

Respiratory Therapy Licensure in Alabama

The Alabama State Board of Respiratory Therapy (ASBRT) has now been in existence four years. We are celebrating this milestone with the launch of this annual newsletter. It is only appropriate to begin with a brief history of ASBRT.

On May 17, 2004, Alabama Governor Bob Riley signed a law which provided for the regulation of respiratory therapy in Alabama. Ron Stansell, President of the Alabama Society for Respiratory Care (ASRC) in 2004, stated:

“Patient safety was our primary goal. Until now there was no state regulatory method to ensure that those providing respiratory therapy met standard requirements for the practice

of respiratory care consistent with national standards. This law establishes those educational standards and competencies and ensures that those entering the profession have received formal training and credentialing to engage in the practice of respiratory therapy.”

Stansell added that the law also requires those currently in the profession to continue their education in order to maintain the license.

This law was landmark legislation for many respiratory therapists in Alabama who had been pursuing regulation (usually referred to as “licensure”) of the respiratory therapy profession for approximately 20 years.

Prior to 1980, respiratory therapy was essentially unregulated throughout the entire United States. In the early 1980’s, the American Association for Respiratory Care (AARC) made “legal credentialing” a priority for the merging profession. In 1982, California became the first state to achieve legal credentialing. The next year, Florida and New Mexico passed laws regulating respiratory therapy.

By 2004, 46 states, the District of Columbia, and Puerto Rico had regulatory laws in place. Alabama became the 47th state to achieve this status and within a month Vermont became the 48th state. Today, Alaska and Hawaii are the only states with

(Cont’d on page 3)

Introducing the Alabama Respiratory Therapy Wellness Program

The Respiratory Therapy Board has recently contracted with the Medical Association of the State of Alabama to provide a confidential Wellness Program for respiratory therapists. So, what is a “wellness program?” Good question! To answer the question

let’s first consider the fact that stress, burnout, substance abuse, and other mental disorders, such as depression, anxiety, bipolar disorder, and others, are at an all-time high. It’s ironic that the benefits of modern life with all the amenities and new tools, computers,

and other technology, conveniences of modern travel, advances in medical sciences, etc, have brought such a marked increase in stress, burnout, substance abuse and suicide, but they have.

(Cont’d on page 4)

Inside this issue:

Licensure and the Life of an LRT Director	2
2009 Calendar	2
Respiratory Therapy Licensure in Alabama	3
Introducing the ART Wellness Program	4
Disciplinary Actions	4
Meet the ASBRT	5
Mission, Vision, and Values—Oh My!	5

Special points of interest:

- *History of ASBRT*
- *What to do if you’re an impaired professional*
- *The responsibilities of an RT Director or Supervisor*
- *Where and when Board Meetings are held*
- *Who is ASBRT Accountable to?*

Licensure and the Life of an LRT Director

Okay, here comes the reality for directors and managers! The Respiratory Therapy Practice Act was passed into law in 2004. From that point “our” law gave LRT’s an obligation to be accountable to our patients and the community. After all, the law is based on “patient safety”, right? We LRT’s have a responsibility to practice within our scope, to be professional, ethical and accountable. For those in management, there are larger responsibilities that encompass a global overview of the departments we manage. Responsibilities like evaluating the actions and intentions of the LRT’s that work in our departments, verification of license during hiring, appropriateness of staffing and assignments, ensuring that the facility for which we work follows the law, and reporting situations of misconduct, malpractice and neglect of patient care.

I would strongly recommend every therapist, especially anyone working in a supervisory or management role, to become VERY familiar with section; “**798-X-7-.03 Grounds for Discipline of a License, or Denial of Renewal or Reinstatement**”.

Lets start with some questions. Did you know that a director not only places his or her own license at risk for hiring a non-licensed therapist, but creates a liability for the hospital as well? A hospital cannot be fined by ASBRT; however, it is subject to Joint Commission Surveys. Surveyors are quick to ask for verification of licenses and credentials for physicians, nurses, and yes, LRT’s. If a surveyor learns that a therapist did not have a license at the time he or she treated a patient then the hospital may become subject to an RFI (Room for Improvement).

What about staffing concerns for the director? Directors have a responsibility to pro-

vide adequate staffing to care for the patients at their facility. Does that mean; “One bad shift and he or she’s out”? Well no, under normal conditions every hospital will deal with call-ins, openings, busy trends, and who knows what else. But, if negligence can be proven as a result of his or her’s “in-actions” to provide adequate staffing then their license maybe in jeopardy. And what about training and assignments? They follow the same example. A director has to ensure there is training process in place to provide trained employees and that their assignments match their training.

