THE RESPIRATORY TRACT

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1st ANNUAL CONFERENCE

RESPIRATORY CARE...
FAST TRACK FORWARD!!!

MAY 29th - 31st, 2019

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Pre-registration deadline is Saturday, May 18th

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New Treatments for COPD: What RTs Need to Know

Ts know COPD as a disease that’s mainly treated with inhaled and systemic medications, lifestyle changes, and ideally, pulmonary rehabilitation. But several new treatments are coming down the pike as well. Here’s what you need to know about them –

Targeted Lung Denervation
In targeted lung denervation (TLD), a special catheter is passed through a bronchoscope into the lungs so that radiotherapy can be applied to interrupt nerve transmission outside the main bronchi. The goal of the therapy is permanent bronchodilation, a reduction in mucus production, and a decrease in airway inflammation resulting from a reduction in the release of acetylcholine, a neurotransmitter known to influence airway muscle tone, mucus secretion, and inflammation.

In a multicenter study published last summer, an international group of researchers performed the procedure in 15 patients with moderate to severe COPD, then followed them for three years. COPD did not worsen in any of the patients, and the rate of COPD exacerbations was low. Lung function and exercise capacity tests revealed TLD without bronchodilators resulted in similar benefits to those seen with long-acting inhaled anticholinergic therapy throughout the follow up period, and no adverse events related to TLD were noted. Health-related quality of life, however, did not appear to benefit from the treatment.

Robotic Lung Volume Reduction Surgery
Traditional lung volume reduction surgery (LVRS) requires a large chest incision to access the lungs and remove diseased portions. Earlier this year, Northwestern University became the first hospital in the country to perform a new version of LVRS using a robotic device that requires just three small incisions on the right side of the chest.
The surgeon maneuvers the robotic device via a high definition monitor that allows him or her a more detailed, 3D view of the operating area than can be seen with the human eye alone. The system consists of three robotic arms that hold the surgical instruments and a fourth that holds the 3D cameras. The arms are precisely controlled by the surgeon as he or she performs the procedure.

Benefits of robotic LVRS are reduced scaring, a minimized risk of infection, and a potentially shorter hospital stay.

**Bronchoscopic Thermal Vapor Ablation**

One of several endoscopic lung volume reduction techniques, bronchoscopic thermal vapor ablation (BTVA) is designed to reduce hyperinflation in patients with advanced emphysema, thus improving respiratory mechanics.

Software is used to identify the target segments in the lungs, and the procedure may be performed under deep sedation or general anesthesia. Once the BTVA catheter is positioned and occlusion of the target segment by the occlusion balloon is achieved, heated water vapor is delivered, leading to an inflammatory response that results in volume reduction.

According to a recent review of the technique, BTVA has been evaluated in several single-arm studies along with one multinational randomized controlled trial, but given the limited data should only be performed in clinical trials, or in areas where the product is readily available.

**Endobronchial Coils, Endobronchial Valves, and Intrabronchial Valves**

Endobronchial coils, endobronchial valves (EBV), and intrabronchial valves (IBV) are bronchoscopic lung volume reduction techniques aimed at placing coils or valves into the lungs to treat severe emphysema.

A meta-analysis of randomized controlled trials involving coils, EBV, and IBV that was published by Chinese researchers this past December found both coils and EBV improved pulmonary function, exercise capacity, and quality of life for people with emphysema when compared to conventional therapy. However, the treatments were also associated with serious adverse effects. No improvements in outcomes were seen between IBV and conventional therapy.

**Bronchial Rheoplasty**

A new bronchoscopic method of treating chronic bronchitis by reducing the number of mucus-producing cells in the lungs is being tested now in a study taking place at select centers.

In the minimally invasive procedure, dubbed bronchial rheoplasty, the clinician inserts a bronchoscope into the lungs and the investigational device is then used to deliver short bursts of electrical energy to the inner walls of the bronchi. The electrical bursts cause the cells that produce excess mucus to break open and die, paving the way for the growth of new cells that produce less mucus.

