



Massachusetts Society for Respiratory  
Care Presents:  
**38th Annual Conference**



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**SEPTEMBER 30<sup>TH</sup> &  
OCTOBER 1<sup>ST</sup>, 2015**

**Gillette Stadium  
Foxborough, MA**

# Conference Information

## CONTINUING EDUCATION

Application has been made to the American Association for Respiratory Care (AARC) for continuing education contact hours for respiratory therapists.

This program has been approved by the Massachusetts Society for Respiratory Care for 12 continuing education units. Please note that Massachusetts' Respiratory Licensure requires 15 continuing education units every two years. This course is equal to 12 continuing education units. It is the responsibility of the participant to maintain all records and post event surveys.

## AUDIENCE

The information presented is intended for Respiratory Therapists, Respiratory Therapy Students, Polysomnographers, Pulmonary Function Technologists, Physicians, Nurses, EMT's, and other interested health care professionals.

## ADMISSION AND REGISTRATION

Participant registration is available to healthcare practitioners, members of the AARC, and licensed health care professionals. All other individuals must register in accordance with vendor registration policies and procedures. The MSRC Program and Education Committee will determine registration category.

Are you close to retiring? Do you want to stay active with the MSRC/AARC?

If you answered yes, then you should consider the AARC Senior Member.

- You must be age 65 or older
- You will still have the rights of Active Membership — to vote, hold office, chair a committee
- You will receive RESPIRATORY CARE and AARC Times via Digital Membership (online access only)
- Educational and CRCE services will be available to you as follows: \*
- No CRCE transcript
- Full access to all free webcasts for members
- Access to educational courses in AARC at non-member pricing
- Student member pricing to attend AARC Congress!



# Venue Information



## Directions to Gillette Stadium

### From Boston

From I-93 South (S.E. Expressway) take Exit 1 to merge onto I-95 South (Providence). Take Exit 9 onto Route 1 South. Follow Route 1 South approximately 3 miles to Gillette Stadium, which will be on the left.

### From Cape Cod

From I- 495 North take Exit 14A onto Route 1 North. Follow Route 1 North approximately 4 miles to Gillette Stadium, which will be on the right.

### From Maine, New Hampshire

Take I-128 South to I-95 South. Take Exit 9 onto Route 1 South. Follow Route 1 South approximately 3 miles to Gillette Stadium, which will be on the left.

### From Northern Connecticut, Vermont, Upstate New York

Take I-90 East (Massachusetts Turnpike) to I-495 South. Take Exit 14A onto Route 1 North. Follow Route 1 North approximately 4 miles to Gillette Stadium, which will be on the right.

### From Southern Connecticut, Rhode Island

Take I-95 North to I-495 North. Take Exit 14A onto Route 1 North. Follow Route 1 North approximately 4 miles to Gillette Stadium, which will be on the right. The Hotel driveway is 1 mile down on the right, between McDonalds and Burger King.

## Parking and Entering at Gillette Stadium

As a registered attendee to the 2015 MSRC Conference, you will have access to self parking spaces. The parking lot assessable for the event is located in LOT 22A ONLY. Our event is taking place in the West Putnam Club. Please use entrance W1 to enter stadium, and follow signs for event.

## Area Hotel Information:

Renaissance Boston Patriot Place Hotel, 28 Patriots Place, Foxborough, MA 02035 (866) - 580-6236

Four Points by Sheraton, 1125 Boston Providence Turnpike, Norwood, MA 02062 (781) - 769-7900

Residents Inn Boston Foxborough, 250 Foxborough Blvd., Foxborough, MA 02035 (508) - 689-2800

Courtyard Boston Foxborough/Mansfield, 35 Foxborough Blvd.,  
Foxborough, MA 02035 (508) - 543-5222

Holiday Inn Mansfield/Foxborough, 31 Hampshire St., Mansfield, MA 02048 (508) - 339-2200

Courtyard Boston Norwood/Canton, 300 River Ridge Dr., Norwood, MA 02062 (781) - 762-4700



