


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



Contents

- Member Services
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- Resources
- Government Affairs
- Career
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Benchmarking System

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Missed Treatments

75%ile	2.38 %
50%ile	1.96 %
25%ile	1.66 %

[About these metrics](#)

These metrics represent the mean values of all hospitals reporting data into the AARC Benchmarking System during the most recent quarter.

Metrics are updated by the 15th of each month.

Vent Days/Patient

75%ile	4.34
50%ile	3.74
25%ile	3.67

[About these metrics](#)

As a Benchmarking subscriber, you will be able to define your own compare groups to assess how you really stack up against similar hospitals, as well as gain access to the other performance metrics.

Benchmarking subscribers:

[Log in here](#)


Through your personal computer, the AARC's web-based benchmarking system allows you to compare your performance on key metrics with other respiratory therapy departments.

AARC Benchmarking System Overview

Group Dashboard Metrics

Missed Treatments


Vent/Patient Days



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Benchmarking subscribers:

Through your personal computer, the AARC's web-based benchmarking system allows you to compare your performance on key metrics with other respiratory therapy departments.

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 of 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 created by the Benchmark 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

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AARC
American Association for Respiratory Care

Respiratory Benchmarking

Site Navigation Home Benchmarking Data Profile Report Setup Educational Resources

Respiratory Benchmarking

The file you requested is for members only. Enter your AARC benchmarking number and password in the space provided to the right and click the "Enter" button.

You must have cookies enabled to view secure pages on AARC.org. If you click the "Enter" button and immediately see this page again, you need to enable cookies. [Read more](#) about how AARC.org uses cookies and how to enable them on your browser.

If you've forgotten your member number, [look it up](#).

If you're not a member of the AARC and would like access, fill out an [online membership application](#)

Enter Your AARC Benchmarking Number for Access

AARC Benchmarking Number

Password

Enter

NOTE: If your member number begins with a zero (e.g. 00123456) do not enter in the zeros. Begin with the first non-zero number, **1** in this example

Home | Benchmarking Data | Profile | Report Setup | Privacy Statement

AARC Respiratory Benchmarking - Menu Driven

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

The screenshot shows the AARC Respiratory Benchmarking website. At the top left is the AARC logo with the text 'American Association for Respiratory Care'. To the right are links: 'Click Here to Report a Problem', 'Home : Contact : Site Map'. The main header is 'Respiratory Benchmarking'. Below this is a navigation bar with tabs: '1 Navigation', 'Home', 'Benchmarking Data', 'Profile', 'Report Setup', and 'Educational Resources'. The '1 Navigation' tab is active. Below the navigation bar is a section titled 'Respiratory Benchmarking Project' with a welcome message: 'Welcome to the AARC's benchmarking project. Here you will be able to enter or edit your institution's profile and obtain reports comparing performance indicators among similar institutions.' Below this is a section titled '2 Site Tools' with three columns: 'Site Tools', 'Data Aggregation', and 'Reports'. The 'Site Tools' column lists: 'Login', 'Introduction to Benchmarking', 'Educational Resources', 'Frequently Asked Questions', 'Glossary', 'CPT Code Lookup Table', 'Links', 'Data Entry Template', and 'User Guide'. The 'Data Aggregation' column lists: 'Create/Edit Hospital Profile' and 'Enter Benchmarking Data'. The 'Reports' column lists: 'Sample Benchmarking Reports', 'Report Set-up Menu', and 'Calculations Used in Reports'. At the bottom left is 'Version: 1.0.4147.18164'. At the bottom right is a footer with links: 'Home | Benchmarking Data | Profile | Report Setup | Privacy Statement'.

AARC
American Association for Respiratory Care

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Respiratory Benchmarking

1 Navigation Home Benchmarking Data Profile Report Setup Educational Resources

Respiratory Benchmarking Project

Welcome to the AARC's benchmarking project. Here you will be able to enter or edit your institution's profile and obtain reports comparing performance indicators among similar institutions.

