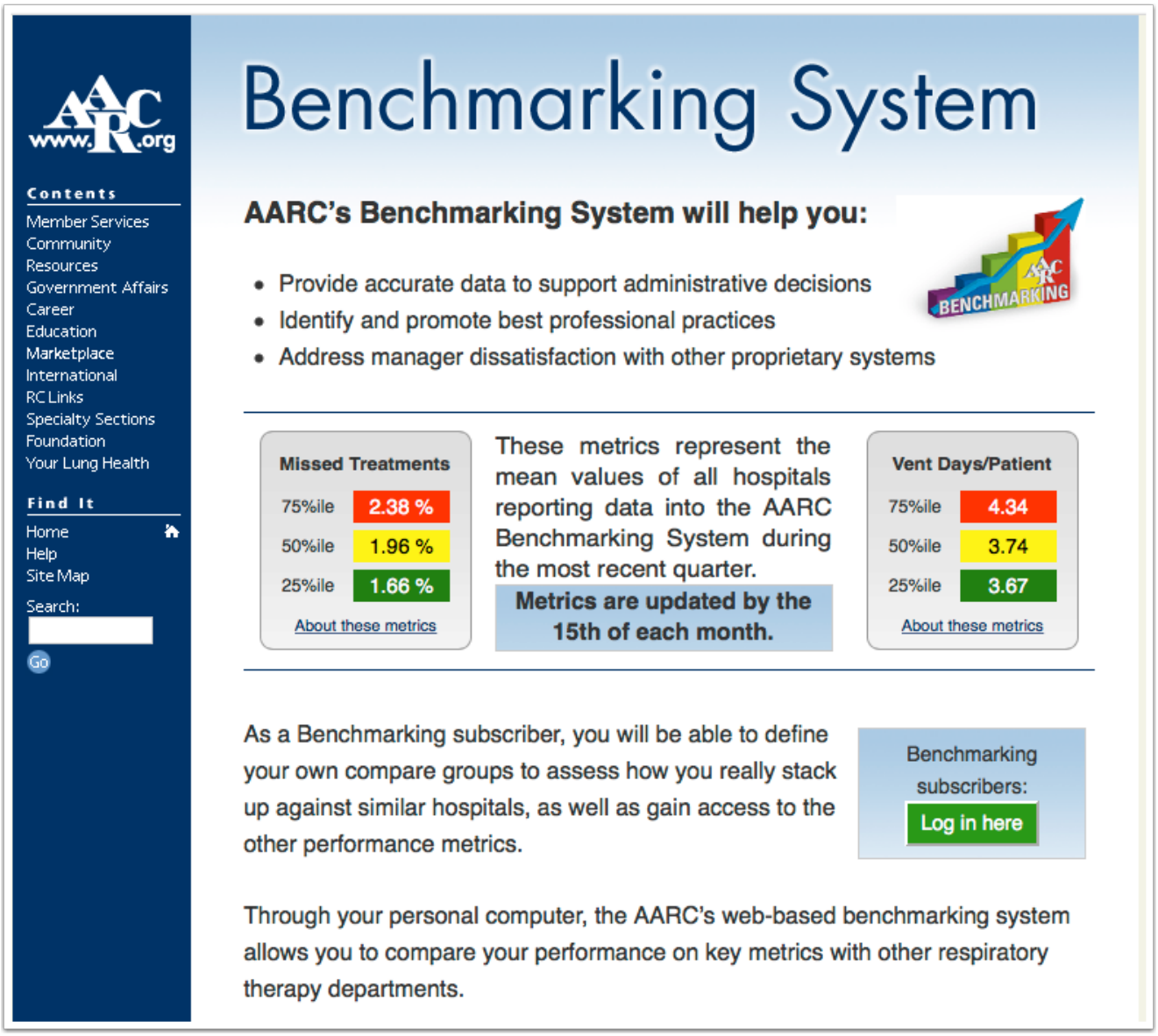
AARC Benchmarking System Overview

AARC's Benchmarking System will help you:

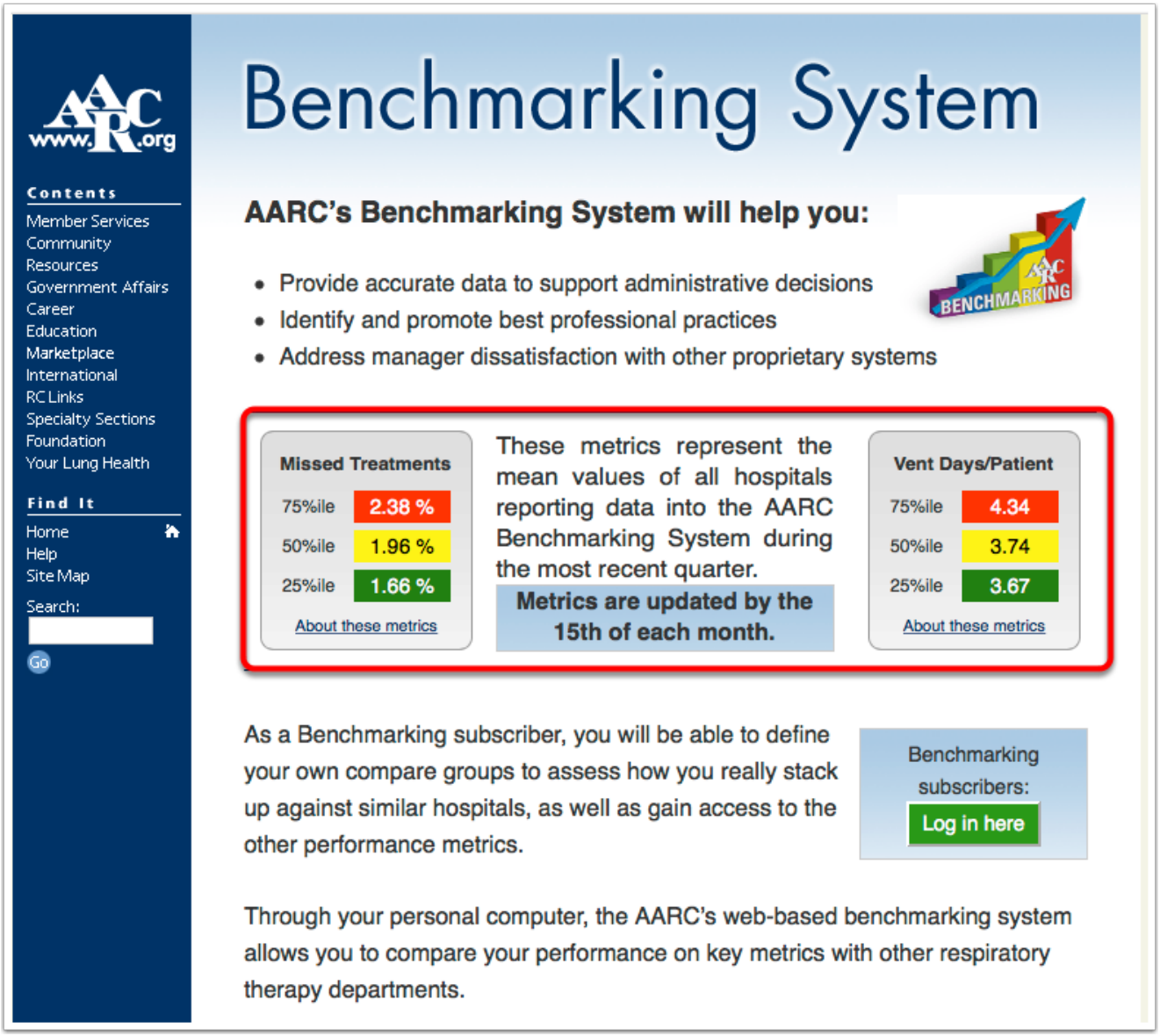
- Provide accurate data to support administrative decisions
- Identify and promote best professional practices
- Address manager dissatisfaction with other proprietary systems



AARC Benchmarking System Overview

Group Dashboard Metrics

Missed Treatments
Vent/PAtient Days



AARC Benchmarking System - Institution-Based

Customizeable to meet your facilities needs

You choose:

- Your comparison groups
- Your own performance targets
- Hospitals whose operational characteristics and demography match yours
- When to enter data and generate reports

You can:

- View detailed demographic profiles or all participating hospitals
- Exchange information with other participating department directors via a private listserve
- Receive personal support using the system
- Access benchmarking educational materials

AARC Benchmarking System Subscriber Resources

Links to Benchmark Resources are provided

1. Videos create by the Benchamark Committee and system developers
2. Data-base Portal with Secured Log-In specific to your institution

1 Get detailed information (including instructional videos) about the AARC Benchmarking System.

2 **For more information**

Click on "Educational Resources" at the AARC Benchmarking System web site home page to access tools to get started, article reprints, a benchmarking bibliography and webcasts to learn more about the process of benchmarking.

AARC Benchmarking System - New 2015 Pricing

We have reduce the pricing for 2015 for all services. Renewals for existing subscribers is **$100** (with data entry) on your 2015 renewal date.

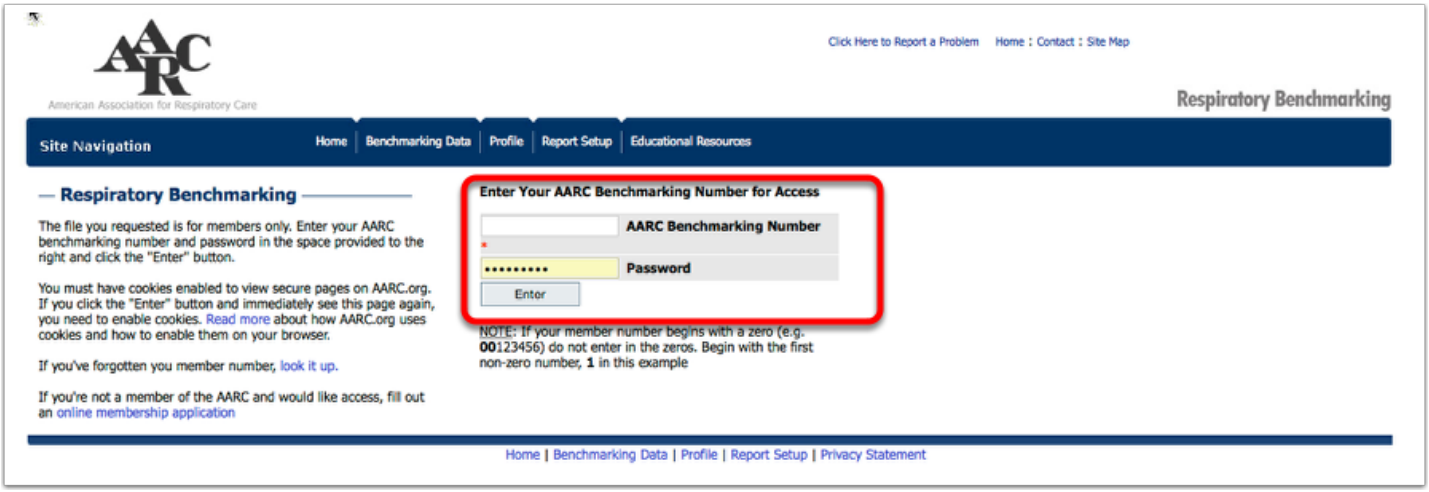
Subscription Information

1-year subscription
AARC member, New Subscriber: $395
Non-member: $495 (includes one year of individual AARC membership)
Additional facility: $150 per facility
AARC Member, Renewal rate for current subscribers with data entered: $100

Healthcare system special pricing
With any of the above primary subscriptions, any and all additional hospitals within your healthcare system can also receive a subscription of equal length for $150 per hospital.

