Sherry Barnhart, RRT, FAARC
RC Discharge Planner
Arkansas Children's Hospital

Current Role: Respiratory Care Discharge Planner for Arkansas Children's Hospital

Day to Day Activities: Coordinating the discharge planning process for patients who require home medical equipment. This includes apnea monitors, oxygen, pulse oximeters, air compressors, suction machines, tracheostomy supplies, CPAP/NIV machines, airway clearance devices, and mechanical ventilators. A typical day has me attending pulmonary and discharge planning rounds; updating medical teams on the status of patients' equipment and education of caregivers; and serving as a liaison between the DME providers, family, and the medical team. The biggest part of my day consists of communicating with DME providers about obtaining equipment and training parents, scheduling home evaluations, and collecting the documentation required to provide reimbursement of the equipment.

Your first Job: After graduating college at the University of Southern Indiana in 1978 my first job out of college was on the night shift at Research Medical Center in Kansas City, MO, in a department that at that time was more advanced than anything I could have ever imagined. The respiratory therapists placed arterial lines, maintained the Swan-ganz catheters for cardiac output and even had the ability to order chest radiographs. I was excited and intimidated! Fortunately for me my shift supervisor was an excellent mentor and I was in awe of her ability to evaluate and diagnose clinical situations. She instilled in me a desire to always strive for excellence.

How being an RT impacts your current role: One of the most rewarding cases for me, and one in which my role made a tremendous impact, was a teenage boy with a tracheostomy who was ventilator-dependent, yet the family had absolutely no means of payment. This essentially meant he could not go home. One month before Christmas during a meeting with the family and the patient, he told us that the only present he wanted was to be home for Christmas. With lots of phone calls in which I think I literally begged companies for equipment and with more prayers than I can count, we were able to send this patient home on Christmas Eve. I think that was the best present we *all* received that year!

Your View of the future of Respiratory Therapy: The profession of respiratory care has changed dramatically since 1978 when there were no pulse oximeters, blood gas syringes were glass, everything was cleaned in Cidex, and you had to carry a screwdriver and wrench in your lab coat because there was no such thing as a microprocessor. Instead ventilators had bellows and one-way valves and parts that looks frighteningly similar to a dishwasher or vacuum cleaner. Yet in many ways the profession remains the same. We still strive to be recognized as a profession. Our scope of practice still includes aerosols, airway clearance, ventilation, PFTs, and blood gas analysis. And we still need to promote research, nurture and grow leaders, encourage education and credentials, mentor those who follows us, and strive for excellence. That's how our profession began and that is its future.

Your Biggest Influences: Being in this field for so many years has given me the opportunity to work alongside some remarkable people who taught me, challenged me, and believed in me including Darrell Benham, Dr. Robert Warren, Erna Boone, Don Caple, Patty Burge, Jackie Long-Goding, Gary Smith, and Dr. Ted Oslick. But I know for a fact that I could never have accomplished or experienced what I have without the support and encouragement of Doug Barnhart. I remain convinced that choosing respiratory therapy as a profession was the right choice for me. I am still enjoying my work; I am still learning, and I am blessed beyond words.