



WHO: Health Licensing Office
Respiratory Therapist and Polysomnographic Technologist Licensing Board

WHEN: October 7, 2016 at 9 a.m.

WHERE: Health Licensing Office
Rhoades Conference Room
700 Summer St. NE, Suite 320
Salem, Oregon

What is the purpose of the meeting?

The purpose of the meeting is to conduct board business. A working lunch may be served for board members and designated staff in attendance. A copy of the agenda is printed with this notice. Please visit <http://www.oregon.gov/oha/hlo/Pages/Board-RTPT-Polysom-Information.aspx> for current meeting information.

May the public attend the meeting?

Members of the public and interested parties are invited to attend all board/council meetings. All audience members are asked to sign in on the attendance roster before the meeting. Public and interested parties' feedback will be heard during that part of the meeting.

May the public attend a teleconference meeting?

Members of the public and interested parties may attend a teleconference board meeting **in person** at the Health Licensing Office at 700 Summer St. NE, Suite 320, Salem, OR. All audience members are asked to sign in on the attendance roster before the meeting. Public and interested parties' feedback will be heard during that part of the meeting.

What if the board/council enters into executive session?

Prior to entering into executive session the board/council chairperson will announce the nature of and the authority for holding executive session, at which time all audience members are asked to leave the room with the exception of news media and designated staff. Executive session would be held according to ORS 192.660.

No final actions or final decisions will be made in executive session. The board/council will return to open session before taking any final action or making any final decisions.

Who do I contact if I have questions or need special accommodations?

The meeting location is accessible to persons with disabilities. A request for accommodations for persons with disabilities should be made at least 48 hours before the meeting. For questions or requests contact a board specialist at (503) 373-2049.

Approval of Agenda



Health Licensing Office
Respiratory Therapist and Polysomnographic Technologist Licensing Board

◆◆◆
October 7, 2016 at 9 a.m.
700 Summer St. NE, Suite 320
Salem, Oregon

1. **Call to Order**
 2. **Introductions**
 3. **Items for Board Action**
 - ◆ Approval of Agenda
 - ◆ Approval of Minutes – June 3, 2016
 - ◆ Approval of 2017 Meeting Dates
 - ◆ Approval of Chair and Vice Chair
 - ◆ Approval of extracorporeal membrane oxygenation (ECMO) Practice Clarification
 4. **Executive Session-** Pursuant to ORS 192.662(2)(f) for the purpose of considering information or records Exempt from public inspection. Legal Advice
 5. **Reports**
 - ◆ Director Report
 - ◆ Licensing and Fiscal Statistical Reports
 - ◆ Policy Report
 - Credentialing Requirement – CRT and RRT
 - ◆ Regulatory Report
 6. **Executive Session-** Pursuant to ORS 192.662(2)(f) for the purpose of considering information or records Exempt from public inspection. Legal Advice
 7. **Items for Board Action**
- Working Lunch
8. **Public/Interest Parties Feedback**
 9. **Other Board Business**

Agenda is subject to change.
For the most up to date information visit www.oregon.gov/oha/hlo

Approval of Minutes

June 3, 2016



Health Licensing Office
Respiratory Therapist and Polysomnographic Technologist Licensing Board



June 3, 2016
700 Summer Street NE, Suite 320
Salem, Oregon

MINUTES

MEMBERS PRESENT

Joel Glass, chair
Nicholas Gaffney, vice-chair
Joe Dwan
James Hulse

MEMBERS ABSENT

Tony Garberg
Michael Lefor

STAFF PRESENT

Sylvie Donaldson, Interim Director and Division Manager
Bob Bothwell, Regulatory Operations Manager
Samie Patnode, Policy Analyst
Sarah Kelber, Communications Coordinator
Heather A. Vogelsong, Assistant Attorney General
Anne Thompson, Policy Analyst
Nathan Goldberg, Investigator/ Inspector
Maria Gutierrez, Board Specialist

GUESTS PRESENT

Call to Order

Joel Glass called the meeting of the Respiratory Therapist and Polysomnographic Technologist Licensing Board to order at 10:01 a.m. Roll was called.

Items for Board Action

Approval of Agenda

Nicholas Gaffney made a motion with a second by Joe Dwan to approve the agenda. Motion passed unanimously.

Approval of Minutes

Nicholas Gaffney made a motion with a second by James Hulse to approve the minutes for March 18, 2016. Motion passed unanimously.

Adopt Permanent Administrative Rules – SB230

Samie Patnode, policy analyst, provided members with an update as follows:

During the 2015 legislative sessions SB230 was enacted adding respiratory therapist and Polysomnographic technologist to the list of health care professionals who must provide certain demographic and practice information prescribed by Oregon Health Authority (OHA) in order to renew their license.

SB 230 specifies the type of information that may be collected including but not limited to demographics, education, training, employment information and specialty practice information. This information is collected through an online survey which is sent directly to OHA. Currently other health care professionals, including licensed dietitians, who are required to provide this information pay a \$2 annually which is collected at time of renewal.

