



# QUALITY RESPIRATORY CARE RECOGNITION

American Association for Respiratory Care • 9425 N. MacArthur Blvd., Suite 100 • Irving, Texas 75063

**Please use this form to register your hospital as a Quality Respiratory Care Provider.**

Hospital Name \_\_\_\_\_

Name of the Hospital CEO \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail (for general public) \_\_\_\_\_

Web site URL \_\_\_\_\_

Contact for information about respiratory services *(to be listed on our website)*

Name \_\_\_\_\_

Title \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

Address *(if different from above)* \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## ATTESTATION

Must be signed by CEO or COO

I attest that this hospital adheres to the following respiratory care standards:

- All respiratory therapists employed by this hospital to deliver bedside respiratory care services are either legally recognized by the state as competent to provide respiratory care services or hold the CRT or RRT credential.
- Respiratory therapists are available 24 hours.
- Other personnel qualified to perform specific respiratory procedures and the amount of supervision required for personnel to carry out specific procedures are designated in writing.
- Hospital Policy prohibits the routine delivery of medicated aerosol treatments utilizing small volume nebulizers, metered dose inhalers, or intermittent positive pressure treatments to multiple patients simultaneously. Circumstances under which this practice is permitted is defined by policy.
- Use a process that periodically compares performance of the respiratory therapy department on efficiency and quality metrics with similar hospitals for the purpose of identifying and achieving best practice.
- A doctor of medicine or osteopathy is designated as medical director of the respiratory care service.

I will notify the AACRC in writing when any of these standards cannot be upheld.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_