



# APEC International Recognition Award

## Acute Care Hospital Standards

*The purpose of this program is to help consumers make choices about their health care by recognizing acute care hospitals (both short-term and long-term or LTACH) that enhance patient safety and outcomes by providing access to respiratory therapists delivering high-quality evidence-based care*

The core requirements for participating in the program are:

1. 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 showing active membership for each staff member. Adding the AARC number to the provided Excel employee roster is sufficient evidence.
2. The senior RT leader (e.g. Director, Administrative Director, Technical Director, Manager etc.) whose principal role is to lead and manage the RT department holds a bachelor's degree or higher or is actively pursuing a bachelor's degree.
  - Evidence to support this standard includes 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. The senior RT leader who manages the RT department (e.g. Director, Administrative Director, Technical Director, Manager etc.) is a member in good standing of the AARC and the Leadership & Management Section.
  - Evidence to support this standard includes the senior respiratory therapy leader's AARC number or copy of the AARC member profile showing active AARC and Leadership & Management Section 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, and contract employees) have a bachelor's degree or are 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.
5. A Doctor of Medicine is designated as the Medical Director of Respiratory Care Services.
  - Evidence to support this standard includes a copy of the Medical Director's medical license or other similar credential for the applicant country.

The additional requirements include:

6. Staff credentials: all respiratory therapists employed by the hospital to deliver bedside respiratory care services are licensed or otherwise certified by the country.
  - Evidence to support this standard includes a detailed description of the mechanism used in the country of the application to determine that each therapist meets minimum standards to provide bedside patient care. The Committee will review and approve these requirements. A completed employee roster that includes each respiratory therapist's credentials for the applicant country must be provided. The roster should also identify the senior RT leader.
7. 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 12 months prior to Apex application.
8. The department has a mechanism by which qualifying employees are eligible for professional advancement (in job title or in salary) through the use of a [clinical ladder](#) (or similar program).
  - Evidence to support this standard includes a copy of the department's clinical ladder policy or policy detailing a similar program.
9. 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 through either mechanism.

10. The department has a defined staffing plan that is used to project anticipated staffing and is used consistently for scheduling and flexing of the staff. Parameters include identification of core staffing levels; minimum staffing levels required to maintain a safe and effective delivery of care are identified; and staffing levels based on the use of relative value unit (RVU) or other time standards, not on patient volume, occupied beds, or other volume-based statistics. If RVUs or other time standards are not used, staffing must be determined based on patient acuity, quality, safety, or value standards established by the facility and this method must be described.
  - Evidence to support this standard includes a copy of the department's staffing policy and/or plan that demonstrates clinical staffing as per time-based unit or other standards established by the facility.
  
11. Department policy prohibits the routine delivery of care to multiple patients simultaneously. The policy must include language that identifies if/when simultaneous therapy is acceptable and the mechanism by which the respiratory therapist triages the delivery of care.
  - Evidence to support this standard includes a copy of the department's policy for simultaneous care
  
12. 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.
  
13. 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.
  
14. 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. The QI project must include active data collection with periodic and routine updates provided to department staff, executive leadership, and 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 or other documents showing dissemination of the project outcomes to staff, the Medical Director, and senior administration.