

Winter 2000

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PRESIDENTS MESSAGE

**Jessica
Christopherson**

Passion, Accountability and End Results

This is my last President's Message, and I can only hope that I have caused some discussion and thought over this past year. We have so much to do as a profession, and in the state of Minnesota. It seems a never ending process yet sometimes we come so close to feeling like we have accomplished something big, but in reality we have just made some steps toward the goal.

I have so many hopes and dreams for this profession, but what I really have is Passion. I can see so many things that we could do to make a difference for our patients, the community, and even for ourselves. The problem is that we sometimes don't see the 'big picture' we get caught up in the mundane daily issues.

My spirits always rise when the students arrive for clinicals. They are so excited to learn, and have the promise of the future in their smiles. Why do we lose that hope? Is it because we become complacent?

Or we become disheartened when things don't go our way that we give up too easily? Great things are never easily accomplished, and we appreciate them so much more because of the hard work that went into it. Each and every one of us comes with an attitude that sets the tone for the day. That attitude is what dictates how people treat you, and how they perceive you. This is where "emotional IQ" comes into play on how successful you will be in your daily interactions.

"My spirits always rise when the students arrive for clinicals. They are so excited to learn, and have the promise of the future in their smiles. Why do we lose that hope?"

Having passion for your career and for life in general is very apparent to people around you whether they know you or not. When you have passion and people know it. You may start to notice things like this:

- People ask your opinion more often and listen intently.
- People want to help you achieve your goals.
- Your enthusiasm can be contagious and everyone wants to jump on the bandwagon
- You are considered a "team player".
- If it's for a cause that the majority perceives as the "right thing to do" the world as you know it can change.
- You are requested to be on committees.
- In general people just want to be around you because "You are a positive influence", and people know that you "get things done".

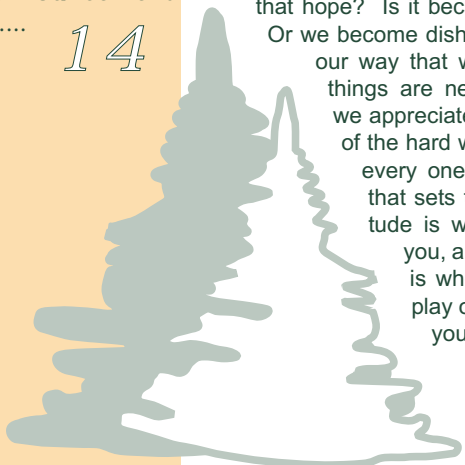
Just this week I had the opportunity to try and influence people/peers to "do the right thing". The AARC has been working diligently with each state's PACT team members to inspire their membership to write or e-mail their state and national representatives on the following initiative.

The AARC is working to include language in a congressional committee's report (either the Senate Finance

Committee, or the House of Ways and Means Committee, or the House of Commerce Committee) that would allow Respiratory Therapists to be used as substitutes when respiratory therapy is furnished as part of a plan of care.

Under the Social Security Act, "home health services" include the following:

- Part-time or intermittent nursing care;
- Physical or occupational therapy, or speech-language pathology services;
- Part-time or intermittent services of a home health aide;
- Medical supplies and durable medical equipment;
- Medical services provided by an intern or resident-in-training, and
- Certain outpatient items and services.



*Passion, Accountability and
End Results.....Continued from page 1*

Although respiratory therapy is not specifically included, the Health Care Financing Administration (HCFA) considers certain respiratory therapy services as skilled nursing services, and will cover these services when provided as a part of a plan of care by a licensed nurse or physical therapists.

The AARC is asking respiratory therapists whose Members of Congress serve on any of these three committees to write them supporting inclusion of the following language in their committee's report:

"A Respiratory Therapist may be utilized as a substitute when respiratory therapy services are furnished as part of a plan of care by a licensed nurse or physical therapist under the Medicare Home Health Services Benefit (Section 1861 (m) of the Social Security Act). The use of a respiratory therapist as a substitute in this regard does not infer additional costs upon the Medicare program."

I am urging all of you as Respiratory Therapists to compose letters and this can easily be done by going to <http://www.aarc.org/advocacy/pact>, and click on the Capitol Connection link. Follow the directions under the Legislative Alert.