MOTION:

Nicholas Gaffney made a motion with a second by James Hulse to adopt permanent administrative rules and effective date of July 1, 2016. Motion passed unanimously.

Director Report

Sylvie Donaldson, Director, Interim Director and Division Manager, reported on the following:

- Update on upcoming office move.
- Update on continuing education audits. Audits occurring September 1st and to be completed by November of 2016.

Licensing and Fiscal Statistical Reports

Donaldson, presented an overview of statistics related to the board. Statistics included licensing statistics, license volumes and active license trends.

The statement of cash flow for the period 07/01/15-05/24/16 was reviewed with an actual ending cash balance of 151,818.55

Policy Report

Sarah Kelber, communications coordinator, reported on the following:

- Updated on changes to renewal form.

Regulatory Report

Bob Bothwell, regulatory operations manager, reported on enforcement activity including:

2013-2015 Biennium

Between July 1, 2013 and June 30, 2015, 15 complaints were received. Of the 15 complaints 3 remain open. A summary of allegations received by type of complainant was provided as stated below.

| Anonymous | Client | Other |
|-----------|--------|-------|
| 1 | 1 | 13 |

2015-2017 Biennium

Between July 1, 2015 and April 30, 2016, 17 complaints were received. Of the 17 complaints 13 remain open. A summary of allegations received by type of complainant was provided as stated below.

| Anonymous | Client | Other |
|-----------|--------|-------|
| 1 | 1 | 15 |

Public Comment

No public comment was received.

Executive Session

- The Respiratory Therapist and Polysomnographic Technologist Licensing Board entered executive session pursuant to ORS 192-660(2)(f) at 10:11 a.m. on June 3, 2016 for the purpose of considering information or records exempt from public inspection. Records to be considered related to legal advice.
- Executive session concluded and the board reconvened regular session at 11:12 a.m. it was noted that no decisions were made and no votes were made in executive session.

Executive Session:

- The Respiratory Therapist and Polysomnographic Technologist Licensing Board entered executive session pursuant to ORS 192-660(2)(f) at 11:13 a.m. on June 3, 2016 for the purpose of considering information or records exempt from public inspection. Records to be considered related to complaint files.
- Executive session concluded and the board reconvened regular session at 11:34 a.m. it was noted that no decisions were made and no votes were made in executive session.

Items of Board Action:

In regards to investigation file 15-8030

- Civil penalty to be issued for 1,000.00.
- A notice of revocation be stayed pending that there is no similar violation to rules and statues for 1 year period that are similar to this violation.

MOTION:

Nicholas Gaffney made a motion with a second by James Hulse. Motion passed unanimously.

Other Board Business

- CRT/ RRT discussion/ making changes to 331-712-0000

Members would like to open rule making, and adopt rule making schedule at the next board meeting scheduled for October 14, 2016.

The meeting adjourned at approximately 11:42 a.m.

Minutes prepared by: Maria Gutierrez, board specialist

Approval of 2017 Meeting Dates

**HEALTH LICENSING OFFICE
RESPIRATORY THERAPIST AND
POLYSOMNOGRAPHIC TECHNOLOGIST LICENSING
BOARD**

BACKGROUND AND DISCUSSION:

The Board of Respiratory Therapist and Polysomnographic Technologist Licensing Board usually meets three times per year at 9 a.m. on Fridays.

ISSUE

With the end of 2016 approaching it is necessary for the Board to approve meeting dates for the year 2017.

- Friday, March 17, 2016 at 9 a.m.
- Friday, June 2, 2017 at 9 a.m.
- Friday, November 3, 2017 at 9 a.m.

BOARD ACTION

The Board approves 2017 meeting times and dates:

Approval of Vice Chair

**HEALTH LICENSING OFFICE
RESPIRATORY THERAPIST AND
POLYSOMNOGRAPHIC TECHNOLOGIST LICENSING
BOARD**

BACKGROUND AND DISCUSSION:

Joel Glass had served as Chair for the Respiratory Therapist and Polysomnographic Technologist Licensing Board, and Nicholas Gaffney has served as Vice-Chair during the year 2016.

ISSUE

In preparation of 2017, it is necessary for the Board to nominate and elect a Chair and Vice-Chairperson.

Role of the Chairperson in Meetings

- Officially call the meeting to order
- Keep order and impose any reasonable restrictions necessary for the efficient and orderly conduct of the meeting.
- Direct the “flow” of the meeting and to ensure the meeting is conducted in a professional manner. Some key points regarding meeting protocol include:
 - Board members wishing to speak need to wait to be addressed by the Chair
 - Once addressed by the Chair, the board member must state his or her last name prior to speaking for the record
 - The Chair guides members through the process of making motions
 - If public comment is being accepted by the board, audience members must wait to be addressed by the Chair and state their full name and affiliation to the board
 - Officially enter/ exit Executive Session
 - Officially adjourn the meeting

Role of the Chairperson Outside of the Meetings

- Collaborate with the Director regarding the board budget- On occasion, the Director may contact the Chair to discuss the board budget regarding current and future revenues and expenditures and possible fee increases or decreases.
- Assist in generating meeting agendas- On occasion, the board specialist or analyst may contact the Chair to discuss the agenda for an upcoming meeting. The Chair may be asked to comment on topics to be discussed and the format or order in which the topics should be presented at the meeting.

