

Specific Duties or Key Responsibilities Area's (KRA) for PEL/VIP RT

Key Responsibility Area's (KRA)

SNF Center: _____

The Administrator
is _____

The DON is _____

The ADON is

The DOR is

What Programs are we participating in at this Center?

- _____ Respiratory Complex Patient Assessments (RC)
- _____ Re-Hospitalization Intervention Program (RHIP)
 - _____ Pneumonia Component
 - _____ CHF Component
 - _____ COPD Component

- _____ In-Patient Pulmonary Rehab Program (PR)
- _____ Equipment Compliance Program
- _____ Other Programs (Description required)

Respiratory Complex Assessments:

- All RT Assessments will be approved by:
 - ___ Nurse on duty
 - ___ DON, ADON or nurse supervisor
 - ___ Written request for "Respiratory Service" form signed by supervisor

Specific Duties or Key Responsibilities Area's (KRA) for PEL/VIP RT

- Trach care performed on all trach patients by respiratory therapist on every assessment(Y___N___ Facility Request___
- Follow up respiratory complex assessments will be discussed with nurse supervisor about frequency and documented under recommendations during initial assessment Y__ N__
- Trach changes performed monthly & PRN by RT Y___N___ Facility Request ___
- Follow up visits are charted on a progress note Y___N___
- All Respiratory Assessments will be signed by Nurse on Duty Y__ N__

Other Respiratory Complex Duties Description:

Re-Hospitalization Intervention Program (RHIP):

Pneumonia Component Y____N____

CHF Component Y____N____

COPD Component Y____N____

The Binder is located at:

- All patients in RHIP will be new admits or re-admits to the Center Y__ N__

Specific Duties or Key Responsibilities Area's (KRA) for PEL/VIP RT

- Scoring Tool screening at this Center is performed by:
Nurse____ RT____ Nurse & RT ____
- PEL/VIP scoring tool for nursing to score is located in
____ Admission packet ____ EMR ____ Other
- What EMR Charting does Center use: _____
- All High Risk patients are seen twice a week for 30 days
Y__ N__
- All Low Risk patients are seen once a week for 30 days
Y__ N__
- All patients seen will be entered into PEL/VIP Insticomm
programming to generate outcomes, evaluate time
standards of productivity, and create invoice for billing
Y__ N__

Other RHIP Duties Description:

In-Patient Pulmonary Rehab Program (PR):

- PR binder is located at: _____
- Spirometry performed on admission into PR program Y____N____
- RT Attends care conferences Y____N____
- If Yes, what days: Mon_____ Tues_____ Wed_____ Thurs_____ Fri_____
- Attends physician/nurse practitioner rounds Y____N____
- If Yes, what days: Mon_____ Tues_____ Wed_____ Thurs_____ Fri_____

Physician/nurse practitioner name(s)

Specific Duties or Key Responsibilities Area's (KRA) for PEL/VIP RT

Bedside education performed weekly Y ___ N ___

Groups are held weekly on: Mon _____ Tues _____ Wed _____
Thurs _____ Fri _____ at _____ AM/PM

NA _____

Six minute walk performed weekly Y ___ N ___

The RT participates in six-minute walks.
All _____ Weekly ___ First and Last Only _____

- All patients seen will be entered into PEL/VIP Insticomm programming to generate outcomes, evaluate time standards of productivity and create invoice for billing Y ___ N ___

Other Duties:

- Plastic disposables (nasal cannulas, bubblers, aerosol tubing) are changed out by RT Y ___ N ___ If Yes, how Often:

When: Mon _____ Tues _____ Wed _____ Thurs _____
Fri _____

Computer access is located

The RT mailbox is located

Other Activities & Duties:

Specific Duties or Key Responsibilities Area's (KRA) for PEL/VIP RT

Equipment Compliance (EC)& Maintenance Program:

- How often will we perform Equipment Compliance (EC) at your center?: ____Yearly, Bi-annually____, Quarterly, ____Monthly
- Who will the RT contact to make appointments about EC? _____
- The contact person from the center will assist with equipment questions/issues while EC will be performed? Y____, N____
- When finished, our RT will give a report of missing/broken equipment? Y____, N____
- Can this person sign our billing sheet? Y____, N____
- Where will the EC binder be located at the center?

Other Activities or Duties for Equipment Compliance:

These KRAs have been reviewed with the primary therapist at this

Specific Duties or Key Responsibilities Area's (KRA) for PEL/VIP RT

Center. Review of KRAs will be performed quarterly and PRN.

PEL/VIP RT

Signature: _____ Print: _____

Date: _____ Title: _____

PEL/VIP Corporate

Signature: _____ Print: _____

Date: _____ Title: _____

Center Representative

Signature: _____ Print: _____

Date: _____ Title: _____

This KRA outlines the duties that are performed by the PEL/VIP staff member as they pertain to this particular Center only. The PEL/VIP staff member duties may differ from Center to Center and this document should be followed specific for each Center. If a responsibility is requested to be added or removed by anyone, including another PEL/VIP staff member (not a manager), a center staff member, physician, nurse practitioner, etc, the Regional Manager must be contacted immediately so they can address the change with the requesting person. No responsibilities or duties should be added/started or deleted/discontinued without written permission from PEL/VIP management. This written permission should then be placed in binder for future reference, along with faxing a copy to corporate office at 708-581-7991 for upload into Center's file.

Revised 01/18 (1)