

Original; 2496



**The Pennsylvania  
Society  
for Respiratory Care**

November 4, 2005

Pennsylvania Board of Medicine  
PO Box 2649  
Harrisburg, PA 17105-2649

SUBJECT: RESPIRATORY RESPIRATORY CARE CONTINUING EDUCATION

RE: PENNSYLVANIA BULLETIN, VOLUME 35, NUMBER 41, PAGES 5520-5521 & 5523-5524  
SATURDAY, OCTOBER 08, 2005

PROPOSED RULE MAKING: STATE BOARD OF MEDICINE &amp; STE BOARD OF OSTEOPATHIC MEDICINE

As I am sure you are aware, on Friday, July 02, 2004, Governor Edward G. Rendell signed into law Senate Bills No. 751 and No. 752 which require individuals holding certification as Respiratory Care Practitioners (RCPs) in the Commonwealth of Pennsylvania to attend and complete 20 hours of mandatory continuing education during each two-year certificate period.

Under the new law the Pennsylvania State Board of Medicine and the Pennsylvania State Board of Osteopathic Medicine will refuse to renew a certificate issued to a respiratory care practitioner unless he/she has completed 20 credit hours of approved continuing education offered by providers approved by the State Board of Medicine and the State Board of Osteopathic Medicine.

It has been brought to the attention of the Board of Directors of the Pennsylvania Society for Respiratory Care (PSRC), that the legal counsel of the Pennsylvania Board of Medicine is interpreting the words, attend and complete, as applying only to live, traditional continuing education opportunities. This interpretation is, in the opinion of the Board of Directors of the PSRC and of numerous respiratory care practitioners and respiratory care departments in the Commonwealth of Pennsylvania, is contrary to the intent of the law.

By its very definition the word, attend, means to be present at or to listen to or heed. Neither of these definitions infers a live presentation e.g., one can attend a movie or taped presentation. It is in this regard that we are asking the Pennsylvania Board of Medicine to liberalize the interpretation of the regulations to include a combination of traditional and non-traditional continuing education methods.

Traditional education methods could be a "live" presentation in which there is the ability to have direct interaction with a presenter e.g., a live web cast, teleconference or a traditional classroom educational presentation.

Non-traditional education methods could range from pre-recorded presentations to internet-based presentations to journal review programs.

The Commonwealth of Pennsylvania acknowledges and recognizes the Entry Level CRT Examination of the National Board for Respiratory Care (NBRC) as its accrediting examination for the legal credential of RCP (Respiratory Care Practitioner). The NBRC in turn, has a Continuing Competency Program which demonstrates its compliance with the accreditation standards of the National Commission for Certifying Agencies (NCCA). This program permits respiratory care practitioners to provide proof of completion of a minimum of 30 hours of Category I Continuing Education (CE) acceptable to the NBRC. Category I Continuing Education is defined as participation in an educational activity directly related to respiratory therapy or pulmonary function technology, which includes any one of the following: lecture, panel, workshop, seminar,

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symposium, or distance education.

By requiring Respiratory Care Practitioners to only be able to earn continuing education credits by attending live presentations would place a financial hardship on individual respiratory care practitioners, respiratory care departments, and hospitals. The trickle down result could potentially have an adverse affect on patient care.

We all know there is a nationwide nursing shortage, however, according to the Bureau of Labor Statistics, the field of respiratory care is expected to grow at a rate of twice the average growth of all occupations. If respiratory care practitioners are required to earn all 20 CEU's at live presentations, many of them may not be able to renew their legal credentials because of a lack of "live" educational opportunities or the inability to remove themselves from the work environment to attend these presentations.

Last and certainly not least, if the Pennsylvania Board of Medicine decides that only live CEU's would be acceptable to fulfill a respiratory care practitioners' continuing education requirements, Pennsylvania would be the only state that currently would not recognize non-traditional methods of continuing education.

The Board of Directors of the PSRC submits the following recommendations:

A combination of traditional and non-traditional CEU's (50% of the continuing education units must be from traditional means and 50% from non-traditional means) to total 20 in a 2-year renewal period. Of these 20 CEU's we propose at least one CEU be in the category of Ethics and one CEU be in the category of "Patient Safety".