Directors have a responsibility of reporting employees who violate our law. Do you manage a department in which LRT’s routinely go beyond the scope of practice outlined by law? Directors have a responsibility of making sure that the therapists working in their department stay within the scope of practice for an LRT. I am not saying that a director should report a LRT at the very first violation of this particular mandate? That would depend on the severity and facts of the situation. The obvious example is one where a therapist continues to go outside of the scope of practice despite counseling and education by the director.

And what about situations where a LRT may refuse to comply with drug screening? The rules state that is grounds for discipline, but who has the responsibility of reporting? You know the answer, the director! But what if the director is not a LRT? Then, the responsibility falls to the next highest in command including the staff.

And my final question, what about unprofessional conduct while at work? Directors have a responsibility here as well. That

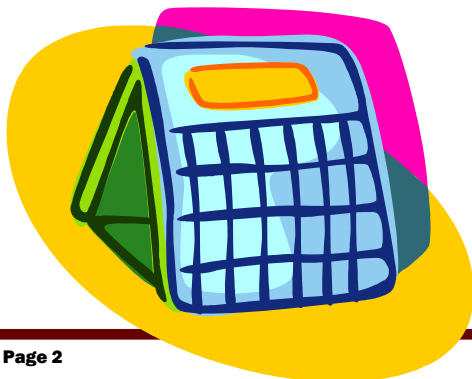
being said, professional conduct may be one of the more gray areas. To answer the question, the board is not interested in every unprofessional incident. We know directors and hospitals will deal with these issues with their own policies. In the process of it all, directors and hospitals should make educated decisions as to when the board should be notified.

In closing, I hope I have brought a thought of concern to everyone. We’ve come a long way as a licensed group with more to learn and understand. It is truly a learning experience for us all. The five members of ASBRT, took an oath to uphold the Respiratory Practice Act and to support the safety of the patients of Alabama. We try to accomplish our oath while attempting to help and support you. That being said; please feel safe to ask questions of us. Interestingly, all the questions in this article came from real life situations; people asking questions as they try to understand how our law works and who should act when a violation is noted. I think it’s safe to say there are violations going on every day. It’s safe to say that many of those violations are a result of people not knowing our law and applying it to a daily practice. Please make sure you know your responsibilities as a licensed respiratory therapist and/or director. And finally, in case your interested, I’ve used the word “director” throughout this article. Realistically, I am addressing anyone in a supervisory role; ultimately, I am addressing the highest-ranking manager, or director with a license to practice respiratory therapy.

Ron Stansell, RRT

ASBRT RT Member

2009 Calendar



January 16th

April 17th

July 17th

October 16th

ASBRT Meetings are open to the public for observation. Board Meetings convene at 10:00 a.m. and are held at ASBRT headquarters in Montgomery located at 7550 Halcyon Summit Drive, Suite 125 (36117). Additional meetings may be called by the Board Chair and scheduled meetings are subject to change but will always be advertised in advance on the Board web site at www.asbrt.alabama.gov and the Secretary of State’s web site at www.sos.alabama.gov.

Respiratory Therapy Licensure in Alabama (Cont'd)

unregulated practice of respiratory therapy.

The new agency in Alabama was named the Alabama State Board of Respiratory Therapy (ASBRT). Governor Bob Riley appointed the first members of the ASBRT on August 5, 2004. The original members are listed below.

- ◆ Ronda Hood, RRT, Respiratory Therapist Position, Term: 2004-2006
- ◆ David Howard, RRT, Respiratory Therapist Position, Term: 2004-2006
- ◆ Fred Hill, RRT, Respiratory Therapist Position, Term: 2004-2008
- ◆ William Goetter, M.D., Physician Position, Term: 2004-2008
- ◆ Linda Jordan, RN, Hospital CEO Position, Term: 2004-2006

The new board had many tasks to complete before the law would become operational and would impact respiratory therapy. The first meeting of the ASBRT was hosted by the Alabama Hospital Association in Montgomery on September 24, 2004. The first order of business was the election of Ronda Hood as Chair and Fred Hill as Vice Chair. Over the months that followed, many issues had to be addressed. A budget was developed and submitted to the state. An interest-free loan was arranged from the state to support operation of the board until fees could be collected. In accordance with the laws of Alabama, competitive bid specifications were drafted and submitted for the hiring of an executive director to oversee the ASBRT and handle the day-to-day operations. After the board reviewed the bids, Paula "Scout" McCaleb was hired as Executive Director. The next major project was the development of rules and regulations. The rules and regulations were drafted, reviewed, and revised many times.

