

## **American Association for Respiratory Care**

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### **Position Statement**

# **Delivery of Respiratory Therapy Services in Skilled Nursing Facilities Providing Ventilator and/or High Acuity Respiratory Care**

Skilled nursing facilities are increasingly becoming the venue for the management of patients who require the full array of respiratory therapy services, from oxygen therapy and inhalation medication management to pulmonary rehabilitation and ventilator management. Skilled nursing facilities should recognize the clinical value to the patient of utilizing a respiratory therapist to provide the complete spectrum of services that respiratory therapists are both educated and competency tested to provide.

The American Association for Respiratory Care recommends that the basic standard of care for skilled nursing facilities be to employ Respiratory Therapists to render care to patients. Additionally, the following basic standards are recommended to ensure the safe and efficient delivery of respiratory therapy services in skilled nursing facilities delivering ventilator and/or high acuity respiratory care:

1. A Certified, or Registered, Respiratory Therapist—licensed by the state in which he/she is practicing if applicable—will be on site at all times to provide ventilator care, monitor life support systems, administer medical gases and aerosol medications, and perform diagnostic testing.
2. A Pulmonologist, or licensed physician experienced in the management of patients requiring respiratory care services (specifically ventilator care), will direct the plan of care for patients requiring respiratory therapy services.
3. The facility will establish admission criteria to ensure the medical stability of patients prior to transfer from an acute care setting.
4. Facilities will be equipped with technology that enables it to meet the respiratory therapy, mobility and comfort needs of its patients.
5. Clinical assessment of oxygenation and ventilation—arterial blood gases or other methods of monitoring carbon dioxide and oxygenation—will be available on site for the management of patients receiving respiratory therapy services at the facility.
6. Emergency and life support equipment, including mechanical ventilators, will be connected to electrical outlets with backup generator power in the event of power failure.
7. Ventilators will be equipped with internal batteries to provide a short term back-up system in case of a total loss of power.
8. An audible, redundant ventilator alarm system will be located outside the room of a patient requiring mechanical ventilation to alert caregivers of a ventilator malfunction/failure or a patient disconnect.
9. A backup ventilator will be available at all times that mechanical ventilation is being provided to a patient.

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