 pm

Vernon Pertelle MBA RRT FACHE,
Oceanside CA

Content Category: Clinical Practice

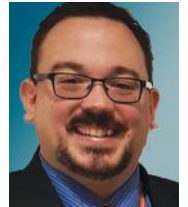
The needs of the patient come first. This is the crux of managing the care of the complex pulmonary patient throughout the continuum of care. In today's modern era, timely access and connectivity is playing a greater role in how patients are cared for in various care environments. Telehealth and specialized RTs in coordination with mid-level providers help to identify and define "quality healthcare interventions" that help to enhance clinical access to services that historically were not covered with reimbursement. These are essential themes for future success of the role of the RT.



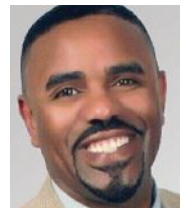
Jane M Martin BA
LRT CRT



Nancy Johnson
RRT-NPS



Michael W Hess
BS RRT



Vernon Pertelle
MBA RRT FACHE

Continuing Respiratory Care Education (CRCE)

AARC Congress 2016 is approved for all the credit hours you need to maintain your state license, more than 20 hours.



(Symposium) What Am I Doing Wrong? Strategies to Improve PFT Quality

▶ Spirometry – It’s Not Just “Take a Deep Breath and Blow”

1:00 pm - 1:35 pm

Katrina Hynes MHA RRT RPFT,
Rochester MN

Content Category: Pulmonary Function

Spirometry is often considered a simple lung function test. However, getting it right requires patient cooperation, but also an astute level of testing skills by the technologist/therapist.

▶ Diffusing Capacity - A Simple Test That Is Not So Simple

1:40 pm - 2:15 pm

Jeffrey M Haynes RRT RPFT FAARC,
Nashua NH

Content Category: Pulmonary Function

Diffusing capacity is a common pulmonary function test used to evaluate gas exchange in patients with lung disease. Although simple to perform, there are numerous variables that can affect the quality of the results.

▶ Lung Volumes - The Tale of Three Measurements

2:20 pm - 2:55 pm

Matthew O’Brien MS RRT RPFT,
Madison WI

Content Category: Pulmonary Function

Lung volumes can be measured using three different techniques. All have unique characteristics that, if not attended to, can yield poor test results.

The Strengths and Limitations of Bronchial Challenge Tests

3:00 pm - 3:35 pm

Jeffrey M Haynes RRT RPFT FAARC

Content Category: Pulmonary Function

The diagnosis of asthma often hinges on the results of a bronchial challenge test. This talk will focus on the strengths and limitations of commonly used challenge tests.

(Symposium) Evaluation of Dyspnea and Upper Airway Disorders

▶ Dyspnea and Upper Airway Disorders in Adults

3:40 pm - 4:15 pm

Michael J Morris MD, San Antonio TX

Content Category: Pulmonary Function

This presentation will discuss the role of the respiratory therapist in evaluating unusual causes of dyspnea in the adult patient with a specific focus on evaluating for potential upper airway disorders.

▶ Evaluation of Inducible Laryngeal Obstruction

4:20 pm - 4:55 pm

Kent L Christopher MD, Denver CO

Content Category: Pulmonary Function

This presentation will specifically focus on inducible laryngeal obstruction and how the respiratory therapist and pulmonary function technician play an integral role in the evaluation of patients with these disorders.



Katrina Hynes MHA
RRT RPFT



Jeffrey M Haynes
RRT RPFT FAARC



Matthew O'Brien MS
RRT RPFT



Michael J Morris MD



Kent L Christopher
MD

OPEN FORUM[®] Symposia
sponsored by



Clinicians present the results of their scientific studies. Abstracts with a similar focus are clustered into a symposium to encourage discussions and interactions among investigators and observers; posters expand the information presented. 12 OPEN FORUM Symposia will be presented during the four days of AARC Congress 2016.

Saturday, Oct. 15

Sleep Anatomy: Assuring Quality Sleep in the ICU

1:00 pm - 1:35 pm

Karsten Roberts MS RRT-ACCS RCP,
Stanford CA

Content Category: Sleep

How often do ICU therapists think about patients' sleep? Critical care clinicians must be able to recognize how sleep affects weaning mechanical ventilation, optimization of ventilator breath synchrony, risks of delirium, and overall patient outcomes. The lecturer will describe how clinicians must give thoughtful consideration to the differences between sedation and quality sleep, as well as, defining the role RTs have in assuring quality sleep.

Respiratory Care Practitioners in Sleep Medicine: A New Frontier

1:40 pm - 2:15 pm

Iris Selim BS RRT, Riverside, CA

Content Category: Sleep

This lecture will discuss the potential roles of respiratory therapists in the sleep center which may include managing complex patients as part of in-laboratory polysomnography. This can also involve developing expertise as case managers to care for patients in the ambulatory setting. This lecture will also discuss the process of transitioning into these roles within sleep medicine including exploring opportunities, receiving necessary education and training, and credentialing. Finally, sleep medicine is rapidly evolving to embrace concepts of team-based care and use of various telehealth technologies. This lecture will discuss where the respiratory care practitioner may fit in this evolving field and recognizing potential opportunities

Outcome-Based Sleep Medicine

PAP Compliance-How Do We Compare?

2:20 pm - 2:55 pm

Jessica Schweller MS RRT RN CNP,
Columbus OH

Content Category: Sleep

PAP therapy compliance has been a hot topic for years as more insurance companies require compliance for continued therapy. How does compliance rate for your clinic and what does compliance really mean? Does being compliant improve patient outcomes? This lecture will explore the importance of PAP compliance and the implications associated with non-adherence to therapy.

Sleeping on the Other Side of the Bed: Spousal Involvement in CPAP Adherence

3:00 pm - 3:35 pm

Jody Lester MA RRT, Boise ID

Content Category: Sleep

The impact of OSA extends beyond the individual. Patients with OSA are likely to view their disorder as a burden for their spouses. The purpose of this presentation is to more fully understand CPAP adherence by considering the perspectives of both the patient and their spouse. Evidence will be discussed with emphasis on recommendations and implications for interventions to improve CPAP adherence.

Hypoventilation Syndromes: Is Bi-Level Enough?

3:40 pm - 4:15 pm

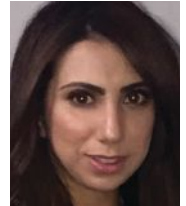
Jessica Schweller MS RRT RN CNP

Content Category: Sleep

From obesity hypoventilation to overlap syndrome, hypoventilation syndromes can be difficult to diagnose and treat. When is bi-level therapy inadequate and what other treatment modalities should be used? This lecture will define the various types of hypoventilation syndromes and discuss when treatment should go beyond just bi-level therapy.



Karsten Roberts
MS RRT-ACCS RCP



Iris Selim BS RRT



Jessica Schweller
MS RRT RN CNP



Jody Lester MA RRT

Respiratory Compromise in the Neurorespiratory Patient

4:20 pm - 4:55 pm

Lee Guion MA RRT FAARC,
San Francisco CA

Content Category: Clinical Practice

Breathing disorders are often recognized as the leading cause of complications and mortality in a patient with neurorespiratory disease. The RT plays a vital role in caring for this patient population. Understanding why these patients are prone to pulmonary complications and how they are treated/prevented can greatly improve their quality and even length of life.

(Symposium) Adult Acute Care Spotlight

Bringing the ABCDEF Bundle to the Bedside

► ABCDEF an Overview

1:00 pm - 1:35 pm

Neil Macintyre MD, Durham NC

Content Category: Adult Acute Care

The ABCDEF Bundle has been shown to reduce the duration of ventilation and improve outcomes in mechanical ventilation. The individual components of the bundle will be reviewed and a discussion of the implementation provided. Results from implementation and impact on outcomes will be reviewed.

► Choice of Sedation - Managing Pain, Anxiety, and Delirium

1:40 pm - 2:15 pm

Lori Conklin MD, Charlottesville VA

Content Category: Adult Acute Care

Pain relief and patient comfort are important goals in the care of the ventilated patient. However, excess sedation is associated with immobility, secretion retention, and delirium. Choosing the right medication and monitoring sedation using a validated scale is critical. Monitoring sedation and delirium will be reviewed.



► Coordinating Spontaneous Breathing and Spontaneous Awakening Trials

2:20 pm - 2:55 pm

Rich Kallet RRT, San Francisco CA

Content Category: Adult Acute Care

Over two decades of data have demonstrated that daily spontaneous breathing trials represent the optimum method for liberating the patient from ventilation. Coordinating the SBT with a spontaneous awakening trial maximizes success and speeds ventilator termination. This lecture will discuss coordination by respiratory care and nursing to improve outcomes.

► Early Mobility and Exercise

3:00 pm - 3:35 pm

Carl Hinkson RRT, Auburn WA

Content Category: Adult Acute Care

Early mobility has been demonstrated to reduce delirium and maintain muscle strength. Early mobility is a challenge for the staff, but data suggests improved satisfaction of both patient and staff when appropriately implemented. This lecture will review the data on outcomes and detail the processes.

(Symposium) Moderate Sedation for the Respiratory Therapist

► Pharmacologic Agents for, Moderate Sedation

3:40 pm - 4:15 pm

Thomas Fuhrman MD RRT FCCP, Largo FL

Content Category: Adult Acute Care

This lecture will discuss the roles, expectations and competencies of the respiratory therapist during moderate sedation. It also addresses a general overview of scope of practice for the RT in moderate sedation. Attend this lecture and here from a respiratory therapist turned anesthesiologist speak on this important role for RTs.



Lee Guion MA RRT
FAARC



Neil Macintyre MD



Lori Conklin MD



Rich Kallet RRT



Carl Hinkson RRT



Thomas Fuhrman
MD RRT FCCP

Saturday, Oct. 15

► Monitoring During Moderate Sedation

4:20 pm - 4:55 pm

Lori Conklin MD, Charlottesville VA

Content Category: Adult Acute Care

Moderate sedation can have several adverse consequences for the patient if the patient is not properly monitored. The lecture will discuss several monitoring technologies and which one offers the best outcomes for patients receiving moderate sedation.

Business Planning

1:00 pm - 1:35 pm

Garry W Kauffman RRT MPA FAARC
FACHE, Winston Salem NC

Content Category: Management

This presentation will provide the essential elements included in a business plan, a template for attendees to utilize to manage their projects/business plans, and a checklist that attendees can use to ensure that their business planning process results in a successful outcome. The template and checklist will be provided as attachments for registered attendees.

Disease Management vs. Population Health Management: Is There Really a Difference?

1:40 pm - 2:15 pm

Zach Gantt RRT, Livingston TN

Content Category: Management

Do respiratory therapists really understand the difference between disease management and population health? Understanding and standardizing these models is key to starting either type of program. This lecture will discuss the difference in these two care management categories and key metrics between the two that differentiate one from the other.

High Reliability Principles to Maximize Patient Safety

2:20 pm - 2:55 pm

Garry W Kauffman RRT MPA FAARC
FACHE

Content Category: Management

Understanding and applying the principles of high reliability has been documented to provide the highest level of patient safety. This presentation will provide a review of the principles of high reliability, strategies to achieve high reliability, and concrete examples that the attendee can utilize in their departmental operations to maximize patient safety.

Who's Liable?

3:00 pm - 3:35 pm

Laura Hartman BS RRT-NPS,
St Petersburg FL

Anthony DeWitt JD MS RRT FAARC,
Opelika AL

Content Category: Management

In an increasingly litigious society, medical providers and the institutions they work for are in a vulnerable state. If proper policies are not in place and providers are not aware of their responsibilities, the consequences can bring harm to patients and jeopardize the practice of providers. As the scope of respiratory therapy has expanded, policies need to protect therapists. This lecture will help to identify potential shortcomings of policies, and how to amend them to ensure proper coverage for the institution.



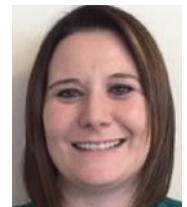
Lori Conklin MD



Garry W Kauffman
RRT MPA FAARC
FACHE



Zach Gantt RRT



Laura Hartman BS
RRT-NPS



Anthony DeWitt
JD MS RRT FAARC



Photo by Marks Moore

A Transformational Journey to Survival in a Value-Based Health Care System

3:40 pm - 4:15 pm

Bob Miller BS RRT, Tampa FL

Content Category: Management

The presentation will entail details of a new department leader's 15 month inspirational journey to revitalizing, re-tooling, and rebuilding a respiratory department in a 500-bed acute-care tertiary facility that was in great need of direction and leadership.

The new procedures included:

Implementation of therapist-driven protocols; investments in advanced technologies to provide efficient and effective therapies despite corporate supply chain restraints; expansion of the scope of clinical practice to include higher level invasive procedures; and, staffing replenishments with additions of over 20 new FTE positions to facilitate a new focus on an optimal disease management, and a patient-centric care model of delivering care

Sunrise, Sunset: Onboarding, Managing Up, and Managing Out

4:20 pm - 4:55 pm

Anthony DeWitt JD MS RRT FAARC

Content Category: Management

With the dramatic changes and challenges within the health care industry, what is seen as the most important element of success and failure is the ethics, behaviors, quality, and professionalism of the employees. This presentation will focus on how managers can make the best hiring decisions, how to manage employees individually without losing the common expectations of the department and organization and, as necessary, how to best "manage out" the employee who can't fulfill the demands of the position.

(Symposium) Pediatric Asthma in 2016

► Mechanical Support for Status Asthmaticus

1:00 pm - 1:35 pm

Alexandre T Rotta MD, Cleveland OH

Content Category: Neonatal/Pediatric

The support of the pediatric patient with status asthmaticus can be one of the most challenging aspects of clinical respiratory care. This presentation will address the challenges of mechanically ventilating pediatric patients with near-fatal asthma, including an evidence-based approach to the choice of invasive vs. noninvasive strategy, choice of ventilatory mode, use of PEEP, assessment of dynamic hyperinflation, and other potential management pitfalls.

► Pharmacologic Support for Status Asthmaticus

1:40 pm - 2:15 pm

Bruce Rubin MD, Richmond VA

Content Category: Neonatal/Pediatric

The support of the pediatric patient with status asthmaticus can be one of the most challenging aspects of clinical respiratory care. This presentation will address recent advances in the pharmacologic management of pediatric patients with severe asthma. Thoughts for future pharmacologic breakthroughs will be discussed.



Bob Miller BS RRT



Alexandre T Rotta MD



Bruce Rubin MD

Exhibit Hours at The Buying Show:

Saturday, Oct. 15, 11:00 am - 4:00 pm

Sunday, Oct. 16, 9:30 am - 3:00 pm

Monday, Oct. 17, 9:30 am - 2:00 pm



Photo by Bob Howen

Saturday, Oct. 15

(Symposium) Tell Me Something I Should Know About Pediatric ARDS

► Defining Pediatric ARDS

2:20 pm - 2:55 pm

Speaker TBD

Content Category: Neonatal/Pediatric

After many years of relying on adult-based definitions for ARDS, the PALICC group has developed a definition and criteria for pediatric ARDS. This presentation will review the definition and criteria as well as associated clinical outcomes.

► Determining Optimal Tidal Volume

3:00 pm - 3:35 pm

Speaker TBD

Content Category: Neonatal/Pediatric

Although 6 ml/kg is well established as the standard management approach to adults with ARDS, the optimal tidal volume for pediatric ARDS remains uncertain. This presentation will review the available medical literature and provide thoughts regarding tidal volume targets for pediatric ARDS patients requiring invasive mechanical ventilation.

Capnography in the Neonatal- Pediatric Population

3:40 pm - 4:15 pm

Craig Smallwood RRT, Boston MA

Content Category: Neonatal/Pediatric

Often the forgotten vital sign, capnography can have a valuable role in the respiratory monitoring of the neonatal and pediatric population. This presentation will review the concepts of time and volume-based capnography and discuss potential clinical applications. Available data supporting the use of capnography will be reviewed.

Understanding Airway Graphics for the Bedside Clinician

4:20 pm - 4:55 pm

Robert L Chatburn MHHS RRT-NPS FAARC,
Cleveland OH

Content Category: Neonatal/Pediatric

Optimization of patient-ventilator synchrony has been associated with improved clinical outcomes. This presentation will review the concepts to promote a better understanding of patient-ventilator interactions and will discuss strategies to improve patient-ventilator synchrony.



Craig Smallwood
RRT



Robert L Chatburn
MHHS RRT-NPS
FAARC

Special Events

AARC Awards Ceremony

Saturday, October 15, 8:30 am - 10 am

Sponsored by



Keynote Address

Saturday, October 15, 10:05 am - 10:55 am

AARC Opening Reception

Saturday, October 15, at 8 pm

39th Sputum Bowl Finals

Monday, October 17, at 5 pm

Closing Ceremony

Tuesday, October 15, 12:45 pm - 2:15 pm

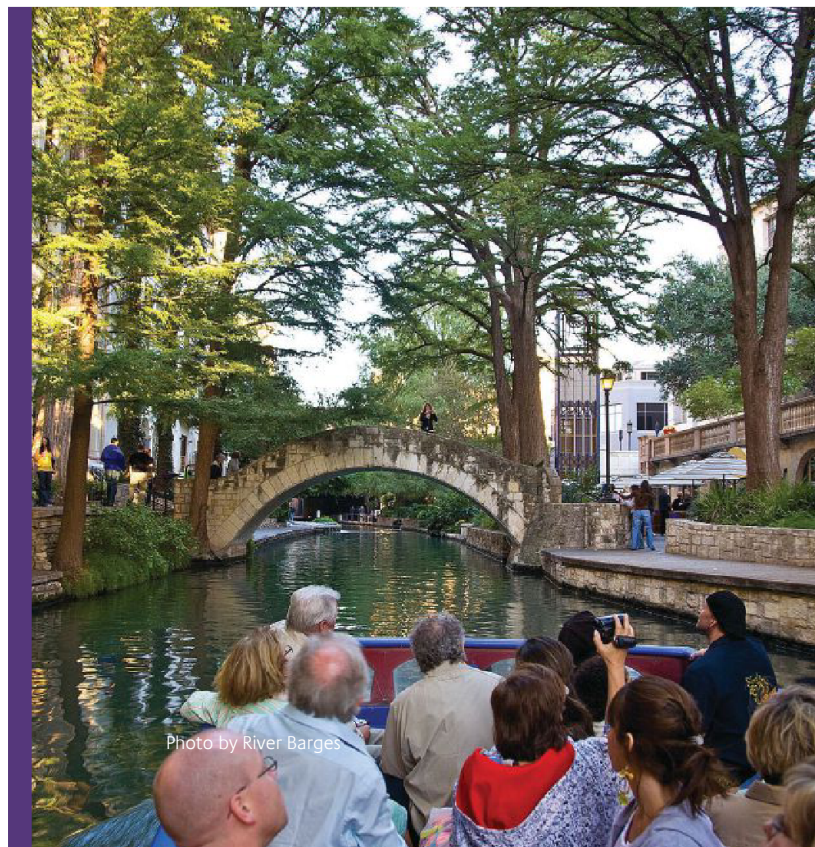


Photo by River Barges

(Symposium)
Year in Review

▶ **Non-Invasive Ventilation**
1:00 pm - 1:35 pm

Thomas Piraino RRT FCSRT,
Beamsville Ontario

Content Category: Adult Acute Care

This presentation will review the important literature related to non-invasive ventilation published in 2016.

▶ **Mechanical Ventilation**
1:40 pm - 2:15 pm

Eddy Fan MD, Toronto Canada

Content Category: Adult Acute Care

This presentation will review the important literature related to mechanical ventilation published in 2016.

▶ **Sleep Apnea**
2:20 pm - 2:55 pm

Brian Carlin MD, Sewickley PA

Content Category: Sleep

This presentation will review the important literature related to sleep apnea published in 2016.

▶ **Aerosol Therapy**
3:00 pm - 3:35 pm

Rajiv Dhand MD, Columbia MO

Content Category: Clinical Practice

This presentation will review the important literature related to aerosol therapy published in 2016.

▶ **Transport**
3:40 pm - 4:15 pm

Dario Rodriguez MS RRT RPFT FAARC,
Union KY

Content Category: Clinical Practice

This presentation will review the important literature related to intra- and inter-hospital transport published in 2016.

▶ **Respiratory Support of the Premature Infant**

4:20 pm - 4:55 pm

Dana Evans MHA RRT-NPS,
Chesterfield MO

Content Category: Neonatal/Pediatric

This presentation will review the important literature related to respiratory care of the premature infant published in 2016.

Special Note

The largest respiratory care Exhibit Hall in the world will be open in San Antonio, Texas Saturday through Monday, October 15-17.

Most all exhibitors will have clinical specialists on hand to answer questions on products, services and technology. Don't miss this unique opportunity with all companies in the respiratory care industry.



Thomas Piraino
RRT FCSRT



Eddy Fan MD



Brian Carlin MD



Rajiv Dhand MD



Dario Rodriguez
MS RRT RPFT
FAARC



Dana Evans MHA
RRT-NPS

AARC Congress 2016



Sunday, Oct. 16

AARC Annual Business Meeting

7:30 am - 8:30 am

Frank R Salvatore Jr MBA RRT FAARC/
Presiding

This is the official Annual Business Meeting of the AARC 2016 AARC Officers, Board of Directors, and Officers from the House of Delegates are installed. Reports from AARC leadership are presented. The meeting concludes with an address from 2017/2018 AARC President, Brian K. Walsh.

4th Annual Thomas L Petty Memorial Lecture

8:40 am - 9:30 am

Pulmonary Rehabilitation: Where We've Succeeded and Where We've Failed

Richard Casaburi MD MEngr PhD,
Ranch Palos Verdes CA

Content Category: Clinical Practice

Pulmonary rehabilitation is of unquestioned benefit to COPD patients. The scientific basis of this therapy is firmly established. Yet it is available to a very small fraction of those who would benefit from it. In the cases of smoking cessation and inhaled bronchodilators, forces have been brought to bear to impact the vast majority of COPD patients. This lecture will examine the reasons for this discrepancy and suggest a way forward.

Sputum Bowl Preliminaries

8:00 am - 6:00 pm

Renee Wunderley BS RRT-NPS/Presiding

Teams from the AARC State Societies compete in the preliminary competitions. The top four teams will advance to the Finals on Monday evening, October 17, along with the Student Sputum Bowl finalists.

Supported by an unrestricted educational grant from

Medtronic

Further, Together

Neonatal-Pediatrics Section Membership Meeting

9:35 am - 10:05 am

Natalie Napolitano MPH RRT-NPS FAARC/
Presiding



Section members meet to determine their needs and priorities, as well as how to use AARC resources to accomplish them. All Congress attendees, including section non-members, are invited to attend and participate.

Home Care Section Membership Meeting

10:00 am - 10:25 am

Kimberly S Wiles RRT CPFT/Presiding



Section members meet to determine their needs and priorities, as well as how to use AARC resources to accomplish them. All Congress attendees, including section non-members, are invited to attend and to participate.