Once again here is an opportunity to see what the AARC/MSRC membership can do for you. Many of your elected MSRC officials have already sent their letters and e-mails. These are people who are committed to the profession of Respiratory Care and most of all to YOU (the member). This is your chance to show your passion and commitment, and to "Make it Happen"! Leaders will always rise, and make a difference if there is a noble cause. Folks, I think we have one.

On a personal note I have enjoyed my year as president, and have gained so much insight and inspiration from many of you that I have had the pleasure of meeting. Thank you for believing in me and for the record I have always believed in (us).

Jessie

RCP of The Year

I'm Honored to present Respiratory Care Practitioner of the Year Award for the year 2000, to David Hardy, of Mayo Clinic in Rochester, MN.

Each year, the Minnesota Society for Respiratory Care, and the Minnesota Thoracic Society recognize an individual from a list of nominees for their outstanding contributions to the practice of Respiratory Care.

David Hardy has practiced Respiratory Care for over 20 years, and currently serves as a clinical specialist in the Chronic Ventilator Unit at St. Mary's Hospital in Rochester. In addition to the in hospital practice, he also makes home follow up visits to local patients discharged from the unit, to ensure that the patients respiratory needs are being met.

David was also recently awarded the "Karris Award", which is the highest form of recognition an individual can receive for excellence in patient care at St. Mary's Hospital.



The Bronchus is the official newsletter of the Minnesota Society for Respiratory Care, and an affiliate of the AARC. Published in Minneapolis, Minnesota. The Bronchus welcomes articles from respiratory therapists, physicians, nurses, and other health care personnel interested in pulmonary care.

Co-Editors _____ Jane Hagstrom
 _____ Shelly Klein
 Circulation Coordinator _____ Roberta Retting
 Advertising Manager _____ Sharon Hansen

All materials for publication should be in: MS-Word, Illustrator or Quark XPress format sent via E-mail to:

The Bronchus:

Shelly Klein: sklein1356@aol.com
Jane Hagstrom: mmhags@gateway.net

Deadline for submission of articles for Spring 2001 are: Feb, 1st

Change of Address?

If you change your address or are having problems receiving *The Bronchus*, please notify the MSRC c/o:

Roberta Retting
 2828 E. 46th St. • Inver Grove Heights, MN 55076 (651) 457-5396

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Delegates Report

by: **John T. Wheeler RRT/RCP
& Denise Johnson RRT/RCP**

The highlights from the Fall Delegate's meeting held in Cincinnati, October 5-6, 2000, are as follows:

AARC President Gary Kauffman discussed the challenges that have been realized this past year. Leadership development: we are having difficulties in getting people to run for office and devote the time required. How can we develop these skills to people in positions to lead? This is a problem from the national and states perspective. Nine individuals were approached to run for AARC president elect, only one person had the time and support from their employer. President Kauffman suggests a very personal touch when discussing and approaching people for leadership roles/mentoring. In addition, he included the goals set forth within the AARC strategic plans;

1. **Validation of the science of respiratory care, promotion of respiratory therapists as best providers of respiratory care.**
2. **Promote respiratory therapists and the profession.**
3. **Assurance that the AARC has the resources to meet the needs of its members through:**

- **Personal contacts resulting in stabilization of membership numbers for the first time in 3 years.**
- **Initiation of a website CEU program.**
- **24% increase in reimbursement for pulmonary related resource utilization groups (RUGs).**

President-elect Carl Wiezalis reported through his theme "Invest In Your Future" he plans to address:

- **Personnel in the schools**
- **Programs being shut down, which are resulting in staffing shortages in the hospitals**

His Goals for 2001:

- **Continue work of AARC following the strategic plan**
- **Revitalize professional motivation**
- **Create an interdisciplinary approach in promoting healthcare**

His plans are to create Ad Hoc committees for case management, disaster relief, and a special committee on leadership development. Opportunities in working with the EPA on environmental and personal health will be undertaken, along with working with the tobacco research project.

"We were very proud to offer our states' donation of \$500 to the AARC Disaster Relief Fund."