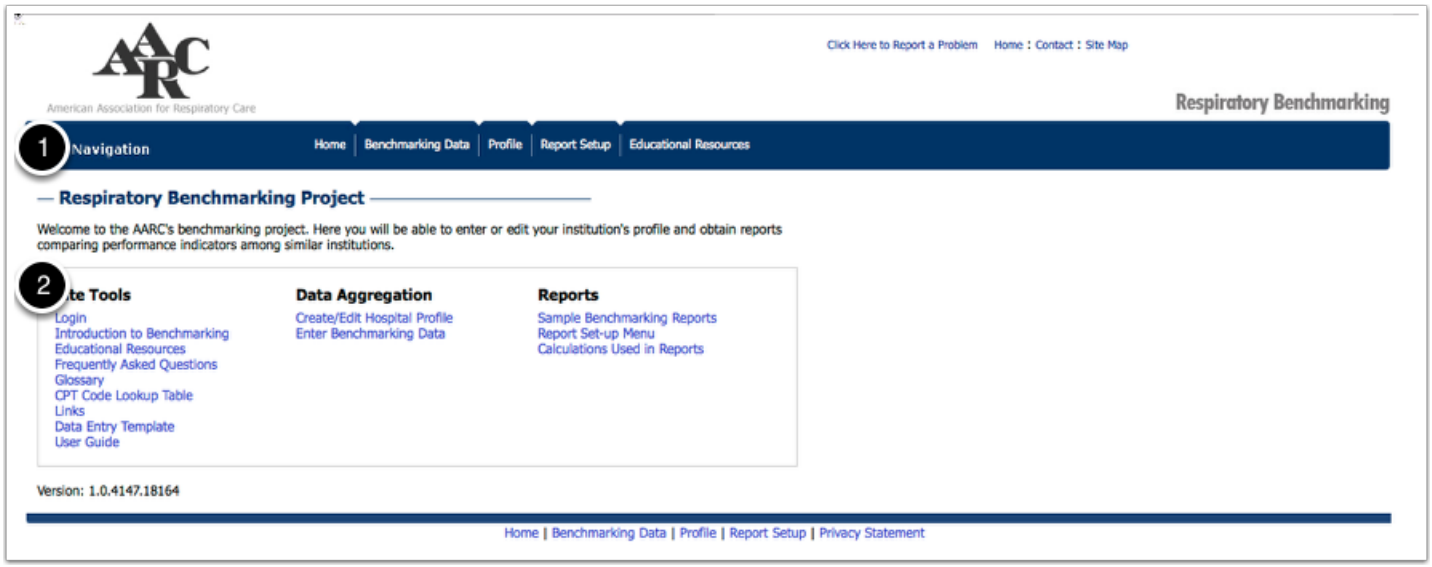
AARC Respiratory Benchmarking- Data Base Entry Portal

Your institutions own sign-on and password



AARC Respiratory Benchmarking - Menu Driven

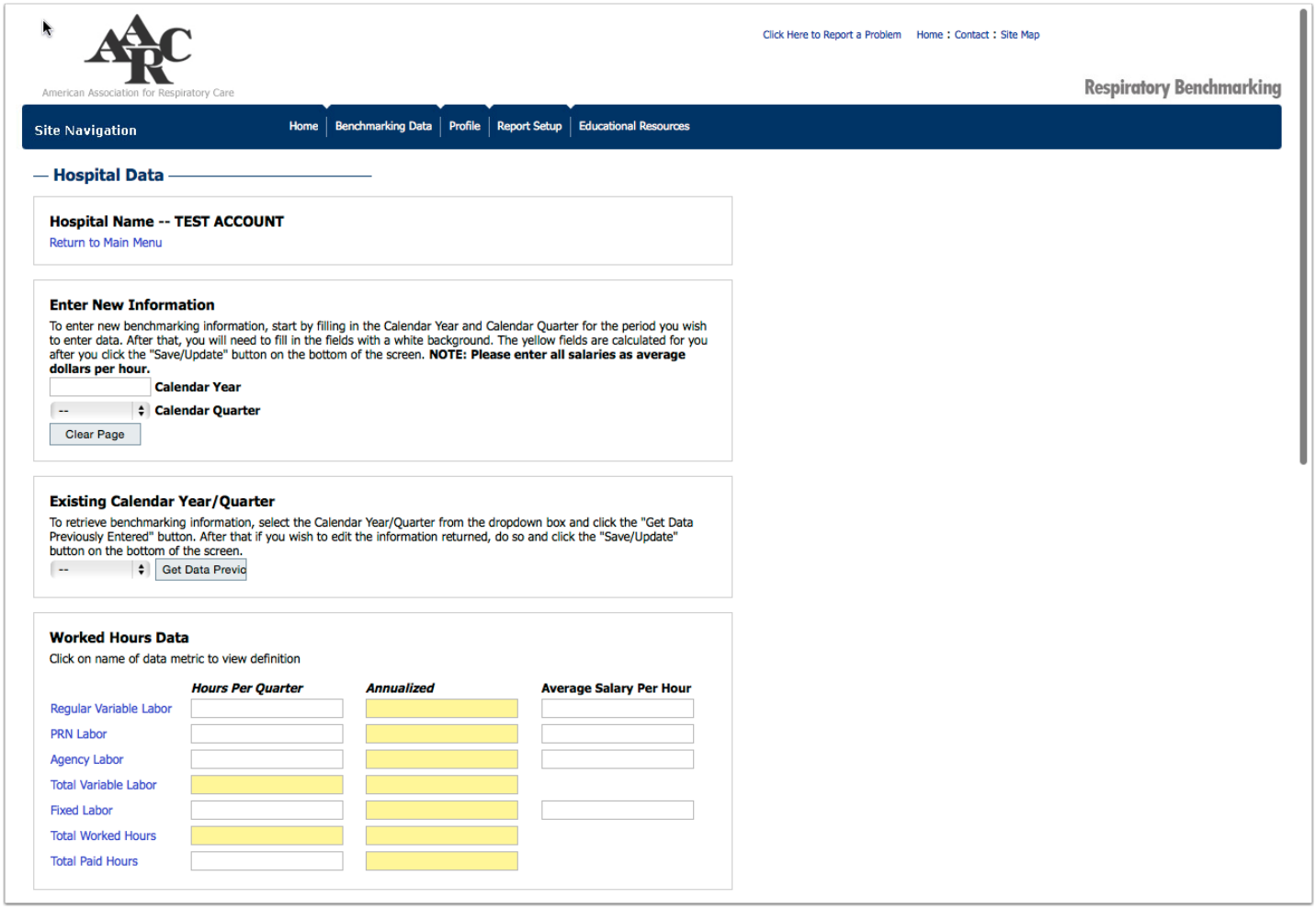
1. Tabs for specific subgroups
2. Or Listing of areas on Home Page



AARC Respiratory Benchmarking - Your Hospital's Data Entry

Each institution will need to populate the clinical data into their profile on a set frequency (Quarterly at the minimum).

