

OHIO SOCIETY FOR RESPIRATORY CARE

CENTER OF EXCELLENCE STATUS

PURPOSE: To recognize respiratory care departments and companies that demonstrate professional excellence in patient safety, staff recognition and community involvement. In support of the tenets included in the strategic plan and the mission of the AARC, the OSRC is committed to developing an advanced level award that will bring distinction to those departments that have achieved exceptional standards of practice.

ELIGIBILITY: Any hospital department or division, sleep lab, home care company or other stand-alone company that provides treatment to the cardio-pulmonary system

GOALS: The goals for the Center of Excellence Award are as follows :

- a.) To serve as a vehicle to recognize individual departments for their commitment to enhance the art and science of respiratory care and by so doing have statistically impacted recruitment and retention of employees and their practice of respiratory care. Evidence examined for this goal will include but not be limited to shared governance, clinical advancement program, onboarding program, ongoing staff development, competency achievement, application of evidence based practice and disease management guidelines
- b.) To set a standard for the image of the profession by examining evidence of community involvement within and outside their institution, membership/ involvement in the professional organization, adherence to the AARC Code of Ethics and interdisciplinary relationships
- c.) To encourage departments to develop new programs identified through the quality initiatives of Joint Commission, ongoing performance improvement, competency program and current research.

IDEALS: As health care professionals engaged in the performance of cardiopulmonary care, departments and companies must strive to maintain the highest personal and professional standards. They must demonstrate behavior that reflects integrity, supports objectivity, and fosters trust in the profession and its professionals. They must actively maintain and continually improve their professional competence, and represent it accurately.

Departments, companies and their employees shall participate in activities leading to awareness of the causes and prevention of pulmonary disease and the problems associated with the cardiopulmonary system. They shall support the development and promotion of pulmonary disease awareness programs to benefit the hospital and community at large.

Departments and companies shall support research to improve health and prevent disease. They shall follow sound scientific procedures and ethical principles in research.

Departments and companies shall provide leadership in determining and developing health promotion and disease prevention activities for students, faculty, practitioners, patients, and the general public. Promote health care delivery through improvement of the access, efficacy, and cost of patient care.

Departments and companies shall serve as a physical example of cardiopulmonary health by abstaining from tobacco use and shall make a special personal effort to eliminate smoking and the use of other tobacco products from the home and work environment.

They shall strive to be a model for all members of the health care team by demonstrating responsibility and cooperating with other health care professionals to meet the health needs of our patient population and their families.

CRITERIA:

The following shall be used as criteria for achievement of this honor:

MANAGEMENT- Manager is a member and actively involved with the AARC and promotes membership to staff, uses a participative management style, incorporating feedback from staff at all levels via peer evaluations. They have credentials above an associates degree in a relative field. Staff are invited to participate in department meetings where feedback is encouraged and valued. Therapists serving in leadership positions (clinically advanced or supervisory role) are visible, accessible and committed to communicating effectively with staff. Medical Director is actively involved with department. Management has established a hospital wide employee recognition program for staff

POLICIES- Documents are created with staff involvement. Policies reflect practice and reference AARC Clinical Practice Guidelines. AARC Role Model and Professional Ethics are referenced. Evaluations are provided in timely manner. Must have a Clinical Advancement model is in place

QUALITIES OF CARE- Therapists perceive that high quality care is provided to their patients. AARC Code of Ethics is incorporated into practice. Practice is described as Evidence Based. Patient outcomes are promoted, supported and monitored. Competency, skill and education are valued attributes. Staff is encouraged and supported in their professional development. The mission, vision and strategic plan of the organization is supported. Staff perceives quality improvement as educational and participates in improvement activities such as Performance Improvement and Research.

CONSULTATION AND RESOURCES- Knowledge experts, especially advanced practice therapists are available. Ethics committee involvement, resources are available (library, journals...) research consultants, Grand Rounds. A community presence is seen in a variety of ongoing outreach programs so that the perception of the profession is seen in a strong positive and productive presence. Membership and active roles in professional organization are noted as well as volunteer activities of respiratory staff, relationship with local schools, or colleges and publications by staff are indicated

IMAGE OF RESPIRATORY CARE-

- Therapist's are viewed as an integral part of the healthcare team and its ability to provide excellent patient care.
- Therapists are permitted and expected to incorporate teaching in all aspects of their practice
- Staff is recognized for leading initiatives in department and hospital.
- Staff serve as preceptors and mentors, and a preceptor program is in place.
- Education strategies are in place in community and education programs are supported, interdisciplinary approach to patient teaching promoted and staff serve as guest lecturers.
- What is done to strengthen the image of Respiratory Care?
- Awards won, web page, leading initiatives

INTERDISCIPLINARY RELATIONSHIPS- Relationships are characterized as positive and mutual respect is exhibited among all disciplines. Collaboration of patient focused committees, interdisciplinary quality of research projects are noted

NOMINATION: Any manager of a hospital, long term care facility or company that provides respiratory services to our designated patient populations

Documentation is to be presented in writing with any non-confidential documentation that would provide support to the nomination. Nominations will be accepted on a yearly basis. Deadline for application is December 1st. All information will be forwarded to the Public Relations Chair. Prior to decision the selection committee will review the submitted documentation for inclusion of:

- Declaration for the petitioning level
- Letter from CEO
- Justification letter
- Supporting evidence

SELECTION: All relevant petitioners will be made available to the members of the Selection Committee. The committee will review the information consistent with the criteria noted in the appendix and make a selection with a majority vote. The selection will be communicated to the President of the Ohio Society for Respiratory Care for final approval.

