

the exchange

The Newsletter of the College of Respiratory Therapists of Ontario



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

*Happy RT week, October 21 - 27, 2012
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. We thank you in advance for your time.

1. **Revised PPG Orders for Medical Care** to complete this consultation survey please go to <http://crto.informz.ca/z/cjUucD9taT0yNDY3MDAmcD0xJnU90TAxNDM4ODk0JmxpPTEwMDEzMzE/index.html>. Please complete the consultation survey by **November 15, 2012**.
2. **New! Draft CBPG Oxygen Therapy** to complete this consultation survey please go to <http://crto.informz.ca/z/cjUucD9taT0yNDY3MDAmcD0xJnU90TAxNDM4ODk0JmxpPTEwMDEzMzM/index.html>. Please complete the consultation survey by **December 15, 2012**.

Introduction to Respiratory Therapy Practice in Ontario

The CRTO would like to thank the following RTs for volunteering to participate on an “expert panel” as part of the College’s *Introduction to Respiratory Therapy Practice in Ontario (IRTPO)* course. The 20 hour refresher-retraining course was facilitated over two face-to-face-sessions at the CRTO on August 16 and 30, 2012. Each panel guest was asked to link relevant College “standards of practice” to stories from their practice perspectives in the areas of NICU/L&D, Anesthesia, Home Care/Industry and Acute Care.



IRTPO “Expert Panel” (from left to right): Francesca Imbesi Charge RRT NICU/L&D-Mount Sinai Hospital; Hayder Raza RRT/AA - University Health Network; Jennifer Harrison RRT/Professional Practice Advisor - CRTO; Gary Cuming RRT-Respiratory Homecare Solutions Canada; Miranda Oppers Senior RRT/PPL-Lakeridge Health Corporation

A final note, a special thanks to the RTs at the Humber River Regional Hospital (Dan Belford and Lori Smith) and Guelph General Hospital (Jane Ryan-Champagne and Merle Seegmiller) for arranging and hosting site visits for our internationally educated RTs.

Thank you again for asking me to participate in the IRTPO. I was honoured to be asked to speak on the panel and it was a pleasure to meet the participants enrolled in the program. The panel members were excellent and brought extensive experience and knowledge to the group. I enjoyed the time spent interacting with the candidates and the panel members. I think the IRTPO course is a great opportunity for RTs new to the province and commend the CRTO for putting together such a great program!

Sincerely,
Francesca

Engaging in conversation about professional practice with active RTs was once again a highlight of the course from the participants’ perspectives. Good luck to all applicants as they move forward with their application to become Registered Respiratory Therapists in Ontario!



IRTPO Participants (from left to right): Zoreh Mehrabi; Jean Mooring; Lina Panesso; Lucy VanBakel; Jennifer Harrison RRT- Professional Practice Leader CRTO.

It was a distinct honour and a pleasure to present to and speak with the applicants and fellow panel members at the Introduction to Respiratory Therapy Practice in Ontario (IRTPO) course. It gives me great pride to witness the level of professionalism demonstrated by all of the RT panel members and it was a great experience interacting with everyone involved. Answering the applicants’ questions and conversing with them and fellow panel members after the presentations was to me the highlight of the event. It is gratifying to realize how far our profession has come since I first began my practice. A “Thank You” to everyone at the CRTO for the work you do on behalf of Respiratory Therapists and our profession in Ontario. As requested and without hesitation I am available to participate again next year.

Sincerely,
Gary

It was my pleasure for the second time to be a member of IRTPO panel. I have to appreciate all the CRTO's efforts to make this possible. The idea of the IRTPO panel discussion, not only gives an introduction to the participants about the Respiratory Therapy practice in Ontario but also gives them the direction and understanding of scope of different fields they can explore. It also reflects the open, accommodative and expanding views of the College. I personally was very impressed from the discussions about the rapid improvement and development in various fields of Respiratory Therapy. All these fields reflect different angles of our practice and I wish our profession continued prosperity.

Hayder Raza

The Ontario Lung Association's RRTs

Ten Registered Respiratory Therapists (RRTs) are employed by the Ontario Lung Association (OLA). Although we serve The Lung Association in a number of different capacities, we all work towards improving lung health through education, prevention of lung disease and promotion of chronic disease self-management for Ontarians.

The Ontario Lung Association leads several Asthma Plan of Action (APA) initiatives funded by the Ministry of Health and Long-Term Care. These initiatives include the Asthma Action Program, Provider Education Program (PEP), the Emergency Department Asthma Care Pathway (EDACP), Work-Related Asthma Program (WRA), the Smoke Free Homes and Asthma Program and the provincial coordination for the Primary Care Asthma Program (PCAP).

