



the exchange

The Newsletter of the College of Respiratory Therapists of Ontario

HIGHLIGHTS



CRTO Annual Report 06/07
now available on the CRTO
web site



2007 Elections
in District 5 for Council
Member



**LHINs Committee
Applications**

INSIDE:

Memoriam for Kate Greenaway, RRT	2
RT Week	2
President's Message	3
Registrar's Message	4
CRTO Staff Update	5
Administrative Update & CRTO Council Meeting Dates	7
St. Mary's Cardiac Care Unit	8
Professional Development Funding Opportunity	9
Degree Entry to Practice Update	10
Invitation from the LHINs	10
CRTO/RTSO LHIN Project Update	11
CRTO UPDATES	12
Patient & Member Relations	12
Quality Assurance	14
Registration	14
Investigations & Hearings Update	17
Changes to the <i>Regulated Health Professions Act, 1991</i>	19
Professional Practice FAQs	21
PPA's Test Your Knowledge	22
CRTO Professional Liability Insurance Policy Amendments	23
Pandemic Planning	23
Quality Assurance and Bill 171	24
By-law Amendments	24
T.E.A.C.H. Educational Opportunity	25
Educational Opportunities for Respiratory Therapists	26
Registration Changes	28

In Memory of Kate Greenaway RRT 1966-2007

The Respiratory Therapy Department of St. Michael's Hospital, Toronto, mourns the loss of their former colleague and friend, Kathleen (Kate) Greenaway. Kate graduated from the Michener Institute in 1990, and worked as a Respiratory Therapist at St. Michael's Hospital from 1990-2006. She left an indelible mark on all who knew and worked with her.



Kate's dedication and professionalism helped set new standards in the evolving role of the Respiratory Therapists at St. Michael's. A natural mentor early in her career, she provided contemporaries and new generations of clinicians with invaluable examples of skill and compassion in caring for their patients.

Kate's jovial manner and contagious laugh could easily lighten spirits and ease tensions. She provided this simple relief in great quantity to patients, families and colleagues when they needed it most.

You will not be forgotten Kate.
We miss you dearly.

Respiratory Therapy Department Staff of St. Michael's Hospital, Toronto.

The College offers our sincere condolences and sympathy to Kate's extended family and friends on their loss.

What are you doing for RT week?

October 21 - 27th, is Respiratory Therapy Week, there's so much to do!

What are you doing to celebrate our profession?

Ideas to **Celebrate, Motivate, and Educate** during Respiratory Therapy week can include so many possibilities. Let your imagination run wild!

Celebrate:

- Establish a tradition at your workplace to recognize the accomplishments of the Respiratory Therapy staff.
- Get together outside the office for some FUN!
- Have your workplace mention RT Week in their newsletter and/or on their web site.

Motivate:

- Pass out a little gift or sticker to your patients to remind them that their Respiratory Therapist is behind them 100%.
- Build the desire in others to enter the profession.

Educate:

- Present Respiratory Therapy as a career to a local high school.
- Take awareness of lung diseases like COPD to a broader audience.
- Have a display for RT Week at your workplace.
- Talk to local media such as television, newspapers, and radio. College/University media is a great source to spread the word.

Remember to contact the **CRTO** or the **RTSO** if you need display materials, such as a copy of the Respiratory Therapy DVD, poster, or brochures for your RT Week activities.

CRTO: questions@crto.on.ca or

Toll Free: (800) 261-0528

RTSO: office@rtso.org or

Toll Free: (800) 267-2687

President's MESSAGE



Sue Martin, RRT
President, CRTO

The task seemed impossible; find a replacement for Gord Hyland, find a replacement for an irreplaceable man. Yet that was the task your College Council and Executive Committee had entrusted to them.

The Executive Committee started by reviewing and revising the job description, trying to define the essence of the job of Registrar and CEO of the CRTO. The job of communicating, of reaching out to the membership, of listening with the utmost respect to all - all of those attributes that Gord brought to the job in a seemingly effortless fashion. 'Advising', 'overseeing', 'negotiating', 'developing', 'ensuring' were all words used to describe the role.

When we had defined what we were looking for we placed the advertisement for publication and forwarded it to several contacts that would pass it on to interested potential applicants. While we waited for the applications, the Executive and a staff representative developed the interview tools for two separate and rigorous interview tiers.

We received a good number of excellent applications from candidates with backgrounds in health regulation, law, health policy development and a variety of regulated health professions. The one group that was under represented in the search for a Registrar was our own, but on the other hand I was pleased to learn that we had an excellent response from RTs to the recent call for a new Professional Practice Advisor and thank all of the members who continue to become involved with the College.

The Executive Committee interviewed the first round of candidates and recommended an interview slate for the Council as a whole. The entire Council interviewed the final candidates and carefully considered its decision. They discussed the strengths and attributes of each candidate. The Council members weighed their decision carefully. As you know, they decided to offer the position to our new Registrar, Christine Robinson. What you may not know was that it was a unanimous decision.

Christine has a background as a member of a regulated health profession in that she was trained and practised as a chiropractor. She was asked to teach chiropody and from there decided to pursue a Masters of Education. She was Registrar for the Chiropractors' College and joined the CRTO several years ago to take on the role of Manager of Policy and Investigations. Christine also held the title of Acting Registrar both prior to and in the months following Gord Hyland's tenure. But what you don't see from an outline of Chris' achievements is her keen intellect, her fair-mindedness and her warm and friendly charm.

Perhaps we failed to 'replace' Gord Hyland... but even better, we 'found' Christine Robinson! Congratulations Chris!

Registrar's MESSAGE



Christine Robinson
Registrar, CRTO

Every now and again an event takes place that significantly changes the course of one's career. For me, one such event was a phone call from a staff person at the Ministry of Health in the mid '80s asking me if I would be interested in sitting on the Board of what now is the College of Chiropractors of Ontario (CCO). At the time I was working in the chiropractic clinic at the Mississauga Hospital where my focus was diabetic ulcers and foot deformities; nothing could have prepared me for challenges that lay ahead in the world of regulation. My interest in investigations and hearings began when I was appointed Chair of the Complaints Committee at the CCO and when the College began a search for its first Registrar just before proclamation of the RHPA I couldn't resist the temptation to apply for the job. I could not have imagined that the unexpected phone call would lead to my being the Registrar for the College of Respiratory Therapists of Ontario some 20 years later.

In each issue of the Exchange we acknowledge those members who have participated on a CRTO working group or committee or who have acted as a Portfolio

Reviewer on a voluntary basis, and I would urge all of you to consider becoming involved in the future direction of your profession. There are many opportunities and who knows where it might lead!

- Allow your name to stand for election in your district as a Council or Non-Council Member;
- Apply to be a member of your local LHIN Health Professions Advisory Committee or Chronic Disease Management Working Group;
- Complete the fax-in form included in this issue of the Exchange. The College recruits Portfolio Reviewers, PSA Item Writers and Reviewers and a variety of working group members on an ongoing basis; travel costs are reimbursed.
- Consider being a member of a focus group.

Over the past few months I have had a number of opportunities to meet or speak with Members and I would like to thank all of you for making me feel so welcome in my new role. I was very touched by the congratulatory messages I received and it was such a pleasure meeting so many Respiratory Therapists at the CSRT conference held in Montreal this past June, and at hospitals around the province. Finally, I would like to thank the Council and the Executive Committee for placing their trust and confidence in me for the position of Registrar. It is indeed an honour especially in the light of the enormous shoes I have to fill. I'd also like to acknowledge and thank the tireless efforts and support of the staff through the transition.

CRTO Staff Update

In a relatively small organization a staff change tends to have a domino effect, and so it was when our dear friend and colleague, Gord Hyland, passed away last October.

While I was in the Acting Registrar role last fall, **Mary Bayliss RRT** assisted with complaints and investigations and took over that role officially in June as the new Manager, Policy and Investigations. In her new role Mary will also be responsible for coordinating and implementing member information sessions, assisting the Registrar in the areas of government relations, and providing professional practice support to the Executive Committee and Registration Committees.

Ginny Martins RRT, who joined the CRTO as a part-time Professional Practice Advisor in February 2007, will be commencing maternity leave this fall and left the CRTO in August. Congratulations Ginny! We would like to thank Ginny for all she has accomplished during her time with us, especially in the area of the prescribed procedure clinical practice guidelines, and wish her all the best for the future.

In the wake of Ginny's announcement we advertised her position and I am pleased to announce the appointment of **Carole Hamp RRT, CAE**, as Professional Practice Advisor. Carole, who comes to

the College with 22 years experience as a Respiratory Therapist in an acute care setting, was most recently the interim manager of Respiratory Services at Groves Memorial Community Hospital in Fergus, and the Asthma, COPD and Cardiac Educator at Guelph General Hospital. Carole also brings with her knowledge of regulation and governance from the six years she served as a Non-Council Committee Member and more recently, as a Council Member and Chair of Patient Relations, Discipline and Fitness to Practice Committees. In her new role Carole will be responsible for providing practice advice to Members, coordinating the development of standards, guidelines and policies, and providing professional practice support to the Patient Relations Committee and the Quality Assurance Committee. Please join us in welcoming Carole to the College.