Frank R Salvatore Jr
MBA RRT FAARC



Brian K Walsh PhD
RRT FAARC



Richard Casaburi
MD MEngr PhD

Sunday, Oct. 16

The Post-Acute Care Respiratory Navigator: Clinical Programs and Partnerships

10:30 am - 11:05 am

Zach Gantt RRT, Livingston TN

Content Category: Clinical Practice

This presentation will discuss the opportunities for the RT as the COPD Navigator and overall chronic disease provider in the post-acute care setting. As RTs there is a tremendous opportunity to expand these evolving hospital roles outside the walls of the hospital and identify gaps in care and reduce blind spots for hospitals, ACO, and PCP in coordinating services.

Transitioning the Outcomes-Based Provider to New Operational Standards and Patient Care Programs

11:10 am - 11:45 am

Kim Wiles BS RRT, Ford City PA

Content Category: Clinical Practice

What are the steps in re-aligning organizational service standards to enhance patient engagement and expanding RT protocols? This lecture will explain what that process looks like and the operational structure needed to support this transition.

Preparing the RT for the Tobacco Cessation Conversation

11:50 am - 12:25 pm

Georgianna Sergakis PhD RRT FAARC, Columbus OH

Content Category: Education

Many RTs did not receive training on conducting the tobacco cessation conversation during their formal education experience. This presentation discusses key components necessary for conducting the tobacco cessation conversation and identifies the impact of a continuing education training program on the ability of RTs to help patients take the next step in tobacco cessation.

Dusting Off the Cobwebs: Quality Does Matter

1:45 pm - 2:20 pm

Randy Case MA RRT-NPS, Wichita Falls TX

Content Category: Education

Although web-based education continues to grow in popularity, it can no longer be classified as a new concept in education. The application of innovative resources and technologies is imperative to enrich the quality of content provided to distance-learning students. This presentation will discuss the utilization of Quality Matters to enhance and improve the overall quality and excellence of online respiratory courses.

Designing the Optimal and Standardized Critical Care Orientation Model

2:25 pm - 3:00 pm

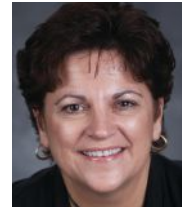
Abigail Greaves MPH RRT-NPS, Saint Joseph MI

Content Category: Education

This presentation will provide a comprehensive, optimal, and standardized model for orientation of new employees to the ICU and other critical care units. In addition, the economical, professional, and corporate benefits of effective training/orientation will be explained.



Zach Gantt RRT



Kim Wiles BS RRT



Georgianna Sergakis PhD RRT FAARC



Randy Case MA RRT-NPS



Abigail Greaves MPH RRT-NPS



(Symposium)
Home Care Spotlight

**Sustained Patient
Engagement: Illusive but
Essential in Successful
Chronic Disease
Management**



► **The Role of Patient-Centric Care in
Chronic Disease Management**

3:05 pm - 3:40 pm

Patrick Dunne MEd RRT FAARC,
Fullerton CA

Content Category: Clinical Practice

Attendees will be able to describe the concept and attributes of true patient-centric care. The importance of patient-centric care in attaining successful chronic disease outcomes will be discussed, as will the impact of recent CMS regulations requiring discharge planning activities to be based upon patient preferences and needs.

► **Why I Now Care About My Self-Care:
A Patient Perspective**

3:45 pm - 4:20 pm

Bob Castle, Austin TX

Content Category: Clinical Practice

Attendees will hear a first-hand account of one patient's journey from being a recipient of prescribed care (with limited input) to using self-education on his medical condition and a proactive voice to become actively involved in his care. The presenter will describe how he became a successful, active participant in his collaborative self-care. Positive physician and RT influences and activities that helped facilitate this transition will be discussed.

► **Obstacles on the Road to
Patient-Centric Care: Important
Considerations**

4:25 pm - 5:00 pm

Kent L Christopher MD RRT FCCP FAARC,
Denver CO

Content Category: Clinical Practice

Attendees will be able to list common obstacles that arise when moving from the traditional model of physician-directed care to the newer concept of patient-centric care. Useful strategies to help overcome commonly encountered physician resistance to patient-centric care will be discussed, including the important role of the RT. The RT must continue to refine interpersonal skills in interviewing and engaging the patient to understand operative, medical, and personal needs.

OPEN FORUM Poster Discussion #3
10:00 am - 11:55 am

Supported by an unrestricted educational grant from



Researchers and clinicians present findings of studies on aerosol therapy, mechanical ventilation, neonatal and pediatric care, education, management, and every other mode of practice in our profession.

OPEN FORUM Poster Discussion #4
10:00 am - 11:55 am

Supported by an unrestricted educational grant from



Researchers and clinicians present findings of studies on aerosol therapy, mechanical ventilation, neonatal and pediatric care, education, management, and every other mode of practice in our profession.

OPEN FORUM Posters Only #1
11:30 am - 3:30 pm

Supported by an unrestricted educational grant from



Researchers and clinicians present the results of their work in this Posters Only session. Authors available from 12:00 pm – 1:30 pm for questions and interaction.



Patrick Dunne
MEd RRT FAARC



Kent L. Christopher
MD RRT FCCP
FAARC

Sunday, Oct. 16

OPEN FORUM Poster Discussion #5 12:30 pm - 2:55 pm

Supported by an unrestricted educational grant from



Researchers and clinicians present findings of studies on aerosol therapy, mechanical ventilation, neonatal and pediatric care, education, management, and every other mode of practice in our profession.

OPEN FORUM Poster Discussion #6 12:30 pm - 2:55 pm

Supported by an unrestricted educational grant from



Researchers and clinicians present findings of studies on aerosol therapy, mechanical ventilation, neonatal and pediatric care, education, management, and every other mode of practice in our profession.

What Do Respiratory Therapists Need to Know About Older Adults? A Gerontologist's Perspective

10:30 am - 11:05 am

Nancy P Kropf PhD, Atlanta GA

Content Category: Clinical Practice

With increases in number, respiratory therapists can expect that they will be working with a greater number and more complex older patient population. This lecture will provide an overview of physical and psychosocial issues that impact treatment with older adults. In addition, many frail older adults have informal care providers (e.g., family members) or formal caregivers, and therapists must understand how to work as part of a team with these caregivers.



Nancy P Kropf PhD



Vernon Pertelle MBA RRT FACHE

Care Coordination and Clinical Redesign: Restructuring Strategies for Success for RTs in the Continuum of Care

11:10 am - 11:45 am

Vernon Pertelle MBA RRT FACHE,
Oceanside CA

Content Category: Clinical Practice

Care coordination by respiratory therapists in acute care hospitals helps to support transitional care of respiratory patients for post-acute services, assuring appropriate planning, timely transition, and appropriate follow up in all environments of care. In performance of the role, the RT must have intimate knowledge of payer considerations and levels of care in order to ensure the most optimal health outcomes and patient satisfaction.

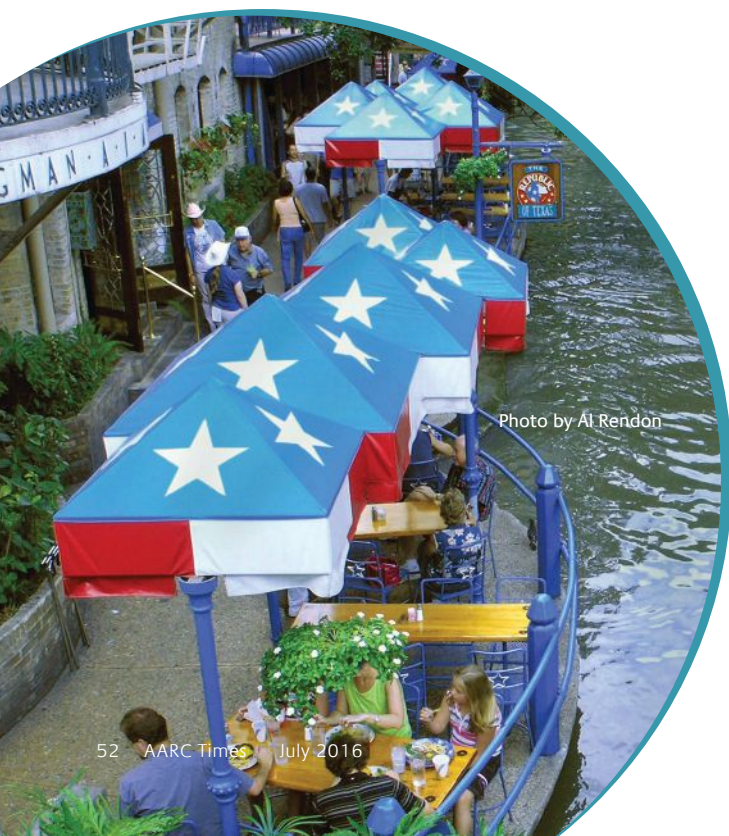


Photo by Al Rendon

RESPIRATORY CARE

OPEN FORUM[®] Symposia
sponsored by



Clinicians present the results of their scientific studies. Abstracts with a similar focus are clustered into a symposium to encourage discussions and interactions among investigators and observers; posters expand the information presented. 12 OPEN FORUM Symposia will be presented during the four days of AARC Congress 2016.

Pay for Performance Trends in Payment Models Create Opportunity

11:50 am - 12:25 pm

Gene Gantt RRT, Livingston TN

Content Category: Clinical Practice

Value-based care will be the new normal for the near future and beyond. The role of the RT will need to transform and be demonstrated to be one of great value. The role must be one of innovator, expert, and cost-efficient caregiver. The presentation will explore the trends in payment and the future role the RT must play in the big picture of value-based care.

Long Term Care Section Membership Meeting

12:30 pm - 1:00 pm

Gene Gantt RRT/Presiding



Section members meet to determine their needs and priorities, as well as how to use AARC resources to accomplish them. All Congress attendees, including section non-members, are invited to attend and participate.

(Symposium)

Long Term Care Spotlight

Management of the Upper Airway: From Aspiration Risk to Tracheostomy Problems



► Determining Aspiration of Oral Secretions Using New Dysphagia Test Evaluation of the SIMEX Intermittent Subglottic Aspiration System in Patients Requiring Chronic Mechanical Ventilation

1:45 pm - 2:20 pm

Jerry Gentile BSRT BSHA MBA EdD(c) RRT, Long Island NY

Content Category: Clinical Practice

Tracheostomized patients receiving chronic mechanical ventilation are at risk for ventilator associated events, including pneumonia. Experience with the SIMEX Intermittent Subglottic Aspiration System in this population will be presented.

► Protecting the Airway, Facilitating Speech and Decannulation: The Role of the Speech Pathologist

2:25 pm - 3:00 pm

Terry Eberly MA CCG-SLP

Content Category: Clinical Practice

The physician, respiratory therapist, and speech and language pathologist are important team members in managing patients requiring long term ventilation, particularly when goals are set to minimize risk of aspiration, restore speech, introduce oral feeding with intact swallow, and achieve successful tracheostomy tube decannulation.

► Tracheostomies for Respiratory Therapists: “The Hole Story”

3:05 pm - 3:40 pm

Eric S Yaeger MD, Denver CO

Dorene Siegwarth RRT-ACCS, Denver CO

Content Category: Clinical Practice

There are many different brands and types of tracheostomy tubes. Most practitioners are only exposed to a few, usually those used in their facilities. This presentation will provide a detailed overview of the different ways tracheostomies are performed and the advantages and disadvantages for using different types of tracheostomy tubes to promote weaning, cuff deflation trials, capping, and decannulation. The presentation will conclude with the options for long-term use in tracheostomy-dependent patients, and the options that can be used in difficult airways such as patients with tracheal prolapse, malacia, stenosis, trauma, and obesity.

Continuing Respiratory Care Education (CRCE)

AARC Congress 2016 is approved for all the credit hours you need to maintain your state license, more than 20 hours.



Gene Gantt RRT



Jerry Gentile BSRT BSHA MBA EdD(c) RRT



Terry Eberly MA CCG-SLP



Eric S Yaeger MD



Dorene Siegwarth RRT-ACCS

Sunday, Oct. 16

OPEN FORUM Poster Discussion #7 3:10 pm - 5:05 pm

Supported by an unrestricted educational grant from



Researchers and clinicians present findings of studies on aerosol therapy, mechanical ventilation, neonatal and pediatric care, education, management, and every other mode of practice in our profession.

OPEN FORUM Poster Discussion #8 3:10 pm - 5:05 pm

Supported by an unrestricted educational grant from



Researchers and clinicians present findings of studies on aerosol therapy, mechanical ventilation, neonatal and pediatric care, education, management, and every other mode of practice in our profession.

Transitioning the Ventilator-Dependent Patient from Acute Care to Long-Term Acute Care or Long-Term Care

3:45 pm - 4:20 pm

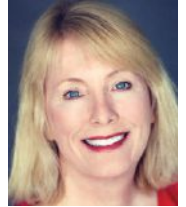
Eric S Yaeger MD, Denver CO

Content Category: Clinical Practice

Respiratory post-acute care units (RTCUs) manage ventilated patients, often with complex airways and chronic critical illness. Admission criteria for reimbursement must be met. Some patients can be liberated from ventilators. RTs require specialized skills and knowledge. RTs should properly evaluate and prepare patients with chronic home ventilation or home oxygen therapy for discharge.



Eric S Yaeger MD



Angela King BS
RRT-NPS RPFT

Transitioning the Ventilator-Dependent Patient to the Home 4:25 pm - 5:00 pm

Angela King BS RRT-NPS RPFT, Leo IN

Content Category: Clinical Practice

Distinct clinical populations on home mechanical ventilation (HMV) have different equipment and management needs. Reimbursement rules, regulations, and terminology are outdated, and payment only covers durable medical equipment and excludes reimbursement for RT management of HMV. New technology and ventilator strategies are focused upon efforts to improve quality of life and clinical outcomes.



Telemedicine on Transport... Helpful or Hindrance?

10:30 am - 11:05 am

Jennifer L Watts BS RRT-NPS C-NPT,
Oak Lawn IL

Content Category: Clinical Practice

Medicine has journeyed into the digital age. This journey has opened up a door to enable additional “eyes” on transport. Telemedicine availability allows for the “eyes” of specialists to additionally assess a patient; however, how feasible is frequent use of telemedicine on all transports?

If You Can Measure It You Can Change It: Quality Metrics in Medical Transport

11:10 am - 11:45 am

Tabatha Dragonberry BSRT RRT-NPS AE-C,
Fresno CA

Content Category: Clinical Practice

In 2016 Alex Brendel and Tabatha Dragonberry worked with the AARC Transport Section to define and track key quality metrics to prove the value of RTs on transport teams. This talk will review the results of the survey of the section, describe the selected metrics, and review how we plan to get these in place across the country.

PRO/CON: Diagnostics Lightening Round

11:50 am - 12:25 pm

PRO: Jeffrey M Haynes RRT RPFT FAARC,
Nashua NH

CON: Matthew J O'Brien MS RRT RPFT,
Madison WI

Content Category: Pulmonary Function

Two seasoned technologists debate controversial topics in pulmonary diagnostics in a lightening round format. Topics include: Do ATS/ERS spirometry guidelines need to be strictly followed? Is Impulse Oscillometry an appropriate substitute for spirometry? Spirometry and DLCO are all you need. Should ABGs be part of a complete PFT?

Diagnostics Section Membership Meeting

12:30 pm - 1:00 pm

Katrina Hynes MHA RRT RPFT/Presiding

Section members meet to determine their needs and priorities, as well as how to use AARC resources to accomplish them. All Congress attendees, including section non-members, are invited to attend and participate.



Jennifer L Watts BS
RRT-NPS C-NPT



Tabatha Dragonberry
BSRT RRT-NPS AE-C



Jeffrey M Haynes RRT
RPFT FAARC



Matthew J O'Brien MS
RRT RPFT



Honor Our Troops

ATTEND THE AARC FLAG
FOLDING CEREMONY

October 17
8:50 AM in the Lila
Cockrell Theatre

Sunday, Oct. 16

(Symposium) Diagnostics Spotlight



Pulmonary Evaluation Using Exercise Testing

► Indications for Cardiopulmonary Exercise Testing (CPET)

1:45 pm - 2:20 pm

Katrina Hynes MHA RRT RPFT,
Rochester MN

Content Category: Pulmonary Function

Review the clinical indications for exercise testing in patients that have specific signs or symptoms associated with exercise.

► CPET: Quality Assurance

2:25 pm - 3:00 pm

Susan Blonshine RRT RPFT AE-C FAARC,
Manson MI

Content Category: Pulmonary Function

Accurate exercise VO₂ results are dependent on multiple components aligning correctly in an exercise system. The presentation will review the components and quality control methods to ensure accuracy. Recent multi-center studies are defining methods to incorporate biologic control data to predict equipment function within and between PF laboratories to decrease the variability of the measurements. The presenter will review the literature in regards to acceptable biologic quality control and expected ranges.

► CPET: Test Performance

3:05 pm - 3:40 pm

Katrina Hynes MHA RRT RPFT

Content Category: Pulmonary Function

A sophisticated review will be provided describing the selection of appropriate equipment and testing protocols to elicit a maximal exercise performance.

► CPET: Cardiac and Ventilatory Response

3:45 pm - 4:20 pm

Carl Mottram RRT RPFT FAARC,
Rochester MN

Content Category: Pulmonary Function

The cardiac and ventilatory response during exercise are key elements of a cardiopulmonary exercise test. These responses will be reviewed as a component of a comprehensive exercise test assessment. This includes a review of the normal and abnormal breathing strategies used to recruit the required minute ventilation to meet the subject's metabolic needs.

Pulmonary Diffusing Capacity for Nitric Oxide is the Pulmonary Function Test of the Future

4:25 pm - 5:00 pm

Gerald S Zavorsky PhD, Atlanta GA

Content Category: Pulmonary Function

Pulmonary diffusing capacity for carbon monoxide (DLCO) is a diagnostic test used in all hospitals for the past 60 years that helps identify problems of oxygen transfer in a patient. However, there are a lot of assumptions with this test that creates weaknesses in interpretation. The lecture will demonstrate to everyone that pulmonary diffusing capacity for nitric oxide (DLNO) is a better diagnostic test and should replace DLCO. This is a relevant topic since DLCO testing is performed all over the world and is a very common diagnostic tool in hospitals everywhere. Once the audience listens to this lecture, they should be convinced that all labs should implement this new diagnostic measurement, and this lecture will indicate how this can be done.



Katrina Hynes MHA
RRT RPFT



Susan Blonshine
RRT RPFT AE-C
FAARC



Carl Mottram RRT
RPFT FAARC



Gerald S Zavorsky
PhD

Home Portable Testing vs. In Lab: Are We Still Making the Right Decision?

10:30 am - 11:05 am

Speaker TBD

Content Category: Sleep

As the trend leans towards home testing versus in lab studies, how do the patients fare? Are we still making the right decision to focus efforts on treatment instead of diagnostics? This lecture will discuss recent data completed comparing both in lab and portable studies and review the efficacy of our evaluation methods.

The Airway: Size and Shape Matter

11:10 am - 11:45 am

Lutana Haan MHS RRT RPSGT, Boise ID

Content Category: Sleep

Want to know more about the airway? This discussion will emphasize how the airway has changed over time, as well as how sleep, obesity, and genetics affect optimal performance. This visual presentation will show a whole new view of the airway.

Making Sense of CMS Regulations Regarding Home Ventilation

11:50 am - 12:25 pm

Marilyn W Barclay RRT CPFT RPSGT, Albany OR

Content Category: Sleep

Sleep providers, home care providers, and in-hospital providers are faced with a myriad of complex requirements when getting CMS approval for home ventilation (CPAP, Bi-level, and higher complexity). Learn about these requirements and amaze your colleagues with your knowledge.

Sleep Section Membership Meeting

12:30 pm - 1:00 pm



Marilyn W Barclay RRT CPFT RPSGT/
Presiding

Section members meet to determine their needs and priorities, as well as how to use AARC resources to accomplish them. All Congress attendees, including section non-members, are invited to attend and participate.

Odds Are You Can Do This! Understanding the Results of Medical Studies

1:45 pm - 2:20 pm

Jody Lester MA RRT, Boise ID

Content Category: Clinical Practice

The statistical data reported in medical studies can be complicated and intimidating. This presentation will use statistics from recently published medical studies to practice the interpretation of odds ratios, risk ratios, absolute risk reduction, number needed to treat, survival data, and forest plots.

Research Soup to Nuts

2:25 pm - 3:00 pm

Jeffrey M Haynes RRT RPFT FAARC,
Nashua NH

Content Category: Clinical Practice

This presentation will describe how a simple research project can be done in a small hospital using a real-life example. All of the steps in completing the study up to and including publication will be described... from "soup to nuts!"



Lutana Haan MHS
RRT RPSGT



Marilyn W Barclay
RRT CPFT RPSGT



Jody Lester MA RRT



Jeffrey M Haynes RRT
RPFT FAARC

Sunday, Oct. 16

AARC's 32nd New Horizons in Respiratory Care Symposium

Gases and Aerosols in the ICU

1:45 pm – 5:00 pm

1:45 pm - 2:20 pm

Automated Control of FIO₂

Richard Branson MSc RRT FAARC,
Cincinnati OH

Content Category: Adult Acute Care
Systems are under development to allow automated control of FIO₂ during mechanical ventilation. This presentation will cover potential benefits for this approach.

2:25 pm - 3:00 pm

How Should Aerosols be Delivered During Mechanical Ventilation?

Rajiv Dhand MD FCCP FACP FAARC,
Columbia MO

Content Category: Clinical Practice
What drugs should be delivered by aerosol to mechanically ventilated patients? What is the optimal delivery system?

3:05 pm - 3:40 pm

Inhaled Carbon Monoxide: From Toxin to Therapy

Dean R Hess PhD RRT FAARC,
Boston MA

Content Category: Clinical Practice
Carbon monoxide is commonly recognized as a toxic gas. In recent years experimental evidence supports that low dose inhaled carbon monoxide might have therapeutic benefit.

3:45 pm - 4:20 pm

What is the Current Role for Heliox?

Ira M Cheifetz MD FAARC FCCM,
Durham NC

Content Category: Clinical Practice
Heliox has been available for many years. What is the current evidence supporting its use?

4:25 pm - 5:00 pm

After 25 Years, What Do We Know About Inhaled Nitric Oxide?

Robert M Kacmarek PhD RRT,
Littleton MA

Content Category: Clinical Practice
Inhaled nitric oxide has become entrenched in respiratory care practice. But where is the evidence? What is the future?



Richard Branson
MSc RRT FAARC



Rajiv Dhand MD
FCCP FACP FAARC



Dean R Hess PhD
RRT FAARC



Ira M Cheifetz MD
FAARC FCCM



Robert M Kacmarek
PhD RRT

Studying a Study – Using a Systematic Approach to Evaluate Medical Research

3:05 pm - 3:40 pm

Jody Lester MA RRT, Boise ID

Content Category: Clinical Practice

In today's rapidly changing world of clinical practice, old assumptions quickly fall under the weight of new evidence. Clinicians must be able to select and appraise medical studies. Participants in this session will be introduced to, and practice using, the MAARIE framework – a step by step method for evaluating medical studies.

