

Breathing Matters



FALL 2007

A BIENNIAL NEWSLETTER FROM THE RESPIRATORY CARE BOARD



Unlicensed Practice in Sleep Labs, Board Penalties

At its August 24th meeting, the Board unanimously passed a motion to move forward with the issuance of citations and fines for the unlicensed practice of respiratory care associated with polysomnography. Citations may be issued to both unlicensed personnel and employers of unlicensed personnel illegally practicing respiratory care, with fine amounts up to \$15,000. The issuance of these citations and fines is separate from, and in addition to, citations issued to employers by the Department of Health Care Services for failure to use properly licensed personnel.

The Board is mandated to protect the public from the unauthorized and unqualified practice of respiratory care and from unprofessional conduct by persons licensed to practice respiratory care. The practice of respiratory care is coiled throughout the unregulated and emerging practice of polysomnography—the collective process of attended monitoring and recording physiologic data during sleep, including sleep-related respiratory disturbances—for the purposes of identifying and assisting in the treatment of sleep/wake disorders (e.g., sleep apnea, narcolepsy, restless legs syndrome, etc.).

Over the last several years, the RCB has reviewed this matter in detail, weighing such factors as: 1) the level of harm of unlicensed practice by various credentialed and non-credentialed technicians, 2) existing industry standards, 3) the demand for sleep studies, 4) the demand for respiratory therapists, and 5) the position statements and comments from interested parties. It found that in many instances, criminal background checks are not conducted, competency testing is not required, and in many cases independent companies operate from homes and hotels. In addition, the supervision of unlicensed personnel is limited. As a result, the Board found the most effective alternative to protect the public from the unlicensed and/or unqualified practices of respiratory care and polysomnography is to establish a new licensure category for Polysomnographic Technologists.

For the last eight months, the Board has actively sought regulation of this field, which would allow for on-the-job training. To view the unbacked proposed legislation, visit the “Laws and Regulations” page on our Web site. However, with the absence of licensure for Polysomnography Technologists or any promise of such on the horizon, the Board must uphold its consumer protection mandate to prevent unlicensed and unqualified practice of respiratory care.

Workforce Study Complete!

The Workforce Study is complete and was posted August 27, 2007, on our Web site at www.rcb.ca.gov/pubmedia.htm.

Over the last year, the Institute for Social Research at California State University, Sacramento, conducted surveys with a large sample of licensees, employers, and educators. This data was compiled into a 250-page report, which includes numerous key findings

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RESPIRATORY CARE BOARD OF CALIFORNIA, 444 NORTH 3RD STREET, SUITE 270, SACRAMENTO CA 95811
T: (916) 323-9983 TF: (866) 375-0386 F: (916) 323-9999 E: rcbinfo@dca.ca.gov www.rcb.ca.gov



President's Message

As we begin to bring 2007 to a close, I wanted to begin this Fall message by wishing all the Respiratory Care professionals across this nation a congratulatory Respiratory Care Week October 21 – 28. I hope as many departments and organizations as possible are able to take some time to recognize the great work this profession brings to the health and wellness of many Americans. But there is still so much more to be accomplished. As many in the profession know, last year, COPD contributed to more than 117,000 deaths in America. However, these statistics do not compare to the tremendous health and economic impact felt by Americans who suffer with asthma. Recent statistics indicate that adults missed approximately 24.5 million work days annually. This number of missed work days has an estimated work loss value of \$1.7 billion dollars. These statistics, although staggering, re-enforce the obvious need and value of licensed and well-trained respiratory care professionals whose commitment to effective treatment and improved quality of life for these patients remains paramount. I salute each of you for the work that you do each and every day.



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

This year, the Board continued its efforts to improve patient safety and care of the respiratory patients you serve on a day-to-day basis. We achieved a significant milestone by having our proposed legislation for home care services signed into law by the Governor. We also attempted two additional safety efforts. One was aimed at eliminating unlicensed personnel from applying BiPAP and CPAP devices to sleep disorder patients treated in sleep labs. The other was defining and educating personnel who perform pulmonary diagnostic testing. Although these last two efforts have not been completed, we are continuing our efforts to improve these practices for better patient safety and quality.

