

North Carolina Respiratory Care Board

Meeting Minutes April 7, 2005

Members Present:

Joseph Coyle, MD
Nancy M. Hall
Margaret A. Mitchell, RRT, RCP
Thomas Goodin, MD
Bruce K. Rubin, MEngr, MD
Ralph Webb, RRT, RCP
William Croft, RRT, RCP
Wayne Beauford, MD

Others Present:

Floyd Boyer, RRT, RCP –Executive Director
William Shenton –Board Counsel
Jane Carter – Administrative Secretary

Absent:

Mary Lou Fleming
Lisa Fox

Call to Order:

Dr. Coyle called the meeting to order at 10:05 AM.

Conflict of Interest Notice:

Dr. Coyle read the North Carolina Board of Ethics' Conflict of Interest Reminder. If there are any conflicts of interest on any votes, Board members should refrain and inform the Chair at that time.

Dr. Coyle reminded the audience that the Board meetings are recorded and are a matter of public record. Comments and questions raised by the audience are recorded and may be part of the minutes.

Committee:

Dr. Coyle presented the names of the members of the Sleep Technology Subcommittee which was formed as a result of a meeting that Dr. Coyle and Mr. Boyer had with representatives of the sleep industry in Huntersville, NC.

Approval of Minutes:

Dr. Coyle presented the minutes from the January 6, 2005 Board meeting. Mr. Croft made a motion to approve the minutes as written. The motion was seconded and carried unanimously.

Treasurer's Report:

Dr. Coyle reported that the total assets are \$106,212.86. He then presented the Board's Budgeted vs Actual revenues and expenses.

Executive Director's Report: Since the last Board meeting, Mr. Boyer has completed the following:

- Met with the firm Koonce Wooten & Haywood, CPA on January 10, 2005, and informed them of the Board's decision to hire their firm for review and auditing of the Board's financial records. In June 2005, they will begin reviewing records of the first two years and auditing last year's.
- Presented an update to the Edgecombe Community College Respiratory Care Program Advisory Committee on February 3, 2005.
- Attended the 19th Annual High Country Conference on Respiratory Care on February 9-11, 2005 and presented an update to the North Carolina Society for Respiratory Care Board of Directors.
- Dr. Coyle and Mr. Boyer attended a meeting of Sleep Technologists in Huntersville, NC on February 17, 2005, to discuss the declaratory ruling on Sleep Labs
- Mr. Boyer and Ms Green have completed 81 visits to facilities to check for compliance with Board Statutes and Rules or as a result of complaints received by the Board. Nine facilities and/or individuals were found to be out of compliance. There are currently 9 ongoing investigations.
- As of March 31, 2005: there have been 4205 Respiratory Care Practitioner Licenses issued. Totals are: 3433 Active, 43 Inactive, 1 Temporary, and 91 Provisional. There are 58 pending applicants, 544 expired licenses, 11 practitioners deceased, 15 withdrawn applications, 1 voluntarily surrendered license, 2 revoked licenses, 1 suspended license, and 5 denied applications.

Ethics Committee Report: There was no report.

Practice Committee Report: Dr. Coyle presented a request by Mr. Chad Dill for a change to the Advanced Practice Declaratory Ruling. The committee recommended adding Atropine, Morphine, Clonidine, and Esmolol to the drugs approved to be administered by the advanced practice RCP's and to deny the addition of Propofol. The recommendation was approved unanimously.

The next request was from Mr. Ronnie Reynolds, from New Hanover Regional Medical Center, for a change to the EMT's

Respiratory Care Scope of Practice Declaratory Ruling. The request was to allow Paramedics to perform general floor respiratory care under direct RCP supervision in a hospital setting due to changes in the EMS rules. Following a discussion by the Board, the committee recommended tabling this request until the next Board meeting to allow Mr. Boyer time to get more background information about this request from the Office of Emergency Medical Services.

There was a request from Cindy Inman to allow her to perform cardiac stress testing. The Declaratory Ruling states that RCP's who perform this must have the RRT credential, but it allows the Board discretion in looking at specific situations. Ms. Inman provided documentation regarding her knowledge and experience in this field. Following a discussion by the Board, Mr. Croft made a motion to allow Ms. Inman to perform cardiac stress testing. The motion was seconded and passed unanimously. A declaratory ruling will be issued for Ms. Inman.

There was a request from Don Mabe for a clarification concerning a JCAHO survey finding that presented an interpretation of the Respiratory Care Practice Act that would not allow RCP's to have access to medications secured in accordance to CMC-Mercy Hospital's policy. Mr. Shenton suggested that CMC-Mercy ask for an explanation from JCAHO because this JCAHO finding might be based on a JCAHO standard. The Board asked Mr. Boyer to write a letter to Mr. Mabe suggesting that he contact JCAHO and ask for an interpretation of that standard.

There was a request from Barbara Odom for a declaratory ruling to interpret the Practice Act in regards to RCP's providing ECMO. The Board determined that RCP's may provide advanced care procedures and administer pharmacologic agents relate to the delivery of ECMO under the direct orders of a physician and protocols established by a licensed hospital. The committee recommended approval of the ruling. It was passed unanimously.