(Symposium) Sleep Spotlight



Dare to Dream - The Future of Sleep

► Latest Finds of 2015 in Sleep

3:45 pm - 4:20 pm

Karen Schell DHSc RRT-NPS RRT-SDS RPFT
RPSGT AE-C CTTS, Kansas City KS

Content Category: Sleep

Sleep health explores how we sleep and the factors that impact it. 2015 brings sleep into the news in ways you may have never thought about. This lecture looks at a few articles that bring new insight to how sleep may be affecting our health.

► Future Research in Sleep

4:25 pm - 5:00 pm

Speaker TBD

Content Category: Sleep

What does the future of sleep medicine hold? Both current and future studies have a strong role in both the RT and sleep world. What has current research shown us and what are the trends? How will this impact our patient care in the future?

Alleviating Asynchrony in Pressure Ventilation

10:30 am - 11:05 am

John Davies MA RRT FAARC, Durham NC

Content Category: Adult Acute Care

Pressure control ventilation is often touted as a method to improve synchrony compared to volume control. However, loss of control of tidal volume is an area of concern. When limiting VT during pressure control, what are the methods for improving synchrony in the patient with air hunger?



Jody Lester MA
RRT



Karen Schell DHSc
RRT-NPS RRT-SDS
RPFT RPSGT AE-C
CTTS



John Davies MA
RRT FAARC

Industry Support Statement

- The AARC is proud of the collaboration we have had with friends in industry for many years, and we wish to acknowledge our appreciation for their unrestricted educational grants for AARC Congress 2016.
- All sponsored sessions will be identified in the program, with signage, and verbally at the lectern.
- The AARC accepts support only on the condition that the Program Committee be the sole owner of all sessions, including selection of speakers and topics.

Sunday, Oct. 16

Can Specialized Modes Reduce Asynchrony?

11:10 am - 11:45 am

Robert L Chatburn MHHS RRT-NPS FAARC,
Cleveland OH

Content Category: Adult Acute Care

A number of new modes have been introduced over the years to improve patient ventilator synchrony. Prominently, these include PAV and NAVA. How do these techniques improve synchrony and does improving synchrony result in an improved outcome?

Alleviating Asynchrony in Volume Ventilation

11:50 am - 12:25 pm

Eduardo Mireles-Cabodevila MD,
Cleveland OH

Content Category: Adult Acute Care

Volume control ventilation remains the standard of care for ARDS. However, volume control ventilation at fixed flows and flow pattern can adversely impact the work of breathing. Tricks of the trade for maximizing synchrony during volume control will be reviewed.

Using Data and Dashboards to Drive Care in Respiratory Care

10:30 am - 11:05 am

John Emberger BS RRT-ACCS FAARC,
Newark DE

Content Category: Management

How well can your department show the quality care that you are performing, demonstrate improvements that you initiated, and understand areas for improvement. Timely data and dashboards can help you analyze your department and help the staff drive quality forward at your institution. This lecture will help you understand how to get data, display data, and drive quality forward at your institution.

Are We a Dying Profession or Can We Create New Roles for Respiratory Therapists?

11:10 am - 11:45 am

Kim Bennion MHS BSRT RRT CHC,
Salt Lake City UT

Content Category: Management

Too often, we hear “seasoned” respiratory therapists make comments such as, “Our profession has no future,” “If I had it to do again, I wouldn’t choose respiratory care,” “Respiratory therapists have no room for growth,” and the list goes on and on. The presenter will share how she has grown her respiratory therapy non-traditional roles in care management, telemedicine, palliative and hospice care, and compliance consultants and community benefit partners.

Sorting Out and Initiating Care Standards, Guidelines, Protocols, and Pathways

11:50 am - 12:25 pm

John Emberger BS RRT-ACCS FAARC

Content Category: Management

This lecture will compare and contrast care standards, guidelines, protocols, and pathways, and help you understand how and when to appropriately initiate each of these in the respiratory care department.

Management Section Membership Meeting

1:15 pm - 1:45 pm

Cheryl Hoerr MBA RRT CPFT FAARC/
Presiding

Section members meet to determine their needs and priorities, as well as how to use AARC resources to accomplish them. All Congress attendees, including section non-members, are invited to attend and participate.



Robert L. Chatburn
MHHS RRT-NPS
FAARC



John Emberger BS
RRT-ACCS FAARC



Kim Bennion MHS
BSRT RRT CHC



Management Spotlight

Opening the Door - Expanding RTs' Roles in the Delivery of Health Care

1:45 pm - 3:00 pm

Cheryl West MHA, Irving TX

Anne Marie Hummel, Woodbridge VA

Content Category: Management

The AARC Respiratory Therapist Human Resources Study 2014 found that only 2.1% of RTs – or over 3,500 RTs if extrapolated to the general RT working population – work in physician's offices. Since the delivery of health care has changed dramatically, especially with the passage of the Affordable Care Act, you might be missing out on new opportunities. This seminar will bring you up-to-date on important new Federal initiatives that can enhance your role as disease managers in physicians' practices and provide you with tools to market your expertise in this setting. In light of the spotlight on COPD readmissions penalties and improving care coordination among providers, gaining knowledge of how physicians can utilize your skills in their practices becomes all the more important.

The Devil Is In the Details

3:05 pm - 3:40 pm

Cheryl Hoerr MBA RRT CPFT FAARC,
Rolla MO

Content Category: Management

Respiratory managers can feel overwhelmed with the pace of change in today's hectic health care environment. All too often the requirements change, and if you miss an update you might discover your department is out of compliance with prevailing standards and protocols. This presentation will provide managers with a forum for obtaining up-to-the-minute information on a variety of critical regulatory topics.



How Much Does That Cost? Acquiring New RT Equipment

3:45 pm - 4:20 pm

Judy Schloss BS RRT-NPS AE-C,
Minneapolis MN

Content Category: Management

One of the biggest investments is the proper training of employees and to equip them with the right tools to succeed in doing their job. As we move away from fee-for-service and volume-based measures towards accountable-care organizations and quality-based measures, we must also consider this in the purchase of new equipment. The speaker will discuss effectiveness, efficiency, and outcomes to show where the true cost savings can be attained in optimizing purchases.

Integrating Millennials into Your Department

4:25 pm - 5:00 pm

Douglas Laher MBA RRT FAARC, Irving TX

Content Category: Management

This lecture will discuss the characteristics of today's millennials... what makes them tick, what they want out of their career, their colleagues, and their employer. Whether it's in the classroom or the break room, millennials will be forced to integrate with Gen X and Baby Boomers. How do you do this; how can you be successful? You'll have to attend this TED-style talk to find out. No slides will be used for this lecture... the lecturer will be "walking a tight rope without a net!"



Cheryl West MHA



Anne Marie
Hummel



Cheryl Hoerr MBA
RRT CPFT FAARC



Judy Schloss BS
RRT-NPS AE-C



Douglas Laher MBA
RRT FAARC



Sunday, Oct. 16

(Symposium) Tell Me Something I Should Know About BPD

► The Phenotypes of BPD

10:30 am - 11:05 am

Huyan Zhang MD, Philadelphia PA

Content Category: Neonatal/Pediatric
Although generally viewed as a single clinical entity, bronchopulmonary dysplasia is a compilation of several clinical entities. This presentation will discuss the various presentations for BPD as well as its implications for clinical management.

► Challenges in Mechanical Ventilation for Severe BPD

11:10 am - 11:45 am

Cheryl Lew MD, Topanga CA

Content Category: Neonatal/Pediatric
Mechanical ventilation of infants with severe BPD can be challenging. Strategies to assist with stabilization of the ventilation status of these vulnerable infants, while treating the overall syndrome, will be discussed.

► BPD Outcomes in 2016: What to Expect

11:50 am - 12:25 pm

Huyan Zhang MD

Content Category: Neonatal/Pediatric
Outcomes for infants with chronic lung disease are gradually improving. This presentation will review the available outcome data for these vulnerable infants. Speculations for the future will be discussed.

(Symposium) Neo-Peds Spotlight

► PRO/CON: Should HFOV Be Abandoned for Pediatric ARDS?

1:45 pm - 3:00 pm

PRO: Ira M Cheifetz MD FAARC FCCM, Durham NC

CON: Alexandre T Rotta MD, Cleveland OH

Content Category: Neonatal/Pediatric
Despite the growing evidence against the use of HFOV for adults with ARDS, the situation for the pediatric patient remains uncertain. Data in pediatrics remain non-definitive. This debate between two experts in the field will review both the rationale for the use of high-frequency ventilation as well as the available data. To show their equipoise, the speakers will flip a coin at the start of the presentation to determine who will argue which side of this ongoing debate.

► PRO/CON: Should HFNC Be Used as the First Line of Support for all Infants with Respiratory Distress?

3:05 pm - 4:20 pm

PRO: Rob DiBlasi RRT, Shoreline WA

CON: Keith Hirst MS RRT-NPS, Boston MA

Content Category: Neonatal/Pediatric
The use of high flow nasal cannula to support neonates with respiratory distress is increasing at a rapid rate. Is the use of this technology appropriate in these situations or is it being inappropriately applied? The PRO side of this debate will support the use of HFNC for all forms of neonatal respiratory distress prior to consideration of other modes of respiratory support.



Huyan Zhang MD



Ira M Cheifetz MD
FAARC FCCM



Alexandre T Rotta
MD



Rob DiBlasi RRT



Keith Hirst MS
RRT-NPS

Exhibit Hours at The Buying Show:

Saturday, Oct. 15, 11:00 am - 4:00 pm

Sunday, Oct. 16, 9:30 am - 3:00 pm

Monday, Oct. 17, 9:30 am - 2:00 pm

Pearls for Transition to Home Care Ventilation for Neonatal-Pediatric Patients

4:25 pm - 5:00 pm

Cheryl Lew MD, Topanga CA

Content Category: Neonatal/Pediatric

The transition from critical care to home care ventilators can be quite challenging. This presentation will discuss processes and assessment tools that can help make this transition smoother and more successful.

(Symposium)

VAE and IVAC Updates

► Ventilator-Associated Events:

Background and Definitions

1:45 pm - 2:20 pm

Lorenzo Berra MD, Boston MA

Content Category: Adult Acute Care

The new CDC definitions for VAE and VAI replacing the traditional VAP have resulted in a significant challenge for hospitals and RT departments. This study will provide the rationale for the development of this scheme and how to apply it to ICU metrics.

► Tracking VAE's Difficulties and Conflicting Issues for the RT

2:25 pm - 3:00 pm

Speaker TBD

Content Category: Adult Acute Care

Respiratory therapists are often tasked with tracking VAE and IVAC in critically ill patients. What are the clinical events associated with VAEs which complicate the CDC definition. When do VAE events occur and what is their temporal association to procedures and therapy?

► A New Paradigm for Secretion Clearance: Insufflation/Exsufflation and Cleaning the Tube

3:05 pm - 3:40 pm

Lorenzo Berra MD

Content Category: Adult Acute Care

The standard of care for airway clearance of the ventilated patient is closed circuit suctioning. New devices for cleaning the tube to remove secretions and biofilm may be improvements to and avoid the complications of negative pressure from traditional airway suctioning. The role of insufflation/exsufflation in ventilated patients will also be explored.

► A Hypothesis for the Impact of Subglottic Secretion Tubes

3:45 pm - 4:20 pm

Thomas Piraino RRT FCSRT,
Beamsville Ontario

Content Category: Adult Acute Care

Subglottic suctioning tubes are uniformly recommended by practice guidelines for the prevention of early pneumonia in the ventilated patient. The practical implementation however, has been problematic. This talk will evaluate the literature on this topic and propose a new interpretation of the literature.

Lungs Behaving Badly: Clinical Scenarios from the Lung Lab

4:25 pm - 5:00 pm

David M Wheeler MEd RRT-NPS,
Charleston SC

Content Category: Adult Acute Care

This lecture will use videos of both human and porcine lungs in the ex-vivo state to demonstrate the realities of day-to-day clinical interventions. Pressure control ventilation, volume control ventilation, airway pressure release ventilation, PEEP and manual ventilation will be shown to be both supportive and damaging to real lungs in real time with real video footage. This lecture will feature the following movies of human and porcine lungs: massive pulmonary edema following disconnection from a stable PEEP of 22 cm H₂O; aggressive "bagging" of a patient with a mucous plug will be shown to create blebs and widespread damage to the lung in the ex-vivo state; repetitive collapse and expansion injury; the effects of PEEP and a lung being physically traumatized due to over-distention; as well as videos of a human lung with atelectasis being recruited. This lecture also shows videos of lungs being salvaged and rescued with lung protective ventilation. Upon completion of this lecture participants will have a greater appreciation of the complexity of the mammalian lung and the highly nuanced management strategies of mechanical ventilation.



Lorenzo Berra MD



Thomas Piraino
RRT FCSRT



David M Wheeler
MEd RRT-NPS

AARC Congress 2016



Monday, Oct. 17

43rd Donald F Egan Scientific Memorial Lecture

8:00 am - 8:45 am

This lecture provides an overview of in-depth information about dynamic aspects of pulmonary physiology, pulmonary medicine, or clinical respiratory care. The lectureship is extended to a recognized world-class participant in the area of interest – investigator, clinician, or academician.



ECMO: Where Have We Been and Where Are We Going?

Ira M Cheifetz MD FAARC FCCM, Durham NC

Content Category: Adult Acute Care

The technologic and management aspects of extracorporeal life support (ECLS), including extracorporeal membrane oxygenation (ECMO), have advanced more in the past five years than any other aspect of critical care medicine. ECLS devices are smaller, simpler, and safer than just a few years ago. The application of this technology has led to these critically ill patients being maintained awake and, in some circumstances, even ambulatory. This presentation will provide an overview of the history of ECLS and ECMO, discuss the current state of the field, and explore the potential future applications of this life-saving technology.

Flag Folding Ceremony

8:50 am - 9:20 am

Joseph Buhain EdD MBA RRT FAARC/Presiding

OPEN FORUM Poster Discussion #9

9:10 am - 11:55 am

Supported by an unrestricted educational grant from



Researchers and clinicians present findings of studies on aerosol therapy, mechanical ventilation, neonatal and pediatric care, education, management, and every other mode of practice in our profession.

OPEN FORUM Editors' Choice

9:30 am - 11:55 am

Supported by an unrestricted educational grant from



Presentations of the top abstracts in this year's OPEN FORUM. Researchers and clinicians present significant findings in respiratory care research in a 10-minute slide presentation, followed by 10 minutes of audience questions and discussions. Important- Posters of the Editors' Choice abstracts will be displayed in the Exhibit Hall on Saturday and Sunday, November 7-8, and in the meeting room on Monday, November 9.

OPEN FORUM Posters Only #2

10:00 am - 2:30 pm

Supported by an unrestricted educational grant from



Researchers and clinicians present the results of their work in this Posters Only session. Authors available from 12:00 pm – 1:30 pm for questions and interaction.

Monday, Oct. 17

OPEN FORUM Poster Discussion #10 **12:45 pm - 2:15 pm**

Supported by an unrestricted educational grant from



Researchers and clinicians present findings of studies on aerosol therapy, mechanical ventilation, neonatal and pediatric care, education, management, and every other mode of practice in our profession.

Oxygen is Oxygen... Is There Really a Difference Outside the Hospital's Four Walls?

10:30 am - 11:05 am

Kim Wiles BS RRT, Ford City PA

Content Category: Clinical Practice

Differences in oxygen therapy exist between the hospital and the home. This lecture will discuss the differences and why the acute care RT needs to have an understanding in order to ensure that patients are successfully transitioned to the home.

What Goes Wrong in Home Care? **11:10 am - 11:45 am**

Angela King BS RPFT RRT-NPS, Leo IN

Content Category: Patient Safety

What goes wrong in home care? Overloaded electrical circuits, power failures, inadequate caregiver training, faulty alarm settings – all are potentially deadly occurrences. The FDA MAUDE database provides information about serious patient incidents. This lecture reviews serious patient incidents over the past 10 years and offers strategies for enhancing patient safety.

Long-Term Oxygen Therapy Trial: An Expanded Role for Oxygen Therapy: Yea or Nay?

11:50 am - 12:25 pm

Neil MacIntyre MD, Durham NC

Content Category: Clinical Practice

Results are still under embargo. The LOTT study is designed to evaluate the role of supplemental oxygen in patients with borderline resting hypoxemia or hypoxemia only with exercise. The study is co-funded by NIH and Medicare. Results of the trial will be presented

OPEN FORUM Poster Discussion #11 **1:00 pm - 2:55 pm**

Supported by an unrestricted educational grant from



Researchers and clinicians present findings of studies on aerosol therapy, mechanical ventilation, neonatal and pediatric care, education, management, and every other mode of practice in our profession.

Education Section Membership Meeting



1:15 pm - 1:45 pm

Ellen Becker PhD RRT-NPS FAARC/Presiding

Section members meet to determine their needs and priorities, as well as how to use AARC resources to accomplish them. All Congress attendees, including section non-members, are invited to attend and participate.

Open Your Eyes to Your Blind Spots

1:45 pm - 2:20 pm

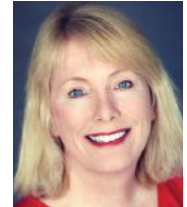
Crystal Dunlevy EdD RRT, Columbus OH

Content Category: Education

Are you able to assess your patients, co-workers, and students in a fair and accurate way? This presentation will address hidden biases that we all possess based on a lifetime of experience and exposure. Implicit bias and the impact it can have on patient care and daily interactions will be discussed; mechanisms for reducing implicit bias will be presented.



Kim Wiles BS RRT



Angela King BS RPFT RRT



Neil MacIntyre MD



Crystal Dunlevy EdD RRT



Ellen Becker PhD RRT-NPS FAARC

Landing a New Advanced Respiratory Therapist Role

2:25 pm - 3:00 pm

Ellen Becker PhD RRT-NPS FAARC,
Chicago IL

Content Category: Education

You have a few years of respiratory care experience under your belt and are ready to advance your career. What are your options? What educational preparation is required? What other strategies are needed to land your coveted new role?

Graduate School: What? When? Why? How? Where? The Experience of RTs Who Have Done It

3:05 pm - 3:40 pm

Kathy S Myers Moss PhD RRT-ACCS,
Columbia MO

Dave Burnett RRT-NPS FAARC,
Kansas City KS

Brady Scott MS RRT-ACCS FAARC,
Chicago IL

Douglas Gardenhire EdD RRT-NPS FAARC,
Atlanta GA

Content Category: Education

This panel explores answers to questions respiratory therapists may have when planning or matriculating through a graduate program. The panelists will discuss types of graduate degrees, tips for successfully navigating graduate school, and how to leverage the graduate school experience to contribute meaningfully to the profession after graduating. The panel will answer audience members' questions about graduate study based on their own experiences.

OPEN FORUM Poster Discussion #12

3:15 pm - 5:10 pm

Supported by an unrestricted educational grant from



Researchers and clinicians present findings of studies on aerosol therapy, mechanical ventilation, neonatal and pediatric care, education, management, and every other mode of practice in our profession.

Education Spotlight

Tell Me Something I Should Know...Faculty Development

3:45 pm - 5:00 pm

Ellen Becker PhD RRT-NPS FAARC

Lynda Goodfellow RRT CPFT RPSGT,
Atlanta GA

Bill Galvin MEd RRT CPFT AE-C FAARC,
Gwynedd PA

Content Category: Education

Respiratory therapy program faculty are often very skilled educators and place a high priority on ensuring student success. However, program faculty need to also focus on their own development to ensure they are able to have successful careers in education. This panel will focus on development of a successful academic portfolio, research program, and mentorship support system.

Cough Augmentation for the Neuromuscular Patient

10:30 am - 11:05 am

Eduardo Mireles-Cabodevila MD,
Cleveland OH

Content Category: Clinical Practice

This talk will review the use of cough augmentation technology as both a therapeutic means and an assessment tool. A case study will be described that addresses these issues.

Continuing Respiratory Care Education (CRCE)

AARC Congress 2016 is approved for all the credit hours you need to maintain your state license, more than 20 hours.



Kathy S Myers Moss
PhD RRT-ACCS



Dave Burnett
RRT-NPS FAARC



Brady Scott MS
RRT-ACCS FAARC



Douglas Gardenhire
EdD RRT-NPS FAARC



Lynda Goodfellow RRT
CPFT RPSGT



Bill Galvin MEd RRT
CPFT AE-C FAARC

Monday, Oct. 17

COPD Case Management Led by RTs Reduces Readmissions

11:10 am - 11:45 am

Krystal Craddock RRT-NPS CCM,
Elk Grove CA

Content Category: Clinical Practice

This lecture will give you a look at what RT COPD case managers at UC Davis have been doing to improve patient education and facilitate health care navigation and utilization to achieve better outcomes and cost savings. A review of the COPD case management program including education, medication and treatment recommendations, and follow-up after discharge, along with four year data on readmission rates and cost savings will be presented.

Building Bridges Across the Continuum of Care - New Models of Care

11:50 am - 12:25 pm

Charity Clark MSHROD BS RRT, Wichita KS

Content Category: Clinical Practice

As health care changes, organizations are looking for new models of care to help provide quality transitional care and reduce core measure readmissions. This presentation will share the process and outcomes of two innovative new models of care to assist patients with COPD across the continuum.



Krystal Craddock
RRT-NPS CCM



Charity Clark
MSHROD BS RRT

Continuing Care/Rehab Section Membership Meeting

1:15 pm - 1:45 pm

Trina Limberg BS RRT FAARC/Presiding

Section members meet to determine their needs and priorities, as well as how to use AARC resources to accomplish them. All Congress attendees, including section non-members, are invited to attend and participate.



(Symposium) Transitional Care – Hospital to Home

► **Chronic Disease Management Across the Continuum**

1:45 pm - 2:20 pm

Charity Clark MSHROD BS RRT

Content Category: Clinical Practice

The patient's success in transitioning from the hospital to home is found in new models of care focusing on chronic disease management. These programs are innovative with a patient-centered, relationship-based care approach that assists the patient in decreasing exacerbations and hospitalizations while improving quality of life.



Photo by Al Rendon

► **Pulmonary Rehabilitation:
A Year in Review**

2:25 pm - 3:00 pm

Brian Carlin MD, Sewickley PA

Content Category: Clinical Practice

Want to know where the field is going? Attendees can expect an overview of some of the most important research findings in pulmonary rehabilitation. Clinicians would be hard pressed to find a more comprehensive, concise update.

► **Oxygen: The PR Drug of Choice**

3:05 pm - 3:40 pm

Trina Limberg BS RRT FAARC,
San Diego CA

Content Category: Clinical Practice

Assessing and understanding your PR patient's oxygen requirement is very important. A PR program must know how to assess oxygen needs at home and with exercise, and how to integrate this into the patient's care plan.

**Importance of Continued
Exercise after PR**

3:45 pm - 4:20 pm

Charley P Starnes RRT RCP, Charlotte NC

Content Category: Clinical Practice

Should our patients' progress stop after a 12-week, medically supervised program? This presentation will highlight the importance of continued exercise following graduation from a pulmonary rehab program and its impact on patients' perceived quality of life.

**Ethics at End of Life: Talking
About Palliative Care and Hospice**

4:25 pm - 5:00 pm

Helen Sorenson MA RRT FAARC, San
Antonio TX

Content Category: Ethics

Palliative care and end-of-life discussions are often avoided due to the uncomfortable nature of the topic. RTs can learn how to speak with patients and be intuitive in addressing this subject.

