

Hawaiian Air Exchange

September 2008

The Newsletter of the Hawaii Society for Respiratory Care

Future bright for KCC graduates



Front Row, L-R Darryl Feliciano, Shareen Johnson, Tami Matsumoto, Venessa Pancipanci, Leslie Flores, Mary Jane Simon, Amy Otsuka, May Lagasca. Back Row, L-R Clint Jaimes, Melisa Norton, Li Yuan Li, Vanessa Quintana, Gerardo Vasquez, Kevin McKenzie

Congratulations to the 14 students who graduated from the KCC Respiratory Care Program on June 2, 2008 and who also later this summer became Certified Respiratory Therapists. Even more impressive is that as of August 20, 2008, of the nine graduates who have taken the Written Registry and six who have taken the Clinical Simulations, all passed their exams!

Two of the 14 have moved to Texas while the rest are staying in Hawaii. Good luck to all of them in their future endeavors!

JOIN US!

35th Annual State Respiratory Conference:

Partners in Excellence

September 16 & 17

Ala Moana Hotel

visit hawaiircps.org for details

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Four year degree in RT



Ed Borza, RRT - The Respiratory Care faculty at Kapi'olani Community College are very pleased to announce the beginning of a new era in Respiratory Care (RC) education in Hawaii. On December 31, 2007 the University of Hawaii- West O'ahu (UHWO) and Kapi'olani Community College (KCC) signed the "Mananawai" agreement formalizing a plan to enable AS degree RC graduates to complete a Bachelor of Applied Sciences Degree in Respiratory Care (BAS-RC). See the Mananawai RC document at:

<http://www.uhwo.hawaii.edu/pdfs/vcaa/gened/articulation/MOU-KapCC-UHWORespiCare.pdf>

AS degree graduates from the KCC Respiratory Care program will now be able to attend UHWO and complete just 31-35 additional credits and earn a Bachelor's degree. Mananawai also allows students in the KCC AS program to co-enroll at UHWO at the same time they are completing their AS degree program. KCC's AS program now has a third year with upper division courses ("300 level") which count toward completion of both the AS and BAS degrees. Credentialed

RCP's are also eligible to seek the BAS degree. The cost of UHWO's BAS degree is approximately half of what similar mainland-based degree completion programs cost.

RCP's and students interested in the BAS-RC program should contact UHWO at www.uhwo.hawaii.edu or contact Ed Borza at the KCC Respiratory Care Program at borza@hawaii.edu for more information.

President's message



Carol Agard, RRT, FAARC - The HSRC continues to work toward fulfilling our mission to support the Respiratory Care Practitioner (RCP) and the pulmonary health of the people of Hawaii and the Pacific Islands.

The society does this through encouraging and promoting professional excellence, advancing the science and practice of respiratory care and serving as an advocate for patients, their families, the public, the profession and the respiratory care practitioner.

Your HSRC Board of Directors is working diligently and collaboratively on the goals set for 2008.

Improving Financial Management

Our financial management system has been updated and automated to enhance efficiency and support HSRC operations.

Increasing Membership

Local membership in the AARC has grown by 29% to 162 active members.

Revitalizing the Website

The website has been under construction and now has a new look with some of the basic elements that will support enhanced communication and education in the future. Check out the website at www.hawaiircps.org.

Strengthening Communication

There has been a great deal of effort placed on strengthening our communication and building our infrastructure network and data base both locally and nationally. The production of this newsletter and plans for future newsletters are a result of this effort. There is a plan for board members to visit organizations on all islands in the future to network and share what the AARC has done for us as RCP's and the profession of Respiratory Care.

Revising our By Laws

We have posted our By Laws on the web site for review. The next steps are to draft proposed changes, communicate changes and begin the approval process.

Pursuing Licensure

Alaska and Hawaii are the last two remaining states without legislation regulating the profession of respiratory care. The pursuit of licensure is a priority for the HSRC. Stop by the HSRC booth at our upcoming annual conference to give your input and for more details regarding this effort. The 2008 "Partner's in Excellence," annual respiratory conference will be held on September 16th and 17th at the Ala Moana Hotel. There will be an exceptional educational and networking experience for all participants. The HSRC Board of Directors wishes to thank our Conference Co-Chairs Trace Ono and Wendell Inouye for their continued support. We would also like to say a special thank you to Kapiolani Medical Center for Women's & Children, an affiliate of Hawaii Pacific Health for again providing the expertise of their conference services team, Charlene Ikeda, Jay Ishikawa and Regina Park in the delivery of this educational offering.

We have some very important events that you will not want to miss, so please check our website at www.hawaiircps.org for "upcoming events," for clarification.

