

The PSNews

Pennsylvania Society for Respiratory Care

ISSUE 1

SPRING 2008

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Greetings from the PSRC



My name is Eileen Censullo and I am the 2008 President of the PSRC. I think because no one else wanted the job, they threw my name in ... thanks for the votes. I have been in Respiratory Care since 1988 and have worked at Taylor Hospital for nineteen years, first as a staff therapist and most recently as a manager. I left Taylor to start up Kindred Hospital-Havertown, which is a long-term acute care facility where I had two departments. Currently, I perform clinical data management for a company in Malvern, PA called DSG. I perform all the data review on electronic files for subjects that are in pharmaceutical trials. This new job is a different aspect for me, but I love the challenge. Of course, I still work taking care of patients. I continue to provide asthma education in the Chester County area and I work weekends as a staff therapist at Phoenixville Hospital. Respiratory is a passion for me!

Our slogan for the PSRC for 2008 is: **If not you, then who? If not now, then when?**

Members of the PSRC board met in late summer 2007 to discuss plans for this year. We have changed and simplified our mission statement to read: Represent Respiratory Therapists in Pennsylvania. In addition to revising our mission statement, the PSRC Board developed a new Strategic Plan that incorporates three core strategies: Advocacy, Education, and Membership.

I need all 6000 Respiratory Care Practitioners in the state to know that the members of the PSRC Board of Directors work every day to advocate and strengthen our profession! We continuously monitor legislation in both Harrisburg and Washington DC for legislation that could have a negative impact on our patients and our profession. We want other professions to recognize the work that you do each and every day while

caring for your patients.

By the time this newsletter is in print, Garry Kauffman, Gail Varcelotti, and I will have traveled to Washington, DC to meet with our states' Senators and Representatives to make sure they know who we are and how we want them to vote to help lung health in the entire state of PA. Be sure to check out Garry Kauffman's Governmental Affairs Committee report in this edition of the PSNews to read more about the current legislative issues including HR 3968. This bill would change Medicare and would, for the first time, recognize and pay for respiratory therapists and respiratory therapy in certain areas! While this would appear to affect only a few select therapists, the truth is that recognition under Medicare is a vital step in gaining wider recognition from both Medicare and other insurance companies. We need to make sure EVERYONE goes to the AARC website (www.aarc.org) and clicks on the "Capital Connection" link every week to support these bills. There are 6000 of us... let's do it!

As everyone should know by now, we have held many educational events in our state to help with CRCEs. I am happy to report that we have educational opportunities planned for every PSRC district and we're working hard to add more FUN events throughout the state as well! Take a look at the newly designed webpage and check out all of the educational and fun opportunities ahead for this year.

Please feel free to contact me at anytime with questions or comments regarding Respiratory or PSRC-related issues. Go to www.psrc.net and click on the "Officiary" link to get names, numbers, and email addresses for the entire board. If anyone in the state is interested in getting involved, please contact me. We are always looking for new recruits.

Respiratory and lung health is not just a job, it's a passion!

New Mission

Represent Respiratory
Therapists in
Pennsylvania.

PSRC Disaster Preparedness Committee Update

by Randy Solly BS, RRT, CPFT
2008 PSRC Disaster Preparedness Committee Chair

Randy currently serves as the PSRC's disaster preparedness committee chair and is a master's degree candidate in Disaster Medicine and Management at Philadelphia University. He is a certified hazardous materials technician and a 19-year veteran of the volunteer fire service. He is currently employed within the University of Pennsylvania Health System as a respiratory therapist and pulmonary function technologist.

The Federal Emergency Management Agency (FEMA) recently released an updated version of the National Response Plan, which will now be known as the National Response Framework (NRF). Due to become effective on March 22nd of this year, it presents the principles that enable all response partners to prepare for and provide a unified national response to disasters and emergencies regardless of size. While many may wonder how such a document affects us as respiratory therapists, believe it or not we will be involved in such events and have to be prepared to integrate into such a system.

However, before we can run, we must learn to walk. In the wake of the events of September 11th, President Bush announced the implementation of the National Incident Management System (NIMS) which was designed to facilitate streamlined response and communication. The system is based on the Incident Command System (ICS) which has been used effectively in the emergency services for nearly forty years. NIMS has been a mandatory training requirement for all entities that could potentially be involved in an emergency or disaster including: emergency services, local government officials and public works employees.

So what does all of this have to do with respiratory therapists? In a word: everything. In the past, when it came to planning and response for disasters, health care facilities (HCF's) were mostly an afterthought. Since 9/11 there has been a push to include HCF's into planning. The Joint Commission now requires each HCF have at least one annual drill that includes pre-hospital entities and

volunteers as victims to test plans. In the NRF, we are no longer considered health care workers, but rather *first receivers*. We, as a profession, need to be prepared for disasters and know how to integrate into our respective HCF's emergency plans. Recent articles in the disaster medicine literature recognize our expertise in lung health and state the importance for our profession to be involved.

So how do we go about accomplishing the above? FEMA offers free training courses designed specifically for health care workers to familiarize them with NIMS, ICS and the NRF. Sponsored by the Emergency Management Institute, there are three courses that you should consider taking. IS-700 is an introduction to the National Incident Management System. IS-100.HC is designed to introduce you to ICS and NIMS and every RT should have it. IS-200.HC is designed for those that may assume a supervisory role in an incident and, since disasters can happen at any time, shift supervisors should consider this course because department managers may not be available. The courses are completely free, take approximately an hour or two each, and can be completed on-line in modular fashion. In familiarizing yourself with these courses and becoming knowledgeable with your HCF's disaster plans, you, as an RT, become a very large asset in disaster response. Otherwise, you risk the chance of being a liability. ☺

IS-700 An introduction to NIMS
<http://training.fema.gov/emiweb/is/is700.asp>

IS-100.HC Introduction to the Incident Command System for Healthcare/Hospitals
<http://training.fema.gov/EMIWeb/IS/is100HC.asp>

IS-200.HC Applying ICS to Healthcare Organizations
<http://training.fema.gov/EMIWeb/IS/is200HC.asp>

The **PSNews**
Pennsylvania Society for Respiratory Care

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Email: officeman@psrc.net

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Co-Editor: Ann Cusano, MEd, RRT, CPFT

Editorial Policy: The PSNews will accept all manuscripts, photos, and other items of interest for review. Articles and photos published become the sole property of the PSRC. The editor reserves the right to edit for clarity and space requirements. Opinions expressed by the authors are not necessarily those of the PSNews editor, the PSRC, or the AARC.