**Surface to Air Transport
Section Membership
Meeting**

9:55 am - 10:25 am

Tabatha Dragonberry BSRT RRT-NPS AE-C/
Presiding

Section members meet to determine their needs and priorities, as well as how to use AARC resources to accomplish them. All Congress attendees, including section non-members, are invited to attend and participate.

**Transport Education: Who Sets
the Standards?**

10:30 am - 11:05 am

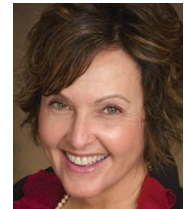
Tabatha Dragonberry BSRT RRT-NPS AE-C,
Fresno CA

Content Category: Clinical Practice

Respiratory care education has been a topic of discussion as we move towards 2020. The standards are changing for our profession, which generates the question: How does this change affect transport RTs? What are the standards we should be following to provide safe, competent care for patients who require inter-facility transport? This lecture will discuss transport education and what standards we should follow as we move to advance the profession.



Brian Carlin MD



Trina Limberg BS
RRT FAARC



Charley P Starnes
RRT RCP



Helen Sorenson MA
RRT FAARC



Tabatha Dragonberry
BSRT RRT-NPS AE-C

Monday, Oct. 17

Transport of the Trauma Patient 11:10 am - 11:45 am

Joe Hylton BSRT RRT-ACCS RRT-NPS
NREMT-P FAARC FCCM, Charlotte NC

Content Category: Adult Acute Care

Trauma patients are often the most tenuous and usually require transport to an alternate facility better equipped to manage the patient's injuries. This presentation will cover the key challenges in inter-hospital transport. Strategies will be provided on how to avoid common pitfalls and mistakes.

Drones and Medical Transport 11:50 am - 12:25 pm

Jennifer L Watts BS RRT-NPS C-NPT,
Oak Lawn IL

Content Category: Clinical Practice

With the popularity of drones, medical transport faces another factor to be aware of during transport. Situational awareness during transport now has to be cognizant of the recreational flyer.

Lung Clearance Index: What's Your Clearance Clearance?

1:45 pm - 2:20 pm

Matthew O'Brien MS RRT RPFT,
Madison WI

Content Category: Pulmonary Function

Lung clearance index is a PFT calculation that holds promise to help improve our understanding of ventilation and small airway function. Could future orders include LCI pre- and post-bronchodilator?

(Symposium) Hypobarism During Transport

► The Impact of Hypobarism on Human Physiology

2:25 pm - 3:00 pm

Joseph Buhain EdD MBA RRT FAARC,
St Paul MN

Content Category: Adult Acute Care

Acute changes in physiology associated with rapid ascent to altitude include, increased volume of gases trapped in closed spaces and a reduction in the partial pressure of oxygen. Even at the modest altitudes seen with rotor wing transport, these changes can impact patient physiology and comfort. Pain, discomfort, and hypoxemia can all complicate transport. This lecture will review hypobaric physiology.

► The Impact of Hypobarism on Ventilators and Other Devices

3:05 pm - 3:40 pm

Dario Rodriquez MS RRT FAARC,
Union KY

Content Category: Adult Acute Care

The changes in gas volumes at altitude can impact the function of pneumatic devices including ventilators, blood pressure cuffs, and pneumatic tourniquets. This lecture will describe the author's research on ventilator function at altitude.

► Hypoxia at Moderate Altitudes

3:45 pm - 4:20 pm

Richard Branson MSc RRT FAARC,
Cincinnati OH

Content Category: Adult Acute Care

Normal cabin pressures during civilian air travel are equivalent to 8,000 feet of altitude. In this environment, normal subjects experience a fall in SpO₂ of over 4%. Injured subjects with anemia, those on pain control medications, and those with minor pulmonary dysfunction have even greater changes in oxygenation status. Sleep apnea and pulmonary injury further complicate gas exchange. This lecture will review data from recent work on evacuation of the walking wounded from the Middle East.



Joe Hylton BSRT
RRT-ACCS RRT-NPS
NREMT-P FAARC
FCCM



Jennifer L Watts BS
RRT-NPS C-NPT



Matthew O'Brien MS
RRT RPFT



Joseph Buhain EdD
MBA RRT FAARC



Dario Rodriquez
MS RRT FAARC



Richard Branson
MSc RRT FAARC

► **The Impact of Hypobarism on ET Tube Cuff Pressure: What Can Be Done?**

4:25 pm - 5:00 pm

Dario Rodriguez MS RRT FAARC,
Union KY

Content Category: Adult Acute Care

The artificial airway cuff is gas in a closed space (the cuff) within a closed space (the trachea) and even modest changes in altitude can cause rapid rises in cuff pressure. Using saline to fill cuffs has been recommended, but this technique has issues. Automatic cuff pressure control may be an ideal solution.

E-evaluating the E-evidence for E-ducating Smokers Quitting with E-cigarettes

10:30 am - 11:05 am

Georgianna Sergakis PhD RRT TTS FAARC,
Columbus OH

Content Category: Clinical Practice

Do e-cigarettes have potential as a cessation aid? This presentation will examine the research evidence and discuss any role e-cigarettes might play in smoking cessation. We will also explore emerging issues and discuss the role of the respiratory therapist in providing health information regarding e-cigarette use.

Oh, the Places You'll Go!

11:10 am - 11:45 am

Lisa M Trujillo DHSc RRT, Ogden UT

Content Category: Clinical Practice

Despite being a children's book, "Oh, the Places You'll Go", by Dr. Seuss provides an interesting parallel to the opportunities, challenges, and experiences that come with international medical missions and service learning. This presentation will explore these similarities and the underlying message of creating your own path regardless of the influence of others, the paths they choose, and the difficulties that may arise along the way. In the words of Dr. Seuss, "You're off to great places! Today is your day! Your mountain is waiting, so...get on your way!"

Reducing Nuisance Alarms

11:50 am - 12:25 pm

Kevin McQueen MHA RRT CM,
Oceanside CA

Content Category: Patient Safety

Nuisance alarms are a part of everyday life in the hospital setting and have been increasing as new technology has appeared. While alarms are obviously needed to notify staff of a problem or change in a patient's condition, nuisance alarms can negatively impact their care. This presentation will look at ways to reduce these alarms.



Georgianna Sergakis
PhD RRT TTS FAARC



Lisa M Trujillo DHSc
RRT



Kevin McQueen
MHA RRT CM

Disclosure of Faculty Conflict of Interest

- The AARC remains strongly committed to providing the best available evidence-based clinical information to participants of this educational activity and requires an open disclosure of any potential conflict of interest identified by our faculty members.
- It is not the intent of the AARC to eliminate all situations of potential conflict of interest, but rather to enable those who are working with the AARC to recognize situations that may be subject to questions by others.
- All disclosed conflicts of interest are reviewed by the AARC Program Committee to ensure that such situations are properly evaluated and, if necessary, resolved.
- The AARC educational standards pertaining to conflict of interest are intended to maintain the professional autonomy of the clinical experts, which is essential in promoting a balanced presentation of science.
- Through our review process, all AARC CRCE activities are ensured of independent, objective, scientifically balanced presentations of information,
- Disclosure for all presenters will be acknowledged in the on-site final program..

Monday, Oct. 17

(Symposium)

The State of Tobacco and Nicotine Dependence

► The Approach to Tobacco Dependence Treatment – Part 1: Understanding Behavioral Interventions

1:45 pm - 2:20 pm

Frank Leone MD MS, Philadelphia PA

Content Category: Clinical Practice

This session will set the foundations for tobacco dependence treatment strategies by reviewing the neurobiology of nicotine addiction and the resulting behavioral manifestations of dependence. Participants will learn a simple framework for overcoming the natural ambivalence of dependence, including the often frustrating resistance to stop smoking.

► Part 2: I Want To Help People Stop Smoking

2:25 pm - 3:00 pm

Frank Leone MD MS

Content Category: Clinical Practice

If smoking causes so much preventable death and disability, why do members of the health care community still feel so helpless to make a difference? Social scientists have helped shed light on human decision-making under conditions of uncertainty. But how can we use this insight to promote institutional change in our approach to tobacco treatment? This lecture will review data incorporating these social science insights into tobacco dependence treatment training strategies and describe the impact on the clinician's "willingness to treat."

► Tobacco Cessation

Pharmacotherapy Part 1: Non-Nicotine Pharmacotherapy

3:05 pm - 3:40 pm

Lori Wilken PharmD BCACP TT-S AE-C, Chicago IL

Content Category: Clinical Practice

Counseling patients on tobacco cessation is an important aspect of the RT's role in health care. This presentation will address key issues in pharmacotherapy for tobacco cessation which, in turn, will help the RT maximize the cessation conversation and help the patient quit.

► Tobacco Cessation

Pharmacotherapy Part 2: Nicotine Replacement Therapy

3:45 pm - 4:20 pm

Lori Wilken PharmD BCACP TT-S AE-C

Content Category: Clinical Practice

Continuing the discussion of tobacco cessation pharmacotherapy, this presentation will address nicotine replacement therapy specifically, including side effects and combination therapy.

Patient Safety: Understanding the "Second Victim" of Medical Error

4:25 pm - 5:00 pm

Steven Sittig RRT-NPS FAARC, Sioux Falls SD

Content Category: Patient Safety

Medical error has been well shown to cause patient harm. Much of the focus has been on the effects to the patient and their families. Lesser known and addressed is how medical error can affect the caregiver, whether the health care worker caused the error directly or indirectly. This lecture will cover the issue of the "Second Victim Syndrome" on health care providers and methods to offer help to health care providers affected by this syndrome.



Frank Leone MD MS



Lori Wilken PharmD BCACP TT-S AE-C



Steven Sittig RRT-NPS FAARC



Masaji Nishimura PhD MD



Adult Acute Care Section Membership Meeting



9:55 am - 10:25 am

Keith D Lamb BS RRT-ACCS/Presiding

Section members meet to determine their needs and priorities, as well as how to use AARC resources to accomplish them. All Congress attendees, including section non-members, are invited to attend and participate.

(Symposium) Lung Protection – Noninvasive Respiratory Support

► What is the Role of HFNC in Preventing Intubation and NIV?

10:30 am - 11:05 am

Masaji Nishimura PhD MD,
Tokushima Japan

Content Category: Adult Acute Care

High flow nasal oxygen washes out the upper airway dead space reducing the ventilatory requirement. The additional heat and humidity allows the patient to tolerate a high flow from a traditionally low flow device. What is the role and what is the evidence that HFNC can prevent or reduce the need for NIV or invasive ventilation?

► When is NIV Successful in Preventing Intubation?

11:10 am - 11:45 am

John Davies MA RRT FAARC, Durham NC

Content Category: Adult Acute Care

NIV is a standard of care for COPD exacerbations to prevent intubation and reduce mortality. In what other conditions can NIV successfully prevent intubation and reduce VILI?

► When Does Lung Protection Begin – the ED or the OR?

11:50 am - 12:25 pm

Lorenzo Berra MD, Boston MA

Content Category: Adult Acute Care

Lung protective ventilation is the standard of care for ARDS. How early should lung protection begin? What is the evidence for lung protection in the operating room? What is the evidence for lung protection in the emergency department?

PRO/CON: ECMO Should Be Regionalized

1:45 pm - 3:00 pm

PRO: Ira M Cheifetz MD FAARC FCCM,
Durham NC

CON: Keith D Lamb RRT-ACCS FCCM,
Des Moines IA

Content Category: Adult Acute Care

ECMO use has exploded in multiple centers and for a number of indications from cardiac and respiratory failure to cardiac arrest. ECMO requires expensive equipment and significant manpower. Should this capability be regionalized or can any hospital start an ECMO program?

PRO/CON: ECMO Should Be Reserved for Rescue Therapy

3:05 pm - 4:20 pm

PRO: Neil Macintyre MD, Durham NC

CON: Robert M Kacmarek PhD RRT,
Littleton MA

Content Category: Adult Acute Care

ECMO has been touted as life-saving therapy since the 1970s. Should ECMO remain the last response after patients have failed other treatments for refractory hypoxemia, or should ECMO be used early?



John Davies MA RRT
FAARC



Lorenzo Berra MD



Ira M Cheifetz MD
FAARC FCCM



Keith D Lamb
RRT-ACCS FCCM



Neil Macintyre MD



Robert M Kacmarek
PhD RRT

Exhibit Hours at The Buying Show:

Saturday, Oct. 15, 11:00 am - 4:00 pm

Sunday, Oct. 16, 9:30 am - 3:00 pm

Monday, Oct. 17, 9:30 am - 2:00 pm

Monday, Oct. 17

Forty Years of High Frequency Ventilation: More Noise than Light

4:25 pm - 5:00 pm

Rich Kallet RRT, San Francisco CA

Content Category: Adult Acute Care

High frequency positive pressure ventilation was introduced by Sjostrand in the 1980s followed by HFJV, HFOV, and HFPV. Forty years later the role of high frequency is better defined, but many questions remain. The evidence will shine light on the noise surrounding the utility of HFV.

Training the Hospital RT Department Educator

10:30 am - 11:05 am

Peggy Watts MS RRT, Saint Louis MO

Content Category: Management

Historically, RTs were selected to serve as department-based educators based upon their excellent clinical skills. However, as we have matured as a profession, it is more important than ever to ensure that our educators have the training and skills to be successful.

Fostering Professional Volunteerism in Respiratory Therapists

11:10 am - 11:45 am

Sarah L Varekojis PhD RRT FAARC, Columbus OH

Content Category: Management

Many professions and organizations rely on volunteers to accomplish at least part of their mission and respiratory therapy is no different. This presentation will address how RTs can learn to foster professional volunteerism across the continuum.

Tired of Communicating? Try Negotiating

11:50 am - 12:25 pm

Karsten Roberts MS RRT-ACCS RCP, Stanford CA

Content Category: Management

Negotiation is a key skill for the critical thinking RT. Although similar to communication skills, negotiation differs in important ways. Negotiating plans of patient care can enhance quality and increase patient safety. This lecture describes the integration of negotiation skills into the clinical education of newly hired respiratory care practitioners.

Stop Focusing on Volume and Cost!

1:45 pm - 2:20 pm

Cheryl Hoerr MBA RRT CPFT FAARC, Rolla MO

Content Category: Management

We've been hearing it for years now: quality care is lower cost care. Why then do we continue to focus our efforts on maintaining volume and cutting costs, emphasizing productivity and cutting staff, and making purchasing decisions in large part on the basis of cost? Respiratory managers should be focusing on overuse of ineffective care while streamlining processes to minimize waste. The manager for the future must emphasize safety, quality, patient outcomes, and patient experiences in order to successfully position their department in the new health care environment.

(Symposium) The Future of Chronic Disease

► Overview of Disease Management

2:25 pm - 3:00 pm

Timothy Myers MBA RRT-NPS FAARC, Avon OH

Content Category: Management

This presentation will identify the key components to a comprehensive disease management program, and discuss the necessary skills of an effective disease manager working with patients that have chronic respiratory conditions.



Rich Kallet RRT



Peggy Watts MS RRT



Sarah L Varekojis PhD RRT FAARC



Karsten Roberts MS RRT-ACCS RCP



Cheryl Hoerr MBA RRT CPFT FAARC



Timothy Myers MBA RRT-NPS FAARC

► **Chronic Respiratory Diseases in Women's Health**

3:05 pm - 3:40 pm

Amber Galer BS RRT, West Point UT

Content Category: Management

This presentation will identify the increasing prevalence in chronic respiratory diseases in woman and the key differences and nuances in providing ongoing education, public awareness, and disease management.

► **Telemedicine in the Management of COPD**

3:45 pm - 4:20 pm

Brooke Yeager MSc RRT, Charleston SC

Content Category: Management

This presentation will provide a perspective on the ability of 21st Century technologies to provide ongoing care, education, and management to patients with COPD through telemedicine.

► **Measureable Outcomes in Pulmonary Disease Management**

4:25 pm - 5:00 pm

Sarah L Varekojis PhD RRT FAARC, Columbus OH

Content Category: Management

This presentation will discuss the importance of measuring outcomes to the success of the chronic disease management program. In addition, reimbursement and meaningful outcomes measures will be discussed.

(Symposium)
Five Things I Learned in 2015

► **Pediatric Safety and Quality Improvement**

10:30 am - 11:05 am

Michael Anderson MD MBA, Cleveland OH

Content Category: Neonatal/Pediatric

Patient safety and quality improvement are the key underlying foundations for all patient care. This presentation will review key initiatives and strategies to optimize patient safety and quality improvement in the neonatal and pediatric populations. Strategies which can be universally implemented in hospitals of all types will be discussed.

► **Pediatric Sleep**

11:10 am - 11:45 am

Amber Galer BS RRT

Content Category: Neonatal/Pediatric

Pediatric sleep disorders represent highly common phenomena that often interfere with daily patient and family functioning. Interest in and treatment of sleep disturbances in youth continues to increase, but research continues to lag. This presentation will provide an evidence-based review of the current approach to pediatric sleep medicine and will explore strategies to improve clinical outcomes.

► **Pediatric Telemedicine**

11:50 am - 12:25 pm

Brooke Yeager MSc RRT

Content Category: Neonatal/Pediatric

The newly developing field of telemedicine has the potential to benefit pediatric clinical care by broadening the access to pediatric specialists and services. This presentation will explore the current uses and limitations of telemedicine in pediatrics. Thoughts for future applications of this emerging technology will be explored.



Amber Galer BS RRT



Brooke Yeager MSc RRT



Sarah L Varekojis PhD RRT FAARC



Michael Anderson MD MBA



Monday, Oct. 17

(Symposium) Pediatric Emergency Management in a Community Hospital Setting

► Preparing for the “N-of-1” Pediatric Disaster

1:45 pm - 2:20 pm

Michael Anderson MD MBA, Cleveland OH

Content Category: Neonatal/Pediatric

Although disaster management preparation is generally focused on mass casualty scenarios, planning for the “N-of-1” situation of a critically ill child presenting to an adult emergency department must be considered. This presentation will describe the N-of-1 disaster situation as well as strategic planning approaches to help adult-based EDs prepare for this vulnerable situation. Appropriate planning can potentially save the life of an infant or child.

► Putting Lessons Learned from My Pediatric Rotation Into Practice

2:25 pm - 3:00 pm

Teresa A Volsko MHHS RRT FAARC, Akron OH

Content Category: Neonatal/Pediatric

The respiratory therapist is often asked to initiate the management of patients with respiratory emergencies, which can range from infection to the presence of a foreign body to the acute exacerbation of a chronic condition. This presentation will review the most common pediatric diagnoses encountered in the emergency rooms of community-based hospitals, as well as clinical options related to treatment and stabilization before transfer to a tertiary care center. Common clinical encounters and interventions with a focus on evidenced-based management will be discussed.

Feeding the Infant on NCPAP/ HFNC: Is This a Problem?

3:05 pm - 3:40 pm

Keith Hirst MS RRT-NPS, Boston MA

Content Category: Neonatal/Pediatric

More and more neonates are being placed on CPAP or HFNC for longer periods of time. Newer interfaces are allowing caregivers to start oral feeding sooner, but is this a good idea? Can premature infants tolerate oral feeding, or are we setting them up for failure and prolonging their lung disease? This presentation will look at the current literature and share thoughts regarding feeding for infants managed with HFNC.

Chest Physiotherapy and Airway Clearance in Pediatrics

3:45 pm - 4:20 pm

Rob DiBlasi BSRT RRT-NPS FAARC, Shoreline WA

Content Category: Neonatal/Pediatric

Chest physiotherapy continues to be one of the most controversial respiratory therapies offered to pediatric patients for bronchiolitis, cystic fibrosis, pneumonia, prevention of atelectasis, and other conditions associated with impaired secretion clearance. This presentation will explore the literature related to outcomes in pediatrics using various forms of airway clearance technologies. The potential benefits of evidence-based, therapist-driven protocols that may reduce risk, misallocation of RT resources, and patient cost will be considered.

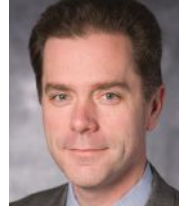
New Advances in Pediatric Aerosol Delivery

4:25 pm - 5:00 pm

Ariel Berlinski MD, Little Rock AR

Content Category: Neonatal/Pediatric

Pediatric patients frequently receive inhaled bronchodilators, anti-infective agents, steroids, and mucolytics. Many delivery options for these drugs, including a large variety of delivery devices, currently exist. This presentation will discuss some of the controversial delivery options with a focus on treatment efficacy and patient safety. Thoughts for future technology will also be considered.



Michael Anderson MD MBA



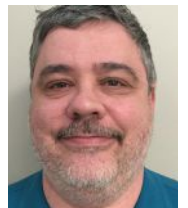
Teresa A Volsko MHHS RRT FAARC



Keith Hirst MS RRT-NPS



Rob DiBlasi BSRT RRT-NPS FAARC



Ariel Berlinski MD



Student Symposium for Young Professionals

This symposia is not eligible for CRCE

9:15 am – 12:25 pm

What It Means To Be a Professional

9:15 am - 9:45 am

Crystal Dunlevy EdD RRT, Columbus OH

This presentation will provide an overview of the profession of respiratory care, including its history, evolution, role, and value. Emphasis will be placed on the characteristics and behaviors of a professional and the critical importance of being involved and engaged in the profession and maintaining professional membership.

Strategic Marketing: Getting That Dream Job

9:50 am - 10:25 am

Cheryl Hoerr MBA RRT CPFT FAARC, Rolla MO

This presentation will provide an explanation of the value of marketing and how you can use key marketing principles to position yourself for your dream job. We will discuss trends in the respiratory field and show how to gather detailed information about the companies you would like to work for. We will also outline techniques to conduct an effective job search, along with a brief overview on how to develop your cover letter and resume and prep for that all-important interview.

How to Lose a Job Before You Are Hired

10:30 am - 11:05 am

Dana Evans MHA RRT-NPS, Chesterfield MO

You have just landed an interview for your dream job. You are nervous, excited, and really want to impress the hiring leader. Did you know you could lose the job before you even arrive to the interview? The presenter will discuss common mistakes and pitfalls of job seekers, including those that may cost you the position before you are hired.

Acquiring Your Credential: Success on the Therapist Multiple-Choice Exam

11:10 am - 11:45 am

Bill Galvin MEd RRT CPFT AE-C FAARC, Gwynedd PA

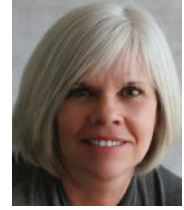
The presentation will address the factors that make for success in the examination process. It will cover preparatory issues and what you will experience onsite, as well as test-taking strategies and techniques. Emphasis will be placed on the new Therapist Multiple-Choice Examination (TMC) implemented by the NBRC in January 2015.

Acquiring Your Credential: Success on the Clinical Simulation Exam

11:50 am - 12:25 pm

Bill Galvin MEd RRT CPFT AE-C FAARC

This presentation will serve as a sequel to the previous one and will address the factors that make for success on the Clinical Simulation Examination. It will cover such issues as exam content, structure, and unique strategies for progressing through a branching logic type of exam. It will also highlight recent changes implemented in January 2015.



