

The Professional Respiratory Care Practitioner

Anne Flaten MBA, RRT
Director, Respiratory Care Services &
SAFE Pre-anesthesia
University of Wisconsin Hospital &
Clinics



UWHealth
uwhealth.org

Clinic Science Center



UWHealth
uwhealth.org

American Family Children's Hospital



UWHC Facts and Figures

- 24,936 admissions
- 493 Beds
- 83 ICU beds (6 ICUs)
- Major programs: Critical Care, Cancer Center, AFCH, Organ transplant, Heart & Vascular, Stroke Center

Origins of Ventilatory Support

“But so that life may in some measure be restored to the animal, you must attempt an opening in the trunk of the trachea and pass into it a tube of rush or reed, and you must blow into this so that the lung may expand and the animal draw breath after a fashion; for at a light breath the lung in this living animal will swell to the size of the cavity of the thorax, and the heart take strength afresh and exhibit a great variety of motions”.





From "De humani coporis fabrica" by Andreas Vesalius 1543

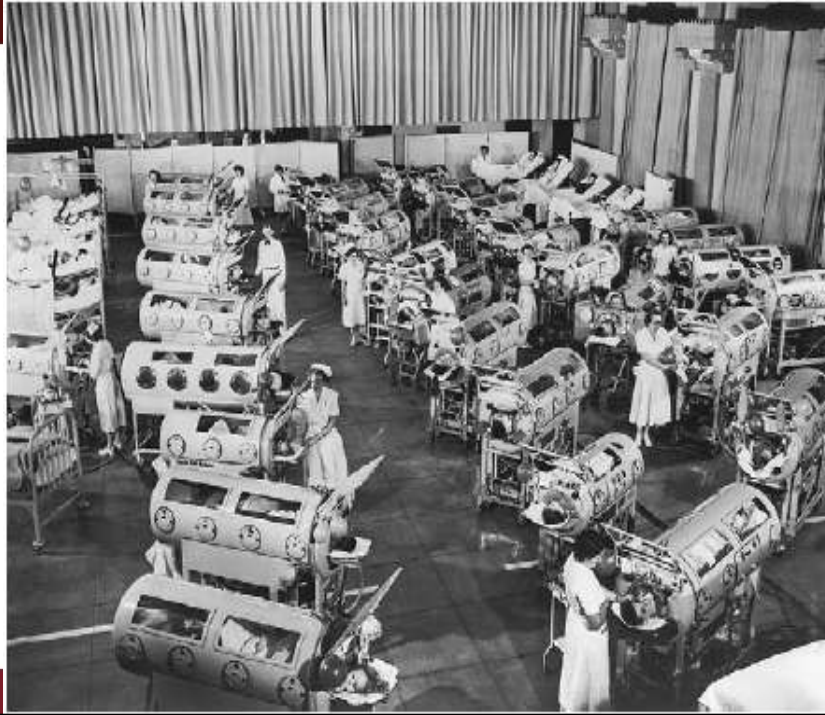


History

- 1895 – Compressed oxygen became available & the first Anesthesia machines were developed to allow for manual ventilation
- 1920s – Oxygen used for therapeutic reasons
- 1940 – Oxygen was prescribed for prevention of hypoxia

History (continued)

- 1940s – managed by Central supply, pharmacy or even the maintenance dept
- Physician  Nurse  Orderly
- 1945 a group in Chicago formed an organization that was incorporated in 1947 as Inhalation Therapy Association



National Board of Respiratory Care

- The National Board for Respiratory Care, Inc. (**NBRC**) is a voluntary health certifying board which was created in 1960 to evaluate the **professional** competence of respiratory therapists. A group of Chicago physicians and therapists recognized the need to formalize the training and registration of practitioners involved in the care and support of patients with respiratory disorders.

NBRC Examinations

- **Certified Pulmonary Function Technologist (CPFT)**
The Entry Level CPFT Examination is designed to objectively measure essential knowledge, skills and abilities required of entry level pulmonary function technologists at beginning practice.
- **Certified Respiratory Therapist (CRT)**
The Entry Level CRT Examination is designed to objectively measure essential knowledge, skills and abilities required of entry level respiratory therapists.
- **Neonatal/Pediatric Respiratory Care Specialist (CRT-NPS or RRT-NPS)**
The Neonatal/Pediatric Respiratory Care Specialty Examination is designed to objectively measure essential knowledge, skills and abilities required of respiratory therapists in this specialty area.
- **Registered Pulmonary Function Technologist (RPFT)**
The RPFT Examination is designed to objectively measure essential knowledge, skills and abilities required of an advanced pulmonary function technologist.
- **Registered Respiratory Therapist (RRT)**
The Registry Examination System was developed to objectively measure essential knowledge, skills and abilities required of advanced respiratory therapists and to set uniform standards for measuring such knowledge.
- **Sleep Disorders Testing and Therapeutic Intervention Respiratory Care Specialist (CRT-SDS or RRT-SDS)**
The Specialty Examination for Respiratory Therapists Performing Sleep Disorders Testing and Therapeutic Intervention is designed to objectively measure essential knowledge, skills and abilities required of respiratory therapists in this specialty area.