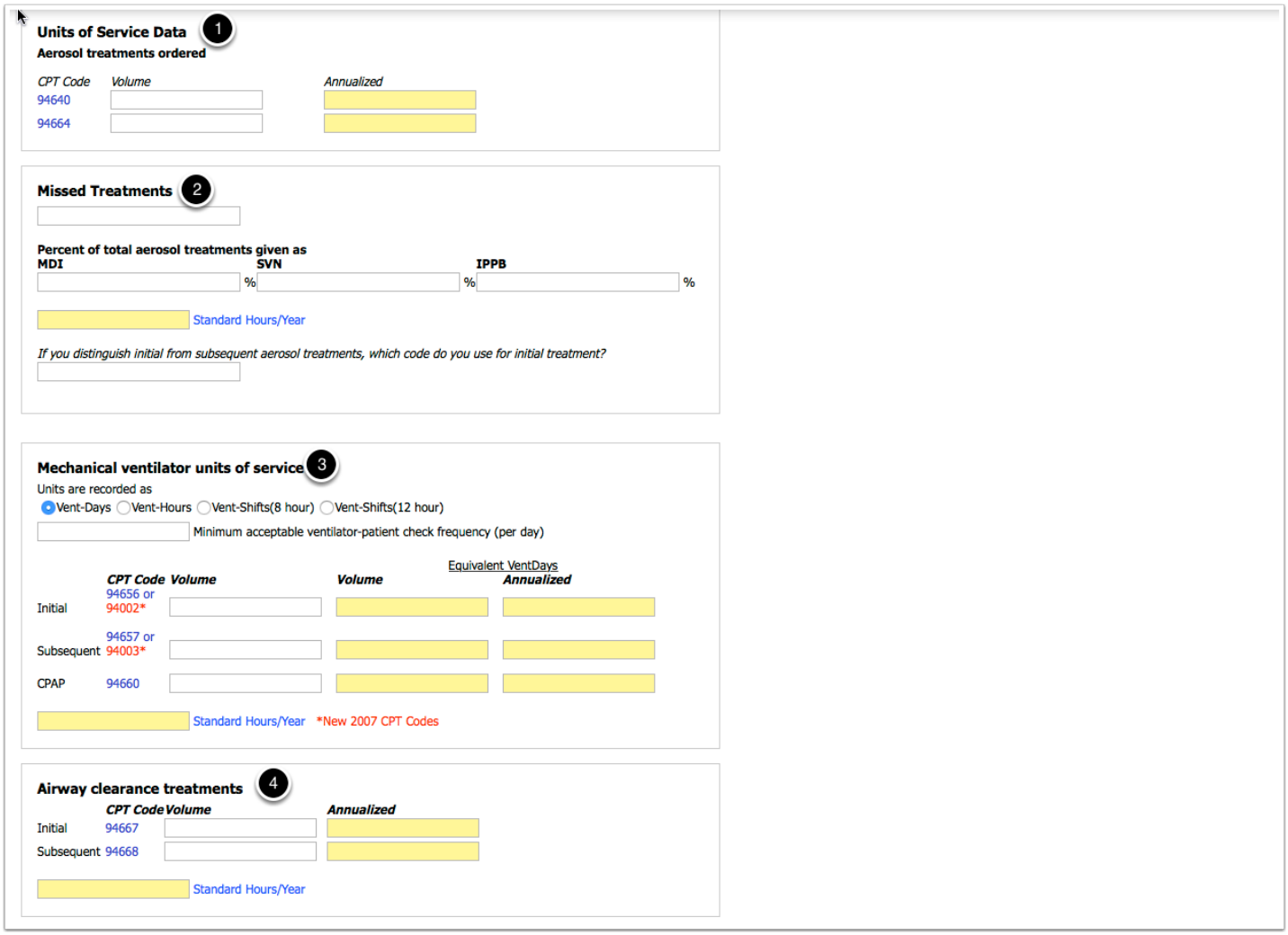
Areas in yellow with auto-populate



Current Clinical Metrics

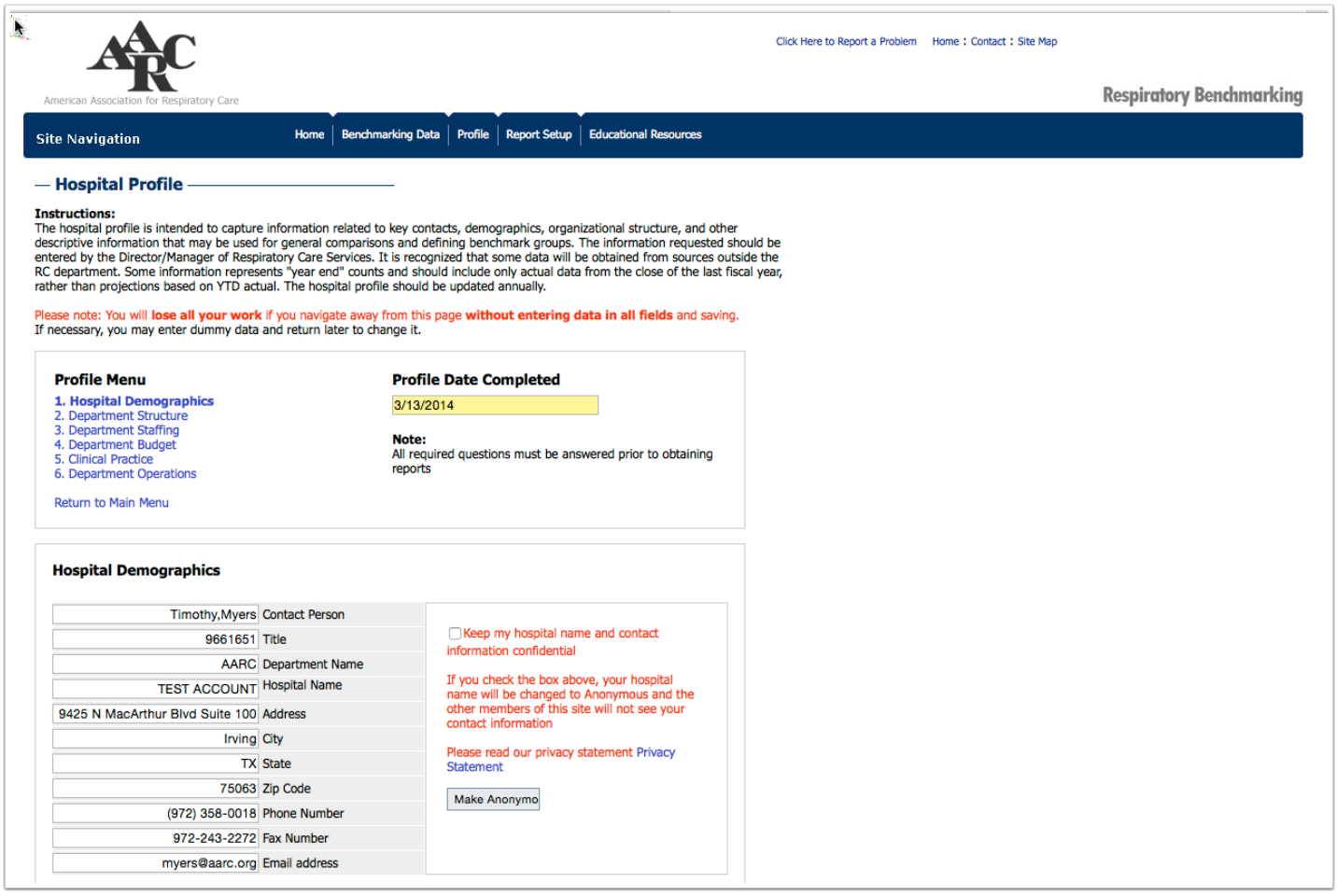
AARC Benchmark is considering adding some new metrics 2015 (Examples only---VAP Rates, AE Rates, etc...). Subscriber feedback and enhancements are considered as well. Areas of current focus include:

1. Aerosol Treatments
2. Missed Treatments
3. Mechanical ventilator and NIV days and LOS
4. Airway Clearance Procedures



Institutional Profile - Hospital Demographics

Each institution with need to populate the Demographic profile for the facility upon subscribing. This only gets done once unless you need to update with any departmental changes.



Institutional Profile - Demographic Profile

*** 1. Hospital Class**

- ○ Rural
- ○ Suburban
- ◉ Urban

*** 2. Hospital Organization**

- ☑ Academic (University based)
- ☑ Children's Hospital
- ☐ City/County
- ☐ Community
- ☐ For Profit
- ☐ Long Term Acute Care Hospital (LTACH)
- ☐ Military/Other Federal Government
- ☐ State
- ☐ University Affiliated
- ☐ Veterans Administration

*** 3. :Number of Licensed beds**

215

4. Average Daily Census:

160

5. Total Number of Admissions per year (excluding newborns):

8000

6. Total Number of Inpatient Days per year:

28000

7. Total Number of Emergency Room Visits:

75000

8. Total Number of Out Patient Visits per year:

120000

9. Total Number of Births per year:

5200

10. Total Number of Hospital Employed FTEs:

38

Institutional Profile - Demographic Profile Continued

11. Enter the percent of total inpatients covered by each payor: (round to the nearest whole number)

0	%	Medicare
55	%	Medicaid
10	%	Charity
5	%	Other Public
0	%	Other Insured
30	%	Private Pay

12. Average annual Case Mix Index:

2.42

*** 13. Check all the services your hospital provides:**

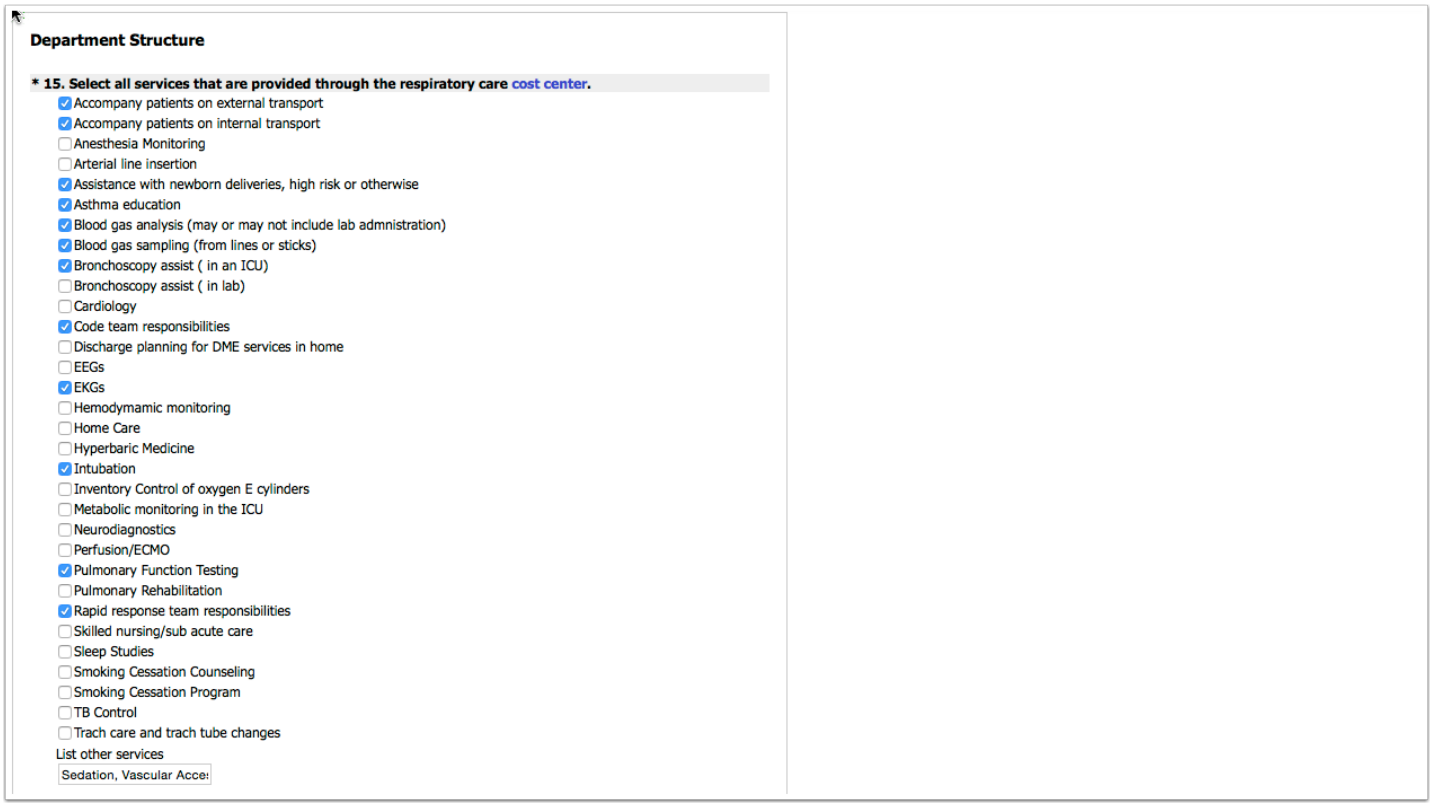
(for the option Neonatal Intensive Care Service, you are limited to one choice: Level 1, 2 or 3)

- [x] Ambulance Service
- [x] Angioplasty
- [x] Birthing Room - LDR Room
- [ ] Burn Care Unit
- [x] Cardiac Catheterization
- [x] Cardiac Intensive Care Unit
- [ ] Chiropractic Service
- [x] CT Scan
- [x] Emergency Department
- [x] Freestanding out patient center
- [x] Hemodialysis
- [ ] HIV/AIDS Service
- [x] Hospital based outopatient Clinics
- [ ] Medical Surgical Intensive Care
- [ ] Neonatal Intensive Care Service (Level 1)
- [ ] Neonatal Intensive Care Service (Level 2)
- [x] Neonatal Intensive Care Service (Level 3)
- [ ] Neurological Service
- [x] Obstetrics Service
- [x] Open Heart Surgery
- [x] Orthopedic Service
- [x] Outpatient Surgery
- [x] Pediatric Intensive Care Service
- [x] Psychiatric Service
- [x] Radiation Therapy
- [x] Sleep Center
- [x] Transplant Service
- [x] Trauma Center (Level 1)

*** 14. Indicate the number of ICU Beds:**

0	Adult

Institutional Profile - Department Structure Continued



Department Structure

*** 15. Select all services that are provided through the respiratory care cost center.**

- [x] Accompany patients on external transport
- [x] Accompany patients on internal transport
- [ ] Anesthesia Monitoring
- [ ] Arterial line insertion
- [x] Assistance with newborn deliveries, high risk or otherwise
- [x] Asthma education
- [x] Blood gas analysis (may or may not include lab admnistration)
- [x] Blood gas sampling (from lines or sticks)
- [x] Bronchoscopy assist (in an ICU)
- [ ] Bronchoscopy assist (in lab)
- [ ] Cardiology
- [x] Code team responsibilities
- [ ] Discharge planning for DME services in home
- [ ] EEGs
- [x] EKGs
- [ ] Hemodymamic monitoring
- [ ] Home Care
- [ ] Hyperbaric Medicine
- [x] Intubation
- [ ] Inventory Control of oxygen E cylinders
- [ ] Metabolic monitoring in the ICU
- [ ] Neurodiagnostics
- [ ] Perfusion/ECMO
- [x] Pulmonary Function Testing
- [ ] Pulmonary Rehabilitation
- [x] Rapid response team responsibilities
- [ ] Skilled nursing/sub acute care
- [ ] Sleep Studies
- [ ] Smoking Cessation Counseling
- [ ] Smoking Cessation Program
- [ ] TB Control
- [ ] Trach care and trach tube changes

List other services

Sedation, Vascular Acce:

Institutional Profile - Department Structure Continued

*** 16. Select all services that are separate cost centers from respiratory care, but managed by Respiratory Leadership**

