



Breathing Matters



SPRING 2007

A BIENNIAL NEWSLETTER FROM THE RESPIRATORY CARE BOARD



Initial Phase of Workforce Study Complete!

In April 2006, the Respiratory Care Board (Board) contracted with the Institute for Social Research at the California State University, Sacramento, to conduct a study to forecast the State's Respiratory Care Practitioner (RCP) workforce needs. The project involves conducting three surveys to gain a perspective on the current California RCP workforce and future workforce needs. The intent of the surveys is to collect information that, along with other demographic and economic data, can be used to develop a workforce supply model. The surveys were designed to provide information to help the Board plan for the future.

The first of these surveys was given to a sample of all the RCPs holding licenses in California in 2006. The survey was mailed to 3,000 of the active licensees in the State. Of the surveys mailed out, 1,715 individuals returned a completed survey (a response rate of 58% percent).

The second phase, already underway, includes the surveying of respiratory educators and employers. The workforce study is scheduled to be completed sometime this summer, and will be published by the Board as soon as it is available.

The following is a sample of the preliminary key findings and data collected during the initial phase of the study:

Age Distribution of Respiratory Care Practitioner Population of Valid Licensees, Sample and Survey Respondents

Age of Licensee*	Population		Sample		Unweighted Respondents		Respondents Weighted to Population Distribution		
	Number of cases	Percent	Number of cases	Percent	Number of cases	Percent	Weight	Number of cases	Percent
Under 30	1,130	8.1	248	8.3	104	6.1	1.3462	140	8.2
30-34	1,470	10.6	345	11.5	167	9.7	1.0898	182	10.6
35-39	1,723	12.4	379	12.6	176	10.3	1.2102	213	12.4
40-44	1,866	13.4	398	13.3	224	13.1	1.0268	230	13.4
45-49	2,343	16.9	529	17.6	320	18.7	.9031	289	16.9
50-54	2,408	17.3	493	16.4	318	18.5	.9340	297	17.3
55-59	1,851	13.3	375	12.5	242	14.1	.9463	229	13.4
60-64	767	5.5	163	5.4	116	6.8	.8190	95	5.5
65 or older	324	2.3	70	2.3	48	2.8	.8333	40	2.3
Total	13,882	100.0	3,000	100.0	1,715	100.0	n/a	1,715	100.0

* Source: Licensing database, Respiratory Care Board of California

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President's Message

Last fall, Governor Schwarzenegger signed into law legislation to improve the safety and care for patients receiving home respiratory care services in California. The legislation was introduced by former Senator Figueroa and supported by cooperative efforts of the California Association of Medical Product Suppliers (CAMPS), the California Society for Respiratory Care (CSRC), the American Association for Respiratory Care (AARC), and many of the industry's home care companies. Its directive will place the education and administration of respiratory care services firmly on the shoulders of trained and licensed professionals. It was over four years ago when the Board made a unanimous decision to undertake this effort. After hours of collaboration and meetings with many interested parties, we have reached our objective of "improved patient care and safety."

Two other initiatives to improve patient care and safety have not been as successful. Despite our best efforts, we were not able to find a sponsor for our proposed legislation regarding pulmonary function tests and sleep disorder studies.



Larry L. Renner, BS, RRT, RPFT, RCP
President

Respiratory Care Board of California

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*Murray Olson, RCP, RRT
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*Charles B. Spearman, MSED,
RCP, RRT
Member*

*Scott J. Svonkin
Member*

*Stephanie Nunez
Executive Officer*

For several years, the Board has been concerned about unlicensed personnel performing pulmonary function testing. Our initial findings indicated that untrained and under-supervised personnel pose a significant impact on both the accuracy and reliability of these critical tests for pulmonary patients. As you are aware, the accuracy of these tests can make the difference for patients who could benefit from prescription medications for assistance with their activities of daily living. We have all seen the challenges patients face with shortness of breath when even the simplest of tasks is attempted.

We are equally concerned about undertrained, unsupervised, and unlicensed personnel conducting sleep studies, including the application and titration of CPAP and BiPAP devices. It is of the utmost concern that unlicensed personnel are applying and adjusting continuous positive pressure devices to patients. These are patients who commonly present with multiple medical diagnoses, who enter a compromised mental incapacity (REM sleep) and allow these centers to apply cardiopulmonary impacting devices during their test. No one doubts the need to have these testing centers. No one doubts the value an accurate and successful titration brings to someone suffering from a sleep disorder. Our challenge is to answer the question, "Are we providing this care in the safest possible environment, with properly licensed and trained individuals?" In my opinion, we are falling short of a "yes" answer to that question at this time.

Despite our current setbacks, we will continue our efforts to find sponsors for these legislative changes to improve patient safety.

At the March 2, 2007, meeting in Los Angeles, the Board members got an initial look at the results of the workforce study being conducted by the Institute for

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Farewell to Gary N. Stern, Esq., Exemplary Public Member

The Board honored Gary N. Stern, Esq., at its March meeting held in Los Angeles, and presented him with a plaque for his more than nine years of dedicated service as a public member. He was initially appointed by the California State Senate in 1997, and was reappointed to a second term in 2001.

As a member, he served the Board in numerous capacities, most notably in his leadership role as Vice President, and as Chair of the Enforcement and Legislative Affairs Committees. Throughout his tenure, he made significant contributions to a number of issues that required his commitment, dedication, and active participation. This resulted in updated disciplinary guidelines and the establishment of penalty determination guidelines, which have become an invaluable resource to the Board's enforcement staff.

