

Summer 2017 Issue

The Bluegrass Breather

President's Address

The Challenge of Change

We've come a long way since the development of respiratory as a profession. When I started there were on-the-job trained therapists and one-year programs; now the minimum is a two year degree and movement is heading towards advanced degrees. We started as an unlicensed profession and I am proud to say we are a licensed clinical profession that specializes in diseases of the cardiopulmonary system. However, there is still a long journey before us. The challenge is in the path we take. Change is always difficult and yet to move forward it must be embraced. The questions are what change has happened and what change is yet to come.



The most recent change for Kentucky respiratory therapists was a structure change for our licensure board. Since 1990 the Kentucky Board of Respiratory Care was an independent board that had an executive director, administrative assistant and seven appointed board members. On June 1, 2017, the structure of our licensure board was changed. The KBRC along with other related

health care professions have been grouped together and report through a combined executive director to the Public Protection Cabinet (PPC). Under direction of the PPC Secretary Dickerson, the board has been restructured to just 5 members. It was the foresight of those who initially worked on our licensure to build into the statute the responsibility and privilege of the KSRC to recommend respiratory professionals to represent us on the board. This has not changed. However, our licensure law will need to be updated and the KSRC plans to be in the forefront representing the interests of all respiratory professionals working in Kentucky.

The KSRC will continue to move through the change that is coming. To be successful in representing therapists we need to hear your voice. This means advocating for respiratory health and the respiratory profession. The Government Affairs Committee continues to be a very active committee. Tom Cahill, Tina Siddon and I met recently with the Foundation for a Healthy Kentucky. We have been asked to join a new coalition being developed called the Coalition for a Smoke-Free Tomorrow that, when successful, will ultimately improve lung health of all those living and visiting Kentucky. We have to advocate for ourselves and our patients and be active in changing the #1 ranking Kentucky has in smoking, lung cancer and COPD. Working with and building an active relationship will help our profession in the future as people see our dedication and passion for our patients. Additionally, Tom and I spent a day at the Foundation for a tobacco tax summit. Finally, last week was the second Virtual Lobby Week to have our voices heard. Bills that are currently being considered in the House of Representatives include H.R. 2250, Medicare Telehealth Act, H.R. 2291 Helping Expand Access to Rural Telemedicine (HEART) Act, H.R. 766, Telehealth for Individuals Residing in Public Housing. Each of these bills under consideration will enable

respiratory therapists to be recognized as professionals qualified to provide telehealth services. This would be a fantastic change (if enacted) for our patients and for our profession.



Wondering what changes may be coming? I am as well. I'm excited and want to be involved in shaping the future of respiratory care. It takes a combined voice of all respiratory therapists to create the change we want for our profession. Currently our membership is just 15% of licensed therapists in Kentucky. I challenge each member to talk about the importance of membership to one friend, colleague or co-worker. Make an effort and build relationships with other licensed professionals and organizations. The KSRC has been working over the last several years to create and strengthen bonds with the American Lung Association, Foundation for a Health Kentucky, and Healthy Hoops. Our top priority, however, is building a relationship with you – the licensed and student respiratory therapists of Kentucky. Step up, join us and have your voice heard and be part of the change.

Lisa M. Houle, MS, RRT

2017-2018 KSRC President

Highlights from Summer Forum

The AARC Summer Forum was held June 25 – June 27, 2017 in Tucson, Arizona. Summer Forum was full of great topics specifically for managers and educators. The Forum's format offered opportunities for professional networking. This exchange of ideas and concerns really helps to bring perspective and vision to the profession of respiratory care as a whole. This year I believe there were a few central themes that seemed to be woven into several

presentations. They are research, advertising and interdisciplinary communication.

There were multiple sessions related to research. Topics such as how to make sure students can read medical research as well as research methodology. For managers, research related topics included using evidence based medicine to support protocols. For example, a colleague shared that they learned that incentive spirometry is not proven effective by medical research. This generated an interesting discussion about how often we are all doing therapies that may not have the evidence to verify the effectiveness. Will we soon see a movement away from the use of incentive spirometry? I can't answer that question. However, I can say that Summer Forum challenged me to read the literature and then use the evidence to be an engaged member of the health care team.