## Wednesday Agenda

7:00 AM - 8:30 AM

**Registration Opens and Breakfast Available**

8:30 AM - 9:15 AM

**Welcome Address**

**Scholarships and Awards**

Presented by MSRC President Denise McGarry, BS, RRT-NPS

9:15 AM - 10:15 AM

**Opening Keynote Address**

***Keeping the RT in the Center of Patient Centered Medical Homes***

The care and treatment of a patient who is diagnosed with respiratory disease must consider the whole patient and should be centered on the patient's needs. A new approach to managing complex respiratory conditions to keep patients at a stable state in the low-cost environment (their homes) must ensure that the health care team has a thorough understanding and knowledge regarding all components of respiratory modalities and technology used to treat patients. The 'new normal' includes systems of care within ACOs and Patient Centered Medical Homes (PCMHs) that include respiratory therapists with specialized training in managed and integrated care systems. The primary care physician is the driver and the RT is the physician extender

Presented by: Vernon Pertelle MSc, MBA, RRT, LVN, CCM, PCMH CCE, FACHE

10:15 AM - 11:00 AM

**Open Exhibitor Time**

11:00 AM - 12:00 PM

**Morning Sessions**

***Pediatric Interactive Case Reports: Two different perspectives***

The speakers will present 3 different pediatric based clinical cases. The audience will participate in each case by answering clinical questions using an interactive polling device. The speakers will then present the clinical decisions that were actually made and review the available evidence used to support the decisions.

Presented by: Matt McNally RRT and Brian K. Walsh, RRT-NPS, FAARC

***Post Acute Care: New Rules and New Opportunities***

Much like hospitals, post acute care facilities are facing drastic regulatory changes. These changes will overall the entire landscape of post acute care, creating new opportunities for RT's. This talk will describe these changes and how we can seize the opportunity before its too late.

Presented by: Zach Gantt, RRT



# Wednesday Agenda



11:00 AM - 12:00 PM

## ***Respiratory Compromise and the Role of the RT***

Respiratory Compromise is a term that is frequently used but lacking clear definition. Patients across the hospital may be at risk due to medications, procedures, co-morbidities, and other factors. This presentation will discuss the cascade of respiratory compromise from being at risk to respiratory failure/arrest and how earlier identification may lead to prevention rather than rescue.

Presented by: Paul Nuccio, MS, RRT, FAARC

12:00 PM - 1:00 PM

## **Mid-Day Break**

*Lunch will be available in the main conference room*

1:00 PM - 2:00 PM

## **1<sup>st</sup> Afternoon Sessions**

### ***Respiratory Care at 65***

This lecture will highlight the evolution of respiratory care practice, and discuss the implications for future practice.

Presented by: Dean Hess, Ph.D., RRT, FAARC

### ***Health Literacy: Communication is Key***

This lecture will explore the reasons why medical literacy is an issue and ways to identify how respiratory therapists can help play a role to improve it.

Presented by: Jason Moury, MPH, RRT

### ***Evolution Through Evidence: How Might Neonatal Resuscitation Change in 2016?***

Review issues and examine for potential changes to national guidelines in neonatal resuscitation and how changes are made.

Presented by: Steven Ringer, M.D.

2:00 PM - 2:45 PM

## **Open Exhibitor Time**



## Wednesday Agenda

2:45 PM - 3:45 PM

### 2<sup>nd</sup> Afternoon Sessions

~ Eddie Farrell Memorial Lecture ~

#### ***The Role of Electrical Impedence Tomography in Mechanical Ventilation in Children***

Sponsored by:  
Boston Children's  
Hospital

Electrical Impedence Tomography (EIT) uses changes in electrical impedance between air-filled versus tissue or fluid-filled spaces in order to characterize and quantify regional distribution of lung volume at the bedside. EIT-derived parameters have been used to differentiate atelectatic, overdistended, and adequately recruited lung in different lung regions by a number of investigators. Despite the ability of EIT to monitor regional lung behavior, the use of EIT derived indices has not been shown to improve outcomes in animals or humans with acute lung injury until last year when Drs. Wolf, Arnold and colleagues developed an EIT guided mechanical ventilation strategy that demonstrated promise in an animal model. Through this translational model they were able to demonstrate that EIT guided ventilation was superior to a national and standardized ventilation protocol called Acute Respiratory Distress Syndrome Network (ARDSNet) Ventilator Protocol.