During the meeting, members and staff expressed their admiration for his integrity, judiciousness, openness, ability to compromise, and dedicated work ethic, and conveyed their trust in and respect for him. They noted that he had a great knack for facilitating an open discussion to get to the core of an issue, and always graciously welcomed and considered all points of view. Whatever the challenge or endeavor, he could always be relied upon to work diligently toward the enhancement of consumer protection, and never wavered in his commitment or dedication as a member of the Board.

While members and staff will sincerely miss him and his unyielding dedication to the Board and its mandate, they wish him many successes in all his future endeavors!



Gary N. Stern, Esq.

E-mail Update Feature

The Board recently established an e-mail service to provide updates that include meeting agendas, advisory notices, and special bulletins. Anyone can subscribe to this free service by visiting the Board's Web site and clicking on the link entitled "Join our Mailing List." Sign up today to begin receiving updates from the Board!

iLicensing

Imagine being able to renew your license online. Soon this will be a reality! The Department of Consumer Affairs (DCA) is currently pursuing a project which, upon implementation, will offer licensees of this Board as well as others with the Department a chance to file applications, make name changes, order duplicate licenses, and pay renewals online. The development of the project represents a huge effort on the part of DCA. According to the current timeline, online license renewal will be available sometime within the next 18 to 24 months. We'll keep you posted!

2007 Board Meetings

The Respiratory Care Board of California's meetings for 2007 are tentatively scheduled as follows:

Friday, August 24, 2007 in Sacramento
Friday, November 9, 2007 in San Diego

All meetings are open to the public. The Board welcomes and encourages your attendance! Please visit our Web site at www.rcb.ca.gov for more information on meeting dates, times and locations.

Agendas for upcoming meetings are posted 10 days prior to the meeting dates.



President's Message *(continued from page 2)*

Social Research at California State University, Sacramento. The project director, Dr. Ernest Cowles, gave the Board a presentation of the preliminary results of the profession as it stands in California today. One statistic that stood out in my mind was that 58% of those randomly selected to participate completed the survey. This high percentage of return is very rare and definitely speaks to the importance you placed on participating in this effort. On behalf of the Board, I sincerely thank you for taking your valuable time and effort to complete the survey and return it for our benefit. The information you provided will help the Board strategically as it evaluates legislative mechanisms to promote high quality patient care for all Californians requiring respiratory care services. It also affords us the opportunity to share information with professional organizations like the CSRC and AARC about the respiratory care professionals of California. It is anticipated that the final report will become available for the Board's review later this year at either the August or November Board meeting. As soon as we receive the final report we will share its findings.

American Lung Association Seeking Camp Volunteers

Yosemite Ridge, in partnership with the American Lung Association of California, is now accepting applications for volunteer respiratory therapists for our summer asthma camp. Camp Sierra is a week-long residential camp for children with asthma ages 10-17 and will take place June 10-15, 2007 in beautiful Yosemite National Park. Campers will get to participate in traditional camp activities, such as swimming, archery, horseback riding, and high ropes, while learning more about how to manage their asthma. We are in need of volunteer medical staff to help with med calls and other medical issues. Please visit our Web site at www.yosemiteridge.org for more information and an application. You may also contact Melanie Sue, Camp Director, at 877-742-0533 or via e-mail at msue@yosemiteridge.org.

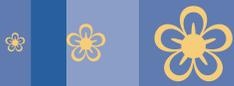
Respiratory Care Board Mandate

The Respiratory Care Board of California's mandate is to protect the public from the unauthorized and unqualified practice of respiratory care and from unprofessional conduct by persons licensed to practice respiratory care. Protection of the public shall be the highest priority for the Respiratory Care Board of California in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount.

RCB Exceeds Small Business and Disabled Veterans Business Enterprise Participation Goals!

Pursuant to an Executive Order issued by the Governor, all State departments and agencies are required to make every effort to attain 25 percent of their purchased goods and contracted services from a certified small business, and 3 percent from a certified disabled veteran business enterprise.

The RCB is pleased to report that it is the **only** board within the Department of Consumer Affairs to not only meet, but exceed, the established participation goals for attaining goods and services from small businesses and disabled veteran business enterprises for the last five years!



New Laws Related to Home Care

Several years ago, the Board became aware of the unlicensed practice of respiratory care occurring in the home care setting. In response, the Board reviewed this issue in depth. It found that the unlicensed practice of respiratory care was increasing at a rapid rate and was largely associated with personnel from home care equipment companies. Most companies were simply not aware of the law or had a difficult time discerning what could and could not be done by unlicensed personnel.

The Board is mandated by law to protect the public from the unauthorized and unqualified practice of respiratory care and from unprofessional conduct by persons licensed to practice respiratory care. As a means to carry out its mandate, the Board promulgated regulations to clarify existing law and at the same time provide a practical exemption for the home care equipment industry. These regulations became effective and will be enforced as of March 16, 2007. A summary of these regulations can be found on pages 8 and 9.

The Board is in the process of notifying home medical device retail facilities that it will begin issuing citations with fines up to \$15,000, to any person and his or her employer or contractor, if the Board has probable cause that the person is practicing respiratory care without a license, as prescribed by the Board. The Board is also notifying companies that respiratory care practitioners and their employers are legally required to report violations to the Board.

You may also find this information on our Web site at <http://www.rcb.ca.gov/pamphlets.htm>.

The Board would also like to extend its appreciation to Steve Vinci, Mark Goldstein, and the California Association of Medical Product Suppliers (CAMPS), for their invaluable assistance throughout this process, and for providing a forum to educate home care providers for the past three years.

License Verification Available Online!

You can verify licensure status online via the Board's Web site at www.rcb.ca.gov. The online license verification system is available 24 hours a day, seven days a week. Records are updated daily (M-F).

