The core requirements for participating in the program are:

1. All respiratory therapists employed by the HME 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 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. 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.

   Please note: Your AARC memberships will be assessed as of your date of application to the Apex program, so please be sure to confirm that you have 50% AARC members before applying. You can check membership for your staff using the directory tab on AARConnect at https://connect.aarc.org/home

5. At least half of the clinical staff (full-time, part-time, PRN, and contract employees) 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.
The additional requirements include:

6. 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.

7. 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.

8. 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. Exception: ventilator care may not be assigned to anyone other than a respiratory therapist.

☐ 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.

9. The HME/Home Health Agency must demonstrate accreditation in either clinical respiratory therapy or respiratory disease-specific accreditation.

☐ Evidence to support this standard includes a copy of the accreditation statement.

10. Respiratory therapists are available via call 24 hours/day.

☐ Evidence to support this standard includes a copy of the respiratory therapy schedule, including call.