



**North Carolina Respiratory Care Board**  
**October 12, 2017**  
**Highlights**

Annual Auditor Report

Lindy Faulconer of Koonce, Wooten and Haywood, LLP presented the draft of the annual audit report as of June 30, 2017. The Board's total assets are \$373,195 and total liabilities are \$40,297, resulting in a total net position of \$332,898. This is an increase of \$62,000 from 2016. The total operating revenues were \$443,275 which is down \$22,000 from 2016. Operating expenses are \$382,627 which was an increase of \$1700. The audit shows a positive cash flow. The FDIC insures balances up to \$250,000. The Board has an uninsured cash balance of \$87,504. Mr. Faulconer presented the auditor's letter which is required communication between the auditor and the Board. There were no difficulties encountered, no difficulties in performing the audit, and had no disagreements with Board Management on any financial issues. Mr. Faulconer also presented another letter on internal controls, as required, noting that with the Board's small staff, it was impractical to establish the same levels of controls that would be feasible with a larger organization. He emphasized that no internal control deficiencies have been identified.

Treasures Report

Ms. Short reported that as of September 30, 2017, there was \$345,168.23 in the savings account and \$74,418.09 in the operating account making a total of \$419,586.32. Total assets are \$456,198.92. Ms. Short presented the Profit & Loss Budget vs Actual.

Executive Director's Report

Dr. Croft reported as of September 30, 2017, all Board seats are filled. Dr. Curseen's and Mr. Nobles' terms both expire on October 30, 2017. The Governor's office has been contacted about the need for reappointments. The Practice, Adhoc and Ethics Committees met on September 22, 2017 and the Rules Committee met on September 29, 2017 but the Education Committee did not meet. Dr. Croft reported website updates were made to improve the efficiency of the Board, which included expiration dates on the CE courses, CE certificate credential, and education uploads directly into licensee electronic files. This upload system was updated to allow access by the licensee. Licensees can now reprint their annual licensing receipts. Additional enhancements are being added to allow for autorenewals set to launch January 2018. During the last quarter, Dr. Croft attended the annual NBRC Licensure Liaison conference on August 25 – 26 in Olathe, KS. On August 31 he presented the topic, The Future of Respiratory Care, at Duke Regional Hospital. He also attended the annual NCSRC Symposium in Wilmington, NC on September 6-7. He presented his dissertation titled, An Analysis of the Self-Directed Learning Readiness Scale as a



Predictor of Success on the National Board Exams for Respiratory Therapist, during the open forum.

Since July 1, 2016, the Board's Investigators have opened 62 investigations and completed 40 investigations. Since July 1, 2017, the Board staff enrolled five licensees in the Intervention Program. There are currently five ongoing investigations. Six individuals were scheduled for interviews with the Board's Investigation and Informal Settlement Committee on September 12, 2017. One practitioner surrendered his license prior to September 12 due to a felony conviction.

As of September 30, 2017: there have been 8928 Respiratory Care Practitioner licenses applied for since 2002. Current totals: 4692 Active and 59 Inactive. There are 44 pending applicants, 3606 expired licenses, 316 failed to complete applications, 65 practitioners deceased, 68 withdrawn applications, 18 voluntarily surrendered licenses, 31 revoked licenses, 13 retired, and 16 denied applications.

Dr. Croft pointed out two major things from the NBRC Liaison meeting. One is that the NBRC is moving to a new re-credentialing program that requires practitioners with expiring credentials to answer competency questions for each specialty that they hold beginning in 2020. The other item is that the Ohio Respiratory Care Board will be placed under the Medical Board on January 22, 2018.

#### Investigation and Informal Settlement Committee

Ms. Short reported that the committee met on September 12 and interviewed four (4) individuals. Any disciplinary actions are pending and awaiting the closed session of today's meeting.

#### Adhoc Committee Report

Dr. Olson reported that the committee met on September 22 to continue to review credentialing requirements. The scope of practice was the emphasis of the meeting, which was based on the physical therapy model with a model ruling introduced. The declaratory ruling requires additional committee work before presenting it to the Board. There was a discussion regarding the AARC developing a scope statement for the APRT to help guide the committee. COARC currently has standards in place. There was a discussion by the Board and the Public regarding the AARC developing a scope statement for the APRT.

#### Ethics Committee Report

Ms. Hooks reported that the committee met on September 22. The committee discussed the new Code of Ethics and Guidance Document. The committee recommended the adoption of the document. The recommendation was seconded. Following a discussion by the Board to correct two typographical errors in the document, the recommendation was approved unanimously.



### Rules Committee Report

Mr. Henson reported that the committee met on September 29 and discussed the rules approved during the last quarter. After an initial review by the Rules Commission, it was determined that the rules required additional work before a formal submission. The committee proposed the following rules for changes or adoption:

[1\) 21 NCAC 61 .0103: Definitions](#)

[2\) 21 NCAC 61 .0104: Code of Ethics](#)

[3\) 21 NCAC 61 .0307: Grounds for License Denial or Discipline](#)

[4\) 21 NCAC 61 .0801: Disciplinary Process](#)

Following a discussion by the Board, the recommendation for the changes was carried unanimously.

### Practice Committee Report

Dr. Klima reported that the committee met on September 22 to conduct a review of the advanced practice rulings to include Stress Testing, ECMO/CRRT, Conscious Sedation, and Critical Care Transport. The committee discussed the additional support information to be added, as well as, standard language. In addition, specific drug lists were removed and replaced with more generic language when possible to “refer to the medications listed within the facility formulary and policy for administration”. The committee recommended approval of the advanced practice rulings and the recommendation was carried unanimously.

### New Business

Dr. Croft presented the iCheck Pay Portal. It will save money per transaction and it allows practitioners to use credit cards and checks for renewals. It accepts several more credit cards than what is currently accepted. When practitioners renew, they will have the option of selecting autorenewal. The autorenewal would be the first of the month. If there are any problems with accounts, the Board will know about it in time to contact the practitioner. The move to autorenewals will help solve the problem with late renewals.

Mr. Simpson announced that the next Board meeting will be on January 11, 2018 at 10:00 AM at the Board office. The next IISC meeting will be on December 5, 2017. All other committees will meet on December 8, 2017. The Rules and Ethics Committees will not meet unless notified.



Dr. Croft presented a letter from Martin Corts of Watauga Medical Center in Boone, NC requesting that the Board petition for a change in the Pharmacy Rules. Following a discussion by the Board, it was decided that there was nothing for the Board to do.

Dr. Mulcrone made a motion to adjourn. The meeting was adjourned at 1:18 PM.