2 Site Tools

Site Tools

- Login
- Introduction to Benchmarking
- Educational Resources
- Frequently Asked Questions
- Glossary
- CPT Code Lookup Table
- Links
- Data Entry Template
- User Guide

Data Aggregation

- Create/Edit Hospital Profile
- Enter Benchmarking Data

Reports

- Sample Benchmarking Reports
- Report Set-up Menu
- Calculations Used in Reports


Version: 1.0.4147.18164

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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



American Association for Respiratory Care

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Respiratory Benchmarking

Site NavigationHomeBenchmarking DataProfileReport SetupEducational Resources

Hospital Data

Hospital Name -- TEST ACCOUNT

[Return to Main Menu](#)

Enter New Information

To enter new benchmarking information, start by filling in the Calendar Year and Calendar Quarter for the period you wish to enter data. After that, you will need to fill in the fields with a white background. The yellow fields are calculated for you after you click the "Save/Update" button on the bottom of the screen. **NOTE: Please enter all salaries as average dollars per hour.**

Calendar Year

--

Calendar Quarter

Clear Page

Existing Calendar Year/Quarter

To retrieve benchmarking information, select the Calendar Year/Quarter from the dropdown box and click the "Get Data Previously Entered" button. After that if you wish to edit the information returned, do so and click the "Save/Update" button on the bottom of the screen.

--

Get Data Previo

Worked Hours Data

Click on name of data metric to view definition

	Hours Per Quarter	Annualized	Average Salary Per Hour
Regular Variable Labor			
PRN Labor			
Agency Labor			
Total Variable Labor			
Fixed Labor			
Total Worked Hours			
Total Paid Hours			

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

Units of Service Data 1
Aerosol treatments ordered

CPT Code	Volume	Annualized
94640	<input type="text"/>	<input type="text"/>
94664	<input type="text"/>	<input type="text"/>

Missed Treatments 2

Percent of total aerosol treatments given as

MDI	SVN	IPPB
<input type="text"/> %	<input type="text"/> %	<input type="text"/> %

 Standard Hours/Year

If you distinguish initial from subsequent aerosol treatments, which code do you use for initial treatment?

Mechanical ventilator units of service 3
Units are recorded as
☒ Vent-Days ☐ Vent-Hours ☐ Vent-Shifts(8 hour) ☐ Vent-Shifts(12 hour)
 Minimum acceptable ventilator-patient check frequency (per day)

	CPT Code	Volume	Equivalent VentDays	Annualized
Initial	94656 or 94002*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Subsequent	94657 or 94003*	<input type="text"/>	<input type="text"/>	<input type="text"/>
CPAP	94660	<input type="text"/>	<input type="text"/>	<input type="text"/>

 Standard Hours/Year *New 2007 CPT Codes


Airway clearance treatments 4


	CPT Code	Volume	Annualized
Initial	94667	<input type="text"/>	<input type="text"/>
Subsequent	94668	<input type="text"/>	<input type="text"/>

 Standard Hours/Year

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.


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 American Association for Respiratory Care

Respiratory Benchmarking

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Hospital Profile

Instructions:
 The hospital profile is intended to capture information related to key contacts, demographics, organizational structure, and other descriptive information that may be used for general comparisons and defining benchmark groups. The information requested should be entered by the Director/Manager of Respiratory Care Services. It is recognized that some data will be obtained from sources outside the RC department. Some information represents "year end" counts and should include only actual data from the close of the last fiscal year, rather than projections based on YTD actual. The hospital profile should be updated annually.

Please note: You will **lose all your work** if you navigate away from this page **without entering data in all fields** and saving. If necessary, you may enter dummy data and return later to change it.

Profile Menu

- Hospital Demographics**
- Department Structure
- Department Staffing
- Department Budget
- Clinical Practice
- Department Operations

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Profile Date Completed
 3/13/2014

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

Hospital Demographics

Timothy Myers	Contact Person	<input type="checkbox"/> Keep my hospital name and contact information confidential If you check the box above, your hospital name will be changed to Anonymous and the other members of this site will not see your contact information Please read our privacy statement Privacy Statement <input type="button" value="Make Anonymo"/>
9661651	Title	
AARC	Department Name	
TEST ACCOUNT	Hospital Name	
9425 N MacArthur Blvd Suite 100	Address	
Irving	City	
TX	State	
75063	Zip Code	
(972) 358-0018	Phone Number	
972-243-2272	Fax Number	
myers@aacrc.org	Email address	

