



Respiratory Therapist in Charge – Role & Responsibilities

Site Applicability:
St. Paul's Hospital (SPH) Mount Saint Joseph Hospital (MSJ)
Scope:
To outline the job duties and performance expectations for the respiratory therapist who is designated to be the "In-Charge Therapist" during their shift.
Need to Know:
<p>Every shift will have a therapist assigned as the In-Charge Respiratory Therapist who will act as the designated lead for the respiratory therapists during that shift. They will take on this role in addition to their regular clinical assignment.</p> <p>As a general rule the assigned In-Charge Therapist will be one of the ICU therapists. On any shift that an Intensive Care Unit (ICU) Core therapist is scheduled, the Core will take on the role of In-Charge therapist.</p> <p>Throughout the shift the In-Charge Respiratory Therapist assesses workload and optimizes staffing levels and coverage in the various clinical areas. They act as a clinical resource and mentor to the other therapists on shift, and are the primary resource for respiratory-related issues or concerns that arise during the shift.</p>
Procedures:
Eligibility To be eligible for the In-Charge Therapist role, the prospective therapist must: <ul style="list-style-type: none">• Have a minimum of 1 years of experience at PHC• Be orientated to all acute clinical areas at both sites• Be fully compliant and up to date with all required online modules and learning packages



Orientation

New In-Charge Therapists will complete the orientation process as provided by the Respiratory Educator and Practice Coordinator. They will then be assigned a mentor (preferably a line partner) to support them during their initial shifts as the In-Charge Therapist.

Responsibilities

The In-Charge Respiratory Therapist, as designated on the staff schedule, is responsible for the following:

- Carry the In-Charge Therapist pager (34340) and the In-Charge Therapist cellphone (236-878-4897)
- Determine work assignments in ICU and CICU (shift-to-shift unit split)
- Determine work assignments for students in the absence of the Education Site Coordinator
- Determine work assignments for all areas if not already designated on the staff schedule
- Adjust work assignments for an area if a change is required to best facilitate appropriate patient care
- Maintain constant communication with staff on shift at SPH and MSJ
- Monitor baseline staffing levels and workload continuously and when additional staffing over and above baseline is required
- Receive sick calls
- Approve Overtime, last minute Leave of Absence, Banked Time and Vacation
- Liaise with Central Staffing Call Centre to ensure appropriate staffing coverage for SPH and MSJ
- Provide coverage to other clinical areas when workload requires it; arrange for assistance if needed
- Ensure adequate break relief for all clinical areas
- Update/print Daily Sign-In Flow sheets
- Liaise with other Respiratory Therapy Departments regarding the borrowing and loan of equipment, supplies or procedures
- Completion of the In-Charge Workload Report form each shift
- Communicate any outstanding issues to RT Leadership
- Liaise with ICU Supervisor/Clinical Nurse Leader (CNL) or Charge RN throughout the shift with respect to:
 - MSJ patient transfers
 - Transports requiring RT support – assisting with coordination of times
 - Special needs and/or issues that may arise that could impact RT staffing requirements
- Attend board rounds with the ICU Supervisor/Charge RN and physicians



- Collaborate with ICU Supervisor/CNL or Charge RN and Respiriology for emergent bronchoscopies to be performed in the ICU
- Assist with orientation and mentoring of new hires
- Provide Resident teaching at designated times when ICU Core RT and RT REPC are not available
- Act as a resource for special procedures (i.e. Bronchoscopy, Code Pink, ECMO) when ICU Core RT is not on shift
- Ensure Checklists, equipment checks, and workload stats are complete
- Track equipment to/from Biomed and MDRD
- Check in with PPL or RT Site Leader as required
- Provide thorough handover of In-Charge RT responsibilities to the oncoming In-Charge RT

Escalation

Issues or concerns that the In-Charge Therapist is not able to resolve should be referred to the RT Site Leader or the RT PPL as appropriate. During off-hours (weekends/nights) the resource for escalation of issues is the hospital Clinical Site Coordinator.

- For SPH Clinical Site Coordinator, use internal **pager 33797**
- For MSJ Clinical Site Coordinator, use **cell phone 604-499-6935**

Communication

A shift-to-shift verbal report should occur between In-Charge therapists utilizing the In-Charge Therapist Workload Report form. The form should be completed on every shift.

The In-Charge Therapist will carry both a pager and a cellphone as a means of contact. Note that the cellphone is intended for RT-to-RT communication only.

- Pager (internal): **34340**
- Pager (external direct dial): **604-252-4340**
- Cellphone: **236-878-4897**

The In-Charge Therapist should be in direct contact with the MSJ therapist at least once per shift to assess workload and any related needs. In the event of a code blue at MSJ, the In-Charge therapist will be notified via "00000" page on the charge pager and will notify the ICU Supervisor/CNL or Charge RN at SPH.



Related Documents:

1. [Transfer of Ventilated Patients Between PHC and VCH Sites: Agreement](#)
2. [Transport from MSJ: Urgent Life, Limb or Threatened Organ \(LLTO\) and Higher Level of Care \(HLOC\)](#)
3. [Life, Limb, and Threatened Organ \(LLTO\) Transfer](#)

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