Are you a professional?



State of Wisconsin Respiratory Care Practitioner

- **Respiratory Care Practitioner**
- A respiratory care practitioner is an individual who practices respiratory care.
- Respiratory care is the branch or system of treating the sick which is limited to assisting in the prevention, diagnosis and therapeutic treatment of respiratory disorders by various means, including the administration of medical gases, oxygen therapy, ventilation therapy, artificial airway care, bronchial hygiene therapy, aerosolization of pharmacological agents, respiratory rehabilitation therapy and other treatment, testing, evaluation and rehabilitation procedures performed under the direction of a physician, but not including the use of general anesthetic agents.
- No person may practice respiratory care, or attempt to do so or make a representation as authorized to do so, without a certificate as a respiratory care practitioner granted by the board.



Requirements to obtain your license to practice as an RCP

- Graduate from an approved school
- Pass Wisconsin Statute and rule examination
- Pass the CRTT exam



Including results for wisconsin **department** of regulation and licensing.

Do you want results for wisconsin dept of regulation and licensing?

Department of Safety and Professional Services

Department of Safety and Professional Services World Wide ... Learn about **licensing**/exam boards;

Find out about board ... has been delayed under a measure added by the Wisconsin ...

drl.wi.gov

[Renewal Information](#)

[Boards](#)

[Professions](#)

[License List Orders](#)

[Verifications](#)

[Complaints](#)

[Contact Us](#)

[Other Useful Links](#)

Show more results from drl.wi.gov

 uwhealth.org

Chapter Med 20 - Respiratory Care Practitioners

Med 20.01 Authority and purpose.

Med 20.02 Definitions.

Med 20.03 Applications and credentials.

Med 20.04 Examinations; panel review of applications.

Med 20.05 Temporary certificates.

Med 20.06 Examination review by applicant.

Med 20.07 Board review of examination error claim.

 uwhealth.org

Official Text (See Preamble Volume). Current through this and Register shown on Title Page.

Chapter Med 28

RESPIRATORY CARE PRACTITIONERS

Med 28.01	Authority and purpose.	Med 28.03	Temporary conditions for graduate respiratory care practitioners.
Med 28.02	Definitions.	Med 28.04	Temporary conditions for certified practitioners.
Med 28.03	Applications and credentials.	Med 28.05	Examination review for applicants.
Med 28.04	Examinations; panel review of applications.	Med 28.07	Board review of unsuccessful test takers.

Med 28.01 Authority and purpose. The rules in this chapter are adopted by the medical examining board under the authority of ss. 19.38 (5) (b), 227.11 (2) and 469.40 (1), Stats., to govern the certification and regulation of respiratory care practitioners.

History: Cr. Register December 1991, Ix 412, eff. 1-1-92.

Med 28.02 Definitions. As used in this chapter:

- (1) "Board" means the medical examining board.
- (2) "Council" means the respiratory care practitioners examining council.
- (3) "CRTT" means a certified respiratory therapy technician.
- (4) "RRT" means a registered respiratory therapist.

Note: "CRTT" and "RRT" are registered occupations of the national board for respiratory care.

History: Cr. Register December 1991, Ix 412, eff. 1-1-92.

Med 28.03 Applications and credentials. (1) Every applicant for initial certification as a respiratory care practitioner shall submit:

Med 28.04 Examinations; panel review of applications. (1) An applicant for certification as a respiratory care practitioner shall pass the national board for respiratory care CRTT examination.

(2) An applicant for certification as a respiratory care practitioner shall pass a state board strategy and index examination conducted by the council as evidenced by documents submitted directly to the council by the department's office of examinations.

(3) The board designates the council as its agent for conducting oral examinations. At the request of the council, the board shall provide a medical consultant to the council to provide assistance in evaluating applicants' answers under sub. (1) (a) and (b).

(4) An applicant may be required to complete an oral examination if the applicant:

- (a) Has a medical condition which in any way impairs or limits the applicant's ability to practice respiratory care with reasonable skill and safety.