Institutional Profile - Demographic Profile

<p>* 1. Hospital Class</p> <p><input type="radio"/> Rural</p> <p><input type="radio"/> Suburban</p> <p><input checked="" type="radio"/> Urban</p>	
<p>* 2. Hospital Organization</p> <p><input checked="" type="checkbox"/> Academic (University based)</p> <p><input checked="" type="checkbox"/> Children's Hospital</p> <p><input type="checkbox"/> City/County</p> <p><input type="checkbox"/> Community</p> <p><input type="checkbox"/> For Profit</p> <p><input type="checkbox"/> Long Term Acute Care Hospital (LTACH)</p> <p><input type="checkbox"/> Military/Other Federal Government</p> <p><input type="checkbox"/> State</p> <p><input type="checkbox"/> University Affiliated</p> <p><input type="checkbox"/> Veterans Administration</p>	
<p>* 3. :Number of Licensed beds</p> <p>215</p>	
<p>4. Average Daily Census:</p> <p>160</p>	
<p>5. Total Number of Admissions per year (excluding newborns):</p> <p>8000</p>	
<p>6. Total Number of Inpatient Days per year:</p> <p>28000</p>	
<p>7. Total Number of Emergency Room Visits:</p> <p>75000</p>	
<p>8. Total Number of Out Patient Visits per year:</p> <p>120000</p>	
<p>9. Total Number of Births per year:</p> <p>5200</p>	
<p>10. Total Number of Hospital Employed FTEs:</p> <p>32</p>	

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)	
<input checked="" type="checkbox"/> Ambulance Service <input checked="" type="checkbox"/> Angioplasty <input checked="" type="checkbox"/> Birthing Room - LDR Room <input type="checkbox"/> Burn Care Unit <input checked="" type="checkbox"/> Cardiac Catheterization <input checked="" type="checkbox"/> Cardiac Intensive Care Unit <input type="checkbox"/> Chiropractic Service <input checked="" type="checkbox"/> CT Scan <input checked="" type="checkbox"/> Emergency Department <input checked="" type="checkbox"/> Freestanding out patient center <input checked="" type="checkbox"/> Hemodialysis <input type="checkbox"/> HIV/AIDS Service <input checked="" type="checkbox"/> Hospital based outpatient Clinics <input type="checkbox"/> Medical Surgical Intensive Care <input type="checkbox"/> Neonatal Intensive Care Service (Level 1) <input type="checkbox"/> Neonatal Intensive Care Service (Level 2) <input checked="" type="checkbox"/> Neonatal Intensive Care Service (Level 3) <input type="checkbox"/> Neurological Service <input checked="" type="checkbox"/> Obstetrics Service <input checked="" type="checkbox"/> Open Heart Surgery <input checked="" type="checkbox"/> Orthopedic Service <input checked="" type="checkbox"/> Outpatient Surgery <input checked="" type="checkbox"/> Pediatric Intensive Care Service <input checked="" type="checkbox"/> Psychiatric Service <input checked="" type="checkbox"/> Radiation Therapy <input checked="" type="checkbox"/> Sleep Center <input checked="" type="checkbox"/> Transplant Service <input checked="" type="checkbox"/> 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.

☒ Accompany patients on external transport

☒ Accompany patients on internal transport

☐ Anesthesia Monitoring

☐ Arterial line insertion

☒ Assistance with newborn deliveries, high risk or otherwise

☒ Asthma education

☒ Blood gas analysis (may or may not include lab administration)

☒ Blood gas sampling (from lines or sticks)

☒ Bronchoscopy assist (in an ICU)

☐ Bronchoscopy assist (in lab)

☐ Cardiology

☒ Code team responsibilities

☐ Discharge planning for DME services in home

☐ EEGs

☒ EKGs

☐ Hemodynamic monitoring

☐ Home Care

☐ Hyperbaric Medicine

☒ Intubation

☐ Inventory Control of oxygen E cylinders

☐ Metabolic monitoring in the ICU

☐ Neurodiagnostics

☐ Perfusion/ECMO

☒ Pulmonary Function Testing

☐ Pulmonary Rehabilitation

☒ 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 Acces

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 administration)
- ☐ Blood gas sampling (from lines or sticks)
- ☐ Bronchoscopy assist (in an ICU)
- ☐ Bronchoscopy assist (in lab)
- ☒ Cardiology
- ☐ Discharge planning for DME services in home
- ☐ EEGs
- ☒ EKGs
- ☐ Home Care
- ☐ Hyperbaric Medicine
- ☐ Inventory Control of oxygen E cylinders
- ☐ Metabolic monitoring in the ICU
- ☐ Neurodiagnostics
- ☐ None
- ☐ Perfusion/ECMO
- ☒ 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**

