

the exchange

The Newsletter of the College of Respiratory Therapists of Ontario



Photo by David Dorken
www.dwdorken.com

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You deserve a hand for all the great things you do!

*Happy RT week, October 23 - 29, 2011
Keep up the great work.!*



Survey Reminders!

The College's Professional Practice Committee (PPC) has completed its review of the following Professional Practice Guidelines (PPG) and needs your feedback. Please complete the PPG consultation surveys listed below by **November 15, 2011**. We thank you in advance for your time.

1. **Revised PPG Documentation** to complete this consultation survey please [click here](#).
2. **Revised PPG Responsibilities Under Consent Legislation** to complete this consultation survey please [click here](#).

NEW Conflict of Interest Regulation

In order to satisfy the requirements needed for Respiratory Therapists (RTs) to perform the new 5th controlled act "administering a prescribed substance by inhalation" which was authorized to RTs under the *Respiratory Therapy Act (RTA)* in 2009, the CRTO has developed a new Conflict of Interest Regulation. **We need your feedback! Please complete the consultation survey by December 1, 2011.**

To complete this consultation survey please [click here](#).

President and Registrar's Message

This fall marks a milestone for the CRTO for two reasons.

First, the Council and committee Members held a strategic planning day in late September. Such an initiative helps to shape the directions of the College over the next five years. It is important for setting priorities for Council, committees and staff and for determining how College resources are allocated. This year is special in that in addition to the strategic initiatives identified, our plan going forward will also include some of the ideas generated by our Members themselves alongside other stakeholders at the May 2011 Scope of Practice Summit.

Although the final Strategic Plan won't be approved by Council until this December, at this early stage some very definite priorities have emerged.

In no particular order they are:

Entry to Practice needs - investigating and collaborating on the optimum skill set required to prepare RTs for current and future practice in the evolving healthcare environment.

Optimizing RT Scope of Practice - enabling RTs to provide patient services and care within their full professional scope of practice, on interprofessional healthcare teams and in the community.

Regulatory mechanisms - ensuring that legislation, regulations and policies are in place to enable RTs to practice to their full scope and to ensure any regulatory barriers are addressed.

Building a research agenda - encouraging investigation around the efficacy, efficiency and quality of RTs work, preferably by the profession itself.

Increasing CRTO Member engagement - with the CRTO and in the RT self-regulatory process

Increasing public awareness - regarding the role of the CRTO and RTs as regulated healthcare professionals.

Professional development - facilitating access to educational opportunities for ongoing professional development.

Also, winding through these very broad initiatives are four recurring themes:

Scope of Practice Review, Education, Partnerships and Communication.

These overriding themes will help frame the committee goals for the next few years and ensure that, while we progress as an organization, these key elements are reflected in our decision making.

The second important milestone is that we will be changing roles this December. Christine says goodbye when she retires in mid-December and Kevin steps into his new role as Registrar on December 1. More about this significant change in leadership on page 8.

Our semi-annual issue of The Exchange highlights Respiratory Therapists around the province and we hope you enjoy reading about the valuable contributions some of your peers have made to health care and to the RT profession. We would like to thank the RT volunteers (listed on page 4), the Council and CRTO committee Members. It's hard for the membership to appreciate the "behind the scenes" work that is done by these volunteers and we are very grateful for the time they have taken from their busy lives and careers to work with the CRTO and guide the Respiratory Therapy profession.

Very sincerely,
Kevin Taylor RRT, President
Christine Robinson, Registrar



Left - Right Kevin Taylor, Jim McCormick (CSRT President and former CRTO President) Christine Robinson, Bill Butler (CBRC Chair and former CRTO President).

Kevin and Christine gave a presentation at the RTSO Educational Forum on October 1. In addition, Kevin was presented with the *RTSO Gord Hyland Award* and Christine with the *RTSO President's Award*. The awards were to acknowledge leadership and contributions to the Respiratory Therapy profession.

Your fellow RTs

...hard at work helping you!

The CRTO would like to thank the following QA Portfolio Reviewers for their assessment of a number of Portfolios Online for Respiratory Therapists (PORTfolios) over the summer months.

QA Portfolio Reviewers are RTs who have volunteer and receive yearly training in the assessment of PORTfolios. These assessments are completed and submitted electronically by the Reviewers and therefore is done by them at home and when their schedule permits. We are very grateful for the contribution to our QA Program that the professional insight of these Portfolio Reviewers provide.



- **Tracy Bonifacio**
- **Gary Cambridge**
- **Cathy Dowsett**
- **Lori Elder**
- **Jane Heath**
- **Jeff Hunter**
- **Glynis Kirtz**
- **Vanessa Lamarche**
- **Lise LaRose**
- **Shawna MacDonald**
- **Patti Redpath-Plater**
- **Jane Wheildon**

The following Members happily volunteered their time to represent the profession on an expert panel for the pilot of Introduction to Respiratory Therapy Practice in Ontario (IRTPO) a course offered to internationally educated RTs and health care professionals applying to the CRTO.

- **Darlene Baldaro RRT**
(Neonatal and Paediatric Care/IPC)
- **Hayder Ali RRT**
(Anesthesia Assistant)
- **Juan Soria RRT**
(Home Care)
- **Miranda Oppers RRT**
(Acute Care)

Hearing from the expert panel was definitely identified as one of the highlights of the course. Thank you for making the pilot of IRTPO a great success!