Respiratory Therapy—Out of the Box!

2008 PSRC Secretary, Maureen Sarcewicz, RRT, is the Chief Respiratory Therapist at DSI Bucks County in Bensalem, PA. The new facility opened in April, 2007 and includes twenty-four inpatient beds, six state of the art surgical suites, and a four bed Emergency Department. The Comprehensive Breast Care & Aesthetics Institute at DSI Bucks County is a fully accredited and licensed hospital dedicated to the diagnosis and treatment of breast cancer in all stages as well as the performance of cosmetic procedures.

DSI of Bucks County combines the latest technology that medicine has to offer in a healing, compassionate environment, where the whole patient is treated, not just his or her disease. Patients are offered a comprehensive approach to their individual needs, with advanced breast imaging, state-of-art surgical

care, cutting-edge radiation therapy, and chemotherapy.

According to Maureen, this opportunity at DSI Bucks County utilized many of the skills she developed in thirty-plus years in Respiratory Care. Along with Respiratory Care, she oversees point-of-care testing and is also involved in various other aspects of the day to day workings at DSI Bucks County, including: infection control, staff development, patient safety, continuing education and policy and procedure development. In the spirit of the healing mission of DSI Bucks County, Maureen has completed Reiki Level 1 and is looking forward to participating in other areas of holistic health care.

For additional information on DSI Bucks County, visit the company's website <http://www.dsi-bucks.com>. ☺

PSRC Night with the Reading Phillies



What's more of an American summertime activity than having a picnic or going to a ball game? Last August, PSRC members got to do both at the same time!

For just \$10.00, PSRC members and their families enjoyed watching the Reading Phillies (the top young prospects of the Philadelphia Phillies) play from the Coors Light deck picnic area while enjoying a buffet picnic. Attendees enjoyed the "All You Can Eat" buffet while watching the game at picnic tables less than ten feet from the field. In addition, parking was free and everyone received a Ryan Howard Bobble-head doll too!!

Did you miss all of the fun? Then SAVE THE DATE because we're doing it again!

**2008 PSRC Night @ the Reading Phillies
Tuesday, July 1, 2008**

(See page 9 for more details)

PSRC Teams Compete in AARC National Sputum Bowl

This past December, the 2007 PSRC State Sputum Bowl champion practitioner and student teams traveled to sunny(?) Orlando Florida to compete in the 2007 AARC National Sputum Bowl. The two teams won their respective state sputum bowl competitions earlier this year and hoped to repeat that feat at the national level. The student team played first as Kimberly Beers and Shana Mashack from Harrisburg Community College took to the national stage. Playing without their teammate Miriam Tassin who was at home in PA tending to a new addition to her family, the student team easily won their first match guaranteeing that they would play again on Sunday in the double elimination tournament. Later that afternoon, the team played their second match losing in a highly competitive match.

Not to be outdone, the "Old Guys" practitioner team comprised of Dave Rubisch, Garry Kauffman and William "Corky" Hissner won their opening round match. The team's second round match was scheduled late in the afternoon on Saturday...at the exact same time Garry Kauffman was scheduled to give a presentation as part of the AARC International Congress. Team alternate Tom Lamphere stepped in (adding some much needed youth to the team) and despite playing well, the team lost their second round match to a team from Nebraska.

On "Day Two" of the competition, the student team played its third round match against a tough Colorado team. The teams racked up a total of over twenty points with the PA team being edged out in the closing moments of the match. Although they didn't make it to the finals, the team played superbly during the competition and you can bet these girls will be competing in future sputum bowl matches for years to come!

The practitioner team won their morning round match and their fourth round match was scheduled for early afternoon. Unbelievably, the match was again scheduled at the exact same time as Garry Kauffman's second (and final) lecture! This time, however, the team played well in his absence with all three members answering questions in a win over a team from Arizona.

After three rounds, only five teams remained in the practitioner competition.



2007 PSRC State Sputum Bowl Champions: (from left) Tom Lamphere, Garry Kauffman, Dave Rubisch and William Hissner

One team received an automatic bid into the final four tournament the next night. The remaining four teams, including Pennsylvania, played a new, double elimination tournament to determine which three of the teams would make it into the final four. The PA team took it on the chin in their fourth round match and was scheduled for the final "wild card" match against none other than Nebraska! The winner of the match would play in the final four tournament and the loser was out.

The wild card game started fairly evenly as both teams scoring points. Nebraska then surged ahead scoring point after point while building a 10-2 lead with only 4 minutes remaining in the match. Things looked bleak for the team from PA until they suddenly scored...and scored...and scored again! In just over 3 1/2 minutes, the team turned a 10-2 deficit into an 11-10 lead! The Nebraska team took one final shot in the closing seconds but failed to answer a question. Pennsylvania successfully answered the question and won the game 12-9 and a chance to compete in the sputum bowl finals the following night!

Monday night's competition pitted the four best teams against each other in single-elimination play. The PA team jumped out to an early lead in their match against Michigan before losing in the closing minutes of the match to take home 3rd place.

The PSRC is extremely proud of the two teams from Pennsylvania! The teams let the nation know that our therapists and students can compete with the best and served notice that we will be a force in National Sputum Bowls for years to come!

PSRC Southeast District Update *by Steve Mosakowski, SE District Director*

The PSRC Southeast District has been busy! 2007 featured numerous educational and fun events including our first ever PSRC Night at the Flyers vs. the Carolina Hurricanes. The game was very exciting and ended in regulation tied 5-5. Although the Hurricanes ultimately won the game in a shoot-out 6-5; over fifty PSRC members and their families had a great time!

In addition to the Flyers, PSRC members attended a night at the Philadelphia Phillies and traveled to Oz to see the musical *Wicked*. Add in multiple educational events held throughout the district including the 2007 Eastern Regional Conference and 2007 was indeed a busy year!

It's now 2008 and we're already in full swing to make this an even busier year by offering even more fun and educational events to our members!