Respiratory Care Board of California

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

*Barbara M. Stenson, RCP, RRT
Vice President*

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Member*

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RCP, RRT
Member*

*Scott J. Svonkin
Member*

*Stephanie Nunez
Executive Officer*

We also received the final results from the workforce study conducted by the Institute of Social Research at the California State University, Sacramento regarding the respiratory care profession in California. In the first quarter of 2008, the Board will use this study to re-define and develop its strategic plan for the next couple of years. The results of this study are available on the Board's Web site. I would encourage you to review the information reported to us and take the opportunity to offer your input in charting the Board's course for the future. Because of the level of participation with the study, we feel we have some very useful data to build an effective plan. In addition, the study results reported high levels of agreement about issues impacting the profession, and the relative magnitude of those impacts. These levels were seen across all stakeholders (employers, employees and educators), and will be extremely useful when constructing our future plan.

One of my focuses for future planning will be the need to address the aging workforce within the respiratory care profession. This trend is being seen both nationally as well as in California. As a result of this growing trend, the AARC recently introduced a program aimed at getting the youth of America better educated and excited about a career as a Respiratory Therapist. One appropriate goal for the Board would be to create a partnership with the CSRC and the education programs of California to launch a sustainable effort of educating California's youth about this important and satisfying profession. Our success in this effort is critical. Without it, we will not be able to impact the billion dollar price tag of asthma or the increasing numbers of pulmonary deaths in this nation.

I urge you all to review the information received from the workforce study and to offer us (the Board) your comments and suggestions for our strategic planning sessions. If possible, make the special effort to attend our meetings to see first hand how the Board operates. We welcome you to attend!

RCPs Participate in Durable Medical Equipment Workgroup Meetings

Medi-Cal and California Children's Services (CCS) within the Department of Health Care Services have established a Durable Medical Equipment (DME) Workgroup to address reimbursement issues that plague both hospitals and other providers that care for ventilator patients facing discharge, or advanced respiratory patient needs in the State of California. The issues have been precipitated with the departure of many DME providers from the two State-run programs, creating access to care issues, the slowing down of many discharges, and the disruption of services for this group of respiratory and life support dependent patients.

The Workgroup is tasked with problem identification and resolution. Among the eight care providers that make up the workgroup are two licensed RCPs, Allison Murray and Mark Goldstein. Both Ms. Murray and Mr. Goldstein are pleased to have the opportunity to represent the needs of respiratory care patients in the State. The other representatives are from various statewide providers of care, including both pharmacy and rehabilitation providers, children's hospitals, and the Medi-Cal and CCS agencies. Dr. Marian Dalsey, Chief, Children's Medical Services Branch, and Bob Achermann, Executive Director of the California Association for Medical Product Suppliers, can be credited with the establishment and coordination of this series of meetings.

We will continue to provide updates regarding the outcome of these meetings.

Link to California Children's Services Guidelines Available!

Did you know the Respiratory Care Board's Web site has a link to California Children's Services Guidelines?

These guidelines can serve as an exceptional resource on a variety of CCS-related issues.

If you're interested in obtaining copies of the CCS guidelines, or just want to see what's available, log on to the Board's Web site and click on the Laws and Regulations page. Next, click on Department of Health Services, California Children's Services Guidelines link.

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 Join our Mailing List link. Sign up today to begin receiving updates from the Board!

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.

2008 Board Meetings

The Respiratory Care Board of California's meetings for 2008 are tentatively scheduled as follows:

March 13-14, 2008, in Palm Springs
June 13, 2008, in Sacramento
November 7, 2008, in Southern California

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.

Ethics Course Required for License Renewal in 2008 and 2009

When you receive your next renewal application, you may notice that it has an additional requirement. Beginning with licenses expiring January 31, 2008, through December 31, 2009, the renewal application will include a provision requiring licensees to certify that they have completed a Board-approved law and professional ethics course as part of their continuing education (CE) requirement.

The course will constitute three CE units, and must be taken during every other renewal cycle. Keep in mind that failure to complete the course will delay your license renewal and may result in your license being inactivated.