Role of the Vice-Chairperson

It is the responsibility of the Vice-Chair to assume the responsibilities of the Chair in the event of an absence, or if the chairperson is no longer a member of the board for any reason.

BOARD ACTION:

The Board nominates and elects a Chair and Vice-Chair for the remainder of 2016 and the year 2017.

ECMO
Draft Practice
Clarification

Oregon Health Authority Practice Clarification

HEALTH LICENSING OFFICE RESPIRATORY THERAPIST AND POLYSOMNOGRAPHIC TECHNOLOGISTS BOARD

October 7, 2016

HLO has received multiple requests for clarification regarding Extracorporeal Membrane Oxygenation (ECMO).

Question

Is Extracorporeal Membrane Oxygenation (ECMO) within the scope of practice of an Oregon licensed respiratory therapist?

Background

ECMO is for critically ill patients who require acute cardiac or respiratory assistance. ECMO bypasses or partially bypasses a patient's own heart and lungs by using equipment located outside of the patient's body to circulate de-oxygenated blood through an artificial lung (oxygenator), which transfers oxygen and carbon dioxide, and back into the patient's bloodstream by use of an artificial heart (pump). A team of health care professionals are usually involved to establish ECMO; team members sedate the patient, temporarily paralyze the patient to prevent complications during the ECMO pump attachment, manage pain, thin the patient's blood, stabilize the patient, and set-up and prime the ECMO pump with fluid and blood. The ECMO pump is attached to the patient surgically by catheters inserted in one of two ways, and then threaded into the heart, or ECMO can be used in arterial-venous mode. X-rays are taken. The patient remains on a ventilator and nutrition and hydration IVs during the treatment, and the patient receives frequent blood transfusions. The patient is monitored closely throughout ECMO treatment for ECMO flow, oxygen content in the patient's blood, bleeding due to blood thinners, signs of infection, and blood clots or air bubbles in the bloodstream from the ECMO circuit.

Answer

It depends. Some aspects of the ECMO treatment are within a licensed respiratory therapists scope of practice and some specific aspects are not. Respiratory therapist licensees in Oregon are governed by Oregon statutes, and what is within their scope of practice is based upon those statutes. Whether an ECMO treatment is within a respiratory therapist's scope of practice depends upon which aspect of the treatment is at issue.

The following aspects of the ECMO treatment are within a licensed respiratory therapists scope of practice, if under a physician's prescription or verbal order and under a qualified medical director for respiratory care:

- Maintaining a patient's ventilator
- Monitoring ECMO flow and all hemodynamics
- Monitoring a patient for infections
- Monitoring a patient for general physical reactions or behaviors, such as jerking or spasming
- Drawing blood samples from the ECMO circuit
- Administering blood products, if related to respiratory care procedures
- Administering medications and IV fluids, if the medications and IV fluids are related to respiratory care procedures
- Adjusting heparin drip to maintain activated clotting times within set parameters as prescribed or verbally ordered

The following aspects of the ECMO treatment are not within a licensed respiratory therapist's scope of practice:

- Administering pharmacological agent for purpose of inducing paralysis during ECMO attachment
- Surgically attaching the ECMO pump to the patient
- Taking or reading x-rays
- Administering nutritional or hydrating IV lines to a patient
- Performing blood transfusions
- Monitoring for kidney failure
- Assembling, priming, and managing Hemofiltration/dialysis within the ECMO circuit

ECMO is a complicated process. The facts of a situation may alter whether an aspect of an ECMO treatment is within or outside of a licensed respiratory therapist's scope of practice. For instance, administering medications and IV fluid into the ECMO circuit is within the scope of practice if the medications and IV fluids are for respiratory care (cardiopulmonary care services) and under a physician's prescription or verbal order and qualified medical director for respiratory care. Administering those same medications and IV fluids are not within the scope of practice, if only verified with a registered nurse assigned to the patient. And, administering those same medications and IV fluids are not within the scope of practice, even if prescribed by a physician, if for nutritional or hydration purposes. Another example is that a licensed respiratory therapist may monitor a patient for general physical responses such as jerking, spasming, muscle rigidity, head turning, and repetitive fidgeting, and determine whether those responses have abnormal characteristics. It would be important for the licensee to document and report such responses. However, it would be outside the licensee's scope of practice to attempt to diagnose a type of seizure based on the responses exhibited.

