



Pulmonary Press

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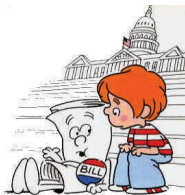
Dr. Gregory Montgomery

Note

from the President...Jeff Scott, BS RRT

Breakfast With Your Legislator

We have started planning the 3rd annual "Breakfast With Your Legislator". It will be held sometime in the first quarter of 2016. Last year was a great success and we hope this year will be even better! We are going back to the breakfast format after comparing attendance from lunch last year and breakfast in 2014 (our first year hosting an event). More information to follow soon. Hopefully we will see you all there. Please start conversations about this event to your fellow RT's and spread the word. So we can have a lot of attendance from our colleagues. Watch for details on the ISRC web page and by e-mail.



Your 2016 Chapter Leads:

Go to in-isrc.org for more information

Chapter I (1st Term): Vacant	Chapter I (2nd Term): Sarah Connelly
Chapter II (1st Term): Erica Rose	Chapter II (2nd Term): Mary Corwin
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Program Committee

- | | | |
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"BREATHE IN AND OUT? WHAT OTHER WAY IS THERE?"

CHAPTER 7 – THOUGHTS TO LIVE BY...

Brittney Haynes & Susan Wynn



“Your customer doesn’t care how much you know until they know how much you care.” - Damon Richards.

Here in Chapter 7, at Schneck Medical Center, Customer Service is a top priority, as it is everywhere. One of our newest attempts to motivate employees to provide excellent customer service came from Suki Wright, the Director of Organizational Excellence at Schneck Medical Center. She

is suggesting departments use the “Elf on the Shelf” concept to motivate staff, which basically is to remind employees that someone is always watching you. Everything we do and everything we say gets judged by someone.

As a respiratory therapist, we are involved with almost every department of the hospital. I believe we can make a huge impact on the patient experience. Respiratory therapists have the opportunity to see the patients through each step of the hospital experience - from the time they walk into the ER, to the day they are able to leave the hospital, and often beyond our walls. Sometimes the same person who placed the patient on the ventilator gets the rewarding experience of taking that person off the ventilator, and even seeing them for follow-up at home. My hope is that everyone who reads this article will take an extra moment to show their patients they care and consider how we, as RTs, might motivate our co-workers to engage each other in renewing our passion and compassion for what initially attracted us to this profession – our patients.



The Pulmonary Press is looking for YOUR input. What interests you?

Chapter Updates	Retirements/Memorials by Chapter	AE-C Corner & News
Timely Topics - Ethics, Telemedicine, etc.	FAQs/Answers from ‘Submit Your ISRC Question’	Meet Your Officers
Scope of Practice News	Sleep Corner News & Update	Meet Your Chapter Directors
Practice Alert Changes	Pulmonary Rehab Corner	About the ISRC Board
Social Media News	Sputum Bowl TEAM Indiana News	Additional Resources & Links

Contact your Chapter Lead or any ISRC Bard Member with suggestions.

Collaborating to Improve Tracheostomy Care

Shelly Eisert, Ed.D., M.S.N., M.H.A., R.N., C.N.E., Associate Professor of Nursing and Director of the Simulation Center for Medical Education at Ivy Tech Community College.

Kathy Newell, AS, RCP, Cardiopulmonary Manager at Margaret Mary Health.

Kim Crawley, ASN, RN, Education Coordinator and Case Manager for Margaret Mary Health. Centers.



Part two - Coach-the-Coach Workshop:

Intervention

The sub-committee developed a *Coach-the-Coach in Tracheostomy Care Workshop* as an intervention to educate healthcare providers who are responsible for providing tracheostomy care in the local community. Twenty healthcare providers, including nurses and respiratory therapists from one local acute care hospital and from three extended care facilities attended. Additionally, a separate workshop was hosted for 18 nursing students at the local community college school of nursing. The participants were trained to be coaches for their facilities, and their role would be to serve as a leaders in tracheostomy care. There were two components to the full day workshop: the “coach-the-coach” component prepared the participants to be coaches, and the “tracheostomy care” component prepared them with tracheostomy care knowledge. The coach-the-coach component included a PowerPoint presentation and discussion about coaching strategies, hands-on practice using simulation, debriefing, discussion and practice developing goals, and preparing for training sessions. The tracheostomy care component consisted of a PowerPoint presentation and an opportunity for group discussion. Additionally, hands-on experience providing tracheostomy care on a manikin (simulation) was facilitated using skills checklists as guides.