Three of our RRTs, Diane, Lana and Chris, primarily focus on the Asthma Action Program activities (one of the APA initiatives). They staff the provincial toll-free Lung Health Information Line, to providing information, counselling and guidance to patients, caregivers and

health care providers on a variety of lung health issues, including asthma, COPD, smoking cessation, air quality and other lung diseases. In addition to serving the people across the province of Ontario, they also answer the COPD-related BreathWorks calls from seven other



Front Row (left to right): Dilshad Moosa, Ana MacPherson, Carole Madeley, Kathie Dickie, Lana Biro
Back row: Sandra Athron, Diane Feldman, Chris Haromy

provinces. Diane, Lana and Chris are involved with, and often lead, the development of new lung health materials and resources, newsletter articles and facts sheets for patients (children and adults) and family education. They also review The Lung Association's marketing and media communication materials to ensure health messaging is accurately represented. Diane, Lana and Chris are often called upon to act as spokespeople to assist with media calls and interviews. And finally, they each are assigned to lead various

The Ontario Lung Association's RRTs (continued)

different initiatives on behalf of The Lung Association. Lana also supports our COPD ambassadors, our patient volunteers who champion lung health and provide invaluable support to others who are living with COPD.

Another one of our RRTs is Ana, the Provincial Coordinator for the Primary Care Asthma Program (PCAP) – an evidenced-based program intended to support primary care providers with decision aids and best practice resources regarding asthma diagnosis, assessment and management, helping those with asthma manage their illness, improve quality of life, and avoid emergency department visits and hospitalizations. Ana is responsible for the overall coordination of PCAP, including support for existing PCAP sites across the province as well as activities to expand PCAP into additional primary care settings.

Dilshad, Manager of the Provider Education Program (PEP), and Kathie, Project Coordinator, serve the educational needs of primary health care professionals in Ontario. The mandate of the program is to develop, implement and evaluate accredited continuing medical education (CME) programs and materials promoting the utilization of the Canadian Thoracic Society (CTS) respiratory guidelines. PEP uses multiple evidence-based knowledge translation methods including workshops and media-based programming to support guideline uptake. Topics include COPD versus asthma, pediatric and pre-school asthma and spirometry interpretation.

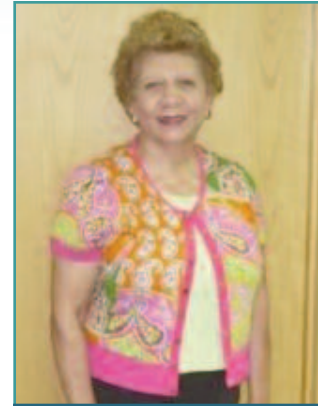
Sandra is the Provincial Coordinator for the Emergency Department Asthma Care Pathways (EDACP), for adults and pediatrics. Her role is to coordinate the development, dissemination, and implementation support of the EDACP.

The EDACP is designed to facilitate evidence-based asthma care in emergency departments. The EDACP promotes appropriate assessment of asthma severity; evidence-based asthma treatment; patient education prior to discharge; comprehensive discharge instructions; and, arrangements for follow-up care. An Adult EDACP for patients 16 years and older is currently available and a Pediatric EDACP for children ages 1-17 years is being piloted this fall.

Yet two more Ontario Lung Association RRTs reside in the eastern part of the province. Rosario runs The Lung



Ellen Holmes, RRT



Rosario Holmes, RRT

Association's Ottawa Respiratory Health Centre. She provides asthma and COPD education and offers a lung disease maintenance exercise program for people in the Ottawa area. Ellen is running a satellite site of the Ottawa Respiratory Health Centre in Arnprior at the Island View Retirement Suites, offering once a week COPD maintenance exercise classes and Asthma/COPD education sessions.

Some members of the Ontario Lung Association RRT team are also RESPTrec® trainers. RESPTrec® is the training program that teaches health care providers to become educators in asthma and COPD and also trains people in Spirometry testing.

Carole, the Director, Respiratory Health Programs, not only oversees each of the above initiatives, but is also involved in special projects, such as the "Breathe" project aimed at developing a web-based and mobile app for asthma management. She assists primary care teams with lung health initiatives, participates on various expert panels on lung health and represents The Lung Association on provincial and national committees. Carole is also an experienced media spokesperson and has raised public awareness regarding many lung health issues through a variety of radio and television appearances.

The Ontario Lung Association RRTs also deliver workshops and presentations at provincial and national conferences or educational forums.

Professional Learning and Growth of Respiratory Therapists

Over the summer we asked RT leaders from a variety of practice settings across Ontario:

“What do Respiratory Therapists at your organization do to support their professional learning and growth at your workplace? (Please provide examples of regular Certifications, Education Days, Lunch and Learns, themes and topics.)”