- ☒ Ambulatory Care Center
- ☐ None
- ☒ Outpatient Clinic
- ☒ 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
☒ Neonate
☒ Pediatric

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

☐ N/A
☒ We provide a clinical instructor for RC students
☒ We provide CPR instruction the RC staff
☐ We provide CPR instruction to the community
☒ We provide CPR instruction to the medical center
☒ 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)

- ☒ RC staff are cross trained to perform EKGs
- ☒ RC staff are cross trained to perform intubations
- ☐ RC staff are cross trained to perform phlebotomy
- ☒ 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
- ☒ 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 primarily 8 hour shifts
- ☒ Staff work primarily 12 hour shifts
- ☐ The department is based primarily on a work week equal to or greater than 40 hours
- ☒ The department is based primarily on a work week that is less than 40 hours
- ☒ 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

neonatal ICU
 pediatric ICU
 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

for 8 hour shift
 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 therapists 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



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American Association for Respiratory Care

Respiratory Benchmarking

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— Hospital Profile (Section 4)

Please note: You will **lose all your work** if you navigate away from this page **without entering data in all fields** and saving. If necessary, you may enter dummy data and return later to change it.

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Note:

All required questions must be answered prior to obtaining reports

1

Department Budget

* 41. Indicate which of the following are included in the Respiratory Care budget (check all that apply)

☐ Bulk oxygen
☒ Medical director salary supplementation
☐ Medication for inhalation
☒ Nitric oxide
☐ None
☐ Oximeter sensors

* 42. Regarding billing practices, which of the following characteristics describe your system (check all that apply)

☐ Other
☐ Patient billing is limited to only those procedures associated with a current/valid CPT code
☐ Respiratory Care is not involved in billing process
☒ Therapists use an electronic order entry system
☒ We include no-charge items in our system to track respiratory therapist activity

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) suction 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) suction 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) suction 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


<p>* 48. Which best describes your practice regarding the change out of adult ventilator circuits</p> <p><input type="radio"/> Circuits are changed only as needed</p> <p><input checked="" type="radio"/> N/A</p> <p><input type="radio"/> Q 24 hours</p> <p><input type="radio"/> Q 48 hours</p> <p><input type="radio"/> Q 72 hours</p> <p><input type="radio"/> Weekly</p> <p>* 49. Which best describes your practice regarding the change out of pediatric ventilator circuits</p> <p><input checked="" type="radio"/> Circuits are changed only as needed</p> <p><input type="radio"/> N/A</p> <p><input type="radio"/> Q 24 hours</p> <p><input type="radio"/> Q 48 hours</p> <p><input type="radio"/> Q 72 hours</p> <p><input type="radio"/> Weekly</p> <p>* 50. Which best describes your practice regarding the change out of neonatal ventilator circuits</p> <p><input checked="" type="radio"/> Circuits are changed only as needed</p> <p><input type="radio"/> N/A</p> <p><input type="radio"/> Q 24 hours</p> <p><input type="radio"/> Q 48 hours</p> <p><input type="radio"/> Q 72 hours</p> <p><input type="radio"/> Weekly</p> <p>* 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</p> <p><input checked="" type="checkbox"/> Aerosolized Medication Treatments</p> <p><input checked="" type="checkbox"/> Lung Hyperrinflation - IPPB</p> <p><input type="checkbox"/> N/A</p> <p><input checked="" type="checkbox"/> Other</p> <p><input checked="" type="checkbox"/> Oximetry</p> <p><input checked="" type="checkbox"/> Oxygen</p> <p><input type="checkbox"/> Prophylaxis - Incentive Spirometry</p> <p><input checked="" type="checkbox"/> Secretion Clearance/Chest Physiotherapy</p> <p><input checked="" type="checkbox"/> Ventilator initiation and management</p> <p><input checked="" type="checkbox"/> Ventilator weaning</p>	
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Institutional Profile - Department Clinical Practice Info

