



# Apex Recognition Award

## Acute Care Facility

### The core requirements for participating in the program are:

1. Staff credentials: all respiratory therapists employed by the hospital to deliver bedside 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. 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.

*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>*

3. 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 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.
4. 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.



5. 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.
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 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 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. In Critical Access Hospitals, respiratory therapists are available within the facility for a minimum of 12 hours/day and are available to respond to the facility on the off hours through an on-call system.
  - ☐ 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.