Here are some of the responses we received.

Thank you to all who participated in this College initiative!

Hamilton Health Sciences (HHS)

**By Mike Kampen RRT BSc (Hons)
Chief of Respiratory Therapy Practice
Hamilton Health Sciences**

Hamilton Health Sciences (HHS) has over 150 Respiratory Therapists (RTs) working at 6 hospital sites, in several programs. The RT Education Clinician - Shawna MacDonald RRT works hard to support the learning needs of the RTs working with the Adult, Pediatric and Neonatal populations. All new hire RTs start their orientation with Shawna and their progress is monitored in collaboration with the program/department they will be working in. Certification for Medical Directives, Airway Management, Arterial Line Insertion and Tracheostomy Tube changes is initiated and monitored by Shawna in collaboration with the Chief of RT Practice. Staff RTs are also regularly invited by the RT Educator to attend multisite medical rounds, inservices, lunch and learns and recertification classes through the year.

The RT Educator will tailor her educational approaches through the year, based on the learning needs of the staff RTs. This is done by means of a Survey Monkey. Staff learning is tracked in a personal electronic learning log. This supports and helps the RT along with their CRTO Quality Assurance process requirements. Regular electronic updates are also sent out to all RT staff to keep them up to speed on the latest Policy and Procedures, equipment, standards and program changes. In collaboration with the RT Chief the RT Educator also prepares a Quarterly RT Newsletter with education updates, practice points and reminders.

In addition to this, HHS is also moving forward with it's 12th annual RT Education Retreat. The Retreat was initiated by Carrie-Lynn Meyer RRT and has grown into a tremendous opportunity for RTs in the LHIN to connect with other hospitals, vendors and other staff to receive education on the latest in Respiratory Therapy. Partnerships with several local vendors have helped make this a great success. The planning committee for this retreat has over 10 members and gives front line RTs the opportunity to plan, create and implement education topics to meet the needs of RTs in the LHIN.

HHS also has dedicated RTs on the Adult Rapid Access to Critical Events (RACE) team at the Hamilton General Site. The RTs on this team work closely with their RN and Physician partners to meet the needs of Critical Events occurring outside the ICU environment. Initially, the RT and RN receive similar training at the Canadian Resuscitation Institute (CRI) and work within a Medical Directive to provide care to full scope of practice. In order to maintain their skills the RTs attend quarterly mandatory education sessions geared to their learning needs. This usually involves the RACE RTs presenting patient case studies guided by a physician education lead.

The above is but a snapshot of the various ways RTs are supporting their professional learning and growth within HHS. Suffice to say, I am proud of all the efforts and accomplishments of our RT Staff, Leaders and Educators within HHS.

Lakeridge Health Corporation (LHC)

By Miranda Oppers RRT
Senior RRT and Professional Practice Leader
Lakeridge Health Corporation

At Lakeridge Health Corporation (LHC) we have a yearly education day where hospital required certifications are done. This includes back in action, BCLS, and NRP and neonatal intubation. We do online training for the rest of our hospital required certifications such as WHIMIS, Fire training, Infection control, and Workplace violence. Another day is provided to complete ACLS training.

We have a few half-day education sessions throughout the year that incorporate new products, new best practice standards and professional practice issues. Our most recent education day included a speaker from the CRTO discussing documentation as well as a talk on the “Smart Care” mode and case study simulations on the Drager V500 ventilator.

Over the past year we have become defibrillator certified and IO insertion certified through delegation. We had self-learning packages online that were completed before attending a 1 hour education session. We have also had a series of RN/RT

Paediatric trauma education days that include a number of clinical hands on case study simulations.

We had a series of lunch and learn sessions talking about PAV weaning protocols and weekly Queen’s Grand rounds that present different case studies. These presentations are done via OTN over the lunch hour.

We organize a yearly RT education day for the CE LHIN during Respiratory Therapy week. It is different every year. This year’s topics will include Team work, Family presence during resuscitation, Gold standard Respiratory Infection control practices, difficult ventilation strategies, and The new world of neonatal non-invasive ventilation. This year the education day will be held on Oct. 26th 2012. The day will run from 8am to 4pm and costs \$20 for the day registration with lunch. Everyone is welcome.