(b) Uses chemical substances so as to impair in any way the applicant's ability to practice respiratory care with reasonable

uwhealth.org

Medical - Code Book

Excerpts from the Wisconsin Statutes

Chapter 15 Structure of the Executive Branch

- 15.001 Declaration of policy
- 15.01 Definitions
- 15.02 Offices, departments and independent agencies
- 15.03 Appointment for limited purposes
- 15.04 Heads of departments and independent agencies, powers and duties
- 15.05 Secretaries
- 15.06 Commissions and commissioners
- 15.07 Boards
- 15.08 Examining boards and councils
- 15.09 Affiliated credentialing boards
- 15.09 Councils
- 15.40 Department of regulation and licensing - creating
- 15.406 Same - attached boards and examining boards
- 15.407 Same - boards

Chapter 19 General Duties of Public Officials -

Subchapter B Public Records and Property

19.34 Procedural information

Chapter 48 Children's Code

Subchapter XX - Runaway and Neglected Children

48.991 Abused or neglected children and abused unborn children.

Chapter 89 - Collection of Statistics

Subchapter 4 - Vital Statistics

89.18 Death Records

Chapter 146 - Miscellaneous Health Provisions

- 146.01 Health care records - definitions
- 146.015 Contents of certain patient health care records
- 146.017 Preservation of fetal monitor tracings and microfilm copies
- 146.019 Protection or destruction of certain health care records
- 146.02 Confidentiality of patient health care records
- 146.03 Access to patient health care records
- 146.036 Parents denied physical placement rights
- 146.036 Applicability
- 146.04 Violations related to patient health care records
- 146.07 Federal registration numbers for prescribers of controlled substances
- 146.09 Substance health care provider program
- 146.096 Restriction on fees prohibited
- 146.097 Long-term care insurance
- 146.098 Patient visitation
- 146.099 Uniform claim processing form

uwhealth.org

How do you become a professional?



alth
uwhealth.org

Professional

- “A Public declaration with the force of a promise”
- Your license defines your scope of practice
- It is up to YOU to bring Value to your profession

Toni Rodriguez, AARC President 2007-2008

Presentation at International Respiratory
Congress in 2010

UWHealth
uwhealth.org

Where in the world is the Respiratory Care Practitioner?

- Acute Care Hospitals
- Long Term Care Facilities
- Home Care
- Sleep Centers
- Pulmonary Function lab
- Transport (flight and ground)
- Clinics
- Research
- Education
- Industry
- Military
- Disaster Response

Stay Current

- New approaches to disease management
- New Technology
- Health Care Reform
- Third Party Payers
- Aging Workforce

AARC Vision/Mission Statement

*The American Association for Respiratory Care (AARC) will continue to be the leading national and international professional association for respiratory care. The AARC will encourage and promote **professional** excellence, advance the science and practice of respiratory care, and serve as an advocate for patients, their families, the public, the profession, and the respiratory therapist.*



American Association of Respiratory Care

The screenshot shows the AARC website homepage. At the top, there is a navigation bar with the AARC logo and the text "American Association for Respiratory Care". Below the navigation bar, there are several sections:

- Contents:** A list of links including Member Services, Community Resources, Government Affairs, Career, Education, Board's Guide, International RC Links, Sections/Roundtables, Foundation Awards, and Your Living Health.
- Find It:** A search bar and a "Home" button.
- Request for Proposals:** A large banner for the "Request for Proposals For Presentation at AARC Congress 2012" featuring the "EASY STREET" logo and the text "Submit your proposals with Easy Street".
- Write Now!:** A banner for "Support Pulmonary Fibrosis Research" with the text "Hospital Receives ASME Certification" and "Respiratory Care Week Honor the profession Oct 23-29".
- AARC News:** A section with several news items, including "AARC Election Results Announced—Oct 11, 2011", "Good News: AARC Members in the News—Oct 4, 2011", "AARC Meeting Topics NCC—Sept 29, 2011", and "AARC Members Travel to D.C. to Lobby for Care—Sept 28, 2011".
- Professional News:** A section with several news items, including "Open Access Full-Texts at Master List of Journals—Oct 14, 2011", "FDA to Prioritize New Drug Approval Expedited Review—Oct 12, 2011", "Australia's Short-Delay Accreditation Plan—Oct 12, 2011", and "World TB Cases Decline for First Time Ever—Oct 11, 2011".
- CONGRESS 2012:** A banner for the "AARC Congress 2012" held from "November 3-8, 2012" in "Tampa, Florida".
- DRIVE4COPD:** A logo for the "DRIVE4COPD Adapt & Company Program".
- CRCE:** A logo for the "CRCE 2012" (Continuing Respiratory Care Education).