Once the rules and regulations were satisfactory to the board, they were submitted for public scrutiny which includes publication, a public comment period, and hearings. These processes led to further revisions of the rules and regulations. Finally, the rules and regulations became effective September 14, 2005 with the first licenses being issued effective November 1, 2005. Ronda Hood was assigned License #1 for her leadership and diligence in service.

In 2006, Linda Moore and Ron Stansell were appointed by Governor Riley as respi-

ratory therapist members to replace Ronda Hood and David Howard whose terms had ended. Vernon Johnson was appointed to replace Linda Jordan for the Hospital CEO position. In addition to being a hospital administrator, Vernon Johnson is an RRT and had been a respiratory therapist in Alabama for many years prior to moving into hospital administration. Fred Hill was elected to be Chair of the new board and Linda Moore was elected as Vice Chair.

By the time ASBRT reached its first renewal November 1, 2007, approximately 2500 individuals had been licensed to practice respiratory therapy in Alabama. The ASBRT developed a web site with a "search" roster. The first rosters were somewhat cumbersome and time consuming to use, but the one that exists now allows anyone to confirm a license, using either the license number or a last name, within seconds. The roster is updated frequently, usually once a week. If a search fails to produce an expected result, it is always a good idea to follow up with a telephone call or e-mail, especially if the license was obtained recently.

The first renewal began August 1, 2007, and concluded October 31, 2007. Approximately 20% of the renewal applications were audited for continuing education requirements. The audit revealed that a majority of Alabama respiratory therapists understood the continuing education requirements and had complied with them. In the cases of misunderstanding, the ASBRT worked with respiratory therapists to find ways to complete the requirements.

In 2006 and 2007, twelve complaints were filed against licensed respiratory therapists. As part of the disciplinary process, an investigator was sought in conformance with the competitive bidding processes required by the State of Alabama. The ASBRT signed a contract with Don Hiltz for investigative services. The board authorized the hiring of another investigator through the bid process and has signed a contract with Mike Benefield as an additional investigator. Many of the cases have been resolved by this time and the ASBRT expects the other cases to be resolved soon. A listing of disciplinary actions is maintained on the ASBRT website.

As a senior member of the ASBRT and current Chair, I can state that the ASBRT Board, since its inception, has been an out-

standing group of hardworking individuals. Words alone cannot express the outstanding work and efforts of our first Chair, Ronda Hood. All members of the first Board worked hard and met frequently to get the regulatory process rolling. The newer Board is similarly energized and dedicated, but the challenges facing the new Board are less urgent and more routine than the efforts that it took to get the ASBRT established.

Paula McCaleb has provided strong leadership as Executive Director and competent oversight of day-to-day operations of the ASBRT. We have had tremendous support and legal guidance from the members of the Attorney General's office. Currently, Bettie Carmack, Assistant Attorney General, is assisting the ASBRT in legal matters, which includes settlement of disciplinary cases, review of applicants, review and interpretation of rules and laws affecting the regulation of respiratory therapy.

The ASBRT has benefited from support and advice from many sources including the Alabama Legislature, the Medical Association of the State of Alabama, the Alabama Board of Nursing, the Alabama Hospital Association, many agencies and offices in the Alabama State Government, the Alabama Society for Respiratory Therapy, the Alabama Board of Examiners of Public Accounts, the Alabama Durable Medical Equipment Association, the Alabama Board of Home Medical Equipment Services Providers, and many other agencies and organizations too numerous to list here.

With the advent of licensure, increasing educational requirements, an emphasis on safety, quality, and competency, respiratory therapy is emerging as an established and respected health care profession in the State of Alabama, the United States, and in many countries throughout the world.

*Fred Hill, MA, RRT
ASBRT Chair*

ASBRT *Newsline* is an official publication of the Alabama State Board of Respiratory Therapy. This publication is intended for a wide audience to alert licensees to matters of possible procedural, legal, legislative, and regulatory interest. It should not be relied upon, nor is it intended to provide legal, insurance, or accounting advice. Licensees should consult their lawyers, insurance agents, and accountants before taking any action in response to this newsletter, as the opinions expressed herein may be completely altered by the licensees' actual facts.

