



Respiratory Care Advisory Council Minutes for September 11, 2018 Meeting

The meeting was called to order at approximately 2:01 pm on Tuesday, September 11, 2018.

Council members present: Ronan Factora, MD; Amy Rodenhausen, RRT; Sanja Keller, RRT; Roy Neely, RRT; Margaret Traband, RRT and Robert Pelfry, RRT

Staff members present: Nathan Smith, Donald Davis, and Joseph Turek.

Guests: Susan Ciarlariello, David Corey, Tammy Martin and Nancy Coletti.

Approval of Minutes from July 10, 2018 Council meeting

All council members present voted to approve the July meeting minutes as presented.

Update on approval of educational programs required to qualify for licensure

By Ohio Administrative Code rule, respiratory care educational programs need to supply to the Medical Board: (1) a copy of the annual report submitted to CoARC; (2) a copy of CoARC's response letter; and (3) a copy of any plan of corrective action for program deficiencies issued by CoARC in response to an official site visit or annual report. Further, each respiratory care educational program in Ohio shall also annually submit a current letter of good standing issued by CoARC. Also, the Respiratory Care Advisory Council may be responsible for advising the Medical Board on these education programs, reviewing documentation provided by these programs, and making recommendations to the Board.

The Medical Board has begun making plans to implement this collection of information and advisory council review process. However, the Medical Board received notice that there will be an indefinite delay in CoARC's ability to collect the information from the educational programs due to software issues.

When the Medical Board receives notification that the CoARC collection of information has resumed, Licensure will send out a letter to all the education programs giving them a deadline for when information needs to be submitted to the Board. When all of the information is collected by Licensure, it will be provided to the advisory council to review.

Ms. Traband expressed concern that this delay could result in the educational programs not being examined for several years. According to Dr. Nancy Colletti, the Ohio Respiratory Care Board reviewed 2017 CoARC's reports and there were no programs that were found to be deficient. Board staff will look for the meeting minutes of the Ohio Respiratory Care Board that convey this discussion.

Update on Continuing Education Program

The Ohio respiratory care law and professional ethics course is still in production and the video should be completed soon.

Discussion of relationship between National Board for Respiratory Care continuing competency policy and renewal of licensure in Ohio

Ms. Rodenhausen stated the issue was posed to her as whether maintaining the NBRC credential should be a requirement for renewal of license in Ohio. In 2007, the Ohio Respiratory Care Board stated that a current NBRC credential was not a requirement to renew a respiratory care license in Ohio.

Mr. Pelfry noted that NBRC has a grandfather clause that excludes respiratory therapists who achieved the credential before July 1, 2002 from having to renew their NBRC credential. Mr. Pelfry believes that a valid NBRC credential should be a requirement for license renewal.

Ohio's continuing education requirements exceed those of NBRC continued competency requirements. However, Ms. Traband noted NBRC requires that all 30 hours in the 5-year period are to be Category I (related to clinical practice). Ohio requires 15 of the 20 continuing education hours required biennially to be related to clinical practice of respiratory care.

The council discussed the potential that the RRT credential is possibly being misused if a licensee has not maintained the credential with NBRC. The council debated whether this a misuse of title or an issue of not properly maintaining competency. A related issue is how should a respiratory care professional sign a document if their NBRC credential has expired.

Due to Ohio's license renewal law in R.C. 4761.06, any change requiring a valid NBRC credential for renewal would have to be a statutory change. Mr. Pelfry stated that requiring all licensees to maintain their NBRC credential is important for the profession.

The council also noted that NBRC is also working on a new examination for continued competency in the future. The council would like additional information from NBRC on these issues including how other states deal with this issue. Board staff will investigate and bring additional information to the council when it is available.

Update on status of recent scope of practice

At the upcoming September 12, 2018 Scope of Practice Committee meeting, the following recommendations from the Respiratory Care Advisory Council will be presented.

First, as to the inquiry of whether triaging patients in the emergency room is within the scope of practice or a respiratory care therapist, the council recommended the following:

Triage associated with the evaluation and treatment of conditions involving cardiopulmonary impairment is within the scope of practice of a respiratory therapist. Triage is a team approach and respiratory therapists would be an integral part of managing triage more broadly with a team addressing any patient that would be seen in any emergency context acute or subacute.

Second, as to the inquiry of can a registered respiratory therapist change a tracheostomy tube in an acute setting under their scope of practice, the council recommended the following:

It is within the scope of practice of a registered respiratory therapist to change a tracheostomy tube in an acute setting. Best practices would include training and annual competency in this area.

Additional Topics

The Council members would like to know if there is a way to track how many licensees have passed the RRT exam versus the CRT exam.

The Respiratory Care Advisory Council meeting was adjourned at approximately 3:08pm on September 11, 2018