At the bottom of the page, there is a "uwhealth.org" logo.

AARC Benefits and Services

■ News, Information and Resources

- AARC Times Magazine
- Respiratory Care Journal
- News Now Emails
- Internet Resources
- News
- AARC Staff

■ Connections and Communications

- Federal Government Affairs
- Public Relations
- Liaison Activities
- State Societies
- State Government Affairs
- Specialty Sections
- Respiratory Care Week
- Professional Promotion

■ Professional Development

- AARC International Respiratory Congress
- Summer Forum
- Courses and Workshops
- NBRC Discounts

■ Lifelong Learning @ AARC

- Free Online Courses
- CRCE Accreditation
- CRCE LookUp
- Webcasts
- Professor's Rounds
- CRCE Online

■ Program and Product Discounts

- Magazine Subscription Discounts
- AARC Store
- Flower Arrangements
- Real Estate Rebates

■ Career Assistance

- Career Options
- Employment Opportunities
- Job Search Skills Assistance

■ Personal Insurance Programs

- Professional Liability
- Life, Health Disability Income
- Long Term Care
- Major Medical Catastrophe
- Auto



www.aarc.org/member_services/benefits/

UWHealth.org

Wisconsin Society for Respiratory Care



UWHealth
uwhealth.org

WSRC

- To encourage, develop, and provide educational programs for those persons interested in the field of Respiratory Care
- To advance the science, technology, ethics and art of Respiratory Care through institutions, meetings, lectures and the preparation and distribution of Society publications and other materials
- To facilitate cooperation between the Respiratory Care profession, all other medical professions, hospitals, service companies, industry, governmental organizations, and other related agencies
- To provide education of the general public in pulmonary health promotion and disease prevention



Welcome to the Web Site of the Wisconsin Society for Respiratory Care.

WSRC and Professional News Updates

Interested in receiving emails from the WSRC about events or other important information?

[Join our mailing list by clicking here.](#)

Gov. Walker Proclaims Nov. 2011 COPD Month

New - Disaster Preparedness Resources & disaster committee information.

District I 2011 Fall RC Conference
October 20th - more info

Save the Date!
The **North Regional Respiratory Care Conference** will be held in Rochester on April 30th- May 2nd 2012.

Upcoming Events

World COPD Day 2011 - November 16th
38th Annual Great American Smokeout - November 17th

Respiratory Care Week is October 23-29th
Email us and tell us what you are doing to celebrate the week so we can post and let others know.



[Read More...](#)

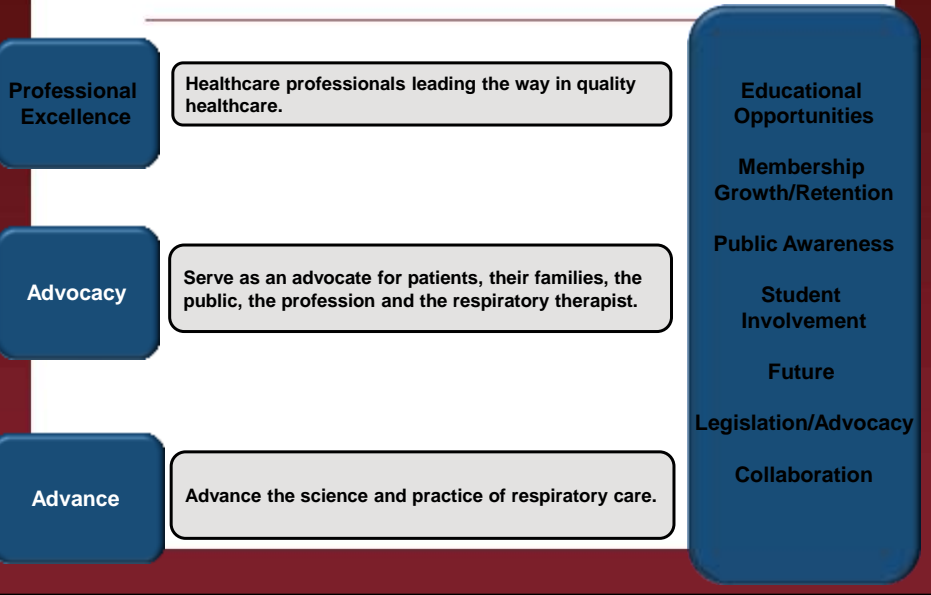




WSRC 2012 Strategic Plan



2012 Strategic Plan



Professional Excellence Goal:
Be the healthcare professional leading quality healthcare.



