



# APEX Recognition Award

## Post-Acute Care Facility

*The purpose of this program is to help consumers make choices about their health care by recognizing post-acute care facilities that enhance patient safety and outcomes by providing access to respiratory therapists delivering high-quality evidence-based care. Facilities recognized in this category include but are not limited to rehabilitation programs, outpatient testing facilities, physician offices, and clinics.*

### The core requirements for participating in the program

1. Staff credentials: all respiratory therapists employed by the organization to deliver respiratory care services 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. 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 current registered respiratory therapist (RRT) credential with a bachelor's degree or higher or is 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. The senior RT leader who manages the RT department (e.g. Director, Administrative Director, Technical Director, Manager etc.) is a member in good standing of the AARC and the AARC Ambulatory & Post-Acute Care Section
  - Evidence to support this standard includes the senior respiratory therapy leader's AARC number or copy of the AARC member profile showing active AARC and Ambulatory & Post-Acute Care Section membership. Adding the AARC number to the provided Excel employee roster is sufficient evidence.
4. At least half of the clinical staff (full-time, part-time, PRN, and contract employees) are members of the American Association for Respiratory Care.
  - Evidence to support this standard includes the AARC number or copy of the AARC member profile showing active membership for each staff member. Adding the AARC number to the provided Excel employee roster is sufficient evidence.

5. At least half of the clinical staff (full-time, part-time, PRN, and contract employees) have a bachelor's degree or 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. A Doctor of Medicine or osteopathy is designated as the Medical Director of Respiratory Care Services.

Evidence to support this standard includes a copy of the Medical Director's credentials and medical license.

The additional requirements include:

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 last 12 months of the application.

8. 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.

9. Evidence-based protocols or other standards of practice which provide individualized patient care are established and approved by the medical director for at least 75% of procedures.

Evidence to support this standard includes a copy of the department's policy for protocol utilization or other standards of practice or a narrative description of the process, a list of protocols or practices in use, with the last review date, and a copy of at least one sample protocol or practice.

10. 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.

11. If other personnel are qualified to perform specific respiratory therapy procedures, the procedures and amount of supervision required for them to perform these specific procedures must be designated in writing and competency verification demonstrated.

Evidence to support this standard includes the identification of specific respiratory therapy procedures performed by non-respiratory therapy personnel and documentation of other personnel competency testing within the past 12 months of the application