Upcoming Events

Throughout the year the CRTO is notified of several events that are of interest to RTs. We post these opportunities on our website at www.crto.on.ca/events.aspx.

Please remember that you can use the AHPDF to reimburse you for the cost of a conference!

Reminder there is a Joint CRTO/CNO Webinar regarding Nurse Practitioners and changes to legislation that may impact you!

On Thursday, October 27 at 15:00 the CRTO will be hosting a joint webinar with the College of Nurses of Ontario (CNO). The topic of discussion will be the legislative amendments affect in the scope of practice of Nurse Practitioners (RN(EC)s) and the impact these changes have on interprofessional practice. There will be a brief presentation by Jennifer Harrison, RRT - Professional Practice Advisor (CRTO) and Rosanne Jabbour, RN - Advanced Practice Consultant (CNO) followed by the opportunity for Members to ask questions.

Date: Thursday, October 27, 2011

Time: 3:00 PM - 3:45 PM EDT

Space is limited.

Reserve your Webinar seat now at:

<https://www1.gotomeeting.com/register/116013137>

After registering you will receive a confirmation email containing information about joining the Webinar.



Happy RT Week!

Iwould like to introduce you to **Respiratory Therapists Without Borders**. We are a group of RTs seeking to make a difference!

Our group is currently in its infancy, but developing quickly! We are planning to become a not-for-profit group of RTs and related allied health professionals working together to educate and assist those in other countries and remote national communities that may have limited access to critical care and chronic disease management programs. Our goal is to educate health care staff in these areas to allow them to provide current and consistent care to the populations they serve.

As we are in the development phase, we require input from RTs across Canada. What would you like to see from this group? Are you willing to undertake a placement mission? Would you be willing to be a dedicated volunteer? There are so many opportunities available to us, and we need YOUR skills and expertise to make them happen.

We are currently working toward becoming a registered charity, and once this occurs we can look at obtaining sponsorship from a variety of sources. These sponsors would help in funding a variety of potential projects. Our website www.rtwb.ca is up and running, and improving every day. We encourage you to visit our site and post your comments, thoughts and ideas. Please feel free to contact our current board members should you require further information, or are interested in participating further.

Shona Anderson-Wong, RRT

CRTO Council Members

Kathleen Keating

Public Member of Council & Chair of the Patient Relations Committee
Member of the Discipline & Fitness to Practice Committees
Former Chair of Quality Assurance Committee

Employment: Director of Marketing, Elm Hurst Inn & Spa
(Ingersoll, Ontario)

Background: Marketing, Promotions, Publicist, Producer



As a Public Member, what have you found to be the most rewarding part of being involved with the CRTO?

It has given me a true appreciation of health care professionals, their commitment to quality care and compassionate dedication to learning and delivering the most effective and humane care available. I am very impressed with level of collaboration and the ability for individually trained health care professionals to work together sensibly in ICUs, CCUs and on numerous joint committees. I have had the opportunity to learn about a number of initiatives such as rapid response teams, management training, the AA Role, the HealthForceOntario Long-Term Ventilation Project, etc. The commitment to transparency and integrity that healthcare providers demonstrate in all aspects of their profession is very inspiring. Another very rewarding aspect of my time with the CRTO is the friendships that I have been fortunate enough to develop with many very genuine and down to earth people. I feel honoured to be part of this group of warm and giving people.

Has your time here at the College given you a greater appreciation for RTs and the role they play in the healthcare system?

Yes, I have gained a great appreciation for both RTs and our health care system now. Before joining the CRTO Council, I knew nothing of Respiratory Therapy and very little of how our health care system worked. I would like to thank the College for taking the time to educate me and for their dedication to integrity and for providing meaningful learning opportunities. Thank you to Council and Non-Council Members for sharing your profession, your stories, your triumphs and your heartaches; your goals and dreams for the future. Thank you to RTs for your truly remarkable commitment to the public. I am honoured to know more about your role and will forever cheer you on.

CRTO Council Members

David Jones, RRT

Profession Member of Council

Member of the Registration and Professional Practice Committees

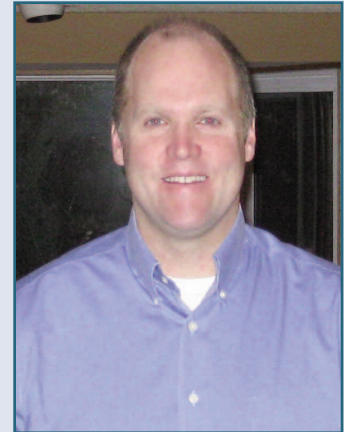
Vice-Chair of the Discipline and Fitness to Practice Committees

**Manager, Western ProResp
London, Ontario**

As an RT, you have been involved with a variety of College activities for a number of years now. What changes have you seen in both the College and the profession in that time?

I believe that one of the most notable changes has been in my understanding of self-regulation. When I was elected, I had a limited grasp of the entire role of the CRTO and us, as Members. Fortunately, that has improved significantly.

The change that I see in the CRTO is the evolution in Committee and Council work to preparing more resources for the Members. This allows the Members to function more effectively and ultimately, to improve care and public protection. There is always a large portion of the work related to legislation and governmental issues, but the CRTO has been able to produce valuable guidelines and material for the practice of Respiratory Therapy and other health care professionals. I believe that this will continue as the profession matures and evolves into more complex roles in the healthcare environment.