Board Extends Appreciation to Sutter General Medical Center

The Respiratory Care Board would like to extend its sincere appreciation to Sutter Medical Center and the many respiratory care practitioners (RCPs) employed by Sutter. Last summer, several RCPs volunteered their time and expertise to assist the Board with participating as an exhibitor at the California State Fair. Their service contributed to the Board's success in meeting its strategic goals and objectives.

Last year, the Board embarked on a consumer education and public outreach campaign to increase public awareness of unlicensed and/or unqualified personnel performing respiratory care, and to promote the respiratory care profession to increase the number of active licensees commensurate with the health care needs of California consumers.

Accordingly, the Board chose to participate as an exhibitor at the California State Fair, where information could be disseminated to a wide consumer base. At the fair, the Board educated consumers about: 1) its consumer protection purpose; 2) recognizing the existence of respiratory therapists and their role in the health care setting; and 3) addressing unlicensed practice of respiratory care. Additionally, the Board also familiarized individuals who were interested in pursuing a health care career with the dynamic respiratory care profession.

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Board Extends Appreciation to Sutter General Medical Center *(continued from page 5)*

The following Sutter RCPs generously volunteered their time and expertise to help relay this important information to California's consumers:

Nadien Cordeiro
Tim Daly
Lisa Diehl
Craig Dophied

Kathy Downey
Jamie Kowalsky
Mark Martinez
Matthew Petrovich

Barbara Piringer
Kathy Schoenfelder
Maggie Vining
Bob Woodbury

Earlier this year, Sutter General Hospital was also extremely generous in providing hospital tours for three members of the Board's staff. **Lori Dacayo**, **Michael Dempsey**, and **Christopher Smith** led these tours, and were instrumental in providing an in-depth perspective of the profession and familiarizing staff with the day-to-day pressures placed on RCPs. The Board would like to extend its appreciation to Ms. Dacayo, Mr. Dempsey, and Mr. Smith for their time and effort in providing these invaluable tours.

Additionally, the Board would like to specifically express gratitude to **Mark Martinez**, Adult Clinical Coordinator, for orchestrating the volunteer efforts and acting as liaison with the Board throughout the State Fair, and for coordinating the recent hospital tours. His willingness to assist with both of these endeavors was immeasurable!

California Department of Corrections and Rehabilitation has Respiratory Care Practitioner Career Opportunities

Annual salary range:

Respiratory Care Practitioner - \$35,400 - \$46,944

Total Compensation: \$46,020 - \$61,027

The California Department of Corrections and Rehabilitation (CDCR) is looking for respiratory care practitioners who will help it shape the future of correctional healthcare. The CDCR is looking for courageous thinkers who have a passion for providing total quality healthcare. If you volunteer for challenging assignments, thrive on making a difference, get excited by the promise of success and are dedicated to professionalism, they'd like to hear from you.

As one of the largest correctional agencies in the nation, the CDCR is recruiting qualified Respiratory Care Practitioners who have graduated from an approved respiratory therapy program accredited by the Committee on Accreditation for Respiratory Care, or its predecessor, the Joint Review Committee for Respiratory Therapy Education, and have a license to practice respiratory care issued by the Respiratory Care Board of California (Board). All Respiratory Care Practitioners must be in good standing with the Board and be committed to providing competent and compassionate care.

The CDCR offers excellent benefit packages: health, dental, and vision care plans (for you and your family). You receive legal services (no malpractice insurance required), defined working hours, 14 paid holidays, a generous vacation package, excellent on-call rotation, license renewal fee reimbursement, and California Public Employees' Safety Retirement System. You will be vested for pension after five years of employment.

The CDCR values its employees, and you can make a difference. Whether you enjoy being on the hiking trails or on the beautiful California beaches, the CDCR can help find a work location that is perfect for you and your family.

To learn more about the CDCR's excellent career opportunities, contact Miriam Galarza at (707) 453-7043 or e-mail her at Miriam.Galarza@cdcr.ca.gov. Visit the CDCR's Web site at www.cdcr.ca.gov. You can also call toll-free at 1-888-232-4584 or e-mail a CDCR recruiter at careers@cdcr.ca.gov.

MEDWATCH - The FDA Safety Information and Adverse Event Reporting Program

The FDA's MedWatch "E-List" delivers clinically important medical product safety alerts and concise, timely, information about drugs and devices. Subscription to this service is free and may provide life-saving information for you, your family, or your patients. The following is a recent alert issued by the FDA:

Vapotherm 2000i (Respiratory Gas Humidifier) System, 2/2/07

The FDA notified healthcare professionals of the reintroduction of the 2000i Respiratory Gas Humidifier System. This system was recalled in 2005 due to possible contamination with *Ralstonia* spp. cultures. FDA noted that premature neonates, immunocompromised patients, and those with underlying respiratory illness (such as cystic fibrosis) or malignancy may be at particularly high risk for infection if exposed to breathing gases from a contaminated Vapotherm device. FDA issued recommendations for the steps to take before using the reintroduced device.

If you would like more information on this product safety alert, or to review all alerts, visit the FDA's MedWatch Web site at www.fda.gov/medwatch/index.html. To receive immediate updates, subscribe to the "E-List" at <http://www.fda.gov/medwatch/elist.htm>.

Satisfaction Survey

Your opinion is valuable to our ongoing commitment to customer service. If you have the opportunity, we would appreciate your taking a moment to log on to our Web site to complete a brief satisfaction survey.

Thank you in advance for your input.