In closing, we ask The Board of Medicine to review the information presented and make a decision based on this information, which would be in the best interest of the Respiratory Care Profession and most importantly our patients.

Thank you very much for allowing us to present this information to you!

Sincerely,

Handwritten signature of John Conrad in black ink, appearing as a stylized cursive script.

John Conrad, BS, RRT-NPS, RCP  
2005 Legislative Affairs Chairperson  
2005 President-Elect  
Pennsylvania Society for Respiratory Care

Enclosures

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# Pennsylvania Society for Respiratory Care, Inc.

Dear Respiratory Care Manager,

By now you should have received a correspondence from the Pennsylvania State Board of Medicine and/or the Pennsylvania State Board of Osteopathic Medicine in reference to the new continuing education requirements for Respiratory Care Practitioners as stated in Act 55 of 2004 and signed into law on July 02, 2004. Act 55 of 2004 became effective on September 02, 2004. The State Board of Medicine and the State Board of Osteopathic Medicine is currently promulgating regulations, which carry out the provisions of the law.

The revision of the law requires licensees to attend and complete 20 hours of mandatory continuing education during each biennial certificate period. All respiratory care practitioner certificate holders must have attended and completed 20 hours of continuing education in respiratory therapy by December 31, 2006. Courses in office management will not satisfy this requirement. Course attendance at programs which are approved or offered by the AARC (American Association for Respiratory Care), AMA (American Medical Association) Category 1, AOA (American Osteopathic Association) Category 1A or 1B, or the CSRT (Canadian Society for Respiratory Therapy) will qualify for credit.

The Board of Directors of the Pennsylvania Society for Respiratory Care (PSRC) is strongly opposed to the strict and literal interpretation of the words "attend and complete". We believe this interpretation could have a negative impact on the ability of a respiratory care department to maintain adequate staffing in order to provide safe and effective patient care while attempting to send its staff to attend and complete external, approved CEU opportunities. We also believe this will create a financial hardship on individual respiratory care practitioners who will incur expenses for travel, lodging, and meals in order to attend and complete an approved CEU opportunity.

The PSRC Board supports an interpretation of Act 55 of 2004 which would allow Pennsylvania respiratory care practitioners to obtain their CEU's through a combination of "live" presentations and independent self-directed internet-based or computer-based studies, audiovisual programs, home study, etc. These programs must still be approved by the accrediting agencies mentioned in the document provided by the State Boards of Medicine and Osteopathic Medicine.

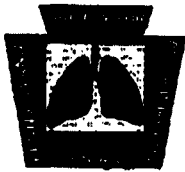
The PSRC is asking for your assistance in helping us gather data, which we will utilize to create a document in support of our recommendations for CEU's to these boards. Please complete the enclosed survey and return it via email to [llegislative@psrc.net](mailto:llegislative@psrc.net) or via FAX to 570.275.3222 or return the completed form by July 15, 2005 to:

PSRC Legislative Affairs Committee  
P.O. Box 541  
Sellersville, Pa 18960

Thank you in advance for your cooperation.

Sincerely,

John W. Conrad, Jr., BS, RRT-NPS  
2005 PSRC President-Elect  
2005 PSRC Legislative Affairs Committee Chairperson



# Pennsylvania Society for Respiratory Care, Inc.

## CEU SURVEY

1. Name of Institution (Optional): \_\_\_\_\_
2. Institution Size: \_\_\_\_\_
3. Size of Respiratory Care Staff: \_\_\_\_\_
4. Do you have a budget for education/travel? If so, would you please share the approximate amount allocated per therapist or for the department as a whole? \_\_\_\_\_
5. What is the maximum amount of staff you could send (at one time) to an educational opportunity without compromising patient care? \_\_\_\_\_
6. Do you support the Pennsylvania Board of Medicine's and the Pennsylvania State Board of Osteopathic Medicine's interpretations of Act 55 of 2004 wording "attended and completed"? \_\_\_\_\_
7. Do you support the PSRC's proposed recommendation for a combination of live presentations and independent study and/or internet-based CEU programs? \_\_\_\_\_
8. Do you believe the State Board of Medicine's and the State Board of Osteopathic Medicine's interpretation would create a financial hardship for your department? \_\_\_\_\_
9. Do you believe the State Board of Medicine's and the State Board of Osteopathic Medicine's interpretation would create a financial hardship for individual therapists? \_\_\_\_\_