Introducing the Alabama Respiratory Therapy Wellness Program (Cont'd)

And, “no surprise”, Respiratory Therapists are not immune! They are vulnerable to mental and physical illnesses like everyone else. A health professional’s knowledge regarding science, anatomy, physiology, pathology, etc., is important to their work, but strangely, it is of little or no benefit to helping them personally stay healthy. The Respiratory Therapy Board, like other health professional boards, is faced with the dilemma of what to do about licensees who have problems that cause impairment. Problems that cause impairment include: substance abuse, mental illness, neurologic disorders, and aging. Often, stigma and denial are barriers to effectively dealing with these problems. Denial is a normal (if somewhat primitive but effective) human defense mechanism. I guess nobody wants to face that “it” could happen to them and there is certainly plenty of stigma still around regarding mental illness and substance abuse. So, the Wellness Program will attempt to encourage early referral, including self-referrals, to assist licensees and hopefully prevent full blown impairment, harm to patients, and loss of career.

How common are these problems? The latest numbers are that chemical dependence has a “lifetime prevalence” of about 10-15%, no matter what profession or ranking in society is examined. In other words, it appears that “addiction is an equal opportunity illness”. There have been no specific studies performed on Respiratory Therapists, however, every other health profession studied has shown similar results, including physicians, nurses, pharmacists, and

dentists. The general public also has a similar prevalence of chemical dependence. Therefore, it appears that neither intelligence nor affluence, nor social standing has much to do with one’s risk of having a serious substance abuse problem. The most significant risk factor for a substance abuse problem is a family history of substance abuse.

The prevalence of mental illnesses, including depression, anxiety, bipolar disorder, obsessive-compulsive disorders, and others, are even more common than substance abuse. Some studies have shown up to approximately 35-40% lifetime prevalence of mental disorders. If we then consider neurologic diseases (dementia, and other degenerative neurologic problems that cause impairment), personality problems (anger and disruptive behavior), sexual disorders and physical disabilities, all of which can also cause impairment, the percentage of practitioners potentially affected becomes extremely significant.

In Alabama, the Respiratory Therapy Board has already dealt with a number of practitioners impaired by mental illness and substance abuse. They have therefore taken a proactive approach and have teamed up with the Medical Association of the State of Alabama, who has had a well established Physician Wellness Program since 1991. A committee of physicians and therapists has been appointed to oversee the process.

All referrals are confidential, and careful consideration is given to each referral before the Wellness Program becomes ac-

tively involved. If the Wellness Program becomes involved, the first step is an “intervention,” typically a phone call or meeting with the professional, who is then sent for thorough evaluation. The evaluation is conducted by outside practitioners who have proven expertise in the area of concern. Evaluations typically result in better understanding regarding what must be done for the practitioner to become healthy and safe to continue to practice. Often for substance abuse, this means taking time off for treatment, followed by long term monitoring to assure continued compliance.

Most practitioners referred to the Wellness Program have little interruption in their careers. They receive important evaluation and treatment that ultimately results in a high rate of success. Many practitioner participants in the Wellness Program claim they were literally saved from ruining their careers and even eminent death and now lead richer fuller lives. To make a referral or speak with someone from the Wellness Program call 800.239.6272 or 334.954.2596, e-mail staff@artwellnessprogram.com, or see www.artwellnessprogram.com. The Wellness Program is available to provide programs regarding stress, burnout, finding balance, etc.. Let’s work together to prevent problems or to detect them early and get help for ourselves and our colleagues.

Dr. Greg Skipper

ART Medical Director

Disciplinary Actions

Shane Junkins Date: July 21, 2007; Violation: Section 34-27B-8 (a) (unprofessional conduct likely to endanger the health, welfare, or safety of the public); ASBRT Regulation 798-X-7-.03(4)(a) (testing positive for unauthorized drugs); and ASBRT Regulation 798-X-7-.03(4)(d) (impaired while on duty due to the use of drugs). Disposition: ASBRT License Voluntarily Surrendered

Samuel Stockman Date: July 14, 2007; Violation: Section 34-27B-8 (a) (unprofessional conduct likely to endanger the health, welfare, or safety of the public); and ASBRT Regulation 798-X-7-.03(4)(b) (misappropriation or diversion of drugs from the workplace). Disposition: ASBRT License Voluntarily Surrendered

Julie Ann Copeland Date: April 11, 2008; Violation: Section 34-27B-8 (guilty of unprofessional conduct that is likely to endanger the health, wealth, or safety of the public) and ASBRT Regulation 798-X-7-.03(11) (Poses risk to public safety). Disposition: One year probation and payment of a fine in the amount of \$200.