What words of encouragement would you have for an RT who is thinking of becoming engaged in some aspect of the College's operation, either on a Committee, Council or a Working Group?

If you want to understand and enhance your practice, participating in the CRTO is an ideal avenue. You will work with leading RT's from across the province. You work closely with the Public Members who have a keen interest in the care of our patients. Typically the involvement with the CRTO is very different from your regular activities as an RT. You can select your level of involvement based on the time commitment that you are able to make. Becoming engaged in the CRTO's operations will make you and the RTs around you better members of the healthcare team.

Kevin Taylor Announcement

With great pleasure we announce the successful recruitment of Kevin Taylor as the new Registrar and CEO of the College of Respiratory Therapists of Ontario. Kevin comes to us from the hospital sector where he has developed innovative roles and engaged clinicians in ownership of their practice for nearly 15 years, most recently as the Director of Professional Practice and Education at St. Michael's Hospital in Toronto.

After completing his training as a Respiratory Therapist in 1996, Kevin practiced clinically in Singapore, igniting a career-long interest in international healthcare and internationally-educated health professionals. Returning to Canada in 1999, he progressed through a variety of roles ranging from clinician to educator, lecturer to manager. Through working closely with nearly 26 different health professions, he has developed a broad understanding of the importance and value of interprofessional care and has embedded that philosophy into his own leadership approach.

Kevin completed his MBA at the Schulich School of Business in 2009 with specializations in both strategic and health industry management and has blended that business lens with the "art" of health care leadership, giving him a unique and systems-focused perspective. He has been with the College of Respiratory Therapists since 2004 as both a Council and a Committee member and completed three terms as President.

Kevin will be joining the CRTO as Registrar on December 1, 2011.



Respiratory Health Information Cards



The CRTO has produced "business cards" displaying a Quick Response (QR) code that will connect you or your patients/clients to the College's Respiratory Health Information page at www.cрто.on.ca/RespHealth.aspx.

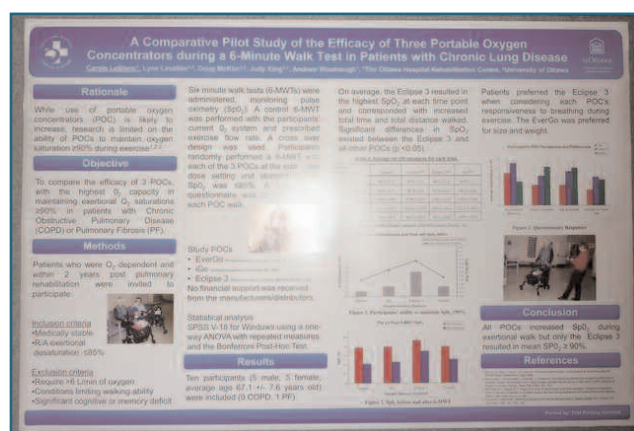
Giving your patients/clients a card will provide them with a link to information on a variety of respiratory health topics such as asthma, COPD and sleep apnea. The card can be used by entering the web address in an Internet browser or by using their smart phone, with a QR reader installed, to scan the pixilated code for instant access to the respiratory health page. In addition, it is anticipated that members of the public who utilize this link may also learn more about the profession of Respiratory Therapy and the important role that RTs play in the healthcare system.

If you would like to receive some of these cards for use in your practice, please contact Carole Hamp RRT – Manager of Quality Assurance & Member Relations at hamp@cрто.on.ca. A limited number are currently available at this time, but in the coming weeks we will post the cards on the website for you to be able to download and print.

Canadian Respiratory Health Professional Award for Best Poster presented to Carole LeBlanc, RRT

Anyone who has met Carole LeBlanc knows she is a very knowledgeable, passionate and dedicated RT who is a leader in a unique and specialized area of practice. She has been the Charge Therapist at The Ottawa Hospital Rehabilitation Centre since 1990 and the focus of her work is on COPD, neuromuscular and Spinal Cord Injury (SCI) rehabilitation. Carole is also leading the transition of the present Respiratory Therapy department to the new Respiratory Services, CANVent Unit by exploring advanced Respiratory Therapy roles with the goal of reducing wait times for the patients at risk of respiratory failure.

In April 2011, at the Canadian Respiratory Society conference in Niagara Falls, Carole and her team were honoured with the Canadian Respiratory Health Professional Award for Best Poster. This award recognizes excellence in scientific research related to respiratory health or disease. Their poster was entitled **A Comparative Pilot Study of the Efficacy of Three Portable Oxygen Concentrators during a 6-Minute Walk Test in Patients with Chronic Lung Disease¹**. It is the first Canadian paper on portable oxygen concentrators funded by an unbiased source (Institute for Rehabilitation Research and Development). The poster provides tangible information for oxygen dependent patients who wish to remain active in their community. Carole and her team presented data on their first 10 patients and she reports that the patient's willingness to participate in the study was awesome. Patients, as well as clinicians, have expressed that they look forward to reading the full outcomes of the study. The complete study results should be published within the next year.