10. Comments:

*Please complete the enclosed survey and return it via email to [llegislative@psrc.net](mailto:llegislative@psrc.net) or FAX to 570.275.3222, or return the completed form to PSRC Legislative Affairs Committee, P.O. Box 541, Sellersville, Pa 18960 Attention: John Conrad, RRT-NPS, Committee Chair.*

## Internet-Based CME as Effective as Live Approach

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By David Douglas

**NEW YORK (Reuters Health) Sept 12** - Internet-based continuing medical education appears to be at least as effective as conventional interactive workshops, according to the results of a randomized, controlled trial.

"Because of its convenience and reach, online continuing medical education has become increasingly popular among practicing physicians. However, little has been known about its overall effectiveness," lead investigator Dr. Michael Fordis of Baylor College of Medicine, Houston told Reuters Health.

To investigate, Dr. Fordis and colleagues recruited 97 primary care physicians from the Houston area who were randomized to Internet-based CME that could be completed in multiple sessions or to a single, live small-group interactive workshop. The content involved national guidelines on high blood cholesterol, pharmacotherapy and intensive treatment of patients with coronary heart disease.

Knowledge was assessed before, immediately after the sessions and 12 weeks later. The percentage of high-risk patients who were treated in accordance with the guidelines was assessed in a 5-month period before the intervention and in the 5 months following the intervention.

Both of the interventions provided similar and significant immediate and 12-week gains in physicians' knowledge, Dr. Fordis' group reports in the September 7th issue of the *Journal of the American Medical Association*. Compared with pretest scores, there was an increase of 31% immediately after the intervention and 36.4% at 12 weeks.

There was no significant change seen in either group in patient screening rates. At baseline, these rates were already 93% or greater.

However, there was a significant increase in the Internet-based group in the percentage of patients treated with pharmacotherapeutics according to the guidelines (85.3% versus 90.3%;  $p = 0.04$ ). There was a slight decrease in the live group.

Dr. Fordis concluded: "This study provides some of the first evidence that in addition to enhancing physician knowledge, online continuing medical education can also improve patient care."

*JAMA* 2005;294:1043-1051.

INSTRUMENT									
	Bed Size	AC Department Size	Education/Travel Budget	Per Therapist	Per Department	Not Specified	Survey Question 5	Survey Question 6	Survey Question 7
Adopt Health Healthcare Network	400	80	\$350.00	X				No	Yes
Allegany General Hospital Suburban	150	7	No				1	No	Yes
								Yes	Yes
<p>Offer:</p> <p>As a department head of a large hospital Center in Philadelphia, I am constantly struggling with finding strategies. Although already aware our patients don't have Continuing Education requirements, finding the resources to the events will have a great impact on our ability to staff appropriately and provide quality patient care. Also, I believe the additional financial burden associated with the Events will be a burden for those considering leaving the field of respiratory care when qualified therapist are in such demand.</p> <p>Not only is it difficult to attend find many CEU activities. It is also expensive and may not provide the best educational opportunities. I have had experience in other states in which the system was available. It provided a good educational base.</p> <p>It will be very difficult on both scaling levels and financially to the department. In many cases the CEU programs are more expensive because they often require time off work, lodging and meals.</p> <p>It should also be addressed that some of the very best and latest technological knowledge is available through electronic media or journals. Exposure to new techniques, products and medicines are an important part of a complete CEU program. These opportunities may not come to the state or local level in a the presentation for quite some time when they are available for use.</p> <p>Electronic media and journals also give the first line staff exposure to some of the cutting edge research. This exposure may not be available to those without the opportunity to attend a national conference.</p>									
Alle-Klein Medical Center	280	23	No				7	No	Yes
								Yes	Yes
Armstrong County Memorial Hospital	164	15	No				1	No	Yes
								Yes	Yes
Berkley Hospital	120	4 FT	No				2	No	Yes
								Yes	Yes
Bloomington Hospital	78	7	\$200.00	X			1	No	Yes
								Yes	Yes
Blue Mountain Health System	< 100	2 FTE	Yes				1	No	Yes
								Yes	Yes
Brookdale Regional Medical Center	150	7 FTE	\$70.00	X			0	No	Yes
								Yes	Yes
Brooklyn Hospital	268	22	No				2	No	Yes
								Yes	Yes