If you have not already taken the required course, it's not too late. The California Society for Respiratory Care (CSRC) and the American Association for Respiratory Care (AARC) have independently developed law and professional ethics courses which have been approved and are available to be taken via the Internet. Each of the Board-approved courses are unique, though they both are three hours in length and consist of the following subject areas:

- Obligations of licensed respiratory care practitioners to patients under their care;
- Responsibilities of respiratory care practitioners to report illegal activities occurring in the work place; and
- Acts that jeopardize licensure and licensure status.

The Board's Web site (www.rcb.ca.gov) includes links to each course provided via the CSRC's and AARC's Web sites (the CSRC will also provide "live" sessions on designated dates). Please be advised that only ONE law and professional ethics course is required to be completed prior to your next license renewal (either the CSRC's or AARC's course). Before deciding which course to take, you are encouraged to visit each providers Web site to review additional information pertaining to the administration of each course. You can then select the course provider that best meets your individual needs.

Should you have any questions or require additional information regarding the law and professional ethics course requirement, please do not hesitate to contact the Board's office at (916) 323-9983 or toll-free at (866) 375-0386.

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, 7 days a week.
Records are updated daily (M-F).

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.

Board Appreciation

The Board would like to extend its appreciation to **Patrick Moore**, Area Manager for Special Procedures, with the Respiratory Care Department at Loma Linda University Medical Center, for providing a hospital tour to Public Member Sandra Magaña.

Mr. Moore was instrumental in providing Ms. Magaña with an in-depth perspective of the profession, and familiarizing her with the day-to-day activities of respiratory care practitioners.

Thank you Mr. Moore for your generosity in sharing your time and expertise!

Workforce Study Complete! (continued from page 1)

as well as a workforce supply model. Following are just a few excerpts from the report we think you will find interesting. We encourage you to visit our Web site and review the report in its entirety to gain a complete perspective on the state of the profession.

The Board would like to thank everyone who participated in this very important process, as the success of the Workforce Study was highly dependent upon the responses received to the various surveys. As the Board moves forward with its strategic planning in early 2008, everyone who participated should be proud of the role they played in shaping the future of the respiratory care profession in California.

What Is the Average Pay Rate for RCPs in California?

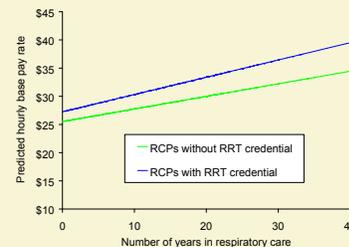
\$30.09	Average base pay rate for all survey respondents working in respiratory care.
\$27.15	California Employment Development Department (EDD) estimate for 1 st Quarter 2006.

- Some of the gap between these rates can be explained by the occupational classification that EDD uses for Respiratory Therapists.
- This classification does not include directors, managers, some supervisors, educators, and RCPs working in the manufacturing/distributing sector.

Prepared by the Institute for Social Research for the Respiratory Care Board of California

How Do Pay Rates Vary with Experience and Credentials?

- The average base pay rate for an RCP starting out in the profession was \$24.54.
- Starting hourly base pay rates for RCPs with the RRT credential were on average \$1.73 higher than rates for RCPs without the RRT credential.
- Pay increased with years of experience in the profession, but the rate of increase in pay was greater for RCPs with the RRT credential.



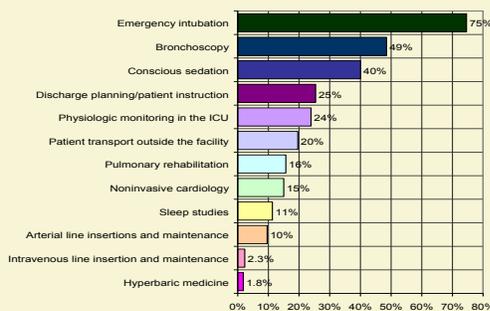
Prepared by the Institute for Social Research for the Respiratory Care Board of California

Key Finding

The average base pay rate for RCPs just starting out in the profession was \$24.54. Pay rates increased with experience, and the overall average base pay rate for all RCPs working in 2006 was \$30.09 per hour. RCPs working for manufacturers or distributors had the highest average base pay (\$37.15 per hour), followed by those working for educational programs (\$36.24 per hour). Base pay rates for RCPs working in long-term acute care, rehabilitation hospitals, sub-acute care, and skilled nursing facilities were lower than other settings, with averages ranging from \$28.25 to \$28.52 an hour.