Topics presented and discussed included care of a tracheostomy patient, quality of life for a tracheostomy patient, anatomy and physiology of the upper respiratory system and of a tracheostomy, tracheostomy tubes (types and sizes), potential complications and minimizing them, communication and patient teaching, and emergency procedures. Changing a disposable tracheostomy tube, cleaning a non-disposable tracheostomy tube, performing stoma care for a tracheostomy, and suctioning the tracheostomy were the topics for the skills checklists. The participants were tested on their tracheostomy skill using low-fidelity simulation, and the newly prepared coach assessed the participant, under supervision of a workshop instructor, using the skills checklist. After the simulation, debriefing occurred. The coach/debriefer, under supervision of a workshop instructor, assisted each participant to identify strengths and improvement needs, as well as to develop specific, measurable, achievement, realistic, and timed (SMART) goal to improve the ability to perform tracheostomy care.

All educational/training materials were provided so coaches can provide training in their own facilities. A recommended tracheostomy care emergency supply list and sample tracheostomy care policies were provided for participants to take back to their facilities. A manikin with a tracheostomy was purchased through a grant from the simulation consortium, and is available rent-free to consortium members.

Discussion

The *Coach-the-Coach in Tracheostomy Care Workshop* is a direct reflection of the goals of the Simulation Consortium which is to improve regional simulation capacity, research simulation best practices, bridge the academic-clinical gap, and ultimately improve patient care in Southeast Indiana. The healthcare providers rated the workshop as an effective learning experience that improved their competence and confidence. Furthermore, the academic-clinical gap is addressed by incorporating the workshop in education and clinical practice settings thereby supporting continuity of care. Because of this workshop, healthcare providers from the acute care hospital and extended-care facilities, and nursing students from the community college are educated to a level that is consistent with clinical practice expectations. The ultimate goal for this project is to educate healthcare professionals and improve patient outcomes by providing evidence-based best practices for tracheostomy care in Indiana.



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The mission of the Indiana Society for Respiratory Care is to provide proactive leadership in the delivery of Respiratory Care and to promote professionalism among Respiratory Care Practitioners.



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2016 ISRC BOD MEETINGS

- Friday Jan 15, 2016 12p-4:30p
714 N Senate Indianapolis IN 46222
- Friday April 22, 2016 12p-4p
Conference Call/WebEx
- Friday June 24, 2016 12p-4p
Conference Call/WebEx
- Wednesday Sept 21, 2016
5:30p-8:30p

Horizon Conference Center, Muncie IN

January 2016 ISRC Bill Track:

HB1113 SMOKING EXEMPTIONS. (BROWN C) Removes the exemptions to places where smoking is prohibited. Makes conforming changes.

HB1272 PROFESSIONAL LICENSING MATTERS. (ZENT D) Requires a practitioner to provide the Indiana professional licensing agency (agency) with certain information concerning continuing education. (Current law requires a practitioner to provide the information to a specific board.) Allows an individual who holds a professional or occupational license and is called to active duty to fulfill all continuing education requirements through distance learning. Allows the agency to conduct random audits of license renewals of practitioners required to take continuing education courses. Adds certain substances to the definition of "synthetic drugs". Makes the small business member of the jobs creation committee a voting member. Makes changes to the speech-language pathology and audiology board concerning the date a chairperson is selected. Provides that an employee of the agency must keep information concerning a complaint regarding a regulated occupation confidential unless disclosure is required under law, required for the advancement of an investigation, or made to a law enforcement agency that has jurisdiction or is reasonably believed to have jurisdiction over a person or matter involved in the complaint. Scheduled for hearing 1/20/2016

SB350 CRIMINAL HISTORY BACKGROUND CHECKS FOR HOME HEALTH WORKERS. (RAATZ J) Requires a home health agency or personal services agency to obtain a national criminal history background check on employees. (Current law requires a limited criminal history record unless certain circumstances exist that would require a national criminal history background check or an expanded criminal history background check.) Scheduled for hearing 1/20/2016

For more January 2016 Bills go to in-isrc.org/GovernmentalAffairs

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