The next topic that stood out to me was interdisciplinary communication. We all have had that difficult doctor, nurse, patient, family member or co-worker to deal with. The Summer Forum made a point of having sessions to discuss how to deal with these situations because if we can't effectively communicate there is a poor outcome for the patient and a lack of professional respect and pride in the department. I came away with ideas on how to help students to reflect on their own responsibility in communicating with other disciplines as well as how to improve my own interdisciplinary communication.



The third topic that stood out to me was how to advertise for a respiratory care program and for the profession. Respiratory therapists are often a special breed of unsung heroes. We often travel alone to do our work and have to acclimate to new groups of people many times throughout our days. Often times we do this so well that people in a hospital don't recognize who we are as a profession. The Summer Forum offered sessions on how to recruit new students into programs as well as how to get bedside

therapists more recognized within an organization. Things such as using social media for marketing and placing therapists on key organizational committees were discussed.

Summer Forum addressed the challenges the profession faces and helped to share some ideas on how to address those challenges. I hope each of you will consider how to incorporate research into your practice and begin to think about how your communication with other disciplines can make all the difference for your patient and your career.

Tina Siddon MS, RRT

KSRC Government Affairs Committee

Program Director, Madisonville, KY.

Sorting Out All the Acronyms!

KBRC, KSRC, NBRC, AARC....that is a lot of acronyms for Respiratory Therapists to keep straight. This article will address the difference between them and the importance of each of these organizations. First things first, let's break down the acronyms. The KBRC is the Kentucky Board of Respiratory Care. The KSRC is the Kentucky Society for Respiratory Care. The NBRC is the National Board of Respiratory Care and the AARC is the American Association for Respiratory Care. To understand the difference between all of these entities we must first understand why they were formed.

The KBRC is a Kentucky government agency that regulates respiratory care practitioners and their services. It was established in 1990 to protect the citizens of the Commonwealth of Kentucky from unsafe practitioners and practices. To practice as a Respiratory Therapist in Kentucky you must hold a Mandatory Certification (license). To obtain the Mandatory Certificate in Kentucky you must first show competence by having completed, at a minimum, the entry-level exam offered by the NBRC's testing agency PSI/AMP.



The Kentucky Board of Respiratory Care (KBRC), Is a government agency that regulates respiratory care practitioners and their services.

The KBRC was established in 1990 to protect the citizens of the Commonwealth of Kentucky from unsafe practitioners and practices. For more information visit: www.kbrc.ky.gov

The NBRC is a voluntary health certifying board, which was created in 1960 to evaluate the professional competence of respiratory therapists. The NBRC provides credentialing examinations and associated services to the respiratory community. These examinations are provided by PSI, a private testing organization contracted by the NBRC.

The American Association for Respiratory Care (AARC) is the leading national and international professional association for respiratory care. The AARC encourages and promotes professional excellence, advances the science and practice of respiratory care, and serves as an advocate for patients and their families, the public, the profession and the respiratory therapist.

The KSRC is a chartered affiliate of the AARC. It is a not-for-profit organization established to serve the professional needs of the respiratory profession and its practitioners, and support that profession's ability to meet the needs of its patients.

KBRC - NBRC

As Executive Director of the KBRC I often get phone calls from therapists who have questions regarding the difference between renewing their license vs. renewing their credential. Understandably, it can be confusing to a new graduate who is starting a career and trying to keep up with everything they need to do to continue to work. As a respiratory therapist in Kentucky, you must not only

obtain a mandatory certificate to practice but also renew that certificate every two years. To renew, the KBRC regulations state that you must have completed 24 hours of continuing education that is approved by the KBRC or the AARC. The NBRC requires that every 5 years, to keep the credential (RRT, CRT, etc...) that you earned through testing you must show continuing competency. One of three ways do this: re-testing for the highest credential earned, re-testing for a new credential or by submitting 30 continuing education credits. There are fees involved for both the KBRC renewal and the NBRC re-credentialing. The KBRC renewal fee is \$90. The NBRC re-credentialing fee is \$125. When questioned I encourage therapists who don't plan to re-test, to pay the NBRC fee of \$25 per year and to document their CEUs in the NBRC Continuing Competency CEU database as they obtain the education. This way, at the end of 5 years, the fee is paid and the CEUs are documented. I also encourage them to maintain a good filing system for their CEU certificates in case they are audited by either the KBRC or NBRC.