might have to pay OI for people to attend to cover each state. Possibly pay stipend so people can attend.

Give us a percentage (50% of budgeted Annual Internal based CEU program.

Header to attend at 20 CEUs.

Programs/mentors available not increasing to non-members of AARC, PRC, AARC.

Thank you for your support

We are currently the only state and program that has to continuing education awarded as such.

Please show the presentation to obtain continuing education in other forums.

Bryn Mawr Hospital		RC Department Size		Education/Travel Budget		Per Therapist		Per Department		Not Specified		Survey Question 5		Survey Question 6		Survey Question 7		Survey Question 8		Survey Question 9	
200		\$0		\$1,000.00		X		X				1-5-2		No		Yes		Yes		Yes	
<p><b>Other:</b></p> <p>As noted above, very small budget for continuing education - for 50 staff in many cases, yes. I don't think there is any manager that is aware of that employee's financial situation, but I would imagine it would be a financial hardship. I don't think that the current working in Act 60 will impose hardship on all hospitals and employees. It isn't particularly unique major staffing issues if hospitals are unable to complete their continuing education requirements and unable to serve their business. I believe it is important to support that every regulatory hospital will have the opportunity and financial flexibility to attend several two sessions. I am hopeful that the implementation of the Act will include financial based educational sessions. Thank you for the opportunity to comment.</p>																					
<p>I don't have a problem with the CEU's, just the restrictions. We're not happy just and our department can work.</p> <p>There is a wide variety of educational opportunities available via self-study and live format which cover a broad spectrum of regulatory care practice. Educational sessions often do not cover topics of interest or applicability to my staff.</p> <p>Self-study allows practitioners to tailor their education to their specific needs. For instance, my hospital subscribes to Healthcare, a program from Thomas Tech University. Along with our annual mandatory safety education, they provide opportunities on video per month on a regulatory topic they also provide videos for other disciplines.</p> <p>Each program has course material and a good deal, lecture on CD, my staff can watch the topics and portion to their scope of practice, and they do not have to spend time waiting hours that do not fit, when sessions, recorded topics. There is a post-test, I can be sure that they have received the information the presenter intended. In addition, they are probably much more receptive to learning in a familiar environment than after a 3 hour drive and sitting at day in a meeting room at a conference center.</p> <p>Live seminars are valuable education and professional growth, but to require that ALL continuing education be obtained through live presentations is very limiting, not least desirable for both my hospital or my practitioners and residents.</p>																					
220 FTE		\$600.00		X		1		No		Yes		Yes		Yes		Yes		Yes		Yes	
<p>We have some therapists who are unable to travel to conferences due to distance issues. It will be very difficult for them to obtain enough credits locally. For those therapists that have opportunity to obtain CEUs would be via on-line programs.</p> <p>When we are located, distance is a problem for therapists to attend. We are trying to get more 1 day programs and residents to come and present programs at the hospital for CEUs.</p>																					
403		\$30,000.00		X		15		No		Yes		Yes		Yes		Yes		Yes		Yes	
<p>The Children's Hospital of Philadelphia</p>																					
< 100		\$4,700.00		X		2		No		Yes		Yes		Yes		Yes		Yes		Yes	
<p>Chilton Hospital</p>																					