Not all aspects of ECMO treatment are discussed in this practice clarification. For aspects not discussed in this practice clarification, practitioners should consult with their legal counsel regarding what is within their scope of practice based on Oregon statutes and rules.

Important Note: HLO does not provide personal legal advice to licensees or members of the public. The responses above are specific to only those questions asked. Even slight changes in the scope or content of the question may change the applicability of these responses in a different situation. Please consult your own attorney for legal advice regarding Oregon laws and administrative rule

Director Report

Licensing and Fiscal Statistical Reports

Respiratory Therapist and Polysomnographic Technologist Licensing Board

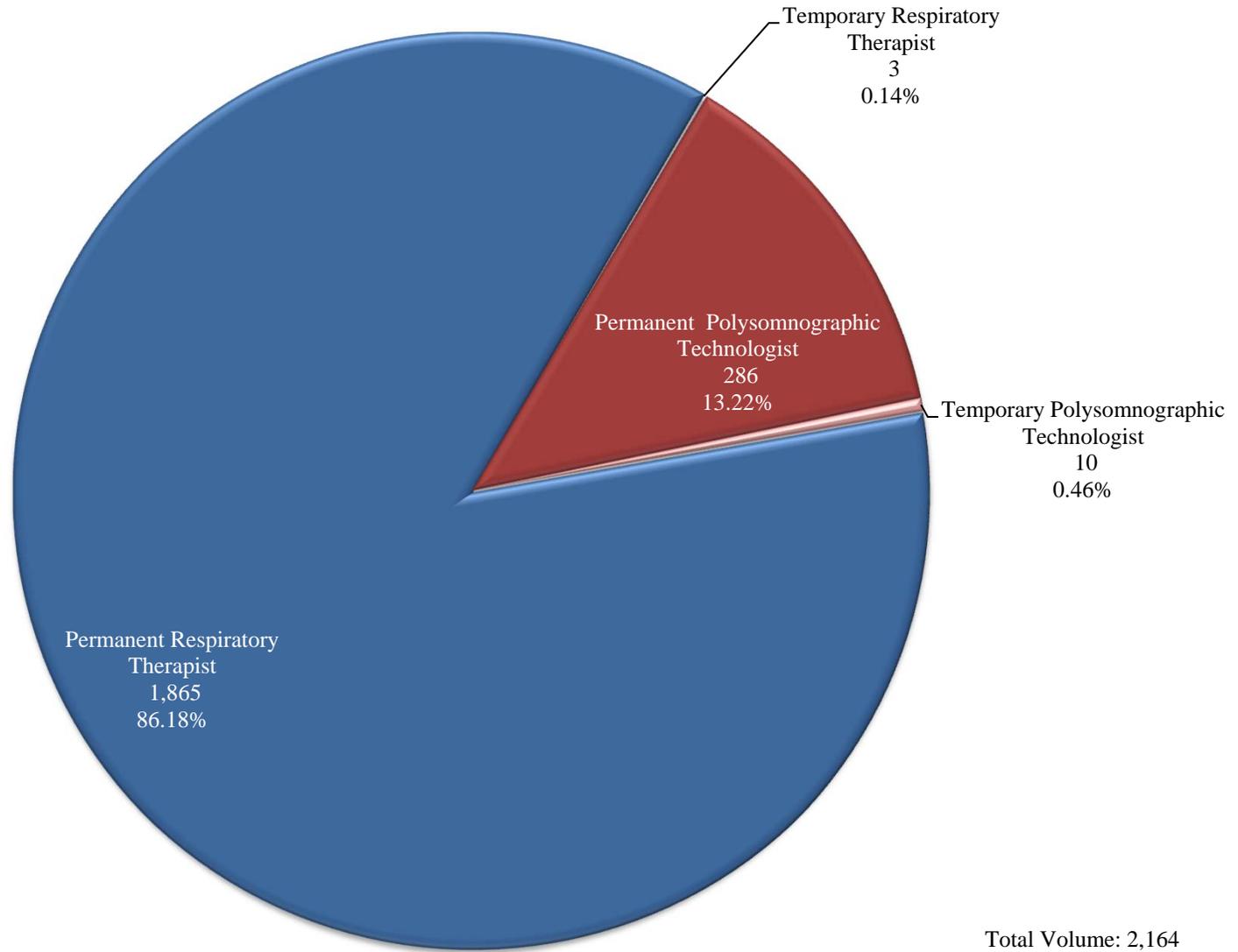
Licensing Division Statistics as of October 3, 2016

2015 - 2017 Biennium

| Quarter | Respiratory Therapist Licenses Issued | Polysomnographic Technologist Licenses Issued | Temporary Licenses Issued | Renewals Processed | % Renewed Online |
|----------------|--|--|--------------------------------------|-------------------------------|-----------------------------|
| 1st | 87 | 5 | - | 544 | 80.88% |
| 2nd | 29 | 3 | - | 563 | 84.72% |
| 3rd | 33 | 7 | 1 | 367 | 79.29% |
| 4th | 43 | 11 | 3 | 411 | 85.89% |
| 5th | 77 | 9 | 2 | 618 | 87.38% |
| 6th | - | - | - | 1 | 100.00% |
| 7th | - | - | - | - | |
| 8th | - | - | - | - | |
| Total: | 269 | 35 | 6 | 2,504 | 83.95% |