We had so much fun at our first PSRC Night at the Flyers, we decided to do it again and on Sunday, February 17th, 2008 we went to see the Flyers play the Montreal Canadiens. It was also Fan Appreciation Night! The Flyers tied it up at two goals each just thirty-four seconds into the second period, but ended up losing their sixth game in a row to Montreal,

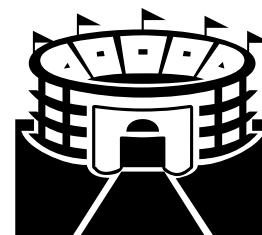
5-3. Everyone said they had a blast at the game but would really like to see a Flyers win!

What's next for 2008?? Glad you asked!!

The 2008 PSRC Eastern Regional Conference is being held on April 2nd & 3rd, 2008 and is already nearly sold out! If you didn't get in to this event, don't worry as we have several more educational opportunities planned including two "Members Only" events at Abington Hospital in late spring and early fall and we're co-sponsoring the second annual *Respiratory Care Week Mechanical Ventilation Symposium* at Thomas Jefferson University Hospital on October 21, 2008 in Philadelphia.

Some of the fun events we are working on right now include a PSRC Night at the Ringling Brothers and Barnum Bailey circus this April; not one but TWO Phillies games (since they've been so popular); and another PSRC night at the theater (show title to be announced)! We're also working on a few other ideas that we think you might enjoy.

Keep your eyes on the PSRC website at www.PSRC.net for all the details on these events as they are announced! 



PSRC Northeast District Update *by Susan Telmanik-Schwartz, NE District Director*

The PSRC Northeast District held an educational meeting on Thursday, February 7, 2008 at the Country Cupboard in Lewisburg. Over eighty respiratory therapists braved the blustery, but clear day to attend the event that offered five hours of AARC-approved continuing education at a discounted price for our members.


The morning began with a continental breakfast sponsored by HomeCare Products, a subsidiary of Evangelical Community Hospital. Following breakfast attendees listened to a lecture on *Surviving Sepsis* by Dr. Peter Hannon who is the chair of the Institute for Health Care Improvement Ventilatory Bundle Committee and Surviving Sepsis Committee. Following a short break, Tamara Persing, MS, RN, CIC presented *MRSA: What is New is Old* that reviewed the history of MRSA, the steps in identification of community acquired MRSA, and the latest in treatment options.

Tom Lamphere BS, RRT, RPFT closed the morning round of lectures with a presentation on *Common Canister Protocol—Reduce Waste & Save \$\$\$* during which he spoke on creating a common canister protocol that

allows a single MDI to be used for multiple patients while still adhering to JCAHO and infection control guidelines.

After a leisurely and delicious lunch featuring the famous Country Cupboard buffet, attendees had time for investigating the more-than-one-acre of shops at the Country Cupboard complex.

The afternoon lectures then began with Donald Stechsulte, MD presenting a "conversation" about ethics. Instead of lecturing, Dr. Stechsulte engaged the attendees in a discussion concerning the ethics of healthcare.

The day ended with *What Respiratory Care Licensure Means to the Board of Medicine*. The scheduled speaker was Bette Grey, RRT and she was joined Basil L. Merenda, Esq., Commissioner of the Bureau of Professional and Occupational Affairs. The information included the function of the State Board of Medicine and what disciplinary function they have along with the impact of disciplinary action on your license. All attendees were provided with the Medical Practice Act and Title 49 Professional and Vocational Standards to help them better understand their license. 



Discounted Hersheypark Tickets!!!

Another PSRC "Members Only" Benefit

The PSRC is once again offering tickets to Hersheypark located in the sweetest little place on earth—Hershey, PA—at a HUGE savings to our members and their families!

Hersheypark packs a lot of fun onto 110 beautiful acres in Hershey, PA, including:

- **Rides!** Enjoy more than sixty rides including six water rides and ten roller coasters.
- Need more excitement? How about another roller coaster? The **NEW FAHRENHEIT**, **scheduled to open this summer**, is a hot new "vertical lift inverted loop coaster" that will ascend 121-feet before plummeting down a 97° drop—the steepest drop in the United States!
- Also **NEW** for 2008 is **HOWLER**, a "tornado" ride that allows riders to spin their cars to create their own ride experience. It has eight four-passenger, sphere-shaped cars that rotate counterclockwise from a center base. As the rotation reaches 10-rpm, the ride lifts 7¹/₂ feet into the air and rotates at a 20° angle causing each car to swing in and out.
- **ZOOAMERICA!** Experience over seventy-five species and two hundred animals including *The Black Bear Encounter* at this North American Wildlife Park.
- **The Boardwalk at HERSHEY PARK Entertainment!** Enjoy spectacular live entertainment daily including country, rock-n-roll and Broadway shows.

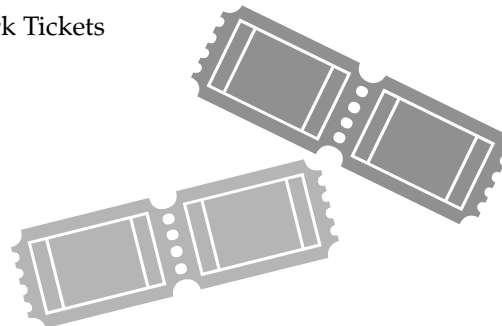
PSRC Discounted Hersheypark Admission Prices

Adult regular admission tickets (ages 9–54)	\$26.00* (regularly \$47.95)
Junior/Senior admission tickets (ages 3–8 & 55–69)	\$23.00* (regularly \$28.95)
Senior PLUS admission tickets (ages 70+)	\$19.50* (regularly \$19.95)
	(* = credit card price \$1.00 higher)

Tickets must be purchased by **April 25, 2008** and will be mailed out in early May. These tickets can be used at any time during the 2008 park operating season.