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 **FAIRVIEW**
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Jill Eicher, governmental affairs discussed the importance of the letter writing that we have been asked to participate in recently. Reimbursement issues of pulmonary rehab and home care are at the forefront of our efforts. This is a serious threat to pulmonary rehab programs. The issue of home care is fairly straightforward, we only need to get language supporting respiratory care delivered by respiratory therapists in committee reports. It does not need to be in the actual legislation. The AARC has developed an excellent resource for letter writing to our legislators.

The decrease in our membership numbers have leveled off. It is strongly recommend that each state affiliate direct and redirect their membership committees to initiate and continue efforts towards recruitment. Personal contacts are still felt to be the best approach.

PACT (Political Action Contact Teams) are now more important than ever, as evidenced by the recent need for contacting senators and representatives concerning respiratory care issues, (reimbursement for home care services and pulmonary rehab). Each state should have a contact with the local fiscal intermediary. We were, again, asked to be supportive of the PACT efforts at our state level by active participation. Each state should develop a speaker's bureau to be able and ready to go out and address issues to consumers and other politically active groups (i.e., AARP). The goal is to get the word out supporting the use of the best-trained individuals giving the care that they are trained for; respiratory therapists delivering respiratory care.

We were very proud to offer our states' donation of \$500 to the AARC Disaster Relief Fund. We would like to thank our state society for allowing us to represent Minnesota at this exciting and informative meeting. If you have any questions or concerns please feel free to contact us.

Editors Note

by: Jane Hagstrom & Shelly Klein

As we prepare for our last issue, as Editors of the Bronchus, we can't believe how the time has flown. Three years ago, we were approached to co-edit the MSRC newsletter. We were naïve to think it would be an easy task. As the months went by and issues were edited, we found our groove and soon were comfortable with the title, Editors. As each issue rolled off the presses, our job got easier and our awareness of the importance of this organization became more evident. We thank all of you who have supported us. Whether it is writing articles, taking pictures, cheering us on, it was truly an MSRC community effort. We especially want to thank Pam Clifton, Editor Emeritus, for getting us started, Denise Johnson and Bob McCoy for believing two can be as good as one, and the MSRC Board Members (past and present) for your words of encouragement and grace when mistakes were made. In the past three years, many of you have commented on how the Bronchus has "risen to new heights"



The MSRC and the Minnesota respiratory community wish to thank Sharon Hansen, Shelly Klein and Jane Hagstrom for all that they have achieved with the Bronchus.

and that we have been financially responsible with each issue. Those two achievements have been made possible not by us, but by people who are usually in the background and not around to share in the kudos. Sharon Hansen, Advertising Manger, and the advertisers are the reason the Bronchus has been so successful. Sharon's commitment and hard work; taking care of our many loyal advertisers and bringing new businesses to our pages, is the reason for our success. Let's face it; if you don't have advertisers, you don't have a publication. So to you Sharon, thank you, thank you, thank you. It has been more than a joy to work with you. Your humor and positive attitude kept us going. To all of you within the MSRC organization; thank you for your trust. It has been an honor to serve you.

Co-editors: Jane Hagstrom Shelly Klein



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- National Commission of Sleep Disorders Research Report to United States Congress, January 1993.



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- National Sleep Foundation Omnibus Sleep in America Poll. March 2000.



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MNACVPR Update

The Minnesota Association of Cardiovascular and Pulmonary Rehabilitation (MNACVPR) is looking for members who are currently providing Pulmonary or Cardiac Rehabilitation. We just completed our annual education meeting, which was held in Rochester. The 2001 meeting will be a National meeting and will be held in Minneapolis.

The goals of the Minnesota Association of Cardiovascular and Pulmonary Rehabilitation are:

- To provide professional education through the sponsorship and promotion of educational conferences, scientific meetings, and publications.
- To create a forum for information exchange and problem solving for cardiovascular and pulmonary rehabilitation professionals within the state.
- To encourage, coordinate and sponsor research that will enhance the understanding of cardiovascular and pulmonary rehabilitation through a holistic approach.
- To promote and increase public awareness of cardiovascular and pulmonary rehabilitation throughout the state.
- To support the efforts of statewide standardization of care in cardiovascular and pulmonary rehabilitation.
- To support the efforts of the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR), and other organizations having similar interests to those of the society. Comprehensive cardiac and pulmonary rehabilitation requires educated, organized, and dedicated team members.

