

LSBME  
RESPIRATORY CARE ADVISORY COMMITTEE MINUTES

Date: March 26, 2018      Time 9:00 am      Location: LSBME Office      Recorder: Diana Merendino

Present: Ken Alexander, Sheila Guidry, Elizabeth Hamilton, Diana Merendino, Michael Nolan, Raymond Pisani, Brett Stafford, Elaine Barberot, Candis Ledet

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTIONS
Call to order / establish quorum	Call to order 9:10am; quorum established	
Approval of Minutes from 12-04-17 (pgs. 1-3)  Old Business:	Minutes reviewed;	Motion made by Elizabeth Hamilton to accept minutes; seconded by Sheila Guidry. No discussion. All in attendance voted yes.
F/U RCAC Recommendation Letter to LSBME (pg. 4-5)	Correspondence sent for recommendation of 30 day extension of license for Washington; Candis Ledet reported individual did not pass exam and work permit was terminated.  Correspondence sent to Mr. Zachary Portin regarding scope of practice – no correspondence back from Mr. Portin.  Correspondence sent to Pam Battista RCAC that subject matter was not relative to scope of practice.	
F/U Dr. Allen LSBME - CEU	Raymond Pisani has been unable to discuss with Dr. Allen the possibility of doing an annual on-line quiz with questions pertinent to CEU renewal to assist with non-compliance issues with renewals. Elaine Barberot reported that CEU renewal process has not been finalized.	

**New Business:  
Scope of Practice:**

**Landry-Transport Team (pg. 6)**

Request was made for state documentation on the requirements for NICU transport team for respiratory therapist, i.e. degree, level of training. The RCAC states that NICU transport is covered in licensure, but requirements for the team is institutional policy. Ken Alexander states they need to refer to the Louisiana Hospital Licensing Standards/Federal Regulations: Hospital Licensing Standards: Perinatal Services. The document states that a registered respiratory therapist can be utilized for transports. Diana Merendino stated that all RTs whether AS or BS degree will have neonatal training, so degree should not be an issue.

**Meyers – Venipuncture (pg. 7)**

Request for scope of practice for venipuncture. RCAC agrees that venipuncture is within the scope of practice of RTs – see Chapter 49, Section 3353 Definitions #5, 1 (i). for documentation.

**Herbert – ECMO (pgs. 8-10)**

Correspondence received regarding method for applying for CEUs for the RT staff that undergoes ECMO training. While the RCAC can be a resource for approval of CEUs the committee feels that the AARC CEU process would be a more expedited process. Raymond Pisani called Mr. Hebert to clarify his intention of his question. Raymond stated that the RCAC by law has the authority to review programs for CEU approval, however that process has never been used and most individuals choose to use the process established by the AARC. Mr. Herbert stated that he would utilize the AARC process for CEUs. Diana Merendino stated that if Mr. Herbert had questions with using the AARC process, to let her know, since she is familiar with the requirements.

**Cheema, MD – RRT / Sleep Tech (pg. 11)**

Dr. Cheema requested a ruling on scope of practice for the use of a licensed RRT in her sleep lab. The RCAC stated that by licensure law she is covered to work in the sleep lab, however for matters of reimbursement for the study, this would need to be directly addressed with the individual payer sources.

**Kitchings MD – RRT/Wound care (pg. 12)**

Dr. Kitchings has asked if wound care dressing is part of respiratory therapy scope of practice. The RCAC agrees that hyperbaric oxygen therapy is part of the scope of practice for RTs. The committee discussed the primary reasons for hyperbaric oxygen therapy is severe hypoxemia (carbon monoxide poisoning) and revascularization of capillary beds for wounds and the need to monitor therapy with evaluation of arterial blood gases and wound inspection post therapy. If the organization has concerns regarding the authority and or potential liability associated with RT's providing services not directly related to provision of respiratory therapy as outlined above, the organization should refer to its internal policies and procedures. The RCAC does recognize that courses providing expertise in dressing changes, casting, etc. could result in the attendee obtaining a separate professional status, expertise, credential, etc. that allows that individual to legitimately perform those duties for the organization, mitigating potential concerns. However, any such training would be mutually exclusive from their licensed practice of respiratory therapy.

**Robichaux – CEU inquiry (pg. 13-15)**

Question was asked - Is "Up to Date" subscriptions accepted for CEU requirements for license renewal. The RCAC stated individual needs to refer Rules and Regulations Section #2559 for the Approval of Sponsor Programs – list of sponsors.

<p><b>Noel – Scope of Practice</b></p> <p><b>Informational purpose only: Home Medical Equipment</b></p> <p><b>NRBC Voluntary Re-credentialing</b></p>	<p>Question was submitted regarding an individual's job/task responsibilities. The RCAC agrees that we have no jurisdiction over hospital specific job responsibilities or assignments. This falls under institutional policy.</p> <p>LSBME has received correspondence regarding individuals without the proper license are instructing home care patients on the set-up and use of CPAP equipment. LSBME advisory opinion is that only licensed RTs can instruct patient's on equipment. Others without license can be utilized to set up equipment.</p> <p>Diana Merendino stated she had spoken to the NBRC regarding the elimination of the voluntary re-credentialing process. The exams will only be available for those individuals who are initialing testing for credentials or for those who have let their credentials lapse. Diana stated she believe this may be in response to individuals who take these exams multiple times in hope of re-creating exam questions for review course purposes.</p>	
<p><b>CEU Audit</b></p> <p><b>2018 Meeting Dates</b></p>	<p>Process not finalized – no audits</p> <p>June 18, 2018</p> <p>September 10, 2018</p> <p>December 17, 2018</p>	
<p><b>Meeting Adjourned</b></p>	<p>Meeting adjourned at 10:45am</p>	<p>Elizabeth Hamilton made a motion to adjourn meeting; Sheila Guidry seconded. All present voted yes.</p>