Active License Volume *as of October 3, 2016*

2015-2017 Biennium

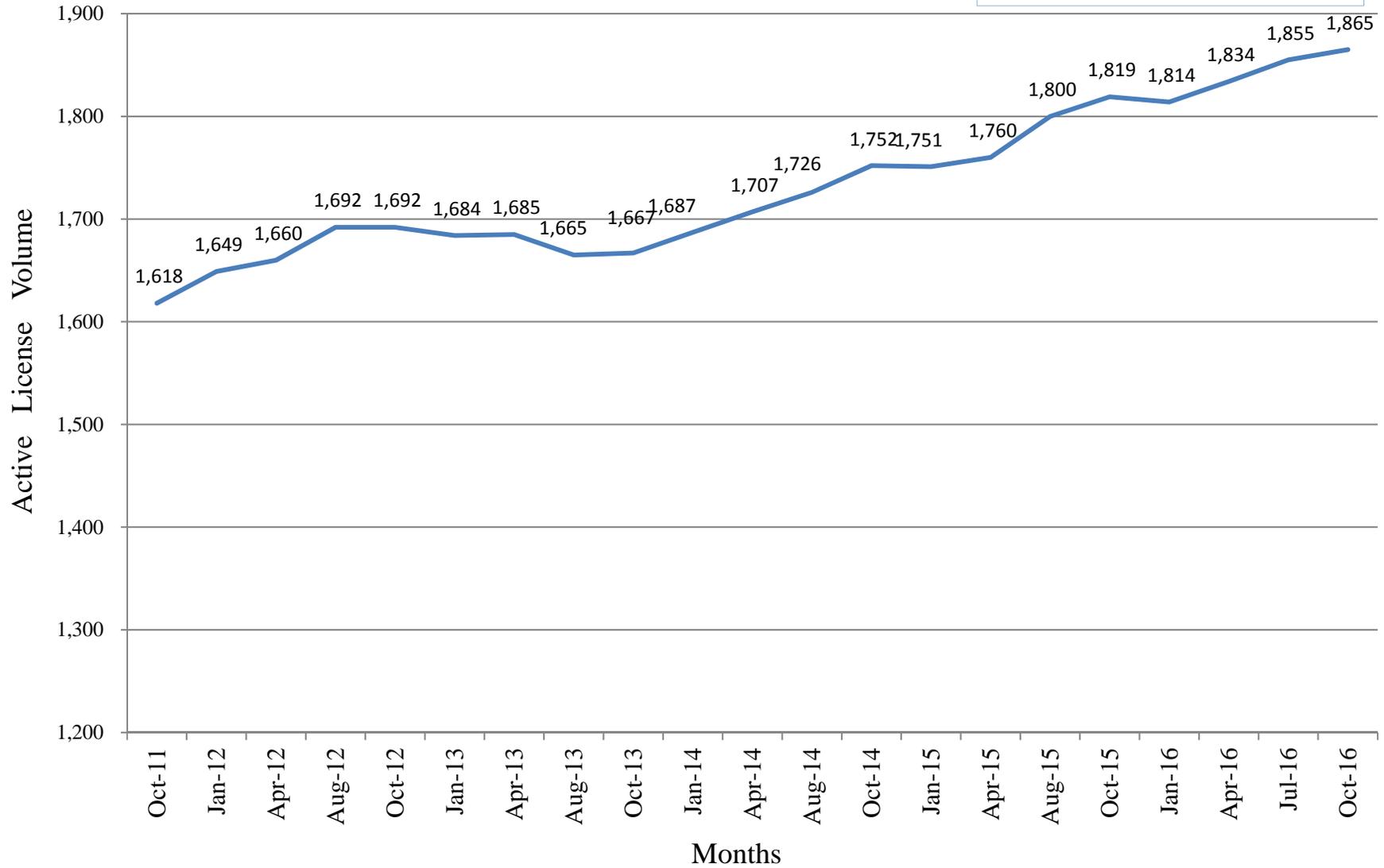


Number of Licensees with both Perm Respiratory Therapist and Perm Polysom Technologist Licenses: 20