Dr. Rubin presented an email from Velvette Thacker, of CMC-Presbyterian Hospital, regarding RPSGT's plugging tracheotomies. There was a discussion by the Board. The committee recommended that the Board approve a statement that after reviewing standards, the plugging of a tracheostomy and the performance of CPAP titration to patients with artificial

airways by a Polysomnographic Technologist is beyond the scope of practice of a Polysomnographic Technologist and must be performed by a licensed RCP or by another appropriately licensed or certified professional who is providing these services within that other professional's recognized scope of practice.

Dr. Rubin presented the CPAP Position Statement that was tabled at the last Board meeting. There are several Home Care Companies that deliver masks and devices to patients without an RCP to check the fit at the time of delivery and to do a follow up. There was a discussion by the Board. It was recommended that the Position Statement be drafted as a Board rule and that it go through the rulemaking process for a Public Hearing. This was passed unanimously.

**Sleep Technology
Subcommittee Report:**

The committee met on March 17, 2005. Mr. Croft and Mr. Boyer presented the history of respiratory education showing documentation of EEG's and sleep studies being included in the scope of practice. The members were asked to develop a mechanism for competencies for the individuals performing the duties outlined in the Declaratory Ruling on Sleep Technology. Their goal is to move the Techs from direct supervision to general supervision after successfully completing the competencies. They would still have to pass the RSPG exam in the two year period. The committee will meet again on April 28, 2005 at the Board office. There was a discussion by the Board.

Rules Committee Report:

Mr. Webb presented the rules changes that were approved by the Board at the January 6, 2005 meeting. They are 21 NCAC 61 .0305, Inactive Status, and 21 NCAC 61 .0308, Continuing Duty to Report. He presented the timeline for the approval of these proposed rules. There was a public hearing on March 2 with no one in attendance, but the Board has received two written comments. Ms Mary Lou Fleming suggested that the language in 21 NCAC 61 .0308 (b) be changed to read: "All persons supervising respiratory care practitioners are under a continuing duty to report to the Board any and all" Ms Maxine Lentz stated that the proposed rule change does not say that persons supervising RCP's have to give the reason for the termination. She would like to see that information listed on the website. There was a discussion by the Board and the public. Mr. Webb rescinded the recommendation of the committee and made a motion to add language in 21 NCAC 61 .0308 to read (1) ...; and "for violations of the

Practice Act and/or Board Rules” and to change the language in (b) to read “All Respiratory Care Practitioners who supervise other Respiratory Care Practitioners” are under The motion passed unanimously.

Education Committee Report:

Mr. Croft presented the BSRT update. The committee is in the process of developing a final report for the UNC System. The curriculum is being developed around critical care and offering electives in education, management, or research. The next meeting will be on April 21, 2005 in Greensboro.

Mr. Croft presented an update for the RCP Refresher Course. It will consist of 3 parts which must be taken independently. The first part is an online course which is worth 27 hours, the second part is a laboratory skills review which is worth 20 hours, and the third part is the CRT self assessment exam. All three phases must be completed in order to submit the application for licensure.

Investigation and Informal Settlement Committee:

Ms Mitchell reported that the committee met on April 5 and 6 and interviewed 17 individuals. Six individuals did not show. Any disciplinary actions are pending and awaiting the closed session of today’s meeting.

Unfinished Business:

There was none.

New Business:

Mr. Boyer has received 2 requests for licensing data. One request included a copy of a North Carolina Statute which requires public agencies to provide data. The confidential information will be removed. The data will be produced in an Excel spreadsheet on a CD. After a discussion, the Board set the fee for the data at \$100.00.

Mr. Croft made a motion to revise the Board’s Policy on Licensee Record Management to reflect the disclosure of licensing data. It was seconded and carried unanimously.

There was an email from Mr. Miller at Durham Technical College asking if there is anything in the laws or rules that would prohibit an undocumented alien from entering the program. Mr. Boyer stated that there are no explicit requirements in the Practice Act or Board Rules that makes citizenship or documented alien status a prerequisite for licensure.

Other New Business: There being no further business, Dr. Coyle recessed the meeting for lunch at 12:00.

Executive Session: At 12:30 PM, Dr. Rubin made a motion to go into Executive Session. The motion was seconded by Dr. Goodin and was carried unanimously.

At 12:55 PM, Mr. Croft made a motion to go into General Session. The motion was seconded by Dr. Rubin and was carried unanimously.

General Session: **Hearing for Samuel Wyld – License # 3547**
Dr. Coyle explained that this is a public hearing which will be recorded. If any Board member has a conflict, they should recuse themselves from hearing the case. Ms. Mitchell indicated that since she chaired the meeting of the Informal Settlement Committee at which Mr. Wyld appeared, she would recuse herself.

The Board audio taped the Hearing and will maintain an audio recording of the hearing at the Board Office.

At the conclusion of the Hearing Ms Hall made a motion to enter Executive Session. It was seconded by Mr. Croft and passed unanimously.

Executive Session: At 5:27 PM, Mr. Croft made a motion to go into General Session. The motion was seconded by Ms. Hall and was carried unanimously.

General Session: During the general session Dr. Coyle announced the decision of the Board in regards to Mr. Samuel Wyld. The Board approved continued licensing with one (1) year probation. Mr. Wyld will be required to write a letter of apology to the Board stating his remorse and assurances that the incident shall never occur again. In the letter Mr. Wyld must define the difference between “observation and experience”.

Adjournment: The meeting was adjourned at 5:35 PM.