Barb Saunders, the College's former Coordinator of Communications and Members Services left the College in February to accept an opportunity with Easter Seals to pursue the areas of fundraising and media relations. In April 2007 **Janice Carson-Golden** joined the CRTO as the new Communications Coordinator, facilitating the College's overall internal and external communications including coordinating content for the College's publications and providing technical support. Janice also supports the Communications Working Group.

Christine Robinson
Registrar

BACK ROW:

Janice Carson-Golden, *Communications Co-ordinator*
Melanie Jones-Drost, *Co-ordinator of Quality Assurance*
Christine Robinson, *Registrar*
Mary Bayliss, *Manager, Policy and Investigations*
Ginny Martin, *Professional Practice Advisor*

FRONT ROW:

Shah Amarshi, *Administrative Assistant*
Ania Walsh, *Co-ordinator of Registration*
Amelia Ma, *Finance and Office Manager*



MISSING FROM PHOTO:

Carole Hamp, *Professional Practice Advisor*

CRTO Staff Update... continued

Below is an updated list of staff contact numbers/emails and responsibilities:

Name & Title	Email	Ext	Responsibilities
Christine Robinson Registrar	robinson@crto.on.ca	21	oversees the administration & statutory responsibilities of the College; main contact for policy and legislation
Mary Bayliss, RRT Manager, Policy & Investigations	bayliss@crto.on.ca	24	Investigations, complaints and hearings; professional practice issues, policies and standards
Amelia Ma Finance and Office Manager	maa@crto.on.ca	26	Finance, office administration
Melanie Jones-Drost Co-ordinator of Quality Assurance	jones-drost@crto.on.ca	30	Quality Assurance Program, including the Professional Portfolio and Professional Standards Assessment
Ania Walsh Co-ordinator of Registration	walsh@crto.on.ca	25	Registration processes and member data/information management
Carole Hamp RRT Professional Practice Advisor	hamp@crto.on.ca	33	Professional practice questions and advice, advanced procedures certification programs
Janice Carson-Golden Communications Co-ordinator	carson@crto.on.ca	27	Coordinates communication services including web site, bulletins and newsletters; technical support
Shah Amarshi Administrative Officer	questions@crto.on.ca	22	General inquiries, information processing and call direction



I have recently been honoured by an offer to join the staff at the College of Respiratory Therapists of Ontario as Professional Practice Advisor. After 22 years in an acute care setting it is a wonderful opportunity for me to have a much broader and hopefully, positive impact on my profession and the standard of care we provide our patients. I became involved with the CRTO six years ago and have very much enjoyed my time as a Non-Council and more recently, Council member. I have been on the QA Committee and have chaired the Patient Relations committee, as well as the Discipline and Fitness to Practice committee. This experience has led me to take this opportunity to help continue the work of the College on a full-time basis. I am looking forward to my new role and to working with the members of my profession and all of our stakeholders.

Thank you,
Carole Hamp, RRT, CAE

Administrative Update



Election of one Council Member for District 5

Notice of Elections and Nomination Forms for the election of one Council Member for District 5 were mailed to eligible voters in District 5 on July 22, 2007.

This election is as a result of a vacancy for a Council position in District 5 and the candidate elected will serve for the remainder of the term, until **November 2009**. The date for the election of this Council position has been set for **Monday, October 22, 2007**.

The following is a chart of the areas included in District 5.

District	Council	Counties in District
5	1	Regional municipalities of Halton, Hamilton-Wentworth, Niagara, Waterloo and Haldimand-Norfolk; and the Counties of Brant, Dufferin and Wellington.

New Public Council Member

We welcome our new public Council Member, Gordon Garshowitz, who was appointed by the Ministry of Health and Long-Term Care on April 1, 2007. Welcome aboard Gord.

A Goodbye Note

Last but not least, we said goodbye to two public members Sudershen Beri and Gary Weeks whose terms ended on June 27, 2007 and March 31, 2007 respectively. We thank both Sudershen and Gary for their valuable contributions to the College and we wish them the very best in their future endeavors.



Amelia Ma,
Finance and Office Manager

CRTO COUNCIL DATES - 2008

DATE	DAY	MEETING	TIME	LOCATION
February 22, 2008	Friday	Council Meeting Open Forum	9:00 a.m. - 3:00 p.m. 3:00 p.m. to 4:00 p.m.	180 Dundas St. W. Conference Room, 19 th Floor Toronto, Ontario M5G 1Z8
June 20, 2008	Thursday	Annual General Meeting Council Meeting Open Forum	9:00 a.m. - 10:00 a.m. 10:00 a.m. - 3:00 p.m. 3:00 p.m. to 4:00 p.m.	180 Dundas St. W. Conference Room, 19 th Floor Toronto, Ontario M5G 1Z8
September 19, 2008	Friday	Council Meeting Open Forum	9:00 a.m. - 3:00 p.m. 3:00 p.m. to 4:00 p.m.	180 Dundas St. W. Conference Room, 19 th Floor Toronto, Ontario M5G 1Z8
November 27, 2008	Thursday	Council Meeting Open Forum	9:00 a.m. - 3:00 p.m. 3:00 p.m. to 4:00 p.m.	180 Dundas St. W. Conference Room, 19 th Floor Toronto, Ontario M5G 1Z8

If you are interested in attending the CRTO Council Meetings, please call the College at 416-591-7800 or 1-800-261-0528 or email at questions@crto.on.ca to reserve a seat. **We look forward to seeing you there.**

Addressing a great need

St. Mary's cardiac care unit is ahead of the game in government's new team approach to handling anesthesia in Ontario

Originally published in: *The Record (Kitchener, Cambridge), May 18, 2007*

By Anne Kelly

A team approach to anesthesia care, being pilot tested in Ontario, is already well-established at Kitchener's cardiac centre.

The province recently announced it will fund what it calls two new roles, anesthesia assistants and nurse practitioner- anesthesia, as a way to reduce wait times and help address the shortage of anesthesiologists.

But at St. Mary's Regional Cardiac Care Centre, respiratory therapists have been successfully working as anesthesia assistants during heart surgeries since 2003.

In fact, the role the seven anesthesia assistants play at the cardiac centre is one of the most advanced in Canadian cardiac centres, says Danny Veniott, professional practice leader for the department of respiratory therapists and anesthesia assistants at the hospital.

Most respiratory therapists working in operating rooms in Ontario for the past 10 years have been doing equipment troubleshooting and managing the airways of patients with breathing tubes, Veniott says.

But at St. Mary's cardiac centre, the added responsibilities for Veniott and his colleagues include inserting intravenous, central venous and atrial lines which are used for monitoring patients and delivering medications and fluids. They also administer medications, blood products and anesthetic gases.

They work under the direct supervision of anesthesiologists. It's a model the Health Ministry is now adopting with the creation of certificate programs for anesthesia assistants.

"St. Mary's was a bit ahead of its time," Veniott says.

When the heart surgery program began at St. Mary's, the anesthesiologists requested help with these complex cases. The procedures can last five to six hours, and require up to a dozen monitors and multiple medications.

In teaching centres, where most cardiac surgery has traditionally been done, anesthesiologists are assisted by medical students and residents. Since St. Mary's is not

a teaching centre, the anesthesiologists had to look at other options.

"Their first choice was respiratory therapists because of their vast knowledge of airway equipment and anesthetic gas machines, as well as their critical-care experience dealing with patients after surgery," says Dr. Philip Hanada, chief of anesthesiology at Grand River and St. Mary's hospitals.

The respiratory therapists from St. Mary's shadowed peers at the Trillium Health Centre in Mississauga for a month before they began assisting in heart surgeries here.

Veniott explains that as the St. Mary's anesthesiologists "became more comfortable with our knowledge, they gave us more and more to do."

Hanada says the trust that has developed through this team approach at St. Mary's has played an important role in the rapid rise to success of the cardiac surgery program.

"What we've been doing is improving outcomes and making it safer for patients," adds Veniott.

Hanada said during cardiac cases, there are certain tasks that anesthesiologists do which require all their attention.

"It means they can't look at other things like monitors," says Hanada.

"To be able to delegate work (to an anesthesia assistant) reduces stress and reduces errors," he says.

An August 2006 report by the Institute for Clinical Evaluative Sciences, found that between 2002 and 2004, St. Mary's had the greatest percentage of high risk heart surgery patients of Ontario's 11 cardiac centres. Its patients also had the lowest death rate within a year after surgery.

The province is now funding an anesthesia assistant-training program at the Michener Institute of Applied Health Sciences in Toronto for nurses or respiratory therapists who have two years of critical care or operating room experience.

The respiratory therapists at St. Mary's, who had seven years or more experience

when they joined the cardiac surgery program, are in various stages of the Michener's 22-week advanced anesthesia assistant program.

A nurse practitioner master's program in anesthesia will be set up at the University of Toronto.

Neither Grand River nor Cambridge Memorial Hospital have anesthesia assistants.

Hanada says Grand River and St. Mary's applied to be part of the Health Ministry's pilot program. But they were not among the nine pilot sites chosen.

"That was kind of concerning because with the pilot program comes some funding," says Hanada.

Thoracic (chest) surgery programs at St. Mary's and Grand River Hospital were recently consolidated at St. Mary's. Hanada says the hospital is trying to find money within its own budget to expand the anesthesia assistant program to thoracic surgery.

That program includes lung, esophageal and throat cancer surgeries. An eighth respiratory therapist who now works in general surgery at St. Mary's, mainly looking after equipment and airways, would be trained to assist in those cases.