California Society for Respiratory Care Leadership

The leadership torch at the California Society for Respiratory Care (CSRC) was recently passed from one set of good hands to another. In February, Mark Goldstein, RRT, RCP, became the newest President of the CSRC, assuming the post previously held by Janyth Bolden, RRT, RCP. It was a pleasure working with Ms. Bolden during her tenure as President. The Board welcomes Mr. Goldstein and looks forward to working with him on future issues of shared interest.

RCPs Assist the Department of Health Services During Ventilator Selection Process

The Respiratory Care Board would like to acknowledge and thank the following RCPs who assisted the Department of Health Services (DHS) in determining which ventilator to purchase in the event of an emergency with the pandemic bird flu or other virus which attacks or debilitates the respiratory system:

Janyth Bolden, RRT, RCP

Past President, California Society for Respiratory Care

Mark D. Goldstein, RRT, RCP

President, California Society for Respiratory Care
Clinical Manager, Timberlake Respiratory Services & Home Medical Equipment

Mark Martinez, RRT, RCP

Adult Clinical Coordinator
Sutter General Medical Center

Murray Olson, RCP, RRT-NPS, CPFT

Member, Respiratory Care Board
Respiratory Therapist

Marianne Shaw, BSBA, RCP, RRT-NPS

Clinical Operations Coordinator
Memorial Medical Center

Barbara M. Stenson, RCP, RRT-NPS, CPFT

Vice President, Respiratory Care Board
Lead Therapist

Peggy Stulc, RCP, RRT-NPS

Manager
UC Davis Medical Center

Many of these RCPs participated by attending ventilator vendor demonstrations arranged and hosted by the DHS, while others offered their professional input and expertise during conference calls and meetings.

Following the vendor demonstrations, the participating RCPs were evenly split on which ventilator they recommended for purchasing. However, the DHS selected the LTD-1200.

The DHS has expressed its sincere appreciation for the time and expertise offered by each participating RCP.



Respiratory Care Board of California

New California Laws!

Unlicensed Personnel in Home Care

Summary of NEW California Laws Related to Respiratory Care Providers

Effective March 16, 2007

Medical device retailers or any home care provider who provides respiratory care equipment or respiratory care in the home are subject to the following regulations. Any person or employer who is in violation of these regulations should be reported to the Respiratory Care Board of California.

- Unlicensed Personnel (UP) must be employed by a Home Medical Device Retail Facility or Home Health Agency licensed by the Department of Health Services.
- UP must have regular training and be competency tested for each service and equipment-type by either a licensed respiratory care practitioner (RCP) or other qualified licensed personnel. Documentation of this must be retained by the employer for four years.
- The employer must ensure that the patient, the patient's family, or the patient's caregiver(s) are advised prior to or at the time equipment or supplies are delivered, that a RCP or other qualified licensed personnel, shall provide follow up checks upon their request or in accordance with the plan of care.
- UP may deliver equipment and supplies.
- UP may instruct the patient, the patient's family, or the patient's caregiver(s) on how to order equipment and supplies and give them the telephone number at which a live person will be available to respond 24 hours a day, seven days a week, in case of emergency.

All Respiratory Care Devices

(except *certain* oxygen delivery systems and prefilled cylinders requiring simple mask and cannula)

As it relates to the following equipment and supplies for:

- positive airway pressure (with or without a back-up rate) devices
 - intermittent positive pressure breathing devices
 - ventilatory devices
 - nasotracheal or tracheal suctioning devices
 - apnea monitors and alarms
 - tracheostomy care devices
 - respiratory diagnostic testing devices and supplies, including but not limited to pulse oximetry, CO₂ monitoring, and spirometry devices
 - pulse-dose type or demand conserving oxygen delivery devices or high flow oxygen systems beyond the capabilities of a simple mask or cannula or requiring particulate or molecular therapy in conjunction with oxygen
 - any other respiratory care equipment and supplies not otherwise identified
- UP may set up equipment to the extent that the set-up is not dependent upon or influenced by any written or oral communication with the patient or the patient's family, caregiver(s) or physician (with the exception of identifying a physical location in the home for set-up).
 - UP may provide instruction to the patient, the patient's family or the patient's caregiver(s) limited to the mechanical operation of the equipment (e.g., switch, knob, and dial locations) or the general use of equipment or supplies.



- UP are **prohibited** from setting up equipment to an extent that it constitutes patient care (such as applying any device to the patient or making any adjustment or taking any action that requires or is dependent upon or influenced by any written or oral communication with the patient or the patient's family, caregiver(s) or physician).
- UP are **prohibited** from providing any instruction to an extent that it constitutes patient care (such as instruction in the operation or use of the equipment for the purpose of deriving an intended medical benefit or instruction in the clinical application of equipment and/or supplies).
- UP are **prohibited** from performing any level of clinical assessment of the patient.
- UP are **prohibited** from directly engaging in any discussion of clinical care plans, therapy, prescriptions, or clinical applications.
- UP are **prohibited** from touching a patient for the purposes of making an assessment or placing any device upon the patient.
- UP are **prohibited** from providing any service that is not expressly authorized by the Respiratory Care Board.

