College of Respiratory Therapists of Ontario

Ordre des thérapeutes respiratoires de l'Ontario

INDEPENDENT ADMINISTRATION OF OXYGEN

Practice FAQs **November 2013**

QUESTION

How did the authorization of the 5th controlled act come about?

ANSWER

- In 2008, the CRTO submitted a proposal to the Ministry of Health and Long-Term Care requesting that its Members be permitted to independently administer oxygen.
- This recommendation was approved by the MOHLTC in 2009 and the *Respiratory Therapy Act, 1991* (RTA) was amended to include a 5th authorized act "*administering a prescribed substance by inhalation*" ["prescribed" means listed in a regulation].
- The CRTO then developed the *Prescribed Substances Regulation* that lists oxygen as a substance that RTs can administer without the requirement of an order.
- The CRTO also developed a *Conflict of Interest Regulation* (approved Sept. 2013) and a *Oxygen Therapy Clinical Best Practice Guideline* (approved by Council, Sept. 2013).

QUESTION

What does independent administration mean?

ANSWER

RTs can already administer a substance by injection or inhalation, such as pressurized gases and bronchodilators, provided that an order is obtained from a physician, midwife, dentist or nurse practitioner. Independent administration of oxygen is different because it does not carry with it the requirement of an order. That is, RTs holding a General certificate of registration (i.e., RRTs) can initiate, titrate and/or discontinue therapeutic oxygen based solely on their own professional judgement.

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QUESTION

What does this change actually mean for RTs?

ANSWER

Well, for right now anyway, the answer to that depends on where you work, because there is legislation that restricts what healthcare practitioners can do in certain settings. The most applicable piece of legislation in this instance is the *Public Hospitals Act* (PHA), which stipulates that every act performed in a public hospital requires an order, and it limits who can provide those orders. **However, this restriction does not apply to non-public hospital/community practice settings (e.g., Home Care, Family Health Teams, private community-based clinics, etc.)**.

QUESTION

What criteria should I use to determine if oxygen is clinically indicated, or to titrate and discontinue?

ANSWER

As with any clinical intervention, an RT should always make evidence-based clinical decisions. Remaining aware of best practices and evolving practices as informed by medical literature is a professional obligation for any practitioner. There are a number of resources available for RTs to assist them in this regard, including the electronic health library offered by the Allied Health Professional Development Fund, and the CRTO's *Oxygen Therapy Clinical Best Practice Guideline*. Information on both of these is available through our website.

QUESTION

Am I prescribing oxygen?

ANSWER

Definitely not. Independent administration means that an RT administers oxygen based on his/her own assessment and clinical judgement. Prescribing implies something more than that, such as that another professional should be following your settings or may even suggest that it authorizes the

actions of another professional. RTs are limited to independent administration and it is an expectation that each RT makes his/her own assessment and decision in every patient interaction.

QUESTION

Are other professionals obligated to maintain the same oxygen treatment that I've applied?

ANSWER

As it stands right now, no. Other Health Care Professionals (HCPs) will need to make their own determination if they feel the course of treatment that you have chosen is appropriate. This is not really different than any other situation where each HCP must decide if a proposed plan of care is in the client's best interest.

QUESTION

Can we independently administer oxygen to patients under the ADP Home Oxygen Program?

ANSWER

Currently, the Home Oxygen Program (HOP) *Policy & Administration Manual* (May 2011) stipulates that the initiation and discontinuation of oxygen must be order by a physician, and that any changes to the prescription are the responsibility of the ordering physician.

QUESTION

Can we independently administer oxygen to patients under other payment programs (e.g., private insurance, Veteran's Affairs, etc.)?

ANSWER

You'll need to refer to the guidelines for each third party insurer separately. Most have similar eligibility requirements to ADP's HOP guidelines.

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QUESTION

Can we independently administer oxygen to patients who are paying privately or "out of pocket"?

ANSWER

Yes you can. As with any situation where you are charging for clinical services, you will need to ensure that:

- The therapy is clinically indicated;
- You are not in a conflict of interest;
- A patient is making a fully informed decision on their course of care; and

You are charging a fair and reasonable rate for your services.

QUESTION

Can I bill OHIP for my services?

ANSWER

No. RTs do not have the ability to bill OHIP for services.

QUESTION

Can we sell oxygen-related equipment (i.e., delivery devices, concentrators, etc.) to patients as well?