Membership Benefits:

- Be a part of the state network of professionals dedicated to the advancement of cardiovascular and pulmonary rehabilitation.
- Receive the MNACVPR newsletter.
- Receive an Annual Membership Directory.
- Receive a State Reimbursement Manual.
- Attend the MNACVPR Annual Meeting.

Join the team! Support the effort!

Membership applications may be received by contacting Lisa Jacobson at 952-758-8158 or ljacobson@qofp.org.



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MSRC's Coalition of Respiratory Therapists for Asthma ~ 2000

by: Deb Haider

The directive we received from our President this year was "Make it Happen!" And that's exactly what the MSRC's Coalition of Respiratory Therapists for Asthma has been doing!

By the time you receive this newsletter, we will have already completed the highlight of our activities this year, which is a collaborative project with the Cub Pharmacists throughout Minnesota.

This project was developed out of our mission to increase asthma awareness and provide educational opportunities relating to asthma. One of our main concerns as a committee was the effective use of metered dose inhalers (MDI's), and the fact that valved holding chambers (VHC's) are not widely prescribed. Even when prescribed, patients are not always instructed properly in their use.

Our first thought was to work on having VHC's become a non-prescription device. We then learned through the literature and our research that VHC's actually affect particle size and density, deposition, and the amount of drug that is ultimately delivered to the patient's lungs. This is why the FDA requires a prescription for VHC's. Using a true VHC, such as the AeroChamber, versus a 5 inch flex tubing, will cause very different amounts of medication to reach the lungs, therefore affecting dosing.

We then pooled our contacts and talked with a member of the MN Pharmacy Association on working with pharmacists to dispense VHC's and instructing patients in their use. We ended up with a contact at Cub Pharmacy, which spurred the program we then embarked on.

Working collaboratively with the Cub Pharmacists and Industrio, (the MSRC's contracted marketing firm), we came up with a format for our program. The program included an instructional poster and pamphlet on using an MDI with a VHC, and a two hour educational program that took place on October 18, attended by Cub Pharmacists throughout Minnesota.

The goals of the program are:

1. To improve patient's skills in self-administering their inhalers.
2. To improve compliance with inhaled respiratory medications.
3. To improve treatment outcomes for people with asthma.
4. To provide a tool and assist Cub Pharmacists in instructing patients in taking metered dose inhalers and powdered dry inhalers (PDI's).

"This definitely illustrates how a small group of individuals with similar goals, motivation, and initiative can Make it Happen!"



To accomplish these goals, we developed a program in which we provided a one hour lecture on asthma, metered dose inhalers, powdered dry inhalers, and aerosol deposition. A one hour hands-on break out session which included stations for MDI's, PDI's, and peak flow followed. The highlight of the program was presenting the pharmacists with a poster to be used as a marketing tool.

The poster titled "Make Your Inhaler Work for You", has a picture of a person taking an MDI with an AeroChamber, as well as diagrams contrasting deposition of medication with and without a VHC. There are 8 easy steps detailed that a patient can follow on their own or the pharmacist can reference when instructing the patient. The poster contains the logos of the MSRC, Cub Pharmacy, and Forest Pharmaceuticals/Monaghan, so it did need approval by all of these organizations.

Much to our surprise, Monaghan liked the poster so much that they have ordered 8,000 of them to distribute with their literature. This was certainly exciting for us, as the message of our campaign and logo of the MSRC will be traveling throughout the country, reaching many more people who have the same goal of helping people with asthma. We also were able to decrease our cost for printing the poster dramatically.

This program has been one of the most exciting professional endeavors I have been involved with in quite some time. It definitely illustrates how a small group of individuals with similar goals, motivation, and initiative can "Make it Happen!" I really would like to thank all that were involved for their dedication and work on this project.