Tickets can be purchased using a credit card via the PSRC website at the following link www.PSRC.net/Hersheypark2008.htm Tickets may also be purchased by sending your name, address phone number and email along with the number and type of tickets you wish to order and a check or money order (payable to "PSRC") for the total amount of tickets ordered (plus \$1.00 shipping and handling) to the following address:

PSRC Discount Hersheypark Tickets
c/o 225 Hampshire Drive
Sellersville, PA 18960-2876



AARC President Visits PSRC Capital District

On October 16, 2007, the PSRC was honored to have AARC President Toni Rodriguez as keynote speaker at the 2007 PSRC Conference in the Capital. President Rodriguez is originally from the Pennsylvania area and spent time working at several facilities in the state including Temple University Hospital in Philadelphia. She gave a moving speech that made you want to jump up and say, "I LOVE BEING A RESPIRATORY THERAPIST AND I DO MAKE A DIFFERENCE!"

Ms. Rodriguez's passion for the field of Respiratory Care took over the room. She had everyone jumping to their feet at the end of her speech. She spoke about the important things respiratory therapists do each and every day and how we can be the ones to make a difference to our patients. We chose the field of Respiratory Care and we need to show others how proud we are to be Respiratory Therapists. "No, we are

not nurses, we are
RESPIRATORY
THERAPY!"

Her drive has led the AARC in the right direction and she is always excited to speak to anyone regarding our profession. If you missed her speech, you missed a great moment in time. If

you see her name on a conference brochure, it's one you won't want to miss.

To get a good idea of the passion she feels for our profession, take a look at a video of President Rodriguez's inauguration speech at the 2006 AARC International Congress. You can access the video on the AARC's website at:

<http://www.aarc.org/headlines/podcast/>



2007-08 AARC President
Toni Rodriguez EdD, RRT

A Call for Nominations by Brian Kellar, 2008 PSRC Nominations Committee Chair

This is your opportunity to get involved! The PSRC is always looking for valuable individuals to assist at all levels. Nominations are now being accepted for positions on the 2009 PSRC Board of Directors. The positions open for nomination include:

- **President-Elect:** 4-year term (includes 1 year as President-Elect, 2 years as President and 1 year as Past-President)
- **Vice President:** 1-year term (Note: This a great position to gain BOD experience!)
- **Treasurer-Elect:** 3-year term (includes 1 year as Treasurer-Elect and 2 years as Treasurer)
- **Secretary-Elect:** 3-year term (includes 1 year as Secretary-Elect and 2 years as Secretary)
- **Delegate:** 4-year term (includes 2 years as Junior Delegate and 2 years as Senior Delegate)
- **Southeast District Director:** 2-year term
- **South Central District Director:** 2-year term
- **Southwest District Director:** 2-year term
- **Northwest District Director-Elect:** 3-year term (includes 1 year as NW DD-Elect and 2 years as NW DD)
- **Northeast District Director-Elect:** 3-year term (includes 1 year as NE DD-Elect and 2 years as NE DD)
- **Capital District Director-Elect:** 3-year term (includes 1 year as Capital DD-Elect and 2 years as Capital DD)

Professional involvement is important in any career. It allows you to share your ideas, brainstorm, and network with fellow respiratory therapists from around the state. Since you are the voice, you will find your role in the profession more rewarding. As the healthcare environment continues to change, it is imperative that we remain strong as a state society. Collectively, we can shape the future of our profession.

If you are energetic and willing to volunteer some time to our profession, please contact me by phone 610-526-3347 or e-mail at kellarb@mlhs.org. Finally, if you have any questions related to the responsibilities of any of the positions, please do not hesitate to call.

Thank you for your interest in your profession. Your time is greatly appreciated. ☺

PSRC Offers Discounted AARC Membership Renewals!

Is your AARC membership (which includes your PSRC membership) about to expire? Here's great news! The PSRC Board of Directors has voted to extend the "Discount Membership Program!!" Existing members can renew their AARC membership for \$75.00, a savings of \$15 off the normal \$90.00 renewal fee and you can renew at ANY time without losing any remaining time on your current membership. The AARC will simply add twelve months to your current expiration date upon receipt of your renewal.

What's the catch? Simple...there isn't one! The PSRC uses their purchasing power to buy a "bulk" of memberships from the AARC at a discounted price and we pass the savings along to you. The membership is exactly the same as if you renewed directly through the AARC...but at a lower cost to you!

**** NEW For 2008!! **** Double your savings by purchasing a TWO-year membership renewal at the reduced rate! This locks in your membership rate and saves you the hassle of renewing your membership next year.

To renew your membership through the discount program, two payment options are available:

1) Credit Card: Renew your membership using a credit card via the PSRC website at <http://www.psrc.net/DiscountRenewal.htm> and scroll down the page until you see the "BUY NOW" button. If you'd like to take advantage of the "Double Your Savings" offer, simply enter in the number "2" in the quantity section on the order page (the default is 1).

2) Check/Money Order: Send your membership renewal form (or a note requesting membership renewal) along with your check or money order for \$75.00 made payable to the PSRC to:

PSRC Discount Membership Program
c/o 225 Hampshire Drive
Sellersville, PA 18960-2876

NOTE: Be sure to make your check payable to the PSRC (not the AARC). If you'd like to renew for two years, increase the check amount to \$150.

Once we receive your payment, your discount coupon will be mailed to you along with a membership application form. You can save yourself a stamp by completing an application form and mailing it along with your check to the address above. The form and a membership coupon will then be mailed directly to the AARC and your membership will arrive in 10-15 business days. You can download a membership application by [clicking here](#). Please note that lost or stolen coupons cannot be replaced and should be treated as actual money.

NEW Members Can Save Too!

Do you know someone who isn't a member of the AARC (and PSRC)? This program allows new members to join the AARC at the same discounted price of \$75.00! In addition, the new member processing fee (\$12.50) is waived when joining through this program so *new members save \$27.50!!*

If you have any questions, send an email to officeman@psrc.net or call Tom Lamphere BS, RRT, RPFT, the PSRC Membership Committee Chair at 215-453-4185. ☺

PSRC Educational Programs Committee Update

by Barbara Schuster MS, RRT

The PSRC Educational Programs Committee is currently working on the following activities:

- Revisions to the PSRC Student Award Program
- Creation of new programs to develop respiratory therapy leadership
- Assisting with planning of PSRC-sponsored educational events

- Reviewing educational programs for PSRC endorsement

If you think you would be interested in helping out with these activities as a member of this committee, please call the Education Programs Committee Chairperson, Barbara Schuster MS, RRT at 215-646-7300 (ext. 471) or send an email to Schuster.b@gmc.edu ☺

PSRC Southwest District Update by Gail Varcelotti, SW District Director

The PSRC Southwest (SW) District is starting off the year with several planned activities including a spring educational event that will be offered during April. This activity will be free to PSRC members (deposit required). The details for this event will be announced on the PSRC website (www.psrc.net) as soon as they are available.

