I. Organizational Structure

The Department of Respiratory Care has dual reporting and accounting requirements within the Medical Center. The Medical Director reports through the medical staff channels to the Executive Committee and Chief-of-Staff of the University Hospital. The Director reports through a hospital administrator.

The department's organizational structure is as follows:
II. Delineation of Responsibilities
   A. The Medical Director directs and supervises the personnel of this department in the practice of respiratory care and is additionally responsible for assuring that all established policies are enforced hospital wide. He has the overall responsibility for reviewing and evaluating the quality, safety and appropriateness of respiratory care. He is available for consultation in the management of patients receiving respiratory care.
   B. The Director administers the performance of patient care on a daily basis in accordance with policies and standards adopted by the Medical Staff, and under the supervision of the Medical Director. The Director works under the supervision of a hospital administrator to coordinate the functions of this department with other hospital departments. The Director must be licensed by Mississippi State Department of Health. The Director must by registered by the National Board for Respiratory Care.
   C. The Assistant Director is responsible for budgets, revenues and assists the Director in other duties as necessary. The Assistant Director must be licensed by Mississippi State Department of Health. The Assistant Director must be registered by the National Board for Respiratory Care.
   D. A Clinical Coordinator has to have a minimum associate degree in respiratory care from an approved school. The Clinical Coordinator must have some supervisory experience and be competent in adult and/or pediatric respiratory patient care; equipment management; or educating. The Clinical Coordinator must be licensed by Mississippi State Department of Health. The Clinical Coordinator must be registered by the National Board for Respiratory Care.
   E. A Supervisor is directly responsible for the operation of each shift. The Supervisor must be licensed by Mississippi State Department of Health. The Supervisor must be registered by the National Board for Respiratory Care.
   F. A Licensed Respiratory Therapist is one who has graduated from an approved school of training. They are providers of both Advanced and Routine Services. The Licensed Respiratory Therapist must be licensed by Mississippi State Department of Health. The Licensed Respiratory Therapist must be eligible for certification, certified or registered by the National Board for Respiratory Care.
   G. The Administrative Assistant must be a high school graduate preferably with some secretarial training. This person must possess some supervisory or administrative experience.
   H. The Stock Control Clerk must be a high school graduate or equivalent. The Stock Control Clerk is responsible for inventory, stocking, cleaning, and assembling respiratory care equipment.

III. Policy
   A. Respiratory care services are available to all inpatients and select outpatients of the University Hospital on a seven-day per week, twenty-four hour per day basis.
   B. The administrative staff alternates call so that one is always available to the hospital staff as needed. The call list with pager and home telephone numbers will be posted in the respiratory care department.
   C. The adult supervisor carries pager 601-929-5083; the pediatric supervisor carries pager 601-929-1493.
   D. Respiratory therapy procedures and services may be obtained by any physician having staff privileges or house officer status at UMHC.
   E. Services are activated by writing an order in the physician’s order sheets of the patient’s medical record.
   F. National Board of Respiratory Care credentialed personnel may accept verbal or telephone respiratory care orders from pertinent licensed independent practitioners having privileges at UMHC. These orders will be written on the physician’s order sheet and must be co-signed by the physician.
SUBJECT: Scope and Function

G. Respiratory therapist may perform therapy via indirect physician orders by using Patient Care Committee and Medical Executive Committee approved clinical guidelines for patient care.

H. Therapist Assessment, Evaluation and Care Plans will be completed by the Shift Supervisor or designated personnel in response to an order for “Respiratory Therapy Consultation”. The completed form will be inserted in the patient’s chart for the attending physician’s consideration and use in writing the appropriate orders.

I. Licensed respiratory care practitioners are trained to work in procedure related skill groups. The four distinct group are as follows: adult medical/surgical, adult critical care, pediatric medical/surgical and pediatric critical care.

IV. Services Provided
Respiratory Therapy denotes those therapeutic and diagnostic measures employed as a part of an overall respiratory care regimen, which are designed to restore toward normal, pathophysiological alterations of external respiration.

A. Routine Services
1. Administration of oxygen therapy.
2. Administration of bland aerosol therapy.
3. Administration of incentive spirometry.
4. Administration of hyperexpansion therapy by intermittent positive pressure breathing.
5. Administration of hyperexpansion therapy by manual resuscitator and mask.
6. Administration of inhaled or distilled pharmacological agents.
7. Collection of sputum by induction.
8. Administration of chest physical therapy by postural drainage, percussion and vibration.
9. Administration of pulmonary mechanic sampling.
10. Administration of nasotracheal and artificial airway aspiration.
11. Administration of non-invasive positive pressure breathing.

B. Advanced Services
1. Administration of emergency endotracheal intubation.
2. Assistance with care of artificial airways, including changing out endotracheal or tracheostomy tubes under certain conditions.
3. Obtaining arterial blood samples from radial or brachial arteries.
4. Assistance with cardiopulmonary resuscitation.
5. Management of continuous mechanical ventilatory devices
6. Evaluation of patients and suggest therapeutic modalities and procedures as indicated upon receipt of an order for “Respiratory Therapy Consultation”.
7. Administration of Nitric Oxide Therapy.
8. Administration of Heliox therapy.
9. Participation in Institutional Board of Research approved protocols.

C. Limitation of Service
Any unpredicted limitations of services will be reported to the On-Call-Administrative Respiratory Therapist and to the On-Call-Hospital Administrator. Recommendations to divert patients and/or acquire necessary support to deliver the respiratory service will be followed.
V. Scope
A. Individuals working in the emergency room must be competent in both Routine and Advance Services in all age population groups as outlined in their job description and basic orientation competency.
B. Individuals working in the adult medical/surgical areas are responsible for age appropriate respiratory care services as listed under Routine Services as outlined in their job description and basic orientation competency.
C. Individuals working in the pediatric medical/surgical areas are responsible for age appropriate respiratory care services as listed under Routine Services as outlined in their job description and basic orientation competency.
D. Individuals working in the adult critical care areas are responsible for age appropriate respiratory care services as listed under Routine and Advance Services as outlined in their job description and basic orientation competency.
E. Individuals working in the pediatric critical care areas are responsible for age appropriate respiratory care services as listed under Routine and Advance Services as outlined in their job description and basic orientation competency.