I know many more of you would like to share in the excitement and the invitation is always open to become part of the committee. If you would like information on the Coalition of Respiratory Therapists for Asthma's meeting schedule, or would like to inquire about ordering some posters, please contact Deb Haider at (763) 694-8830, or Lynne Bausman at (651) 232-2072.

The Students Corner



Students enjoying the
Ice Cream Social!



Sputum Bowl Cheer Winners
from St. Paul Tech. College
(Barb Klassen, Natalie Tangen, Janie Abbe & Jason Hyatt)



Hemholz Award Recipients 2000
Teresa Green, Dr. Hemholtz &
Cassie Veeder

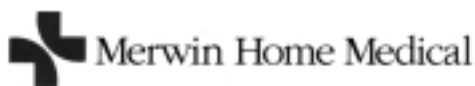
Job Fair
March 9, 2001, 9am-noon
Board Meeting 2pm

Student- Therapists Presentations
April 20, 2001, 12-2pm
Board of Directors meeting to follow
St. Catherines Campus, St.Paul, MN

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Allina Home Oxygen & Medical Equipment once again hosted the energetic Atomic Bowling at Recreation Lanes in Rochester. The 3rd Annual Event supported 16 teams with 8 trophies awarded.

MSRC Fall Retreat

**by: Ron Van Beusekom
President Elect**

The 3rd Annual MSRC Fall Planning Retreat is scheduled to take place November 16 and 17, 2000 at the Riverwood Inn and Conference Center in Monticello, MN. This forum provides an opportunity to begin the transition to the MSRC agenda for year 2001, while dedicating appropriate time to look at year 2000 in review.

The single largest event orchestrated by our association is the Annual Education Conference held each September. A successful annual meeting ensures the MSRC remains on solid financial ground, providing necessary funds for future education and philanthropic activities. Our Fall Planning Retreat opens on the evening of November 16th with a wrap up of this year's conference. Annual education committee members will critique the conference, including a review of the curriculum and the evaluations of the exhibitors and participants. This will provide valuable input for the 2001 planning committee.

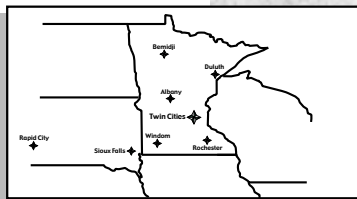
Friday, November 17 includes an opportunity to begin a seamless transition, including mentoring and planning for 2001 activities. Incoming officers, board members, and committee chairs meet with their incumbent counterparts for a full days agenda, including the final MSRC board meeting for year 2000, at which time the budget is approved.

As in the past, this year's program promises to be instrumental in providing continuity, focus and direction toward our 2001 activities.



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MSRC Annual Education Program

by: Cheryl Sasse

It happens every year, the third week in September, respiratory therapists from across the state descend on a chosen location for the MSRC Annual Education Program. This year the program was held in Rochester, MN on September 20-22, 2000 and was filled with the national expertise of many local physicians from the Mayo Clinic. We were also privileged to learn from our state health department, a therapist from Cincinnati, and a physician all the way from Spain! Over 230 people were registered plus 130 vendors exhibiting. And don't forget the fun....the annual golf tournament and sputum bowl were back along with a dance and bowling tournament!

To accurately award CEU credits, this year we trialed a sticker page for continuing education credit. The feedback was mixed. Some felt that as professionals, respiratory therapists could be trusted to claim CEU's on an honor system, as in the past. In contrast, others were encouraged by the sticker process, believing that it helped to ensure that CEU's were provided only for those sessions a participant actually attended. The planning committee will review these results and determine how to go forward. We know that this program is an opportunity for professional relationships to be renewed and for networking to occur and so we wrestle over how to balance that with the timeline of the conference and the number of continuing education credits.

What you see as a conference attendee is actually the result of a year's worth of planning. At the end of the conference continuing education credits need to be submitted to the AARC, evaluations need to be tabulated, and alas the planning begins for the next year! The evaluations provide a starting point for determining what works, what doesn't work and what topics should be pursued for next year. We need to hear back from you so that we can continue to provide a first rate educational program!