<p>* 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</p> <p> <input type="checkbox"/> Acute Respiratory Distress Syndrome <input type="checkbox"/> Adult Asthma <input type="checkbox"/> Chronic Obstructive Pulmonary Disease <input checked="" type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> N/A <input type="checkbox"/> Other <input checked="" type="checkbox"/> Peds Asthma <input type="checkbox"/> Pneumonia <input checked="" type="checkbox"/> Respiratory Distress Syndrome (neonate) </p> <p>* 53. Regarding MDI and small volume nebulizers, indicate the practices in place:</p> <p> <input type="radio"/> A protocol is in place in which patients are ordered on SVN may be converted to MDI <input type="radio"/> MDIs are delivery method of choice, but not mandated through policy or protocol <input checked="" type="radio"/> N/A <input type="radio"/> Policy mandates that if the medication is available in MDI, MDI will be utilized </p> <p>* 54. How often are aerosol treatments stacked (ie, one therapist giving more than one treatment at a time)?</p> <p> <input checked="" type="radio"/> 0 - 25% of the time <input type="radio"/> 25 - 50% of the time <input type="radio"/> 50 - 75% of the time <input type="radio"/> 75 - 100% of the time <input type="radio"/> Never </p> <p>* 55. Please indicate which statement best describes physician practice regarding compliance with your protocols/carepaths. (check all that apply)</p> <p> <input checked="" type="checkbox"/> Exemptions from guidelines require medical director approval <input type="checkbox"/> N/A <input type="checkbox"/> Use of guidelines is totally optional and no approval is needed to exempt use <input checked="" type="checkbox"/> We mandate medical staff follow RC guidelines </p> <p>* 56. Estimate the overall compliance with the use of respiratory care guidelines (protocols or carepaths) by medical staff:</p> <p> <input type="radio"/> 20-40% <input type="radio"/> 40-60% <input type="radio"/> 60-80% <input checked="" type="radio"/> Greater than 80% <input type="radio"/> Less than 20% <input type="radio"/> N/A </p> <p>* 57. Regarding ventilator weaning protocols, which best describes your practice: (check all that apply)</p> <p> <input type="checkbox"/> The primary method of choice in weaning patients is spontaneous breathing trials <input type="checkbox"/> We do not have weaning protocols <input checked="" type="checkbox"/> Weaning protocols are used for all ventilator patients in the ICU </p>	
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AARC Respiratory Benchmarking - User Video Resources


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[Home : Contact : Site Map](#)


 American Association for Respiratory Care

Respiratory Benchmarking

Site Navigation
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— Educational Resources —

Tools To Get Started

Step 1: Entering Hospital and Department Profile Information <i>Tom Malinowski, RRT, FAARC</i>	Windows Media	QuickTime
Step 2: Entering Quarterly Workforce and Clinical Volume Information <i>Rick Ford, BS, RRT, FAARC</i> Describes functionality of the benchmarking website and demonstrates step-by-step instructions for entering required worked hour and procedural data. 30 minutes.	Windows Media	QuickTime
Step 3: Establishing Comparison Groups & Generating Reports <i>Rob Chatburn, RRT-NPS, FAARC</i>	Windows Media	QuickTime
Step 4: Interpreting AARC Benchmarking Data♦The Basics <i>Rick Ford, BS, RRT, FAARC</i>	Windows Media	QuickTime

[AARC User Guide](#)

[Data Entry Template](#)

[CPT code-URM activity code crosswalk](#)
 This identifies the CPT codes used to report procedure volumes that are linked to the specific used in the URM 4th edition.

AARC Respiratory Benchmarking - Additional Resources

Benchmarking For Success Series

[An Overview of The AARC Benchmarking Service](#)
 This article reviews the development of the AARC Benchmarking service and explains step-by-step how to access the system, enter information, select comparison groups and obtain comparative reports. Robert Chatburn, BS, RRT-NPS, FAARC is the author. Published in the June 2006 issue of AARC Times.

[Applies to Apples Comparisons: Closing the Gap Using AARC Benchmarking](#)
 This article provides detailed information about setting up facilities for your comparison groups to assure a fair comparison of your respiratory care service. Richard Ford, BS, RRT, FAARC is the author of this article from the July 2006 issue of AARC Times.