Active Permanent Respiratory Therapists

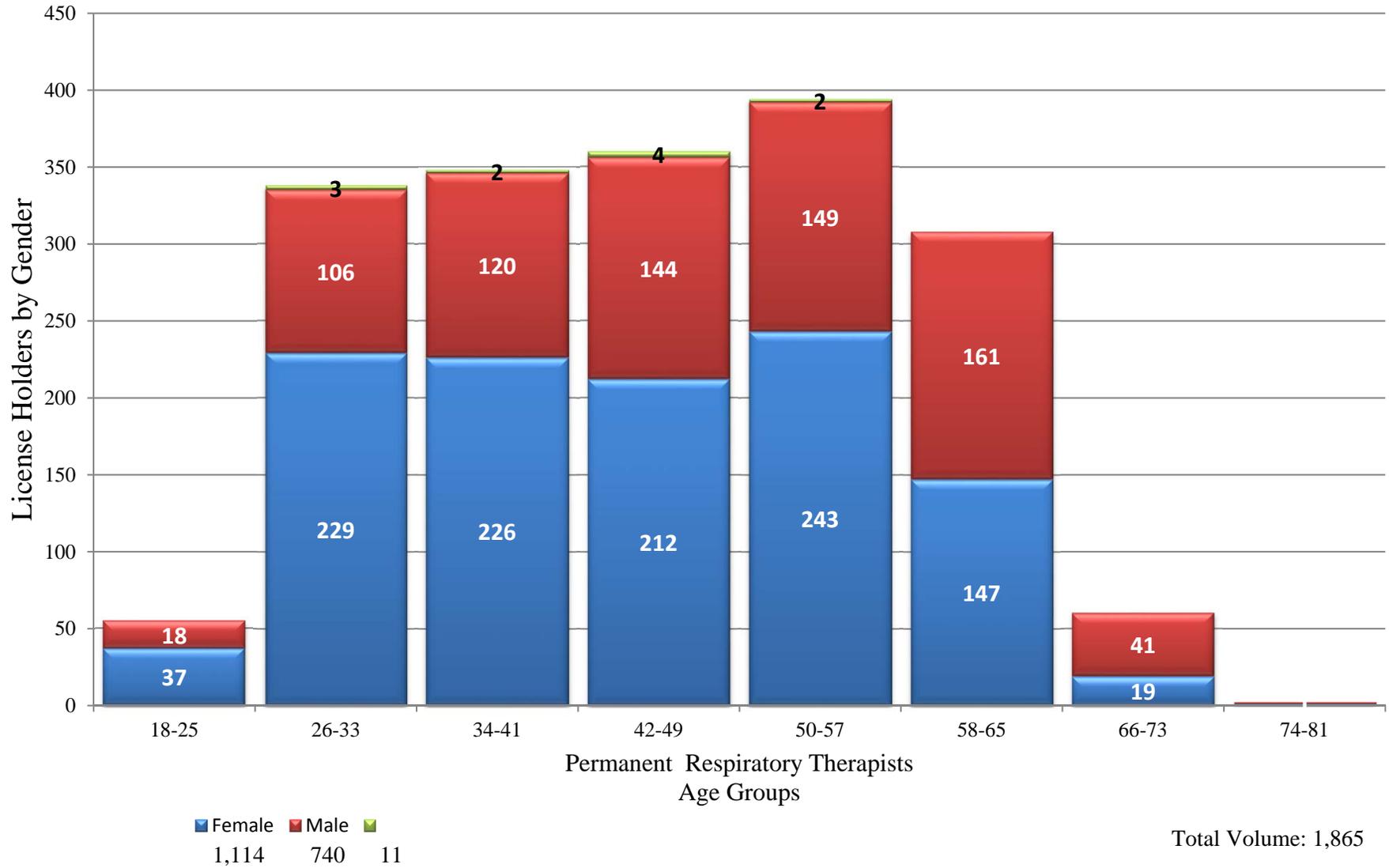
October 2011 - October 2016

+2.53% change in growth over 1 year
+15.27% change in growth over 5 years