How Frequently Do RCPs Assist with Medical Procedures?

- RCPs reported frequently assisting with a variety of medical procedures.
- Emergency intubation was by far the procedure for which the largest number of RCPs assist.
- Just under half of respondents assist with bronchoscopies.
- Forty percent of respondents commonly assist with conscious sedation.



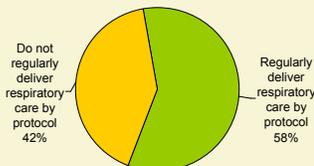
Prepared by the Institute for Social Research for the Respiratory Care Board of California

Key Finding

RCPs reported commonly assisting with a wide variety of medical procedures. Substantial numbers of RCPs reported assisting with three procedures in particular: emergency intubations (75 percent); bronchoscopies (49 percent); and conscious sedation (40 percent). Although not as widespread, it was not unusual for RCPs to report assisting with more specialized procedures such as sleep studies and arterial line insertions.

How Widespread Is Delivery of Respiratory Care by Protocol?

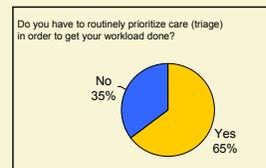
- More than half of RCPs reported regularly delivering respiratory care by protocol.
- Thirty-one percent of these RCPs routinely used more than five protocols.
- RCPs routinely delivering respiratory care by protocol reported higher levels of satisfaction with quality of patient care.



Prepared by the Institute for Social Research for the Respiratory Care Board of California

How Widespread Is Use of Concurrent Therapy and Triage?

- 64 percent of RCPs reported doing concurrent therapy in order to complete their workload.
- 65 percent of RCPs reported routinely prioritizing care in order to get their workload done.
- A significant portion of RCPs—46 percent—report having to use *both* practices in order to complete their workload.



Prepared by the Institute for Social Research for the Respiratory Care Board of California

Does Use of Concurrent Therapy and Triage Affect Job Satisfaction?

RCPs who reported using concurrent therapy and triage were less satisfied with:

•The quality of care where they work
•Their workload
•Their involvement in decisions
•Their job in general

- This relationship is particularly important in light of the widespread use of both workload management practices—most RCPs (83 percent) reported routine use of one or both practices.

Prepared by the Institute for Social Research for the Respiratory Care Board of California

Key Finding

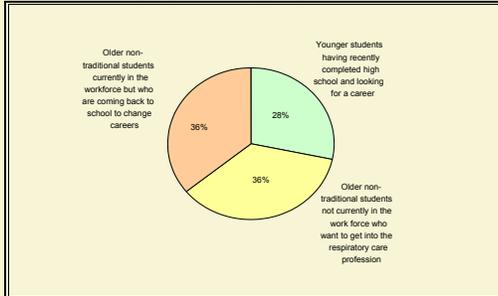
Workplace policies—specifically, use of protocols, concurrent therapy, and triage—influenced how RCPs felt about their jobs and the quality of care they provided to patients.

Use of protocols was associated with higher levels of satisfaction with quality of patient care. Fifty-eight percent of RCPs reported routinely delivering respiratory care by protocol. These RCPs were significantly more satisfied with the quality of patient care. Forty-two percent of RCPs reported that they did not routinely deliver respiratory care by protocol. These RCPs were significantly less satisfied with the quality of patient care.

Use of concurrent therapy and triage was associated with lower levels of satisfaction with the quality of patient care. Additionally, use of both practices was also associated with lower levels of overall job satisfaction, satisfaction with workload, and involvement in decisions. This relationship is particularly important in light of the widespread use of both workload management practices—most RCPs (83 percent) reported routine use of one or both practices.

Education Survey

Figure 4.4: Distribution of Respiratory Care Students by Age Group and Career Track



◆ Student Profile
 ■ Quality Improved—61%
 ■ 72% Older Non-Traditional

Prepared by the Institute for Social Research for the Respiratory Care Board of California

Key Finding

Although program enrollment has been growing steadily since 2002, student attrition between time of enrollment and graduation has resulted in only modest growth in the number of graduates produced by each program. This pattern has been particularly pronounced for advanced-level programs, which saw only a 1.6 percent growth over the seven-year period.