[Pitfalls of Benchmarking](#)
 This article describes the pitfalls of benchmarking and is authored by Richard M. Ford BS, RRT, FAARC . This article was published in in the May 2006 issue of AARC Times.

[Understanding the Metrics: Part 1](#)
 This article is the first of two which explains metrics used in benchmarking authored by Robert L. Chatburn, RRT-NPS, FAARC . This article was published in in the August 2006 issue of AARC Times.

[Understanding the Metrics Part II](#)
 This is the second in a series of two articles that explains metrics used in the AARC's Benchmarking System. Authored by Robert L. Chatburn, RRT-NPS, FAARC. Source: Sep 2006 AARCTimes

[Benchmarking from the Administrator's Point of View](#)
 A global perspective on the value of benchmarking to healthcare administrators. I Authored by Karen Stewart, MS, RRT, FAARC. Source: October 2006 AARCTimes

[AARC Benchmarking:Dear Gabby](#)
 Answers are provided to questions from AARC Benchmarking subscribers. Authored by Robert L. Chatburn, RRT-NPS, FAARC. Source: Nov 2006 AARCTimes

[Making and Using Benchmarking Reports](#)
 Discusses the creation and use of reports from the AARC Benchmarking System. Authored by Robert L. Chatburn, RRT-NPS, FAARC. Source: Dec 2006 AARCTimes

[Benchmarking and Best Practice](#)
 Discusses how benchmarking can lead to best practice. Authored by Richard M. Ford BS, RRT, FAARC. Source: January 2007 AARCTimes

[Case Study: One Hospital's Benchmarking Experience](#)
 Describes the AARC Benchmarking System helped one manager obtain needed staff positions. Authored by Robert L. Chatburn, RRT-NPS, FAARC. Source: Feb 2007 AARCTimes

AARC Respiratory Benchmarking Clinical 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.



American Association for Respiratory Care

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Respiratory Benchmarking

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Report Setup


Report Setup Menu

Before running a report, you must set up a compare group. This is a group of hospitals that have department profiles comparable to yours. You have four choices:

1. Use the default group (all hospitals that match your Hospital Class and Hospital Organization)
2. Select specific hospitals from a list of all member hospitals
3. Use a saved compare group
4. Create a new set of search criteria based on Hospital Profile characteristics.

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AARC Benchmarking Report

DeVore Hospitals
 Bedford, OH
[Return to Reports](#)

Report Date
 11/1/2005
 2005 Year
 3 Quarter
[Update Values](#)

Notes: White fields indicate input values; all other fields are calculated or looked up. To update "Target Percentile" values, use the "Target Percentile" field for the metric you wish to change and click the "Update Values" button.

ALL TARGET PERCENTILE VALUES WILL BE ROUNDED TO THE NEAREST WHOLE NUMBER.

Primary Performance Metrics

	average variable labor (\$/Pr) \$24.94	average fixed labor salary (\$/Pr) \$31.50
Index Value	0.3459	0.0845
Percentile	33	67
Target Percentile	90	90
Target Index Value	0.6676	0.0920
Opportunity Dollars	929682	-19976
Opportunity (FTEs)	17.9	-0.3

Secondary Metrics

	average PPH salary (\$/Pr) \$27.50	average agency salary (\$/Pr) \$0.00
Index Value	0.3690	0.0000
Percentile	67	33
Target Percentile	90	90
Target Index Value	0.6676	0.0920
Opportunity Dollars	929682	-19976
Opportunity (FTEs)	17.9	-0.3


Compare Group Results - Performance Metrics

(click a column title to sort data)

Institution	Standard Hours per Variable Hour	Rank	Percentile	Variable Hours per Unit	Fixed Hours per Total Hour	Total Hours per Unit
Brothers of Perpetually Poor	0.7385	1	100	0.5981	0.0981	0.6962
Fathers of Perpetually Poor	0.5022	2	87	3.6138	0.0707	3.6845
DeVore Hospitals	0.3459	3	33	1.4340	0.0845	1.5185

(click name to view hospital profile)

View institutional data as: [Performance Metrics](#) [Raw Data](#)



Doug McIntyre
 Re: Ad Hoc Committee on Revisions t...
 Good Afternoon I.Below is the draft of possible poll questions. I tried to incorporate comments

AARC Respiratory Benchmarking Trend Reports

Trend Report

AARC

www.aarc.org

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AARC Benchmarking Report

DeVore Hospitals

Bedford, Oh

[Return to Reports](#)

Please enter the Year/Quarter range for the report. Note: Date Range is limited to 8 Quarters. Data will only be displayed where there is data.