AARC - KSRC

Being a member of the AARC and its Kentucky affiliate the KSRC are, to me, one of the most important things an RT can do. The yearly cost is minimal compared to the benefits of membership. One of the immediate benefits is the quality CEUs you can obtain by being an AARC member. The cost of membership is offset by the ability to obtain free CEUs that are automatically approved for your KBRC license renewal and your NBRC re-credentialing. At a state level, the KSRC is a group of volunteers who take their time to promote and protect the profession. They work tirelessly to make sure your voice as a respiratory professional is heard at the state and national level of government. They also provide quality cost effective education to the professionals in Kentucky and use their knowledge and skills to promote lung health education to the public. In my career, I have seen the AARC guide the profession to what it is today. However, they are by no means finished! Looking at the objectives for their Strategic Plan: 2015 – 2020 (www.aarc.org/aarc/mission-statement/) you can see that the AARC plans to lead the profession of Respiratory Care into the future.

So yes, while all these acronyms can be a bit confusing at times they are each on their own very important. Contact information for each are: KBRC - <https://kbrc.ky.gov>

NBRC – www.NBRC.org AARC – www.aarc.org KSRC – www.kentuckysocietyforrespiratorycare.org

Tamara McDaniel, RRT, AE-C

Executive Director – Kentucky Board of
Respiratory Care

Pulmonary/Cardiovascular Issues: Making the Connection

The KSRC Annual Educational meeting is happening this year on August 17 and 18, 2017 at the Clarion Hotel Conference Center South in Lexington, Kentucky. This event is more than just to provide you education (and yes it has been approved for 12 CEUs by the AARC). It also connects the attendees to new topics happening in care to our patients from the neonate to the geriatric...from those starting life (Lung Protective Ventilation Strategies in Neonatal Ventilation, Melvin D. Cunningham, MD) to end of life (Palliative Care: Addressing Symptoms in Pulmonary Patients, Kenneth Anderson, MD). Other topics include; radon exposure and it's relation to lung cancer, pediatric trauma, ECHMO in adults, and ethics.

We are pleased to announce that Garry Kauffman is presenting on COPD protocols as well as time and stress management. Garry Kauffman has presented throughout the country on these topics as well as others.

Fortunately, we were able to secure Mike Hewitt as a speaker again this year. If you missed him in 2016, you should make sure to join us to hear him speak.

This year the James Jones Keynote address will be presented by Tom Cahill, MS, RRT, FAARC. James had a passion for respiratory therapy and advancing the profession so it is fitting that Tom will be speaking on advanced credentials and the importance of continued growth for the respiratory therapist and the respiratory profession.

In addition to connecting you with current topics and great speakers, we are also connecting you to updated equipment through our vendors. The vendors include

those with new equipment as well as disposable supplies and medications. The conference could not be held without the support of these companies and individuals.

I think the most important connection you have at the conference is that of other health care providers and licensed therapists. The networking you can do at this event is remarkable. You create friends and colleagues from across the Commonwealth, in our region and throughout the country. To register for the event, go to our website

<http://kentuckysocietyforrespiratorycare.org/events>

I hope that you will join us at this year's event!

Lisa M. Houle, MS, RRT
2017-2018 KSRC President

WHAT IS ALL THE TALK REGARDING BS ABOUT?

Greetings from your Kentucky Delegates! The AARC House of Delegates meeting was held in Tucson, Arizona this summer. The temperature was 105 degrees in the shade so don't believe the rumors that they do not sweat out there! Thankfully, the air in the meeting room was turned down low and the discussion sessions were not exceedingly heated!

One item brought to the table by current President Brian Walsh was Baccalaureate entry-level practice requirements for respiratory therapists. Dr. Walsh pledges to drive an agenda that will promote, advance and advocate for the respiratory care profession. He and many others see moving the occupation entry level forward as the way to make this happen. The AARC conducted a survey of members in 2016 and the following areas were noted as reasonable feedback supports & also issues that would need to be defined and addressed:

- Higher autonomy of practice
- Better patient outcomes
- Additional soft skills
- Definition of profession
- Best practices exploration
- Removal of obstacles

This topic was given time on the first day of our meeting. Honestly, I wasn't sure what the Kentucky therapists would want me to vote and was thankful they did not call for one. I can tell you many state delegates went to the microphone in support of this proposal. I put an immediate question out on our Facebook page and received only 7 responses. (3 in support of BS entry level and 4 against) This is not a solid representation of our society or our practicing therapists.