It is estimated by program directors that about 36 percent of students entering respiratory care programs are older non-traditional students coming back to school for a career change, and about 36 percent of students are older, non-traditional students not currently in the workforce who want to get into respiratory care. While these individuals bring many positive qualities to the profession, they will have a shorter “career life” than students entering the profession at an earlier age.

Key Finding

There was a divergence of opinions regarding possible changes in educational requirements for RCPs. A majority of programs did not support moving from a two-year to a four-year degree, nor establishing a mandated statewide curriculum. However, respondents offered strong support for:

- * requiring a mandatory progression from CRT to RRT within three years of licensure, and
- * addressing the quantity and quality of the clinical component. In addition to requiring an adequate number of clinical hours, program directors stressed the importance of an on-site clinical instructor.

Key Finding

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Trends in Education

Figure 4.2: Average Annual Entry Level Program Admissions, Enrollments and Graduations, 2000-2007

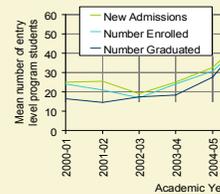
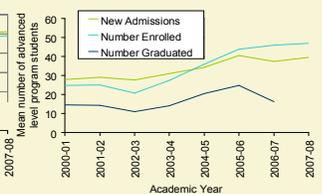


Figure 4.3: Average Annual Advanced Level Program Admissions, Enrollments and Graduations, 2000-2007



◆ Advanced Level Graduations Slipping

Prepared by the Institute for Social Research for the Respiratory Care Board of California

Perspectives on Possible Changes in Education

Combined Educator and Acute Care Employer Opinions about Educational Requirements

	Education Program Directors		Acute Care Employers	
	Yes	No	Yes	No
Given your expectations for the respiratory care profession in the next 5 years, should the entry level educational requirement for Respiratory Care Practitioners be increased from the current 2-year degree to a 4-year (Bachelor's) degree?	40%	60%	30%	70%
Given your expectations for the respiratory care profession in the next 5 years, should the State establish a standard or model curriculum for respiratory care education programs?	45%	55%	80%	20%
Given your expectations for the respiratory care profession in the next 5 years, should progression to RRT from CRT be required by the state within a designated timeframe such as 3 years?	70%	30%	66%	34%
Given your expectations for the respiratory care profession in the next 5 years, should the RRT be the entry level exam for licensure?	75%	25%	59%	41%
Given your expectations for the respiratory care profession in the next 5 years, are there other education or training requirements that need to be changed?	42%	58%	46%	54%

Prepared by the Institute for Social Research for the Respiratory Care Board of California

Key Finding

A strong majority of RCP employers (80 percent) supported the idea that the State should establish a standard or model curriculum for respiratory care education programs. Nearly two-thirds of RCP employers (66 percent) supported the idea of requiring progression from the CRT to the RRT within a designated timeframe such as three years.

Employer Perspectives on Education

- ◆ Do RCPs Have the Right Amount of Training ?
 - Yes, Training is Appropriate for Job—62%
 - No, Not Enough Education / Training—38%
- ◆ How Well Do California RCP Programs Prepare Students?
 - Some Programs Adequately Prepare—52%
 - Most Programs Adequately Prepare—37%

Educator Perspectives on Education

- ◆ Do RCPs Have the Right Amount of Training?
 - Yes, Training is Appropriate for Job—65%
 - No, Not Enough Education / Training—35%
- ◆ How Well Do California RCP Programs Prepare Students?
 - Some Programs Adequately Prepare—35%
 - Most Programs Adequately Prepare—65%

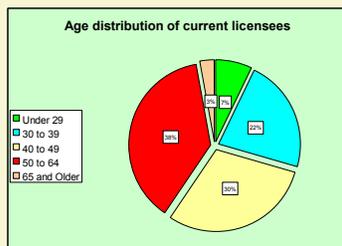
Prepared by the Institute for Social Research for the Respiratory Care Board of California

Key Finding

A strong majority of educators indicated that graduating RCPs had the appropriate education and training for the job and were well prepared. Despite these generally positive views of respiratory care graduates, educators questioned how well some educational programs prepared students, with slightly more than two-thirds (68 percent) indicating that most programs prepare students adequately, but more than one-third (35 percent) maintaining that only some respiratory care education programs prepare students adequately.