Oxygen Delivery Systems & Prefilled Cylinders

As it relates to oxygen delivery systems and prefilled cylinders, with the exception of pulse-dose or demand conserving oxygen systems and high flow oxygen systems beyond the capabilities of a simple mask or cannula or requiring particulate or molecular therapy in conjunction with oxygen:

- UP may instruct the patient, the patient's family or the patient's caregiver(s) in the proper and safe operation of oxygen equipment, including:
 - (i) equipment set-up for the purpose of making the equipment patient-ready
 - (ii) connecting disposable tubing, cannulas, and masks
 - (iii) verification of oxygen flow
 - (iv) demonstration to the patient of prescribed flow rate(s)
 - (v) connection and cleaning of oxygen humidifying equipment and devices
 - (vi) use of portable back-up oxygen cylinders and equipment
 - (vii) removal and disposition of disposable tubing, cannulas, and masks
- UP may use a mock self-demonstration as a method of instruction.
- UP may conduct regular in-home evaluations and gather information from the patient and home setting pertaining to the set-up, instruction, and provision of information as described in this subdivision for the use of the prescribing physician.
- UP are **prohibited** from direct administration of home oxygen.
- UP are **prohibited** from handling or adjusting home oxygen equipment while it is in use by the patient or on the patient.
- UP are **prohibited** from touching the patient or placing any device upon the patient while engaged in the set-up and instruction of equipment, including, but not limited to, applying a cannula or performing an oximetry evaluation or oxygen saturation test.
- UP are **prohibited** from directly engaging in any discussion of clinical care plans, oxygen therapy, or any modifications of physician-prescribed equipment, dosages, or instructions or clinical applications.



Continuing Education Requirements

Each licensee is required to complete 15 approved continuing education (CE) units in order to renew his or her respiratory care practitioner license with an active status.

The Board has found that many licensees are unaware that at least two-thirds of their required CE hours must be directly related to the clinical practice of respiratory care. This means that at least ten (10) of the CE hours completed each renewal cycle must be directly related to clinical practice, while the other five (5) can be related to other nonclinical aspects of the profession.

If a licensee takes a course that is not directly related to clinical practice, the maximum number of hours which can be applied to his/her CE requirement is five (5) regardless of how many hours he or she may have been awarded for completing the course.

To ensure compliance with CE requirements, the Board routinely conducts CE audits and selects random licensees required to participate as part of licensure. Licensees selected to participate are required to submit copies of CE certificates for each course reported during their last license renewal. The certificate(s) must include the licensee's name, license number, the name and address of the course provider, the course date, title, the number of CE hours awarded, and the course approval identifying information.

Licensees who do not meet the CE requirements are subject to a citation and fine. In addition, their licenses could be inactivated, and they will be prohibited from the practice of respiratory care until the matter is resolved. If licensees are placed on an inactive status and they continue to practice respiratory care, they may also be subject to disciplinary action and additional fines for any period of unlicensed practice.

If you are unsure of whether or not a course meets the specified criteria, or if you have other questions regarding CE requirements, please visit the Board's Web site at www.rcb.ca.gov and click on the Continuing Education link.

Frequently Asked Continuing Education Questions

How long must I retain my CE documentation?

Licensees as well as providers are required to maintain proof of completion for CE courses for a period of four years. Proof of completion includes identification that each course was provided or approved by a Board-recognized organization.

Do I need CE for my first license renewal?

Yes. You are required to complete CE for your first license renewal. However, the number of CEs required is prorated based upon the number of months for which your initial license was granted. Information regarding the number of CEs you are required to complete was provided with your initial license information. If you are unsure of how many CEs you need, please contact the Board.

What is my timeframe for earning CE?

CE must be earned in the two years preceding your license expiration date. For example, if your license expires on October 31, 2007, then approved CE earned between November 1, 2005 and October 31, 2007 can be applied toward license renewal.

Do I submit documentation with my renewal form?

No. If you are renewing your license on an active status, you are required to indicate the number of CE hours you earned on your license renewal. The renewal application must then be signed, under penalty of perjury, attesting to the number of approved CEs you completed. Your certificates must be submitted only when you are selected to participate in a random CE audit.

How do I find out which CE courses and/or providers are approved?

If you are unsure of whether or not a course meets the Board's specified criteria, please visit the Board's Web site at www.rcb.ca.gov and click on the Continuing Education link.

Can I get an extension on my license renewal if I have not completed my required CE hours?

No. There is no provision in the law to allow for an extension on a license renewal. The only options would be to renew as inactive or become delinquent until the CE is completed. Keep in mind that you cannot practice respiratory care with an inactive or delinquent license.



Initial Phase of Workforce Study Complete! *(continued from page 1)*

Personal Annual Gross Income from Respiratory Care Work

	Percent	Number of cases
Less than \$10,000	1.0	15
\$10,000-\$14,999	0.9	13
\$15,000-19,999	0.7	10
\$20,000-\$29,999	3.6	53
\$30,000-\$39,999	8.4	125
\$40,000-\$49,999	16.8	250
\$50,000-\$59,999	21.6	321
\$60,000-\$69,999	19.6	292
\$70,000-\$79,999	11.0	164
\$80,000-\$89,999	7.8	116
\$90,000-\$99,999	3.9	58
\$100,000 or more	4.7	70
Total	100	1,487

Key Finding

The largest single percentage of those currently working in respiratory care obtained their licenses in 1985, when the RCP licensing requirement was implemented. Of that initial group of licensees, about one-fifth (20.8 percent, or 357 individuals) still maintain current active licenses. It is interesting that, since 1985 and 1986 when there was a huge influx of individuals licensed, the volume of those getting their licenses in each of the successive years has remained nearly constant—ranging from a low of 3 percent to a high of 8 percent of the previous year’s total workforce. There was an increase in the number of licensees entering the profession in 2005-2006.

Work Setting for Primary Respiratory Care Positions

	Percent	Number of cases
Acute care hospital	86.1	1,325
Durable medical equipment/home care	2.3	36
Long-term acute care/rehabilitation hospital/sub-acute care	6.2	96
Skilled nursing facility	.4	7
Accredited education program	1.2	19
Manufacturer/distributor	.3	5
Outpatient facility/physicians office	1.8	28
Other setting*	1.6	25
Total	100	1,540

* Includes Sleep Medicine, Transport, Research and Disaster Preparedness.