Active Permanent Respiratory Therapists

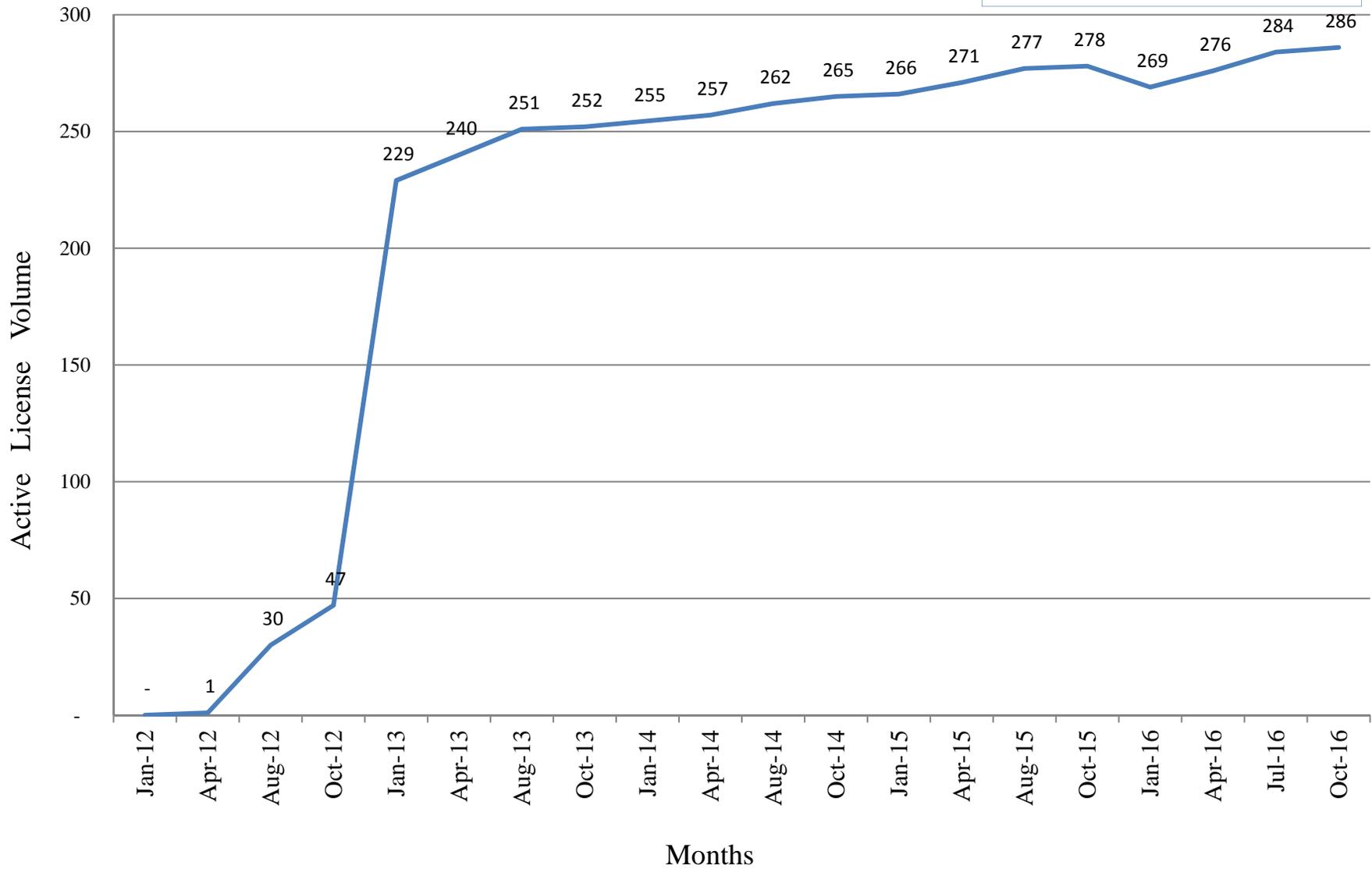
Statistics grouped by Gender and Age Group as of October 3, 2016
2015 - 2017 Biennium