INSTITUTION	Bed Size	RC Department Size	Education/Travel Budget	Per Therapist	Per Department	Not Specified	Survey Question 5	Survey Question 6	Survey Question 7	Survey Question 8	Survey Question 9	Other
Ephrata Community Hospital	160	22	\$2,500.00	X			1	No	Yes	Yes	Yes	Yes I've realized the importance and necessity of continuing education in this day and age. When doctors use of such a high priority in medicine and emergency staff are in great demand with an obvious shortage in the field, I think we need to make the opportunity for continuing education available and cost effective, and allowing them to acquire the education necessary to provide good quality care for their patients. * May I present two only
Frankford Hospital	700	66	\$2,000.00*	X			2	No	Yes	Yes	Yes	
Gastinger Medical Center, Danville, PA	308	42.77	\$15,000.00	X			6	No	Yes	Yes	Yes	
Gastinger Lebanon, PA	205	26	No				3	No	Yes	Yes	Yes	Adding for four hospital workers and per the month period extending the previous month to 3 CDE's that went down for eight internal/ ethics credits
Good Samaritan Regional Medical Center, Pottsville, PA	210	8 FTE	\$160.00	X			2	No	Yes	Yes	Yes	Educational and educational opportunities leading to the AACEA and they accept coding CDE's. Financial burden to the program. Seeking input on hospital. Good community hospital have to be able to attract business.
Grand View Hospital	200	18.7	\$3,000.00	X			2	No	Yes	Yes	Yes	CDE's are needed to keep physicians' knowledge updated and current with new code, changes, etc. The present working and doing every hospital and hospital. Our education is already in need of more therapists and with the working we are requesting hospital from already in the profession. On the education to an acceptable method of learning.
Hennepin Hospital	107	19.8	\$150.00	X			2	No	Yes	Yes	Yes	These credits are opportunities for continuing education in hospital after their attendance at seminars. Many of my therapists have used classes and other timely obligations that would make the very difficult.
Hennepin Hospital Pharmacy Health	60.36	550 FTE	\$3,000.00	X			8-10-10	No	Yes	Yes	Yes	I agree and support the State for making CDE's mandatory. However, the process should have been better thought out and planned for over 1-2 years. The regulations process was very cut and not very informative. Many therapists will want to see what happens of the regulations. I hope that they do not wait too long and get stuck on December 1st with only 50 CDE's under their belt.
HealthSouth Rehab Hospital of Abingdon	150	24	No				3-10-4	No	Yes	Yes	Yes	50) We are presently down to one therapist in house at a time. Having staff create huge backlog for the day.
HealthSouth Rehab Hospital of York	82	5 FTE	No				0	No	No	Yes	Yes	46) I feel starting and everything about order is standing to the task of completing CDE's, which may be by journal articles, tapes, etc. 47) When presentations present a hardship for the PTA staff that work with an average production (8 hours 2 of them). This may be the leading factor for them to get out of the field early.