What Does the Workforce Look Like Today?

- 41% of RCPs are 50 years old and older
- Only 29.5% are under the age of 40
- New RCP licensees have been growing at an average rate of only 0.8% a year since fiscal year 1989-1990



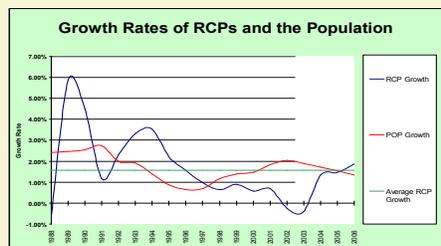
Potential Problem: Will new RCP licensees be able to replace the existing ones?

Prepared by the Institute for Social Research for the Respiratory Care Board of California

Key Finding

Slightly less than two-thirds (62 percent) of employers believe RCPs have the appropriate training for the job, with more than one-third stating they are under qualified. On the other hand, a sizeable majority (70 percent) believes RCPs are prepared to enter the workforce upon graduating from their educational program; yet there seems to be a perception of unevenness in the quality of the education, with negative views of the education provided by some of the respiratory care educational programs.

How Has the Workforce Grown in the Past?



- Average growth of RCPs Licensees = 1.6%
- Average Californian Population growth = 1.7%
- Major slow down in the growth of RCPs in the early 2000s

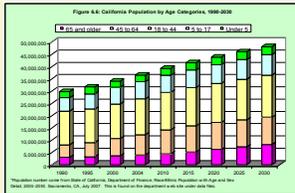
- > Initial Findings:
- > Growth in RCPs, on average, has kept pace with the growth in the Californian Population
- > From fiscal year 1989-1990, there has been an average of 40.7 RCPs per 100,000 Californians serving this State

Prepared by the Institute for Social Research for the Respiratory Care Board of California

Key Finding

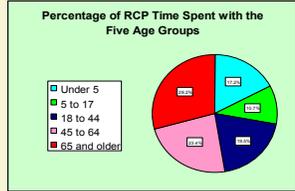
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The Demand for RCPs



How will demand be characterized into the future?

- ✓ The demand model takes into account the predicted ages of Californians into the future
- ✓ The Demand Model incorporates the concept that different age groups use RCPs at different rates
- ✓ These percentages allowed the ISR to calculate usage ratios for RCPs by the Age Categories



Use Ratios of RCPs by Age Categories

Under 5	5 to 17	18 to 44	45 to 64	65 and older
92.4	22.3	19.2	37.6	102.0

- ✓ In order to generate future demand estimates, the model assumes that these "Use Ratios" remain constant into the future

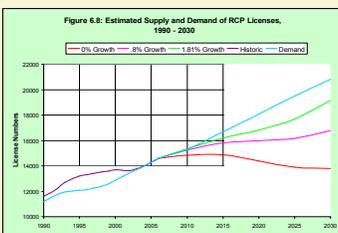
Prepared by the Institute for Social Research for the Respiratory Care Board of California

How Many RCPs Plan to Leave the Profession by 2016?

- Forty-two percent of those currently working in respiratory care indicated that they intend to leave the profession within the next ten years
- For the potential workforce in 2006 (13,884 active, clear licenses) this translates to 5,828 RCPs with plans to leave the profession during the next ten years

Prepared by the Institute for Social Research for the Respiratory Care Board of California

The Future of the RCP Workforce



Results:

➢ The Demand for licensees into the future exceeds the Supply of licensees under all 3 growth projections

➢ Under the .8% growth pattern, in 2015 the RCP workforce will be short 839 licensees! (This represents 5% of the needed number of licenses)

➢ By 2020, the deficit more than doubles, and then almost doubles again by 2030

Table 6.8: Estimated Supply and Demand Differences

Year	2010	2015	2020	2025	2030
0% Growth	-449	-1,811	-3,666	-5,592	-7,035
.8% Growth	-43	-839	-2,067	-3,313	-4,033
1.81% Growth	40	-472	-1,224	-1,806	-1,677

Prepared by the Institute for Social Research for the Respiratory Care Board of California

Key Findings

The overwhelming majority of acute care employers indicate they will need to increase their RCP staff in the next five years, while only three percent believe they will reduce staff in the next five years.