ANSWER

This is a question that falls somewhat outside of the issue of independent administration of oxygen. There is no legislated restriction on the sale of oxygen-related equipment…which is why oxygen bars can purchase equipment for their business. However, it is a generally-accepted industry practice that oxygen equipment is only sold to patients who have an established need for oxygen therapy.

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QUESTION

How much can I charge a patient for oxygen and related equipment/supplies?

ANSWER

Every RT has an obligation to practice ethically and to make decisions that are in the patient's best interest. As such, fees should be both reasonable and in line with current market rates. Funding levels such as those set by the ADP can be used as a point of reference when determining what is both reasonable and fair (e.g., $397 per month for a 'full service' contract).

QUESTION

What are my professional obligations relating to ongoing care once I independently administer oxygen?

ANSWER

There is an expectation that an RT who independently administers oxygen does so in the context of providing ongoing care. This shouldn't play out as an "adjust and run" scenario – it is a standard of practice that an RT monitors the results of any therapeutic intervention. That also means that a formal transfer of care must occur if that RT can no longer continue to provide care to that patient.

QUESTION

What must I document when independently administering oxygen?

ANSWER

The standards for documentation remain the same when independently administering oxygen under the 5th authorized act as they would for any other treatment or procedure performed by an RT. It must be clear to anyone reading the document what was done, to whom, by whom and what the outcome was. Medical records must be kept confidential and in a manner that prevents alteration. If you are an independent practitioner you have additional requirements regarding the privacy and security of patient records as you are considered a Health Information Custodian and must abide by

the *Personal Health Information Protection Act* and the Information and Privacy Commissioner's guidelines.

QUESTION

What are my responsibilities for communicating what I do to other members of the patient's healthcare team?

ANSWER

As in any other health care scenario, communication with all relevant members of the healthcare team is essential. Just as you need to be kept informed of any changes in the care of your patient's, so do the patient's physician, nurse, physiotherapist, etc. Ongoing communication is a very important element of providing optimal patient care and the best possible means to ensure a good working relationship with all the members of the healthcare team.

QUESTION

Can I make a decision about oxygen for one of my patients that contradicts or conflicts with a previous order from their physician?

ANSWER

You should always be making your decisions based on the current presentation of the patient and in the best interests of the patient. If you find that a patient's oxygen requirements have changed, then you should be adjusting their therapy in response. The authority to independently administer oxygen allows you to do exactly that…to make clinical decisions that are timely, enhance the quality of care, and improve access for patients. You should, of course, engage in professional dialogue with any and all relevant practitioners who are also providing ongoing care to that patient to both communicate any changes in therapy and to ensure continuity in that patient's care.

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QUESTION

Does independent administration allow us to discontinue oxygen independently in palliative care situations?

ANSWER

RTs are not trained to make end-of-life decisions and so making this kind of clinical decision – to independently withdraw oxygen at end-of-life - falls outside of the scope of practice for Respiratory Therapists.

QUESTION

Does independently administering oxygen while working for the company that sells the oxygen place me in a conflict of interest?

ANSWER

A conflict of interest exists when you are receiving or are perceived to be receiving a benefit, from an individual or organization, which could influence your professional judgement. The most common "benefit" is financial, but it is not the only kind of benefit that may be received. It is professional misconduct for an RT to practice while in a conflict of interest. Simply working for home care company does not necessarily place you in a conflict of interest. However, for example, if your compensation is directly related to the number of patients you enroll, then you would be practicing in a conflict of interest. As a professional, your clinical decision must be based purely on patient need and not be influenced by personal gain or benefit.

QUESTION

How do I remove myself from a conflict of interest?

ANSWER

Removing a conflict of interest may be achieved by providing patients/clients (or their substitute decision maker) with all the information required to make fully informed decisions regarding their

care, including the purchase of respiratory equipment or services. This means that you must disclose **orally and in writing** that you will receive a benefit from the individual or organization from which their oxygen/equipment will be provided. Disclosure must occur **before** making any recommendation to the patient/client to purchase equipment or services from that individual or organization.

For example, if you receive financial compensation from the company that supplies the oxygen each time a new patient/client signs up, you must explain that to your patient/client orally and in writing that you will receive this fee prior to recommending they use oxygen. In addition, you must advise the patients/clients **orally and in writing**, that their care will not be affected if they choose to go elsewhere to purchase that O_2/equipment/service. We advise that you provide a list of other vendors to your patients/clients and encourage them to compare prices/services.