The device manufacturer announced that the first patient was treated at Temple Lung Center in Philadelphia in January.
Strategies for Assessment & Treatment Following Tracheostomy: An Interactive Seminar

Saturday, April 6th, Chicago, Illinois

Join Passy Muir clinical experts at this informative seminar. Offered for CEU credit, this full-day workshop features case studies, hands-on sessions, videos, group discussion, and more. For additional information, or to register, visit:

www.passymuir.com/seminars

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Asthma and COPD patients who use the Advair Diskus got some good news last week when the FDA approved the first generic version of the respiratory medication.

Generic Advair Diskus is indicated for the twice-daily treatment of asthma in patients aged four years and older and maintenance treatment of airflow obstruction and reducing exacerbations in patients with COPD.

The drug will be marketed by Mylan in three strengths: fluticasone propionate 100 mcg/salmeterol 50 mcg, fluticasone propionate 250 mcg/salmeterol 50 mcg, and fluticasone propionate 500 mcg/salmeterol 50 mcg.

AARC Post Acute Care Section Chair Adam Mullaly, BSRT, RRT, AE-C, says the FDA approval will be a boon to patients who rely on this drug, but notes that the generic may have more impact in the pediatric population than in adults.

"While Advair likely remains a commonly prescribed medication for asthma in children, I think GSK, the pharmaceutical company that manufactures Advair, abandoned promoting this inhaler medication combination for COPD a few years ago in favor of their comparable product BREO," Mullaly said.

The newer inhaled corticosteroid/long acting beta2 agonist bronchodilator is a once a day versus twice a day combination and is also delivered using what Mullaly says many would argue is a much easier dry powder device.

That said, he believes RTs have an obligation to educate their patients about respiratory medications every chance they get and this new information about generic Advair should be included in the mix.

"I think it is important for respiratory therapists to routinely ask patients—and parents if applicable—about any barriers, cost being one of many, they have to utilizing their maintenance inhalers consistently," Mullaly said. "If Advair cost is a barrier then they can explore the option of generic Advair, or other inhaled corticosteroid/long acting beta2 agonist bronchodilator combinations that may be better covered by their prescription plan."

Adam Mullaly is a COPD navigator at Bryn Mawr Hospital-Main Line Health in Bryn Mawr, PA.
2019 is license renewal year. The ISRC will offer a number of events to provide opportunities to earn the 24 required continuing education units, to network with respiratory therapists working in a variety of venues, and to meet with vendors and examine their new respiratory equipment and supplies. All conference sites are within easy access to major interstates with hotel accommodations nearby if desired.

In addition to the ISRC state conference May 29-31, 2019 in Oakbrook, IL, the following one-day downstate conferences will be presented by Chapters 3, 4, and 5:

**2nd Annual Chapter 5 Conference**
March 9, 2019 2nd Annual Chapter 5 Conference Memorial Medical Center
8:00 a.m.- 4:30 p.m. Springfield, IL
This conference will focus on the care of the adult patient with pulmonary disease. 6.5 CRCE’s

**Night Owl Conference**
April 4, 2019 1st Night Owl Conference Kaskaskia Community College
4:00 p.m.- 9:00 p.m. Centralia, IL
This event was scheduled to meet the needs of the night-shift therapist. Topics focus on general respiratory care. 4 CRCE’s. Light pizza supper

**Neo-Peds Conference**
August 2, 2019 | Chapter 4 | Sarah Bush Lincoln Health Center
8:00 a.m. – 5:00 p.m. Mattoon, IL
This conference will focus on respiratory care for the neonatal, infant, and pediatric patient.

**Chapter 3 Respiratory Conference**
October 11, 2019 | Chapter 3 | Decatur Memorial Hospital
8:00 a.m.-5 p.m. Trauma Victim Decatur, IL
This conference will provide up-to-date information for the respiratory therapist caring for trauma patients from the initial emergency room resuscitation to the intensive care unit and beyond.

CHECK OUT THE NEW ISRC WEBSITE!
Register For ISRC Conferences & Get Updates About What’s Happening In Respiratory!

CLICK TO VIEW!
The Long-Term Effects of Tonsillectomies: What RTs Need to Know

The tonsillectomy is one of the most common surgeries performed in children, and physicians have long believed it can treat problems like recurrent throat infections or obstructive sleep apnea with no lasting effect on long-term health.