A sizeable portion (62 percent) of acute care employers believe their current hiring difficulties will continue for the foreseeable future. The reasons for future hiring difficulties closely parallel reasons for current problems: A general lack of RCPs, a lack of qualified applicants, and a lack of applicants with the necessary specialties. Additionally, employers indicated that salary competition with other employers in their area will be an important factor in making hiring a problem.

Key Finding

To appreciate the impact of age on the future of the workforce, two factors should be kept in mind. First, the average (mean) age of the current RCP workforce is 45.4 years. Second, more than one-half (55 percent) of the RCPs surveyed were 45 or older and one-fourth of the RCPs surveyed were 54 or older. The combination of age and the time RCPs say they plan to remain in the profession suggests that the profession will lose a substantial proportion of working RCPs in the coming decade, and, coupled with the fact that a large replacement group doesn't appear to be waiting in the wings, there could be a substantial impact on the size of the workforce. Along with this finding is the intuitive connection (confirmed by our analysis of certifications and credentials) that the workforce will lose not only workers, but will also lose a disproportionate amount of its experienced workers with advanced skill sets.

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 are a few of FDA's recent alerts:

Colistimethate (marketed as Coly-Mycin M and generic products), 06/28/2007

The FDA notified healthcare professionals and cystic fibrosis patients that the Agency is investigating the possible connection between the use of a liquid solution of Colistimethate that was premixed for inhalation with a nebulizer and the death of a patient with cystic fibrosis (CF). The product is not FDA approved for use as a liquid to be inhaled via nebulizer. In this case, the drug was prepared by a pharmacy and dispensed as prescribed in premixed unit dose ready-to-use vials. Once Colistimethate is mixed into a liquid form, the product breaks down into other chemicals that can damage lung tissue.

ResMed S8 Flow Generators (Continuous Positive Air Pressure or CPAP): S8 Compact, S8 Escape, S8 Elite, and S8 AutoSet Vantage, 04/24/2007

ResMed and the FDA notified consumers and healthcare professionals of a worldwide recall of approximately 300,000 S8 flow generators (Continuous Positive Air Pressure or CPAP) used for the treatment of obstructive sleep apnea. In Model S8 devices manufactured between July 2004 and May 15, 2006, there is a potential for a short circuit in the power supply connector.

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

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

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.

An **Interim Suspension Order** is an administrative order, issued in the interest of consumer protection, prohibiting the practice of respiratory care.

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

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

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.

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.

Enforcement Actions January 1 - June 30, 2007

REVOKED OR SURRENDERED

Antonio, Mauro D., RCP 24702
Caprai, Joseph A., RCP 12240
Collier, Rober T., RCP 17554
Herrera, Angela L., RCP 21012
Holguin, Andrew A. Jr., RCP 15772
Martin, Maria L., RCP 907
Medeiros, Dawn D., RCP 7922
Narvaez, Alexander B., RCP 21371
Torrevillas, Milvin T., RCP 18632

PLACED ON PROBATION/ CONDITIONAL LICENSE

Chao, May L., RCP 24759
Dominguez, Leonard, RCP 26268
Dye, Darren G., RCP 23663
Johnson, Karl L., RCP 25912
Livengood, Mark A., RCP 23657
Lohapiboon, Somyos, RCP 25890
MacNeil, Kelly L., RCP 22486
Ortiz, Andrew O., RCP 25966
Ponders, Chelsea M., RCP 26048
Sherman, Mika K., RCP 21980
Vernon, Dennis A., RCP 23924
Villones, Nanette G., RCP 26199

PUBLIC REPRIMANDS

Navarrete, Herman W., RCP 7805
Williams, Kenneth J., RCP 25874

APPLICATIONS DENIED

Fabra, Ramoncito
Forsythe, Leann R.