"Those are big cases, which are very high stress for the anesthesiologists," says Hanada.

"We end up having to do most of the tasks ourselves, and we end up having to do them one after the other. We have to get all those things done in a certain amount of time."

Having an anesthesia assistant would be more efficient and less stressful.

Another goal is to introduce anesthesia assistants to the cataract program at St. Mary's.

They would provide conscious sedation to some patients who require it to keep them relaxed and still during the procedure.

It would also be useful for magnetic resonance imaging (MRI) at Grand River. Some patients require a general anesthetic to



keep them motionless during the test. Anesthesia assistants could provide the necessary monitoring, Veniott says.

Both MRI and cataract procedures have received millions of dollars in funding from the province to handle extra cases and reduce wait times.

"This is one of the ways of getting some of the wait time cases done," Hanada adds.

In addition to working in the cardiac operating room, the respiratory therapists at St. Mary's also work in the cardiovascular intensive care unit, weaning patients from machines that breathe for them, removing breathing tubes and monitoring their oxygen and respiration levels.

It means they don't lose their skills as respiratory therapists and are on-site round the clock, so they're immediately available when emergency surgeries arise.

Registered respiratory therapists study

for three or four years at the college or university level to earn their certification.

Hanada says the cardiac centre was fortunate to have a pool of experienced respiratory therapists to draw from.

Eventually Hanada hopes anesthesia assistants will be used in other big cases in Kitchener, such as intra-abdominal, liver and urology cases.

"As the complexity of the cases increases, we find that we need more and more expertise in the people that are helping us."

Adds Veniott, "with all the medical management and patients living longer, people coming to the operating room tend to be sicker and sicker.

"While the body is generally good at keeping functions like blood pressure and circulation in order, when you go under anesthesia, the body doesn't regulate itself any more," explains Hanada.

"So things go wrong with blood pressure and heart rate, and we have to act on that when it happens.

"We have to bring things back into balance by either giving medication or giving fluids, giving blood . . . When one thing goes out of balance, it's easy to treat.

"When five things go out of balance, you need help and that's when we call on the RTs to help."

But respiratory therapists with the right experience "don't grow on trees," and there is a long waiting list for the Michener training program, Hanada says.

So expansion into programs other than cardiac surgery may take longer than hoped.

"It means we struggle the way we've been practising up until now. We are working toward that goal of getting more support. "

akelly@therecord.com

Professional Development Funding Opportunity - News Release

College of Respiratory Therapists of Ontario (CRTO) and the Respiratory Therapy Society of Ontario (RTSO) have worked diligently over the past year to help ensure that Respiratory Therapy became a part of the following funding opportunity from the Ontario Ministry of Health and Long-Term Care (MOHLTC). We are pleased to be able to forward the following announcement to you at this time.

HEALTHFORCEONTARIO'S ALLIED HEALTH PROFESSIONAL DEVELOPMENT FUND EXPANDED AND CONTINUED IN 2007-08

Nine professions now eligible for funding!

This year the Fund has been increased and the program expanded to include Dietitians, Pharmacists and Respiratory Therapists. The Fund will continue to support skill and knowledge development opportunities for Medical Laboratory Technologists, Physiotherapists, Medical Radiation Technologists, Occupational Therapists, Speech-Language Pathologists, and Audiologists.

Guidelines and application forms will be made accessible in late September both electronically through the fund's web site at www.ahpdf.ca as well as through direct mail to all eligible potential applicants.

Until all the details have been finalized you are encouraged to keep documentation such as proof of

payment and proof of successful completion of professional development activities that you have completed since April 1, 2007 or will be completing by March 31st, 2008. Applications can be submitted as soon as the new application form is available.

For further information please contact the fund administrator by e-mail at: rstas@ahpdf.ca or lsawaya@ahpdf.ca or by phone at: 905-602-6015 / 1-866-992-6015.

HealthForceOntario is an innovative health human resources strategy designed to ensure the province has the right number and mix of appropriately educated health care providers when and where they are needed. The Allied Health Professional Development Fund is a program that provides financial support to allied health professionals to participate in professional development opportunities.

Degree *Entry to Practice* Project

Update

As promised to CRTO Members when this project began, we will continue to update you on the progress of this important initiative. To recap, in 2005, the Council approved a Blueprint that outlined an approach to a study into baccalaureate degree level entry-to-practice for Respiratory Therapy. The question that the Council wanted answered is whether the patients/clients of Ontario would be better served by Respiratory Therapists who are educated at a minimum of a baccalaureate level. Council has a neutral position in this matter and is interested in the merits or otherwise of a change in entry to practice. At this time, the Council approves RT education programs, but the approval of the programs are based on the competencies that they must teach and does not specify whether these competencies must be taught at the diploma or degree level.

The implications and consequences of this study are very important and as such the College is taking a very systematic approach to gathering the evidence. Initially, the Blueprint included two phases into the research. Following completion of phase one, it became apparent that the Blueprint needed to be expanded. In June 2007, Council approved a revised Blueprint which includes 4 phases of research. To date, Phase I and 2 are complete and College staff has begun work on Phase 3. Following the loss of Gord Hyland, work on this important project

slowed down but we are pleased to report that work has begun again. Harry Cummings and Associates (HCA), who assisted with Phase 1 of the study, has once again been contracted to assist with phase 3 of the project. This phase will examine the different education models that exist that might fit the need, should Council decide that it is in the best interests of the Ontario public for RTs to be educated at the baccalaureate level. Over the next several months HCA, along with staff, will complete this phase of the research. It is anticipated that the results of this phase will be presented to Council in February 2008. Reports will be made public and available on our web site at that time.

As always, should you have any questions about this project, please do not hesitate to contact Mary Bayliss, Manager of Policy and Investigations at bayliss@crto.on.ca or ext. 24.

Mary Bayliss,
Manager, Policy & Investigations

Forging a Stronger Health Care System Together - Invitation from the LHINs

The Local Health Integration Networks are a fundamental component of the government's plan to build a stronger health care system in Ontario. Focusing on the community's needs, our role is to work together with our many stakeholders to create a health system that is patient-focused, results-driven, integrated, and sustainable. Together, all the system partners – government, LHINs, and providers – are accountable to the people of Ontario for quality and results.

Health Professionals Advisory Committee

Collaboration and consultation with our many stakeholders is integral to our mission. As front line providers of care, health professionals are essential members of our community and have a valued role in helping to achieve the vision of healthcare in Ontario. Each LHIN will establish its own Health Professionals Advisory Committee comprised of members from a variety of health services professions. This multi-disciplinary committee will have the important responsibility of providing advice to the network on how to achieve patient-centred health care and further develop the leadership role of health professionals in promoting integrated health care delivery.

To learn more about this exciting volunteer opportunity to help build a stronger health care system in Ontario, please visit our web site at www.lhins.on.ca. If you are interested in joining one of the Health Professionals Advisory Committees, please submit an expression of interest, available on our web site along with submission contact information, by September 28, 2007. Thank you for your interest in the Health Professionals Advisory Committee!

CRTO/RTSO LHIN Project...

a great first step.

As reported in the last issue of the Exchange, the Joint CRTO/RTSO Communications Working Group, comprised of members from both the Respiratory Therapy Society of Ontario (RTSO) and the CRTO (Patient Relations Committee), met with each of the 14 LHINs in Ontario with the following objectives:

- To learn more about the integrated Health Services Plan Priorities of each LHIN;
- To provide important information about the delivery of Respiratory Therapy to patients in their LHIN community;
- To provide each LHIN with a list of contacts to call for further information about Respiratory Therapy in their community; and
- To request the senior management team of each LHIN to consider having a Respiratory Therapist on their Health Professionals Advisory Committee.

Traveling locally in teams of two or three, a total of 39 Respiratory Therapists, CRTO public members, RTSO Board members and CRTO staff visited each of the fourteen Local Health Integrated Networks between November 2006 and April 2007. At each LHIN visit, we inquired about the process involved in populating the Health Professionals Advisory Committee, slated to be formed in late fall 2007, and asked the LHIN to consider having a Respiratory Therapist sit on this committee. In addition, each LHIN has a Chronic Disease Prevention and Management Committee and a Health Human Resources (HHR) Advisory Group, both of which could benefit from the expertise of an RRT.

Thanks to the generosity of those individuals who volunteered their time, our visits were well received. Findings from these visits were passed onto the Communications Working Group and the following recommendations have emerged:

- CRTO Members are encouraged to stay informed and in touch with their local LHIN. One way of accomplishing this is to bookmark the web site of your LHIN and sign up for e-newsletters that many LHINs are sending on a regular basis;
- CRTO Members should consider submitting their resume to their LHIN with an offer to assist on any committee that requires the input of a Respiratory Therapist. Each LHIN will have Chronic Disease

Prevention and Management Committees that may require the expertise of a Respiratory Therapist – particularly as it relates to the management of diseases such as asthma and COPD. As a follow-up to this project, the Communications Working Group will be requesting a meeting with the MOHLTC's Primary Care Reform Division, to discuss barriers that many patients/clients face when attempting to acquire RT services in the community.

