



APEX Recognition Award

Acute Care Hospital Standards

The purpose of this program is to help consumers make choices about their health care by recognizing acute care hospitals that promote patient safety by providing access to respiratory therapists to deliver their care.

The requirements for participating in the program are:

- 1. All respiratory therapists employed by the hospital to deliver bedside respiratory care services are licensed by the state (not applicable in Alaska) and hold a current CRT or RRT credential.**
 - Evidence to support this standard includes a completed employee roster that includes each respiratory therapist's state license number and NBRC credential as well as copies of each respiratory therapist's state license and NBRC credential validation.
- 2. All respiratory therapists (full-time, part-time, PRN, and contract employees) must undergo annual competency testing on low volume, problem-prone, and/or high-risk procedures on a regular basis. The competency program must be written into the department policy manual and the department must maintain appropriate documentation so as to remain compliant with all local, state or federal accreditation agencies.**
 - Evidence to support this standard includes a copy of the department's competency policy and documentation of competency testing for each respiratory therapist within the last 12 months of the application.
- 3. The department has a mechanism by which qualifying employees are eligible for professional advancement (in job title or in salary) through the use of a [clinical ladder](#) (or similar program).**
 - Evidence to support this standard includes a copy of the department's clinical ladder policy or policy detailing a similar program

4. **Respiratory therapists are available 24 hours within the facility. In Critical Access Hospitals, respiratory therapists are available within the facility for a minimum of 12 hours/day and are available to respond to the facility on the off hours through an on-call system.**
 - Evidence to support this standard includes a copy of the department schedule or policy stating that respiratory therapy coverage is 24 hours/day through either mechanism.
5. **The department has a defined staffing plan that is used to project anticipated staffing and is used consistently for scheduling and flexing of the staff. Parameters include:**
 - Core staffing levels identified.
 - Minimum staffing levels required to maintain a safe and effective delivery of care identified.
 - Staffing levels based on the use of relative value unit (RVU) (time standards) not on patient volume, occupied beds, or other volume-based statistic. If RVUs or other time standards are not used, staffing must be determined based on patient acuity, quality, safety, or value standards established by the facility.
 - Evidence to support this standard includes a copy of the department's staffing policy and/or plan that demonstrates clinical full time equivalent (FTE) as per time-based unit.
6. **Department policy prohibits the routine delivery of care to multiple patients simultaneously. The policy must include language that identifies when simultaneous therapy is acceptable and the mechanism by which the respiratory therapist triage the delivery of care.**
 - Evidence-based protocols are established, approved by medical director and utilized >75% of the time (not applicable in states where protocols are prohibited).
 - A department policy and procedure manual is available to staff and is driven by evidence-based practice (including references) and all policies are reviewed and/or updated at least every three (3) years.
 - Evidence to support this standard includes a copy of the department's policy – signed and dated – for simultaneous care and protocol utilization.
7. **There must be a tool used to measure and track quality, patient satisfaction, safety, staff satisfaction and/or operational performance. At least one quality improvement (QI) project must be developed each calendar year in response to the data collected through said tool. The QI project must include active data collection with periodic and routine updates provided to department staff and executive leadership or medical director.**
 - Evidence to support this standard includes proof of participation in a QI program, a copy of at least one QI project, and meeting minutes showing dissemination of the project outcomes to staff, the Medical Director, and senior administration.
8. **A Doctor of Medicine or osteopathy is designated as Medical Director of Respiratory Care Services.**
 - Evidence to support this standard includes a copy of the Medical Director's credentials and medical license.

- 9. The senior RT leader (e.g. Director, Administrative Director, Technical Director, Manager etc.) whose principle role is to lead and manage the RT department hold a current registered respiratory therapist (RRT) credential with a bachelor's degree or higher or be actively pursuing a bachelor's degree.**

 - Evidence to support this standard includes a copy of the senior respiratory therapy leader's NBRC-granted RRT credential and copy of the earned baccalaureate or higher degree or college transcript. If the leader is currently pursuing a baccalaureate degree, a copy of the college transcript is sufficient.

- 10. The senior RT leader who manages the RT department (e.g. Director, Administrative Director, Technical Director, Manager etc.) is a member in good standing of the AARC and the Leadership & Management Section or Adult Acute Care Section.**

 - Evidence to support this standard includes the senior respiratory therapy leader's AARC number or copy of the AARC member profile showing active AARC and Leadership & Management Section or Adult Acute Care Section membership. Adding the AARC number to the provided Excel employee roster is sufficient evidence.

- 11. At least half of the clinical staff (full-time, part-time, PRN, and contract employees) are members of the American Association for Respiratory Care.**

 - Evidence to support this standard includes the AARC number or copy of the AARC member profile showing active membership for each staff member. Adding the AARC number to the provided Excel employee roster is sufficient evidence.

- 12. At least half of the clinical staff (full-time, part-time, PRN, and contract employees) have a bachelor's degree or be actively pursuing a bachelor's degree.**

 - Evidence to support this standard includes a copy of the earned baccalaureate or higher degree diploma or college transcript. If the employee is currently pursuing a baccalaureate degree, a copy of the college transcript is sufficient.

- 13. At least 80% of clinical staff (full-time, part-time, PRN, and contract employees) holds a current registered respiratory therapist (RRT) credential.**

 - Evidence to support this standard includes a copy of the NBRC-granted RRT credential and copies of each employee's NBRC credential validation.