Happy Respiratory Care Week and I look forward to seeing you all at the conference.

Money matters



Diane Brenessel, RRT - Hope everyone is having a *prosperous* 2008. I became the HSRC Treasurer this January and would like give the membership a short update on the financial status of the HSRC.

The HSRC's financial accounts have been entered into a software program, *Quicken*, to allow for easier tracking and reporting. With our successful annual HSRC conference programs over the years, we have generated funds that will help to support our Licensure process and future educational offerings.

The current task that I am working on is to update our tax records with the IRS so that our tax-exempt status is secure.

A reason to celebrate



Joan Loke, RRT - Go ahead and pop the corks! Congress has finally passed a measure whereby Medicare will reimburse for Pulmonary Rehabilitation overriding President George Bush's veto. This will standardize how pulmonary rehabilitation is conducted and reimbursed across our country. Right now, reimbursement and recognition varies depending upon where a patient lives and what intermediary handles the billing. Perhaps in the near future, we will see a resurrection of the pulmonary rehab programs that once served patients by Kuakini, Castle and Queen's Medical Centers.

I have been your Political Action representative for the past 10 years. Each year I have gone to Washington, DC to join other chartered affiliate reps to lobby for issues of concern to our patients, respiratory therapists and the AARC. This June there were 250 of us who converged on the capitol to lobby for this bill in particular. Through partnerships with the National COPD, Asthma and ALS Coalitions; and with physician groups like the American Thoracic Society, our voices are being heard. As the saying goes, "United we stand, divided we fall." We have been most successful this year! We (the AARC) however, could not have succeeded without those of you who rallied to the call for letter writing, phoning and e-mailing your congressional representatives. A big MAHALO!! to all of you!

This year an AARC communications network plan was initiated by Frank Salvatore of Connecticut and PACT President, dubbed the 435 Plan. With one call, "a call to arms" or "to kokua" would flash across the country to alert key therapists in each state who would then activate their local notification network of therapists, patients and physicians that there were issues of importance to them pending before congress. Being on the communications list is voluntary and how you respond to the information is entirely up to you, but this is an opportunity to keep informed about what the legislators are looking at; providing us with an opportunity to express an opinion.

As AARC members we receive alerts via monthly members' News or can follow a piece of legislation through the AARC's Capitol Connection site. The AARC has made it easy to link up with our congressional reps. They can be accessed at www.AARC.org. Please support the AARC by continuing your membership or joining today. Through these grass-

root initiatives, we can make a difference for our pulmonary patients. Your thoughts and comments are welcome at catnap@hawaii.rr.com.

What's hot in Phoenix



Ed Borza, RRT - The AARC House of Delegates (HOD) met last month in Phoenix, Arizona in conjunction with the Summer Forum and the summer meeting of the Board of Director's.

The HSRC is represented in the HOD by myself and Mark Sappington from Hawaii Medical Centers. The HOD is the voice of the membership of the AARC. It serves as the advisory body for the national association and is responsible for representing the diverse interests of 50 state society affiliates and their members.



The role of the Delegate is to communicate the HSRC's concerns to the AARC and also to facilitate communication from the AARC back to the membership of HSRC. Highlights of the Summer Forum are:

Political Advocacy and Lobbying: The AARC has a growing presence in Washington, D.C. with professional lobbyists and a very active Political Action Committee. The Medicare Pulmonary Rehabilitation Provisions in HR 6331 were passed. This means that beginning in January of 2010, Medicare will have to cover Pulmonary Rehabilitation Services for our patients.

Membership: The AARC membership is over 45,000 and growing steadily. More members mean more financial resources available to provide education and advocacy for the profession, gives us a voice in Washington because it means that the organization represents a growing and thriving organization. The HSRC was singled out as having 29% growth in membership over the last year, the most (on a percentage basis) of all state affiliates! HSRC has 162 active members.

Leadership reports: The AARC Executive Office reported the development of new electronic and web-based communication and education tools that will aid the future direction of respiratory care.

Leadership training and succession planning: The Hawaii delegation introduced a resolution urging the AARC to investigate leadership training and mentoring programs for students and newcomers to the field. As our membership

ages, we need to ensure that new RT's are able to take the leadership roles necessary to carry the organization into the future. The resolution passed and I will co-chair an ad hoc committee that will guide the implementation of this initiative.

In two days of meeting, these were just the highlights. If you have any recommendations and/or concerns that you feel the HSRC should address with the AARC, please contact me at [Borza@hawaii.edu](mailto:borza@hawaii.edu) or msappington@hawaiiimedcen.com and we will do our best to help you. Thanks for allowing us to serve the HSRC and you, its members.