Community Care Access Centres (CCACs) are the local organizations established by the Ministry of Health and Long-Term Care to provide access to government-funded home and community services and long-term care homes. CCACs work together, and with physicians, hospital teams and other health care providers to enhance access and co-ordination for people who need care in the community. CCACs, as a rule, do not contract or fund services provided by Respiratory Therapists. It is our understanding that this is because the MOHLTC does not identify Respiratory Therapists as being primary care providers. We continue to be very concerned that patients/clients and their families cannot access Respiratory Therapy services unless they pay out of pocket expenses.

The College hears from patients/clients and their families on a regular basis, asking for help in obtaining RT services. Many of these patients/clients have significant respiratory needs that are not being met. Most of the patient/clients we hear from are ventilator dependent or have artificial airways such as a tracheostomy. Furthermore, recommendations from a recent report from the MOHLTC entitled *Chronic Ventilation Strategy Task Force* (June 30, 2006) supports our position that respiratory therapist services must be funded for ventilator-dependent patients in the home.

There have been and will continue to be opportunities to become involved in your LHIN. Visit www.health.gov.on.ca/transformation/lhin/lhin_mn.html and click on the link to your LHIN for current information to view current opportunities to become involved.

The members of the Communications Working Group wish to acknowledge and thank Barb Saunders and Dianne Johnson RRT for their tremendous efforts in coordinating, scheduling and attending all of the LHIN visits.

Patient & Member Relations

Update

Proposed Infection Prevention and Control PPG

Following the February 2007 Council meeting, the proposed draft PPG on Infection Prevention and Control was circulated to CRTO Members and other stakeholders for feedback. The response to our request was very positive with one of the highest response rates to a survey in recent years.

Survey response breakdown:

- Total Responses Received: **164**
- Survey Monkey (web-based survey): **156**
- Mail/Fax: **8**

It is noteworthy that we were informed that groups of Respiratory Therapists met to review the document and subsequently submitted one on-line response to the survey. This suggests that a much larger number of CRTO Members responded to our request than the total number indicates. We wish to thank all of the Members who took the time to submit their feedback. In addition, we received feedback from the following stakeholders:

- Ontario's Provincial Infectious Diseases Advisory Committee (PIDAC);
- Dr. Allison McGeer and the Infection Control team at Mount Sinai Hospital in Toronto;
- Dr. Mary Vearncombe, Director of Infection Control at Sunnybrook Hospital and member of PIDAC;
- College of Medical Laboratory Technologists of Ontario (CMLTO);
- College of Nurses of Ontario (CNO); and
- Saskatoon Health Region.

Overall, the feedback we received on the draft PPG was very positive, however, it was noted that more work needed to be done to ensure that the document reflects the MOHLTC's guidelines and is consistent with infection prevention and control terminology. CRTO staff are currently incorporating the feedback we received into the document before sending it back to PIDAC and other stakeholders for a second review. It is anticipated that a final draft of the document will be presented to Council at its November 2007 meeting for approval.

On a personal note, I would like to thank the members of the Infection Control Working Group for their tremendous effort and enthusiasm for this project. It is noteworthy that the former Chair of the Patient Relations Committee (PRC) and the PRC representative on the Infection Control Working

Group is now on staff at the College as our new Professional Practice Advisor. Carole Hamp, RRT has been a tireless volunteer as a Council member and we are delighted that she has now joined our staff. It is naturally fitting therefore, that Carole takes over the lead on this project. Carole will very aptly bring this important project to a close. As Christine Robinson has noted earlier in her staff update article, I have now assumed a new position at the College with different responsibilities but will remain involved in the development of practice-related guidelines and policies.

Responsibilities of Members as Educators PPG

This PPG has been recently revised and it is currently in circulation for feedback and comments. Members who have provided us with their email address were emailed a link to the web-based survey. The draft document may also be found in the Members only section of the CRTO's web site, along with a link to the on-line survey.

The proposed changes expand the PPG beyond teaching situations with students. It now describes educational interactions that occur between the Respiratory Therapists and patients/clients, family members, and regulated and unregulated health care professionals in both the home and in healthcare institutions. It is anticipated that the final draft of this PPG will be presented to Council in September for its approval. For more information please contact Carole Hamp RRT, Professional Practice Advisor at ext. 33.

Health Professions Regulatory Advisory Council (HPRAC)

HPRAC is required by law to report to the Minister of Health and Long-Term Care on the progress of health regulatory College's patient relations programs. HPRAC has now begun the process of evaluating patient relations programs. The CRTO participated in HPRAC's patient relations programs workshop in May. Following this workshop HPRAC distributed a draft set of common elements that will aid HPRAC in monitoring Colleges' programs. In addition, as requested by HPRAC, we sent a brief summary of our patient relations achievements since 2001 to Barbara Sullivan, Chair of HPRAC. A copy of our summary report can be found on the "What's new" section of the CRTO's web site.

Mary Bayliss, RRT
Manager, Policy and Investigations

Communications Working Group Update

As the recently initiated Communications Co-ordinator, it has been wonderful working with the Members, Council, Non-Council, Committees and staff of the CRTO. The Communications Working Group (CWG) has been very busy the last few months with several projects on the go and more in the future months.

Brochures

We are currently in the process of updating the Respiratory Therapy and Respiratory Therapy Student brochures to continue to provide comprehensive information on the profession for both the public and those interested in exploring Respiratory Therapy as a career. The new and updated brochures will be available on the web site in late September.

Photo Contest

The CWG received several excellent photos from this years photo contest submissions, a winner has yet to be determined, but the winning photo will be used in this years' poster campaign for RT Week. Posters will be mailed to managers of the Respiratory Therapy departments across the province with a letter from the Communications Working Group, prior to RT Week. So keep an eye open for them.

LHINs

Additionally, we have wrapped up the LHINs project from last year with great success, as several of the LHINs are currently requesting applications from RTs. (Please see the article on page 11 for the full LHINs update.) There have been and will continue to be opportunities to become involved in your LHIN. Visit www.health.gov.on.ca/transformation/lhin/lhin_mn.html and click on the link to your LHIN for current information and opportunities to become involved.

Future Plans

We are planning to send out media kits to all major media, such as CTV news, City TV, Breakfast Television etc., with the intention of making RT Week better known. If you are interested in sending a media kit and following up with your local media please contact the CRTO.

As always, should you have any questions about media or communications, please do not hesitate to contact Janice Carson-Golden, Communications Co-ordinator at carson@crto.on.ca or ext. 27.

Janice Carson-Golden
Communications Co-ordinator

Your fellow RTs

...hard at work helping you!

The CRTO would like to thank ALL those Respiratory Therapists, including Council and Non-Council Committee Members, who volunteer their time to protect the public and guide the profession of Respiratory Therapy in Ontario.

Here are just a few of the many RTs who have volunteered recently:

- Jackie Bernard
- Gabriel Cardenas
- Michael Finelli
- Neeta Fraser
- Libby Groff
- Chriss Harris
- Cynthia Harris
- Kelly Harrison
- Cheryl Homuth
- Eugene Leshchyshyn
- Ginny Myles
- Craig Norman
- Lisa O'Drowsky
- Rick Paradis
- Jodie Russell
- Myron Steinman
- John Traill
- Shawn Turcotte
- Kelly Vaillancourt
- Danny Veniott
- Lily Yang

Quality Assurance Update

The work of the Quality Assurance Committee ebbs and flows throughout the year. Spring and fall are particularly busy, while the summer months slow as Committee members enjoy much deserved vacation.

This past spring the QA Committee met to conduct their assessments of Members' Professional Portfolios and Professional Standards Assessments (PSA). As we have seen in the past, approximately 89% of Members either met or exceeded the Committee's expectations. The average score for the PSA was 82%, compared with 78% the previous year.

Given that the PSA is an open-book, 50 question multiple-choice test that Members have 30 days to complete, the Committee is not surprised that many Members score so highly. Members who fall significantly below average are given the opportunity to re-do the PSA to improve their scores – and more importantly, their understanding of how to interpret and apply the guidelines, legislation and standards of the profession.

In early June the Item Writing Working Group met to develop new questions for the PSA. This Group helps the QA Committee ensure that there are always enough questions in the 'bank' to administer a new

version of the PSA, while allowing for changes in practice and the possibility that some questions used in the past will be removed because Members identified issues with fairness/clarity.



The QA Committee is also looking into the cost/benefit of developing an online version of the Professional Portfolio. As all Members (regardless of their registration status) are required to maintain a Portfolio and document a new Learning Goal every 12-months, the Committee is investigating ways to ease the tracking of this information. In the past few months Members have identified issues with the current Word™ format of the Portfolio as being difficult to manipulate and manage. The Committee will include a sampling of the Membership in their consultation process.

For further information on the QA Program and Member opportunities, please contact our office.

Melanie Jones-Drost
Co-ordinator of Quality Assurance

Registration Committee Highlights

Registration Regulation

Registration Regulation amendments were submitted to the Ministry of Health and Long-Term Care in 2005. The proposed amendments include standard terms, conditions and limitations for graduate members and the transfer of provisions from by-law relating to the suspension, revocation and reinstatement of certificates of registration. Since that time a number of new revisions have been considered and therefore the Regulation amendments have been put on hold until additional amendments are drafted and circulated to the Members.

Approval of Education Programs Policy

The Committee discussed current practises with regard to approval of Canadian Respiratory Therapy programs as well as granting equivalency status to Respiratory Therapy programs offered outside Canada. Two policies were drafted and subsequently

approved by Council; Approval of Canadian Education Programs and Equivalency Status for Education Programs Offered Outside of Canada and the USA. In the upcoming months, members of the Committee will continue their discussions regarding equivalency status for US Respiratory Therapy programs.