Carole graduated from the Toronto Institute of Medical Technology (Michener Institute) in 1980 and resides in Ottawa. For more information about the exciting work Carole and her team have done, please follow this link to their abstract (p. 21 A): www.lung.ca/crc/pdf/CRCAbstracts_2011.pdf

¹ LeBlanc C, Lavalley L, McKim D, King J, Woolnough A. A Comparative Pilot Study of the Efficacy of Three Portable Oxygen Concentrators during a 6-Minute Walk Test in Patients with Chronic Lung Disease. Can Respir J Vol 18 Suppl A May/June 2011: p 21A

RTSO 2011 President's Award Recipient

By Melanie Jones-Drost, Deputy Registrar



At the RTSO Educational Forum on September 30, Christine Robinson was honoured with the President's Award for her outstanding contribution to the Respiratory Therapy profession throughout her career with the CRTO. In light of Christine's upcoming retirement in December, we sat down with her and asked her to reflect on her time at the College.

Christine came to Canada from London, England in 1975 after completing her training as a chiropodist in London. During her early years in Canada Christine worked with the chiropody team at Toronto General Hospital and also taught in the Ontario Chiropody Program; a partnership with the Toronto General, the Michener Institute and George Brown College. In 1986 Christine accepted a position at the Mississauga Hospital and later at the Grey-Bruce Regional Health Centre in Owen Sound.

Christine's interest in regulation began when she was appointed as a Council member of the regulatory body for chiropodists and podiatrists, which she served on from 1986 to 1992. In 1992 she became the Registrar of the College of Chiropodists of Ontario, a position she held until 1999 when she accepted the role as Co-ordinator of Investigations and Legislative Affairs for the CRTO. On two occasions (December 2001-April 2002, and October 2006-May 2007) Christine acted as Interim Registrar, before being appointed as CRTO Registrar in May 2007.

1. *Can you identify someone who was very influential in your career?*

During the early days I encountered Dr. Diana Michener Schatz, founder of the Toronto Institute for Medical Technology and its first President. I was struck by her vision and her approach to addressing the complex issues that faced healthcare educators, employers and policy makers; she was such a powerhouse - no problem was unsolvable for her. Dr. Schatz was the President of the Board of Regents of Chiropody for a time and it was she who inspired me to get involved in regulation and encouraged me to join the newly named College of Chiropodists.

2. *What has been the most surprising thing that you've learned about RTs during your time at the CRTO?*

I was both surprised and impressed by the RT profession's ability to galvanize itself into action, for example during SARS and when called upon to lend their expertise. I remember during the recent H₁N₁ outbreak

RTSO 2011 President's Award Recipient

the Emergency Management Branch, on very short notice, asked for the CRTO's help in pulling together an RT advisory group on ventilator procurement. We had a terrific response from the profession and within one week had a group of 18 well-informed volunteers. Any time we have ever approached individual RTs about being on a working group or assisting us with a specific task they have jumped at the opportunity to share their knowledge. RTs really are eager to contribute.

3. What has been one of your greatest challenges as Registrar?

Without a doubt it was getting the RTs for Positive Change and the CRTO to the table during the court challenge in the early 2000's. But I have to say it has also been one of my greatest learning experiences in terms of problem solving and conflict resolution. It was difficult work at first but in the process we learned from each other and gained a new level of respect and understanding. That experience has provided me with skills that have helped me in many other aspects of my job and in my personal life.

Also, it is probably obvious that the other challenge, coming from a "lower limb" background, has been learning about the actual practice of Respiratory Therapy. When I started out as an investigator with the CRTO I didn't know PEEP from PSV and I spent many hours with Egan's trying to make sense of it all; I knew my way around a hospital but I had to learn a whole new language.

4. What do you think has been one of your greatest contributions to the College & the profession?

I think continuing the work that (former Registrar) Gord Hyland began in relationship-building with the Membership and stakeholders such as educators, employers, government and our counterparts across the country. I also take great satisfaction in the work the CRTO has done to make itself both accountable and transparent. We take our obligation to be objective, transparent and fair very

seriously and I think the CRTO culture that has evolved through the years is something we should be proud of.

One of the comments I often get about the CRTO is how much we accomplish with quite modest resources. I look at the Long Term Ventilation project, the Scope of Practice Summit, our new approach to handling internationally-educated applicants, the many joint projects with other organizations, our new QA program tools, communication tools and website to name a few.

5. With only a couple of months left as Registrar, and the recent announcement of Kevin Taylor RRT as your replacement, what do you see for the future of the College and the profession?

I think that now is the time to focus on identifying the future needs of the public and reviewing the scope of practice to make sure those needs are met. This includes determining the educational requirements to ensure that RTs can practice to their full scope, both entry level and continuing education, making sure the legislative requirements are in place and advocating for respiratory services where needed, whether it be in healthcare facilities or in the community. I believe that Kevin is just the right person to lead this initiative. He is innovative, energetic and visionary. We have a highly motivated staff and supportive and well informed Council and committee Members. I'm very optimistic about the future of the CRTO and the profession.

I also think that it is so very important for the College to continue to focus on building and maintaining relationships with its partners and stakeholders, and I know that Kevin will excel in this area.

I've been very honoured to serve as the CRTO Registrar and though I will no longer be sitting at 180 Dundas, I will continue to watch the achievements of this profession and this College that I know are on the horizon, with great interest.

Mike Keim - Lead Educator, Education and Organization Development, Ornge

Ornge provides medical transport for very ill and critically injured patients throughout Ontario. This organization employs paramedics, transport medicine physicians, and a team of educators and researchers. **Mike Keim, RRT, MA(c)** is currently employed as a **Lead Educator** in the department of **Education and Organization Development** for Ornge. The CRTO sat down with Mike to ask him about this very exciting position.

