The North Carolina Respiratory Care Board has reviewed and considered the Position Statement addressing *Best Practices in Respiratory Care Productivity and Staffing* which was issued by the American Association for Respiratory Care in July of 2012 and NCRCB endorses each of the following basic principles which are adapted from that Position Statement:

1. Any metric, model, or system that is used to define respiratory staffing levels within institutions should recognize and account for all the activities required of a Respiratory Care Department in that institution. These activities vary greatly among institutions, and therefore must be determined by each institution based on the nature of its services and its patient load, and approved by the medical staff and administration by individual facilities.

2. Because of varying time required to perform different Respiratory Care procedures, systems to determine staffing levels should be based upon statistically valid activity time standards which account for all the services provided by a department. Because of the significant variability in the nature and types of care rendered in treating patients in need of respiratory services, un-weighted metrics that do not account for the full range of services provided such as patient days, etc., should not be used to determine respiratory therapist staffing levels.

3. Use of un-weighted metrics of workload may lead to the establishment of inaccurate staffing requirements. An exclusive focus on CPT coded procedures to determine staffing levels or other standards based exclusively on billable activities can lead to the omission of a significant number of non-billed activities from the estimated respiratory care workload and result in underestimating the number of staff needed.

4. Staffing levels that are based on appropriate workload metrics help assure that a consistent standard of Respiratory Care is provided throughout the facility. Adequate staffing levels decrease the potential for error and harm by providing respiratory therapists adequate time to perform required functions and can contribute to greater levels of patient satisfaction.

5. Adverse Events directly related to inadequate staffing must be reported to the North Carolina Division of Health Service Regulation (DHSR) and the Centers for Medicare and Medicaid Services (CMS).