

CRITICAL ACCESS HOSPITALS

RESPIRATORY SERVICES					
Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
Is the scope of diagnostic and/or therapeutic respiratory services offered defined in writing and approved by the medical staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are the respiratory services under the direction of a qualified physician member of the medical staff who has been appointed by the governing body?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are respiratory care services integrated within the total hospital plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are all services administered under the direction of a qualified registered or certified respiratory therapist or a registered nurse with relevant education and experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does a qualified registered or certified respiratory therapist or RN evaluate and re-evaluate the therapy and document this evaluation in the medical record?	<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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. safety practices, including infection control measures for equipment, sterile supplies, bio-hazardous waste, posting of signs and gas line identification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. handling, storage, and dispensing of therapeutic gases to both inpatients and outpatients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. cardiopulmonary resuscitation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
e. procedures to follow in the advent of adverse reactions to treatments or interventions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
f. pulmonary function testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
g. therapeutic percussion and vibration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
h. bronchopulmonary drainage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
i. mechanical ventilatory and oxygenation support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
j. aerosol, humidification, and therapeutic gas administration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
k. storage, access, control, administration of medications and medication errors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
l. procedures for obtaining and analyzing blood samples (i.e., arterial blood gases)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
m. the qualifications, including job title, licensure requirements, education, training and experience of personnel authorized to perform each type of respiratory care service and whether they may perform it without	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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supervision?					
Are these policies and procedures annually reviewed and revised as necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are all respiratory care services: a. administered in accordance with a physician's written order? b. documented in the patient's medical record?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
Are there written and approved policies designating: a. personnel qualified to perform specific procedures? b. the amount of supervision required? c. the personnel qualified to provide the direct supervision?	<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"/>		
Is on-going in-service provided and documented for all respiratory care personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are space and equipment adequate to meet the patients' needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is all equipment maintained to ensure patient safety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are the respiratory services integrated into the hospital-wide QA/PI program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If blood gases or other clinical laboratory tests are performed in the respiratory care unit, is there a current CLIA certificate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Helpful Hints

Key Resources and Links

- [19 CSR 30-20.136](#)
- [COP §485.618](#)
- [COP §485.635\(a\)\(3\)\(vi\)](#)