INSTITUTION	Bed Size	IC Department Size	Education/Travel Budget	Per Therapist Per Department Not Specified	Survey Question 5	Survey Question 6	Survey Question 7	Survey Question 8	Survey Question 9	Other:
Heart of Lancaster Regional Medical Center	144	17	No		1	No	Yes	Yes	Yes	Therapists would need to provide their own support of continued education. Multiple format opportunities
Holy Spirit Hospital	350	50	Yes		X	10	No	Yes	Yes	Comments: My department considers the independent impractical. My concern is that even therapists may not be able to attend, due to the expense and inconvenience of this type of format for CELT opportunities. I am not prepared to understand why an AHA/C video presentation would not be acceptable, due to the lack of the training, but attending a meeting would easily. In the end of education training I feel that it is more cost effective and practical for employees to have the use of electronic learning. I feel that it is more cost effective and practical for employees to have the use of electronic learning, but attending a meeting would easily. In the end of education training I feel that it is more cost effective and practical for employees to have the use of electronic learning. I feel that it is more cost effective and practical for employees to have the use of electronic learning.
Hospital of the University of Pennsylvania	900	90	\$800.00	X	12	No	Yes	Yes	Yes	My institution was willing and interested in continued education. As noted above, hotel travel, conference fees, etc., are above the level that many hospitals can afford. The PPTT staff that work full time out of the field would need to have time off work to attend these conferences.
Jeuness Hospital	200	18.5	\$60.00	X	2	No	Yes	Yes	Yes	My institution was willing and interested in continued education. As noted above, hotel travel, conference fees, etc., are above the level that many hospitals can afford. The PPTT staff that work full time out of the field would need to have time off work to attend these conferences.
Lehigh Valley Hospital and Health Network	> 800	75	\$11,000.00		X	10	No	Yes	Yes	Comments: My institution was willing and interested in continued education. As noted above, hotel travel, conference fees, etc., are above the level that many hospitals can afford. The PPTT staff that work full time out of the field would need to have time off work to attend these conferences.
Lancaster General Hospital	565	65	\$4,000.00		X	3	No	Yes	Yes	Comments: My institution was willing and interested in continued education. As noted above, hotel travel, conference fees, etc., are above the level that many hospitals can afford. The PPTT staff that work full time out of the field would need to have time off work to attend these conferences.
Lancaster Regional Medical Center	280	23	No		2	No	Yes	Yes	Yes	Comments: My institution was willing and interested in continued education. As noted above, hotel travel, conference fees, etc., are above the level that many hospitals can afford. The PPTT staff that work full time out of the field would need to have time off work to attend these conferences.
Lancaster Hospital	300	60	\$600.00		X	10	No	Yes	Yes	Comments: My institution was willing and interested in continued education. As noted above, hotel travel, conference fees, etc., are above the level that many hospitals can afford. The PPTT staff that work full time out of the field would need to have time off work to attend these conferences.
Lehigh Valley Hospital and Health Network	> 800	75	\$11,000.00		X	3	No	Yes	Yes	Comments: My institution was willing and interested in continued education. As noted above, hotel travel, conference fees, etc., are above the level that many hospitals can afford. The PPTT staff that work full time out of the field would need to have time off work to attend these conferences.
Lehigh Valley Medical Center	250	18	No		2	No	Yes	Yes	Yes	Comments: My institution was willing and interested in continued education. As noted above, hotel travel, conference fees, etc., are above the level that many hospitals can afford. The PPTT staff that work full time out of the field would need to have time off work to attend these conferences.
Mercy Hospital of Philadelphia	244	FTE 18.6	No		2	No	Yes	Yes	Yes	Comments: My institution was willing and interested in continued education. As noted above, hotel travel, conference fees, etc., are above the level that many hospitals can afford. The PPTT staff that work full time out of the field would need to have time off work to attend these conferences.
University of Pennsylvania Medical Center	20	8 FTE	\$300.00	X	3	No	Yes	Yes	Yes	Comments: My institution was willing and interested in continued education. As noted above, hotel travel, conference fees, etc., are above the level that many hospitals can afford. The PPTT staff that work full time out of the field would need to have time off work to attend these conferences.

HOSPITAL	Bed Size	NC Department Size	Education/Travel Budget	Per Therapist	Per Department	Not Specified	Survey Question 5	Survey Question 6	Survey Question 7	Survey Question 8	Survey Question 9	Other:
Allegheny Community Hospital	126	4	No				1	No	Yes	Yes	Yes	I believe 1/2 of the CEU's attended and 1/2 participated study would be completed. An abstract would be a definite benefit for several therapists.
Montgomery Hospital	400	27	\$500.00	X			4-10-5	No	Yes	Yes	Yes	Due to the number of available education programs as well as the limited time available, I believe that it is imperative that formal based and journal type continuing education offerings should be accepted as a valid form of continuing education for therapists' benefit.
Moses Taylor Hospital	280	19	\$500.00	X			1	No	Yes	Yes	Yes	
Pied Hospital	175	13	\$150.00	X			2	No	Yes	Yes	Yes	I support the implementation of the proposed CEU's. I completely agree the idea that CEU's need to be estimated by employees. It is a process that we have not been doing to find the cost when the cost also was already 1, 200K.
Penn Presbyterian	340	27	No				1*	No	Yes	Yes	Yes	That would use first vacation time or day off. I currently turn 5 paid time off. It is difficult to turn more than 1 person.
Pennsylvania Hospital	550	21	No				2-10-5	No	Yes	Yes	Yes	Regulatory care departments supply and depend on a number of paid time off that would off and may have other (AD) the position outside Regulatory Care. In addition, to the significant cost of sending away 1400 employees to the conference, it would be an enormous benefit to provide 800 for per diem staff.
Podiatry Hospital and Werns Clinic	218	16	\$300.00	X			1-10-2	No	Yes	Yes	Yes	Additionally, staff that complete Internet or self directed based learning can work at their own pace when they need to a greater understanding of the content. The department participating in an AACC approved DVD program can make one research investment and receive all of their staff.