- [ ] Accompany patients on external transport
- [ ] Accompany patients on internal transport
- [ ] Anesthesia Monitoring
- [ ] Assistance with newborn deliveries, high risk or otherwise
- [ ] Asthma education
- [ ] Blood gas analysis (may or may not include lab admnistration)
- [ ] Blood gas sampling (from lines or sticks)
- [ ] Bronchoscopy assist (in an ICU)
- [ ] Bronchoscopy assist (in lab)
- [x] Cardiology
- [ ] Discharge planning for DME services in home
- [ ] EEGs
- [x] EKGs
- [ ] Home Care
- [ ] Hyperbaric Medicine
- [ ] Inventory Control of oxygen E cylinders
- [ ] Metabolic monitoring in the ICU
- [ ] Neurodiagnostics
- [ ] None
- [ ] Perfusion/ECMO
- [x] Pulmonary Function Testing
- [ ] Pulmonary Rehabilitation
- [ ] Skilled nursing/sub acute care
- [ ] Sleep Studies
- [ ] Smoking Cessation
- [ ] Smoking Cessation education
- [ ] TB Control

List other services

none

*** 17. Select areas external to your primary facility in which the respiratory care department provides services**

- [x] Ambulatory Care Center
- [ ] None
- [x] Outpatient Clinic
- [x] Physician Offices/Clinics
- [ ] Research Centers
- [ ] Skilled Nursing or Sub Acute Care Hospital
- [ ] Sleep Lab
- [ ] Sports or Industrial Medicine

List other services

none

Institutional Profile - Department Structure Continued

*** 18. Please indicate the services provided by your department**

- [ ] Adult
- [x] Neonate
- [x] Pediatric

*** 19. Related to the support of education programs (check all that apply)**

- [ ] N/A
- [x] We provide a clinical instructor for RC students
- [x] We provide CPR instruction the RC staff
- [ ] We provide CPR instruction to the community
- [x] We provide CPR instruction to the medical center
- [x] We serve as a clinical site for RC students

*** 20. Related to clinical research, which best describes your department**

- ( ) 2 or more FTEs are funded through RC to participate in research
- ( ) One or fewer FTEs are funded through RC to participate in research
- ( ) There is no formal research plan
- (•) We perform research but there are no funded positions

*** 21. Related to the provision of equipment processing, sterilizing and cleaning, which of the following statements best reflects equipment processing, sterilizing, and cleaning in this facility**

- ( ) Respiratory care has the facilities, system, and staff to perform these services and is the primary provider of these services
- (•) These services are primarily provided but personnel outside the RC cost center or external to the medical center

*** 22. Related to the provision of equipment inventory management and stocking, which of the following statements best reflects equipment inventory management and stocking in this facility**

- ( ) Respiratory care has the facilities, system and staff to perform these services and is the primary provider of these services
- (•) These services are primarily provided by personnel outside the RC cost center or external to the medical center

*** 23. Related to the provision of equipment repair and biomedical support, which of the following statements best reflects equipment repair and biomedical support in this facility**

- ( ) Respiratory care has the facilities, systems and staff to perform these services and is the primary provider of these services
- (•) These services are primarily provided by personnel outside the RC cost center or external to the medical center

Institutional Profile - Department Staffing Info

Department Staffing

Department Staffing Please report numbers in your current budget.
Clinical staff are defined as licensed and performing patient care no less than 50% of the time.

*** 24. Indicate the total number of budgeted FTEs in the Respiratory Care department**

38

*** 25. Indicate the number of budgeted clinical staff FTEs in the Respiratory Care department**

32

*** 26. What % of your clinical staff worked hours are provided by employees in part time positions with benefits**

0 %

*** 27. What % of your clinical staff worked hours are provided by employees in part time positions without benefits**

10 %

*** 28. What % clinical staff worked hours are provided by contract labor (external staffing agency)**

0 %

*** 29. Please indicate the number of Manager and Supervisor FTEs that work in the following situations:**

2 Managers and Supervisors not routinely assigned any clinical duties (primarily administrative duties)

1 Managers and Supervisors that perform clinical duties, but less than 50% of the time

2 Managers and Supervisors that perform clinical duties 50% or greater of the time (primarily clinical)

*** 30. If you have a protocol program in place, what best describes your staffing structure to support your program**

- ( ) N/A
- ( ) Patient evaluations are performed by a select group of staff, assigned to perform evaluations.
- (•) Patient evaluations are performed by all staff assigned to the patient

Institutional Profile - Department Staffing Info Continued

*** 31. Indicate the % of respiratory practitioners with the following credentials (round to the nearest whole number)**
(list most advanced if employee has multiple credentials)

95	% RRT
2	% CRT
4	% RPFT
1	% CPFT
55	% NPS
0	% RPSGT

*** 32. Regarding cross training, which best describes your staffing program**
(check all that apply)

- [x] RC staff are cross trained to perform EKGs
- [x] RC staff are cross trained to perform intubations
- [ ] RC staff are cross trained to perform phlebotomy
- [x] Staff are cross trained for both general care areas and ICU
- [ ] Staff are cross trained for general care areas but not ICU
- [ ] Staff are cross trained to do both ped and adult work
- [ ] Staff in RC are cross trained to work in other related cost centers
- [ ] There is little or no cross training
- [ ] We have more than one site and staff cross train between sites

*** 33. General features and characteristics of your staffing program include the following:**

- [ ] An extra shift incentive program is in place
- [ ] Staff are required to comply with request for mandatory overtime
- [x] Staff hours are canceled, floated or added based on fluctuations in work load
- [ ] Staff self schedule on a routine bases
- [ ] Staff work a mixed shift program
- [ ] Staff work primarilly 8 hour shifts
- [x] Staff work primarily 12 hour shifts
- [ ] The department is based primarily on a work week equal to or greater then 40 hours
- [x] The department is based primarily on a work week that is less than 40 hours
- [x] There is a system to project workload for next shift and it is used to make assignments

*** 34. Do you flex shift staffing up or down according to workload:**

- ( ) No
- (•) Yes

Institutional Profile - Department Staffing Info Continued

*** 35. If you have a program by which shift staffing is flexed up or down which is the primary unit used to determine work load?**

- ○ Hospital General census
- ○ N/A
- ◉ The estimated time required to perform the ordered procedures (eg, RVUs)
- ○ The number of patients receiving RC services
- ○ The number of RC procedures that need to be performed

*** 36. If your staffing program utilizes time standards or an RVU system, what is the primary source of the time standards**

- ◉ Adopted from the AARC Uniform Reporting Manual
- ○ Established by external consultant or other benchmarking source
- ○ Internally established
- ○ Other source

*** 37. How many ventilator patients are typically assigned to an respiratory therapist in the ICU setting**

- 6 neonatal ICU
- 6 pediatric ICU
- 0 adult ICU

*** 38. If the work assignment was primarily medicated aerosol treatments, how many treatments would usually be assigned to the respiratory therapist outside the ICU**

- 0 for 8 hour shift
- 30 for 12 hour shift

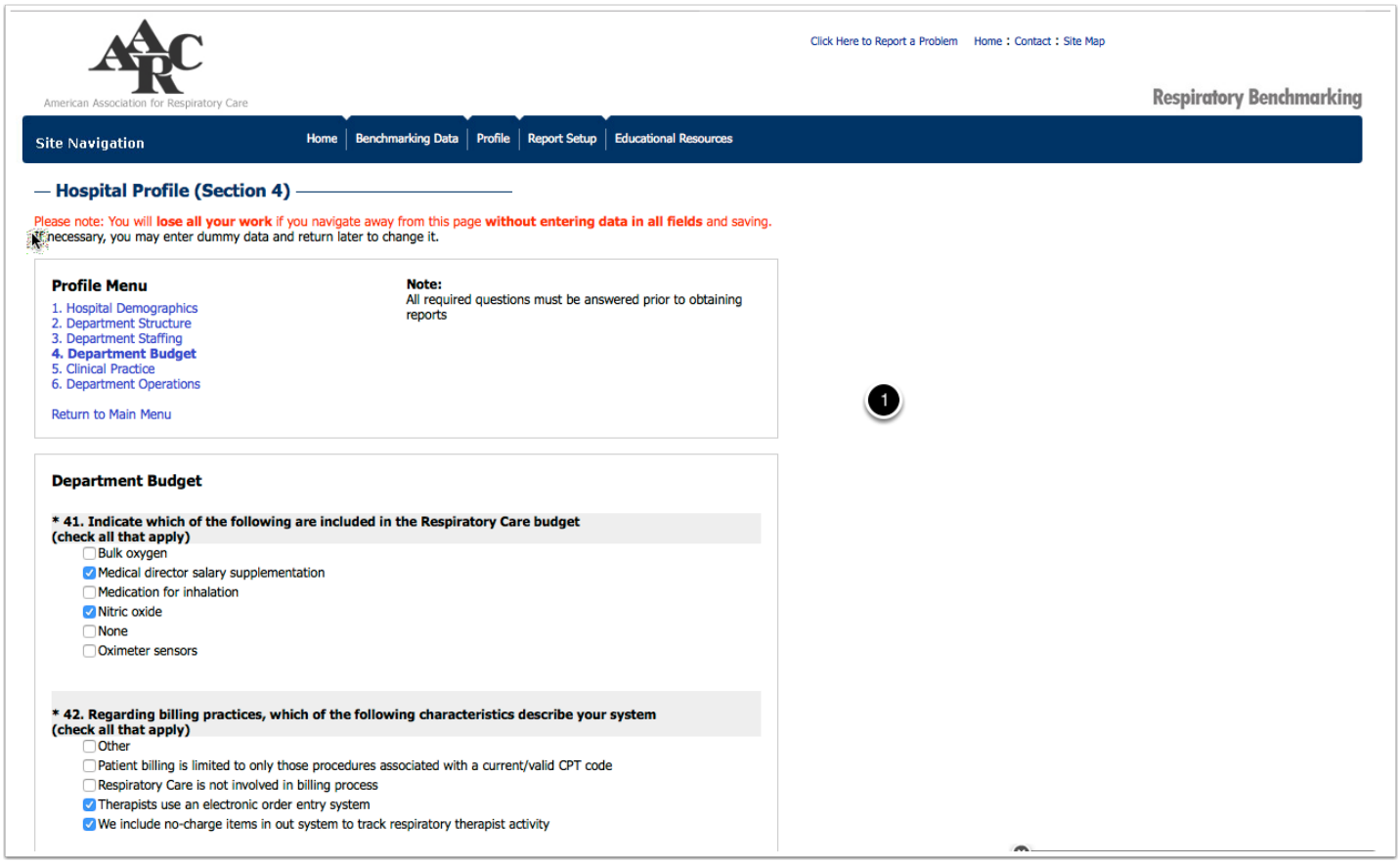
*** 39. Characteristics of your recruitment and retention program include: (check all that apply)**

- ☐ A clinical ladder program is in place
- ☑ An annual bonus program is in place
- ☐ Hire on bonus or relocation assistance for respiratory therpists hired
- ☐ Longevity bonus program is in place
- ☑ New hire clinical staff must be at least registry eligible
- ☐ Referral bonus for those that refer an respiratory therapist for employment
- ☑ RRT credential required within defined time period for a new hire clinical staff
- ☑ Staff are allocated paid education time off
- ☑ Staff are provided financial support for training and seminars
- ☐ We have different job descriptions for different credentials (ie, CRT vs RRT)

*** 40. Is your department organized under a labor union**

- ◉ No
- ○ Yes

Institutional Profile - Department Budget Info



Institutional Profile - Department Clinical Practice Info

Clinical Practice

*** 43. Which best describes the medication inventory and distribution system in your department**

- ○ Other
- ◉ Pharmacy stores and distributes medications
- ○ RC orders and stores its own medications with oversight of access
- ○ We utilize an automated drug distribution system, accessed by RC

*** 44. Your policy requires that patient-ventilator assessment be documented at least**

- ○ Q1 hour
- ○ Q12 hours
- ○ Q2 hours
- ○ Q3 hours
- ○ Q4 hours
- ◉ Q6 hours
- ○ Q8 hours