Active Permanent Polysomnographic Technologists

January 2012 - October 2016

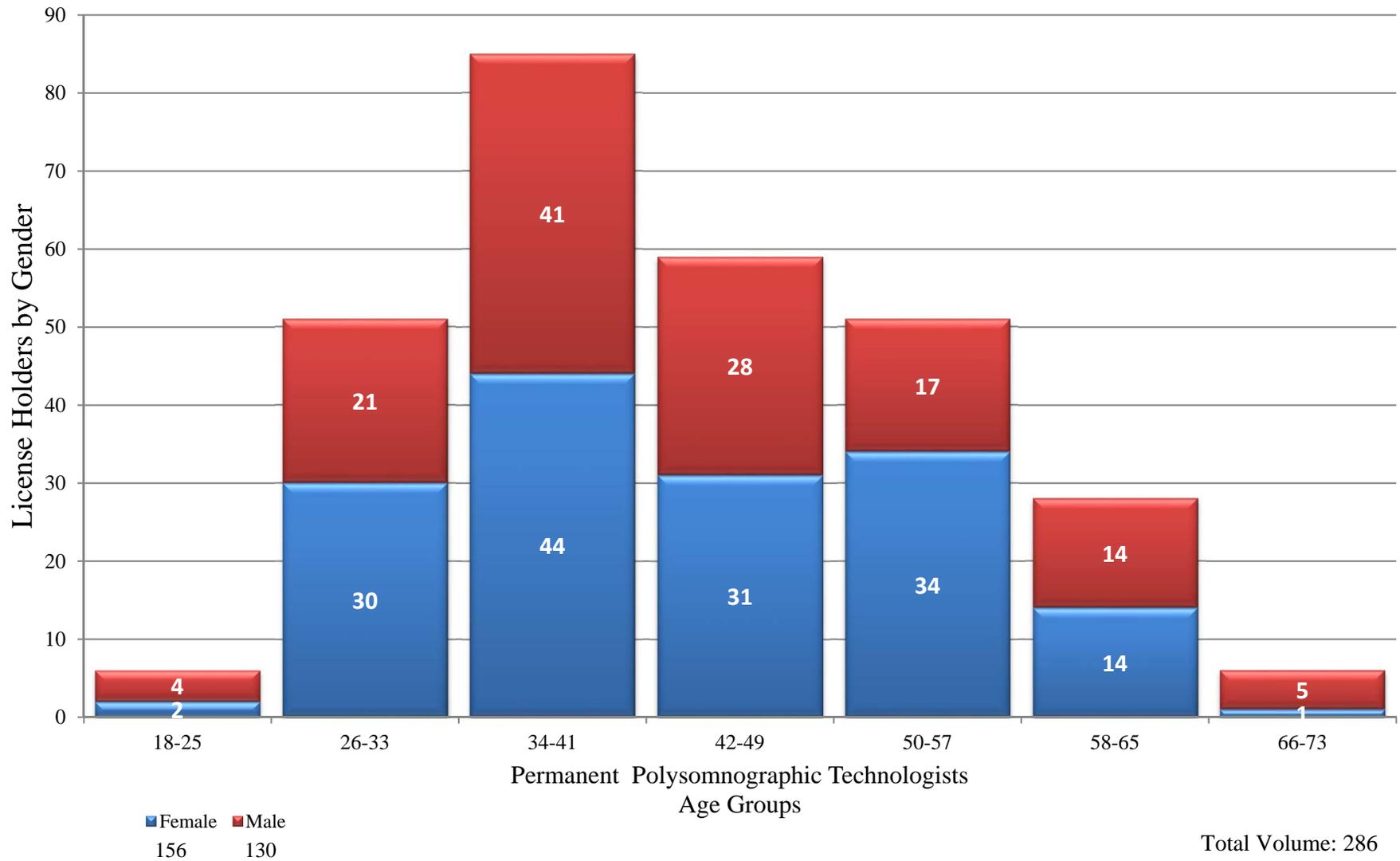
+2.88% change in growth over 1 year



Active Permanent Polysomnographic Technologists

Statistics grouped by Gender and Age Group as of October 3, 2016

2015 - 2017 Biennium



**HEALTH LICENSING OFFICE
Fund 3540 - RESPIRATORY THERAPY
STATEMENT OF CASH FLOW
FOR THE PERIOD 07/01/15 - 10/03/16**

CURRENT

| | |
|--|-----------------------------|
| 15-17' Beginning Cash Balance | \$ 202,699.00 |
| Revenues | \$ 148,637.00 |
| Expenditures | \$ 173,298.49 |
| Less: Accrued Expenditures | \$ - |
| Less: Total Expenditures | <u>\$ (173,298.49)</u> |
| Subtotal: Resources Available | \$ 178,037.51 |
| Change in (Current Assets)/Liabilities | \$ - |
| Ending Cash Balance (Actual) | <u>\$ 178,037.51</u> |

Indirect Charges are calculated using the following rates:

* Based on average licensee volume

| | |
|-----------------------------|--------|
| Shared Assessment % | 2.80% |
| Examination % | 0.42% |
| Small Board Qualification % | 33.22% |
| Inspection % | 0.00% |

**HEALTH LICENSING OFFICE
Fund 3540 - RESPIRATORY THERAPY
STATEMENT OF CASH FLOW
FOR THE PERIOD 07/01/15 - 06/30/17**

PROJECTED

| | |
|---|-----------------------------|
| 15-17' Beginning Cash Balance | \$ 202,699.00 |
| Revenues | \$ 247,579.51 |
| Expenditures | \$ 297,083.13 |
| Less: Accrued Expenditures | \$ - |
| Less: Total Expenditures | <u>\$ (297,083.13)</u> |
| Subtotal: Resources Available | \$ 153,195.38 |
| Change in (Current Assets)/Liabilities | \$ - |
| Ending Cash Balance (Projection) | <u>\$ 153,195.38</u> |

Indirect Charges are calculated using the following rates:

* Based on average licensee volume

| | |
|-----------------------------|--------|
| Shared Assessment % | 2.80% |
| Examination % | 0.42% |
| Small Board Qualification % | 33.22% |
| Inspection % | 0.00% |

Policy Report

Regulatory Report

Health Licensing Office



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Respiratory Therapist and Polysomnographic Technologist Licensing Board

October 3, 2016

2013 - 2015 Biennium

Between July 1, 2013 and June 30, 2015, 15 complaints were received by the Office. Total open 3. Total closed 12.

| ANONYMOUS | CLIENT | OTHER |
|------------------|---------------|--------------|
| 1 | 1 | 13 |

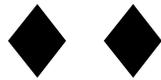
2015- 2017 Biennium

Between July 1, 2015 and August 31, 2016, 21 complaints were received by the Office. Total open 16. Total closed 5.

| ANONYMOUS | CLIENT | OTHER |
|------------------|---------------|--------------|
| 2 | 1 | 18 |

Other: Mandatory Reporter
Internal
Public

Executive Session



ORS 192.660(2)(f) for the purpose of considering
information or records exempt from public inspection.

Items for Board Action

Public/Interest Parties Feedback

Other Board Business