How did you discover your current position?

I came across an employment posting from Ornge, for a Lead Educator. I was intrigued that it listed a nurse, Respiratory Therapist or paramedic for the position. What I discovered was that Ornge was looking for expertise regarding assisted ventilation, as a considerable proportion of their transported patients require respiratory support.

What do you do in this role?

My role and that of my Lead Educator colleagues, has a number of components, which include:

- Ornge flight paramedic's practice is supported through an organizational Medical Advisory Committee which authorizes delegation and medical directives. As a result, there are annual scheduled training weeks which review and add required skills and knowledge for each medic in the province.
- Ornge employs flight paramedics at three levels of certification; primary (PCP), advanced (ACP) and critical care paramedic (CCP). The organization has a very comprehensive education program, which is scheduled annually, to educate and train PCP individuals through the two advanced levels of certification. My role is to participate in the continuous development and provision of the respiratory components.
- I personally have an interest in Organizational Development, as a result I have been fortunate to participate in the training of individuals in this regard as well.

What energizes you in this role?

I enjoy playing a part in another individual's development and achievements.

Paramedics, as in our own profession, take pride in the care they provide to their patients. If I can bring a deeper

understanding of respiratory care it is

acknowledged and appreciated, which I find very gratifying.



What I like about being an RT?

A friend, who knew me pre-RT, remarked a number of years ago that my career as an RT appeared to have provided me with everything that I had hoped for in the beginning. As I reflect on that now, I realize that he is more right now than he was then. I have had the opportunity to practice in many of the RT roles that a new therapist sees when they begin; (i.e.) clinical practice, educator/mentor/coach, clinical/operational leadership and professional leadership. Each of these opportunities I found exciting. However, my current role is one that I had never imagined and at this stage in my career I find challenging (in a good way) and gratifying. One of my early experiences with Ornge captures it all. I was shadowing a lead educator during my orientation to the training weeks. I found myself in Sioux Lookout, part of Ontario that I had never visited before. I have long enjoyed camping and the wilderness of Ontario and following a 12-hour day of training, I found myself sitting in a boat, on a remote lake, surrounded by the fall colours, catching pickerel and thinking "how cool is this"! In summary, I appreciate the variety our profession offers, the unique application of technical knowledge to clinical practice and the many amazing individuals, colleagues and patients that I have had the pleasure of meeting.

Mike Keim - Lead Educator, Education and Organization Development, Ornge (continued)

Mike has been a very involved and passionate RT since graduating from Fanshawe College in 1977. He was previously employed as Professional Practice Leader/Co-ordinator/Educator at St Joseph's Health Centre in London and prior to that, he worked for the Chatham Kent Health Alliance. His personal commitment to his chosen profession extends beyond his regular work day and includes:

- RTSO Board - Treasurer;
- Ontario Respiratory Care Society - Chair, Provincial Education Committee;

- Conestoga College, Respiratory Therapy Program Advisory Committee – Co-chair
- Fanshawe College Respiratory Therapy Program Advisory Committee.

When not traveling throughout the province, Mike lives in Wardsville, ON which is located 60 kms south-west of London, (pop 500) with his wife Nancy and their three cats.

University of Ottawa Heart Institute, Ottawa Model for Smoking Cessation

Carlie Brown is a Respiratory Therapist who has worked since 2008 at the University of Ottawa Heart Institute (UOHI) in the area of Chronic Disease Prevention. She is currently in the role of an Outreach Facilitator in their Smoking Cessation Program which employs the Ottawa Model for Smoking Cessation (OMSC). This model was developed at the UOHI and offers simple, evidence-based methods to identify, treat, and follow-up with smokers as part of routine care in hospital and other clinical settings. The purpose of this program is to assist organizations (mostly hospitals, primary care clinics and outpatient clinics) in their implementation of smoking cessation programs.



Upon graduating from Canadore College in 2003, Carlie worked as an RRT at the Hospital for Sick Children in Toronto in the CCU, ER and Wards departments. She was also the RRT project lead for the Ventilator Associated Pneumonia (VAP) program in the CCU. She continues to work as an acute care RRT at the Children's Hospital of Eastern Ontario (CHEO). Since Carlie has joined the OMSC team, their program has expanded to over 90 healthcare settings (including 65 hospitals) and continues to grow. With the assistance of this unique program, a great many Respiratory Therapists and RT departments have been empowered to take the lead within their organization to implement, roll-out and sustain their smoking cessation programs.

To ensure that this important initiative continues to move forward, the Champlain LHIN (Ottawa and surrounding area) has requested that 80% of hospital units have a smoking cessation program implemented by 2013 and the Chief Financial Officers will be funding co-ordinator positions to make this happen. This may pave the way for more RTs such as Carlie to assume this exciting role.

For more information please visit the Ottawa Model for Smoking Cessation website at:
www.ottawamodel.ca or
www.ottawamodel.ca/documents/OMSCProgramSummaryFinal_ENG_071310.pdf

Revolutionizing care for patients with multiple chronic conditions Women's College Hospital introduces CACE Complex Care Clinic.

By Molly Chudnovsky

Almost 80 per cent of Ontarians over the age of 45 have at least one chronic condition such as diabetes, heart disease, depression, cancer and arthritis. And a growing number of people are living with more than one chronic condition. What's more, 20 per cent of those living with multiple chronic conditions are readmitted to hospital within 90 days of being discharged.