Crystal Dunlevy EdD RRT



Cheryl Hoerr MBA RRT CPFT FAARC



Dana Evans MHA RRT-NPS



Bill Galvin MEd RRT CPFT AE-C FAARC

Monday, Oct. 17

PRO/CON Dueling Experts

We Should Use Volume Control to Ventilate a Patient with ARDS

1:45 pm - 3:00 pm

PRO: Dean R Hess PhD RRT FAARC, Boston MA

CON: Richard Branson MSc RRT FAARC, Cincinnati OH

Content Category: Adult Acute Care

This lecture will present the benefits of volume control to ventilate a patient with ARDS by two of the most prominent clinicians in our profession.

Ventilatory Support and Liberation in Spinal Cord Injury

3:05 pm - 3:40 pm

Karen LaRoche RRT-ACCS, Seattle WA

Content Category: Adult Acute Care

Patients who suffer spinal cord injury face many challenges. How big should the tidal volumes be? When, or if, they can be weaned from the ventilator? How do you approach speaking and eating? This case presentation will use an audience response system to integrate a real patient scenario with the current evidence.

Noninvasive Ventilation and Cough Assist in Neuromuscular Disease

3:45 pm - 4:20 pm

Noah Lechtzin MD, Baltimore MD

Content Category: Adult Acute Care

Chronic neuromuscular disease resulting in respiratory compromise is a significant challenge. Avoiding intubation through use of NIV and cough assist is the standard of care. Success is dependent on patient education, NIV tolerance, and effective secretion clearance.

Invasive Ventilation for Neuromuscular Weakness

4:25 pm - 5:00 pm

Noah Lechtzin MD

Content Category: Adult Acute Care

Progressive neuromuscular disease can result in tracheostomy and continuous invasive ventilation. Improving quality of life includes maximizing mobility and secretion clearance. Care of the neuromuscular disease patient requiring tracheostomy will be discussed.

Sputum Bowl Finals

5PM

Renee Wunderley BS RRT-NPS/Presiding

Supported by an unrestricted educational grant from

Medtronic
Further, Together



Dean R Hess PhD
RRT FAARC



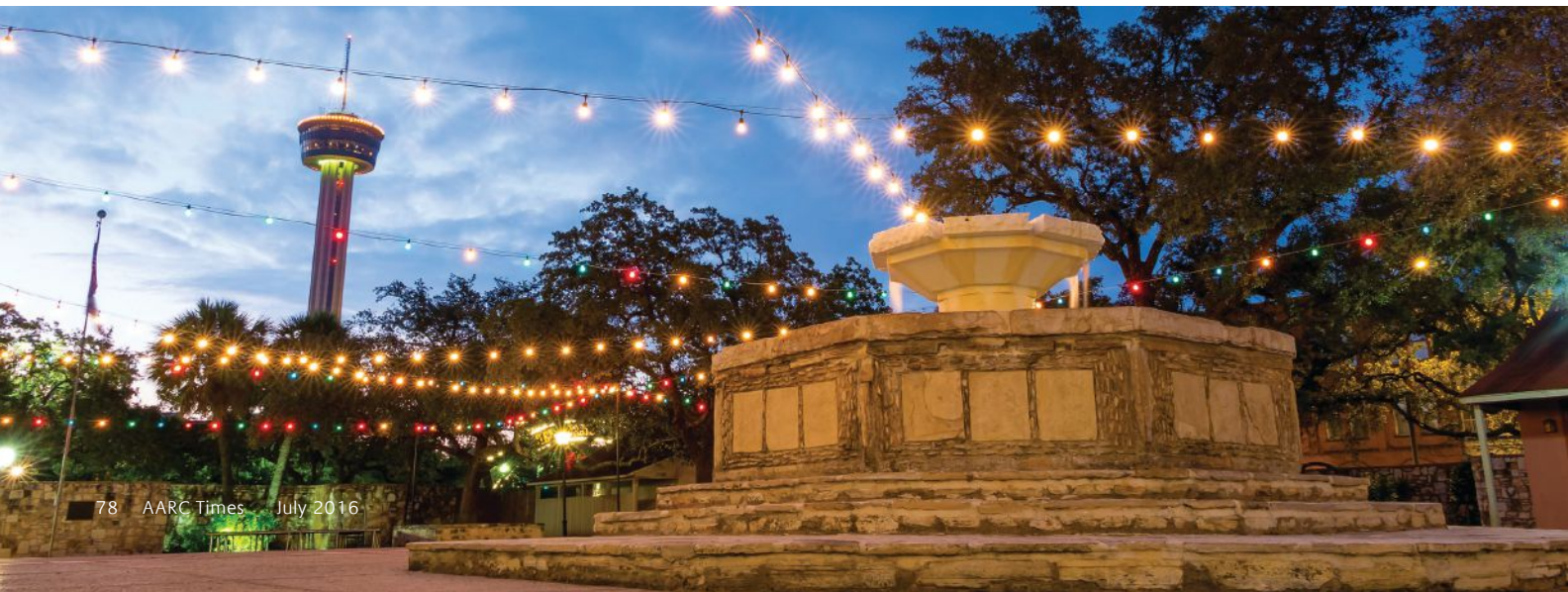
Richard Branson
MSc RRT FAARC



Karen LaRoche
RRT-ACCS



Noah Lechtzin MD





Promote. Educate. Generate Awareness.

RT Career & Patient Brochures

Public Education

For Current or Future Patients

Brochure defines what a respiratory therapist is and how they benefit a patient's overall respiratory health. Familiarizes the patient with respiratory care and the treatments performed.

Package of 50. #BR0015

Member Price: \$8.95

Nonmember Price: \$11.95

Plus Shipping and Handling

Career Information

For Students Considering A Career in Health Care

Defines the profession and the growing career opportunities as a respiratory therapist. Describes how to become an "RRT," salary expectations and the numerous specialty areas.

Package of 50. #BR0016

Member Price: \$8.95

Nonmember Price: \$11.95

Plus Shipping and Handling

For Individuals Considering a Career Change

Presents the exciting and rewarding career opportunities as a respiratory therapist. Describes how to become an "RRT," salary expectations and the numerous specialty areas.

Package of 50. #BR0017

Member Price: \$8.95

Nonmember Price: \$11.95

Plus Shipping and Handling

Order Online at the AARC Store:
c.aarc.org/go/career

Get To Know
Your Respiratory Therapist

Respiratory therapists assist with a number of breathing problems and ensure that you maintain good lung health.

The American Association for Respiratory Care

IMAGINE YOURSELF AS A HEALTH CARE PROFESSIONAL?

Live Your Dream!
Be a Respiratory Therapist

Make a *difference* in someone's life
Provide care and help others
Be part of a health care team

The American Association for Respiratory Care

Create your future.

Be a Respiratory Therapist

Change your career, your life, your corner of the world to help others breathe easier...

The American Association for Respiratory Care

AARC Congress 2016



Tuesday, Oct. 18

32nd Phil Kittredge Memorial Lecture

This lecture provides a critical and incisive evaluation of an aspect of clinical respiratory care of emerging or increasing importance.

The Future of Mechanical Ventilation for ARDS

8:00 am - 8:50 am

Eddy Fan MD, Toronto Canada

Content Category: Adult Acute Care

After nearly 50 years of research, mechanical ventilation remains the cornerstone of management for patients with ARDS.

However, one of the most important advances in that time is the understanding that mechanical ventilation, in and of itself, can cause and potentiate lung injury. Lung protective ventilation with lower tidal volumes and airway pressures represent the standard of care in 2016. Unfortunately, mortality and morbidity from ARDS remain unacceptably high - can we do better? In this presentation, the presenter will briefly review the current evidence for lung protective ventilation, recent epidemiological evidence regarding its use, and forthcoming evidence-based guidelines. From there, the presenter will examine current and ongoing basic, physiological, and clinical research that may shape the future of ventilatory management for ARDS.

Art Speaks: Visual Assessment, Interpretation, and Enhanced Inter-professional Communication

9:15 am - 9:50 am

Karen Schell DHSc RRT-NPS RRT-SDS RPFT RPSGT AE-C CTTS, Kansas City KS

Content Category: Education

This pilot program seeks to solidify student understanding of “whole patient care” and the interconnectedness of observing and understanding patient context, the need for better inter-professional communication, and the role of empathy as health care professional.

A Letter about Simulation

Dear Student

9:55 am - 10:30 am

Sherry Whiteman MS RRT, Joplin MO

Content Category: Education

Have you ever seen the Dear Kitten videos? Following the humorous stylings of this video series, the speaker will discuss issues commonly dealt with during simulation-based learning in respiratory care. This lecture will share some of the things every instructor wishes they could say to their students during simulation, as well as share tips and tricks for overcoming those issues. Great for students and instructors alike!

How to Teach Mechanical Ventilation

10:35 am - 11:10 am

Robert L Chatburn MHHS RRT-NPS FAARC, Cleveland OH

Content Category: Education

This talk will review a basic outline for teaching mechanical ventilation as described in the leading comprehensive respiratory care and equipment textbooks. This system has been implemented in colleges at both the bachelor's and master's degree levels. Links will be supplied to free educational resources to supplement the training program.



Eddy Fan MD



Karen Schell DHSc
RRT-NPS RRT-SDS
RPFT RPSGT AE-C
CTTS



Sherry Whiteman
MS RRT



Robert L Chatburn
MHHS RRT-NPS
FAARC

Tuesday, Oct. 18

(Symposium) Obesity and the Ventilated Patient

► **Obesity and Respiratory Mechanics**

11:15 am - 11:50 am

Lorenzo Berra MD, Boston MA

Content Category: Adult Acute Care

Respiratory mechanics have to consider the impact of the chest wall on ventilator function. The obesity epidemic in the U.S. makes understanding chest wall mechanics critical for ventilator management. This lecture will demonstrate the impact of obesity on respiratory mechanics and how to measure these effects.

► **Special Considerations in Ventilation and Weaning of the Obese Patient**

11:55 am - 12:30 pm

Robert M Kacmarek PhD RRT, Littleton MA

Content Category: Adult Acute Care

Nearly a third of ICU patients are obese. How do these changes in respiratory mechanics impact ventilatory strategies? What are the considerations for setting PEEP and Vt in these subjects?

The Use of Noninvasive Ventilation at the End of Life

9:15 am - 9:50 am

Shawna Strickland PhD RRT-NPS
RRT-ACCS AE-C FAARC, Irving TX

Content Category: Ethics

Though NIV is used predominantly as a bridge to recovery, some clinicians use NIV for comfort measures at the end of life. This presentation will provide a basis for the analysis of ethical dilemmas and debate the ethical arguments for and against the use of NIV at the end of life.



Adverse Event Reporting... How to Take Near-Misses or Adverse Events and Turn Them Around to Make Patient Care Safer

9:55 am - 10:30 am

Kevin McQueen MHA RRT CM,
Oceanside CA

Content Category: Patient Safety

The presentation will outline the detailed steps needed to be taken by managers and directors to work with their employees to improve patient care and decrease risks of adverse events by analyzing near-misses and adverse event history.

Preventing Respiratory Depression with PCA Use: How Technology Can Help Ease the Burden

10:35 am - 11:10 am

Roy J Palmer Jr RRT, Superior NE

Content Category: Patient Safety

Improper management of Pain Control Analgesia (PCA) has been attributed to numerous sentinel events. This lecture will address some of the technology available for management of these patients with the goal of preventing sentinel events.

After Performing a Successful but Difficult Intubation, How Should the Tube Be Removed?

11:15 am - 11:50 am

Danny Theodore MD, Charlottesville VA

Content Category: Adult Acute Care

Are the predictors of satisfactory weaning adequate for extubation? Is there a role for additional tests or drugs before removing the tube? This presentation will consider routine and novel options for safe extubation in this challenging situation.



Lorenzo Berra MD



Robert M Kacmarek
PhD RRT



Shawna Strickland
PhD RRT-NPS
RRT-ACCS AE-C
FAARC



Kevin McQueen
MHA RRT CM



Roy J Palmer Jr
RRT



Danny Theodore MD

What's New in Managing the Difficult Airway?

Identification and Management of the Patient with a Suspected Difficult Airway– New Ideas and Improved Techniques

11:55 am - 12:30 pm

Thomas Fuhrman MD RRT FCCP, Largo FL

Content Category: Adult Acute Care

Over the past several years many new devices have been developed to deal with the challenges of a difficult intubation. This presentation will allow the novice and experienced intubator to select the devices and approaches which are most likely to be successful and prevent catastrophe in a variety of common and uncommon clinical scenarios.

(Symposium)

Treating Refractory Hypoxemia

► Optimizing Conventional Ventilation

9:15 am - 9:50 am

Eduardo Mireles-Cabodevila MD

Content Category: Adult Acute Care

Refractory hypoxemia requires more aggressive ventilation techniques. What are the approaches to addressing refractory hypoxemia using conventional ventilation techniques – setting PEEP, Vt, and I:E?

► Unconventional Techniques Using Your Standard ICU ventilator

9:55 am - 10:30 am

Robert M Kacmarek PhD RRT, Littleton MA

Content Category: Adult Acute Care

Refractory hypoxemia requires more aggressive ventilation techniques. What are the approaches to addressing refractory hypoxemia using your ICU ventilator? Additional techniques, including recruitment maneuvers, trans-pulmonary pressure, APRV, and other methods will be discussed?

► Positioning and Paralysis

10:35 am - 11:10 am

Masaji Nishimura PhD MD, Tokushima Japan

Content Category: Adult Acute Care

Refractory hypoxemia is often unresponsive to ventilator settings. Both prone positioning and early paralysis have shown promise. When is the best time to implement these techniques? Attend this lecture to find out.

► Inhaled Vasodilators

11:15 am - 11:50 am

Rich Kallet RRT, San Francisco CA

Content Category: Adult Acute Care

Refractory hypoxemia is often unresponsive to ventilator settings. How can inhaled vasodilators impact oxygenation in refractory hypoxemia? What are the issues related to cost and complications?

ECMO

11:55 am - 12:30 pm

Keith D Lamb RRT-ACCS FCCM,

Des Moines IA

Content Category: Adult Acute Care

ECMO has traditionally been a rescue therapy for ARDS. What role does ECMO play in respiratory failure and when should it be implemented? Attendees will get answers to these and other questions at this presentation.

Using Quality Improvement Bench Research to Improve Your Departments Practice

9:15 am - 9:50 am

Dave Crotwell RRT-NPS FAARC, Seattle WA

Content Category: Management

This lecture will share experience related to using quality-improvement bench research as a standard practice to improve the quality of patient care in your institution and demonstrate the value of you and your department.

The Objective Structured Clinical Exam as a Bridge to Professional Authenticity

9:55 am - 10:30 am

David M Wheeler MEd RRT-NPS, Charleston SC

Content Category: Management

This talk will give the participant the basic OSCE framework, as well as the resources to begin an OSCE evaluation system that spans the arc of professional development. This innovative curriculum allows for the continuous evaluation and demonstration of individual and departmental authenticity.



Thomas Fuhrman
MD RRT FCCP



Masaji Nishimura
PhD MD



Rich Kallet RRT



Keith D Lamb
RRT-ACCS FCCM



Dave Crotwell
RRT-NPS FAARC



David M Wheeler
MEd RRT-NPS

Tuesday, Oct. 18

Respiratory Care Symposium

RESPIRATORY CARE

The 5 Best Papers Published in RESPIRATORY CARE 2016

9:15 am - 9:50 am

Richard Branson MSc RRT FAARC,
Cincinnati OH

Content Category: Clinical Practice

This lecture will describe the five best papers published in RESPIRATORY CARE in 2015.

How to Use the Journal in Your Respiratory Care Program

9:55 am - 10:30 am

Ellen Becker PhD RRT-NPS FAARC,
Chicago IL

Content Category: Education

This lecture will describe how papers from RESPIRATORY CARE journal can be used in a respiratory care program.

How to Use the Journal in Your Respiratory Care Department

10:35 am - 11:10 am

Julie Jackson BAS RRT-ACCS,
Des Moines IA

Content Category: Management

This lecture will describe how papers from RESPIRATORY CARE journal can be used in a respiratory care department.

You Want to Get Published in RESPIRATORY CARE?

5 Tips From the Editor

11:15 am - 11:50 am

Dean R Hess PhD RRT FAARC, Boston MA

Content Category: Clinical Practice

This lecture will provide some advice from the editor of RESPIRATORY CARE regarding acceptance of your paper for publication.

How I (Finally) Got Published in RESPIRATORY CARE

11:55 am - 12:30 pm

Dave Burnett RRT-NPS FAARC,
Kansas City KS

Content Category: Clinical Practice

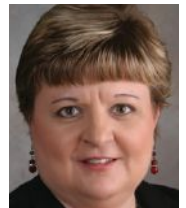
This lecture will describe the experience of a young investigator having his work published in the RESPIRATORY CARE journal.



Richard Branson MSc
RRT FAARC



Ellen Becker PhD
RRT-NPS FAARC



Julie Jackson BAS
RRT-ACCS



Dean R Hess PhD
RRT FAARC



Dave Burnett
RRT-NPS FAARC



Shawna Strickland
PhD RRT-NPS
RRT-ACCS AE-C
FAARC



From Good to Great: Motivating Staff to Achieve Department Goals

10:35 am - 11:10 am

Shawna Strickland PhD RRT-NPS
RRT-ACCS AE-C FAARC, Irving TX

Content Category: Management

Respiratory care departments are constructed of RTs with varying personalities. Motivating the entire staff to achieve the common organizational goal may be difficult if the RT manager is not in tune to the different needs of the staff. This presentation will discuss motivational theories in context with leadership theories to assist the RT manager in developing a strategy to motivate each RT on staff.

Agency Update

11:15 am - 12:30 pm

Brian K Walsh, PhD RRT-NPS FAARC –
AARC President

Michael T Amato, MBA – ARCF Chair

Bradley Leidich, MSED RRT FAARC –
CoARC President

Robert L Joyner, PhD RRT-ACCS FAARC –
NBRC President

The leadership of the AARC, ARCF, CoARC, and NBRC will present the most updated information affecting the profession, research, accreditation, and credentialing. This is a must-attend session in your agenda!

Update for 2016: Ventilator-Associated Events

9:15 am - 9:50 am

Kathleen Deakins RRT-NPS FAARC,
Cleveland OH

Content Category: Neonatal/Pediatric

After much discussion in the adult world, the concepts of hospital-acquired events are entering the field of pediatrics. This presentation will describe the current work and expectations of the pediatric and neonatal community in regard to the proposed definition for Pediatric Ventilator Associated Conditions (PEDVAC). Speculations for the future will be discussed.

Neonatal Intubation Safety: How Safe Is Intubation for the Neonate?

9:55 am - 10:30 am

Natalie Napolitano RRT-NPS AE-C FAARC,
Philadelphia PA

Content Category: Neonatal/Pediatric

Although intubation in the neonatal ICU setting is generally viewed as safe, adverse events do occur. This presentation will review the available intubation safety data in the NICU setting and will discuss strategies to eliminate adverse outcomes.

Quality Improvement in the NICU

10:35 am - 11:10 am

Kathleen Deakins RRT-NPS FAARC

Content Category: Neonatal/Pediatric

Although much attention has been focused on quality improvement initiatives in adult ICUs, these concepts are equally important for neonates. This expert in the field will review quality improvement initiatives, with a focus on improved clinical outcomes in the neonatal intensive care environment.

Continuing Respiratory Care Education (GRCE)

AARC Congress 2016 is approved for all the credit hours you need to maintain your state license, more than 20 hours.



Brian K Walsh PhD
RRT-NPS FAARC



Michael T Amato
MBA



Bradley Leidich MSED
RRT FAARC



Robert L Joyner PhD
RRT-ACCS
FAARC



Kathleen M Deakins
MSHA RRT-NPS
FAARC



Natalie Napolitano
MPH RRT-NPS
FAARC

Tuesday, Oct. 18

(Symposium) From the First Breath...

► Team Training for Delivery Room Care: Does Practice Make Perfect? 11:15 am - 11:50 am

John Gallagher RRT-NPS FAARC,
Philadelphia PA

Content Category: Neonatal/Pediatric
Team training is an effective method to standardize the approach to clinical management using principles to improve communication, team performance, and teamwork. This presentation will describe how the concepts of team training improve the performance of clinicians in the delivery room as well as the associated outcomes following neonatal resuscitation.

► Breathe Baby Breathe: The First Minutes of Neonatal Resuscitation 11:55 am - 12:30 pm

Aasma Chaudhary BS RRT, Ardmore PA

Content Category: Neonatal/Pediatric
The first several minutes of resuscitation in the delivery room can have significant implications on overall outcomes. This presentation will review key strategies to optimizing resuscitation in the delivery room using an evidence-based medicine approach.



John Gallagher
RRT-NPS FAARC

CLOSING CEREMONY 12:45 pm - 2:15 pm

RESPIRATORY CARE

OPEN FORUM[®] Symposia

sponsored by



Researches and clinicians present finding of studies on aerosol therapy, mechanical ventilation, neonatal and pediatric care, education, management, and every practice mode in our profession.

Accepted abstracts will be presented in one of 3 formats:

Editors' Choice

Saturday and Sunday, Oct 15-16
Display of Editors' Choice posters with top 6 abstracts in 2015.

Monday, Oct 17

Ten-minute slide presentations with slides by authors of Editors' Choice, each followed by 10-minute period of audience questions and discussion.

Poster Discussions

Saturday - Monday, Oct 15-17
Poster sessions grouped by topics. A brief oral presentation (no slides) and questions/discussion allow presenters to expand the work featured on the posters.

Posters Only

Sunday - Monday, Oct 16-17
Posters presented in sessions grouped by category, different every day.



AARC Congress Pre-Course Sessions

Maximize Your Congress Experience

Sessions offer in-depth exploration of topics not available during Congress 2016

Attend One or More Pre-Course Sessions: Friday, October 14
AARC Congress 2016: Sat-Tues, October 15-18

1

Arterial Fundamentals:
Ultrasound Guided Arterial Catheter Insertion
Time: 8:00am – 12:00pm

A hands-on course that teaches proper insertion, prevention, recognition and management of insertion-related complications with arterial catheters.

COURSE OBJECTIVES:

1. Perform ultrasound scanning to identify anatomical structures, verify vessel health and identify appropriate insertion area.
2. Demonstrate the use of ultrasound for arterial catheter insertion.
3. Review and practice aseptic technique including hand hygiene, gowning, gloving, establishing a sterile field, draping, proper dressing and securement.

\$50 registration fee which will be reimbursed after the course is completed.



Sponsored by
Teleflex

4 hours CRCE

2

Preparing for a Pandemic:
The Strategic National Stockpile – Mechanical Ventilation Workshop
Time: 8:00am – 12:00pm

Find out how to prepare for pandemic events and how to provide mechanical ventilation to all persons in need.

COURSE OBJECTIVES:

1. Discuss the issues that would be encountered regarding pandemic events and the need for mechanical ventilation.
2. Describe capabilities of the three SNS ventilators.
3. Identify how the SNS ventilators are allocated and utilized during a pandemic event.
4. Identify how the SNS ventilators are stored and maintained.

Course is free.