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Initial Phase of Workforce Study Complete! *(continued from page 11)*

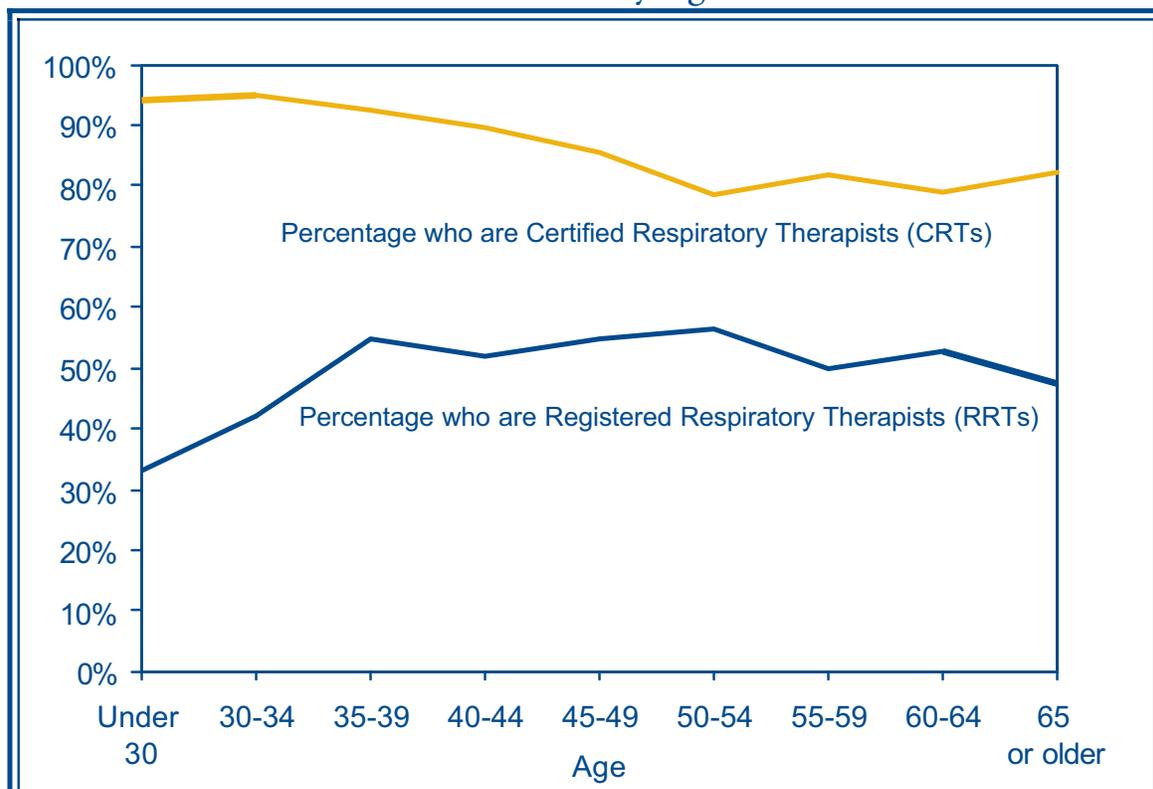
Key Finding

A little more than one-half of RCPs have met the current educational two-year degree requirement, and a sizeable portion have gone beyond this with bachelor's degrees (21 percent) or even master's or doctoral degrees (6.5 percent). Further, about one-quarter of the currently working RCPs are pursuing more education; however, about half of these individuals are doing so to change career paths.

Approximately 95 percent of current RCPs have completed a respiratory therapy education program and the overwhelming majority (83.4 percent) believe their education gave them good preparation for the work they do. However, approximately 30 percent believe current education programs are not preparing students well, and about one-quarter indicate that Respiratory Therapists are not getting the needed level of education and training.

Eighty-six percent of RCPs have earned their CRT credential, and just over half have obtained the RRT credential. Generally, the older RCPs have earned the RRT, while younger workers are most likely to hold the CRT credential. Large facilities are more likely to have greater percentages of RRT credentials than small ones. Beyond the CRT and RRT credentials, the most popular certification areas were those dealing with cardiac life support (BCLS, ACLS), advanced pediatric life support (PALS, APLS), neonatal resuscitation (NRP), and neonatal/pediatric specialist. There was little difference between those working in respiratory care and those not, except those not working were about 12 times more likely to be RNs. This lends support to the notion that those leaving the profession may be moving into other health care professions.

RCPs with CRT and RRT Credentials by Age





Satisfaction with Most Recent Respiratory Care Position by Current Respiratory Care Employment Status

	Percent who are satisfied or very satisfied			Percent who are dissatisfied or very dissatisfied		
	Employed in RC	Not employed in RC	Difference	Employed in RC	Not employed in RC	Difference
Salary	44.0	51.5	-7.5	35.4	26.1	9.3
Benefits	48.1	47.2	0.9	27.3	27.6	-0.3
Work schedule	74.6	56.6	18.0	10.3	20.8	-10.5
Physical work environment	65.2	56.3	8.9	13.6	13.8	-0.2
Job-related stress	34.9	30.5	4.4	31.9	35.4	-3.5
Workload	43.2	37.5	5.7	32.7	38.1	-5.4
Quality of patient care where you work	60.3	54.7	5.6	20.4	19.1	1.3
Relationship with co-workers	81.4	68.4	13.0	4.8	13.3	-8.5
Quality of management from your immediate supervisor	53.8	47.5	6.3	25.5	33.8	-8.3
General administration of the facility, organization or agency where you work	40.7	38.2	2.5	31.8	33.2	-1.4
Involvement in decisions	45.0	36.6	8.4	23.7	26.7	-3.0
Opportunities for advancement	33.8	30.1	3.7	30.0	36.3	-6.3
Your job overall	66.1	56.3	9.8	10.6	20.0	-9.4

