



APEX Recognition Award

Long-Term Care Facility

The purpose of this program is to help consumers make choices about their health care by recognizing long-term care facilities that promote patient safety by providing access to respiratory therapists to deliver their care. Facilities recognized in this category include but are not limited to long-term acute care hospitals, short-term acute care hospitals, and skilled nursing facilities.

The requirements for participating in the program are:

- 1. All respiratory therapists employed by the facility 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. If the facility provides mechanical ventilation, respiratory therapists are available 24 hours within the facility.**
 - Evidence to support this standard includes a copy of the department schedule or policy stating that respiratory therapy coverage is 24 hours/day.

- 4. 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.

- 5. 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.

- 6. 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.

- 7. 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.

- 8. 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 AARC Ambulatory & Post-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 Ambulatory & Post-Acute Care Section membership. Adding the AARC number to the provided Excel employee roster is sufficient evidence.

- 9. 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.

- 10. 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.
- 11. 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.
- 12. If other personnel are qualified to perform specific respiratory therapy procedures, the procedures and amount of supervision required for them to perform these specific procedures must be designated in writing and competency verification demonstrated.**
 - Evidence to support this standard includes the identification of specific respiratory therapy procedures performed by non-respiratory therapy personnel and documentation of other personnel competency testing within the past 12 months of the application.
- 13. The Medical Director reviews the plan of care at least weekly in facilities providing mechanical ventilator care and at least monthly in facilities providing only routine respiratory care.**
 - Evidence to support this standard includes a copy of the policy reflecting the Medical Director's frequency of plan review.