Research published in JAMA Otolaryngology last summer suggests otherwise. When Danish investigators looked at data on 1.2 million people born between 1979 and 1999, they found those who had their tonsils and/or adenoids removed when they were nine years old or younger were at significantly higher risk for respiratory disease as they grew older.

Adenoidectomy and tonsillectomy were associated with a 2- to 3-fold increase in diseases of the upper respiratory tract, and adenoidectomy doubled the risk of COPD and conjunctivitis. Adenotonsillectomy was associated with a 17 percent increased risk of infectious diseases.

What’s more, the long-term risks for the conditions that these surgeries aimed to treat often did not differ significantly between those who did and did not have the operations.

Another study conducted by investigators from Vanderbilt University and published by Pediatrics in 2017 backs that finding up.

The meta-analysis looked at studies of tonsillectomy efficacy, examining illness rates and quality of life for kids who underwent the surgeries vs. those assigned to watchful waiting for throat infections.

The researchers found that while throat infections and school absences declined in the first year after the surgeries, those benefits did not persist over time.

A companion study from some of same authors showed children with obstructive sleep-disordered breathing did have better sleep outcomes following tonsillectomy than children who were assigned to watchful waiting, but they emphasized that the studies included in this meta-analysis generally followed the children for one year or less.

They concluded that understanding of longer-term outcomes or effects in subpopulations is lacking.

Respiratory therapists charged with educating patients and families about the risks and benefits of tonsillectomies may want to take these findings into account during the discussions.
Soon you will be receiving a ballot in your email. This ballot will ask you to vote on 4 (four) changes to the Illinois Society for Respiratory Care Bylaws.

The Illinois Society is experiencing some challenges sadly to say not unique to our organization. Active participation in the Society has been dwindling and attendance to meetings has decreased as well. The society needs to have half the membership plus one to establish a quorum and conduct business. As an example of the challenges, there was not attendance for a quorum at the third quarterly meeting in Springfield on March 9th.

The second challenge is that Chapter 2 (Chicagoland and surrounding counties) has many hospitals and respiratory therapists making it practically unmanageable for a chapter chair and on the flip side there are a few chapters that had so few hospitals and therapists they struggled with membership and securing a Chapter Chair.

To address these challenges a “Restructure Investigation Ad-Hoc Committee” was created. The purpose was to create suggestions and/or recommendations concerning the number of chapters, Chapter boundaries, and number of Board of Directors allocated to each chapter. The Chair was Robin Robinson-Vice President, Membership Committee-Doug McQueary, Bylaw Committee-Keith Roberts, Strategic Planning Committee-Gina Hoots, ISRC Administrator-Maureen Mulhall along with Chapter Members from the following Chapters:

1. Vacant
2. Dorian Hampton and Carol Kennerson
3. Sarah Higar
4. Lexie Caraway and Morgan Wagner
5. Becky Renton
6. Brian Lawlor and Deb Linhart
7. Curtis Kretschmer

The committee met on several occasions and brought the recommendations to the Board of Directors. After much discussion and voting the recommendations below are being presented to the entire ISRC membership to be reviewed and voted upon to make the changes to the ByLaws.

**BYLAW CHANGE ONE:** The excerpts from the Bylaws have been provided below with the suggested alterations. The original version of the bylaws is printed first. The recommended changes follow with alterations in red.

Current
**Article III - BOUNDARIES**

<table>
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<th>Section A - SOCIETY BOUNDARIES</th>
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<tr>
<td>1. The area of Chapter I is the area included within the boundaries of the counties of Henderson, Knox, Marshall, Mercer, Peoria, Rock Island, Stark, Tazewell, Warren, and Woodford.</td>
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<tr>
<td>2. The area of Chapter II is the area included within the boundaries of the counties of Cook, DuPage, Grundy, Kane, Kankakee, Kendall, Lake, LaSalle, McHenry and Will.</td>
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<td>3. The area of Chapter III is the area included within the boundaries of the</td>
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Proposed

Article III - BOUNDARIES
Section A - SOCIETY BOUNDARIES

1. The area of Chapter I is the area included within the boundaries of the counties of Rock Island, Mercer, Henderson, Warren, Knox, Stark, Marshall, Peoria, Woodford, Tazewell, La Salle, Putnam, Grundy, Fulton.