Mount Sinai Hospital

By Courtney Maguire RRT
Director of Respiratory Therapy
Joseph and Wolf Lebovic Health Complex
Mount Sinai Hospital

The benefit of being an RRT in a teaching hospital is the abundance of continuing educational opportunities. As a Director of the department it is important to highlight these events and provide the support to free up bedside clinicians to attend. We are privileged to have a number of formal and informal learning sessions that all respiratory therapy staff and students are welcome to attend. We are such an integral part of the inter-disciplinary team and appreciated for what we bring to the table that many RT staff is asked to attend and often to provide input to the education sessions. We have four education days throughout the year that are mandatory for staff to attend. The topics are often identified by the RRTs as something of interest or practice change education and again the days are inter-disciplinary with a variety of presenters. We also have implemented a new role – RT Educator - for Women’s and Infants Health. In addition to regular education sessions the focus will be on spontaneous education themes based on something the RT group hasn’t seen in a while – for example, gastroschisis, diaphragmatic hernia, etc. If we know we have a neonate who will be delivered with a known diagnosis we will do an impromptu education session to be prepared. This is a wonderful learning opportunity for our new RRTs who are still in the mentorship phase of their training.

Ontario Lung Association

By Carole Madeley RRT, CRE, MASc
Director, Respiratory Health Programs
Ontario Lung Association

The Ontario Lung Association has 10 RRTs on staff. With our wide scope of responsibilities, professional learning and growth is very important to our organization.

Our RRTs will attend at least one national conference annually such as the Canadian Respiratory Conference (CRC) or the Canadian Network for Respiratory Care (CNRC) and all of our team attends The Lung Association's annual Better Breathing Conference. With the Ontario Respiratory Care Society (ORCS) as our one of our in house professional societies, we try and attend some of the ORCS educational seminars whenever possible. We have also had the opportunity to attend

educational opportunities on smoking cessation methodologies via the Centre for Addiction and Mental Health (CAMH) and participate in webinars. Because of the work we do with curriculum development, Helpline, resource development and revisions and media, to name a few, it is our responsibility to stay current with the latest national guidelines for Asthma, Chronic Obstructive Pulmonary Disease (COPD), Sleep Apnea and other respiratory related best practice. Some of the team are facilitators in the Asthma, COPD and Spirometry RespTrec programs (train other health care professionals).

Many of our RRTs present at respiratory conferences, seminars and workshops. We have also had the occasional lunch and learn opportunity, i.e. new asthma/COPD medications, air quality issues, radon testing to name a few.

Trillium Health Centre

By Rosanne Leddy RRT
Respiratory Therapy Resource Leader
The Trillium Health Centre
Mississauga, ON

The Trillium Health Centre requires staff to maintain current certifications in PALS, NRP, BCLS and ACLS. Respiratory Therapists are also required to provide proof of yearly re-certifications for tracheostomy tube changes, arterial line insertions and endotracheal intubations. A skills day is offered to Respiratory Therapists to review old and new procedures. Guest speakers who are considered experts in their field are invited to participate. Staff and students are encouraged to take advantage of e-learning opportunities offered through various professional associations like the CRTO, RTSO, CSRT and OLA sessions. Trillium hosts a variety of seminars throughout the year which staff are welcome to participate in. Examples of these seminars include Smoking Cessation, World No Tobacco Day, World Asthma Day, and Back to School. Staff is also encouraged to take part

in external learning opportunities that are offered within our LHIN. An example of a recent external workshop attended by a number of Trillium staff was a maternal and child workshop led by a HSC respiratory therapist. We are fortunate to have access to Trillium e-learning which addresses timely education. Examples of e-learning include: emergency codes, hand hygiene, workplace violence, providing accessible customer service, fire safety training, WHMIS, privacy and security, etc. Regular huddles with the Manager and staff help to clarify and confirm information surrounding any changes that are occurring not only within the RT department but throughout the organization. As RTs love to eat and to expand their knowledge base, a wide variety of "lunch and learn" opportunities are available. Topics include: new ventilator technologies, ventilation modes (adult and neonatal), overnight sleep studies, ameliorated oxygen delivery, risk management issues, ethics,

challenging families, legislation, legal issues, hospital process improvement changes, difficult airway improvements, updates in bronchoscope, review of new therapies at Trillium i.e. therapeutic hypothermia in neonatal hypoxic ischemic encephalopathy, review of safe practice during procedures utilizing radiation, etc. I am a firm believer in taking the life-long learning path and have always encouraged staff to pursue continuing education in areas that interest them whether it is completing a university degree, becoming a CRE, taking education courses for those interested in teaching, taking an NRP instructor course, etc. Trillium supports staff attending national and provincial conferences whenever possible. Staff is encouraged to bring back samples or brochures of equipment that they would like to trial. Every new piece of information that your colleague brings to the workplace can help each and every one of us be better RTs.

The Ottawa Hospital, General Campus

By Daphne Shiner RRT, BHSc.
Ottawa Hospital, General Campus

RT Educational Opportunities

The General Campus of The Ottawa Hospital offers many opportunities to support our respiratory therapists in their professional learning and growth.

