

**AMERICAN COLLEGE OF CHEST PHYSICIANS
RESPIRATORY CARE NETWORK**

POSITION STATEMENT

**MEDICAL DIRECTOR OF RESPIRATORY CARE DEPARTMENT AND
PULMONARY FUNCTION LABORATORY: DEFINITION AND DUTIES**

Definition:

The Medical Director of Respiratory Care and/or Pulmonary Function Laboratory shall be a licensed physician who has special interest and knowledge in the diagnosis and treatment of respiratory problems. The Medical Director should be qualified by training and/or experience in the management of acute and chronic respiratory disorders, including an in-depth knowledge of respiratory care and pulmonary diagnostic equipment, procedures, and techniques. This physician should be responsible for the quality, safety policies, and appropriateness of the respiratory care and pulmonary function laboratory services provided and require that these services be ordered by a physician who has medical responsibility for the patient.

Duties:

1. The Medical Director is responsible for the delivery of respiratory care and pulmonary laboratory services and is accountable to the Medical Staff for the quality of patient services delivered by the respiratory care practitioners (RCPs) and all other health professionals providing such care and/or diagnostic testing. As a result, RCPs should work under the direction of a qualified Medical Director at all times in order to assure their competency and to maximize their capabilities as described in their scope of practice.
2. The Medical Director provides 24-hour availability, including where necessary, an appropriately qualified designee(s) to share these responsibilities or assume them in the Director's absence.
3. The Medical Director is readily available and interacts regularly with respiratory care and pulmonary laboratory personnel, promoting bedside and laboratory problem-solving and guidance.
4. The Medical Director positions the Respiratory Care Department and Pulmonary Function Laboratory to be successful in the changing health-care environment by championing cost-effective policies and procedures, while assuring optimal delivery of respiratory care and pulmonary diagnostic services in a continuum inside and outside of the hospital. The Medical Director has a special responsibility for developing and managing patient care protocols that guide and permit independent decision-making by RCPs, such as protocols for clinical assessment, treatment, case management, and discharge planning of patients.
5. The Medical Director participates in the performance improvement program of the department and the hospital, assuring proper allocation of respiratory therapies and diagnostic services through appropriate audit techniques.
6. The Medical Director participates in the development, evaluation, and introduction of new respiratory services, equipment, and procedures and also monitors current respiratory services for their continued medical usefulness.
7. The Medical Director provides continuing education in the diagnosis and treatment of lung diseases for physicians, RCPs, pulmonary technologists, respiratory therapy students, registered nurses, physical therapists, administrators, patients, and the community.

8. The Medical Director coordinates and facilitates professional relationships between the department and hospital administration, the medical staff, nursing, pharmacy, emergency care unit, critical care units, post-anesthesia recovery rooms, home health agencies, and other departments and agencies who utilize respiratory services.
9. The Medical Director reviews physician performance in prescribing respiratory therapies in conjunction with the appropriate governing body of the Medical Staff.
10. The Medical Director provides consultation to physicians with respect to availability and appropriateness of requested respiratory care and pulmonary diagnostic services.
11. The Medical Director coordinates RCPs and any other personnel providing respiratory services for other units, which may include providing assistance at bronchoscopic and/or other interventional pulmonary procedures, respiratory intensive care unit, pulmonary rehabilitation program, hyperbaric oxygen therapy unit, smoking cessation service, transportation of the critically ill patients within the hospital and between hospitals, sleep disorders center, and other programs that appropriately require participation from the Respiratory Care Department.
12. The Medical Director shares responsibility with and provides medical expertise to the administrative/technical director of the department in matters regarding:
 - equipment
 - personnel
 - safety
 - supplies
 - budget
 - record keeping
 - infection control
 - space
 - discharge planning
 - policies and procedures
 - patient care protocols
 - case management
 - medical gas systems
 - preventive maintenance
 - fiscal and regulatory agencies
 - disaster, terrorism, and casualty programs
13. The Medical Director, as the agent of the Medical Staff, is responsible for seeing that the respiratory care and pulmonary diagnostic services are in compliance with federal and state laws and regulations, as well as the requirements of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and/or the College of American Pathologists (CAP).
14. A Medical Director is required for any pulmonary laboratory that performs blood gas analysis and/or pulmonary function studies. The Medical Director of Respiratory Care may fill this need, although a separate Medical Director of Pulmonary Function Laboratory may be designated in larger facilities. His/her duties include:
 - a. Assuring the quality of the testing performed in the pulmonary laboratory.
 - b. Deciding what types of testing will be performed in the laboratory and what equipment will be used.
 - c. Selecting the normal reference values appropriate for the patient population studied in the laboratory.
 - d. Being responsible for the quality of review and interpretation of test results.
 - e. Deciding the training and/or credential requirements and evaluating the performance of the technical personnel of the laboratory.
 - f. Minimizing any risks and the management of any complications to the patients tested in the laboratory, and for the safe performance of blood drawing, pulmonary function and exercise testing, and administration of medications. This

is particularly true for procedures involving potential patient risks, *eg*, exercise testing, inhalation challenges, and assessment of control of breathing.

- g. Developing written protocols for all testing procedures.
- h. Developing, implementing, and monitoring of a performance improvement program for the operation of the laboratory and a quality control program for all tests performed.
- i. Being a consultant to other physicians to advise which tests to order in a given clinical situation and in the appropriate use of the laboratory facilities.
- j. Developing and implementing procedures to prevent the transmission of infection by the laboratory equipment and personnel and for the prevention of other hazards to patients and staff.
- k. Being on call 24-hours/day or appointing an appropriate designee.
- l. Ensuring, as the agent of the Medical Staff, that the laboratory is in compliance with federal and state laws and regulations, as well as the requirements of the JCAHO and/or CAP.

This Position Statement is modified with permission from official Position Statements of the National Association of Medical Direction of Respiratory Care (NAMDRRC) and the California Thoracic Society (CTS).

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