Regional Estimates of the Number of Respiratory Care Practitioners Employed in Respiratory Care per 100,000 Persons, 2006

	Estimated Number of RCPs Working in California	California Population	Estimated Number of RCPs Working in California per 100,000 Persons
Northern California	1,062	3,288,310	32.3
Greater Bay Area	2,314	7,871,104	29.4
Central California	1,356	4,013,916	33.8
Southern California	4,742	14,820,121	32.0
San Diego/Inland Empire	2,472	7,178,564	34.4
Total	11,946	37,172,015	32.1

Key Finding

Results would suggest that, while those not working in respiratory care say salary is an important factor in leaving the profession, they are actually more satisfied with the salary (in their last position) than those still in respiratory care. Conversely, there are a number of other job-related factors on which the group now outside respiratory care has significantly more negative views; i.e., less satisfaction and more dissatisfaction.



Mandatory Reporting

Respiratory Care Practitioners and their employers are required by law to report violations of the Respiratory Care Practice Act and the regulations governing the practice of respiratory care to the Board.

RCPs are required by law to report to the Board any person that may be in violation of, or has violated, any of the laws and regulations administered by the Board. Licensees are required to make this report to the Board within 10 calendar days from the date he or she knows or should have reasonably known that a violation or probably violation occurred.

Employers are required by law to report to the Board, within 10 days from the date of a suspension or termination, any RCP in their employment for any one or more of the following causes:

- Use of controlled substances or alcohol that impairs an RCP's ability to safely practice;
- The unlawful sale of controlled substance(s) or prescription item(s);
- Neglect, physical harm, or sexual contact with a patient;
- Falsification of medical records;
- Gross incompetence or negligence; and
- Theft from patients, other employees, or the employer.

RCPs are subject to discipline and can be fined up to \$2,500. Employers are subject to a fine up to \$10,000 for failure to make a report as required. Consideration is given to mitigating and aggravating circumstances surrounding the case.

Mandatory reporting complaint forms are available on the Board's Web site at www.rcb.ca.gov or can be mailed to you, upon request, by contacting the Board toll free at (866) 375-0386.

Additionally, California Penal Code (PC) section 11166 requires you, as a person licensed under Division 2 of the Business and Professions Code, to report known or reasonably suspected child abuse or neglect to:

- Any police or sheriff's department (not including a school district police or security department);
- The county probation department (if designated by the county to receive mandated reports); or
- The county welfare department.

For more information on the Child Abuse and Neglect Reporting Act, refer to PC sections 11164 *et seq.*

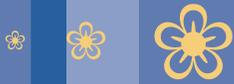
California Welfare and Institutions (W&I) Code section 15630 requires you, as a health care professional, to report known or suspected elder or dependent adult abuse to:

- If the abuse occurred in a long-term care facility (except a state mental health hospital or state developmental center), the report shall be made to the local ombudsman or the local law enforcement agency.
- If the abuse occurred in a state mental health hospital or state developmental center, the report shall be made to the designated investigators of the State Department of Mental Health or the State Department of Developmental Services, or to local law enforcement agencies.
- If the abuse occurred in any other setting, the report shall be made to adult protective services agency or local law enforcement agencies.

For more information on the Elder Abuse and Dependent Adult Civil Protection Act, refer to W&I Code sections 15600 *et seq.*

We Want to Hear from You

If you have issues, concerns, or ideas you think would better serve the consumers of California or the respiratory care profession, we want to hear from you. E-mails can be addressed to rcbinfo@dca.ca.gov.



Enforcement Actions July 1, 2006 - December 31, 2006

REVOKED OR SURRENDERED

Bowles, Dominique J., RCP 17959
 Burford, Rodney A., RCP 21293
 Campbell, David R., RCP 6915
 Chartier, Charlene A., RCP 9731
 Cudney, Cindy M., RCP 21840
 Deuel, Debbie J., RCP 6532
 Eivazians, Lorraine A., RCP 5464
 Ello, Ed W., RCP 1711
 Girgis, Magdi F., RCP 17247
 Grudz, Lynda M., RCP 4790
 Kidanu, Tekla T., RCP 15066
 Lagutaris, James R., RCP 16811
 Ludlow, Debra A., RCP 10111
 Pena, Steven F., RCP 11427
 Sanders, John P., RCP 21339
 Smith, Terrie L., RCP 18898

PLACED ON PROBATION/ CONDITIONAL LICENSE

Arellano, Cynthia L., RCP 20195
 Atkinson, Thomas C., RCP 25221
 Bob, Ioan, Jr., RCP 19217
 Bodewig, Tamatha L., RCP 21197
 Brown, Sean T., RCP 17320
 Caconie, Carl W., RCP 21206
 Carrillo, Joseph E., RCP 18493
 Cruz, Eduardo, RCP 25222
 Erhart, Joseph E., RCP 9120
 Eslinger, Andrew V., RCP 15883
 Hughes, Telly S., RCP 20040
 Macaranas, Lorily, RCP 25609
 Mena, Antonio, RCP 17277
 Muilwijk, Peggy E., RCP 9901
 Munoz, Juan T., RCP 22709
 Phipps, Robert L., RCP 1809
 Rohde, Michelle, RCP 1296
 Salvador, Erlyn O., RCP 25323
 Washington, Michelle T., RCP 25511
 Winekoff, Mark C., RCP 4041

PUBLIC REPRIMANDS

De La Torre, Gerardo, RCP 20930
 Gonzalez, Clodualdo H., RCP 12064
 Klak, Michael J., RCP 9835
 Masterson, Don H., Jr., RCP 25536

Enforcement Actions Definitions

Revoked or Surrendered means that the license and all rights and privileges to practice have been rescinded.