Respiratory historian's corner



JoAnn Ikehara, RRT - The date was November 17, 1970 when the Hawaii society became a Chartered Affiliate of the American Association for Inhalation Therapy. Those were the days when IPPB therapy was standard treatment for asthma, pneumonia, atelectasis and prophylaxis; and administered via masks with straps, mouthpieces and seals, or trach adapters. This was when O2 therapy was often provided with H-cylinders that were stored in an outdoor locked cage, hand-trucked to the bedside, and 2 or 3 staged regulators were mounted with 10-inch crescent wrenches. The formula for calculating "duration of flow" was kept in a pocket-sized spiral notepad beside the pocket protector that held tools: several pens (blue or black for the day shift charting and red for nights), bandage scissors, screwdriver with that duo tip-flat on one end and Phillips at the other, pen light and a pencil. Those were the days of professional courtesy, which meant that if it was anticipated that the cylinder would need to be changed early in the shift of the oncoming one, a second cylinder could be found at bedside for the convenience of the oncoming shift.

Oxygen flowed to bubble humidifiers, croupettes (pediatric sized tents) and oxy-hoods, was bled into ultrasonic nebulizers for bland aerosol therapy, drove med nebs, and powered Puritan Bennett and green Bird IPPB machines that were mounted to the H-regulators. Today, one would think that our early "inhalation technicians and therapists" were in a third world country.

In the ensuing years, our organization's name changed from *Inhalation Therapy* to *Respiratory Therapy*, to it's current *Respiratory Care*, to better reflect the scope of services that

technology, training and higher skill levels are providing. We are more focused on the provision of evidence-based practices, to the benefit of our patients and our effectiveness at the bedside. Yet with all our technology, we should not to forget the need for the human touch – in the healing process.

Please share your thoughts and experiences with jikehara@lava.net for consideration in our next issue. Stop by the HSRC's booth on September 16 and 17, 2008.

Friendly Isle RCP



The following is an interview conducted by Diane Brenesell with Molokai General Hospital RCP, Veronica Garcia.

Question: What are the unique aspects of working as an RCP at Molokai General Hospital?

Veronica's response: I am the **only** RT on staff, so when I am not in-house, I am "on call". Since I am the only RT, I am called to all traumas, I attend all deliveries, 24/7.

Question: List some of your "typical" RCP duties and some "not so typical".

Veronica's response: My typical RT duties consist of the management of all RT equipment, making sure we are well stocked; I have a good relationship with all the doctors here at Molokai General so they often ask for an RT consult. I do the ABG's and lot of times I am allowed to intubate. We have one LTV 1000 ventilator in our hospital and it is my job to make sure it is functioning and is set up properly. All the typical RT duties I am able to do here. We do not keep critical patients very long, so essentially, our hospital's role is to stabilize and ship to Queen's Medical Center.

I also teach CPR and do cardiac stress testing.

Since we are a small hospital we often wear different hats, so some not so typical RT duties are, starting IV's, helping RN's when needed, assisting in the specialty clinic.

Recently, I've started duties in the hospital's pharmacy, consists of ordering and stocking medications for the Omni cell and in-house patients. I also mix chemotherapy medications for patients, under the guidance of the Oncologist.

Question: How long have you worked at Molokai General Hospital and what "keeps" you there?

Veronica's response: I have worked at Molokai General for three and half years. I enjoy the people I work with, we our a team, we know that our resources are limited,

so we know that it is important to work together. Most of all I love the people that I have been able to help. I feel that there is a need on Molokai and it is a good feeling to know that I am able to give to the community.

If you have an interesting "Respiratory" story to tell about something you or your department is involved with, please email me at dbrenessel@queens.org.

Support for people with COPD



Valerie Chang, Executive Director - The Hawaii COPD Coalition (HCC) was formed in 2007 to provide services and support to Hawaii's people affected by Chronic Obstructive Pulmonary Disease (COPD) and its related disorders. The Coalition was given non-profit status by the IRS in June 2008. HCC serves caregivers, healthcare professionals, family and friends through research, education and increasing public awareness including early screening and diagnosis.

Hawaii COPD Coalition was instrumental in getting self-reported COPD prevalence data for Hawaii surveys for 2007 and 2008. Hawaii adding COPD questions to their statewide surveys has been key in having the federal government's Centers for Disease Control (CDC) considering adding COPD as a module nationally for the first time ever.

