

POSITION PAPER

Medical Director for Respiratory Care at Alternative (Out of Hospital) Sites

INTRODUCTION

Complex respiratory care has moved from the acute care hospital to many alternative sites. While California state law (Title 22) and Medicare clearly describe the necessity for appropriate medical direction of respiratory care in acute care facilities, the requirement for medical direction for respiratory care provided at alternative sites has not been clearly stated. This statement defines the position of the California Thoracic Society regarding medical direction for respiratory care at alternative sites outside of acute healthcare facilities.

POLICY

The Respiratory Care Practice Act of California requires that all licensed Respiratory Care Practitioners (RCP) function "under the supervision of a Medical Director". In order to assure the quality, safety and appropriateness of respiratory care, Respiratory Care Practitioners in California who are providing patient care, ie, patient assessments, equipment evaluations and therapeutic interventions, at alternative sites shall work within the framework of policies and procedures approved by a qualified Medical Director, who must be readily available to resolve problems encountered when the RCP and patient's physician disagree regarding respiratory assessment and care.

MEDICAL DIRECTOR

The Medical Director shall be:

1. A physician on the active staff of a California healthcare facility geographically located within the 1985 Physician Review Organization (PRO) catchment area in order to be responsive to local problems and to be subject to peer review;
2. Knowledgeable in respiratory care;
3. Accessible to the Respiratory Care Practitioner, and other providers of respiratory care;
4. Responsible, through the generation of appropriate written policies and procedures, to assure the quality, safety, and appropriateness of the respiratory care and diagnostic testing provided; and
5. Responsible to assure the competency of Respiratory Care Practitioners and others providing respiratory care.

RESPIRATORY CARE PRACTITIONERS

Respiratory Care Practitioners (RCPs) are required to work under the supervision of a medical director in the State of California. The interaction between RCP and the Medical Director in acute healthcare facilities is clearly defined in documents published by the State of California (Title 22) and the California Thoracic Society. The advent of respiratory care in alternative sites, including the utilization of sophisticated equipment, reinforces the fact that qualified medical direction of respiratory care is as important in the home and other sites as in the hospital.

HOME HEALTH AGENCY

All Home Health Agencies that provide the services of Respiratory Care Practitioners and other personnel providing respiratory care to patients at alternative sites should be required to have the services of a locally available and qualified Medical Director. Vendors of respiratory care equipment, e.g., oxygen therapy, aerosol therapy and mechanical ventilation, should have the services of a locally available and qualified Medical Director, even if RCPs are not involved in the delivery of care.

REFERRING PHYSICIAN

A physician who has a medical responsibility for the patient must order respiratory care. This responsibility does not constitute qualified medical direction for respiratory care.







SUMMARY



California Administrative Code Title 22 requires that the Respiratory Care Practitioners working in acute healthcare facilities (hospitals) function under the auspices of a Medical Director who has the special knowledge and skill in the delivery of respiratory care. The scope of the Respiratory Care Practice Act and the medical realities that inspired it extend beyond the boundaries of acute healthcare facilities to include all care provided by Respiratory Care Practitioners whether in hospitals or at alternative sites. Similarly, when other personnel are providing complex respiratory care in the home or at an alternative site, those personnel should function under the auspices of a Medical Director to assure the quality and appropriateness of that care.


DEVELOPED FOR THE CTS CLINICAL PRACTICE (CP) COMMITTEE
Prepared by Thomas Addison, MD, James Dexter, MD, and Paul Selecky, MD

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CTS guidelines are developed to enhance a physician's ability to practice evidence-based medicine; these should not be considered a substitute for the experience and judgment of a health care provider.

CALIFORNIA THORACIC SOCIETY Medical Section of the  AMERICAN LUNG ASSOCIATION [®] of California
 FAX: 714-730-4057 ♦  VOICE: 714-730-1944 ♦  E-MAIL: ctsinfo@alac.org
 WEBSITE: www.thoracic.org/ca.html
 ADDRESS: 202 FASHION LANE SUITE 219 TUSTIN CA 92780-3320

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