Last year's PSRC Picnic at the Pittsburgh Pirates game was such a blast we're going to do it again...and again! The first game will be in June followed by another in August when the SKY BLAST fireworks night takes place. If you would like to help with the planning for these events, please contact Gail Varcelotti 412-370-1749.

The 35th Annual Conference in Respiratory Care and Sleep Medicine will be held on September 25-26, 2008, at the Pittsburgh Radisson/ExpoMart in Monroeville, PA. AARC President, Toni Rodriguez, PhD, RRT will be the opening speaker at this event and if you've never heard her speak before, you're in for a treat! We'll have many other speakers as well that allow us to apply for ten hours of AARC-approved CRCE. The agenda will include one-hour lectures on Medical Ethics and Patient Safety required by the state by end 2008. Mark your calendars and join us for this annual event!

Please consider volunteering for a committee in the SW District. We are in need of volunteers for the following committees and

you might be the perfect fit! The SW District NEEDS YOU! Although we are one of the largest PSRC districts, we have very few members that contribute to the cause and we would like you to be a part of the action. Here's just a few of the committees that could use YOUR help!

- **Membership Committee:** Help recruit new members and remind others to rejoin!
- **Sputum Bowl Committee:** Our district has not had a sputum bowl team compete at the State Sputum Bowl in multiple years. Form a team or help organize the event so we can have several teams play off and go to Philadelphia next year!!!
- **Social Committee:** Help to organize the Pirates game tickets and picnic. Maybe we should go white water rafting? How about bowling? Maybe a concert or Broadway musical?? Let's get more RT's together—we have a lot in common!
- **Governmental Affairs Committee:** Help to get our profession recognized while helping to protect and strengthen it at the same time!
- **Education Committee:** We need volunteers to pull together different educational events to help our members complete their continuing education requirement. Would you like to see more educational events and help to improve the quality of those events? Join this committee and help make it happen! ♡



Wing & Beer Fest

Tuesday July 1st

(a PSRC Member Only Event)

Reading Phils vs. New Britain Red Sox

Sample the **Best Wings in Berks** with plenty of beer to wash them down. Enjoy picnic table seating in the Pool Pavilion with access to the Heated Pool.

The Harley Happy Hour: Classic Cafe Food, Drink and a Live Band.

Gates Open at 5:00 pm — Game Starts at 7:05 pm — The Fun Lasts All Night!

The ticket price for this event is \$25.00. PSRC members will be able to purchase tickets for themselves and their family for **Only \$10.00**

Tickets are for adults 21 and older only and can be picked up at the WILL CALL Window. Purchase is by credit card only at www.psrc.net



To get involved, make a difference, plan the future of respiratory therapy, or just have fun with other professionals contact Dave Rubisch, RRT, PSRC Capital District Director at 2008CapDistrict@psrc.net or 717-269-5333.

THE CAPITAL CORNER WITH "RUBE"

Looking back at this past year, there sure was a lot going on in the PSRC, especially in the Capital District. Last April the district hosted the Student Seminar and Sputum Bowl, a gathering of 200 students from ten programs throughout the state. Some of you may have been involved with the Job Fair that was also a part of the event. Once again, the Capital District flexed its "mucous muscles" as the team from Harrisburg Area Community College topped the field of twenty-two teams. *Impressive, yes, but in our district it's expectorated!*

As spring turned to summer, the days grew long, a young (not me) boy's thoughts, turned to the great American pastime—FUN! Baseball and picnics; roller coasters and ferris wheels; ice cream and soda; popcorn and peanuts; hot dogs and beer on a warm summer night—the PSRC had it all going on. Discounted admission for members and their families to Hersheypark—and a baseball doubleheader!

The baseball opener was in Reading where members were treated to a fabulous picnic feast at half price while seated in easy home run range of future MLB stars. The second game occurred a month later at cozy little Barnstormers Pavilion in Lancaster where members paid for their admission but got it all back in baseball bucks to spend on the foods of summer. Members were also given the opportunity to purchase deeply discounted admission to Hersheypark to use any time they chose. "Hersheypark Happy"

—Anyway—Anytime—All Summer Long!

As summer slipped away and the leaves began to fall, the PSRC turned its sights to what is starting to become a tradition here in Central PA—PSRC Legislative Day and the PSRC Conference in the Capital. Over one hundred RT students, practitioners and pulmonary rehab patients gathered on the steps of our state capitol to make our voice heard on issues that affect us. If not us, then who? If not now, then when. Afterwards, everyone hung out at the Four Points Sheraton Hotel the "spot" for the President's Wine and Jazz Party. The Conference in the Capital held the following day was pulsating; starting with AARC President Toni Rodriguez's inspiring opening message and concluding with the humorous insights of Bill Malley.

2008 promises more of the same—fun and fellowship, education and action! There is value in being a member of your professional organization. For those of you out there that like to be in on the planning, who want to make a difference, who feel underutilized or underappreciated, have I got a job—a fun one—for you! And you don't have to be a department manager to help out. I'm not. I'm just a guy who has a passion for what I do and has fun doing it. You can too. There are openings to help out on committees at the district, as well as the state, level in education, legislative, public relations, and sputum bowl. Contact me (see side bar) or go to www.psrc.net for more information.

"Rube"

2008 PSRC Board of Directors

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Governmental Affairs Committee

Garry W. Kauffman, MPA, FACHE, RRT,
FAARC Chair

As your PSRC Governmental Affairs Committee Chairperson, I would like to make you aware of some of the many issues on which the AARC and the PSRC are working on your behalf. The PSRC leadership has already endorsed these issues as a board, but it is **critically important** that the state and federal legislators hear from **each one of us directly**. We all vote, and our elected officials are more than willing to listen.