*** 45. Please list the predominate characteristics of your adult ventilator circuit (check all that apply)**

- ☐ Closed (in-line) suctions catheters included in circuit
- ☐ Disposable circuits
- ☐ Heat/moisture exchange type devices
- ☐ Heated wire circuits
- ☑ N/A
- ☐ Permanent Circuits

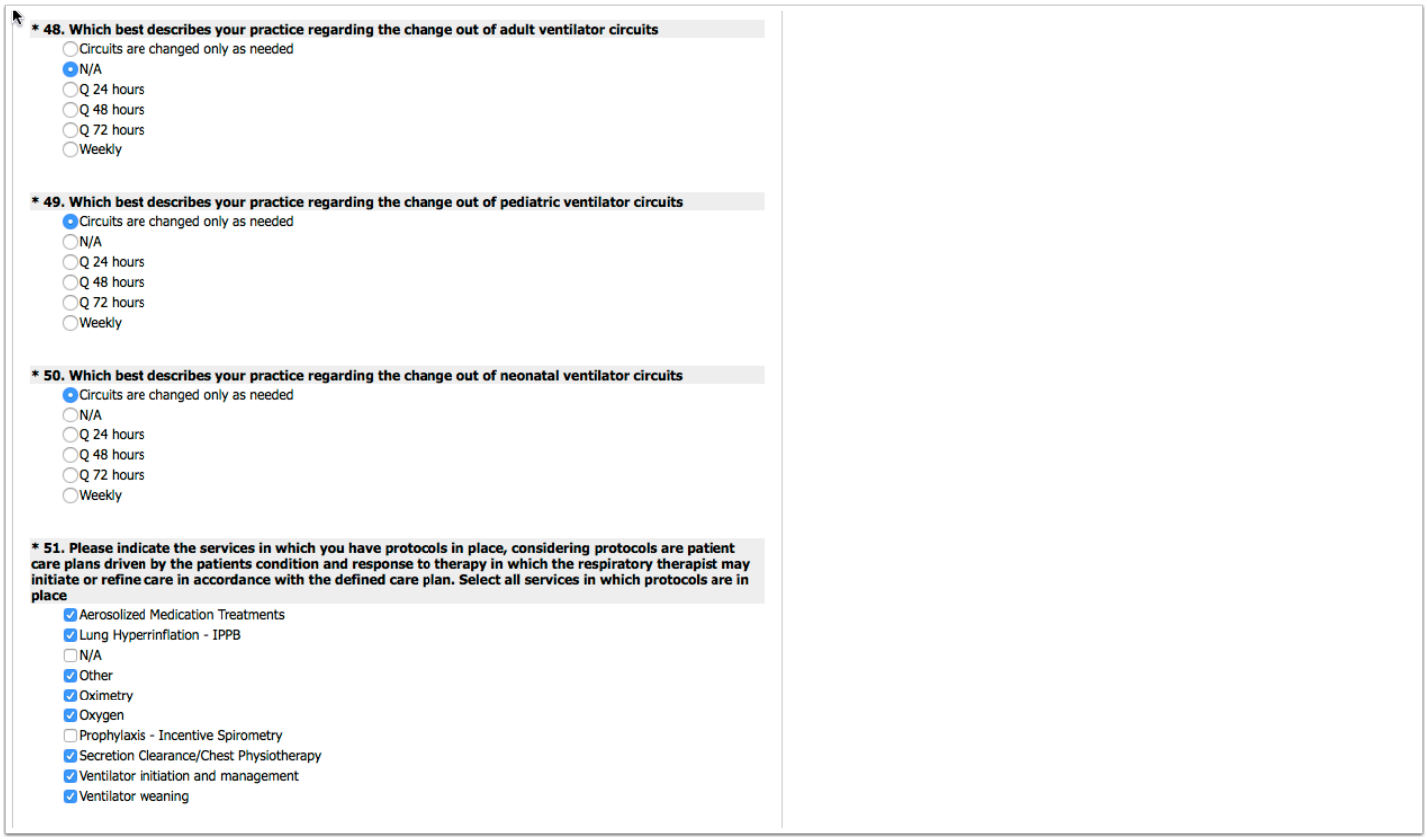
*** 46. Please list the predominate characteristics of your pediatric ventilator circuit**

- ☐ Closed (in-line) suctions catheters included in circuit
- ☑ Disposable circuits
- ☐ Heat/moisture exchange type devices
- ☑ Heated wire circuits
- ☐ N/A
- ☐ Permanent Circuits

*** 47. Please list the predominate characteristics of your neonatal ventilator circuit**

- ☑ Closed (in-line) suctions catheters included in circuit
- ☑ Disposable circuits
- ☐ Heat/moisture exchange type devices
- ☑ Heated wire circuits
- ☐ N/A
- ☐ Permanent Circuits

Institutional Profile - Department Clinical Practice Info Continued



*** 48. Which best describes your practice regarding the change out of adult ventilator circuits**

- ○ Circuits are changed only as needed
- ◉ N/A
- ○ Q 24 hours
- ○ Q 48 hours
- ○ Q 72 hours
- ○ Weekly

*** 49. Which best describes your practice regarding the change out of pediatric ventilator circuits**

- ◉ Circuits are changed only as needed
- ○ N/A
- ○ Q 24 hours
- ○ Q 48 hours
- ○ Q 72 hours
- ○ Weekly

*** 50. Which best describes your practice regarding the change out of neonatal ventilator circuits**

- ◉ Circuits are changed only as needed
- ○ N/A
- ○ Q 24 hours
- ○ Q 48 hours
- ○ Q 72 hours
- ○ Weekly

*** 51. Please indicate the services in which you have protocols in place, considering protocols are patient care plans driven by the patients condition and response to therapy in which the respiratory therapist may initiate or refine care in accordance with the defined care plan. Select all services in which protocols are in place**

- ☑ Aerosolized Medication Treatments
- ☑ Lung Hyperrinflation - IPPB
- ☐ N/A
- ☑ Other
- ☑ Oximetry
- ☑ Oxygen
- ☐ Prophylaxis - Incentive Spirometry
- ☑ Secretion Clearance/Chest Physiotherapy
- ☑ Ventilator initiation and management
- ☑ Ventilator weaning

Institutional Profile - Department Clinical Practice Info

*** 52. Please indicate the care paths you have in place, considering carepaths as being disease specific guidelines for assessment and treatment, perhaps with a variety of therapeutic modalities**

- [ ] Acute Respiratory Distress Syndrome
- [ ] Adult Asthma
- [ ] Chronic Obstructive Pulmonary Disease
- [x] Cystic Fibrosis
- [ ] N/A
- [ ] Other
- [x] Peds Asthma
- [ ] Pneumonia
- [x] Respiratory Distress Syndrome (neonate)

*** 53. Regarding MDI and small volume nebulizers, indicate the practices in place:**

- ( ) A protocol is in place in which patients are ordered on SVN may be converted to MDI
- ( ) MDIs are delivery method of choice, but not mandated through policy or protocol
- (•) N/A
- ( ) Policy mandates that if the medication is available in MDI, MDI will be utilized

*** 54. How often are aerosol treatments stacked (ie, one therapist giving more than one treatment at a time)?**

- (•) 0 - 25% of the time
- ( ) 25 - 50% of the time
- ( ) 50 -75% of the time
- ( ) 75 - 100% of the time
- ( ) Never

*** 55. Please indicate which statement best describes physician practice regarding compliance with your protocols/carepaths. (check all that apply)**

- [x] Exemptions from guidelines require medical director approval
- [ ] N/A
- [ ] Use of guidelines is totally optional and no approval is needed to exempt use
- [x] We mandate medical staff follow RC guidelines

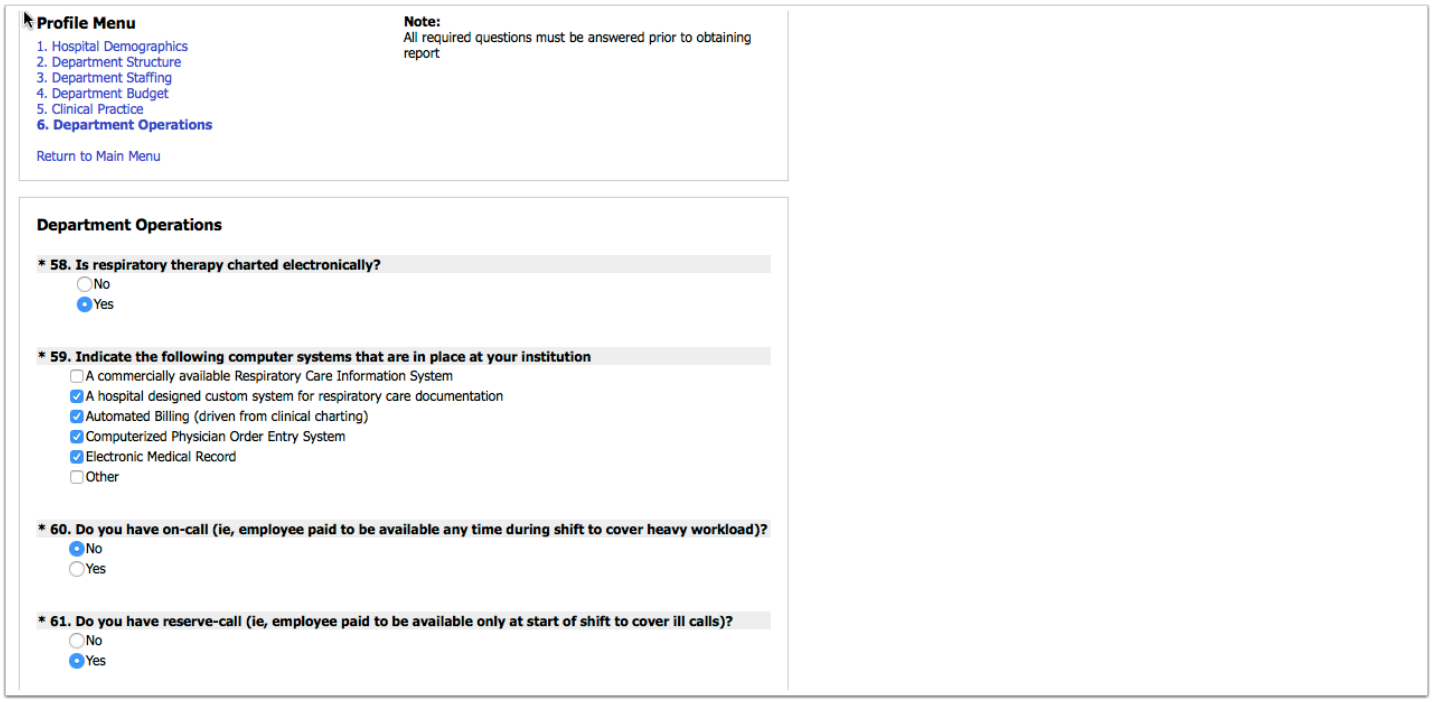
*** 56. Estimate the overall compliance with the use of respiratory care guidelines (protocols or carepaths) by medical staff:**

- ( ) 20-40%
- ( ) 40-60%
- ( ) 60-80%
- (•) Greater than 80%
- ( ) Less than 20%
- ( ) N/A

*** 57. Regarding ventilator weaning protocols, which best describes your practice: (check all that apply)**

- [ ] The primary method of choice in weaning patients is spontaneous breating trials
- [ ] We do not have weaning protocols
- [x] Weaning protocols are used for all ventilator patients in the ICU

Institutional Profile - Department Operations Info



Profile Menu

1. Hospital Demographics
2. Department Structure
3. Department Staffing
4. Department Budget
5. Clinical Practice
6. **Department Operations**