Placed on Probation/Conditional License means the Board has approved a conditional or probationary license issued to an applicant or licensee with terms and conditions.

A **Public Reprimand** is a lesser form of discipline that can be negotiated for minor violations.

Application Denied means the application filed has been disapproved by the Board.

A **Citation and Fine** may be issued for violations of the Respiratory Care Practice Act. Payment of the fine is satisfactory resolution of the matter.

An **Accusation** is the legal document wherein the charge(s) and allegation(s) against a licensee are formally pled.

A **Statement of Issues** is the legal document wherein the charge(s) and allegation(s) against an applicant are formally pled.

An **Accusation and/or Petition to Revoke Probation** is filed when a licensee is charged with violating the terms or conditions of his or her probation and/or violations of the Respiratory Care Practice Act.

CITATIONS AND FINES

Bishop, Thomas E., RCP 9384
 Cain-Hall, Karen D., RCP 24722
 Cardiel, Steve R., RCP 24206
 Corea, Alex A., RCP 18460
 Crane, Wendy, RCP 25494
 Dabner, Connie V., RCP 8517
 Desjardins, Christopher S., RCP 18270
 Downer, Jennifer E., RCP 19614
 Doyle, Brendan A., RCP 21502
 Edwards, Yalanda D., RCP 16150
 Eliserio, Armando, RCP 5560
 Fowler, Valerie J., RCP 2723
 Hawes, Roger W., RCP 4182
 James, Katrina L., RCP 24565
 Lacy, James R., RCP 21833
 Medina, Rafael M., RCP 5367
 Morley, David J., RCP 20734
 Muchiru, Dicckson N., RCP 22558
 Phipps, Robert L., RCP 1809
 Reyes, Rowena U., RCP 22972
 Rigney, Dru E., RCP 17791
 Rodriguez, Maria V., RCP 21605
 Simpson, Mary, RCP 23391
 Whitaker, Julie R., RCP 23292
 Wildman, David A., RCP 11032

ACCUSATIONS

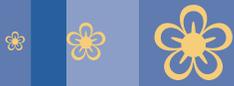
Chao, May L., RCP 24759
 Holguin, Andrew A. J., RCP 15772
 Narvaez, Alexander B., RCP 21371
 Vernon, Dennis A., RCP 23924

STATEMENTS OF ISSUE

Ansari, Hyyesa, N., Applicant
 Fabra, Ramoncito, Applicant
 Johnson, Karl L., Applicant
 Lohapiboon, Somyos, Applicant
 Ortiz, Andrew O., Applicant
 Ponders, Chelsea M., Applicant

All pleadings associated with, and decisions processed after January 2006, are available for downloading on the Board's Web site at www.rcb.ca.gov.

To order all other copies of legal pleadings, disciplinary actions, or penalty documents, please send a written request, including the respondent's name and license number (if applicable), to the Board's Sacramento office or e-mail address at rcbinfo@dca.ca.gov.



Respiratory Care Affiliated Resources: Functions, Upcoming Events, and Contact Information

American Association for Respiratory Care (AARC)

The AARC is the leading national and international professional association for respiratory care. The AARC encourages and promotes professional excellence, advances the science and practice of respiratory care, and serves as an advocate for patients, their families, the public, the profession and the respiratory therapist.

Upcoming Events:

2007 Summer Forum
July 13-15, 2007
Reno/Lake Tahoe, NV

53rd International Respiratory Congress
December 1-4, 2007
Orlando, FL

Contact Information:

Telephone: (972) 243-2272
Web site: www.aarc.org
E-mail: info@aarc.org

California Society for Respiratory Care (CSRC)

The CSRC is an affiliate of the American Association of Respiratory Care and a nonprofit professional organization. The CSRC's mission is to represent and encourage excellence in the art and science of cardiopulmonary support. The CSRC is committed to health, healing, and disease prevention in the California community and extends these concepts to its members, students, healthcare professionals, and the public, through education and clinical practice.

Upcoming Events:

39th Annual CSRC Convention
May 4-6, 2007
Costa Mesa, CA

Contact Information:

Telephone: (831) 763-2772
Toll-free (888) 730-2772
Web site: www.csrc.org
E-mail: webmaster@csrc.org

Respiratory Care Board of California (RCB)

The RCB is the State licensing agency mandated to protect and serve consumers by administering and enforcing the Respiratory Care Practice Act and its regulations in the interest of the safe practice of respiratory care.

Upcoming Board Meetings:

August 24, 2007
Sacramento, CA

November 9, 2007
San Diego, CA

Contact Information:

Telephone: (916) 323-9983
Toll-free: (866) 375-0386
Web site: www.rcb.ca.gov
E-mail: rcbinfo@dca.ca.gov

Respiratory Care Board of California
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Sacramento, CA 95814

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Address Change Notification

You must notify the Board in writing within 14 days of an address change.

Failure to do so could result in fines ranging from \$25 to \$250, and delay your receipt of important materials.

Your written request must include your RCP number, your previous address, your new address, and your signature.

The Board office will accept requests received by U.S. mail, fax, and changes made via the Board's Web site.