INTERIM SUSPENSION ORDERS

Bailey, Parker T., RCP 5730
Clemens, Donald W., RCP 6604
Gravitt, Elaina M., RCP 18448
Robinson, Colonda Y., RCP 26048
Rohde-Crout, Michelle, RCP 1296

ACCUSATIONS FILED

Arce, Hector E., RCP 22505
Asai, Teri T., RCP 5655
Block, Jonathan M., RCP 12375
El-Mosalamy, Hesham D., RCP 12989
Garcia, Timothy D., RCP 7575
Gardner, Tatia H., RCP 19312
Glover, Shannon V., RCP 23372
Hester, Daniel, RCP 18816
Hidalgo, Ken, RCP 24669
Hinsley, Barton W., RCP 12244
Ibarra, Jacob, RCP 20564
Jones, Margaret E., RCP 2386
Joseph, Dominic, RCP 14605
Lazzopina, Michael J., RCP 2419
Mery, Waldo E., RCP 5451
Miller, Michael B., RCP 20529
Mushok, Lorraine S., RCP 320
Rocero, Wes A., RCP 19520
Schimke, Carrie J., RCP 22201
Sullivant Shari, RCP 1772
Underhill, Allan H., RCP 3980
Watson, Mitchell P., RCP 9271
Zaragoza, Miguel E., RCP 23684

ACCUSATIONS AND/OR PETITIONS TO REVOKE PROBATION

Cunningham, Kim M., RCP 16251
Herrera, Damien M., RCP 20799
Ponders, Chelsea M., RCP 26048
Navarro, George A., RCP 24834
Hughes, Telly S., RCP 20040

STATEMENTS OF ISSUES FILED

Ashe, Steven D., Applicant
Clark, Alden., Applicant
Davis, Alden G., Applicant
Dixon, Caycee D., Applicant
Forrester, Tracey S., Applicant
Fortner, Roxanne R., Applicant
Hall, Joseph N., Applicant
Middaugh, Kristopher R., Applicant
Stepanyants, Sergey, Applicant
Whalen, Kathleen J., Applicant
Wiatrak, John P., Applicant
Zellmer, Keri L., Applicant

CITATIONS AND FINES

Alindogan, Dennis B., RCP 20989
Artis, Morris V., RCP 18692
Barnes, Lacy M., RCP 22031
Bautista, Antonio S. J., RCP 1309
Calonge, Peter A., RCP 17907
Canestrelli, Taressa M., RCP 21175
Dellosbel, Jock J., RCP 3237
Dye, Darren G., RCP 23663
Eaton, Debbie M., RCP 1503
Edwards, Yalanda D., RCP 16150
Ellison, Holly J., RCP 25846
Evans, Stacey M., RCP 24259
Flores, Ralph I., RCP 23450
Gandhi, Mehul S., RCP 17982
Garcia, Max P., RCP 5020
Hardy, Darryl R., RCP 15924
Harris, William C., RCP 18260
Hummel, Stephanie A., RCP 2386
Idahosa-Erese, Fetus E., RCP 15576
Johnson, Kathryn A., RCP 9159
Kleimenov, Vladislav, RCP 21915
Lasche, Gean D., RCP 6558
Lowerre, Fredric C., RCP 9074
Macon, Gale R., RCP 3628
McCulloch, Michael C., RCP 3419
Mendoza, Victor J., RCP 14221
Miller, Margaret S., RCP 4204
Morrison, William J., RCP 23401
Murphy, Colleen M., RCP 4679
Musilli, Susan C., RCP 20508
Neuendorf, Doris H., RCP 7169
Nunez, Vicki L., RCP 23198
O'Neal, Mary A., RCP 6766
Onyeagucha, Ike N., RCP 22212
Petrosyan, Vanush, RCP 25567
Phillips, Nancy A., RCP 10737
Randolph, Sheila M., RCP 7743
Reese, Kelly R., RCP 20778
Sabu, Liviu, RCP 19368
Singh, Binod K., RCP 1769
Snow, Robert B., RCP 23937
Williams, David M., RCP 24791
Zendejas, Esteban, RCP 24972
Zheng, Lijun, RCP 23197

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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 - \$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.