

North Carolina Respiratory Care Board

Meeting Minutes

October 6, 2005

Members Present:

Joseph Coyle, MD
Mary Lou Fleming
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
Judy Green – Board Investigator

Absent:

Lisa Fox

Call to Order:

Dr. Coyle called the meeting to order at 10:12 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.

Dr. Coyle thanked Ms Hall for her service to the Board and presented her with a plaque. Ms Hall's appointment to the Board will expire on October 31, 2005.

Ms Fox has been reappointed to the Board by the Governor for a second term to expire October 31, 2008.

Approval of Minutes:

Dr. Coyle presented the minutes from the July 7, 2005 Board meeting. Ms Fleming made a motion to approve the minutes as written. The motion was seconded and carried unanimously.

Treasurer's Report:

Linwood Faulconer, CPA from Koonce, Wooten & Haywood LLP, presented the 2005 audit report. The audit is available for public review at the Board office.

Ms Fleming reported that the total assets are \$166,621.82.

There is \$159,962.03 in checking and savings. Due to a time delay issue with online renewals, the Profit and Loss statement does not include the online renewals which were an additional \$17,000. Mr. Boyer will forward a corrected statement to the Board members.

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

- Annual reports were completed and delivered to the Governor, the General Assembly, the Secretary of State, and the Attorney General.
- Mr. Boyer attended the NBRC Licensure Liaison meeting on September 16 – 17.
- Board Investigators have completed 64 visits to facilities to check for compliance with Board Statutes and Rules or as a result of complaints received by the Board. Five facilities and/or individuals were found to be out of compliance. The investigators have completed thirteen investigations that were scheduled for interview on October 5, 2005. There are currently 2 ongoing investigations.
- The Sleep Technology Subcommittee met on August 4, September 13, and October 4. The Rules Committee met on September 13, the Education Committee met on September 13, and the Practice Committee met on October 6. Any recommendations from these committees will be presented during their respective reports.
- Linwood Faulconer, CPA from the firm Koonce, Wooten and Haywood, LLP, has completed the audit of the Board's books.
- As of September 30, 2005, there have been 4525 Respiratory Care Practitioner licenses issued. Totals: 3585 Active, 39 Inactive, 7 Temporary, 65 Provisional. There are currently 103 Respiratory Care Assistant Registrations. There are 67 pending applicants, 711 expired licenses, 18 practitioners deceased, 19 withdrawn applications, 1 voluntarily surrendered license, 7 revoked licenses, and 6 denied applications.

Ethics Committee Report: There was no report.

Practice Committee Report: The main discussion was related to the continuing education requirements for the advanced practice and the ECMO practitioners. The committee made the following proposals:

- To change the practice requirements from 3 years of critical care experience after being credentialed as a

RRT or a BSRT degree and RRT credential to 2 years of critical care experience after graduation from an associate degree respiratory care program and the RRT credential or the BSRT and the RRT credential.

- To change the requirement of having ACLS, PALS, and NRP if providing ECMO to having either ACLS and NPR, or PALS and NRP certification.

Following a discussion by the Board, the recommendations were approved unanimously.

There was a request from David Garrard to add an additional set of skills and medications to the Advanced Practice Ruling. The committee recommended that this list be approved with the condition that the chest tube insertion and pericardiocentesis be clearly delineated as these would only be done as an emergent life saving maneuver. Following a discussion by the Board, the committee's recommendation was unanimously approved. It was decided that the committee would draft practice guidelines to be presented at the next Board Meeting.

There was a proposed change to the Sleep Technologists Ruling to replace "taken and successfully passed a Board approved Polysomnographic Technician certification examination administered by a Board approved testing facility" with "completed Board recognized competency criteria" on pages 3 and 4. To replace "upon approval of the Board and signature of the Board Chair" with "January 1, 2006", to replace "January 1" with "July 1, 2006", to replace "over the next 36 months" with "from the period July 1, 2006 until December 31, 2008", and to replace "at the conclusion of a 36 month period" with "during the first scheduled Board Meeting held in 2009". The recommendation was carried unanimously.