PRESENTATION: The award will be presented to each qualified petitioner. Announcement of status will be communicated to the CEO of the petitioning hospital by the Center of Excellence Committee Chair. The award recipients will be honored and recognized at the OSRC annual conference, and will be given free admission for two to the conference. Site visit from OSRC is recommended.

AWARD: The award recipient will receive a symbol of recognition inscribed with their hospital name and year the recognition was received at the Annual state meeting. Designation will last for 3 year period

APPLICATION FEE: The one time fee for application will be on a sliding scale depending on the size of your department/ division/ company.
SMALL- \$50.00 (FTE's from 10-30)
MEDIUM- \$150.00 (FTE's from 30-70)
LARGE- \$250.00 (FTE's from 70 +)

Ohio Society for Respiratory Care
Application for Recognition of Centers of Excellence for Respiratory Care

Date: _____

Name of Organization: _____

Address: _____

Contact Person: _____ **Phone #:** _____

Medical Director: _____

Department Director: _____

Number of Licensed beds

- 200 beds or more**
- Less than 200 beds**

In what District is the facility located?

- Northeast**
- Northwest**
- Central**
- Eastern**
- Western**
- Southern**

Instructions:

1. Thoroughly complete all sections. Uncompleted sections/questions will result in a 0 score for that section/question.
2. If additional space is necessary when providing documentation, please attach a separate sheet.
3. Submit completed application with appropriate fee to: Center of Excellence Chair. C/O Ohio Society for Respiratory Care, 1620 East Broad Street Suite 1603, Columbus, Ohio 43203

I hereby certify that the information contained in this application is true and correct.

Signature of Department Manager: _____ Date: _____

Signature of Medical Director: _____ Date: _____

Signature of Chief Operating Officer: _____ Date: _____

Please answer the following questions with honesty and accuracy regarding the Respiratory Therapy Services. Documentation of claims may be requested by the judging panel for validation. Names of staff members may also be requested to verify AARC membership and NBRC credentialing status.

STAFF DEMOGRAPHICS

Total number of FTE's: _____

Number of non-clinical staff: _____

List % of therapists who hold a Bachelor's Degree or above: _____

List %r of Registered Respiratory Therapists: _____

List %r of Certified Respiratory Therapists: _____

List % of staff with the following certifications:

BCLS _____

ACLS _____

NRP _____

Other _____ (please specify)

List the % of staff with the following credentials:

CPFT _____

RPFT _____

NPS _____

Other _____ (please specify)

List % of staff who are members of the AARC: _____
 What is your turn-over rate/yr? __ 0-10% __ 10-30% __ 30-50% __ > 50%

I. MANAGEMENT

1.1 **Medical Director**

Medical Director is board certified in pulmonary medicine	YES	NO
“ “ “ “ “ critical care medicine	YES	NO
“ “ “ “ “ other specialty	YES	NO
Please list _____		
Medical Director is a member of the AARC	YES	NO

Continuing education provided by medical director in the past 12 months _____ hours.

Medical director is active in protocol/ guideline development (if yes, please provide copies of protocols)	YES	NO
Medical director has input in equipment selection (please explain)	YES	NO

1.2 **Leader of Department** (Director/Manager/TeamLeader)

Department Leader(s) is/are a member(s) of AARC and state affiliate	YES	NO
Department Leader(s) has/have credentials above an associate degree (please list)	YES	NO
Department leader(s) has/ have actively participated in national professional Organization during the past 3 years (if yes, please explain)	YES	NO
Department leader(s) has/ have actively participated in state professional Organization. (if yes, please explain)	YES	NO
Department leader has established an employee recognition program (provide examples)	YES	NO

Participative Management

Is staff involved in capital equipment decision making? (please explain)	YES	NO
Is staff involved in evaluating non-capital equipment?	YES	NO
Is staff involved in policy making/changes? (attach copy of staff meeting minutes)	YES	NO
Is staff invited to management meetings	YES	NO
Does management have a communication tool established with staff (provide examples)	YES	NO
Are therapists in leadership positions (supervisory/clinically advanced) (provide examples)	YES	NO
Peer review is incorporated in evaluations for all management/staff	YES	NO