The good news is that many of these people can live long, productive and independent lives at home, without needing in-patient hospital care. What they do need, however, is support and education on how to manage their diseases, so they don't end up in an emergency room.

That's why Women's College Hospital, in collaboration with the University of Toronto, has launched an innovative new program, the Centre for Ambulatory Care Education (CACE) Complex Care Clinic. The program, which launched July 19, 2011, offers patients with complex medical conditions an interprofessional team with expertise in chronic disease management.

"Our goal is to keep patients out of emergency rooms, avoid hospital readmissions and improve patients' health by helping them manage their diseases," says Dr. Tina Borschel, medical director for the clinic and University of Toronto internal medicine lead for ambulatory education.

The CACE Complex Care Clinic is part of a new model of care aimed at providing a seamless transition from acute (in-patient) settings to ambulatory environments where patients manage their illnesses without needing hospitalization. The clinic supports patients



(L-R) Juvena Mendonca, Respiratory Therapist; Jennifer Price, Advanced Practice Nurse; Dr. Tina Borschel, Medical Director, CACE Complex Care Clinic

who have been discharged from programs like Women's College Hospital's Unit for Intensive Ambulatory Care and Virtual Ward, offering longitudinal followup care for complex cases. "Although our clinic just opened, we have already seen a handful of patients who need a lot of specialized care," explains Borschel. "And our team is able to help them better manage their health by providing consistent interprofessional care with linkages to community resources, while supporting their family physicians' ability to care for these complex patients."

The interprofessional team – composed of general internal medicine and family practice physicians and residents, a nurse, pharmacist, dietitian, occupational therapist, physiotherapist, respiratory therapist, social worker, medical secretary and community care access providers – is able to address all of a patient's chronic medical conditions at the same time, in the same place.

To ensure an integrated approach, the clinic team works in collaboration with the Toronto Academic Health Sciences Network (TAHSN) of hospitals and the Toronto Community Care

Revolutionizing care for patients with multiple chronic conditions (continued)

Access Centre (CCAC), as well as with other specialists and family physicians.

What's more, the CACE Complex Care Clinic is designed to educate future health-care professionals about chronic disease models of care, with a focus on interprofessional care.

The Clinic provides a unique learning opportunity for residents and other healthcare trainees working in an ambulatory setting who traditionally would not follow chronic disease ambulatory ('out') patients on an ongoing basis. The CACE Complex Care Clinic, however, allows trainees to follow patients' care over time, creating a ready supply of health-care professionals who are experts in ambulatory care – where most health care happens. "This is an opportunity that residents don't often get," explains Theresa Kay, interim director of CACE. "Not only do they get the opportunity to learn each patient's medical history, and work with the same patients on an ongoing basis, but they are also part of an interdisciplinary team, which allows them to be

introduced to different areas of health care they may otherwise never see."

Already, the benefits of the program are far-reaching. Both students and patients have benefited from the interdisciplinary approach.

Patients have expressed their appreciation for being able to see a number of health providers at one appointment, and trainees have learned a great deal by having access to health-care professionals outside their area of focus.

"We believe our program will not only transform care for patients seen here at Women's College Hospital, but also for patients everywhere as we train the next generation of health professionals to be experts in the area of chronic disease management," adds Kay.

Molly Chudnovsky is a member of the Strategic Communications team at Women's College Hospital in Toronto.

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Patti Redpath-Plater, MOREOB program

Patti Redpath-Plater, RRT graduated from Michener Institute in 1982 and has worked at the Collingwood General and Marine Hospital (CGMH) since 1988, where she is currently in the role of Charge Therapist. Recently CGMH has undertaken an exciting interprofessional initiative, with Patti as a core team member, that focuses on reducing obstetrical errors through focused patient safety initiatives and targeted professional development activities for the entire care team. This program is entitled **MOREOB** (Managing Obstetrical Risk Efficiently) and it utilizes effective communication and the application of evidence-based knowledge to ensure that the team is better able to manage obstetrical emergencies. The **MOREOB** program has resulted in improved patient outcomes in a number of areas such as:

- Reduced NICU admissions
- Reduced length of time of infants on ventilation
- Reduced severe infant morbidity hospital care levels



For more information on the **MOREOB** program, please follow this link: <http://moreob.com/assets/MoreOBBrochure.pdf>

Melissa Begin female winner of the Goodlife Fitness Toronto Marathon

Congratulations to Respiratory Therapist and Goodlife Fitness Toronto Marathon female winner on May 15, 2011. With a finishing time of 2 hours 52 minutes to complete the 42.2km at a pace of 4:08/km.

Employment: DME Tennessee, LLC an Alana Healthcare company, in Nashville, TN.

Main Area of Practice: Respiratory Therapist in the home care environment, primarily treating patients with Obstructive Sleep Apnea, and Chronic Respiratory Failure.

What made you decide to run the Toronto Goodlife Marathon?

The Toronto Goodlife Marathon was an easy decision, as it supported a good cause (Princess Margaret Hospital) and it was a great reason to come home and visit my family. My aunt who has since passed away was battling cancer at Princess Margaret Hospital during the time of my race. I ran this for her and my father who had also passed away earlier in the fall with cancer. Neither of them have ever seen me win a marathon but I felt their presence on that day.



What do you like best about being an RT?

