

## RESPIRATORY SERVICES

Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
Are the respiratory services under the direction of a qualified physician member of the medical staff who has been appointed by the governing body? 19 CSR 30-20.136(1) A-1153 COP §482.57(a)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are respiratory care services integrated within the total hospital plan? 19 CSR 30-20.136(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are respiratory care services under the direction of a licensed respiratory care practitioner or a registered professional nurse with relevant education and experience? 19 CSR 30-20.136(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If respiratory care services are under the direction of a professional nurse is there a licensed respiratory care practitioner employed part-time or on a consultative basis? 19 CSR 30-20.136(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do personnel administering respiratory therapy services evaluate and re-evaluate the therapy and document this evaluation in the medical record? 19 CSR 30-20.136(7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do you have a policy, approved by the medical staff, defining the scope and conduct of Respiratory Services? 19 CSR 30-20.136(6) A-1152 COP §482.57(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are there written and approved policies that address at least: a. equipment assembly, operation, and preventive maintenance? b. safety practices, including infection control measures for equipment, sterile supplies, bio-hazardous waste, posting of signs and gas line identification? c. handling, storage, and dispensing of therapeutic gases to both inpatients and outpatients? d. cardiopulmonary resuscitation?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

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e. procedures to follow in the event of adverse reactions to treatments or interventions? f. pulmonary function testing? g. therapeutic percussion and vibration? h. bronchopulmonary drainage? i. mechanical ventilatory and oxygenation support? j. aerosol, humidification, and therapeutic gas administration? k. storage, access, control, administration of medications and medication errors? l. procedures for obtaining and analyzing blood samples (i.e., arterial blood gases)? A-1160 COP §482.57(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are these policies and procedures reviewed and kept current per hospital policy and readily available to staff? 19 CSR 30-20.136(6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are all respiratory care services: a. administered in accordance with a qualified licensed practitioner's written order? b. documented in the patient's medical record? 19 CSR 30-20.136(4) A-1163 COP §482.57(b)(3) (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If the practitioner does not have medical staff privileges to write orders for services, or, for outpatient services, does the hospital policy permit acceptance of orders from outside practitioners and does the order meet the requirements at §482.54(c)? A-1163 COP §482.57(b)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are there written policies approved by the medical staff designating: a. personnel qualified to perform specific procedures? b. the amount of supervision required? c. the personnel qualified to provide the direct supervision? 19 CSR 30-20.136(5) A-1161 COP §482.57(b)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Can you demonstrate through a review of staffing schedules and personnel files that there are a sufficient number of competent respiratory care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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staff to provide care and services as approved by the medical director? A-1153 COP §482.57(a)(2)					
Does the director of the respiratory services conduct and document on-going evaluation of the respiratory services? 19 CSR 30-20.136(9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are space and equipment adequate to meet the patients' needs? 19 CSR 30-20.136(8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is all equipment maintained to ensure patient safety? 19 CSR 30-20.136(8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are the respiratory services integrated into the hospital-wide QAPI program? A-1151 COP §482.57	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If blood gases or other clinical laboratory tests are performed in the respiratory care unit, does the unit meet the applicable requirements for laboratory services?  Note: Also see Laboratory Services Section (COP §482.7) A-1162 COP §482.57(b)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

### Helpful Hints

### Key Resources and Links

- [19 CSR 30-20.136\(1\)](#)
- [COP §482.57](#)