STATE ISSUES

1. "Certification" to "Licensure"

For those of you around a couple of decades ago when we started our journey for legal credentialing, you may remember that we were granted the title using the word "certified" rather than "licensed" as we requested. In short, the reason for this had nothing to do with our profession, but rather that the governor wasn't allowing any more professions to use the title of "licensed." This was not a hill to die on and we accomplished our goal of becoming legally credentialed in the Commonwealth.

After firming up the continuing education requirements to allow RTs to achieve up to and including ten hours of "non-traditional" CEUs, the PSRC BOD directed the Winter Group to begin the process of working with the senators and representatives to get our title changed to "licensed." After a year of sowing the seeds with house and senate leadership, we are proud to report, as this report is being typed on February 21st, that our house bill has passed and the senate bill is in the works. We will communicate the outcome of our quest via the PSRC website and through the regular communications of the PSRC District Directors.

2. Asthma Legislation

Representative Michael Sturla introduced legislation which would establish a statewide asthma tracking system and is in the process of securing co-sponsors for this most important endeavor. The prevalence of asthma has been increasing dramatically over the past twenty years and has become the most common chronic disease in children. This legislation would develop and maintain a comprehensive tracking system to monitor

the investigation of factors contributing to the difference in the rates of asthma among different socioeconomic, racial, and age groups in the Commonwealth; as well as provide recommendations for improving greater access to health care for groups with high prevalence of the disease. In addition, this legislation would target resources to those areas that are shown to be the most heavily impacted. Considering the increasing rates of asthma and its adverse impact on certain segments of the population, it is imperative that Pennsylvania joins the list of states which already have enacted asthma tracking legislation. The PSRC not only supports this legislation, but is seen as the most vocal supporter of this legislation in the state by virtue of the number of RTs that have expressed their opinions to their elected officials.

3. Clean Indoor Air

Our state senators and representatives introduced bills that didn't match. As a result, our Commonwealth's process is for the senate and house folks to convene a "conference committee" whose task it is to hammer out a bill with language that both sides can agree on. As I type this, the conference committee continues the hammering, with the hope that a bill will emerge sometime before the spring bulbs start to push.

FEDERAL ISSUES

1. Medicare Respiratory Therapy Initiative

The AARC has successfully introduced legislation known as HR 3968, the Medicare Respiratory Therapy Initiative, to amend portions of the Part B Medicare law to allow certain respiratory therapists to deliver a broader array of services. Currently, Medicare Part B recognizes a number of medical and other health care services that can be furnished by non-physician practitioners, but respiratory therapy services and respiratory therapists are not among them.

When passed into law, HR 3968 will permit respiratory therapists with the RRT credential and bachelor's degree to furnish respiratory therapy services without the physician having to be physically present at the time the service is being rendered. This means flexibility for the physician and new opportunities for the respiratory therapist outside of the hospital. PSRC President, Eileen Censullo and I will be representing

"The prevalence of asthma has been increasing dramatically over the past twenty years and has become the most common chronic disease in children."

“This new benefit category will provide an avenue for qualified respiratory therapists to provide services in ways they couldn’t before.”

PA respiratory therapists for three days this March as part of the AARC’s 2008 PACT meeting. Stay tuned to the PSRC website and the next issue of the PSNews for a story on our time with our federal senators and representatives.

Since the number of questions we’ve received exceeds the molecules of oxygen on the planet, I’ve provided a list of questions and answers below to help everyone understand both the importance and the complexity of this issue.

Major Medicare Initiative FAQs



What is Medicare Part B?

The Medicare program is divided into Parts A-D. Part A includes hospital inpatient services, Part C deals with managed care, and Part D is the new prescription drug benefit. Part B includes medical services generally delivered in the outpatient setting by physicians, physician assistants, nurse practitioners, clinical nurse specialists, and physical therapists, to name a few. Although Medicare Part B recognizes a number of non-physician practitioners and the services they provide, it does not include respiratory therapists and the services they furnish.

What is the AARC’s Medicare RT Initiative?

We are asking Congress to recognize qualified respiratory therapists and the services they furnish by amending the statute to include a separate benefit under the Medicare Part B “medical and other health services” provision.

How would this be done?

Congress has to pass legislation in order to revise any portion of the Medicare statute. Since we want to add something new, we will have to work closely with Congressional staff to get Congress to introduce and pass our changes into law. Therefore, this Initiative will be a key element of our legislative agenda.

How does this relate to the other issues AARC has pushed in its legislative agenda?

We are not abandoning our previous congressional legislative agenda by any means. This is a more expansive and comprehensive strategy than our previous efforts. We will continue our work on other key health issues, including advocating for a national coverage policy for outpatient pulmonary rehabilitation, pursuing legislation that would prevent any further changes in Medicare home oxygen patient ownership of their oxygen equipment,

working with our Tobacco Prevention Partners on pushing for legislation to exert greater regulation over tobacco products, and other as yet undetermined issues that will no doubt come up.

What exactly is the AARC proposing to do?

We are proposing to revise the Medicare statute to permit qualified respiratory therapists to provide respiratory therapy services under the general supervision of a physician.

Can’t RTs do that now?

No. Outside of the institutional setting, the law requires that RTs must work under the direct supervision of a physician. “Direct supervision” means that the physician must be physically present in the office suite and be immediately available to provide assistance to the RT performing the services. In Medicare terms, this is known as services furnished “incident to a physician’s professional service.” Under general supervision, our change would allow the physician to see patients outside of the office setting because the qualified RT would be able to furnish RT services without the physician being there, although the physician would still need to be available for consultation by phone.

For example, the physician could be rounding at the hospital while the RT is in the physician’s office providing asthma education or smoking cessation services to a patient. Another example is the physician could be in her office and determine that it is medically necessary to do a patient-ventilator assessment on her patient who is being cared for in the home. The physician would send the RT to the home to perform this critical service. Under the current law, the RT wouldn’t be able to do this.

What’s the big deal?

By changing the law, physicians will have a lot more flexibility to treat their patients with qualified personnel so they don’t have to be in the office for extended periods of time. This new benefit category will provide an avenue for qualified respiratory therapists to provide services in ways they couldn’t before.