Members as Educators Professional Practice Guideline

The Members as Educators PPG Review Working Group met on June 26, 2006. The goal of the group was to broaden the focus of this PPG from students to non-regulated health care providers and to fully explain issues associated with teaching and delegation. The draft revised PPG was presented to the Registration Committee for review and was subsequently approved by Council for Member circulation.

Registration Committee Highlights... continued

Prior Learning Assessment Policy

Following a thorough review of the Prior Learning Assessment Policy by the Registration Committee, the proposed revisions were approved by Council in February 2007. The revised document clarifies the legal intent of the Policy and further streamlines PLA process. Both the Michener Institute and Algonquin College have agreements with the CRTO concerning the conducting of Prior Learning Assessments.

Graduate Certificates of Registration Policy

The Committee reviewed a draft revised policy on the

registration of graduate members with standard terms, conditions and limitations. The proposed amendments came as a result of the recent Prior Learning Assessment policy change. By successfully completing the process, a PLA candidate has demonstrated that he or she has knowledge, skills and judgment equivalent to those of a person who has successfully completed an approved Respiratory Therapy program. The revised Policy will allow the successful PLA applicants to be automatically eligible for a Graduate Certificate of Registration. The revised policy was approved by Council in June 2007.

January - May 2007 Registration Committee Referral Summary:

No. of Applications Reviewed	Reason for Referral	Decision
1	Review Terms Conditions and Limitations imposed on member's General Certificates of Registration.	To remove the terms, conditions and limitations.
1	Applicant completed the CRTO PLA process.	To issue a Graduate Certificate of Registration with terms, conditions and limitations.
5	Applicants have not graduated from a CRTO approved Respiratory Therapy program.	Applicants referred to the Prior Learning Assessment Process.
2	Applicants have not been engaged in the practice of Respiratory Therapy within the two years preceding their applications to the College	To issue a General Certificate of Registration with terms, conditions and limitations.
3	Applicants were not successful in the PLA.	Refuse to issue a Certificate of Registration
2	Requests for extension to the 18 month PLA completion deadline.	To extend the deadline.

Registration and Database Update

The College maintains a register of all Members eligible to practice in Ontario. The register contains information about each Member, some of which is available to the public as mandated under the RHPA. The current* "public" information includes:

- Member's name, business address, and business telephone number;
- Member's class of registration;
- Terms, conditions and limitations on the Member's certificate of registration;
- Active/inactive status;
- A notation of a revocation and suspension that is in effect,
- The results of every disciplinary or incapacity proceeding in the past 6 years, and
- A notation if a discipline decision is under appeal.

(* Under the *Health System Improvements Act* (2006) additional information will be made public. Refer to page 19 for an outline of this new piece of legislation.)

In addition the College collects specific demographic information as well as data pertaining to members' education and practice areas.

Since the beginning of the College (1993), we have been using a DOS based database system designed by Robert Wilkins of RJWA Micro-Consulting. We continue to use this original system to process applications for registration, renew certificates of registration, issue tax receipts, verify members' registration status, provide statistical information and report on the aggregate data to government and other organization. For example, in the last couple of years the College participated in two projects which utilised our extensive Member database information.

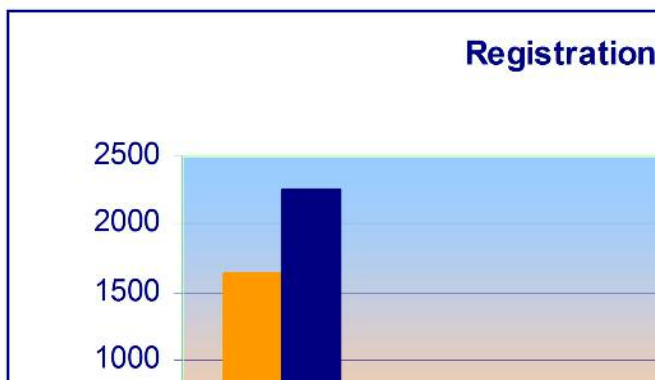
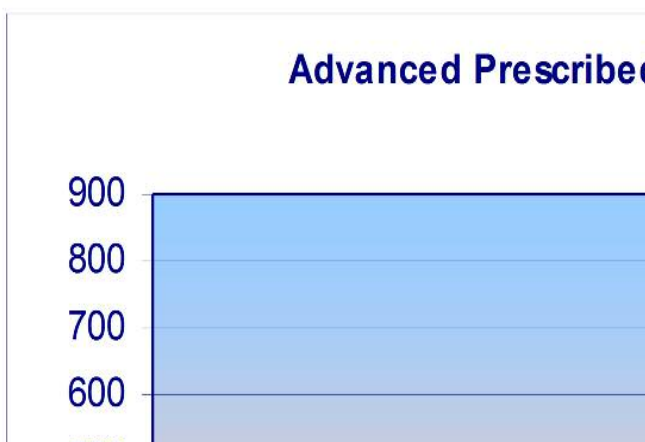
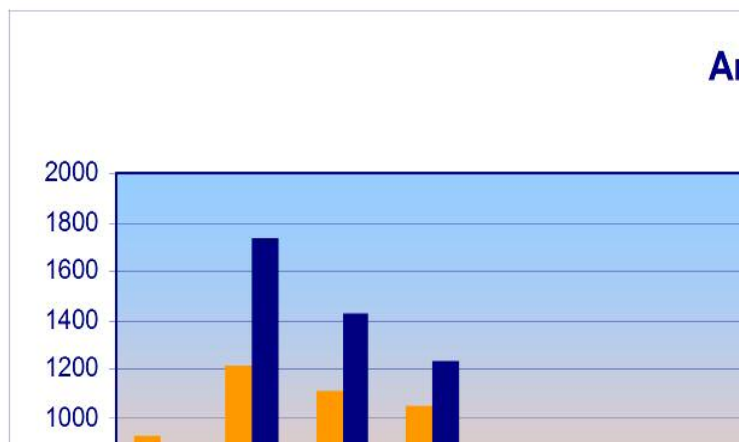
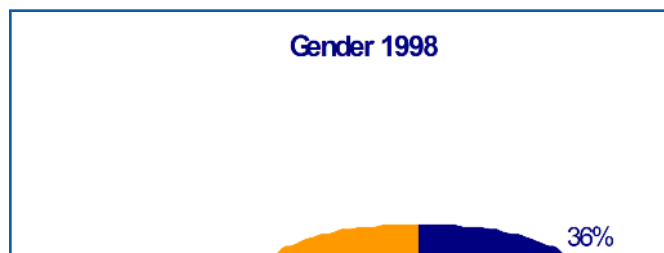
- The Ministry's Allied Health Human Resources Database Pilot Project, which, will help the Ministry to develop an allied health human resources database to assist with Pandemic Influenza Planning and planning for future allied health demographic challenges.

Registration and Database Update... continued

- The second is a research project being carried out by Canadian Institutes for Health Research (CIHR) Team. It involves looking at the reasons why most health professionals tend to remain within the same areas of their profession. This research will provide information on where

shortages of professionals exist and why, as well as informing future training and education models. Our role with the project was to provide access to aggregate electronic data collected by the College over the last 10 years.

Here are some examples of the data collected over the years:



Following a recent review of our current processes, it has become apparent that the database system needs to be replaced to allow for increased efficiency and better use of available technologies. College staff have commenced a selection process and development of a new membership management software solution. We hope the new system will:

- Reduce our dependence on paper-based systems.
- Eliminate duplication of information/data entry.
- Reduce the time and effort it takes to capture and retrieve information.
- Reduce the time and effort it takes to communicate with members.

- Increase the ability to collect and report complex data.
- Allow for regular reports on information currently unavailable.

We are working toward a comprehensive database system that will be integrated with the CRTO web site (www.crto.on.ca) so that members of the College may:

Registration and Database Update... continued

- Update their own information,
- Renew their membership,
- Capture and submit their *Professional Portfolios*, and
- Complete the *Professional Standards Assessment* when required.

The new database will also help us to comply with the new requirements under Bill 171- *Health System Improvements Act, 2006*, for example the public portion

of the Register will be available on the College's web site (see article on *Health Systems Improvements Act*, p. 19).

As we embark on this project, we would like to thank Bob Wilkins for his ongoing support and programming wisdom that he has shared over the years. Please stay tuned for updates on this initiative and upcoming improvements to our renewal processes and forms.

Ania Walsh

Co-ordinator of Registration

Investigations & Hearings Update

Concerns about Respiratory Therapists are usually brought to the College's attention in one of two ways:

1. Through a complaint lodged against a member.
 - the complaint may be submitted by anyone including a member of the public (patient/client or patient client representative), an employer, a Member of the CRTO or another College.
2. Through an employer or other report where:
 - the Member's employment has been terminated for reasons of professional misconduct, incompetence or incapacity (*mandatory report*);
 - there are reasonable grounds, obtained during the course of practicing the profession, to believe that a Member has sexually abused a patient/client (*mandatory report*).
 - a Member has reason to suspect incompetence, professional misconduct or incapacity regarding

- a CRTO Member (*report under the Standards of Professional Conduct and Accountability*);
- a Member reports incidents of unsafe professional practice or professional misconduct physical, verbal, emotional and/or financial abuse of a patient/client to the CRTO (*report under the Standards of Professional Conduct and Accountability*).