On an ongoing basis we have intubation and art line certifications. In our ICU we have instated weekly “RT intubation day”. This gives the RTs priority over the residents and staff at chances to intubate. We are also given quarterly opportunities to hone our intubation through access to a simulation lab for difficult airway training.

ACLS certification is offered twice a year by a group of ICU nurses and our ICU charge RT. BCLS training is offered regularly and some of our RTs are instructors. We have a group of RTs who have just completed their NRP instructor course and will begin offering certification and recertification according to the new NRP requirements.

Skills fair days are offered quarterly. Our upcoming skills fair day will cover the topics of proper bronchoscopy sample preparation, capnography, PAV, and troubleshooting the Brytech alarm system that is attached to our chronic ventilators on the wards.

There are Grand Rounds presentations monthly as well as M&M rounds. Recent topics have included a discussion about sepsis in regards to a young ICU patient who passed away, and a discussion about hemorrhaging in regards to a young postpartum ICU patient.

As we are a teaching hospital, daily multidisciplinary rounds in ICU and weekly rounds on the wards serve as great learning opportunities for the RTs in attendance.

We have fairly frequent in-services on new equipment or new procedures. We also have presentations available on USB sticks for viewing when needed, such as setting up Flolan or conducting study procedures.

Interesting articles to do with respiratory care are regularly emailed to us as well as printed out and available for use in our department. Recent articles sent to us covered topics like: The Berlin definition of ARDS, Neuromuscular disease and Respiratory Care, Tracheostomy decannulation in neuromuscular patients.

As employees of the hospital we also have corporate learning objectives that can be completed online through a system called ELM. These learning opportunities include topics like WHIMIS, accessibility training, infection control, and fire safety training. We also have a half-day safety training to attend every 3 years.

Our RTs are encouraged to attend conferences such as the CSRT and the Critical Care Conference. This year Ottawa is hosting the Canadian Chapter’s Undersea and Hyperbaric Medical Society’s Annual Conference. The conference will present many learning opportunities for our hyperbaric trained RTs.

All of these learning opportunities and any RT accomplishments are summed up for us in a newsletter called ‘The Latest’ which is sent out by our Clinical Practice Coordinator.

Best Practice Recommendations for Oral Care of Invasively Ventilated Patients/Clients: An Interprofessional Collaborative (IPC) Project Between Two Health Regulatory Colleges in Ontario

The CRTO and College of Dental Hygienists of Ontario (CDHO) presented the results of their joint project at the Ontario Dental Hygienists Association’s (ODHA’s) Re-energize Conference September 28-29, 2012 and the RTSO’s Inspire 2012 Education Forum October 16-17, 2012.

To view the poster presentation at www.crto.on.ca/pdf/ProfPractice/CDHO-CRTO_Poster.pdf

To download a copy of the handout at www.crto.on.ca/pdf/ProfPractice/CDHO-CRTO_Handout.pdf

Health Quality Ontario

By Sue Jones RRT, NFRT, QIC

A career move when you are 50 is a little scary for someone who has been an RRT for 29 years however after contemplating this for over a year and looking very carefully at what a change would mean for my career, my family and my professional development I decided to accept an offer from Health Quality Ontario last December 2011.

In January 2012 I started with this organization that is an agency of the Ministry of Health and Long Term Care. Health Quality Ontario or HQO is an amalgamation of several organizations and on June 8, 2010, The Excellent Care for All Act was passed in the legislature expanding Health Quality Ontario's role and mandate. The functions of Health Quality Ontario are:

- to monitor and report to the people of Ontario on all aspects of healthcare across all sectors of healthcare
- to support continuous quality improvement;
- to promote health care that is supported by the best available scientific evidence by,
- making recommendations to health care organizations and other entities on standards of care in the health system, based on or respecting clinical practice guidelines and protocols



Sue Jones, RRT

Please visit the website for further details at www.hqontario.ca.

Specifically the role I have taken on is a Quality Improvement Coach or QIC and we now have 14 coaches for the latest program being launched this fall called bestPATH.

The coaches come from all areas of the healthcare system and a few from outside the healthcare system with specialities in quality improvement methodology.

As a QIC I will be working with a LHIN to provide support using quality improvement methodology. The Coaches roles include acting as a:

- Communicator
- Collaborator
- Systems thinker
- Manager
- Educator and Scholar
- Leader
- QI Expert

The bestPATH program is designed around integration of healthcare services to accomplish outcomes that will improve our healthcare system. Specifically we are focusing on reducing readmission rates by encouraging organizations to work together. The focus will be on small changes leading to acceptance of long-term change and how to spread change and make it permanent.