\$500.00 for Director only. Union employees do not have anything allocated in their current contract.

1-2 Employees at a time depend on other benefit time of other staff members.

There is potential for avoidance and this will certainly push to have certain days and expenses added to the contract in 2008. If added for RCP's there are a number of other considerations that will also impact.

Even if the Union gets senior days and expenses added, it will most certainly NOT cover 20 CEU's.

INSTITUTION	Bed Size	RC Department Size	Education/Travel Budget	Per Therapist	Per Department	Not Specified	Survey Question 5	Survey Question 6	Survey Question 7	Survey Question 8	Survey Question 9
The Reading Hospital and Medical Center	625	65	\$5,000.00	X	X	4	No	Yes	Yes	Yes	Yes
Reading Memorial Hospital	248	11	\$1,182.00	X	X	2 to 3	No	Yes	Yes	Yes	Yes
Saint Agnes Continuing Care Center	25	No	No	No	No	1 or 2	No	Yes	Yes	Yes	Yes
St. Joseph Medical Center, Reading, PA	228	30	\$2,500.00	X	X	1 to 2	No	Yes	Yes	Yes	Yes
<p><b>Comments:</b></p> <p>Our hospital currently has a satellite program through Philadelphia which because of staffing and starting it is not possible to visit the institution, BUT we have a library of tapes that are approved for RC's in our department that we submit after the fact for review. I was able to offer at least 6-10 months so far and just the last week that we can do during the summer or on their own time with no additional expense to the hospital or individual staff member.</p> <p>It would be more cost effective for the hospital and the hospital to provide (CEI) credits on site or return based.</p> <p>I have taken many on the course and in some cases they are just as effective as attending a course or lecture. I had one followed by a test which requires self-study and must achieve two points of reviewing and applying new information.</p> <p>The institution and particularly the department could not afford the educational cost but the would credit towards and in way of patient care.</p> <p>I believe that on all day conferences over several days would create an undue burden on the individual therapist. There would be travel expenses and conference expenses in addition to time constraints on the individual therapist.</p> <p>I believe that there is great value in various types of continuing education credits. Having hospitals to which on-site education so that we can learn from the education such as those offered through satellite programs and would credit towards the quality of education required for the education of individual therapists. I think the ultimate goal is not required attendance but rather the acquisition of continued learning to ensure the high standard of quality that respiratory therapists demonstrate every day in the work place.</p> <p>Physicians and RN's are not required to attend "live" presentations. I believe we would lose a lot of very competent therapists as they could not attend all live presentations because of demographic.</p> <p>As used as continuing medical care</p> <p>We are without denying all vacation requests.</p> <p>Not as much demand of them I don't have an education budget, but it certainly would create a service staffing hardship.</p>											
Saint Vincent Health Center	350	28	\$2,500.00	X	X	4 to 5	No	Yes	Yes	Yes	Yes
Saint Joseph Hospital, Danville, PA	30	8	No	No	No	1	No	Yes	Yes	Yes	Yes
Shenandoah Area Community Hospital	70	3	\$200.00	X	X	1	No	Yes	Yes	Yes	Yes
Shenandoah Regional Health System	250	18	No	No	No	0	No	Yes	Yes	Yes	Yes