I enjoy making a difference in my respiratory patients lives. I am very fortunate to work at such a wonderful company that allows their Respiratory Therapists to use their clinical judgment, and experience to treat their patients effectively. For patients with Obstructive Sleep Apnea, and/or Chronic Respiratory Failure it is often challenging for them to adjust to using a CPAP, or a Trilogy BIPAP ST nightly. That is where the Respiratory Therapist can be so valuable to ensure patient comfort, provide encouragement, decrease unnecessary hospital visits, and most importantly improve their patient's lives.

Where did you receive your education from?

I received a Bachelor of Science degree in Respiratory Therapy from the University of Alabama at Birmingham, in 1999. I was also the recipient of the Clinical Excellence Award in the School of Health Related Professions.

After your win the media mentioned you were Canadian. Where in Canada are you from?

I was born and raised in Oshawa, Ontario. I was fortunate to obtain a track scholarship and travel south for my education. After finishing school, I decided to stay in the US when I met my now husband, Richard. We have 2 boys Mathieu (age 5) and Jean-Claude (age 4).

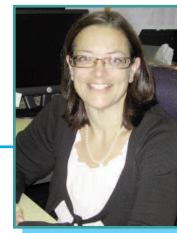
Nadia Charania, BSc (Hons), RRT, MES, PhD Candidate Receives Vanier Canada Graduate Scholarship Award

August 2011, **Nadia Charania**, BSc (Hons), RRT, MES, PhD Candidate – Receives [Vanier Canada Graduate Scholarship Award](#) recognized by Prime Minister Harper! To find out more about the Vanier Canada Graduate Scholarship Award [click here](#).

The CRTO would like to congratulate Nadia on her accomplishments.

The Vanier Canada Graduate Scholarships (Vanier CGS) are prestigious awards that recognize top academic achievement and leadership skills. The Vanier CGS program was established to attract and retain world-class doctoral students and is open to both Canadian and International doctoral students studying at Canadian universities.

The 2011 awards were announced on August 3 by the Honourable Prime Minister Stephen Harper. Of the 167 recipients, Nadia Charania was the first doctoral student at the University of Waterloo to win a Canadian Institutes for Health Research Vanier CGS. Nadia completed her undergraduate studies at Queen's University in Life Sciences and obtained a Diploma in Respiratory Therapy from the Michener Institute of Applied Health Sciences. After completing a Masters of Environmental Studies at the University of Waterloo, Nadia is pursuing a PhD which will focus on influenza pandemic planning in remote and isolated First Nations communities. Nadia's background includes experience as a Registered Respiratory Therapist, a competitive figure skater, and an athletic coach.



Jennifer Harrison, RRT
Professional Practice Advisor

Professional Practice FAQs

Q *What is my responsibility for documenting an impromptu hallway consult with another team member?*

A It is important to accurately and completely record what you saw, heard or did. The health record becomes the historical reference of activity and it must be easy for a person reading your entry to clearly understand exactly what happened.

The professional standard of practice is that every patient/client contact be documented including impromptu "hallway consults".

A patient/client contact can include contact for the purposes of performing an examination, diagnostic procedure, therapeutic intervention or providing education to a patient/client and/or his or her family, caregiver and/or advocate.

Other examples of patient/client contacts include:

- clarification of a medical order with the prescriber;
- linking questions and answers between the prescriber and patient/client;
- guidance for preventative medication, follow-up, re-assurance and explanation of diagnostic and therapeutic procedures;
- obtaining consent;
- discussions with the patient/client, his or her family members, caregivers and/or advocates, regarding a patient/client's state of health and/or any recommendations made regarding the direction of the required care; and
- orders received from a prescriber and pursued by a Member are also considered patient/client contacts.

Take a Moment...

An opportunity for RTs to reflect on their practice

Take a Moment... is just for you. The self-directed learning activities are intended to give you the opportunity to review and familiarize yourself with the College's standards of practice and to connect them to your own practice of Respiratory Therapy. The questions are reflective in nature and promote critical thinking. You may end up confirming that you have a great understanding of the College's standards and exceed them day-to-day or, you may find that you would like to enhance a particular aspect of your practice for example, communication skills.

Steps

- Read/review the suggested document.
- Read the learning activity right through from start to end.
- Take a moment to reflect.
- Answer the questions.
- File your completed activity away for your own personal use if you choose to.
- You may also choose to include this activity as part of your QA Learning Log.

Remember, if you act within your scope (where you feel competent and can ensure accountability), stick to the standards of practice and commit to maintaining competency (QA) you will find that self-regulation can be empowering and that you can make a difference.

Exercise:

You are called by a nurse because a patient on the ward is complaining of shortness of breath. You perform a respiratory assessment and deliver four puffs of Ventolin and Atrovent as per the COPD Medical Directive.

Please document an example of a similar experience you have had as an RT. Once you are done, go back to the PPG Documentation and review the eight standards (p.4) that must be met each time you document. Have you met all of the requirements?

Take A Moment... Documentation

Some questions...

1. What is the purpose of documenting in a patient's health record?
2. What needs to be included (minimum) for each chart entry?
3. Is there ever a time when you don't need to chart?
4. What do you think the consequences are when you don't chart? (or maybe don't chart as much as you might like to?)
5. What standard abbreviations are you permitted to use?
6. Are the requirements for documenting in an electronic health record any different than a traditional paper chart?
7. Are the standards for charting in the Operating Room different than other places in the hospital?
8. What about documenting at cardiac arrests? What needs to be documented and by whom?
9. Do you always need to co-sign a students' entry in a patient's chart?
10. List five different types of patient contacts.