Start

2005

Year

1

Quarter

Display Results As

☐ Percentiles

☒ Metric Values

Get Data

Stop

2005

Year

4

Quarter

Primary Performance Metrics

Click on the metric name to see graph of the compare group.

	2005 - Q1	2005 - Q2	2005 - Q3	2005 - Q4
Standard Hours/Variable Hours	0.8830	0.8557	0.3458	
Variable Hours/Std	1.6837	15.9917	1.4340	
Fixed Hours/Total Hour	0.1295	0.1252	0.0845	
Total Hours/Std	1.9320	18.2812	1.5664	

Secondary Metrics

RVN Hours/Variable Hour	0.0909	0.0909	0.3590	
Agency Hours/Variable Hour	0	0	0	
Mixed Treatment %	0.0044	0.0078	0.0006	
Annual Service Rate	59459	6377	53949	

Compare Group

☐ ERGYN Corp, Fort Worth, TX

☐ AARC, Round Bay, TX

☐ Hollywood, Irving, TX

☒ University of San Diego, San Diego, CA

☐ University Hospitals of Cleveland, Cleveland, OH

☒ Fathers of Perpetually Poor, Irving, TX

☒ Brothers of Perpetually Poor, Irving, TX

☐ AARC, Irving, TX

☒ Sisters of Perpetually Poor, Irving, TX

(Add name to view hospital profile)

STANDARD HOURS/VARIABLE HOURS

Quarters	University Hospitals of Cleveland, Cleveland, OH	Fathers of Perpetually Poor, Irving, TX	Brothers of Perpetually Poor, Irving, TX	University of San Diego, San Diego, CA	DeVore Hospitals	Sisters of Perpetually Poor, Irving, TX
2005-Q1	0.40	0.80	0.80	0.80	0.88	0.88
2005-Q2	0.35	0.80	0.80	0.80	0.85	0.85
2005-Q3	0.35	0.35	0.35	0.35	0.35	0.35
2005-Q4		0.40	0.40	0.40		

AARC Benchmark Program

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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.

AARC
www.AARC.org

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— Respiratory Benchmarking —

The file you requested is for members only. Enter your AARC member number and password in the space provided to the right and click the "Enter" button.

You must have cookies enabled to view secure pages on AARC.org. If you click the "Enter" button and immediately see this page again, you need to enable cookies. [Read more](#) about how AARC.org uses cookies and how to enable them on your browser.

If you've forgotten your member number, [look it up](#).

If you're not a member of the AARC and would like access, fill out an [online membership application](#).