Complaints are considered by the Complaints Committee and reports by the Executive Committee. The Executive Committee also considers allegations of unauthorized practice and use of title and referrals from the Registrar and other Committees (e.g., the Quality Assurance Committee).

Additional information concerning these processes can be viewed on the CRTO web site at: www.crto.on.ca/html/concrnrt.htm

The following table shows the areas of concern and outcomes with respect to complaints and reports received from January to August 2007:

Area of Concern	Origin	Considered by	Outcome
Sexual Harassment & other unprofessional conduct	Employer Termination Report	Executive	<i>Still under investigation</i>
Unprofessional Conduct	Student complaint	Executive	No action
Failure to meet standard of practice regarding obtaining proper order	Member complaint	Complaints	No action
Verbal abuse of patient/client	Member of the public	Complaints	No action
Incapacity	Co-worker report	Executive	<i>Still under investigation</i>
Failure to comply with QA Program	Referral from QA committee	Executive	Agreement and undertaking between the Member and the College
Incapacity	Employer report	Executive	<i>Still under investigation</i>
Breach of professional standards of practice	Member of the public	Complaints	<i>Still under investigation</i>
Incapacity	Member self-report	Executive	<i>Still under investigation</i>
Breach of professional standards of practice	Member complaint	Complaints	<i>Still under investigation</i>

Discipline Committee Hearings

CRTO vs. Deodat Lillie RRT

At the hearing held on May 28, 2007, Mr. Deodat Lillie RRT admitted to allegations outlined in an Agreed Statement of Facts relating to:

- inaccurate and incomplete statements on his applications for registration;*
- breaching an agreement with the College; and*
- holding himself out and improper use of title.*

The Panel accepted the facts and the admission contained in the Agreed Statement of Facts and found Mr. Deodat Lillie had committed acts of professional misconduct as defined in paragraphs 18 (false document), 24 (contravening the Regulated Health Professions Act) and 29 (unprofessional conduct) of section 1 of Ontario Regulation 753/93 as amended.

The College and Mr. Lillie presented a Joint Submission on Penalty and Costs and after due consideration, the Panel accepted the disposition proposed in the Joint Submission and made the following order:

- That the Registrar suspend the certificate of registration of Mr. Lillie for a period of three months. The suspension shall commence on a date to be fixed by the Registrar.*
- That the Registrar impose the following specified terms, conditions and limitations on Mr. Lillie's certificate of registration (which terms, conditions and limitations shall expire on the fifth anniversary of the date of hearing):*
 - a) Mr. Lillie shall deliver to the Registrar, within 30 days of the date of the Order and within 30 days of commencing any new employment, a written undertaking from a representative of his employer(s). Mr. Lillie shall immediately notify the College if he learns that the representative of his employer(s) has*

revoked or suspended the undertaking and Mr. Lillie shall not practise respiratory therapy until he delivers a new written undertaking from another representative of his employer.

- b) Mr. Lillie shall deliver to the Registrar on the anniversary date of this Order commencing in 2008 and concluding in 2012, a written report from his employer(s) setting out the following:*
 - i. A performance appraisal related to Mr. Lillie's work performance during the pervious year (or since the last performance appraisal if it has been more that one year);*
 - ii. Details of any disciplinary warnings or action taken against Mr. Lillie during the previous year (or since the last performance appraisal if it has been more that one year);*
 - iii. Details of any concerns expressed about Mr. Lillie's conduct, competence or capacity by any clients, colleagues or other person during the previous year (or since the last performance appraisal if it has been more that one year); and*
 - iv. Any other information that the employer(s) believes is appropriate to disclose to the College.*
- That Mr. Lillie pay to the College \$9,000 towards the costs and expenses of investigating and prosecuting this matter.*

There have been no Fitness to Practise hearings since the last issue of The Exchange.

Mary Bayliss, RRT
Manager, Policy and Investigations

Significant amendments to the *Regulated Health Professions Act, 1991* have received Royal Assent

The *Health Systems Improvements Act*, which received Royal Assent on June 4, 2007, has resulted in a number of significant legislative changes including amendments to the *Public Hospitals Act*, the *Health Insurance Act* and the *Ambulance Act*, and establishes four new Colleges for Kinesiology, Naturopathy, Homeopathy and Psychotherapy. But for the CRTO and its members the most significant amendments are those to the *Regulated Health Professions Act* and the accompanying *Health Professions Procedural Code*, since these pieces of legislation provide the framework for the College's operations. Highlights of revisions to the RHPA, some of which are already in force but most of which will not be implemented for 2 years, are:

- New College objects
3 new objectives have been added to the role of the College,
 - To promote and enhance relations between the College and its members, other health profession colleges, key stakeholders, and the public.
 - To promote inter-professional collaboration with other health profession colleges.
 - To develop, establish, and maintain standards and programs to promote the ability of members to respond to changes in practice environments, advances in technology and other emerging issues.
- Public access to the Register
Public access to member information has been expanded and there is a requirement for Colleges to include this public information on its website. Public information must include: member business contact information; current terms, conditions and limitations; any current or previous suspensions or revocations; the results of discipline decisions (unless no finding has been made) and the fact that a matter has been referred to Discipline. In addition, findings of professional negligence or malpractice will be placed on the public register. It should be noted that much of this information was already available to requestors by telephone.

- Quality Assurance
Currently the CRTO QA regulation outlines components of the QA program. Among the changes is a requirement for all College QA programs to include the following components:
 - (1) continuing education or professional development designed to promote continuing competence and continuing quality improvement among the members, address changes in practice environments, and incorporate standards of practice, advances in technology, changes made to entry to practice competencies and other relevant issues in the discretion of the Council;
 - (2) self, peer and practice assessments; and
 - (3) a mechanism for the College to monitor members' participation in, and compliance with, the quality assurance program.

In addition, the amendments specifically provide the QA Committee with the authority to require individual members whose knowledge, skill and judgment have been assessed and found to be unsatisfactory, to participate in specified continuing education or remediation programs, or to direct the Registrar to impose terms, conditions or limitations for a specified time period. Lastly, the professional conduct definition in the Code now specifically includes failure to cooperate with the Quality Assurance Committee or any assessor appointed by that committee. However, referrals to the quality assurance program through the complaints process will cease.

- Reporting
Members must make a written report to the College if they have been found guilty of an offence or if there has been a finding of professional negligence or malpractice. Also, in addition to the current requirement that a mandatory report be made for suspected sexual abuse of a patient, the Code will require that facility operators to report incompetence or incapacity of members.

Significant amendments to the *Regulated Health Professions Act, 1991* have received Royal Assent... continued

- New committee to handle complaints and investigations
A new Inquiries, Complaints and Reports Committee (“ICR Committee”) has replaced the former Complaints Committee, and also takes over some functions which formerly belonged to the Executive Committee. Also, various “alternative dispute resolution processes” are recognized as means of resolving issues through mediation, conciliation, negotiation, or facilitation. Safeguards (e.g., both parties have to consent to enter into ADR) have been added to ensure fairness for all concerned.
- Under the confidentiality provision a College will be able to confirm whether a member is under investigation where there is a compelling

public interest to do so. In addition, disclosure of otherwise confidential information is permitted where necessary to address a significant risk of serious bodily harm.

- Treating patients by means of psychotherapy has been added to the list of controlled acts;
- The Minister of Health’s powers have been enhanced to include collecting information directly from members of the College for the purpose of health human resource planning.

The entire legislation can be viewed on-line at www.ontla.on.ca/bills/bills-files/38_Parliament/Session2/b171ra.pdf

Christine Robinson,
Registrar

Development of assessment tools for the regulation of Canadian and Foreign Trained Respiratory Therapists in Canada

The National Alliance of Respiratory Therapy Regulatory Bodies is very pleased to announce that funds have been sourced from Human Resources and Social Development Canada for the purpose of designing an examination matrix and foreign applicant assessment tool for Registered Respiratory Therapists. The intent of this project is to facilitate international labour mobility for people with substantially equivalent competencies to a Registered Respiratory Therapist in Canada.

Ms. Andrea Webber has been retained by the National Alliance as Project Leader on this important initiative of common interest. Ms. Webber resides in Ottawa Ontario and has had extensive experience in a variety of industries successfully coordinating numerous projects. She is a graduate of the Universite du Quebec Outouais with Masters Degree

in project management and a bachelors degree in English literature at Concordia University in Montreal.

The National Alliance of Respiratory Therapy Regulatory Bodies is a Federally incorporated non-share capital corporation with objectives to collaborate on common projects that are of mutual interest to protect the public. Its head office is situated in Montreal Quebec. The members of the Alliance are the regulatory bodies from Alberta (CARTYA); Manitoba (MARRT); Quebec (OPIQ); Ontario (CRTO) and the CSRT representing the unregulated provinces. All members of the National Alliance welcome Andrea and look forward to the successful creation of a common foreign applicant assessment program.