HCC was awarded a grant for a two year project with Longs Drugs for Project SUCCESS—**S**pirometry-**U**rged **C**essation through **C**ounseling **E**ducation and **S**ustained **S**upport. This grant is from the Hawaii Tobacco Prevention & Control Trust Fund of the Hawaii Community Foundation. Under the project, clinics were offered that included free blood pressure and lung testing, as well as information, support, resources and referrals at Longs Drugs using a staff of trained healthcare professionals. This project is co-lead by patient advocate Valerie Chang, JD, pulmonologist Paul Enright, MD, and pharmacist Cindy Minakami, PharmD. For more information, visit <http://hawaiicopd.org>

The second annual COPD Education Day will be held at Queen's Conference Center on Monday, September 22, 2008; details out our website above. The event requires pre-registration but is free and open to the public; space is limited.

This second COPD Education Day arose from activities of November 2007. HCC was instrumental in organizing three Hawaii COPD events with keynote Dr. James Kiley, PhD, Director of the Lung Division for National Institute of Health's National Heart Lung Blood Institute (NIH/NHLBI), which were all held in November 2007:

- Grand Rounds for medical professionals at Queen's Conference Center
- COPD Education Day 2007 (attended by a capacity crowd) at Queen's Conference Center
 - over 200 patients and caregivers
 - over two dozen exhibits
 - over a hundred healthcare professionals, volunteers and exhibitors
- Dinner meeting and discussion on COPD prevalence in Hawaii at Kapiolani Community College

"Breathing Hui," free public monthly COPD support group meetings, also began in November 2007 and continue. Meetings are second Friday of every month at Kaiser Permanente, Honolulu clinic on Pensacola, conference rooms on the second floor off the main elevator, from 10-noon.

The Hawaii COPD Coalition has been very busy networking and sharing with many partners at Hawaii and international conferences/symposiums including posters and/or exhibits at:

- Hawaii Tobacco-Control Conference (May 2008)
- American Thoracic Society Conference in

Toronto (May 2008)

- Hawaii Society for Respiratory Care Conference (September 2008)
- American College of Chest Physician's 10th Annual Asthma & COPD Symposium in PA (October 2008)

Project SUCCESS has been enthusiastically received by the community in Hawaii and nationally. HCC is currently considering options for expanding Project SUCCESS. Hawaii has been invited to be the second site in the United States to participate in an international study, **Burden of Obstructive Lung Disease "BOLD."** HCC is working on funding and details for these options.

News from Kapi`olani Hospital



Jackie Scotka, RRT - August was a very busy month for our department. During our annual RC Skills Day, therapists completed their competencies in a number of areas, particularly those procedures where the volume is low but the risk to

patient safety is high. These included Bi-Level therapy, Pediatric ventilator management with the LTV Ventilator, NICO, and Bronchoscopy. In the very near future, the staff will be assisting with bronchoscopic procedures. Staff also fine tuned their skills with Electronic Medical Records which was integrated into hospital-wide practice earlier this year.



We also had an interdisciplinary Critical Care Skills Day, where nurses from ED, ICU and PACU completed competencies on ventilator management and blood gases with Dwight Watanabe, RRT, our department's Clinical Educator; and the therapists completed theirs on patient's oral care and hemodynamic monitoring with the ICU's Clinical Educator. These collaborations bring us closer together for the benefit of the patient.

On the 16th, we had a successful "Asthma Day" seminar for the public at our Conference Center. Pulmonologist, Thomas Pollard conceived the program. HPH Conference Services helped to publicize it and the RC department provided spirometry screening, pulse oximetry, and instruction on the proper use of MDI's and DPI's. Several Pharmaceutical and Home Equipment companies participated by sharing information with the more than 70 attendees. We plan on offering more of these educational sessions for the public in the future.

What is an AARC Fellow?

AARC Members who have reached a level of distinction in the professional practice of respiratory care may be eligible for inclusion in the AARC Fellowship Program.

AARC Fellows exhibit the qualities and attributes of true professionals by contributing to the art and science of respiratory care. In 1998, AARC began this program to recognize the achievements and contributions of these members by conferring upon those who meet the criteria the **AARC Fellow** designation and the right to use the **FAARC** identifier after their names.

An AARC Fellowship will be conferred upon those who have met a standard of excellence in the practice of respiratory care. A Fellows' contributions extend beyond his or her individual job to a wider sphere of influence. Through educational achievement, validation of competency through advanced credentials, research initiatives, publication, and clinical initiatives, an AARC Fellow will have made a mark as a respiratory care professional of distinction.

In 2006, Carol Agard, Manager of Respiratory Care, Sleep Lab, Neuro-Diagnostics and Pulmonary Function Lab at the Queen's Medical Center, was inducted into this elite group of Respiratory's "high-achievers". Patients as well as the HSRC membership have benefited from her tireless commitment to Respiratory Care excellence.

Congratulations Carol!