Presented by: Jordan S. Rettig, M.D.

#### ***Academic and Respiratory Physiology to the Bedside and Rounds: How the RT can and should get more involved***

This session will explain why and how the respiratory therapist should get more involved in the bedside management and multidisciplinary rounds.

Presented by: Scott Munroe, MS, RN, RRT

#### ***Re-evaluation, Rehabilitation & Resiliency: An Alpha-1/COPD Adventure***

Sponsored by:  
Grifol

A patient's poignant narration of the onset of symptoms and his eventual diagnosis of Alpha-1 antitrypsin deficiency (genetic COPD). Follow his 21 year history of treatment, decline, lung transplantation and remarkable recovery. Presentation includes the essentials of Alpha-1; how it is inherited, screening methods, and available therapies.

Presented by: Len Geiger, BS

# Wednesday Agenda



3:50 PM - 4:50 PM

## 3<sup>rd</sup> Afternoon Sessions

### ***Current and Future Status of Surgical Rib Fixation***

This session we will discuss current state for rib fracture management and discuss innovations as they relate to the progress of rib fracture management.

Presented by: Andrew R. Doben, M.D., FACS

### ***The Team Approach To Decannulation***

Sponsored by:  
Passy-Muir

This lecture should inspire you to join/develop your multidisciplinary tracheostomy team. You will learn the facts and figures behind the complications of tracheotomy, and why focus is placed on the team process, protocol development, maintaining competencies, and the importance of the QI process.

Presented by: Gary K. Earl, RRT

### ***Back to the Future***

This session will go over two clinical simulations and explain how the exam has changed and challenge the audience to test their knowledge.

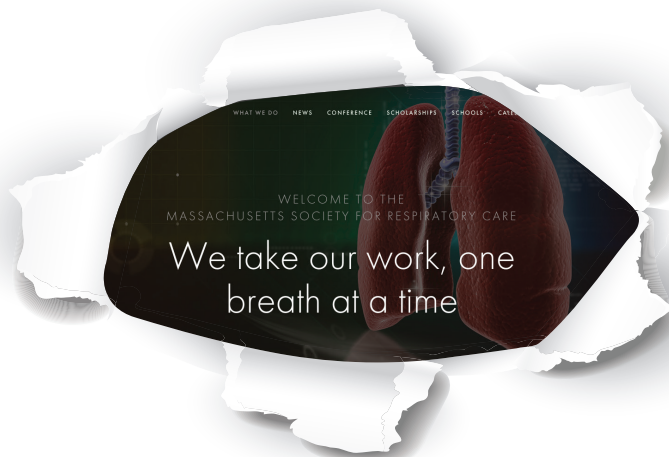
Presented by: Martha DeSilva, M.Ed, RRT-ACCS, RRT-NPS, AE-C

Donna Sullivan, M.Ed, RRT-ACCS, RRT-NPS

5:00 PM - 7:00 PM

## **Cocktail Reception and Gillette Stadium Tours**

**(Tour tickets for sale online only)**



**Have you checked out  
our new website?**

**Visit [www.msrcol.org](http://www.msrcol.org)**



## Thursday Agenda

7:30 AM - 9:00 AM

### Registration/Breakfast

9:00 AM - 10:00 AM

### Opening Keynote Address

#### ***Surviving Before Thriving Part II: It Hasn't Gotten Any Better***

Sponsored by:  
Hollister

This is a follow up to the original Surviving Before Thriving presentation, reviewing how significant the issues are within the respiratory care profession and the continued need for us to reshape and reinvent our profession to ensure survival. Also includes some outstanding examples of success within specific departments & hospitals.

Presented by: Michael Hewitt RRT-ACCS, RRT-NPS, RCP, FAARC, FCCM

10:00 AM - 11:15 AM

### Open Exhibitor Time

11:15 AM - 12:15 PM

### Morning Sessions

#### ***COPD and readmissions: Creating an Effective Strategy***

Sponsored by:  
Monaghan Medical

This lecture will center on the problems associated with COPD and hospital readmissions. It will focus on the development of successful strategies to reduce the 30-day readmission rate.

Presented by: Brian Carlin, M.D.