I am participating on various committees looking at the design of the program, curriculum development, delivery of material, creating web programs for bestPATH, readiness assessments and evaluations. My role has led to new challenges for me, however, I bring to the groups a clinical reality and a different perspective as I still work as a casual Respiratory Therapist in my local hospital.

Working from home is also a new and different way to create and accomplish tasks. Keeping in touch with colleagues from the Respiratory Therapy profession is still a priority for me, and I connect with my colleagues in the local hospital. I have become accustomed to working at home and manage my time quite well and really appreciate the level of trust the organization places on us. It speaks to respect, creating a level of expectation of high performers.

The development of relationships and the ability to expand my knowledge base is exciting and the opportunity to go beyond the borders of Respiratory Therapy and look at how the healthcare system works as a whole allows us as healthcare providers to think as system thinkers.

I encourage all Respiratory Therapists to expand your thinking and ensure you look at the patient and the healthcare system as a whole and as we progress as a profession we can show the country that Respiratory Therapists are system thinkers and should and can be considered an asset in all areas of healthcare not just Respiratory related areas.

Thanks for the memories...

At the same time we are welcoming new Council and Committee members to the CRTO we have to say good-bye to those who are not returning, and we would be remiss if we didn't acknowledge the significant long-term commitments and contributions of each:



Lorella Piirik, RRT (District 1) has been a Council member for the past nine years, and prior to that was a non-Council/Committee member for District 4 for a year. During her 10-year involvement Lorella sat on the Registration Committee, the Quality Assurance Committee, the Discipline and Fitness to Practise Committees, and the Executive Committee. Lorella held the positions of Vice-Chair and Chair of the QA Committee, and for the past two years been the Vice-Chair of the Executive Committee and as such, held the title of Vice-President.

Brent Dionne, RRT (District 1) was a non-Council/Committee member with the College for a remarkable twelve years. Over that time Brent was an active member of the Registration Committee, the Inquiries, Complaints and Reports Committee, and the Discipline and Fitness to Practise Committees. During his tenure Brent was Vice-Chair of both the Registration Committee and the Inquiries, Complaints and Reports Committee (formerly known as the Complaints Committee).

Marisa Ammerata, RRT (District 2) has been a Council member for the past nine years. Over the years Marisa has participated in the Registration, Discipline and Fitness to Practise Committees, the Inquiries, Complaints and Reports Committee, and the Professional Practice Committee where she held the position of Vice-Chair.

Jim Quigley, RRT (District 2) was a non-Council/Committee member for past ten years, and also for the period 1994-2000. During Jim's time with the College he served on the Quality Assurance Committee, the Inquiries, Complaints and Reports Committee, Registration Committee, Patient Relations Committee, and the Discipline and Fitness to Practise Committees. Jim was most recently the Vice-Chair of the Patient Relations Committee.

Amy Massie, RRT (District 5) was a non-Council/Committee member for three years and subsequently a Council member for an additional three years. Amy sat on the Patient Relations Committee, and the Discipline and Fitness to Practise Committees. During the past three years Amy has consecutively held the positions of Vice-Chair and Chair of the Patient Relations Committee.

We sincerely thank all of them for their valuable contributions to the College during their terms, and wish them the very best in their future endeavours

Your fellow RTs

...hard at work helping you!



The CRTO would like to thank the following **QA Working Group** Members for the valuable assistance they have provided the College over the past few months. We are very grateful for the contribution to the CRTO QA Program that the professional insight of these RT Members provide.

QA Portfolio Reviewers are RTs who volunteer and receive yearly training in the assessment of PORTfolios. These assessments are completed and submitted electronically by the Reviewers and therefore can be done by them at home when their busy schedules permit.

- Tracy Bonifacio
- Gary Cambridge
- Cathy Dowsett
- Lori Elder
- Anne Marie Hayes
- Jane Heath
- Jeff Hunter
- Glynis Kirtz
- Amanda Lajoie
- Vanessa Lamarche
- Lise LaRose
- Shawna MacDonald
- Jackie Parent
- Patti Redpath-Plater
- Kathy Walker
- Jane Wheildon
- Karen Weins

QA Item Reviewers are RTs who participate in the yearly review of the Professional Standards Assessment (PSA) which involves examining the performance of each test item, as well as comments from Members. This is done with the services of psychometrician, Michael Williams.

- Eric Cheng
- Katie Lalonde
- Rosanne Leddy
- Christina Sperling
- Andrea White-Markham

QA Item Writers are RTs who participate in a group that works in conjunction with the psychometrician to develop and revise questions for the PSA item bank.