Milton Earl Watkins Date: April 11, 2008; Violation: ASBRT Regulation 798-X-5-11 (Notification of address change); 798-X-6-.02(6) (failure to accept responsibility and account for judgments actions and respiratory therapy competence); 798-X-7-.03(7) (failure to respond to Board correspondence); 798-X-7-.03 (1) (b) (misrepresenting or falsifying facts on an application for original licensure, renewal, reactivation or reinstatement).. Disposition: Six month probationary period and payment of a fine in the amount of \$800 (\$200 per noted violation).

Lorenda Wynn Glass Date: April 11, 2008; Violation: ASBRT Regulation 798-X-7-.03(6)(b) (failure to practice respiratory therapy in accordance with the standards and practice adopted by the board); 798-X-7-.03(6)(e) (failure to institute respiratory therapy interventions that might be required to stabilize a patient’s condition or to prevent complications); 798-X-03(6)(f)(i) (Failure to use appropriate respiratory judgment); 798-X-.03(6)(f)(iii) (Failure to demonstrate competence in administering or carrying out patient care); 798-X-7-.03 (6)(h) (Failure to timely, accurately, legibly, and completely report and document on appropriate records a patient’s status); and 798-X-7-.03(6) (l) (Gross negligence in the practice of respiratory therapy). Disposition: Payment of a fine in the amount of \$1,200.00 (\$200 per violation).

James Liner Date: May 22, 2008; Violation: ASBRT Regulation 798-X-7-.03(d) Failure to assess and evaluate a patient’s status; and ASBRT Regulation 798-X-7-.03(g) Failure to timely, accurately, legibly and completely report and document on appropriate records a patient’s status. Disposition: ASBRT License Voluntarily Surrendered

Meet the ASBRT



These are the current ASBRT Board Members. From left to right they are: Fred Hill, Chair; Vernon Johnson, Member; Ron Stansell, Member; Linda Moore, Vice Chair; and Dr. William Goetter, Member. This photograph was taken outside of the Board office located in Montgomery, Alabama.

Mission, Vision, and Values—Oh My!

Governor Bob Riley has implemented a program entitled, “Smart Planning” for Alabama Government. Many of you are familiar with the missions of your own hospitals, but do you know what ASBRT’s is? Our mission is actually dictated to us by the Alabama Legislature by statute. ASBRT’s Mission is to protect the citizenry against the unauthorized, unqualified, and improper administration of respiratory therapy and from unprofessional or unethical conduct by persons licensed to practice respiratory therapy (Section 34-27-B-1). The ASBRT has also defined its Vision, Values, and Goals. They are as follows:

Vision: Licensed Respiratory Therapists provide quality respiratory healthcare to Alabama citizens, promoting their health and self-sufficiency.

Values: 1: We value the rights of respiratory therapy patients; 2. We value continuous improvement of board staff in order to provide efficient, effective, and ethical service to consumers and licensees; 3. We value public awareness of respiratory therapy.

Goals: 1. To provide services on-line so that 90% of license transactions are processed via the web by 2010. 2. To process complete applications within ten business days.

ASBRT is held accountable by the Governor to meet our Smart Plan. We submit quarterly performance reports as well as undergo numerous audits conducted by the Examiners of Public Accounts. To give you an idea of the accountability and transparency for State Boards today, Mr. David Howard, an original ASBRT Board Member, compared the many laws, procedures, and audits we must comply with as being substantially similar to the requirements for JCAHO Accreditation.

So, how are we doing in accomplishing these standards? Let’s start with our goals. Goal #1: ASBRT launched on-line renewals for our first renewal season. This was overwhelmingly positively received by licensees and we thank you for that. Soon, ASBRT will launch an on-line original application. This application will check for completeness which will greatly reduce the amount of delayed applications. We are now working on development of an on-line application for change of address and license verification and expect to meet this goal completely by 2010. Again, we thank you for your receptivity to this modern technology.

Goal #2: For fiscal year 2008, our annual average turn around time for processing complete applications was four days. Therefore, we exceeded our goal of a ten day turn around in 2008 and a five day turn around for 2009. With the implementation of on-line original applications, this will further reduce turn around time by ensuring that the applications submitted are complete (most paper applications are incomplete due to incorrect notarization) and reduction in mailing time.

We didn’t forget about continuous improvement of board staff either. All ASBRT staff members have received continuing education in their fields of expertise for a total annual number of CEU’s as follows for 2008: Paula “Scout” McCaleb, Executive Director: 36 hours; Jessica Burdette, Licensing Agent: 24 hours; and Brandy VanOrden, Accounting: 34 hours.

It is our privilege to continue to work to accomplish ASBRT’s goals and work to provide exceptional service to licensees. I thank you for the opportunity.

*Paula Scout McCaleb
Executive Director*