#### ***Why should I care about Patient Family Centered Care***

This lecture will discuss the 4 principles of Patient Family Centered Care (PFCC) and why therapist need to be aware of it and how it can affect their care that they provide.

Presented by: Keith Hirst, MS, RRT-NPS, RRT-ACCS, AE-C

#### ***Taking a Spin Down Hypoxic Drive***

It is a common misconception that any patient with chronic CO<sub>2</sub> retention will become apneic when hyperoxic. The objective of this lecture is to discuss the myths and misconceptions of a hypoxic respiratory drive.

Presented by: Dan Fisher, MS, RRT

12:15 PM - 1:15 PM

### Mid-Day Break

*Lunch will be available in the main conference room*



# Thursday Agenda



1:15 PM - 2:15 PM

## 1<sup>st</sup> Afternoon Sessions

### ***Stuff in the neck: ENT, pulmonary or both?***

The upper airway is small yet critical component of the respiratory system. This lecture is intended to review the anatomy , and common pathologies that the respiratory professional need to recognize: Vocal cord dysfunction to complications from tracheostomy tubes. Both ENT and Pulmonary perspectives will be engaged in this interesting lecture.

Presented by: Jayme Dowdall, M.D. and Miguel Divo, M.D.

### ***Differences Between PSV and Proportional Assist Ventilation (PAV)***

Review and highlight these two modes of ventilation, which will include a discussion of pulmonary mechanics as well.

Presented by: Andrew Wellman, M.D., Ph.D.

### ***Readiness to Extubate in the NICU***

This lecture will cover reasons why early extubation is important, some of the indicators of readiness to extubate, and measures that may help reduce the incidence of failed extubations.

Presented by: Daniel Chipman, RRT

2:20 PM - 3:20 PM

## 2<sup>nd</sup> Afternoon Sessions

### ***Recruitment maneuvers: When and how much***

Recruitment maneuvers have been shown to improve oxygenation and alveolar gas volumes in patients with predominately alveolar collapse secondary to surfactant deactivation or lung compression due to an elevated pleural pressure. In fact, in these patients, as much as 50% of the lung may be recruitable. These improvements are short lived after the RM unless the applied PEEP is increased sufficiently to maintain the alveolar patency. In patients with pneumonia or other “primary” ARDS, there may be only 5% to 10% of recruitable lung since much of the affected lung is consolidated and not atelectatic and they demonstrate a markedly reduced response to a RM. It has also been noted that patients receiving high levels of PEEP are less responsive – likely because they have fewer atelectatic lung units.

Presented by: Ray Ritz, BA, RRT, FAARC

### ***Pulmonary Hypertension for the Respiratory Therapist***

## Thursday Agenda

This lecture will describe the pathophysiology and natural history of pulmonary arterial hypertension, with emphasis on the role of the respiratory therapist in assisting with diagnosis and management. The impact of critical illness and respiratory failure on pulmonary hypertension will be reviewed.

Presented by: Barbara LeVarge, M.D.

3:25 PM - 4:25 PM

### 3<sup>rd</sup> Afternoon Session

#### ***Ventilatory Management of the Markedly Obese Patient***

The presentation will begin with the demographics and pathophysiology of obesity. A discussion of the selection of appropriate tidal volume based on ideal body weight not actual will be presented. In addition the need to recruit the lungs of the obese patient and to properly set PEEP will be discussed in detail.

Presented by: Robert Kacmarek, P.hD, RRT

## Listen Up Students...

Want to **SAVE MONEY** on your exams?

Consider joining the AARC/MSRC.

\$70 for a 2-year membership if paying 90 day before graduation, or  
\$90 for a 2-year membership if paying up to 30 days past graduation, or  
\$70 for a 1-year membership if paying 31–120 days past graduation

All AARC/MSRC members are eligible for a \$40 discount on the  
following NBRC examinations:

Clinical Simulation Examination (CSE) - RPFT - CPFT - NPS - SDS - ACCS

Each member is eligible for this discount under the following conditions:

It is for first-time test takers only (on any one of the listed exams) and  
this is a one-time discount



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Please remember to visit our new website at  
[www.msrcol.org](http://www.msrcol.org)

See you in Foxborough!