The delivery of health care services has changed a lot over the years since the Medicare statute was first enacted. This is especially true for pulmonary medicine and the delivery of respiratory therapy services. Medical evidence supports the efficacy of services such as disease management, smoking cessation, proper education on aerosol

device delivery systems, and office-based spirometry, etc. Services that once could only be provided in an acute hospital setting are being delivered in alternate care sites. So, using the example above, you will find patients at home on ventilators that twenty-five years ago would not have been possible.

What does “qualified respiratory therapist” mean?

In order for an RT to furnish services under the change we are proposing to Congress, the RT would not only have to be credentialed and legally authorized to perform RT services, but they would also have to be a “registered” respiratory therapist and hold a bachelor’s degree. This is an important distinction because it will effectively give respiratory therapists recognition under Medicare Part B’s program similar to other non-physician practitioners such as nurse practitioners, physician assistants, and clinical nurse specialists, all of whom have a minimum of a bachelor’s degree or master’s degree and advanced professional credentials.

Why are you limiting the benefit to only registered RTs with a bachelor’s degree?

We want to make sure that any request we make to Congress to change the Medicare law is credible. In order to do that, we need to make sure that the credentials of the RT are comparable to the credentials of these other professionals who can provide services under Medicare Part B. For example, clinical nurse practitioners and clinical nurse specialists are the only types of nurses recognized as a separate Medicare Part B benefit and to qualify they have to have advanced degrees. Therefore, we feel that at a minimum the RT must have the title of “registered” and hold a bachelor’s degree in order to qualify for this new benefit.



Can the qualified RT open up his or her own independent practice?

No, and we are not proposing this. Current Medicare law doesn’t permit it and neither will our proposed legislative change. The qualified RT still has to work for a physician and be under some type of physician supervision.

So, under the proposed change, can the qualified RT bill Medicare directly?

No. The services of the qualified RT still have to be billed by the physician. What would change is that the RT would have to have a provider number or identifier so that when

the physician submits the bill, Medicare knows that the RT furnished the service instead of the physician. For example, under current law, if the physician provided an RT service directly or had an RT furnish the service as “incident to the physician’s professional service”; Medicare would pay the physician based on 100% of the physician fee schedule amount for that service. Under the new legislation, if the qualified RT furnishes an RT service and the physician is not in the office when the service is performed, the physician would still be paid as though he or she furnished the service, but the payment amount would be based on 85% of the allowable amount under the physician fee schedule because the physician wasn’t directly involved when the service was provided.

If the physician would get less money when a qualified RT performed an RT service, why hire us?

Under our Initiative, the incentive for the physician is that it allows more flexibility and frees up his/her time to see other patients outside of the office setting. Additionally, the qualified RT would now be recognized by Medicare as a non-physician practitioner who can furnish services without the need for the physician to be physically present when the service is being furnished. Using the example mentioned above, the physician could be doing rounds outside of the office and the RT could be providing the RT services the physician might otherwise be providing. And that makes a huge difference.


Can the qualified RT be an independent contractor and work for more than one physician?

Yes, the qualified RT could be an independent contractor to the physician. In other words the RT wouldn’t have to be a full-time employee of one physician’s office. The RT could work for several physicians. For example, the RT could contract with one doctor’s office to provide asthma education on Tuesdays and Thursdays and work with another practice on Friday to provide smoking cessation services.

I already work in a physician’s office. How does this affect me?

If you work in a physician’s office now under Medicare’s “incident to a physician’s professional service” benefit, our legislative initiative will not affect your current status. In other words, CRTs or RRTs without a bachelor’s degree who currently work in a

“We want to make sure that any request we make to Congress to change the Medicare law is credible. In order to do that, we need to make sure that the credentials of the RT are comparable to the credentials of these other professionals who can provide services under Medicare Part B.”

physician's office in which the physician is required to provide "direct" supervision would continue to so. This benefit does not change with our Initiative. 

If I work in a physician office practice and don't meet the criteria for a qualified RT, will I lose my job?

You will not lose your job because you don't have the credentials we are proposing in our Initiative. Nothing in our Initiative mandates that the physician employ an RT who is registered with a bachelor's degree to work under his/her general supervision. We are simply advocating it as an option for the physician. The physician office practice could conceivably hire both the RRT/Bachelor RT and RTs who do not meet both criteria. The RRT/Bachelor RT could (not must) work under the general supervision provision this Initiative is creating, and the RT who doesn't meet both criteria could work under the "incident to the physician services" provision, or direct supervision rules. It is up to the physician to decide who works under which benefit.

If Congress enacts this Medicare RT Initiative, what services do you see the qualified respiratory therapist providing?

Respiratory therapists are rapidly moving into areas such as disease management, patient education on the selection of appropriate aerosol devices, education on the devices and use of medications and patient compliance with the aerosol meds, office spirometry, smoking cessation, asthma management, and ventilator management for non-hospitalized patients.

I'm a respiratory therapist who doesn't meet the criteria. Why should I work and lobby for this since you are leaving me out of the provisions?

It is important for you to support this Initiative, because Medicare recognition of RT services under Part B enhances both the profession and the respiratory therapist. It expands what the profession can do and it gives visibility to the respiratory therapist that does not exist under the current law.


The change could also enable us to track and collect data on the services that qualified RTs may provide, because Medicare will be able to identify such services for the first time. One of the challenges the respiratory profession has had over the years is having solid data on how the profession has clinical-

ly impacted patients' health, their quality of care and their clinical outcomes. The new benefit could help us collect data that will provide further irrefutable evidence of the efficacy of respiratory therapy services and the benefits that result from such services being provided by all respiratory therapists. **I'm a respiratory therapist who works in the hospital. This Initiative impacts respiratory therapists who work primarily in a physician office practice. What's in it for me?**

We see the Initiative as opening up new employment opportunities and career advancement for the respiratory therapist. It enhances the profession and raises the stature of the respiratory therapist. And that will benefit you. You may one day want to work outside the hospital and, as a qualified RT, a new door would be opened. Even if you always choose to be employed in the hospital, your colleagues might want to move on and be employed in a physician office practice with greater independence.

The Medicare Durable Medical Equipment (DME) benefit is a Part B benefit. Will home care equipment companies be required to hire the qualified RT if they are employing RTs right now?