Mr. Croft reported that the Sleep Technology Subcommittee met in August to discuss requirement for developing a statewide test for trainees. They decided it was necessary to submit language changes to the Rules Committee to allow for the development of more flexible evaluation criteria. In September, the subcommittee began working on the guidelines and evaluation system. In October, they developed the evaluation criteria and adopted the APT standards as part of the guidelines.

Rules Committee Report:

Mr. Webb presented the proposed changes to 21 NCAC 61 .0103 and 21 NCAC 61 .0202. The change to 21 NCAC 61 .0103 was to add the definition of "Assessment". The changes to 21 NCAC 61 .0202 involved clarifying the exemption for unlicensed individuals as it relates to specific respiratory care equipment and to define the credentialed health care providers that are exempt from respiratory care practitioner license requirements. Mr. Webb presented the timeline for approval of these changes. The effective date will be March 1, 2006. Following a discussion by the Board to amend the language, Dr. Goodin made a motion to accept the amendments to the recommendation. It was seconded and passed unanimously. The rules committee then made a recommendation to accept the rules. The recommendation was approved unanimously.

Education Committee Report:

Mr. Croft presented the report. Some RCP's are turning in CE's that are not related to respiratory care. The committee will develop a web-based test on updated rules and requirements which will award one free CE per year. Hopefully, this will encourage RCP's to go onto the website.

The subcommittee also made a clarification regarding the RCA affiliation. It can be a written or verbal agreement between the college and a hospital.

There was a recommendation to offer CE's to any RCP who provided relief as a healthcare provider to disaster victims. The RCP's would have to provide documentation. Following a discussion by the Board, there was a motion to add to the CE waiver policy to allow a RCP to request an extension to the CE requirement if a RCP provided healthcare relief for disaster victims for a period of one month during the proceeding year. The motion was carried unanimously.

Investigation and Informal Settlement Committee:

Ms Mitchell reported that the committee met on October 5, 2005, and interviewed 8 individuals. Four 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:

There was a request to move the Board meetings from the first Thursday in the quarter to the second Thursday. This would allow time for additional financial information to be available. There was unanimous agreement to do this.

Mr. Shenton presented a Position Statement on financial relationships and referral incentives that had been drafted.

Dr. Coyle tabled it until the January 2006 Board meeting.

Dr. Coyle informed Board members that the state has increased the allowance for mileage.

Other New Business:

Mr. Croft stated that currently the BSRT program is being proposed to the provost at Appalachian State University. ECU Medical School is also looking at the program.

There was a discussion by the Board in regard to removing patients from life support. At this time, it doesn't appear to be an issue that the Board needs to address without a specific request from a North Carolina healthcare facility.

There being no further business, Mr. Webb made a motion to enter into Executive Session at 11:55 AM. It was seconded and carried unanimously.

Executive Session:

Ms Fleming made a motion to enter into General Session at 12:50 PM. The motion was seconded and carried unanimously.

General Session:

Hearing for Sarah I. Pomer – License # 3673

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 Pomer was not present and no one representing her was present. Mr. Shenton, Counsel for the Board, called Mr. Boyer, Ms Claudette McCallum, and Ms Bobbie Jones as Board witnesses.

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, Dr. Beaufort made a motion to enter into Executive Session. It was seconded and carried unanimously.

Executive Session:

After the conclusion of the Board's deliberations on the hearing, Dr. Rubin made a motion to end the Executive Session. The motion was seconded and was carried unanimously.

General Session:

Dr. Coyle announced that the decision of the Board is to uphold the original recommendation and recommend that Ms Pomer have a medical evaluation for any organic medical problem.

Adjournment:

Dr. Rubin made a motion to adjourn the meeting. Ms Fleming seconded the motion and it was carried unanimously. The meeting was adjourned at 2:40 PM.