2. The area of Chapter II is the area included within the boundaries of the counties of Cook, Will, Lake, DuPage.

3. The area of Chapter III is the area included within the boundaries of the counties of Iroquois, Ford, McLean, De Witt, Piatt, Champaign, Vermilion, Moultrie, Douglas, Edgar, Shelby, Cumberland, Clark, Kankakee, Coles County, Macon, Livingston

4. The area for Chapter IV is the area included within the boundaries of the counties of Fayette, Effingham, Jasper, Crawford, Marion, Clay, Richland, Lawrence, Jefferson, Wayne, Edwards, Perry, Franklin, Hamilton, White, Jackson, Williamson, Saline, Gallatin, Union, Johnson, Pope, Hardin, Massac, Pulaski, Alexander, Madison, Bond, Clinton, St. Clair, Washington, Monroe, Randolph.

5. The area of Chapter V is the area included within the boundaries of the counties of Hancock, McDonough, Mason, Logan, Schuyler, Adams, Brown, Cass, Menard, Pike, Morgan, Sangamon, Scott, Christian, Calhoun, Greene, Jersey, Macoupin, Montgomery.

6. The area of Chapter VI is the area included within the boundaries of the counties of Jo Daviess, Stephenson, Winnebago, Boone, Carroll, Ogle, Dekalb, Henry, Whiteside, Lee, Bureau, McHenry, Kane, Kendall. Chapter 7 will be eliminated.

Article XII Chapter Organization
Section E - CHAPTER ADMISSION REQUIREMENTS

1. A chapter will be bounded by county lines.

2. There will be seven six chapters within the state.

3. Chapters must have a minimum of fifty (50) active members from one (1) or more adjacent counties; a new chapter of the Society may be organized by written petition of no less than fifty (50) active members in a given geographical area.

4. The petition will then be presented to the Board of Directors for review and shall consist of a list of memberships, officers, minutes of the organizational meeting, chapter Standing Rules and geographical locations (by counties).

5. Approval of the petition will be granted by a two-thirds (2/3) vote of the assembled Board of Directors.
BYLAW CHANGE TWO: Chapter representation was reviewed and benchmarked with other organizations by the adhoc committee. The recommendation below is a model used by the U.S. Senate and will make Board representation more equitable among the Chapters. The excerpts from the Bylaws have been provided below with the suggested alterations. The strike through words will be removed and red words added if approved.

Article XII Chapter Organization  
Section C - OFFICERS AND CHAPTER REPRESENTATION  
1. Each chapter shall be represented on the Board of Directors by the Chapter Chairperson and by one additional member regardless of total number of chapter constituents for each thirty-five active members or major fraction thereof within the chapter, except that no chapter shall have less than one (1) Chapter Chairperson, and no less than two (2) or no more than a maximum of twenty (20) Chapter Representatives.  
2. Each chapter shall be represented on the Executive Committee by the Chairperson of that chapter.  
3. The Board of Director Membership will consist of one (1) Chapter chairperson plus one (1) additional member of each the six (6) chapters and the Society officers (President, President-Elect, Vice President, Secretary, Treasurer, Immediate Past President) and the Society Delegate and alternate Delegate (no more than 20 members).

BYLAW CHANGE THREE: There has been interest by retired members of the Illinois Society for Respiratory Care to be active in the Society. Due to the current verbiage of the by-Laws the retiree would be prohibited unless they kept their Respiratory License active. The below recommendation would allow retired Respiratory Therapists the ability to be active member of the Board and committees. The strike through words will be removed and red words added if approved.

Article VI Nominations & Elections  
Section B Number 2  
Only active members of the Association in good standing within a chapter and who are licensed by the IDFPR may be nominated or elected by members of the chapter to represent them on the Board of Directors. Practicing members must be licensed by the IDFPR. Non-practicing members may have inactive or non-renewed status with the IDFPR.