Return to Main Menu

Note:
All required questions must be answered prior to obtaining report

Department Operations

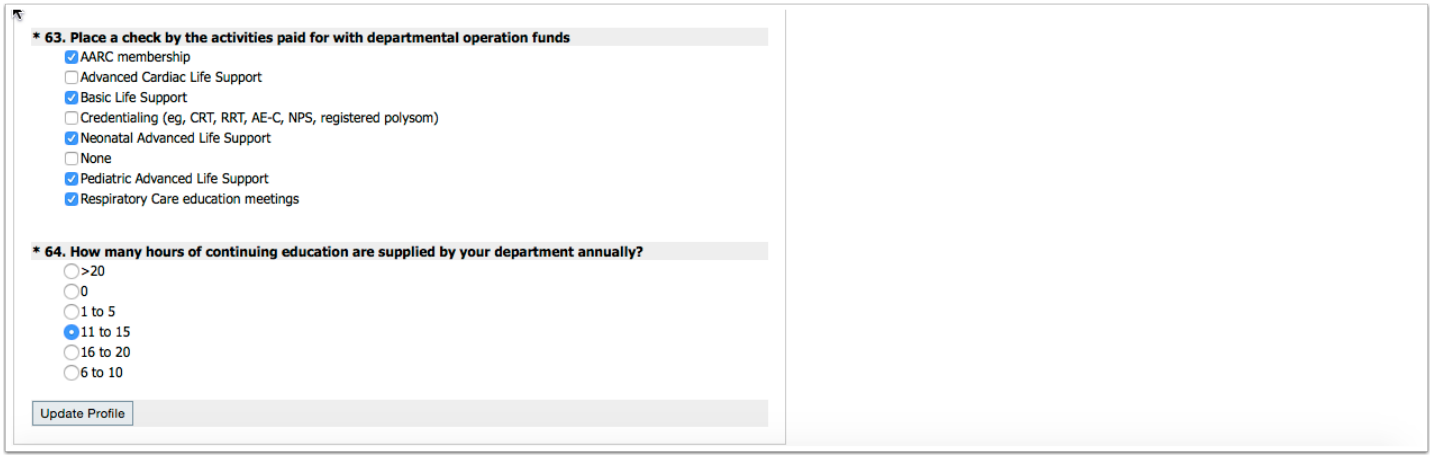
*** 58. Is respiratory therapy charted electronically?**
- ○ No
- ◉ Yes

*** 59. Indicate the following computer systems that are in place at your institution**
- ☐ A commercially available Respiratory Care Information System
- ☑ A hospital designed custom system for respiratory care documentation
- ☑ Automated Billing (driven from clinical charting)
- ☑ Computerized Physician Order Entry System
- ☑ Electronic Medical Record
- ☐ Other

*** 60. Do you have on-call (ie, employee paid to be available any time during shift to cover heavy workload)?**
- ◉ No
- ○ Yes

*** 61. Do you have reserve-call (ie, employee paid to be available only at start of shift to cover ill calls)?**
- ○ No
- ◉ Yes

Institutional Profile - Department Operations Info

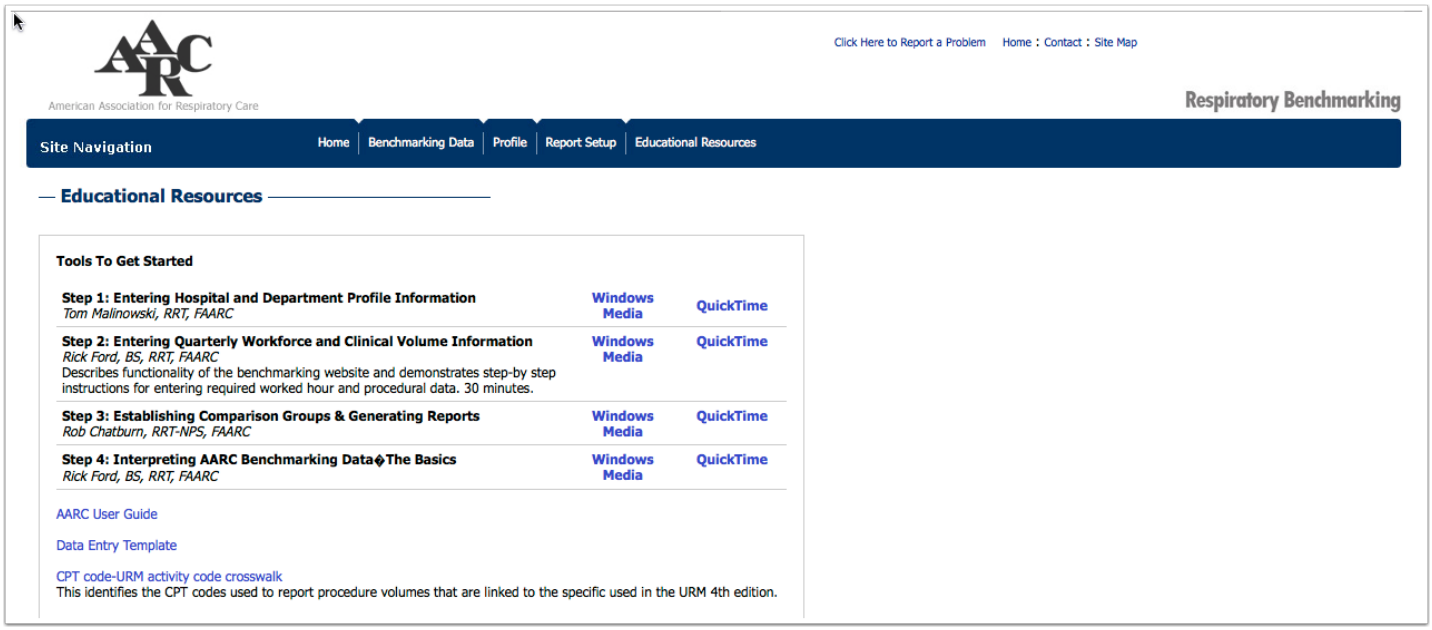


*** 63. Place a check by the activities paid for with departmental operation funds**
- ☑ AARC membership
- ☐ Advanced Cardiac Life Support
- ☑ Basic Life Support
- ☐ Credentialing (eg, CRT, RRT, AE-C, NPS, registered polysom)
- ☑ Neonatal Advanced Life Support
- ☐ None
- ☑ Pediatric Advanced Life Support
- ☑ Respiratory Care education meetings

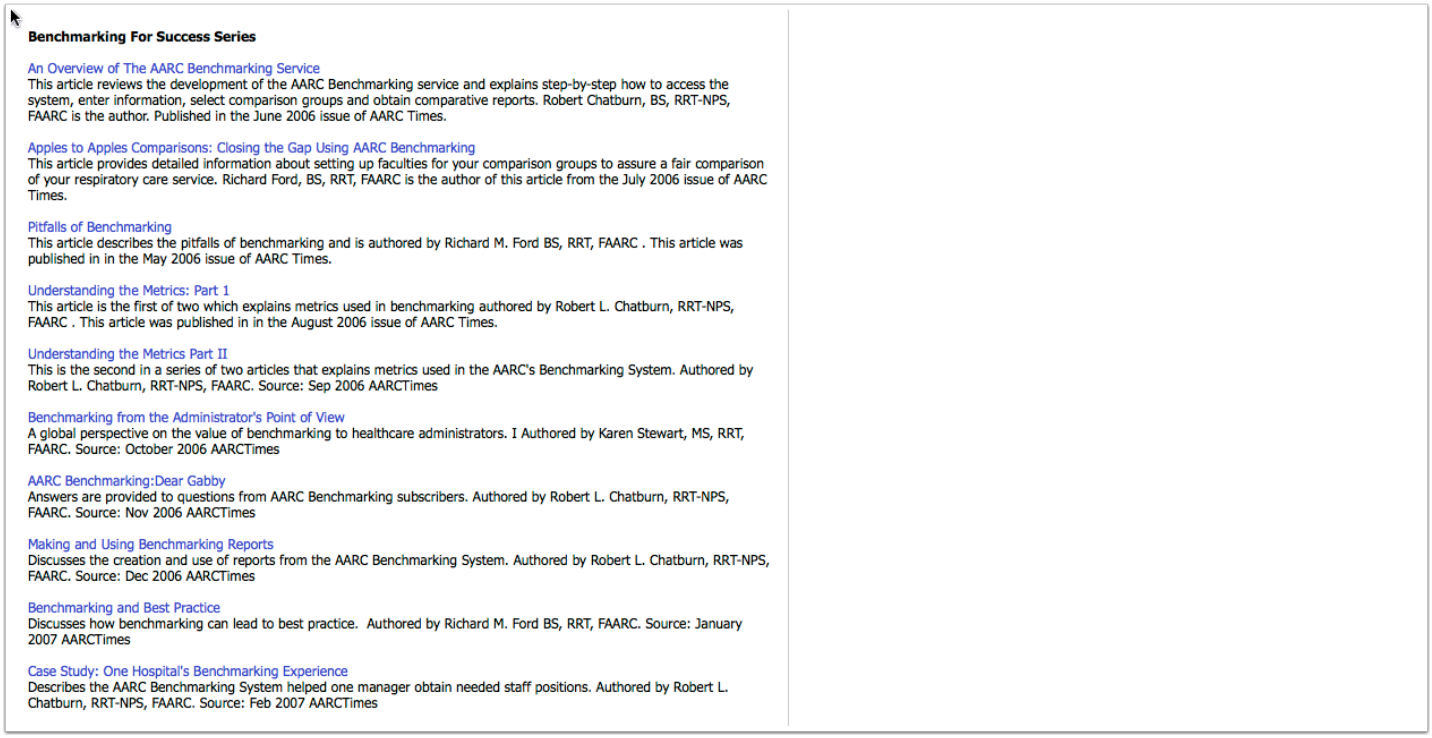
*** 64. How many hours of continuing education are supplied by your department annually?**
- ○ >20
- ○ 0
- ○ 1 to 5
- ◉ 11 to 15
- ○ 16 to 20
- ○ 6 to 10

Update Profile

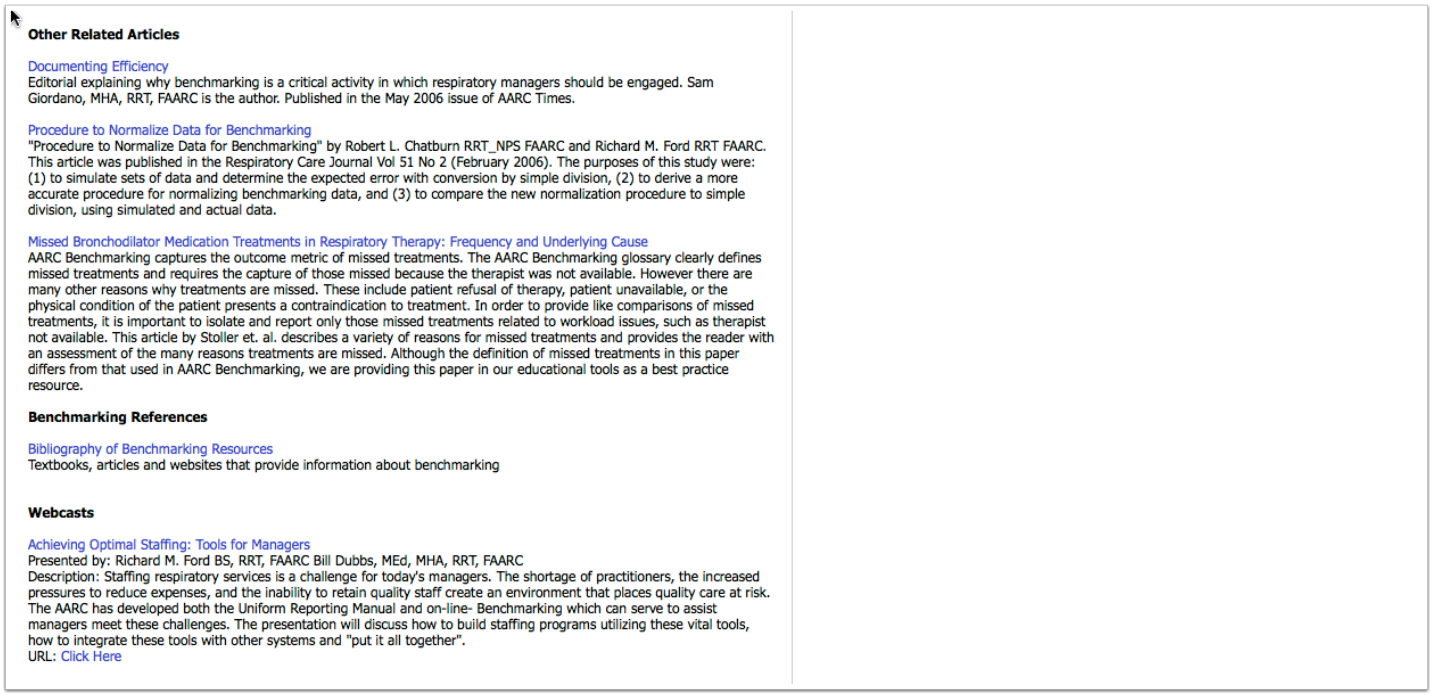
AARC Respiratory Benchmarking - User Video Resources