3.25 hours CRCE

3

Lung Protection, VILI, & Alveolar Protection:
The Good & the Bad
Time: 12:30pm – 4:30pm

This course will cover current ventilator induced lung injury (VILI) mechanisms in the micro-environment - the alveoli and alveolar ducts.

COURSE OBJECTIVES:

1. Learn which mechanical breath mechanisms cause ventilator induced lung injury (VILI).
2. Review how to adjust parameters that comprise the mechanical breath to minimize VILI.
3. Learn how to manipulate APRV ventilator settings to maximize alveolar protection from VILI.

Course is free. Lunch is included.



Sponsored by
Dräger

4 hours CRCE

REGISTER TODAY

<http://c.aarc.org/go/precoursereg>

Course capacities are limited. Pre-Registration is required. Deadline: Friday, Sept. 23 or when courses are full.
Pre-Courses #1 and #2 run concurrently – you may register for only one of the morning courses.

2016 Exhibitors

as of June 2016

A

AARC
Aerogen
Airon Corporation
Airway Medix S.A.
Alere
Allied Powers LLC
Alpha-1 Foundation
A-M Systems Inc.
Amico Corporation
Amsino
ARC Medical Inc.
Aureus Medical Group

B

B&B Medical Technologies
Baitella AG
Baxalta
Bay Corporation
Bernoulli
Bio-Med Devices Inc.
Boehringer Ingelheim
Pharmaceuticals, Inc.
Breas Medical
Bunnell Incorporated

C

Cadwell Laboratories Inc.
CareFusion
Circadiance
Commission on Accreditation
for Respiratory Care (CoARC)

D

D R Burton
Dale Medical Products Inc.
Draeger Medical Systems Inc.

E

East Tennessee State University
Electromed, Inc.
Epiphany Healthcare

F

Fisher & Paykel Healthcare Inc.
Flexicare
FloSure Technologies' LLC
Fobi Medical

G

GE Healthcare
Genentech
Goldstein & Associates Inc.
Grand Canyon University

H

Halyard Health
Hamilton Medical Inc.
HEADSTAR Medical Products
Co., Ltd.
Hill-Rom
Hollister Incorporated
HSINER, Co. Ltd.

I

I.V. League Medical
Independence University
IngMar Medical Ltd
Instrumentation Industries
Instrumentation Laboratory
International Biomedical
International Biophysics
Corporation
Intersurgical, Inc.

J

Jones & Bartlett

K

Kettering National Seminars

L

Lambda Beta Society
Lee Memorial Health Systems

M

Mallinckrodt Pharmaceuticals
MAQUET Medical Systems, USA
MARPAC, Inc.
Masimo
Maxtec
Mediware
Medtronic
Mercury Medical
MES Inc.
Methapharm
MGC Diagnostics
MicroBase
MIR-Medical international Research
Monaghan Medical Corporation
Mylan Inc.

N

National Board for Respiratory Care
NDD Medical Solutions
Neotech Products Inc.
Nonin Medical Inc.
Nova Biomedical
nSpire Health

O

Ohio Medical Corporation

P

Passy-Muir Inc.
Pearson Embanet
Percussionaire Corp
Philips Healthcare
Pima Medical Institute
Praxair Healthcare Services
Precision Medical, Inc.
Pulmodyne

R

Radiometer America Inc.
ResMed
Respiralogics LLC
RespirTech
RT/Sleep Review

S

Salter Labs
Seoil Pacific Corp
Siemens Healthcare Diagnostics
Smiths Medical
Splash Medical
Sunovion Pharmaceuticals

T

TandemLife
Teleflex
The University of Chicago Medicine
Tri-anim Health Services
TSI, Inc.

U

UCLA Health
University of Virginia Health System

V

Vapotherm, Inc.
Ventec Life Systems
Vitalograph Inc.

W

Westmed Inc

Z

ZOLL Medical Corporation



Exhibit Hours at The Buying Show:

**Saturday, Oct. 15,
11:00 am - 4:00 pm**

**Sunday, Oct. 16,
9:30 am - 3:00 pm**

**Monday, Oct. 17,
9:30 am - 2:00 pm**

Registration and Fees

REGISTRATION FEES (SEE NEXT PAGE FOR THE FORM)

Congress (4 days)	Through Aug 26	After Aug 26 And On-site 4 Days
AARC Member	\$399	\$434
AARC Senior Member	\$399	\$434
AARC Student Member	\$49**	\$75**
Non-member	\$540*	\$565*
Non-member Student	Not Available	\$75** (Must register on-site with proof of current enrollment)
Spouse	Not Available	\$50 (Must register on-site)

*You may become an AARC Member prior to registering (www.aarc.org). If you opt to pay the non-member Congress 4 days fee, you are entitled to a complimentary 12-month AARC membership. Memberships included in the non-member rate will be activated within 30 days after Congress 2016.

Congress Daily Fees (Must register on-site)	Saturday - Monday	Tuesday
AARC Member	\$219	\$135
AARC Senior Member	\$219	\$135
AARC Student Member	\$30**	\$20**
Non-member	\$319	\$190
Non-Member Student	\$30**	\$20**
Spouse	Not Available	Not Available

**Students do not earn CRCE credit.

Active Duty Military

We have a special offer for all health care professionals, not just respiratory therapists, on active duty in all branches of the US armed forces, as well as military reservists recalled to active duty. Go to <http://tinyurl.com/registration-aarc-congress2016>.

Congress Day Tripper Package

A cost-saving group rate is available for AARC members and nonmembers. Four 1-day pre-paid vouchers for \$657. See page 97 for complete details.

REGISTRATION FORM

AARC Congress 2016

October 15 - 18, 2016 • San Antonio, TX, USA

INTERNET: Go to www.AARC.org to register online and to receive a confirmation.
or MAIL: Send this form to: AARC Congress 2016, 9425 N. MacArthur Blvd. Ste. 100, Irving, TX 75063-4706 U.S.A.
Full payment must be included with your registration form. Make check payable to AARC.
or FAX: If paying by American Express, MasterCard, or VISA, you may fax your registration form to (972) 484-2720.

Do Not E-Mail: Due to credit card protection laws, do not e-mail this form. No form with a credit card number will be accepted.

PLEASE PRINT

AARC Member # _____ Membership Expiration Date _____

First/Last Name for Badge _____

Credential (check up to three to be printed after your name): RRT CRT PhD MA MD Other _____

Job Responsibility (check one): Dept. Director Supervisor Therapist Educator Other _____

Employment Setting (check one): Hospital School Skilled Nursing Facility Subacute Care Home Care/DME _____
 HMO Home Health Agency Manufacturer /Supplier Other _____

Job Title _____ E-Mail Address _____

Employer _____

Preferred Mailing Address: Home or Business Daytime Telephone () _____

City _____ State _____ Zip _____ Country _____

Pre-Course

Pre-courses will be held on Friday, October 14, 2016. You must attend the entire course to receive CRCE credit; no partial credit will be given. Course capacities are limited. Pre-registration is required. Deadline: Friday, September 23 or when the course is full.

#1 - Arterial Fundamentals: Ultrasound Guided Arterial Catheter Insertion

8:00 am - 12:00 pm

\$50 registration fee which will be reimbursed after the course is completed.

#2 - Preparing for a Pandemic: The Strategic National Stockpile – Mechanical Ventilation Workshop

8:00 am - 12:00 pm

Course is free.

#3 - Lung Protection, VILI, & Alveolar Protection – the Good, the Bad, and the Better

12:30 pm - 4:30 pm

Course is free. Lunch is included.

Pre-Courses #1 and #2 run concurrently. You may only register for one.

Please register me for #1 (\$50) or #2 and/or #3

Congress Registration

Payment of appropriate fee entitles registrant to attend all Congress activities and social events October 15 - 18, 2016.

CHECK ONE:

Through Aug. 26

After Aug. 26
(and on-site 4-Days)

AARC Active/Associate/Senior Member

\$399

\$434

AARC Student Member*

\$49

\$75

Non-member**

\$540

\$565

Spouses register on-site only. Fee: \$50.

* Students do not earn CRCE credit. Nonmember students must register on-site and show proof of current enrollment.

** You may become a Member prior to registering by going to www.AARC.org. If you opt to pay the non-member fee, you are entitled to complimentary, automatic 1-year AARC membership. Memberships included in the non-member rate will be activated within 30 days after Congress 2016. Check here if you **DO NOT** wish to receive this complimentary 1-year AARC membership.

Method of Payment

Check or Money Order enclosed

Charge my Visa MasterCard American Express

Name of Card Holder (print) _____

Credit Card # _____ Expiration Date _____

Signature _____

OFFICE USE ONLY:

BC PC C CC

Total Received _____ Check # _____ Date _____

No invoices will be issued. Cancellations must be in writing. There will be either a 25% or \$50 handling fee, whichever is less, for cancellations received by Wednesday, October 5. No refunds will be made thereafter.

Registration Policies

- American Express, MasterCard, and VISA are the only credit cards accepted.
- Members who have paid the current year's dues and are in good standing or whose applications are in process will be admitted at the member rate.
- Members registering on-site will be required to present their current membership card. Any person who does not present a current membership card must register at the non-member rate.
- All students will be required to pay a registration fee. AARC members with student status can register at the student rate. Students who are not members of the AARC are required to pay the non-member student rate. Non-member students must register on-site and show proof of current enrollment.
- An active member is not permitted to register as an exhibitor or to assist in a booth unless he/she is an employee of the exhibiting firm.
- Spouses may register for the Congress on-site only. Any logical proof indicating that the person is a member's spouse will be accepted.
- Advance registration fees must be prepaid. No invoice will be issued. An acknowledgement will be made of the fee paid.
- **Refund requests must be in writing and must be received by Wednesday October 5.** A processing fee of 25% or \$50, whichever is less, will be deducted from the refund. No refunds will be made after **October 5.**
- No soliciting from exhibitors or attendees is permitted without AARC permission.

Registration (continued)

Pre-Congress Courses

Pre-courses will be held on Friday, October 14, 2016.

- Pre-Courses #1 and #2 run concurrently. You may register for only one of the morning courses.
- You must attend the entire course to receive CRCE credit; no partial credit will be given.
- Course capacities are limited.
- Pre-registration is required. Deadline: Friday, September 23, 2016 or when the course is full.

Pre-Congress Course #1

Arterial Fundamentals: Ultrasound Guided Arterial Catheter Insertion

8:00 am - 12:00 pm

\$50 registration fee which will be reimbursed after the course is completed.

Pre-Congress Course #2

Preparing for a Pandemic: The Strategic National Stockpile – Mechanical Ventilation Workshop

8:00 am - 12:00 pm

Course is free.

Pre-Congress Course #3

Lung Protection, VILI, & Alveolar Protection – the Good, the Bad, and the Better

12:30 pm - 4:30 pm

Course is free. Lunch is included.

Online Registration

If you are using a credit card, go to <http://tinyurl.com/registration-aarc-congress2016>.

Faxed or Mailed Registrations

Complete the Registration Form on page 91 and mail or fax it to the AARC. Details are on the form.

Receipts

A receipt for your registration fee(s) will be sent to you prior to your departure for San Antonio. Present this receipt on-site to receive your name badge and your registration packet(s).

On-site Congress Registration Hours

Friday, October 14	10:00 am–6:00 pm
Saturday, October 15	7:00 am–4:00 pm
Sunday, October 16	7:30 am–4:00 pm
Monday, October 17	8:00 am–4:00 pm
Tuesday, October 18	8:00 am–10:00 am
	8:00 am–2:00 pm—CRCE Assistance Available

You can fill out the Registration Form and bring it with you for on-site registration.

Site All official Congress lectures and exhibits, unless otherwise noted, will take place at the Henry B. Gonzalez Convention Center, 900 E. Market St., San Antonio, Texas 78205; 210-207-8500. The headquarters hotel is the Grand Hyatt San Antonio, 600 E. Market St., San Antonio, Texas 78205. The official social functions will be held at the Grand Hyatt.

Travel Discounts

Discounts are offered to AARC Congress attendees, family members and friends.

San Antonio International Airport (SAT) is approximately 10 miles from downtown San Antonio.



- **Online** at www.delta.com. Select Advanced Search and enter NMN47 in the Meeting Event Code box (no booking fee).
- **Call**, or have your travel agent call, Delta Meeting Network at 800-328-1111. Refer to meeting code NMN47 (booking fee added).



- **Online** at www.united.com. Click All Search Options. Enter ZWDY478349 in the Offer Code box (no booking fee).
- **Call** United Meetings at 800-426-1122. Refer to Z code ZWDY and Agreement Code 478349 (booking fee added).

Ground transportation is located curbside in front of Terminal A and B baggage claim area.

SuperShuttle

SuperShuttle offers shared ride service between the SAT Airport and your hotel. The van may make additional stops in route. Receive a 10% discount on shared-ride roundtrip reservations made online. Other coupons cannot be combined with this rate and do not apply to exclusive vans (which are already discounted) or pre-existing reservations.

To receive the discount, tickets must be pre-purchased online at least 48 hours in advance.

- **Online** at www.supershuttle.com. Enter JFJ29 in the Discount Code box (no booking fee).
- **Call** 800-258-3826. Discounts do not apply, and a \$3 booking fee added.

Car rental discounts are available for the Budget, Enterprise and Hertz locations at the San Antonio International Airport (SAT).



- Reservations should be booked no earlier than September 1 in order to receive the discount. Prior to that date the website will show the location is sold out.
- **Online** at www.budget.com. Check "Use an Offer Code" and enter U064639 in the BCD box.
 - **Call** 800-842-5628. Refer to Budget Customer Discount (BCD) number U064639.



- **Online** at www.enterprise.com. Enter Discount Rate Code L9D0194 in the Promotion Code box.
- **Call** 800-736-8222. Refer to Discount Rate Code L9D0194.



- **Online** at www.hertz.com. Enter 049T0012 in the Convention Number (CV) discount box.
- **Call** 800-654-2240 or 405-749-4434. Refer to Convention Discount Code 049T0012.

What to See and Do

- Tobin Center for the Performing Arts**
<https://www.tobincenter.org/box-office>
- Feet on Fire: SA's Hot Flamenco Scene**
<http://tinyurl.com/Feet-on-Fire-Flame>
- Public Art/The Saga/Museum Reach**
<http://tinyurl.com/Public-Art-Saga-Museums>
- Briscoe Western Art Museum**
<http://www.briscoemuseum.org/about>
- Japanese Tea Garden**
www.saparksfoundation.org/japanese-tea-garden/
- Historic Districts**
www.ourkwa.org/about-us/history.html
- San Antonio Spurs** www.nba.com/spurs/visitsa
- San Antonio Rampage** www.sarampage.com/home/
- Tower of the Americas**
www.toweroftheamericas.com/

Coupons www.riverwalkguide.com/coupons/

San Antonio B-Cycle (bike sharing)
<https://www.sanantonio.bcycle.com>

Mission Tours
www.texasexplorer.com/SanAntonioMissions.htm

San Antonio Tours
www.riverwalkguide.com/category/tours/

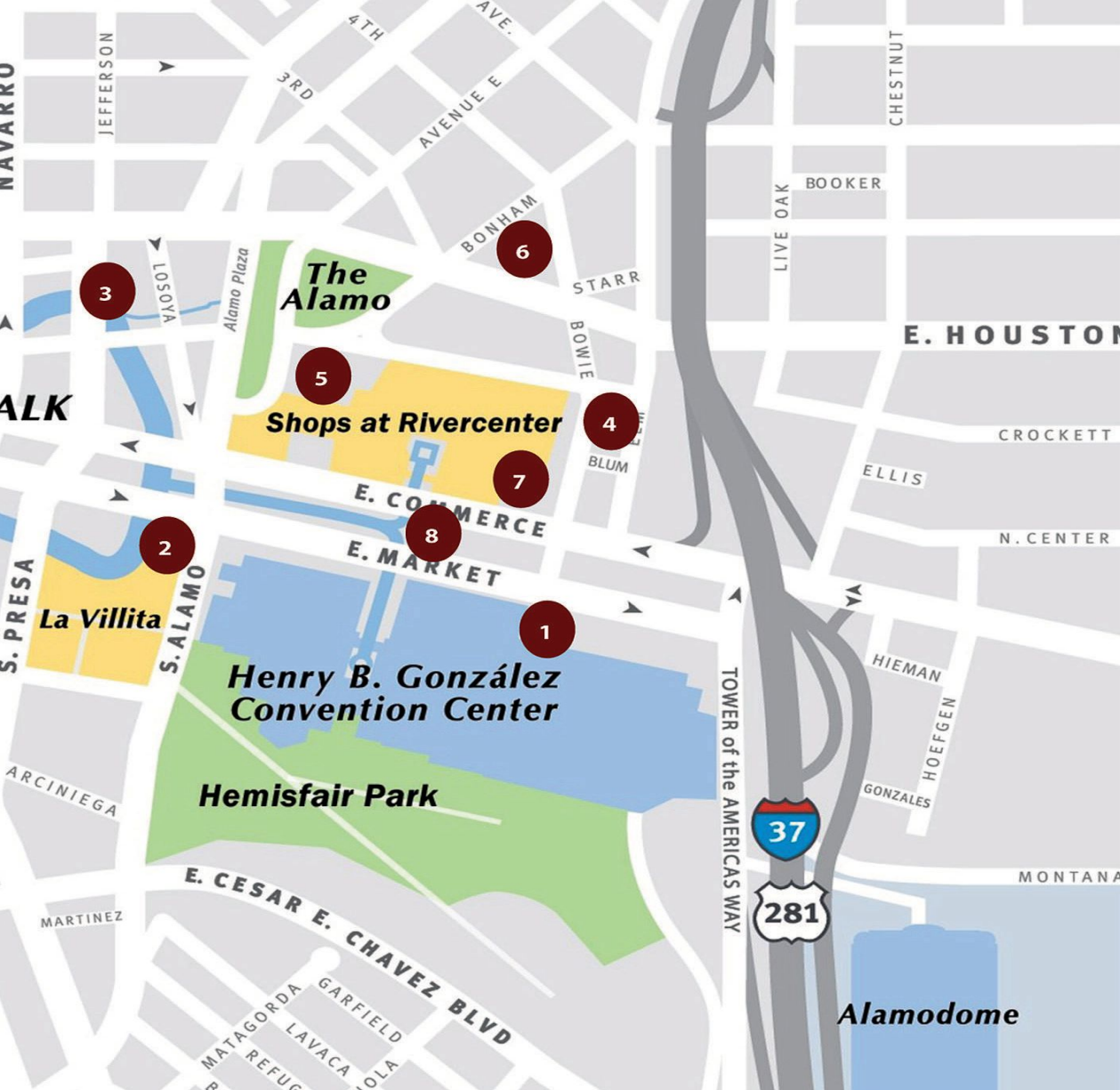
Nightlife www.riverwalkguide.com/nightlife/

Shopping www.riverwalkguide.com/shopping/

Rio San Antonio Cruises <http://riosanantonio.com>

The River Walk www.visitsanantonio.com/About-San-Antonio/Attractions/River-Walk

San Antonio Visitors Guide
<http://tinyurl.com/San-Antonio-Visitors-Guide-16>



Housing Guidelines

*Notice: Unauthorized housing entities are contacting attendees and exhibitors to book San Antonio hotel reservations. **Only the phone numbers and links shown below are authorized by the AARC.** Neither the AARC, nor the AARC Congress Housing Bureau, will be making unsolicited calls regarding hotel reservations. Booking through an unofficial housing company puts you at risk for losing significant deposits and hotel reservations, and incurring hidden costs.*

Deadlines

- To take advantage of the special conference rates, book your reservation **by Friday, September 23, 2016**. AARC can not guarantee discounted rates or availability at the conference hotels after that date.

Guarantee/Confirmations

- All hotels require a credit card guarantee of one night's room and tax with each reservation request. Credit cards must be valid through October, 2016. If you choose to mail a check deposit, it should be made out to AARC Housing and mailed along with your completed reservation form to AARC Housing Bureau, 203 S. St. Mary's Street, 2nd Floor, San Antonio, TX 78205. **CHECKS must be received by Tuesday, August 23, 2016.** After August 23rd, contact the AARC Housing Bureau at (210) 207-6734 for further details.
- Confirmations will be sent after each reservation booking, modification, or cancellation. Review it carefully for accuracy. If you do not receive a confirmation via e-mail within 3 business days after any transaction, please contact the Housing Bureau at (210) 207-6734, Mon - Fri, 8am - 5pm Central Time or e-mail housing@visitsanantonio.com. You will not receive a written confirmation from the hotel.

New Cancellation Policy/No Show/Penalties

- AARC Housing must receive cancellations on or before Tuesday, August 23, 2016 to avoid any fees. **Cancellations made from Wednesday, August 24, 2016 up until 72 hours prior to arrival date will be assessed a \$50 cancellation fee.**
- Starting Tuesday, September 27, 2016, cancellations must be directed to your confirmed hotel. Cancellations made less than 72 hours prior to arrival date will be charged a fee of one night's room and tax by the hotel.
- Your confirmed hotel may assess an early departure fee for departure date changes at check in.
- If you do not cancel your reservation and/or do not show, the first night's room & tax will be charged to your credit card on the night of your reserved arrival, and your reservation will be forfeited.

Changes

Please contact the AARC Housing Bureau with new reservations, changes or cancellations **through Friday, September 23, 2016**. Starting Tuesday, September 27, direct all changes to your designated hotel.

Housing Reservation Form



Oct 15 – 18, 2016
San Antonio, TX

Instructions

Reservations can be made by choosing one of the following methods.

Internet Book your reservation online by logging onto www.aarc.org

Phone (210) 207-6734
Mon - Fri, 8am - 5pm Central Time

Fax Send a completed form, one copy per room request, to (210) 207-6702 (secure line)

Mail Send a completed form, one copy per room request, to

AARC Housing Bureau
203 S. St. Mary's Street, 2nd Floor
San Antonio, TX 78205

DO NOT E-MAIL Due to credit card protection laws, do not e-mail this form. No form with a credit card number will be accepted.

Deadlines/Room Rates/Taxes

To take advantage of the special conference rates, book your reservation **by Friday, September 23, 2016**. AARC can not guarantee discounted rates or availability at the conference hotels after that date. All rates are per room per night, and plus 16.75% tax (subject to change without notice).

Guarantee

All hotels require a credit card guarantee of one night's room and tax with each reservation request. Credit cards must be valid through October, 2016. If you choose to mail a check deposit, it should be made out to AARC Housing and mailed along with your completed reservation form to the address above. Checks must be **received by Tuesday, August 23, 2016**. After August 23rd, contact the AARC Housing Bureau for further details.

Confirmations

Confirmations will be sent after each reservation booking, modification, or cancellation. Review it carefully for accuracy. If you do not receive a confirmation via e-mail within 3 business days after any transaction, please contact the Housing Bureau via the phone number above or e-mail housing@visitsanantonio.com. You will not receive a written confirmation from the hotel.

Cancellation/No Show/Penalties

• New Policy AARC Housing must receive cancellations on or before Tuesday, August 23, 2016 to avoid any fees. **Cancellations made from Wednesday, August 24, 2016 up until 72 hours prior to arrival date will be assessed a \$50 cancellation fee.**

• Starting Tuesday, September 27, 2016, cancellations must be directed to your confirmed hotel. Cancellations made less than 72 hours prior to arrival date will be charged a fee of one night's room and tax by the hotel.