BYLAW CHANGE FOUR: There was a motion proposed to the Board of Directors and passed to combine the Public Relations Committee and the Publications Committee. The primary objective of both committees is outreach and functions of the committees overlap. The strike through words will be removed and red words added if approved.

Article X COMMITTEES  
Section A - Standing Committees  
ffa The chairpersons and members of the following standing committees shall be appointed by the President, subject to an approving vote of the Board of Directors, to serve for a term of one (1) year except as specified in Article XI Section A subsection 3 of these Bylaws.  
1. Budget and Audit  
2. Bylaws  
3. Chapter Chairpersons  
4. Education  
5. Elections
Article XI - COUNCILS & DUTIES OF COMMITTEES
Section B DUTIES AND COMPOSITION OF COMMITTEES

1. Public Relations Committee and Publications Committee
1. This committee shall consist of a Chairperson and at least four (4) additional members.
2. This committee shall maintain such liaison as has been established by the Board of Directors with other organizations whose activities may be of interest to the members of this Society. This shall include the preparation of exhibits, programs and other items to bring the message of Respiratory Care and the Association to the medical, nursing and hospital groups, as well as educational facilities where use of such material can be expected to recruit new people to the field of Respiratory Care.

2. Publications Committee
1. This committee shall consist of a Chairperson and not less than four (4) additional members.
2. This committee shall concern itself with the execution of a Society newsletter and all other publications of the Society with the public, hospitals and other organizations through dissemination of information concerning Respiratory Care.

Your opinion matters! Watch your email for the ballot concerning the ByLaw changes. If you have any questions or comments, please drop me a line at isrcpresident@isrc.org.

I would like to give a special acknowledgement and Thank you to all the members of the “Restructure Investigation Ad-Hoc Committee” for their dedication, time and commitment to this project and to the Illinois Society for Respiratory Care.
President’s Desk

Current Boundaries

Proposed Boundaries

1  2  3  4  5  6  7
Last October, freshman and sophomore respiratory therapist students spent two days at the Peoria Civic Center with a program called “The Greater Peoria CareerSpark.” Program Director, Kelly Crawford-Jones, MS, RRT said, “This exposure to our profession is invaluable!” Respiratory therapist students demonstrated intubation skills with adult and pediatric manikins. Lung and cardiac anatomy was demonstrated with pig lungs and hearts. Most of the middle school students were fascinated and had never heard of our profession. The Greater Peoria CareerSpark is modeled after similar hands-on career expos that have been successfully implemented in several other U.S. cities, including Indianapolis, IN, Mobile, AL, Nashville, TN and Portland, OR.

Recently the US News and World Report ranked the respiratory therapist job as #19 in healthcare jobs with a median salary of $59,710.00 and unemployment of only .3%. Interest in our profession is growing. Kelly Crawford-Jones reiterated that the number of applicants to the two year respiratory therapist program at Illinois Central College has doubled since last year. There is a critical need for respiratory therapists in area health care facilities. Opportunities for respiratory therapists are becoming more diverse and abundant. Also, this profession looks promising for future job prospects. The Bureau of Labor Statistics projects 23.4 percent employment growth for respiratory therapists between 2016 and 2026. In that period, an estimated 30,500 jobs should open up.
An organization like the ISRC is as strong as those that participate and share in ideas and growth.

COVERAGE
1,800 Involved and active Respiratory care professionals, including all members of the ISRC at Illinois RC departments. Web-posting also included with each ad purchase. The TRACT is digitally published 6x a year.

The TRACT features unique content and articles dealing with professional issues of management, education, standards of practice and other health care topics as well as articles reporting ISRC activities, Chapter and member news.

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- Low cost ads with Frequency Discounts are your best value (see right)
- We can help you create your ad with our professional creative services

DEADLINES
Reserve Your Space: By the 10th of the month prior to the month published
Publish Date (6x a year): 1st of January, March, May, July, September, November
All ads include full color Prepare Ads in PDF Format at Full Size

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Your satisfaction is guaranteed! If first time help wanted ad is not filled within 40 days, we will run the same ad for 1/2 price.

SIZES & DIMENSIONS

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PREMIUM POSITIONS

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