AARC Respiratory Benchmarking - Additional Resources



AARC Respiratory Benchmarking Clincial Support



Other Related Articles

Documenting Efficiency
Editorial explaining why benchmarking is a critical activity in which respiratory managers should be engaged. Sam Giordano, MHA, RRT, FAARC is the author. Published in the May 2006 issue of AARC Times.

Procedure to Normalize Data for Benchmarking
"Procedure to Normalize Data for Benchmarking" by Robert L. Chatburn RRT_NPS FAARC and Richard M. Ford RRT FAARC. This article was published in the Respiratory Care Journal Vol 51 No 2 (February 2006). The purposes of this study were: (1) to simulate sets of data and determine the expected error with conversion by simple division, (2) to derive a more accurate procedure for normalizing benchmarking data, and (3) to compare the new normalization procedure to simple division, using simulated and actual data.

Missed Bronchodilator Medication Treatments in Respiratory Therapy: Frequency and Underlying Cause
AARC Benchmarking captures the outcome metric of missed treatments. The AARC Benchmarking glossary clearly defines missed treatments and requires the capture of those missed because the therapist was not available. However there are many other reasons why treatments are missed. These include patient refusal of therapy, patient unavailable, or the physical condition of the patient presents a contraindication to treatment. In order to provide like comparisons of missed treatments, it is important to isolate and report only those missed treatments related to workload issues, such as therapist not available. This article by Stoller et. al. describes a variety of reasons for missed treatments and provides the reader with an assessment of the many reasons treatments are missed. Although the definition of missed treatments in this paper differs from that used in AARC Benchmarking, we are providing this paper in our educational tools as a best practice resource.

Benchmarking References

Bibliography of Benchmarking Resources
Textbooks, articles and websites that provide information about benchmarking

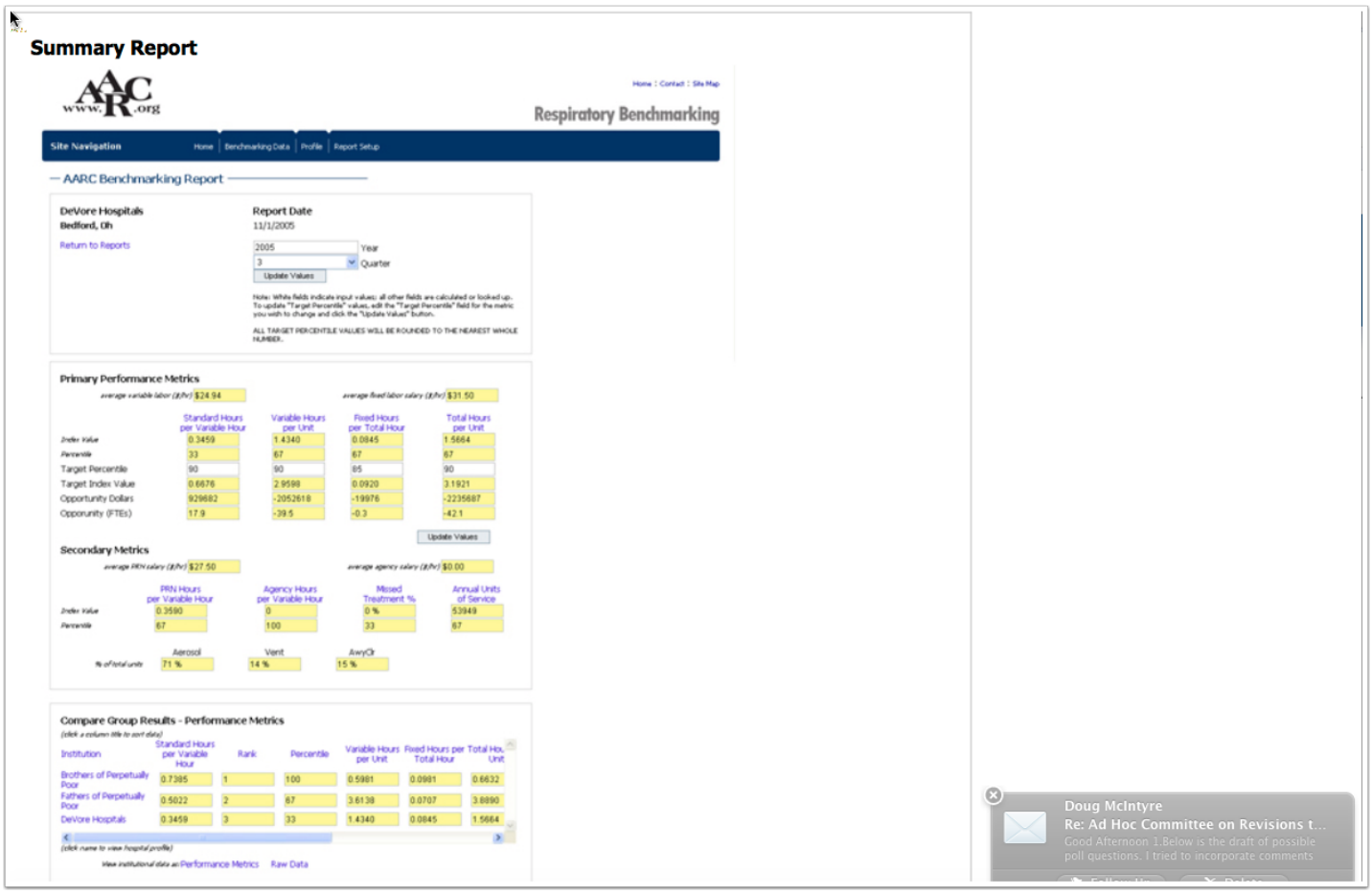
Webcasts

Achieving Optimal Staffing: Tools for Managers
Presented by: Richard M. Ford BS, RRT, FAARC Bill Dubbs, MEd, MHA, RRT, FAARC
Description: Staffing respiratory services is a challenge for today's managers. The shortage of practitioners, the increased pressures to reduce expenses, and the inability to retain quality staff create an environment that places quality care at risk. The AARC has developed both the Uniform Reporting Manual and on-line- Benchmarking which can serve to assist managers meet these challenges. The presentation will discuss how to build staffing programs utilizing these vital tools, how to integrate these tools with other systems and "put it all together".
URL: Click Here

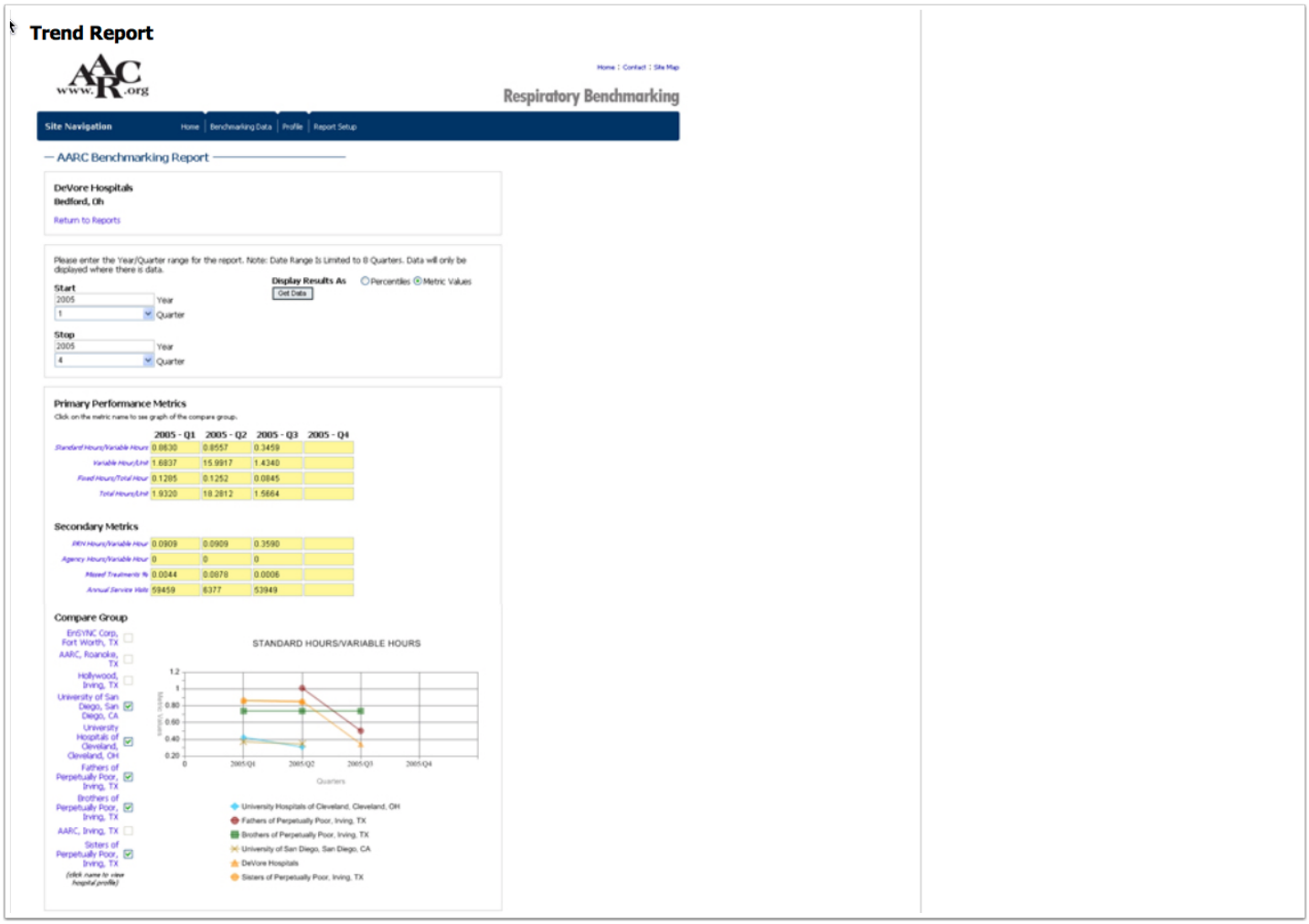
AARC Respiratory Benchmarking Reports

Customization of the type of reports and benchmarks for your institution.