I really need to know what the therapists of Kentucky think about this issue. Please contact me at Rebecca.higdon@kctcs.edu with your answer to BOTH questions. I will not count your answer if it does not have the why or why not included. (That is just the teacher in me!) So here are the two questions:

1. Are you supportive or non-supportive of the push towards the entry level BS degree for respiratory care practice?
2. Why or why not?

Let me preface by assuring that no one will lose their job if this should go into effect. All associate degree therapists will be grand-fathered in and continue to practice. Also, I don't believe this can happen overnight. Kentucky associate degree colleges would have to adopt more articulation agreements with baccalaureate colleges and universities that do not currently offer respiratory care as a program option.

Without your feedback, I have no idea how to vote when the time comes--- and it will come! So, if I have heated up your little area of Kentucky one way or the other with my question, let me know your thoughts. You voted me to represent you nationally and I'm waiting to know what you think about this topic.

Rebecca Higdon, MS RRT

KY Delegate 2017

Check out these contributions highlighting the success of utilizing a Respiratory Therapy Protocol Therapist!

Protocol Therapy in the Pediatric Setting

The Respiratory Care Department at Norton Children's Hospital (NCH) has taken important steps in advancing the practice of respiratory therapists by creating a "Protocol Therapist" position. The Protocol Therapist plays an important role in the delivery of patient care, development and monitoring of protocols and participation in interdisciplinary patient care rounds on medical/surgical units, Pediatric Intensive Care Unit and the Neonatal Intensive Care Unit.

As the Protocol Therapist for the medical/surgical Units, I provide expertise and support for respiratory therapists (RTs) at the bedside, help influence and drive practice change, and ensure the use of best practices and evidence-based care. Quality monitoring, however, is my greatest job responsibility. Since the creation of my

position 2 years ago, the RT department has seen the development of an RT-driven Albuterol weaning protocol for patients in status asthmaticus in 2015 (developed and implemented by Sarah Perry-Pehlke, Protocol Therapist 2015-2016) and an RT driven weaning pathway for bronchiolitis patients requiring high flow nasal cannula therapy on the medical/surgical units in 2017. As the Protocol Therapist, I monitor the effectiveness of the protocols, staff and physician compliance, develop educational tools and bedside support to ensure staff competency, and monitor patient outcomes.

Through the hard-work and dedication of the RT staff at NCH and consistent quality monitoring, the RT driven protocols have successfully decreased length of stay and improved the quality of care without negatively impacting outcomes such as readmission rates and return ED visits. Statistical analysis revealed that the length of stay was statistically significantly lower for patients receiving protocol driven bronchodilator weaning (51.06 hours) when compared to physician ordered treatments in 2013 (76.23) and 2014 (73.41 hours). There were no 7 or 30-day readmissions in the protocol group and only one emergency department visit within 30 days post discharge. In addition, the RT department has successfully decreased the number of hours patients were on high flow nasal cannula by 11.4% and there was a 16% decrease in length of stay during the 6 week trial period. During the trial period, patients were successfully weaned from high flow nasal cannula to room air without complications.



The protocol therapist position at NCH, along with a hardworking and dedicated staff, have successfully designed and implemented RT driven patient care protocols. These protocols have significantly improved RT

involvement in patient care and decision making, decreased length of stay and improved the quality of patient care delivered at Norton Children's Hospital.

Sarah Hoban, MHS, RRT

RT Clinical Coordinator

Norton Children's Hospital

COPD Education and Management Program

A few years ago, our respiratory department started a COPD education and management program to help reduce readmissions. This includes education during the patient's stay, keeping track of their admissions and pulmonary function tests and following up with two calls after discharge (one 7 days post discharge and the other 21 days post discharge).

As a protocol therapist, I am able to incorporate this teaching into my daily regimen easily since these patients are almost always on my protocol list. I provide educational booklets, support group information for smoking cessation and chronic lung disease and techniques to make daily tasks easier. The areas that I find patient's need the most reinforcement is proper use of the aerochamber, pursed lip breathing to help with fatigue, and knowing the difference between fast acting bronchodilators and daily long term maintenance medications.

With hospitals facing penalties for Medicare patients being readmitted with the same diagnosis within 30 days of discharge, our hospital formed two committees focused on preventing frequent COPD and pneumonia readmissions. With the support of my manager, I was able to be a part of these committees and present the unique and often overlooked role of the respiratory therapist for pulmonary education. These committees, consisting of about ten people, were all nurses (administrative, care management and one chronic disease educator). I was the only RT. They were very receptive to the problems of inaccurate diagnosing, particularly in the emergency room and the utilization of pulmonary function testing for diagnosing.

