

REGIONAL RESPIRATORY CARE PRACTITIONER RESOURCES

REGION	RCP	HOSPITAL	CITY	PHONE
NORTH WEST	Gary Johnson	North Regional Medical Center	Bemidji	218-751-5430
NORTH EAST	Shari Mlodozyniec	St. Mary's Medical Center	Duluth	218-786-4367
WEST CENTRAL	Dave Holm	Douglas County Hospital	Alexandria	320-762-6006
CENTRAL	Vicki Schrupp	Central MN Healthcare Prep. Program	St. Cloud	320-492-7680
METROPOLITAN	Judy Hannigan Bob Voges	Hennepin County Medical Center Region's Medical Center	Minneapolis St. Paul	612-873-7330 651-254-2723
SOUTH WEST	Lance Lothert	Redwood Area-Hospital	Redwood Falls	507-637-4614
SOUTH CENTRAL	Charles McArthur	Immanuel St. Joseph's	Mankato	507-389-4826
SOUTH EAST	Steve Sittig	Mayo One	Rochester	507-287-9794

02-26-08



MEETING MINUTES

MEETING: BOD meeting/College of St Catherine

Date: 2.29.08

Next meeting: 5.2.08

Minutes By: Lori Vogelpohl

Parliamentarian: Deb Skees

Issue/Topic	Discussion	Conclusion/Outcome	Comp. Date
Call to order Vicki E			
Attendance Lori V	Roll Call	We have a quorum	
Approval of previous minutes Lori V	Deb S motion Sue K second the motion	Vote approved	
NRRCC Deb S	NRRCC 2008 Most speakers are confirmed and details are going as planned Expect brochure mailed beginning of June Charlie M: NRRCC conference 2009 in spring and will approach fast- no break in planning. Discussion regarding best time for sputum bowl competition next year- no changes made currently.		
Open positions Vicki	Publication Committee Co-editor to work with Rhonda B on the Bronchus.		

<p>Open Positions</p>	<p>Joint Executive Committee JEC position to help oversee NRRCC planning.</p> <p>Joe B needs to step back from the HPSP -Health public service program board, which is an advisory board that oversees the monitoring of practitioners that have been identified as having special needs/monitoring. This is a sub-set of the MN board of medical practice.</p>	<p>Vicki will send out an e-mail to MSRC members recruiting these positions and Derek H will recruit positions on MSRC web site. Think of persons you know that might be interested!!</p>	
<p>Legislative Carrie B/Deb S</p>	<p>Deb S: AARC webcast: webcast by Cheryl West reviewing legislative action and motivation of practitioners</p> <p>Vicki speaks for Carrie B: e-mail your legislator to support 435 plan!!!!</p>		
<p>Disaster Committee Gary J</p>	<p>Disaster Committee request for the MSRC Board to approve documents -See attached documents submitted</p> <p>Motion made to approve the pre-listed RCP position description Laurie T Sue K second</p> <p>Motion to approve 8 practitioners appointed to pandemic disaster preparedness presented by the disaster committee: Laurie T Deb S second</p>	<p>Vote: approved RCP position Description</p>	

	<p>Discussion revolving around the need for the Disaster Committee making sure the members appointed do qualify and do meet the qualifications defined in position description Also question regarding the term of appointment and who is responsible for overseeing this list ?Insufficient information at this time to vote for approval</p> <p>Does the MSRC need to approve these documents? Discussion-Judy H/Gary J Feeling is that approval is requested as an endorsement by the MSRC that may speed the approval from the state.</p> <p>-Motion to approve the ventilator distribution list as presented by the disaster committee by Laurie T Deb S second</p> <p>-Motion to approve the Medical facility responsibility list as presented by the disaster committee Deb S Gary second</p>	<p>Laurie T withdraws motion to approve 8 practitioners appointed to pandemic disaster</p> <p>Recommendation made by MSRC Board: Disaster Committee (Nick and Steve) should:</p> <ul style="list-style-type: none"> - Clarify the process that will assure the RCP's appointed to these positions meet qualifications as defined in the position description - Define ongoing plan to assure ongoing qualifications are met... (? annual validation of these qualifications) <p>Vote: approved</p> <p>Vote: approved</p>	
<p>Sputum Bowl</p>	<p>St Paul College won student sputum Bowl!!!</p>		

GUIDELINES FOR STATE VENTILATOR DISTRIBUTION

BASIC REQUIREMENTS:

- Staffing capability 24/7 with appropriate skill sets:
 - Adequate staffing 24/7, even after attrition events
 - Personnel can establish ventilator-capable airways 24/7
 - Nursing experienced in airway maintenance
 - Respiratory Care Practitioners on staff & available 24/7
 - Facility currently provides mechanical ventilation
- Adequate utility support:
 - Liquid oxygen capacity
 - Backup generators
 - Generator fuel supply
- Adequate supply inventory will be established:
 - Circuits beyond usual supply (10 per unit)
 - Airways
 - HMEs / humidification
- Facility equipment responsibility after warranty period
 - Preventative maintenance (PM)
 - Facility repair / service contracts
- State ventilators will not be a substitute for facility-owned ventilator procurement.
- Arrange for staff training from among the following resources:
 - Manufacturer clinical specialists
 - Regional RCPs
 - State sponsored training

MEDICAL FACILITY RESPONSIBILITIES

1. Following expiration of the one year manufacturer's warranty, the receiving facility will place the ventilator(s) under their own preventative maintenance program (PMP) and take responsibility for maintenance and repair of the equipment by in-house biomedical services, or by service contract with the manufacturer.
2. The receiving facility will maintain ventilator circuits, HMEs, and other supplies in addition to supplies considered normal department inventory. It is suggested that supplies for 10 disposable patient setups be maintained for each State-owned ventilator, as that was the quantity delivered with each ventilator. An alternative to disposable circuits would be 2 permanent circuits which could be reprocessed indefinitely.
3. The receiving facility may contact the Regional Hospital Resources Coordinator to arrange ventilator in-servicing through either the manufacturer's Clinical Specialists, through the regional-designated Respiratory Care Practitioner, or through State sponsored training when made available.
4. It is expected that State-owned ventilators be placed into service and used routinely by the receiving facility in order to maintain ongoing staff familiarity.
5. It is the receiving facilities responsibility to maintain their own ventilator inventory separately from State acquisitions. The availability of State equipment should not influence, preclude, nor be a substitute for any hospital planning for their own future ventilator purchases.

REGIONAL RCP POSITION DESCRIPTION

- Regional liaison between the MSRC and the MDH personnel.
- Act as a resource to the MDH RHRC*.
- Act as a resource to the MDH PHPC**
- Complete an annual Ventilator Inventory within their Region.
- Determine State-owned ventilators & equipment distribution within their region in cooperation with the RHRC.
- Coordinate RCP ventilator educators within the Region.
Identify 2-3 RCPs willing to help in education projects within their region.

* Regional Hospital Resource Coordinator

** Public Health Preparedness Consultant

REQUIREMENTS FOR POSITION

- Current and active membership in the MSRC/AARC.
- NBRC credential as a Respiratory Care Practitioner (RRT/CRT).
- Current State Registry by the MN Board of Medical Practice.
- Selection approval by the MN Dept. of Health OEP and a Chairperson of the MSRC Disaster Committee.

02/26/08