AARC Respiratory Benchmarking Summary Reports



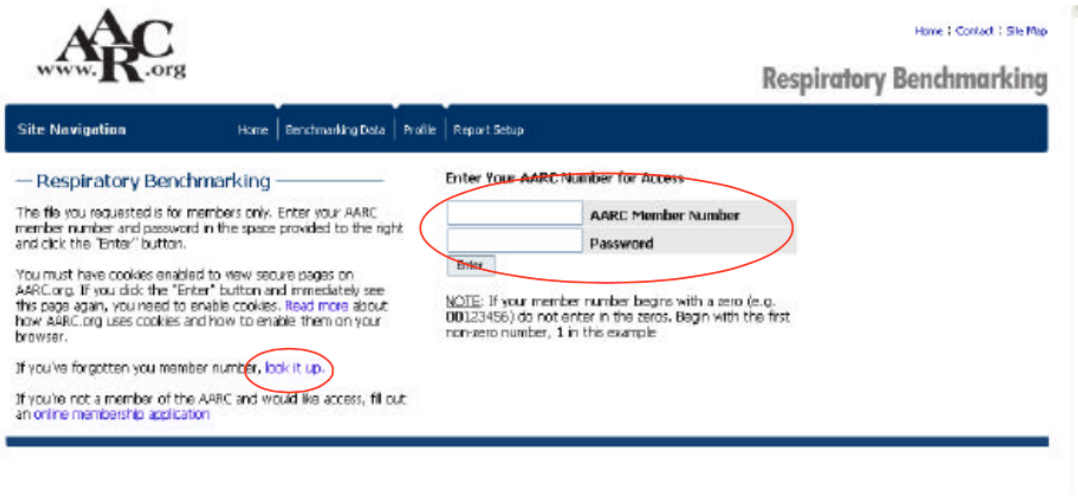
AARC Respiratory Benchmarking Trend Reports



AARC_User_Guide_R2.pdf

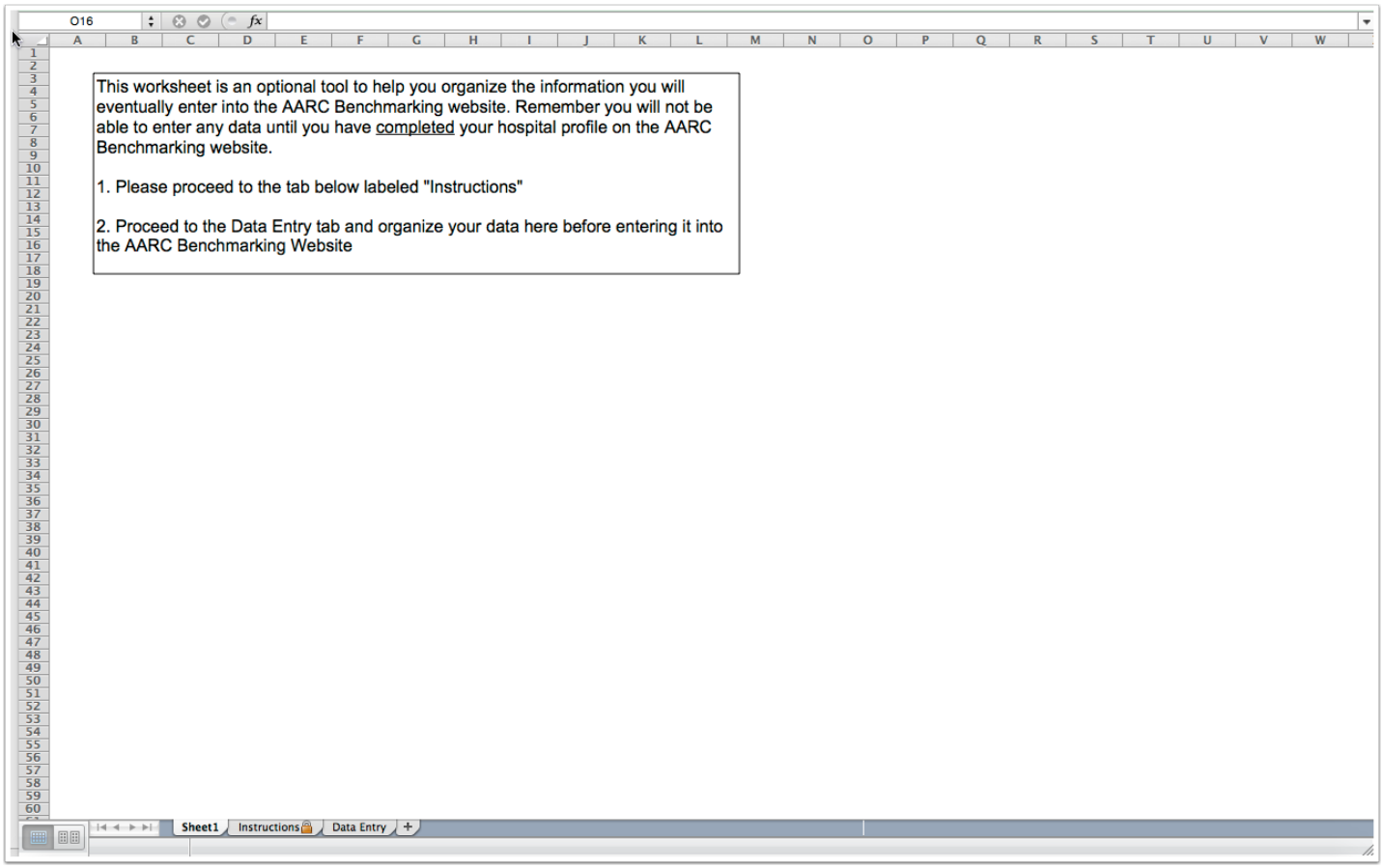
Login:

1. Open www.respiratorybenchmarking.org/testing/login.aspx using Web Browser.
2. In spaces provided, type AARC Member Number and password.
   A. If you have forgotten your AARC Member Number, follow the look it up link to the left.

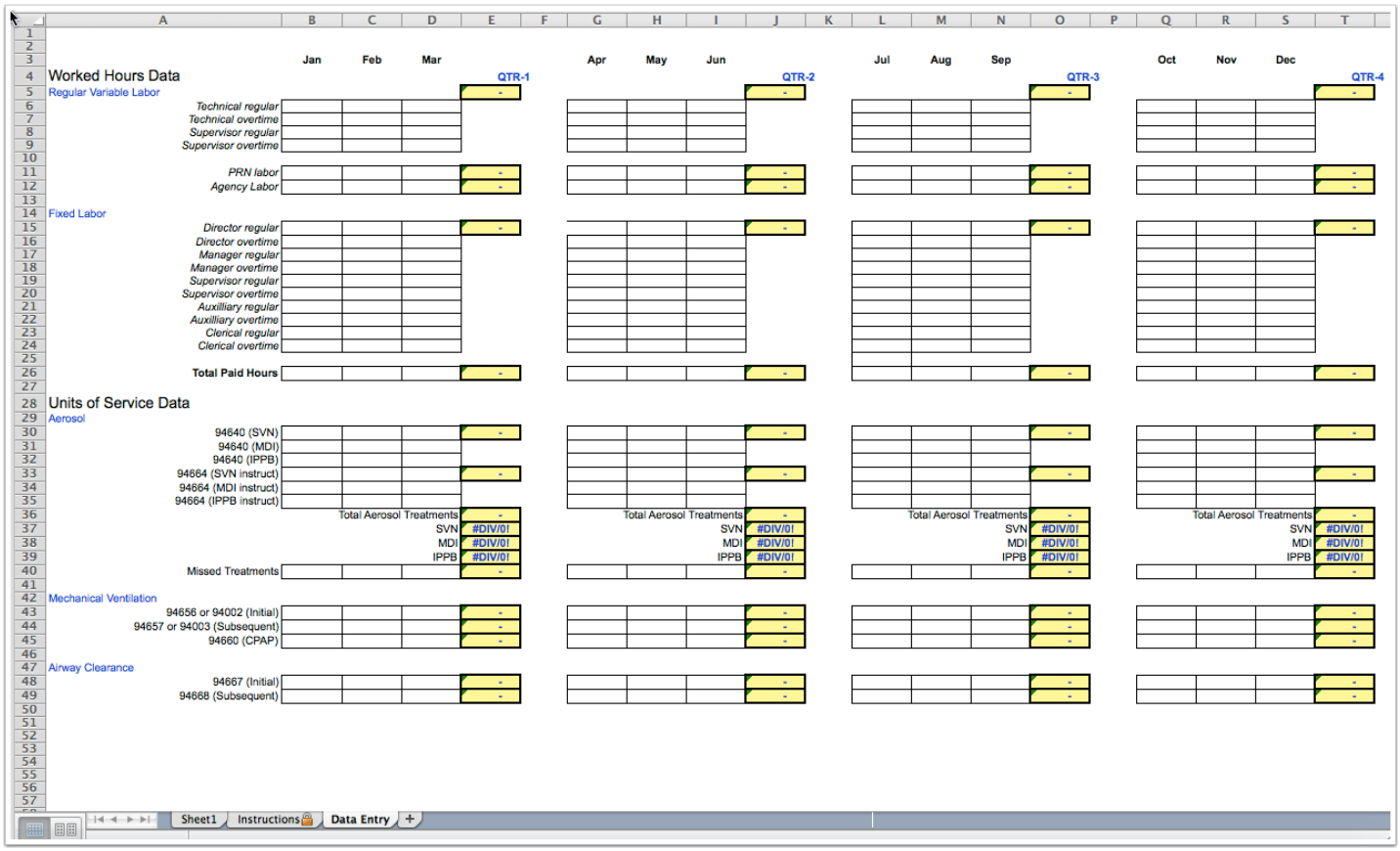


Tools to Assist in Data Collection

A user freindly tool has been created for susbscribers to document there clinical metrics prior to data entry.



Microsoft Excel - Data Collection Tool



	Jan	Feb	Mar	QTR-1	Apr	May	Jun	QTR-2	Jul	Aug	Sep	QTR-3	Oct	Nov	Dec	QTR-4
Worked Hours Data																
Regular Variable Labor				-				-				-				-
Technical regular																
Technical overtime																
Supervisor regular																
Supervisor overtime																
PRN labor				-				-				-				-
Agency Labor				-				-				-				-
Fixed Labor																
Director regular				-				-				-				-
Director overtime																
Manager regular																
Manager overtime																
Supervisor regular																
Supervisor overtime																
Auxilliary regular																
Auxilliary overtime																
Clerical regular																
Clerical overtime																
Total Paid Hours				-				-				-				-
Units of Service Data																
Aerosol																
94640 (SVN)				-				-				-				-
94640 (MDI)																
94640 (IPPB)																
94664 (SVN instruct)				-				-				-				-
94664 (MDI instruct)																
94664 (IPPB instruct)																
			Total Aerosol Treatments	-			Total Aerosol Treatments	-			Total Aerosol Treatments	-			Total Aerosol Treatments	-
			SVN	#DIV/0!			SVN	#DIV/0!			SVN	#DIV/0!			SVN	#DIV/0!
			MDI	#DIV/0!			MDI	#DIV/0!			MDI	#DIV/0!			MDI	#DIV/0!
			IPPB	#DIV/0!			IPPB	#DIV/0!			IPPB	#DIV/0!			IPPB	#DIV/0!
Missed Treatments				-				-				-				-
Mechanical Ventilation																
94656 or 94002 (Initial)				-				-				-				-
94657 or 94003 (Subsequent)				-				-				-				-
94660 (CPAP)				-				-				-				-
Airway Clearance																
94667 (Initial)				-				-				-				-
94668 (Subsequent)				-				-				-				-