Professional Practice FAQs



Carol Hamp, RRT, CAE
Professional Practice Advisor

Q1 *As an RT, how does the use of Automatic External Defibrillators (AED's) differ in the hospital as compared to when it is used in a community setting?*

A1 When using an AED in a community setting an RT is covered under the same authority as any lay person; that is the *Good Samaritan Act, 2001*. However, when an RT is required to use an AED as part of his/ her job responsibilities the procedure falls under the *Regulated Health Professions Act*, controlled act number 7 "...the application of a form of an energy" which is not a controlled act authorized to Respiratory Therapists. Therefore, delegation is required from a healthcare professional authorized to perform the procedure, such as a physician. A properly constructed medical directive is a good authorizing mechanism in this circumstance as it can provide the necessary delegation and fulfill the requirement for an order.

Q2 *What should I do if I disagree with a physician's order? Do I have the right not to do what is asked of me?*

A2 As a healthcare professional you should always consider the best interest of the patients first and foremost. If you, in your professional opinion, believe that a physician's order is not in the patient's best interest it is incumbent on you to discuss your concerns with the physician. You may not be in possession of all the facts of the patient's condition and an open discussion with the ordering physician will perhaps help you to understand how the plan of care may benefit the patient. If after discussing your concerns with the physician you are still convinced that the order is not in the patient's best interest, then you have a professional obligation not to proceed (See PPG Orders for Medical Care). However, if you elect not to follow the order, you should inform the ordering physician and the patient's bedside nurse and if at all possible, the nursing supervisor for the area and your own supervisor. Also, it is essential that you immediately document the entire scenario as objectively and accurately as possibly, as

there is a chance that you may be called on to defend the position that you took. There are no controlled acts exclusively authorized to Respiratory Therapists, therefore another healthcare professional could complete the task, according to the standards of their respective profession. It is not considered to be an abandonment of the patient for you to refuse to carry out an order. However, open and honest discussion can help resolve many problems and should always be the first step. So in a situation where you disagree with a patient's plan of care, remember the acronym "DID" – Discuss, Inform and Document.

Q3 *We now have Physician's Assistants (PAs) at our hospital. The hospital says that the plan is to have the physicians delegate ordering of procedures to the PAs via a Medical Directive. That way, the PAs can then order the RTs to perform the procedures, such as ABGs. Can I accept an order from a PA?*

A3 According to the *Respiratory Therapy Act, 1991*, RTs can only accept orders from one of the following: a physician, a dentist, a midwife and an RN (EC). (The *Public Hospital Act* stipulates that RNs in the Extended Class can only write orders for hospital out-patients. An example of this setting would be in an Emergency Dept.) Therefore, **RTs cannot accept orders from Physician's Assistants.**

What the physicians will do is delegate the controlled acts to the Physician's Assistant. Delegation is the transfer of legal authority to perform a controlled act from a regulated health professional who has the authority, according to their discipline specific act, to another health care professional who does not have the authority under their act. Delegation is for procedures only and the act of ordering cannot be delegated. For more information see

www.crto.on.ca/html/profpractguidelines.html

A properly constructed medical directive that is developed and based on templates provided by the Federation of Health Regulatory Colleges of Ontario (FHRCO), could provide the basis for the delivery of care by PAs and RTs. PAs and RTs could be *(continued...)*

Professional Practice FAQs continued

listed as co-implementers, which would enable a collaborative approach. For more information regarding the FHRCO's medical directive templates please see www.regulatedhealthprofessions.on.ca/index.html Physician's Assistants are relatively new in the Ontario healthcare system, and there are a number of hospitals

that are trialing the utilization of these personnel in the emergency department as well as other settings. At present, they are not regulated under the *Regulated Health Professions Act*. Because PAs are not regulated they have no controlled acts authorized to them therefore they cannot delegate or order.

PPA's Test Your Knowledge

- 1. The *Respiratory Therapy Act, 1991*, requires an order for all acts authorized to Respiratory Therapists except suctioning. However, the *Public Hospitals Act* requires an order for every treatment or diagnostic procedure.**
 - a) True
 - b) False
- 2. An RN with a designation in the Extended Class can write orders in the following setting, as per the *Public Hospital Act*?**
 - a) In a hospital Intensive Care Unit.
 - b) On a Medical Ward.
 - c) In the Emergency Department.
 - d) In a Family Birthing Unit.
- 3. When considering the supervising RRTs responsibility in the case where a Student Respiratory Therapist (SRT) makes an error, which of the statements below is false?**
 - a) Your responsibility rests with ensuring that the level of supervision was appropriate.
 - b) Your responsibility rests with determining if it was appropriate for the student to be performing the procedure, given the known risks and benefits.
 - c) Student Respiratory Therapists (SRTs) are not members of the CRTO and therefore the RRT supervising is responsible for all actions of the SRT.
 - d) The RT assumes full responsibility and accountability for their own actions, not for the actions of the student.
- 4. If an RRT is performing a Bronchoscopy, what would he/she require delegation for?**
 - a) For the insertion of the bronchoscopy scope beyond the larynx.
 - b) For suctioning through the bronchoscope during the procedure.
 - c) For performing a tissue sample during the procedure.
 - d) For spraying the airway with Lidocaine prior to beginning the procedure.
- 5. Which of the following would not be considered to be an Added Procedure, according to part VII of *Ontario Regulation 596/94*?**
 - a) Manipulation of an ECMO cannula.
 - b) Transtracheal catheter change for an established stoma.
 - c) Suturing to secure a radial arterial line.
 - d) Reposition of Pulmonary Capillary Wedge Pressure (PCWP) balloon.

ANSWERS: 1A, 2C, 3C, 4C, 5B
REFERENCES: *Responsibilities of Members as Educators PPG, Delegation of Controlled Acts PPG, Interpretation of Authorized Acts PPG*

Amendments to the CRTO Professional Liability Insurance Policy provide exemption for those members in the “inactive” category who are not working as Respiratory Therapists

On June 15, 2007 Council approved amendments to the CRTO Professional Liability Insurance Policy. Currently there is a provision in the CRTO Professional Liability Insurance policy exempting “inactive” members from professional liability insurance coverage requirements. Specifically, for inactive members the amount of coverage required by the College is set at “zero” providing that the Member provides the Registrar with a signed declaration attesting that he or she is complying with the requirements of inactive membership as outlined in section 59 of Registration Regulation i.e., that they are not:

- (a) providing direct patient care within the scope of practice of the profession;
- (b) acting as an administrator, supervisor or educator in the field of health care
- (c) selling products or services related to Respiratory Therapy;
- (d) providing consultations for respiratory care and related care, equipment and services; or
- (e) conducting research related to Respiratory Therapy.

The new amendments to the policy also provide an exemption for members who are not practicing

Respiratory Therapy but who wish to remain in the “active” category as follows:

Inactive members or active members who are not engaged in the practice of Respiratory Therapy:

For inactive members, or for active members who are not currently engaged in the practice of respiratory therapy as outlined in subsection 59(3) of the Registration Regulation, the amount of coverage required by the College is set at “zero” providing that the Member has declared on his or her renewal form that he or she:

- Is requesting an exemption from the professional liability insurance requirement on the grounds that he/she is not currently engaged in the practice of respiratory therapy (either inactive or active non-practising), and
- Has read and understood the professional liability insurance policy of the CRTO and will obtain insurance before practising.

A copy of the policy is included in your Summer Exchange as an insert.

Christine Robinson
Registrar

Quality Assurance and Bill 171

In the CPSO's recent issue of their *Dialogue* newsletter, physicians' reactions to new mandatory continuing professional development or education were outlined. Addressing physicians' concerns regarding workload and demands on their time – an issue with which every health professional can identify – the CPSO responded by stating that their continuing education portfolios are meant to help physicians “*by learning smarter – not working harder.*”

Recent amendments to the *Regulated Health Professions Act* (Bill 171) will require all health regulatory colleges to have a component that addresses professional development:

- s.80.1 A quality assurance program...shall include,
- (a) continuing education or professional development designed to,
 - i) promote continuing competence and continuing quality improvement among members,
 - ii) address changes in practice environments, and
 - iii) incorporate standards of practice, advances in technology, changes made to entry to practice competencies and other relevant issues in the discretion of Council.

Many of the health regulatory Colleges have already adopted self-directed, Portfolio-type processes for encouraging and tracking professional development. This is not by coincidence as adult education research supports

this approach. Self-directed learning gives the health care professional control in setting learning goals and deciding what is worthwhile learning as well as how to approach the learning task within a given framework (Lyman, 1997; Morrow, Sharkey, & Firestone, 1993). The literature on self-directed learning asserts that those who participate demonstrate a greater awareness of their responsibility in making learning meaningful and monitoring themselves (Garrison, 1997).

Fortunately, the CRTO has had the current Professional Portfolio form in place for nearly four years, and the opportunity to provide workshops to the membership during that time. The Quality Assurance Committee will be reviewing the Portfolio in the coming months to ensure that it continues to meet the Ministry of Health and Long Term Care's requirements.

Any comments or suggestions regarding the Portfolio are welcome and should be directed to Melanie Jones-Drost, Co-ordinator of Quality Assurance at jones-drost@crto.on.ca



Melanie Jones-Drost,
Co-ordinator of Quality Assurance

Consultation Paper Proposed By-Law Amendments: Penalty and Reinstatement Fees

At the June 15, 2007 meeting, Council approved proposed amendments to Article 32 (Fees) of CRTO By-law No 16 - 2006, for circulation to Members and other key stakeholders. The proposal deals with a reduction in registration penalty and reinstatement fees.