Respiratory Therapy Progress Notes

Date/Time	

Registration Changes

March 1 to August 31, 2011

New Members

The College would like to congratulate and welcome the following new Members:

General Certificates of Registration Issued (RRT):

ADHI, Antonius
AMMERATA, Anna Maria
BEGUE, Odine Christina
BELIKOVA, Anna
BELL, Kevin
BELLO, Gloria
BHARGAVA, Geetika
BROWN, Ashley
BROWN, Gillian
BRUNET, Teal
CALLIHOO, Michael
CANNON, Dawn
CARSON, Melissa
CHAN, Alan
CHAN, Terry
CHATOO, Madeeha
CHEN, Xuyan
CHING, Kay Sze Ki
CHIRICO, Giovanni (John)
CIAVAGLIA, Casey
COOPER, Shannan-Dawn
DALUZ, Amanda
DAVID, Amanda
DE LEO, Jessica
DIXON, Kimberly
DUBOSQ, Sylvie
DUTKIEWICZ, Dana-Lynn
ESTERLIS, Michael
ESTRADA, Alma
ETICH, Abigail
GEDDIS, Fiona
GIROUX, Emma
HAMBLY, Adam
HARVEY, Frances
HILDERLEY, Kaela
HINE, Melissa
HLEMBIZKY, Kathryn
JADAV, Shivani

JAMIESON, Ryan
JORDAN, Julie
KERNOHAN, Jennifer
KITTS, John
KNIGHT, Carly
KUEHL, Amie
LE SOUDER, Braden
LEEGSMA, Kristen
LEUNG, Fredrick
LINDSAY, Paul
LUM, Kevin
MATHULLA, Ranju
MAXWELL, Victoria
MCCLURE, Peggy
NGUYEN, Ha
NOBLE, Kayla
PATKUNASINGAM, Mauran
PAYNE, Melissa
PERALTA, Anna
PERCY, Ashley
PITT, Sarah
PROULX, Maxime
RAE, Rebecca
REED, Kailey
ROBSON, Rachael
ROMANOS, Louie
ROTTIER, Jaclyn
ROUSSEL, Kim
RUBENSTEIN, Kyla
SANTOS, Maria Angeline
SATHEESAN, Vithya
SETO, Angela
SIHOTA, Jessejit
SIT, Jessica
SMITH, Jessica
SRITHARAN, Stefvania
ST. PIERRE, Lianne
STECKIEWICZ, Malgorzata
STELLA, Frank
STEWART, Jessie
STEWART, Lesley
STOCKER, Andrea
STRONG, Nichole
TETREAULT, Pierre
THOMPSON, Lindsay
THUSS, Kaitlyn

TUNKS, Kelsey
VANDENBERG, Chad
WALKER, Brittany
WEINBERGER, Adam
WILSON, Jennie-Ann
WU, Zhengrong
YAN, Shou Qing
ZABEK, Sarah
ZIELINSKI, Miranda

Graduate Certificates of Registration Issued (GRT):

ALI, Safiya
CHIN, Calvin
CZYZ, Patrycja
GIACOMINO, Brittany
GINGRAS, Marie-Eve
IRELAND, Chantelle
LAFONTAINE, Crystel
LAM, William
MACDONNELL, Cory
MACMILLAN, Erin
PARKER, Kelly
PATTERSON, Lorien
PAYSON, David
PETER, Simon
VANUDEN, Andrea
VARATHARATNAM, Shayana

Resigned Members

General

BYRNES, Ronald
CHRISTOPH, Kristine
DERAIL, Renée
EVANS, Valerie
FEAVER, C. Jane
JOHANSEN, John
KESIK, Leonard
LOLLAR, Shonett
MCFARLING, Matthew
MOROZ, Sonia
NEELANDS, Melissa
RAMSAY, Karen

(continued)

Registration Changes (continued)

March 1 to August 31, 2011

Resigned Members

General *(continued)*

ROGERS, Marilyn
ROY, Nathalie
TOMPKINS, Jeanne
WILLIAMS, Sandra

Graduate

CURRIE, Carolyn
MARKOWIAK-MCDONELL, Deandra

Revoked Members

under Registration Rules

Graduate

ALBRIGHT, Lauren
ALTENA, Natalie
GROFF, Kayla

Suspended Members

for failure to pay the prescribed fees

General

AMOAKO, Maxwell
ANANIA, Shawn
ASUCHAK, Benjamin
BATES, Ronda Lee
CLOUTIER, Katia
DEBRINCAT, Petra
FRASER, Judith
GRINEVSKY, Bracha
HUYNH, Eric
JUNLAJEAM, Kreaksuk
LE, Phuong Lan
LO, Priscilla Kar Yee
NATTRASS, Elan
PROVENCHER, Elise
QURESHI, Anis
ROBERTSON, Denise
ROBERTSON, Gordon
ROCK, Tania
RYAN, Veronica
SAMUEL, James Anslem
SARNACKA, Eva
SHANMUGATHASAM, Preshanthini
SMITH, Mariah
SWALLOWELL, Richard
THEORET, Ella
TURCOTTE, Shawn
VAN LOON, Alexander
WOODMAN, Rebekah

Graduate

MAMARIL, Arvin

CERTO

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