No. The DME benefit is a separate benefit with its own rules and regulations and our Initiative has no impact on it. The DME benefit primarily covers medically necessary equipment, such as oxygen and ventilators, and the services and supplies needed to make the equipment work. DME companies can choose, as they do now, whether to employ personnel such as respiratory therapists to assist with the set up, training and maintenance of the equipment, but clinical services are not covered under this benefit, regardless of whether they are provided by an RT, nurse or other clinical professional.

Our Initiative could, however, open the door for a qualified RT to make a home visit to a Medicare patient who happens to be receiving DME services, if the physician that RT works for decides the visit is medically necessary and the physician does not have the time to furnish the service directly. But the visit would not be part of the DME benefit; it would be covered under the changes we are proposing to the "medical and other health services" benefit. 

I am already employed by a home health agency, skilled nursing facility,

"We see the Initiative as opening up new employment opportunities and career advancement for the respiratory therapist."

comprehensive outpatient rehabilitation facility, etc. How is this Initiative going to impact my job?

It's not. Services provided by RTs in these settings will continue unchanged because they are covered by rules and regulations that govern those sites of care. It is up to those agencies or facilities to determine the types of professionals they want to hire and the qualifications of those personnel. Our Initiative does not impact those choices in any way.

I am a registered RT with a bachelor's degree. If the law changes and I can provide services in lieu of the physician providing them without the physician being present, just what services can I provide?

You will be able to provide only those respiratory therapy services that are defined under your state practice act or those in which you are legally authorized to perform by the Commonwealth.



2. S 329/HR 552 Cardiac and Pulmonary Rehabilitation Act

While recognizing coverage for all the *components* that comprise a pulmonary rehabilitation program, CMS continues to refuse to recognize pulmonary rehabilitation *programs*. The problem is that while CMS recognizes all the service components of pulmonary rehabilitation, it has left to the complete discretion of the local Medicare contractors to issue coverage policies that determine if pulmonary rehabilitation services will be covered under Medicare.

The result is that currently across the country there exists a patchwork of local Medicare policies that vary widely in terms of what services are covered, how much is covered, who is covered, what patients are eligible, or even if the services or programs will be covered at all. All decisions are left to the complete discretion of Medicare contractors. There are some states, such as Wyoming, where the Medicare contractors refuse to cover any pulmonary rehabilitation services whatsoever, thus leaving Medicare beneficiaries in that state without a means to have their lung diseases treated through pulmonary rehabilitation programs.

For over twenty years, the AARC and other organizations supporting pulmonary health have attempted to have a consistent, clear national coverage policy for pulmonary rehabilitation issued under the Medicare program. For over twenty years, policymakers

at the CMS have refused to address this problem or to issue a national coverage policy that would effectively end the confusion and inconsistency.

Medical documentation on the effectiveness of pulmonary rehabilitation is indisputable. S 329 and HR 552, the Pulmonary and Cardiac Rehabilitation Act, will put an end to the patchwork coverage for pulmonary rehabilitation by creating and requiring a national coverage policy for all Medicare beneficiaries. S 329 and HR 552 do not create a new benefit, because the components of pulmonary rehabilitation are now covered by Medicare, it simply redefines the current patchwork of coverage into a precise benefit. S 329 and HR 552 will ensure that Medicare contractors will have clear guidance regarding who, when, and how much pulmonary rehabilitation will be covered under the Medicare program.

What YOU Can Do!

The most effective, and certainly the easiest, means of contacting your federal Senators (Robert Casey, Arlen Specter) and your Representative (based upon your residence) is to utilize the AARC's Capitol Connection. This tool is easily seen on the home page of the AARC's website (www.aarc.org). A simple left click will take you to the webpage that includes all of the information on current legislative issues and the means to identify your federal senators and representative. Once you click on the issue, it's as easy as filling in your name, address, zip code (9 digits may be required), and then "submit" to send the information already crafted for you by Cheryl West, AARC Director of Governmental Affairs. If you want to change or add any words to those provided, you may easily do so and then submit. Since the tragedy of 9/11 and continuing terrorist acts, mail sent through the postal service is sterilized in two locations and is not recommended. Email is the much-preferred technique. If you have some extra time, you can ask to meet with your elected officials in their local office. If we are to be successful in gaining the attention and votes of our elected officials, it is absolutely imperative that we send thousands of emails from RTs across the state and nation.

If you have any questions, please do not hesitate to contact me at your convenience. The best way to contact me is via email (gwkrtrt@comcast.net) or by calling me in the evening after 7PM at 717.361.9088. ☺

**If not you,
then Who?
If not now,
then When?**

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PSRC Calendar of Events

The PSNews is the official news-letter of the PSRC, an affiliate of the American Association for Respiratory Care.

Co-Editors/Spring 2008

Tom Lamphere
 Ann Cusano

Editorial Policy

The PSNews will accept all manuscripts, photos, and other items of interest for review. Articles and photos published become the sole property of the PSRC. The editor reserves the right to edit for clarity and space requirements. Opinions expressed by the authors are not necessarily those of the PSNews editor, the PSRC, or the AARC.

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April	12	PSRC SW District Seminar (Jefferson Hill, PA)
	16 & 17	Spring Pulmonary Seminar (Plains, PA)
	18	PSRC Student Seminar (Harrisburg, PA)
	19	PSRC Night @ the Circus (Philadelphia, PA)
	25	Deadline to order Discounted Hersheypark Tickets
	30	PSRC NW District Seminar (Erie, PA)
May	31	PSRC SE District Seminar (Abington, PA)
June	15	Deadline for Nominations for 2009 PSRC Election
July	2	PSRC 2nd Quarter Board Meeting (Lewisburg, PA)
	11-13	AARC Summer Forum (Phoenix, AZ)
	26	PSRC/Reading Hospital Seminar (Reading, PA)
September	24	PSRC 3rd Quarter Board Meeting (Monroeville, PA)
	25 & 26	PSRC Western Regional Conference (Monroeville, PA)
October	10	PSRC Conference In the Capital (Harrisburg, PA)
	11 & 12	AARC Asthma Educator Certification Prep Course (Harrisburg)
	21	PSRC/Thomas Jefferson Univ. Hospital RC Week Seminar (Philadelphia)

Visit the PSRC website at www.PSRC.net for more information on these and other events!