- Michael Kampen
- Laurie Mendoza
- Lindsay McClelland
- Doug Patterson
- Patti Redpath-Platter
- Dale Schwartz

The College of Midwives of Ontario (CMO) recently requested the assistance of the CRTO in their preparations for a Ontario Birth Centre pilot project. The CMO was particularly interested in obtaining an RT perspective on resource and facility considerations for neonatal resuscitation. **Kelly Hassall, RRT** (Women's and Infant's Health Respiratory Therapy Educator, Mount Sinai Hospital) and **Carrie-Lynn Meyer, RRT** (Clinical Manager NICU, Level 2 Nursery and Neonatal Transport Team, Hamilton Health Sciences) graciously donated their time and expertise to assist the CRTO in providing the CMO with very valuable insights.

* If you are interested in participating in any one of these roles please contact Carole Hamp.

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 apply for reimbursement for the cost of a conference!

Professional Practice FAQs

More on Scope of Practice...



Jennifer Harrison, RRT
Professional Practice Advisor

Can RRT-AAs provide conscious sedation to patients/clients in an eye surgery clinic?

The CRTO considers the practice of RT-AAs administering conscious sedation within the scope of respiratory therapy practice in Ontario. Please review the following Position Statements [Respiratory Therapists as AAs](#) and [Scope of Practice and Maintenance of Competency](#).

Take a moment to reflect on the list of key questions and the decision tree in the *Scope of Practice and Maintenance of Competency* document, to guide you in your decision making process as to whether or not to you should practice in this setting.

In addition to being competent and authorized under the *Respiratory Therapy Act* to perform controlled acts, you must also have valid orders from a regulated health care professional (e.g., a physician) who is competent and authorized to practice in this setting. Be sure that the policies, procedures and systems where you work will enable you to meet all of your professional standards (e.g., documentation/recordkeeping) and to maintain your competency and ongoing quality assurance requirements.

There is a lot to consider in order to ensure that you are acting within your scope of practice to provide safe and ethical care that is in the best interest of your patients/clients. Here are some CRTO resources for your review:

- ✓ [Standards of Practice](#)
- ✓ Professional Practice Guideline [Orders for Medical Care](#)
- ✓ Professional Practice Guideline [Delegation of Controlled Acts](#) (Delegation is a process!)
- ✓ Professional Practice Guideline [Documentation](#)
- ✓ [Professional Liability Insurance](#)

What about a private eye clinic?

All RTs must ensure that they satisfy all of the legislative requirements that govern their practice, including having the authority to perform their authorized acts and procedures in the practice setting where they work (e.g., the *Public Hospitals Act* or *Independent Health Facilities Act*). A “private eye clinic” may be an independent health facility. Here are some additional resources to investigate:

- Ministry of Health and Long Term Care [Independent Health Facilities Resources](#) (includes links to the Act and regulations under the Act)
- College of Physicians and Surgeons of Ontario [Guidelines for Independent Health Facilities](#), e.g., [Ophthalmology](#).

What about administering controlled substances?

“Administering a substance by injection or inhalation” is a controlled act authorized to RTs (see [PPG Interpretation of Authorized Acts](#)). The administration of controlled substances is regulated by federal legislation such as the [Controlled Drugs and Substances Act](#), and in Ontario by provincial legislation such as the [Narcotics Safety and Awareness Act, 2010](#). Did you know that the [Regulation under the Narcotics Safety and Awareness Act, 2010](#) in Ontario “requires the prescriber to include an identifying number for the patient on a prescription for a narcotic or controlled substance”? In other words, RTs must ensure that they have a valid, direct order to administer controlled substances. For more information regarding the controlled substances requirements in Ontario visit the Ministry of Health and Long-Term Care’s website [Narcotics Strategy](#).

If you are unsure about the practice of RRT-AAs providing conscious sedation in an eye clinic, please do not hesitate to contact the College.

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: [PPG Interpretation of Authorized Acts](#).
- 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 professional development in 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.

Take A Moment... [PPG Interpretation of Authorized Acts](#)

1. **You are on the committee to establish an interprofessional respiratory response team at your hospital. At the first planning meeting you are asked "What is the scope of practice of a respiratory therapist and what are your authorized acts?" How would you respond?**
Hint: There are 5 acts authorized to Respiratory Therapists (RTs). You should be able to articulate your scope of practice and name/describe the authorized acts in your own words.
2. **Not all RTs practice the whole scope of practice all of the time. What is your scope of practice where you work and which authorized acts do you perform? Do you require orders to perform these authorized controlled acts? Who can you accept orders from?**
3. **Name at least three controlled acts (not authorized to RTs) that RTs may accept delegation for.**
Hint: see Table 1, delegated controlled acts should still fall within the scope of practice of RTs.
4. **What is the purpose of a regulation? What does the word "prescribed" mean in the context of regulation.**
5. **At this time, can an RT perform the 5th Act "administer a prescribed substance by inhalation"? Explain.**