Many were unaware of the teaching therapists do on a daily basis. Also, the chronic disease educator was overwhelmed with CHF, diabetes and pneumonia education. She was very appreciative of me taking over the disease management education of the COPD patients.

Education is a crucial component in discharge planning. However, it shouldn't end at the hospital. Patients are overwhelmed at discharge with instructions and upcoming appointments. A call within the first week of discharge to check on the patient and go over any questions they may have about their respiratory medications has proven very helpful. Patients, for the most part, appreciate the concern. On the second follow up call, about 21 days post discharge, I emphasize the importance of having their follow up appointment with a pulmonologist as well as having an up to date pulmonary function test.

Our readmission rates for COPD have decreased with the implementation of this program, as well as the crucial work of care managers and nurse navigators. I am very proud of the role our respiratory department has taken by being involved in this reducing readmissions initiative. In my opinion, a respiratory therapist's voice is very important in these discussions.

Patti Gilpin, BS, RRT

Respiratory Protocol Therapist

Norton Women's & Children's Hospital, St. Matthews

KSRC Takes D.C.!

We swooped into D.C with a rally cry of "KSRC takes D.C." The preparation took months. The outcome remains to be seen!

Now for a bit of background: a three person team of Tina Siddon, Cyndi White and myself travelled to Washington, D.C. to educate as well as promote the importance of respiratory therapy (and respiratory therapists) to the Congressmen and women representing the Commonwealth of Kentucky. Our agenda during this

virtual lobby week was for respiratory therapy to be included in any future telehealth legislation.



Our team was backed by the K.S.R.C. members who emailed and wrote letters to their representatives in Congress. These members also helped to get face to face appointments and spread the word on how valuable respiratory therapists are for patients with chronic lung disease. Our goal was a 10% increase from the 2016 campaign. I am pleased to announce that we not only met our goal, but we also set a record for the state of Kentucky and were in the top 10 states for the virtual lobby week (KY #6). Thank you for your efforts! I am also proud to announce the Medicare Telehealth Parity Act has been re-introduced in Congress and now includes respiratory therapists as being eligible for providing telehealth. We still have a long way to go and I look forward to going back in 2018 to promote the profession as well as gain support for this and other bills that recognize respiratory therapists for the lives we touch, change and save on a daily basis.

So what can we do moving forward? We still have work to be done with telehealth at the state level. There will need to be a grassroots effort moving forward in KY and we may have an opportunity in the fall if a special session is called in KY. So stay tuned. Your Government Relations team has grown from Tina Siddon and myself to include Bryan Collins and Lee Wisdom. They will help us with the monitoring of legislation and communication to your K.S.R.C board members of any action alerts.

Have a great summer and stay tuned! Be prepared to respond when called upon to let our elected officials know how valuable our profession is.

Tom Cahill

KSRC Government Affairs



Kentucky Rep. James Comer (center) visited with Tom Cahill (left) and Tina Siddon during Capitol Hill Advocacy Day.

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Huge thank you to all our Contributors who make this publication possible.

For ideas and submissions, please email

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Just a few reasons to join AARC!

1. Free CEU's are made available to you. You are going to need them. Why not get them for free?
2. Help provide resources and representation of Kentucky.
3. You are able to get involved and help with initiatives that directly impact RT's right here in your state.
4. Career opportunities are made available on AARC's website
5. Discounts for conferences and other events
6. Are you interested in education, NICU, Adult ICU, PFT's and other specialties? You can join the AARC and be part of specific communities of specialists, and interact and share best practices.



7. Students can be members too! In fact, being an AARC member gets you resources, libraries, and journals online, and **DISCOUNTS FOR YOUR BOARD EXAMS.**
8. Be part of a larger community and understand that you are supporting lobbyists and other delegates that go before Congress to help push initiatives that make our profession stronger.
9. Programs are offered to become a Certified COPD Educator. This can be marketable when looking at non-traditional career opportunities.
10. Keep track and automatically manage your CEU's
11. As health care changes, AARC can help to keep us up to date on medical issues as they arise. There has been updates on what RT's can do about Zika, Flu, Ebola, and other issues as they become known.
12. Access to policies and procedures, and best practices being used around the country.
13. Resume and letter writing tips geared for RT's.