A huge thank you goes out to the vendors that generously support the MSRC by exhibiting and sponsoring speakers, breaks, meals, and events. Their support is essential to us. Another thank you to the planning committee that spends numerous hours coordinating, contacting and meeting. This committee is made up of MSRC members from homecare, industry, hospital, and pharmaceutical companies and a representative from the American Lung Association of Minnesota. Each planning committee member works on a part of the committee where their expertise is best used, whether it be working with the vendors, securing sponsors, arranging the meal service, contacting speakers or working with the facilities. We utilize suggestions from the entire committee and the evaluations to determine the topics and speakers. This year the two speakers scheduled for the Friday afternoon sessions were actually coming in for the mechanical ventilation conference scheduled for the weekend following our program. Because of a therapist thinking ahead, we were able to schedule these speakers, be fiscally responsible with MSRC funds and offer you up-to-date information concerning your everyday practice.

The 2001 Annual Education Program is scheduled for St. Cloud, MN on September 19-21st. We hope to see you there...or better yet get involved with the MSRC now!



Jesse Christopherson,
President
Opening Comments



Ron Van Beusekom,
President Elect
Closing Remarks
MSRC Annual
Education



Luis Blanc, MD
of Sabadell, Spain
Lectured on
Prone Positioning in
ARDS



Michael Krowka, MD
of Mayo Clinic
Lectured on
Emphysema:
When is it
Genetic?



"The Paparazzi"

at the
Annual Duffers
Tournament

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Sharon Hansen

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Brian Kelley
Julie McLaughlin
Ron Van Beusekom



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"dishing it up"

at the
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Ron Van Beusekom
Curt Merriman

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Midwest Medical

Club Phalanges
from
Fairview University

Kimberly Langer
Michelle Weis
Corey Backer

"Survey Says"

by: **Laurie Tomaszewski**
Annual Education Committee Co-Chair

The annual education conference "Too Hot To Handle" is over, and the planning committee is breathing a sigh of relief. We had a small, but energetic group of therapists who worked diligently to provide a successful meeting. A great idea was brought to my attention...respond to people's comments on the evaluation forms via the Bronchus:

1. Why have stickers for each speaker?

Continuing Education Units cannot be bought, they must be earned. Think of college credits; you don't get the grade by buying the credits, you have to earn the grade. It is very unprofessional when world-class speakers are presenting and people come in late, leave early, or don't show up at all.

2. Why have vendors on just one day?

We could not put on this conference without the support of our vendors, (and our vendor committee). Every year we ask our vendors what works best for them. They have chosen the one-day format due to multiple constraints on their time. We are grateful for their support, time, and energy.

3. How were the topics and physicians chosen?

Having the conference in Rochester lands us literally on the doorstep of world renowned physicians. We took advantage of their expertise and saved on paying travel expenses. We try to offer an assortment of topics that will appeal to a range of therapists and also sent our brochure to case managers. Rich Branson, RRT and Luis Blanc, MD were in Minnesota for the Marini Conference and they came a day early to speak at our conference. The AARC paid for Sam Girodano, RRT's presentation. The over-all rating for our speakers was a 4.33 out of a possible 5 points. Survey says...it was a good mix!

4. Why this and why that?

This is the single event that supports the MSRC through the whole year. The committee works within the budget to provide a great educational meeting with fun mixed in. We try to appeal to all; sometimes you hit the mark...sometimes you don't. Our Goal is to spend the Society's money wisely for the betterment of our membership. From your feedback it looks like we were successful! Thank you for attending!

Congratulations!

to the following MSRC Newly Elected Officials

President Elect:	Deb Haider
Vice President:	Laurie Tomaszewski
Treasurer:	Teresa Miska
Secretary:	Jeff Anderson
Board of Directors:	Lynne Bausman
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Important Dates for Upcoming Events.

MSRC 2000 - 2001

November 17th, 2000: 3rd Annual Fall Retreat, Board Meeting

January 19th, 2001: Frostbite Forum "Dare to be a Leader"

March 9th, 2001: Job Fair, St. Catherines Campus, 9-noon, Board Meeting 2:00 pm

April 20th, 2001: Student- Therapists Presentations St. Paul Technical College 12-2pm, Board Meeting, 2pm



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