II. . POLICIES and PROCEDURES

1.1 Staff Involvement

Staff is involved with the development of policy and making changes	YES	NO
Process of competency development and identification is incorporated into policy development	YES	NO
Employee responsibilities are clearly outlined and defined	YES	NO
There is an organized orientation process (provide documentation)	YES	NO
There is compliance with AARC professional standards	YES	NO

Practice

Individual state practice acts are referenced and adhered	YES	NO
AARC's Role Model and Professional Ethics are referenced	YES	NO
Policies reflect practice and reference the AARC CPG's	YES	NO
There is a written scope of practice (attach separately)	YES	NO
Are protocols used in the delivery of therapy?	YES	NO
Are protocols evidence based? (attach copies of protocols)	YES	NO
What percent of time are protocols used? __ 0-25% __ 26-50% __ 51-75% __ 76-100%		
Does the department have a quality program? (attach copy of one program that has demonstrated improvement)	YES	NO
Does the department have patient safety initiatives? (attach copy of policy/documentation)	YES	NO
Clinical Advancement model in place (provide policy)	YES	NO

III. QUALITIES OF CARE

1.1 Evaluation

There is a process by which practice is monitored for impact and evaluated	YES	NO
There is a "No Fault" reporting structure for unsafe practice or environment	YES	NO
Is there a policy to secure confidentiality of reporting for patients and staff	YES	NO
Is staff educated as to the importance of AARC Code of Ethics and Conduct	YES	NO
Does your department have education materials for specific patient populations	YES	NO
Are there policies supporting competency development	YES	NO
<i>(Provide examples)</i>		
Staff perceives they are providing quality care	YES	NO

Staff Development

Staff is supported and encouraged in their professional development	YES	NO
Staff participation in research and protocol development is offered	YES	NO
Staff satisfaction survey is conducted at regular intervals	YES	NO
Formal and Informal education activities are offered	YES	NO
Education is being provided regarding ethics, research and evidence based practice	YES	NO

IV. CONSULTATION AND RESOURCES

1.1 External

The department has relationships with educational institutions for consultation and building a collaborative/ professional respiratory care community	YES	NO
Participation of therapists in the AARC is facilitated and supported	YES	NO
Attendance at outside education venues is supported	YES	NO
Staff is involved with conducting education programs to the community <i>(please list)</i>	YES	NO
Partnerships with community to increase awareness of respiratory care as a career choice	YES	NO
Resources have been developed for community concerning respiratory related illnesses and disease	YES	NO
Expectations for participation in community activities found in job descriptions and performance evaluations	YES	NO
Participation by staff members in other community organizations is facilitated	YES	NO
Staff involvement as faculty/ adjunct faculty with respiratory care programs	YES	NO

Internal

Staff presence on house wide committees is noted and encouraged	YES	NO
Internal and external education resources are available to staff	YES	NO
Therapists with advanced credentialing or clinically advanced are utilized as a resource to others	YES	NO
Financial assistance is available for those wishing to attend conferences	YES	NO
Library, journals, research consultants are available to staff	YES	NO
AARC approved education venues are available to staff	YES	NO

V. IMAGE OF RESPIRATORY CARE

1.1	Recognition		
	Throughout institution staff is recognized as being integral to successful patient outcomes <i>(provide examples)</i>	YES	NO
	Management fosters image through development of clinical competence and leadership abilities <i>(provide examples)</i>	YES	NO
	Is staff perceived as an integral part of the healthcare team such as Medical Response Team <i>(provide examples)</i>	YES	NO
	Is staff performing any advanced procedures <i>(please list)</i>	YES	NO
	Director/ leadership team attends formal/informal education activities	YES	NO
	Advanced credentialed staff are promoted within division	YES	NO
	Director is viewed as an equal with other nursing directors <i>(provide evidence)</i>	YES	NO
	List awards won, leading initiatives, web pages	YES	NO
1.2	Development		
	There is a process for orienting the new graduate therapist <i>(please describe)</i>	YES	NO
	Give examples of organization incentives (clinical ladder, job descriptions protocols)	YES	NO
	Staff is utilized as lecturers in other venues <i>(please list)</i>	YES	NO
	Professional development program available to staff to develop, refine and enhance teaching abilities	YES	NO
	Provide documentation of continuing education hours provided by department in last 3 years	YES	NO
	RRT credential is promoted within department	YES	NO
	There is a preceptor development program in place for staff	YES	NO

VI. INTERDISCIPLINARY RELATIONSHIPS

1.1	Involvement		
	Structural elements in department model multidisciplinary membership and decision-making	YES	NO
	Patient care documentation systems reflect formal communication between disciplines	YES	NO
	Respiratory care collaboration is evident in the formulation of clinical care policies, standards and/ or guidelines	YES	NO
	There are mechanisms to effectively and efficiently manage interdisciplinary conflict	YES	NO
	Interdisciplinary Collaboration		
	Leadership roles		
	Case studies		
	Patient rounds		
	Evidence based practice (provide examples)		