This consultation paper is included as an insert with this issue of the Exchange and is also available on the College web site at: www.crto.on.ca

We value your input. All responses received will be provided to Council (de-identified unless you request your name be included) for consideration at the November 29, 2007 meeting. In order to have your comments considered, please submit them in writing by **Thursday, November 1, 2007.**

Should you have any questions related to the amendments I can be reached by phone at 416-591-7800 (Toll free - 1-800-261-0528) ext. 21 or by email at robinson@crto.on.ca

Christine Robinson
Registrar

T.E.A.C.H.

An excellent educational opportunity for CRTO Members

The Centre for Addiction and Mental Health (CAMH) runs the **T.E.A.C.H. (Training Enhancement in Applied Cessation Counseling and Health)** project. This program is geared towards healthcare professionals who wish to learn how best to counsel their clients' regarding tobacco use. The core course involves a 3 day workshop and there are several specialist courses related to a specific populations, such as the mental health community. Practitioners who complete both the core and a 2 day-specialists' course are eligible to become certified by the University of Toronto in the delivery of intensive tobacco cessation interventions. Participants who fulfill the T.E.A.C.H. project requirements also become part of a provincial Community of Practice group, which enable them to take part in follow-up training sessions, receive regular updates and network with colleagues.

I have completed both the core and specialist training and I found the course to be one of the best I have ever taken. It is well organized and the written materials provided allow you to easily integrate what you have learned into your practice. The brief intervention strategies that are taught can be a

tremendous benefit to your patients, regardless of your workplace setting. A significant number of RTs have already completed the program and I would highly recommend it. As an added bonus, your accommodations and travel expenses are taken care of by CAMH.

There are sessions running in Toronto every 4 months, with the next 2 sessions scheduled for:
October 22-26, 2007
February 18-22, 2008.

CAMH is accepting applications for the October session starting September 1, 2007. The application form can be found on the web site at: www.camh.net/education/Classroom_courses_forum_s_events/TEACH_Project/index.html

Further information can be found at:
tel: 416-535-8501 ext. 1600
email: TEACH@camh.net

Carole Hamp, RRT, CAE
Professional Practice Advisor



Educational Opportunities for Respiratory Therapists

Designations

Coming this November there will be a new designation for health educators; Certified Respiratory Educator (CRE).

The Canadian Network for Asthma Care (CNAC) will be offering the exam, which can be taken by anyone who has successfully completed both the CNAC approved asthma educator and COPD educator programs. More information on the exam and the CRE designation can be obtained from www.cnac.net.

Courses and Seminars

Certified Asthma Educator (CAE) Preparation Course

October 12 - 14, 2007, BMO Institute for Learning, Toronto, ON

Certified Respiratory Educator (CRE) Preparation Course

October 11 - 14, 2007, BMO Institute for Learning, Toronto, ON

Chronic Obstructive Pulmonary Disease (COPD) Program

October 11, 2007, BMO Institute for Learning, Toronto, ON

Visit www.cnac.net to register and find out more about the programs. For more information, please call 416-385-2440 ext. 2209 or email pyoung@dirc.ca.

National Continuing Competence Conference for Regulated Professions

November 1 - 3, 2007, Marriott Eaton Centre, Toronto, ON

Visit www.regulatedhealthprofessions.on.ca/NCCC2007/index.htm to register and find out more about the programs. For more information, please call (905) 436-0375 or email NCCC@regulatedhealthprofessions.on.ca.

Neuromuscular Advocacy: A Conference for Professionals: Learning and Networking with Experts

September 21, 2007, Parkwood Hospital, London, ON

For more information or to register, please call (519) 685-8700.

Ontario Respiratory Care Society Educational Seminars

Throughout various locations in Ontario, Full day and evening seminars. For more information and to register, please visit www.on.lung.ca/Health-Care-Professionals/Ontario-Respiratory-Care-Society/Programs.php or by contacting (416) 864-9911 ext. 256 or email orcs@on.lung.ca.

Critical Care Canada Forum

October 30 - November 1, 2007, Metro Toronto Convention Centre, Toronto, ON

For more information or registration, please visit www.criticalcarecanada.com or by contacting (905) 849-5552 or email info@criticalcarecanada.com.

53rd AARC International Respiratory Congress

December 1 - 4, 2007, Orlando, Florida

For more information or to register, please visit www.aarc.org/education/meetingscongress_07/ or by contacting (972) 243-2272 or email info@aarc.org.

“The best part of self-regulation is the opportunity to become involved and really make a difference in my profession.” - CRTO Member

The CRTO is in need of Members to help develop and/or review important College programs. If you would like to be part of the future of your profession and can spare *anywhere from a few hours to a few days* during the year please fill out the form below and fax it to the College at (416) 591-7890.

Surname	Given Name	CRTO No.
Address		
City	Province	Postal Code
Telephone	Email	
General area of practice/interest		
<p>I am interested in the following areas (check all that apply):</p> <ul style="list-style-type: none"> • Quality Assurance Program <ul style="list-style-type: none"> • Portfolio Reviewer • Professional Standards Assessment Item Reviewer • Professional Standards Assessment Item Writer • Professional Practice <ul style="list-style-type: none"> • Practice Guideline Working Group • Standards Review Working Group • Focus Groups • Piloting New Initiatives 		

Thank you in advance of your interest! We will be in touch.

Registration Changes December 1, 2006 - May 31, 2007

New Members

General Certificates of Registration Issued (RRT):

BARNABÉ, Lyne
BASHIRAHISHIZE, Leopold
BOUDREAU, Renée
CAPORALE, Gabriele
FEWER, Rosemary
GALEON, Irvin
GRINEVSKY, Bracha
HALVORSON, Glen Howard
HU, Martin
HUDSON, Michelle Annmarie
KRAGH, Heather Jane
KRESS, Kristin L.
MACDONALD, Cheryl Lynn
MACKINNON, Lara
MAUDUDI, Sayed Elyas
MCCARTHY, Julie
RENNETTE, Christopher Kyle
SHAW, Angela Anne
SUAREZ, Brian
TANG, Jessica
VALENTE, Anthony
VILLENEUVE, Josée
VLADIMIROV, Maya

Graduate Certificates of Registration Issued (GRT):

ARCEGA, Kevin
BANGS, Krista
BORDEN, Janda
BRADY, Lance
BROWN, Catherine Elizabeth
CALIC, Matthew
CAMPBELL, Rebecca
CHAURET, Alexandre
DAMORE, Cassandra
DUBÉ, Christopher
DUTRIZAC, Joyce
FORGUES, S, bastien
FORTIER, Lindsay
HUDSON, Michelle Anne Marie
HYNDMAN, Scott
KNIGHT, Cheryl
LAM, Hinwah Eric
LEHOULLIER, Mallory
LINDSAY, Charity
MAGO, Melissa
MARION, Leah
MARTIN, Brian

MAXFIELD, Christy
MOGA, David Michael
MOORE, Alisha
MORNEAULT, Jerry
MUNROE, Mark
NORMAN, Joanne Louise
PAYLER, Susan
PELLEGRINO, Robynn
PINCOMBE, Jennifer Ivy
RAJACK, Adrienne
RAMSAY, Catherine
ROBITAILLE, Chantal
ROTH, Jane
SAVAGE, Carolyn
SHULIST, Allison
SLAVIC, Maja
SMITH-SPARLING, James Eric
WHITE, Shawn

Members Suspended

(for failure to pay the prescribed fees)

General

BERGEN, Meigan Tricia
COLVIN, Angela D.
GRANT, Sharlene R.
HORTON, Tammy Lynn
KELL, Joy Anne
KOBAYASHI, Hiroaki
MACDONALD, Rod
MCCORMICK, Trevor L.
NIELSEN, Tracy-Lynn
PERSAUD, Kim
PIKE, Jill
TROMBINO, Nadia Anna

Graduate

LAWRENCE, Melanie

Revoked Members

under Registration Rules

General

ALI, Mohamed Haji-K
CHASSIE, Erin Leigh
DICKS, A. Gail
GAGNE, Derek T.
HOBBS, Catherine

SALAMONSON, Patricia
TINIANDOV, Alysa
VARMA, Meena

Graduate

MORRISON, Melissa

Members Resigned

General

ANTHONY, Ana B.
ASHTON, Allison J.
BENTLEY, Phillip
BOUWHUIS, Michel
BOUYOUKOS, Dimitra
BUCZEL, Ryan Marcus
BUTCHER, Lisa Ann
DOUGLAS, Jeffrey
HAWEL, Andrew
HOSKER, Joanne
HUGHES, Cory L.
HUGHES, Ryan J.
LARAMÉE, Nathalie
LO MONACO, Grace
PEVATO, Shauna
RILEY, Ronald
RIVET, Gerald
ROACH, Teresa
SHAMJI, Fareen
SOMFAY, Deborah
THOMPSON, Michelle
VU, Kareen
WILSON, Michael

Graduate

MEHRABI, Zohreh
PHILP, Pamela Louise

CRTO

College of Respiratory Therapists of Ontario

180 Dundas Street West, Suite 2103
Toronto, Ontario M5G 1Z8

Tel: (416) 591-7800 • Fax: (416) 591-7890
Toll free: (800) 261-0528
email: questions@crto.on.ca
web site: www.crto.on.ca