INSTITUTION	Bed Size	NC Department Size	Education/Travel Budget	Per Therapist	Per Department	Not Specified	Survey Question 5	Survey Question 6	Survey Question 7	Survey Question 8	Survey Question 9
Soldiers & Sailors Memorial Hospital	148	90 FTE	\$2,000.00	X	.	No	Yes	Yes	Yes	Yes	Yes
Taylor Hospital	176	12 FTE	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Temple Northwestern Hospital	200	14	\$100.00	X	1	No	No	Yes	Yes	Yes	Yes
Thomas Jefferson University Hospital	700	70 FTE	8 Hours	X	No	Yes	Yes	Yes	Yes	Yes	Yes
United Community Hospital	95	5 FTE	.	3	No	Yes	Yes	Yes	Yes	Yes	Yes
UPMC McKeesport	250	3	\$1,000.00	X	3	No	Yes	Yes	Yes	Yes	Yes

**Other:**

Since when do you want legislation and then make up the rules? The PA State Board of Health should be empowered at their policy passed the legislation. The rules and regulations should have been in writing before creating the law. As for the staff and the curriculum they should design the staff rules to January 2006, also make sure that the 2005 waiting for the "legislation" to come out. The waiting period for the completion of mandatory education events, but they just want to keep rescheduling about the summer to which we may obtain them. We may call back our business in December 2006.

Two or Three if multiple days. Three to Five if one day or less.

Our rural location makes it difficult to attend seminars and makes it necessary to first obtain funding sent to lower numbers.

We cannot make CEUs so difficult to obtain. Does that need to be about so why should therapists? Internal & Distance Education approved by the AACC, AUA, AOA, CDP should be provided as an option.

Should have both options available.

Placing supplemental RTTs create a burden on our funding "reduced" for 14 RTTs to comply.

Funding & Time left to attend to treatment and comply. Distance Education approved by the AACC is a standard.

Comment: The State Board of Health should provide RTTs the option of taking either Distance Learning/Conferences & or Internal or "Standard" CEUs.

Setting is hard enough without every about people funding all come to get CEUs and meeting edge of that we can not afford to pay for and allow to replace the value created for those conferences. I think it is important to have a fair fee and the money.

Education Budget to Administrative Cost.

Both the ACA and AUA panel physicians to gather CEUs via the Internet, etc. This state's reimbursement needs to be re-evaluated. I have also considered our hospital's current to help support any lobbying action.

I am the Manager of our Community Outreach Department (Alzheimer Program) and Director of Tobacco Free Program.

INSTITUTION	Bed Size	RC Department Size	Education/Travel Budget	Per Therapist Per Department Not Specified	Survey Question 5	Survey Question 6	Survey Question 7	Survey Question 8	Survey Question 9
UPMC Northwest	182	23	\$20,00	X	3-D-4	No	Yes	Yes	Yes
	300	46	Yes *		12-16 **	No	Yes	Yes	Yes

\* Cost of 1 Day's Pay  
 \*\* It depends on which unit the program works

The rating system (1-5) scale, 1 = "strongly disagree/development to be a superior method for identifying ideal the programs require only a written evaluation of the program, without funding knowledge, ideal 'yes-then' or 'no-then' type (CSE) program but for some knowledge of the subject as evidence of dissemination/implementation.

I have read of my staff is encouraged and report with the rating. Many find already completed at least some CMB's at various work sites or through published journals. When I do not object to the CSE requirement, it should not be added to the way. This is just another knowledge that will help funding and keep the respiratory department in Pennsylvania more efficient.

**Chair:**  
 Our main focus is Primary Prevention, action education, emphysema, pneumonia, asthma, and cardiovascular community based teams, diabetes etc. We provide programs for the community and in the community. Our "yes-then" one generally not made but along with one or more chronic conditions and more than 60% of our population is under the national poverty level. We currently have 2 RTU's - regular and a staff Pulmonary Education Specialist. We are about to hire another RTU when we get through the hiring process here.