Take a Moment... (continued)

6. There are exceptions under the Regulated Health Professions Act (RHPA) where a person may be allowed to perform a controlled act that is not authorized to them. One example is a student respiratory therapist (SRT) may perform controlled acts authorized to Respiratory Therapists while fulfilling their requirements to become an RT. SRTs are not members of the CRTO, they are not regulated. Think of another example where it may be acceptable for an RT to perform a controlled act not authorized to them.
Hint: Think home care.
7. You are working in the ICU as the senior RT along with a Graduate Respiratory Therapist (GRT) that you have just hired. She was an excellent student and you helped her become certified to manipulate and/or reposition pulmonary artery (PA) catheter balloons for the purpose of cardiac output (CO) testing during her ICU rotation. You happen to walk by and observe the GRT at the bedside preparing to deflate the PA catheter balloon to optimize the waveforms for CO testing. What would you do?
Hint: see also CRTO Policy Graduate Certificate of Registration.
www.crto.on.ca/pdf/Policies/Req_Grad_Cert.pdf

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.crto.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 a smart phone, with a QR reader installed, to scan the pixelated 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@crto.on.ca.

Registration Changes

March 1 to August 31, 2012

New Members

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

General Certificates of Registration (RRT) Issued:

ADDO, Mary
AHUJA, Neenu
BAYLISS, Hilary
BÉGIN, Madeleine
BEMBICH, Diana
BOISVERT-CAPRIO, Antonina
BRIGGS, Andrea
BROOKS, Jenna
CHAGANI, Salma
CHARLES, Pierre
CORREIA, Roger
CZYZ, Patrycja
DA SILVA, Christopher
DELVADIA, Mehul
DEMELO, Brittany
DESRAMAUX, Roger
DIDICHENKO, Julia
DUONG, Kimberly
EANSOR, Laura
ELLIOTT, Jessica
FABRY, Alicia
FERREIRA, Joana
FERRI, Andria
FORTIN, Philippe
FREDERICK, Megan
FU, Natalie
GIBA, Aaron
GOYETTE-TURCOTTE, Sabrina
GUEVARA, Evelyn
GUPTA, Manisha
HAMILTON, Ashley
HAU, Christopher
HAYNES, Kerri
HILKER, Kristine
HUANG, Tim
HUI, Amanda
IRELAND, Sarah
JONES, Sara
JOSE, Jency
KHEANG, Mary
KIRKTOWN, Taylor
KOLISNEK, Jill
KOLWZAN, Lesia
LACHOWSKY, Sarah
LAM, William
LAN, Benjamin
LANDRY, Marika
LAO, Bonnie
LAU, Richard
LE, Christine
LEAL, Shelby
LI SHING MAN, Derek

LONGTIN, Geneviève
MACMILLAN, Erin
MCCONNELL, Steffane
MEAGHER, Stephen
MENDES, Lori
METHERAL, Jessica
MITCHELL, Julie
NHAN, Tan
OLENDY, Karrie
PANG, Eugene
PAQUIN, Sophie
PATTERSON, Lorien
PAUZE, Natalie
PETER, Simon
POITRAS, Mélika
POTHIER, Matthew
PRUNEAN, Marius
QURAIISHI, Misbah
RAGOOGNA, Heaven Leigh
RAMSEY, Michelle
RESTREPO, Catalina
SAEED, Reshma
SANDHER, Karamjit
SASSEVILLE, Lindsay
SCHOLTISSEK, Katrina
SCHREIBER, Lindsay
SIEBENMORGEN, Angela
SITKO, Emily
SKARUZ, Andzelika
SMYTH, Erin
SWAN, Jenna
TADROUS, Ireeny
TOTH, David
WILLIAMS, Ashley
WOODS, Ashley
YANG, Jingli

Graduate Certificates of Registration (GRT) Issued:

ACHEAMPONG, Abigail
BELSITO, Amanda
EL KOCHAIRI-ORTIZ, Luz
MURRAY, Candace
PATEL, Jigna
RYKSEN, Sara
SMITH, Rachael
SO, Shirley
TAMBURRI, Tanya
WING, Kerri-Ann

Suspended Members

General

CHENG, Eric
DESSARIO, Kristen
DINNEY, Robin
GIBSON, Kevin
HAMID, Adam
JENNISON, Sarah
LOD, Elizabeth
MCLEAN, Suzanne
MICKLE, Derek
SIDHU, Poonam

Graduate

LAFONTAINE, Crystel

Revoked Members

under Registration Rules

Graduate

KARGANILLA, Oliver

CRTO

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