• Your confirmed hotel may assess an early departure fee for departure date changes at check in.

• If you do not cancel your reservation and/or do not show, the first night's room & tax will be charged to your credit card on the night of your reserved arrival, and your reservation will be forfeited.

Changes

Please contact the AARC Housing Bureau with new reservations, changes or cancellations through Friday, September 23, 2016. Starting Tuesday, September 27, direct all changes to your designated hotel.

Arrival Date _____ / _____ / _____ Departure Date _____ / _____ / _____

Hotel Selection: (Please number all of the hotels in order of preference.)

_____ **Grand Hyatt San Antonio – Headquarters Hotel**

_____ **Hilton Palacio del Rio Hotel** (Hotel will charge your credit card one night's room & tax after Friday, September 23, 2016).

_____ **Hyatt Regency Riverwalk**

_____ **La Quinta Inn & Suites Riverwalk/Convention Center Hotel**

_____ **Menger Hotel**

_____ **Residence Inn by Marriott Downtown /Alamo Plaza**

_____ **San Antonio Marriott Rivercenter**

_____ **San Antonio Marriott Riverwalk**

Reservations will be processed on a first come, first served basis. If all hotels are sold out, you will be placed on a wait list until a room becomes available.

Please process this reservation according to (please check one):

Comparable room rate Proximity to conference site

Check one Attendee Exhibitor

Room Type

Number of people in room _____ Number of beds in room (one or two) _____

Special Requests ADA Other _____

All hotels are smoke free. Hotels will assign specific room types upon check in, based upon availability. Requests are not guaranteed. Send suite requests to housing@visitsanantonio.com.

List all occupants in room (include yourself)

1. _____ 2. _____

3. _____ 4. _____

Hotel Reward # _____ **Hotel Brand** _____

Send Confirmation to (Fill out this portion completely)

Last _____ First _____

Phone _____ Fax _____

Check the preferred method of delivery for your confirmation.

E-mail _____

Mail (This is my home address work address.)

Company _____

Address _____

City _____ State _____ Zip Code _____

Country _____

Type of Card

American Express Visa Discover MasterCard

Other _____

Account # _____

Exp. Date _____

Card Holder Name (print) _____

Signature _____

Reward your staff with a trip to Congress

Day Tripper Group Package \$657

Package includes: 4 one-day vouchers to AARC Congress 2016. Price equates to \$164.25 per day, a savings of about 25% from the daily full-day rate for AARC members.

This year the AARC is again offering everyone a flexible opportunity to attend this premier event.

Individual Attendees... Want to attend AARC Congress 2016, but can't get the time off from work for all 4 days of the meeting? Perhaps a single day registration is more affordable and right up your alley. The AARC Day Tripper Package is a great opportunity for you and three other therapists to attend the 4-day event that is loaded with education, exhibits, networking, and many other activities.

Managers... Maybe you've wanted to send your staff in the past, but your budget can't absorb multiple, 4-day registrations. Even more importantly, department staffing won't let you give multiple employees off all at the same time.

Here's how it works:

- Order the Day Tripper Voucher Package any time between now and Friday, August 26.
- You will receive 4 one-day vouchers to Congress 2016 in San Antonio.
- Each voucher is good for one person for any one of the 4 days of Congress (October 15-18).
- The attendee brings the voucher to the onsite Special Services registration counter on the desired day and uses it to register for that day.

- The attendee has all the same privileges as other attendees who purchase a one-day registration onsite at the rate of \$219 for members or \$319 for nonmembers, a savings of up to \$149 per person!

Benefits to Attendees

- Earn CRCEs at premier educational programs
- Opportunity to visit the largest respiratory care exhibit hall in the world
- Network with other professionals and meet the "who's who" in respiratory care

Make it easy on yourself:

- Collaborate with your colleagues and decide at the last minute whom will attend—or change it if circumstances change.
- Mix and match any way that you want. A different person can attend each day. Or 4 people can all attend on one day. Or 2 people can use vouchers for 2 days each. Make it work for you and your schedule.
- Anyone you select can attend... members or non-members.

ANSWERS TO FAQs:

- Day Tripper is a special advance purchase program available only between now and Friday, August 26.
- Payment is required in advance with a check or credit card. Sorry, no purchase orders.
- **The package is nonrefundable.**
- Vouchers may be used by AARC members or nonmembers.
- Vouchers are fully transferable by the purchaser or within the purchasing company, and are not specific to a day of the event or to an individual. They may be used at any time during AARC Congress 2016.

- Lectures will be presented October 15-18, Saturday through Tuesday. Note that exhibits are open October 15-17 only.

- Registration for specific names and dates is not required in advance. The attendee simply brings the voucher to the onsite Special Services registration counter upon arrival.
- Vouchers can be used on four different days, or all on the same day, by 1 person for 4 days, 2 people at 2 days each, or 4 people each attending one day... or any one of the many different combinations. The choice is yours!

To take advantage of this great Day Tripper package visit <http://tinyurl.com/daytripper-aarc-congress2016>.

Questions?

Contact info@aacrc.org or call Customer Service at (972) 243-2272.



RC Currents

IN THE NEWS

New White Paper Aims To Improve Access to Respiratory Care

A new white paper issued by the Institute for Patient Access (IfPA) outlines the need to improve access to respiratory care for patients with chronic lung conditions like COPD, asthma, and idiopathic pulmonary fibrosis.

Written by a working group of leading physicians and respiratory therapists, the paper covers a range of issues facing patients today, from access to approved therapies, to access to the full scope of respiratory care, to other barriers that impede patient care.

According to AARC Executive Director Thomas Kallstrom, MBA, RRT, FAARC, who served as a member of the working group, he and other AARC members on the panel got involved after the IfPA's parent organization, the Alliance for Patient Access, contacted the AARC requesting content experts. "The Alliance for Patient Access is devoted to ensuring more patients are able to receive the medical services they need to deal with their conditions, and the fact that the organization is recognizing the problems being faced by chronic respiratory patients could not be more important to the AARC and our members," says Kallstrom.

The white paper specifically covers the important role respiratory therapists play in the care and education of respiratory patients and notes that "there is a pressing need for their expertise in all health care settings." ■



AARC Spring Board Meeting Actions Advance the Profession

The AARC Board of Directors met for its spring meeting recently in Dallas, TX, and moved ahead on several initiatives that will directly advance the profession.

Among the actions were the approval of a toolkit and briefing paper to help achieve the goals of the Association's *2015 and Beyond* project. In addition, the Board approved the new CoARC standards for educational programs and began tackling action on the AARC Strategic Plan. The AARC Board will next meet July 16-17 in conjunction with the Summer Forum in Phoenix, AZ. ■



Correction

The 2015 AARC Annual Report was published in the June 2016 issue of *AARC Times*. When discussing potential plans for the Advanced Practice Respiratory Therapist, the report stated, "The Association requested that the NBRC explore development of an APRT examination and credential." However, the report should have stated, "The Association plans to (based on the outcomes of the job analysis, needs assessment and committee recommendations) request the NBRC explore development of an APRT examination and credential." ■

Hawaii's Licensure Is Here to Stay!

After 30 years of hard work and effort, respiratory therapists in Hawaii finally have enduring licensure on the books. The journey to achieve that goal came to an end on April 25 when Governor David Ige signed a law making the temporary licensure attained for RTs in the state in 2010 permanent.

Steve Wehrman, RRT, RPFT, AE-C, has been involved in the battle to achieve licensure in Hawaii since the early 1990s. He says that after a long process, new legislation was introduced to negate the sunset provision in the original law and the bill passed with flying colors.

The Hawaii Society for Respiratory Care (HSRC) has been fighting for licensure for many years. Concerns over the high cost of managing a licensure program for the small number of RTs in the state made it difficult, but the HSRC kept up the pressure on leaders, and with the help of several patient advocates, including one gentleman who credited his RT for saving his life, they managed to get legislation to the governor's desk, where it was signed into law. "Learning that respiratory therapists in Hawaii were not licensed and knowing firsthand what valuable members of the patient's health care team they are, he became the HSRC's ardent patient advocate for licensure," says AARC member Jo Ann Ikehara, BS, RRT, CPFT. "He joined us at the capital for every hearing so he could tell his heartfelt life-saving story to the legislators."

The HSRC also gives a lot of credit for their ultimate success to the AARC. "From the very beginning AARC was

our partner," says Wehrman. "The organization consulted with us every step of the way. They connected us to successful licensure teams in other states. They brought people out to help us."

"We are so very thankful for the support from the AARC and specifically the support, encouragement, expertise, and timely responses from Cheryl West," emphasizes AARC member Carol Agard, BS, RRT, RPFT, FAARC. "We would not have been successful without Cheryl's assistance."

Achieving permanent licensure helps to drive other advancements such as greater use of therapists in telehealth as well. "In terms of the bigger picture, we have over 200,000 known individuals with lung disease in a remote island state that has a population of 1.4 million people," Wehrman says. "The legislators now are interested in lung disease because we educated them in the licensure process." Indeed, one legislator has already expressed an interest in sponsoring legislation to fund lung health programs.

Wehrman envisions a future in which RTs will follow their patients out into the home to prevent readmissions and develop home-based programs for patients who have a hard time getting to the state's widely scattered health care facilities.

A more detailed version of this licensure article appeared in the April 28 edition of *News Now @ AARC*. ■



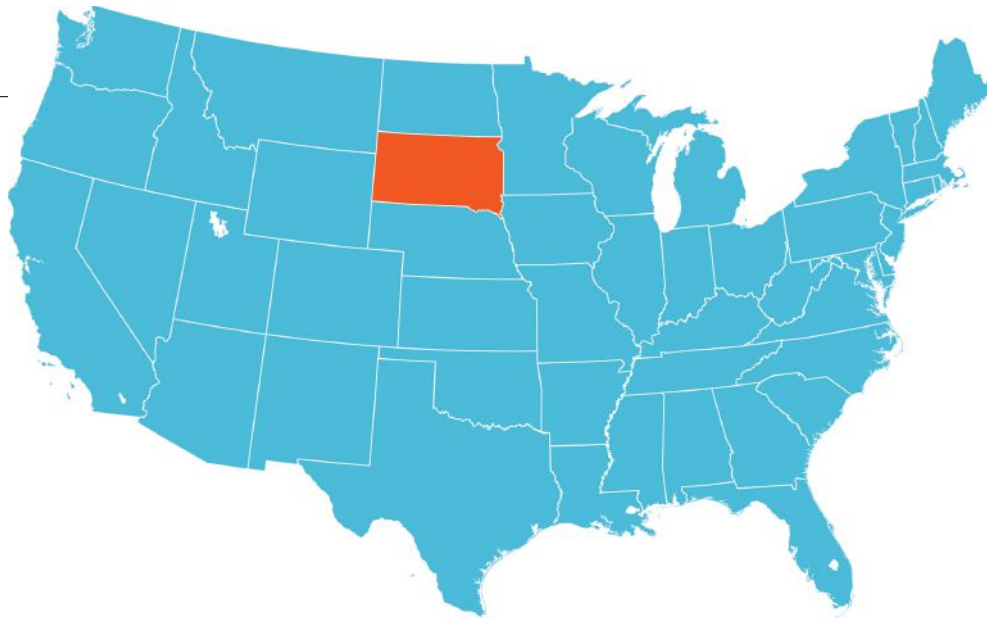
Hawaii Governor David Ige, front right, joined Senator Roz Baker, front left, in a group shot with RTs from the Hawaii Society for Respiratory Care during the signing ceremony last spring.

Tobacco Policies in South Dakota Hospitals Studied

Most hospitals have a smoke-free policy, but how well are these policies really restricting the use of tobacco products? That's the question South Dakota State University researchers set out to answer in a study of health care facilities in their state. Of the 420 facilities contacted by the investigators, 348 provided copies of their tobacco policies for evaluation. Based on set criteria such as enforcement of the policy and whether tobacco users were offered guidance on quitting, comprehensiveness scores were issued for each facility. The study was funded by the South Dakota Department of Health. Here are some of the results:

- Hospital, clinics, and cancer treatment centers were more likely to have comprehensive policies, with all scoring above 60%.

- Mental health and substance abuse treatment facilities averaged 30% for comprehensiveness, mirroring the national trend.
- Seventy-seven percent of facilities had electronic health record systems that prompted them to assess patients' tobacco use. Among facilities without electronic health records, only 45% had a tobacco cessation section in their intake plan.
- Only 56.6% of facilities prohibited the use of e-cigarettes.
- Only 25.3% addressed the issue of third-hand smoke, defined as the smell and residue of tobacco left behind on clothes and surfaces that can cause potentially harmful effects. ■



COPD-Asthma Overlap: Who Is Most at Risk?

COPD-asthma overlap syndrome has been associated with worse outcomes, but now researchers from Denmark have shed some light on which patients are most at risk.

Their study of 8,382 people taking part in the long-running Copenhagen City Heart Study found patients with COPD whose asthma was recognized after age 40 had an 82% faster decline in lung function and they also lived, on average, four years less than COPD patients whose asthma was diagnosed earlier in life.

Patients with late-onset asthma had more hospital admissions for their respiratory conditions than those with earlier-onset asthma as well. *Lancet Respiratory Medicine* published the study on April 6. ■

▶ STUDENT CORNER

Finding Your Niche

By Sharon Armstead, EMBA, RRT

Throughout the years, one thing has stuck in my mind: you must always believe in whatever you set



out to do. I was told then that this profession had limitless possibilities if I took risks. My personal vision was to be adventuresome and set no limits. So I did my research and hopped on a plane and moved overseas to Saudi Arabia, where I experienced respiratory

care protocols for the first time. That experience truly cemented my feelings about the profession of respiratory care.

However, post-acute rehabilitation care was possibly one of the most rewarding times in my career. What I

truly enjoyed about it was the constant multidisciplinary care that was required. It involved nursing, physical therapy, respiratory care, and case management for the care of the patient. The respiratory therapist was involved in the total care of the patient, starting at admission and including the discharge process.

As students, your clinical rotations will be some of the most significant times in your career, as these will be your first patient encounters. The goal is to go beyond simply satisfying the patient's needs to surpassing their expectations and supplying an exceptional patient experience. This in turn will bring you that memorable experience that will help shape your future.

I advise all students starting out to have a clear and compelling vision of where they want to be in approximately five years. To find your niche, be a part of the multidisciplinary committees available to you. Educate yourself beyond your boundaries, avoid the silos, and respect the profession of respiratory care.

Sharon Armstead is a clinical assistant professor in the department of respiratory care at Texas State University in San Marcos, TX. ■

News for AARC Student Members and Retired Members

AARC members who are just starting out in their careers and those who are getting ready to wrap things up can both benefit from exclusive Association membership offers developed just for them.

The transitional student membership is available to student members who are preparing to graduate. Those who renew their membership at least 91 days prior to graduation will save the most on AARC membership dues, but savings are available up to 150 days after graduation. Student members nearing graduation should look for an email with specific instructions on how to claim this special membership price break or call AARC Customer Service at (972) 243-2272 to participate.

AARC members aged 65 and older who have been members for at least 20 years are eligible to maintain their membership in the Association for just \$25 a year. Alternatively, they can pay \$200 and become members for life. This digital membership gives these loyal members the chance to stay in touch with everything happening in the respiratory care industry while they're planning for or entering retirement. AARC members eligible for this senior status can call Customer Service at (972) 243-2272 to learn more about signing up. ■



Maryland RTs Train Military Reservists

Elite military medical teams caring for wounded soldiers in some of the most volatile places in the world may now include U.S. Air Force (USAF) reservists who have been trained in respiratory care by RTs from the University of Maryland Medical Center (UMMC) and R Adams Cowley Shock Trauma Center.

“The training we provide directly supports both credentialed respiratory therapists and those with a USAF designation that enables them to provide cardiopulmonary support in the field,” says Department Director and AARC Member Chris Kircher, MHA, RRT-ACCS. “These are all Air Force reservists preparing for the possibility of active deployment.”

The training program was spurred by Samuel Galvagno, Jr., MD, an attending physician at UMMC who is also a lieutenant colonel in the USAF Reserve. “In his attending role, Dr. Galvagno has grown very accustomed to the level of support and skill that the UMMC respiratory therapists provide,” says Kircher. “It was from this that he approached several members of the respiratory care staff and the management team with a proposal to help train Air Force respiratory therapists.”

Dr. Galvagno says he always wished he could have had one of the respiratory therapists from UMMC at his side when he was working in his military medical capacity. “Now I know that I can



Chris Kircher accepts the USAF award on behalf of his department.

have a similar level of expertise as a result of this training program,” he says.

Reservists who come to the center work alongside department RTs in a variety of capacities, says Kircher. “Depending on the time they can spend with us, these reservists have days and some weeks to work side-by-side with our staff therapists. To assure the best exposure possible in the time they have, staff in many of our ICUs are involved.”

The hands-on experience they receive in this world-renowned trauma center provides them with the skills they need to handle the respiratory



Department staff at the awards presentation.

issues presented by severely wounded military personnel in the field. “The reservists that function as respiratory therapists are cross trained in advanced critical care support and complement the physicians and nurses in similar roles,” says Kircher.

So far, three reservists have gone through the training and one has been deployed with a Special Operations Surgical Team. The training program continues on an as-needed basis. AARC member MSgt Bonnie McKinley, MAed, CRT, is currently stationed at UMMC to serve as a respiratory therapist liaison to the USAF’s C-STARS (Center for the Sustainment of Trauma and Readiness Skills) and reserve program.

The RT department at UMMC was officially recognized for the role it is playing in training reservists just prior to last year’s Respiratory Care Week, when the USAF presented the department with a special award acknowledging their service. The inscription on the base of the award reads:

University of Maryland Respiratory Therapy
Program

In recognition of your steadfast support for our
critical care air transport mission
943rd Aerospace Medicine Squadron
Davis-Monthan Air Force Base, AZ
2015

“Giving back to those who serve in any capacity is always important,” says Kircher. “The fact that we were able to do so in a way that coupled that very important support with our profession felt amazing for our staff. It was a very proud moment for our team and demonstrated that UMMC respiratory care is supporting the profession beyond our own walls.”

Says Dr. Galvagno, “The civilian-military partnership established between the United States Air Force Reserve and the University of Maryland Medical Center respiratory therapists represents an unparalleled opportunity to help keep our reservists current with state-of-the-art practices. This partnership has significantly enhanced the ability of our respiratory therapists to both stay current and to stay abreast of the most recent advances in the field.” ■



New Explanation for Uncontrolled Asthma

Every RT has seen asthma patients who still have uncontrolled disease despite appropriate treatment with current asthma medications. Researchers from Penn State and Rutgers believe they may have found an explanation for these cases.

Working in a mouse model, they first determined that when certain genes were inactivated, the mice developed airway hyperresponsiveness (AHR). From there they examined the gene patterns of airway epithelial cells in the affected mice, finding that a neuropeptide molecule known as NPY was present in more concentrated levels in them than in control mice. After finding that normal human lung airways exhibit a marked increase in AHR when exposed to NPY as well, they concluded that inhibiting NPY activity in people with asthma, perhaps with an inhaled medication, might help patients who receive little or no relief from current asthma therapies.

The authors note pharmaceutical companies have already developed compounds that block NPY signaling for other conditions, such as obesity and hypertension. “Testing whether these NPY inhibitors would help human asthma patients is an exciting next step in developing a new drug therapy for asthma patients,” study author Reynold A. Panettieri was quoted as saying. The study was published in a recent edition of the *Journal of Clinical Investigation*. ■



Neonatal Pediatric Respiratory Therapists Honored in Tennessee

On March 15, neonatal-pediatric respiratory therapists took center stage in Tennessee, as the Tennessee General Assembly officially recognized the great job they do caring for some of the state's youngest citizens.

The first ever Neonatal/Pediatric Respiratory Care Awareness Day was spurred by AARC member John Fischer, RRT, EMT-IV, C-NPT, who took the initiative and submitted a proclamation for the day to the state legislature last November. When he learned it had been accepted at the end of February, he organized an event at the capitol building and invited all of the other neonatal-pediatric respiratory therapists at hospitals in the Children's Hospital Alliance of Tennessee to attend.

"The therapists who care for and treat neonatal and pediatric patients are without a doubt a very special group of people within the world of respiratory care, so I figured, there's no better group to lead our profession in a positive direction than the neonatal/pediatric respiratory care providers," says the respiratory care

quality and clinical education coordinator for pediatric emergency and pediatric critical care at Monroe Carell Jr. Children's Hospital at Vanderbilt in Nashville.

With only a couple of weeks between approval of the day and the day itself, Fischer, who also serves as co-chair of the Tennessee Society for Respiratory Care (TSRC) Governmental Affairs Committee, scrambled to get everything ready. TSRC President-elect Pam Ditto, MBA, RRT, CPFT, drove three hours from Johnson City to attend, and other RTs in the state also reorganized their schedules to be there.

AARC member Cheryl Burney-Jones, MHA, RRT, associate director of respiratory care at Monroe Carell, says the roll out was a huge success. "All the Children's Hospital Alliance of Tennessee hospitals were represented."

The group met with TSRC Lobbyist John Williams and Speaker of the House Beth Harwell during the event. They were officially acknowledged during the House Senate Commerce Committee meeting by their sponsor for the day, Sen. Jack Johnson.

"Respiratory care has so much potential for growth and advancement within our state, but, just as with anything that grows, you must first plant the seed," says Burney-Jones. "On March 15, neonatal/pediatric respiratory care 'planted its seed' for the State of Tennessee and we will continue to work together to grow, expand our profession, and optimize the care we provide to our children."

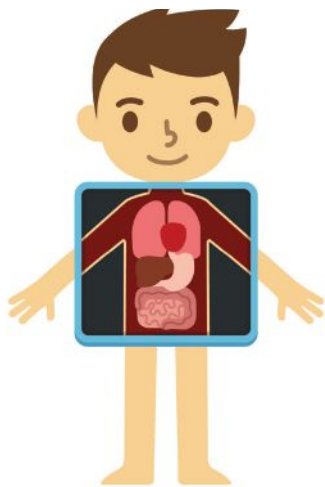
Fischer believes the event, which will now take place every year on or around March 15, will benefit everyone working in respiratory care. "My goal is that this proclamation will be a positive step forward not just for neonatal and pediatric respiratory care but for the entire profession of respiratory care." ■



Lung Ultrasound Equals Chest X-Ray in Kids

In a study that compared lung ultrasound to chest x-ray in 191 children from birth to age 21 who were being evaluated for pneumonia in the emergency department, researchers from Mount Sinai Hospital have found that lung ultrasound is both safe and effective.

The patients were randomly assigned to an investigational arm that received a lung ultrasound, and if the physician needed additional verification, a chest x-ray, or a control arm that received a chest x-ray followed by a lung ultrasound. Results showed a 38.8% reduction in chest x-rays in the investigational arm with no missed pneumonia cases and no increase in adverse events. Reduction in chest x-rays in the investigational arm



resulted in an overall cost savings of \$9,200 as well, and ED length of stay declined by 26 minutes.

