



APEX Recognition Award

Transport Team Standards

The core requirements for participating in the program are:

1. Staff credentials: all respiratory therapists are licensed by the state (not applicable in Alaska) and hold a current CRT or RRT credential. At least 80% of clinical staff (full-time, part-time, PRN, and contract employees) hold a current registered respiratory therapist (RRT) credential.
 - ☐ Evidence to support this standard includes a completed employee roster that includes each respiratory therapist's state license number and NBRC credential(s) as well as information requested to allow NBRC credential validation for each respiratory therapist. The roster should also identify the senior RT leader.
2. If there is a senior RT leader whose principle role is to lead and manage the respiratory therapists on the transport team, they must 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 information requested for NBRC verification of credentials and a 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.
3. If there is a senior RT leader who manages the respiratory therapists on the transport team, they must be a member in good standing of the AARC and the AARC Transport 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 Transport Section membership. Adding the AARC number to the provided Excel employee roster is sufficient evidence.
4. At least half of the clinical staff (full-time, part-time, PRN) are members of the American Association for Respiratory Care. At least half of those AARC members are also members of the AARC's Transport Specialty Section.
 - ☐ 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 and identifying those with Transport Section membership to the provided Excel employee roster is sufficient evidence.
5. At least half of the clinical staff (full-time, part-time, PRN) must 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.
6. At least 50% of clinical staff (full-time, part-time, PRN) must hold a relevant specialty credential, to include: CRT-NPS, RRT-NPS, RRT-ACCS, and/or C-NPT.
 - ☐ Evidence to support this standard includes copies of each employee's specialty credential validation, or information requested for NBRC verification of NBRC-issued credentials, and a 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.



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The additional requirements include:

7. All respiratory therapists (full-time, part-time, PRN) must undergo annual competency testing on low volume, problem-prone, and/or high-risk procedures on a regular basis associated to their transport role. 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, and federal accreditation agencies.
 - ☐ Evidence to support this standard includes a copy of the transport teams' competency policy and documentation of competency testing for each respiratory therapist within the last 12 months of the application.
8. Respiratory therapists are available 24 hours/day to serve as a dedicated member of the transport team.
 - ☐ Evidence to support this standard includes a copy of the department schedule or policy stating that respiratory therapy coverage is 24 hours/day.
9. A department policy and procedure manual is available to staff and is driven by evidence-based practice (including references). All policies are reviewed and/or updated at least every three (3) years.
 - ☐ Evidence to support this includes a master list of policies and procedures, with the last review date, and a policy or written narrative regarding the maintenance of policies and procedures.
10. Evidence-based protocols are established and approved by the medical director for 75% of procedures.
 - ☐ Evidence to support this standard includes a copy of the department's policy for protocol utilization, or a narrative description of the process, a list of protocols in use, with the last review date, and a copy of at least one sample protocol.
11. 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.

For example, the Ground Air Medical Quality Transport Quality Improvement Collaborative uses the GAMUT Database as a free resource for transport teams to track, report, and analyze their performance on transport-specific quality metrics by comparing it to other programs. Here is some additional information on QI programs: <http://www.aarc.org/wp-content/uploads/2018/04/gamut-database-for-camts-bod.pptx>

12. A Doctor of Medicine or osteopathy is designated as Medical Director of the transport team. Per CAMTS guidelines, the medical director should be board-certified in emergency medicine, but if they are not, it is strongly recommended that the medical director be board-certified in critical care, family medicine, internal medicine, surgery, or pediatrics with demonstrated EMS education or 5 years of experience in emergency medicine.
 - ☐ Evidence to support this standard includes a copy of the Medical Director's credentials and medical license.