STRATEGIES

A.1 Apply summit award standards to our strategies

A.2 Provide educational opportunities for our members.

2012 OUTCOMES

- ✓ Submit summit award application
- ✓ NRCC

Advocacy Goal:
Serve as an advocate for patients, their families, the public, the profession and the respiratory therapist.



STRATEGIES

B.1 Engage RT managers with WSRC advocacy. Put together a manager focus committee. (Don, Jennifer, Bill)

B.2 Involvement with local and national healthcare legislative issues.

B.3 Representation to the state Respiratory Care License panel.

B.4 Promote public awareness of lung disease.

B.5 Increased communication to members and potential members.

2012 OUTCOMES

- ✓ Increase membership
- ✓ Retain current members
- ✓ Grass roots respiratory care advocacy
- ✓ 100% 435 participation
- ✓ COPD proclamation
- ✓ COPD screenings
- ✓ Hospital meetings, mailings
- ✓ Manager/Educator Leadership conference



Advance Goal:
Advance the science and practice of respiratory care.



STRATEGIES

C.1 Marketing advanced program alternative professional development options offered by Wisconsin schools.

C.2 Stay current on RT BA alternative.

C.3 Develop a RT advanced degree task force.

2012 OUTCOMES

- ✓ Standing item on agenda
- ✓ Publish on WSRC website
- ✓ 2015 WSRC committee



Respiratory Care in 2015 and Beyond

- Creating a Vision for Respiratory Care in 2015 and Beyond
- Competencies Needed by Graduate Respiratory Therapists in 2015 and Beyond
- Transitioning the Respiratory Therapy Workforce for 2015 and Beyond



Creating a Vision Predicted Changes in Health Care

- Aging population with more chronic diseases
- Treatment will be increasing outpatient
- In hospital care for high acuity patients
- Focus on health promotion rather than illness treatment
- Consumers will pay more of the cost
- Need for improved communication
- Increase utilization of Electronic Medical Records, Telemedicine

 UW Health

Respir Care 2009; 54(3):375-389

HealthCare Reform

- Value Based Purchasing
 - Core Measures
 - HCAHPS
- Readmissions with-in 30 days
 - COPD, HF, CABG, pneumonia
- Health Care Acquired Conditions
 - pressure ulcers
 - vascular catheter associated infections
 - Catheter associated UTI

 UW Health
uwhealth.org

Creating a Vision Changes in the Health-Care Workforce

- National and regional shortages of providers
- Competition for Advanced Skilled Workers
- Less Popular Work Hours
- Shortages of teaching faculty
- Limited number programs

Creating a Vision Changes in Respiratory Care

- Science will continue to evolve
- Clinical decisions will be standardized and driven by evidence and data
- RT will be part of the Care Team – one that includes the patient and family
- Cultural differences
- Information management
- Public health, military, and disaster response



Competencies Needed by Graduate Respiratory Therapists in 2015 and Beyond

- Fully operate mechanical ventilators
- Manage Care through protocols
- Apply new approaches to patient monitoring
- Have a full understanding of pharmacology
- Critical thinking and ability to understand evidence based medicine
- Understand statistical analysis
- Understand all forms of management of cardiopulmonary disease



Competencies Needed by Graduate Respiratory Therapists in 2015 and Beyond

- administer and interpret results of basic respiratory care techniques
- be a contributing member of the patient care team
- understand leadership characteristics
- be proficient in patient and staff education
- be able to assume a patient advocate role when necessary

Credentialing to Certify Competency

- In 2003 the CoARC and the NBRC recognized the RRT credential as the “standard of excellence”
- In 2005 all graduates must obtain their CRT and RRT within 3 years of graduation

Transitioning the RT Workforce 2015 and Beyond

- Identify necessary changes that are needed in the profession to position RTs to fulfill roles & responsibilities identified in conference #1
- Ensure that future and practicing RTs acquire the competencies identified in conference # 2

Transitioning the RT workforce Education

- In 2012 require newly accredited schools must offer a baccalaureate or graduate degree
- Programs accredited prior to 2013 must transition to conferring a baccalaureate or graduate degree to students after 2020

Transitioning the RT workforce Credentials & Licensure

- Retire the Certified Respiratory Therapist credential after 2014
- Assist state regulatory boards to transition to the RRT examination as the requirement for licensure

Be a **professional** Respiratory Care Practitioner

- Be true to your profession
- Be true to your self
- Be true to you patients





health
health.org