As more handheld ultrasound machines come to market, the investigators believe lung ultrasound may become the preferred choice for the diagnosis of pneumonia in children. The study appeared in a recent edition of *CHEST*. ■

AARC Members Moving on Up

Lee Clinton, MBA, RRT, FACHE, has been named CEO of Titusville Area Hospital in Titusville, GA. He comes to the position from Perry County Health System in Perryville, MO, where he served as chief operating officer.



Donald Peace, Jr., PhD, RRT, FACHE, has taken on the role of dean of allied health at the newly formed College of Health Professions at Anderson University in Anderson, SC. In addition to serving as an RT, Peace has worked as the regional director of the South Carolina Department of Health and Environmental Control and as director of community health clinics for AnMed Health.

Amy Bardin-Spencer, MS, RRT, VA-BC, has received the 2016 Suzanne LaVerre Herbst Award for Excellence in Vascular Access from the Association for Vascular Access. Among other accomplishments, Bardin-Spencer pioneered the first RT-based PICC teams and first RT-based central venous access programs in Arizona. ■

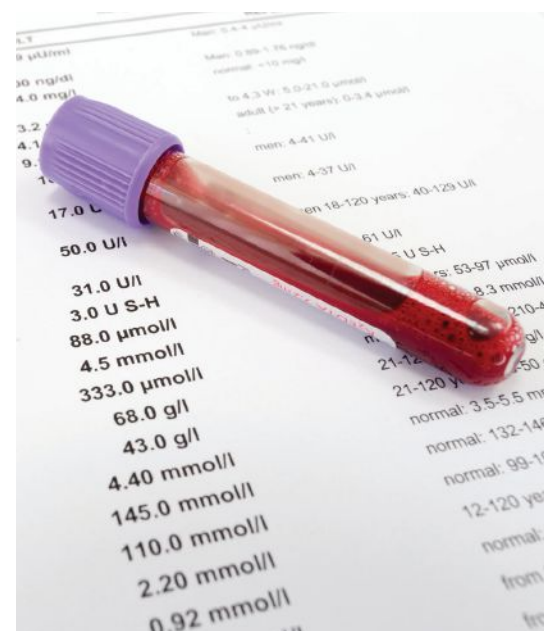
Study Points to Possibility of a Blood Test for Asthma

A new study out of Penn State suggests microRNAs (miRNAs) might form the basis for a blood test that can accurately diagnosis asthma.

The investigators began their research by looking at miRNAs in the blood of 79 people who either had asthma, had nasal allergies but no asthma, or had no nasal allergies and no asthma. After zeroing in on 30 miRNAs important in allergies and asthma, they found different expression patterns among the three groups, and based on these patterns, they were able to predict with 91% accuracy whether a person had asthma.

Because two main clusters of miRNA expression were correlated with different levels of eosinophil immune cells, they also believe the test could distinguish between asthma subtypes and help determine which treatments will and won't work for a given patient. Because miRNAs are also often involved in the development of disease, they could serve as potential new drug targets.

"Our goal is to have a blood test for asthma developed in the next five years," study author Dr. Faoud T. Ishmael was quoted as saying. "You might be able to take a drop of blood from a finger stick and analyze it in the clinic to determine whether someone has asthma at that visit. That would be the ultimate goal." ■



More “Big Data” Falls Short in Predicting Readmissions



Usually, having more information about a patient is better, but University of Texas Southwestern investigators found that was not the case for predicting 30-day readmissions. Their study of discharges between November 2009 and October 2010 from six diverse hospitals in North Texas found that including electronic health record data from the entire hospital stay was only marginally better at identifying those who would eventually be readmitted than data from just the first day of the hospital stay.

“More ‘big data’ alone did not make much of a difference,” reported study author Dr. Ethan A. Halm. “Better models for predicting readmissions will require ‘better data’ on things like psychosocial and behavioral factors that are not currently captured in electronic health records.” The *Journal of Hospital Medicine* recently published the study. ■

Strange But True...

From game room to clinic: British researchers are working on a new respiratory assessment device that uses Xbox Kinect sensors to create a 3D image of a patient’s torso, enabling providers to measure and assess how the chest wall moves. Investigators say it is as accurate as spirometry in assessing lung function.



Beneficial CO? In a study aimed at learning more about potentially therapeutic levels of carbon monoxide (CO), researchers from the University of San Diego have found that marine animals like killer whales and elephant seals exhale the gas at levels equivalent to, or greater than, that exhaled by the typical multi-pack-per-day smoker. Now they want to discover how CO benefits these creatures and whether or not those benefits can be applied to humans.

No level too low: A graphene-based sensor and switch is being tested by British and Japanese investigators to detect individual carbon dioxide and volatile organic compound molecules in buildings and other indoor places. The atomically thin device may one day help battle the condition known as sick building syndrome.



As Seen on AARConnect

Have you looked at what your colleagues are talking about on the AARConnect discussion lists? You might find an interesting tidbit you can use in your area of respiratory care or maybe answer a question someone has asked. Here is an example of a dialogue we found on AARConnect while preparing this edition of the magazine.

AARConnect...

Have you used any resources to determine how you calculate staff assignments? We currently are assigning one point for every 15 minutes of treatment workload. How much time do you assign for a standard nebulizer treatment, for instance?

Rick J. Dennis, RRT
Woodlawn Hospital
Rochester, IN

There used to be a manual for calculating RT time that we used and it used the same calculating figures you are using. I still currently look at this for staffing purposes. I look at how long it takes to actually do the procedure in a normal situation. So for nebulizer treatments this would be like an albuterol. I give two points, as by the time you assess your patient, set up the neb, run the treatment, do your charting, and reassess, it should be about 30 minutes. Fifteen for the treatment and 15 for the assessment and charting. That may be a little long but I'd rather run slightly long than short and rush my therapist to do a poor job.

Kathy Weaver, CRT
Pawnee Valley Community Hospital
Garfield, KS

I just sent copies of our staffing matrix to your email. We developed these forms a couple of years ago. They give us a starting "ballpark" staffing level that is then adjusted based on clinical judgment by the lead therapist.

Cheryl Hoerr, MBA, RRT, CPFT, FAARC
Phelps County Regional Medical Center
Rolla, MO

The 5th Edition Uniform Reporting Manual (URM) was revised in 2012/2013 and has statistically validated time standards for most of the procedures within our scope, inclusive of pulmonary rehab, PFT, and sleep/diagnostics. It also includes productivity worksheets and tools ready to use. Recently I have worked with centers that use variations of the URM standards, or point systems . . . bottom line is, having some way to quantify labor demand remains important. You can get the 5th edition through the AARC Store. I think the problem most struggle with is the URM has time standards for anything that had a "statistically valid" response in the survey of departments, and most of us do not capture much of what is in the URM. My advice is to consolidate or group procedures and focus on the 40% of procedures that likely make up 80% of your work. Keep it simple, especially if you do not have an RC information system to assist in activity capture.

Richard Ford, BS, RRT, FAARC
University of California San Diego Health
San Diego, CA

We still do the same process for staffing assignments; however, we are moving in the next three months to staffing assignments via time standards provided by the AARC. The staff will receive their assignments in units of minutes of therapy. I will be happy to show you the spreadsheet we have developed; it is not ALL inclusive of therapies, as we are still working to add all therapists and procedures and to give it the time standards as assigned by the AARC. We are excited to implement this process, we just have not fully executed the plan for implementation.

Christy Clark, BSRT, RRT
Tallahassee Memorial Healthcare
Tallahassee, FL

Here's our staffing spreadsheet. Each work unit is 15 minutes of RT time: one unit for each HHN, six for vents, 1.5 for IPV, etc. We try to get staff around 40 work units per 12-hour shift. If less than 40, we call off.

Scott Crego, BHS, RRT
Medical University of South Carolina
Charleston, SC

We have a homegrown ACCESS dB that calculates for us based on "tweaked" AARC time standards. If anyone is familiar with ACCESS let me know, and I'll forward directly. It works by staff populating their workload by the area(s) they're covering.

James Cleaves, RRT, CPFT
University Hospital
Newark, NJ



Tweet2Quit

Could Twitter be the answer to increasing smoking cessation rates? According to researchers from University of California at Irvine and Stanford University, the answer may be yes. They found smokers using a Twitter-based smoking intervention called Tweet2Quit were twice as likely as those in traditional programs to be smoke-free at 60 days, 40% versus 20%.

Tweet2Quit combines automated messages delivered to small, private, virtual self-help groups of smokers who are motivated to quit via Twitter. The messages are based on clinical guidelines for smoking cessation and employ positive, open-ended questions that encourage online discussion, such as “What will you do when you feel the urge to smoke?” On average, about 23% of tweets were in response to these automated texts, while 77% were spontaneous.

The study was funded by the National Institutes of Health, which has now given the research team another \$2.5 million to continue the investigation. The researchers plan a larger trial with bio-confirmed abstinence and will also look at the potential of social media to encourage and support small, virtual self-help groups for other health promotion and disease prevention initiatives like weight control and exercise. The investigators reported their findings in a recent edition of *Tobacco Control*. ■

Contribute to Our “Transitions” Column

The AARC “Transitions” column is devoted to sharing news about the passing of AARC members.

You can submit news about your colleagues’ recent passing by going to <http://c.AARC.org/transitions>. Please provide any information about the member’s recent obituary so that we can share it with the membership and pay tribute. ■

E-Cig Searchers Aren’t Usually Looking To Quit

E-cigarettes have been touted as a way to help people kick the smoking habit, but a new study from investigators at the University of North Carolina suggests that people looking to buy these products aren’t really interested in quitting. The researchers arrived at that conclusion after analyzing Google searches for e-cigarettes. Fewer than 1% were focused on smoking cessation or the health effects of e-cigarettes.

More commonly, people searching for e-cigarettes were using terms like “buy,” “shop,” or “sale.” “Vape” and “vaping” were common search terms as well.

The study covered search trends from 2009 through 2014. Results also showed a dramatic rise in the number of searches related to e-cigarettes during that time period. Between 2010 and 2014, the number rose from 1,545,000 to 8,498,000. The study appeared in the *American Journal of Preventive Medicine* earlier this year. ■




An Exception to the Rule

Exercise is good for patients with COPD, right? Many studies on pulmonary rehabilitation programs have borne that out, but a new study out of Yale University School of Medicine finds there may be an exception to the rule.

Investigators randomized 1,635 community-dwelling people with a mean age of 79 who had mobility problems in either an exercise group or a health education group. No differences in dyspnea severity, FEV1, or maximal inspiratory pressure were noted between the two groups, but patients in the exercise group were significantly more likely to experience a respiratory hospitalization, particularly an acute exacerbation of obstructive airways disease. The authors conclude people with mobility problems may not benefit from exercise. The study was published in the March edition of the *Journal of the American Geriatrics Society*. ■


Industry Update

Featuring information on products and equipment from manufacturers



Weight training for Respiratory Muscles

The Breather®
Inspiratory/Expiratory Muscle Exerciser

 **Instrumentation Industries, Inc.**
Since 1967 **1-800-633-8577**
www.iiimedical.com

HUDSON RCI®

Redefining patient humidification with every breath



Neptune® Heated Humidifier

Introducing **ConchaSmart™ Technology**


Learn more at ActiveHumidification.com

Teleflex®

© 2014 Teleflex Incorporated. All rights reserved. 2014-3044

Pulmonary®

Blom® Tracheostomy Tube System



The Blom® Tracheostomy Tube System features the Subglottic Suctioning Cannula which includes a suction line on the outside of the disposable inner cannula.

This suctions the secretions above the cuff of the Blom Trach Tube through the fenestration.



Visit www.pulmonary.com for more information



NEW!

Show Your AARC Pride with the AARC Visa® Prepaid Debit Card

Each time you use your AARC Debit Card, a portion goes to the American Association for Respiratory Care!

There's no interest to pay and no credit check is required. Best of all there's NO fee to apply, NO activation fee and NO fees for online or telephone customer service.¹

Apply now: c.aarc.org/go/debit

¹While this feature is available for free, certain other transaction fees and costs, terms and conditions are associated with the use of this card. See Cardholder Agreement for more details.
Monthly fee: \$3.95, waived if total load amount per month is a minimum of \$800
ATM withdrawal: \$2.50 • ATM balance inquiry: \$0.75 • Other fees may apply
The AARC Visa Prepaid Debit Card is issued by MetaBank®, Member FDIC, pursuant to a license from Visa U.S.A. Inc.



Calendar of Events

Advertiser Index

AARC & State Society Programs

August 3-5

Biloxi, Mississippi

Tristate Respiratory Care Conference

Contact: <http://www.tsrcc.net>; Raymond Pisani, (985) 518-3346; tristaterespiratorycare@gmail.com

September 6-9

W. Columbia, South Carolina

SCSRC Annual Conference

Contact: treasurer@scsrc.org, (803) 936-7511

September 8-9

Verona, New York

36th Annual NYSSRC Symposium

Contact: <http://www.nyssrc.org>

September 15-16

Daniels, West Virginia

Annual Fall Health Care Conference

Contact: Cynthia.keely@gmail.com; www.wvsrc.org

September 22-23

Muncie, Indiana

Respiratory Therapist: Secret Agents of Healthcare

Contact: marytodd25@yahoo.com, (812) 779-6842

Submissions for the next available issue are due June 22.

For information on submitting calendar events, contact: Beth Binkley, AARC Times 9425 N. MacArthur Blvd, Suite 100, Irving, TX 75063-4706 (972) 243-2272 Fax (972) 484-2720 E-mail binkley@aacrc.org

Company Name	Pg #
Airon (888) 448-1238 www.AironUSA.com Booth 225	8
Alere (877) 441-7440 www.alere.com Booth 803	11
CareFusion www.carefusion.com/Clarity Booth 1012	7
Independence University (800) 267-5011 www.independence.edu/bsrc Booth 540	9
IngMar Medical (800) 583-9910 www.ingmarmed.com Booth 1200	13
Mallinckrodt www.inomax.com Booth 600	3
Masimo www.masimo.com Booth 813	C4
Teleflex www.comfortfloplus.com Booth 623	C2

To advertise, contact: Phil Ganz, 48 Abbey Woods Ln., Ste.100, Dallas, TX 75248, Voice (972) 991-4994, Fax (888) 206-9006, phil.ganz@aacrc.org. Or contact Beth Binkley, Advertising Assistant, Daedalus Enterprises, Inc., 9425 N. MacArthur Blvd., Ste. 100, Irving, TX 75063-4706, (972) 243-2272, Fax (972) 484-2720, binkley@aacrc.org.

AARC Times Classified Advertising Information & Requirements:

Classified Word Advertisements

AARC Members: \$50 for 50 words or less; each additional word, \$1. Free Internet placement. Nonmembers: \$60 for 50 words or less; each additional word, \$1.20. Listings are categorized by state. Following the state listings are United States/International, For Sale/For Rent, Miscellaneous, and Situations Wanted. All copy should be typed double-spaced. All ads will be set in 8-point type. To calculate the cost per advertisement, a "word" is considered to be one or more letters, numbers, or special characters with a space before and after.

Ads are featured on the AARC website for one month after publication. Ad may only be placed on the website with an insertion order for placement in an AARC publication. Ad is noncancelable after placement on the website. NOTE: AARC Times reserves the right to refuse any advertisement not directly relevant to respiratory care. AARC Times does not endorse any advertiser, its positions, practices, services, or products.

We reserve the right to make editorial changes for reasons of clarity and consistency. Every effort is taken to avoid mistakes, but AARC Times cannot be responsible for clerical or printing errors. **Deadline for Ad Placement/Cancellation** Deadline for ad placement and written cancellations for the next available issue is the 22nd of each month. Blind ads available. **For Recruitment Advertising Information, Contact AARC Respiratory Jobs** • Respiratory.Jobs@aacrc.org (972) 243-2272 • Fax (972) 484-2720 4925 N. MacArthur Blvd., Ste. 100, Irving, TX 75063

Recruitment Display Advertisements

For Recruitment Display Ad Rates, go to www.aarc.org/marketplace/media_kit/media_planner_2015.pdf, or contact AARC Respiratory Jobs • Respiratory.Jobs@aacrc.org • (972) 243-2272 • Fax (972) 484-2720 4925 N. MacArthur Blvd., Ste. 100, Irving, TX 75063.



Reborn as an RT?

by Lou Kaufman, BS, RRT-NPS, AE-C, FAARC

Respiratory care saved my life, but not in the usual sense of resuscitation, ventilator management, or oxygen therapy. More accurately, it gave me my life.

In 1971, I was floundering. I had a degree in business — had tried retail, real estate, and management — but was not happy. I was a member of the volunteer rescue squad in my community and really enjoyed that. A friend suggested I try working in the medical field and let me know that Washington Hospital Center in Washington, DC, was hiring on-the-job trainees in “inhalation therapy.” When I got the job in August, I discovered my calling in life.

Registry #2315

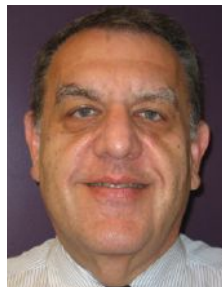
Many of my co-workers at that first job were Mennonite conscientious objectors to the Vietnam War who had completed the last hospital-based training program to prepare for the registry. What a terrific team and learning experience. Of course, we did things that are unheard of today. Most equipment was reusable, so we washed and prepared for sterilization ventilator tubing, high-volume nebulizers, and even suction collection jars! Stacked intermittent positive pressure breathing (IPPB) treatments were the norm, and only two therapists covered the night shift in our 900-bed hospital with 50 ICU beds.

In 1972, I met and married Diane, an RN who worked nights and went to class and did clinical rotations on days at Washington Technical Institute. Because I had completed many course prerequisites, I was able to graduate in 1973. When my brother met me at the airport on my return from taking the oral registry exam in San Francisco, he was waving an envelope. In it was a letter welcoming me to the American Registry of

Inhalation Therapists and assigning me registry number 2315.

Our chief therapist, Wilmer Z. Good, registry number 215, prepared us for our futures. Many of us moved on to manage our own departments. I accepted the director’s position at a hospital on Capitol Hill. On my first day, I replaced the sign on the door to the one-room office. “Oxygen, Orthopedic Therapy, and Morgue Technicians” became “Respiratory Therapy.”

about the author...



Lou Kaufman, BS, RRT-NPS, AE-C, FAARC

No place like home

During my first 20 years in the profession, my career included adult critical care, education, management, and transport. In 1992, I accepted a position in home care. The equipment and work was so different, that it was like starting a new career. Adult and pediatric ventilator patients were at home in their mini intensive care units (ICUs). Caregivers were parents, friends, and other relatives. Patients had few hospitalizations and lower infection rates than those in the ICUs.

For me there was “no place like home.” Starting as a staff home care therapist in 1992, I retired at the end of 2012 as vice president of patient services at Roberts Home Medical, a large regional durable medical equipment supplier. The opportunity to meet and work with leaders of the AARC, researchers, manufacturers, and government agencies was wonderful. My career included several research projects and presentations at regional and national educational meetings. It was a blessing to work for an owner and corporation president who shared my passion for excellence. Safe and quality home care improves outcomes and lowers medical costs.



Lou Kaufman enjoys teaching his grandchildren about his volunteer work with the local fire department.

Never stop learning

My education continues with RESPIRATORY CARE and other journals. We help friends navigate the mine-

field of Medicare and insurance reimbursement. I serve my community as an emergency medical technician and president of our local volunteer fire department. Both of our children work in health care. Our son is a firefighter/paramedic and Registered Nurse, and our daughter is a researcher on tobacco cessation. We have three grandchildren, a 13 year old, a six year old, and an infant who will be four months on July 21.

It's been a wonderful life and I cannot imagine doing anything differently. If I were to have a few words of advice for those who are coming up behind me they would be: commit to providing safe and quality patient care, commit to excellence, and commit to never stop learning. ■

Editor's Note: Lou Kaufman, BS, RRT-NPS, AE-C, FAARC, is a retired respiratory therapist and AARC member. If you have retired, we would like to work with you to craft a story about your life and respiratory care career for our "Reflections" column. Contact AARC Times Editor Marsha Cathcart at Cathcart@aacrc.org and write "Reflections" in the subject line.



Build Your Tobacco Intervention Skills

Learn how to help your patients quit smoking and earn 5.0 CRCE.

Acquire the expertise to talk with people regarding tobacco use. Learn effective methods in approaching the difficult conversation of tobacco cessation.

Learn more: <http://c.aarc.org/go/cessationcourse>



Now Available!



Current Topics in Respiratory Care

DVD Series for Team Development and Continuing Education

(2016 Series replaces the legacy Professor's Rounds Series)

Presented by the leaders in respiratory care, this series is designed to cultivate high-performing respiratory therapists who are equipped to educate patients and implement best practices. Participant earns 1 CRCE per program.

PROGRAM SERIES (8 DVDs)

Order Item # CT2016S
Member \$459
Non-member \$499

INDIVIDUAL PROGRAMS

Member \$89
Non-member \$99



Earn Up to 8 CRCE

LEARN MORE ABOUT CURRENT TOPICS PROGRAMS:

<http://c.aarc.org/go/topics2016>



2016 - 8 DVD Series

PROGRAM 1

Infection Prevention: Translating Science into Practice By Cheryl Hoerr, MBA, RRT, CPFT, FAARC

PROGRAM 2

Preventing Post-Procedural Respiratory Depression By Lori Conklin, MD

Sponsored by **Medtronic**
Further, Together

PROGRAM 3

Controversies in Mechanical Ventilation: Low Tidal Volume Strategies By J. Brady Scott, MSc, RRT-ACCS, FAARC

Sponsored by **Dräger**

PROGRAM 4

Palliative Care: Addressing Symptom Management in Pulmonary Patients By Paul Selecky MD and Helen Sorenson MA, RRT, FAARC

PROGRAM 5

Impact of Comorbid Conditions on Obstructive Sleep Apnea By Karen Schell DHSc, RRT-NPS, RRT-SDS, RPFT, RPSGT, AE-C, CTTS

PROGRAM 6

E-Cigarettes: The Science Behind the Smoke and Mirrors By Nathan Cobb MD

PROGRAM 7

Monitors: Improving Safety or Increasing Risk? By Charles Durbin Jr., MD, FCCM

Sponsored by **Dräger**

PROGRAM 8

Disease Management and the Respiratory Therapist By Timothy Myers, MBA, RRT-NPS, FAARC



Radius-7™

Untethered Continuous Patient Monitor

Radius-7 for the Root® Patient Monitoring and Connectivity Platform allows for patient mobility while enabling continuous monitoring.



Each Radius-7 comes with two rechargeable, "hot-swappable" modules with short-range communication to Root.



- > Breakthrough Measurements
 - Masimo SET® Measure-through Motion and Low Perfusion™ pulse oximetry
 - rainbow Acoustic Monitoring™ with Acoustic Respiration Rate (RRa®)
- > Small, lightweight, and wearable for untethered monitoring and ambulation
- > Integration with Patient SafetyNet* for surveillance monitoring

www.masimo.com

© 2016 Masimo. All rights reserved.

Caution: Federal (USA) law restricts this device to sale by or on the order of a physician. See instructions for use for full prescribing information, including indications, contraindications, warnings, and precautions.



* The use of the trademark PATIENT SAFETYNET is under license from University Consortium.

Visit Booth 813 at AARC Congress 2016