Enter Your AARC Number for Access

AARC Member Number

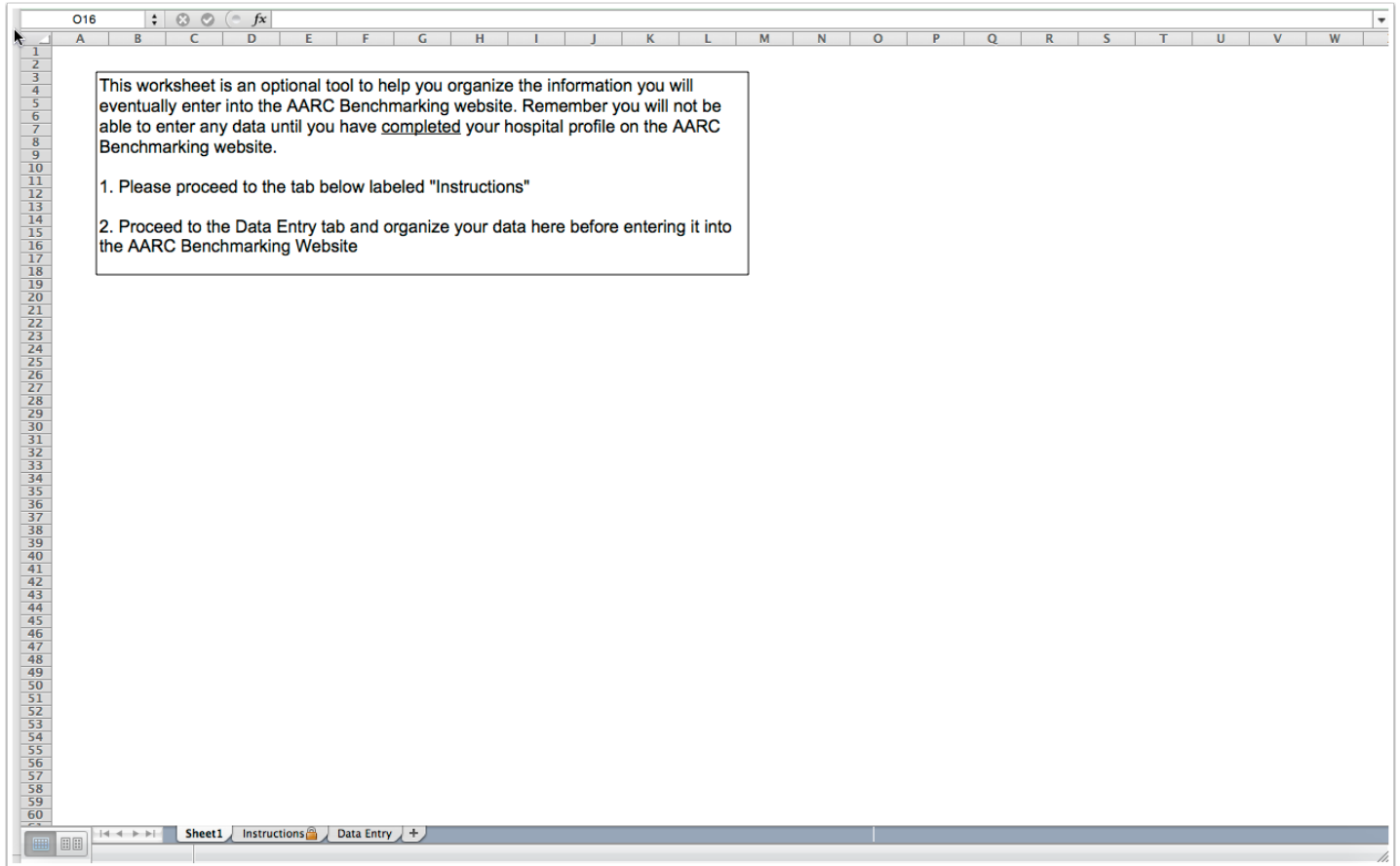
Password

Enter

NOTE: If your member number begins with a zero (e.g., 00123456) do not enter in the zeros. Begin with the first non-zero number, 1 in this example.

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

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
		Jan	Feb	Mar			Apr	May	Jun			Jul	Aug	Sep			Oct	Nov	Dec	
4	Worked Hours Data																			
5	Regular Variable Labor																			
6	Technical regular																			
7	Technical overtime																			
8	Supervisor regular																			
9	Supervisor overtime																			
10																				
11	PRN labor																			
12	Agency Labor																			
13																				
14	Fixed Labor																			
15	Director regular																			
16	Director overtime																			
17	Manager regular																			
18	Manager overtime																			
19	Supervisor regular																			
20	Supervisor overtime																			
21	Auxiliary regular																			
22	Auxiliary overtime																			
23	Clerical regular																			
24	Clerical overtime																			
25																				
26	Total Paid Hours																			
27																				
28	Units of Service Data																			
29	Aerosol																			
30	94640 (SVN)																			
31	94640 (MDI)																			
32	94640 (IPPB)																			
33	94664 (SVN instruct)																			
34	94664 (MDI instruct)																			
35	94664 (IPPB instruct)																			
36																				
37	Total Aerosol Treatments																			
38	SVN																			
39	MDI																			
40	IPPB																			
41	Missed Treatments																			
42																				
43	Mechanical Ventilation																			
44	94656 or 94002 (Initial)																			
45	94657 or 94003 (Subsequent)																			
46	94660 (CPAP)																			
47																				
48	Airway Clearance																			
49	94667 (Initial)																			
50	94668 (Subsequent)																			
51																				
52																				
53																				
54																				
55																				
56																				
57																				