

The Exchange

The Newsletter of the College of Respiratory Therapists of Ontario

Respiratory Therapists **SARS** in the News at the Hearings

The CRTO would like to thank the RTs from St. Michael's Hospital in Toronto, Marg Oddi, Pam Greco and Christina Sperling, for demonstrating the donning of the Stryker suits in the CRTO/RTSO SARS Presentation. You really made an impression and the press loved it!

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From *The Toronto Star* Oct. 2, 2003

Communication failed in crisis

"One group that spoke its mind was the College of Respiratory Therapists of Ontario, whose members perform such vital functions as intubations and monitoring people attached to a respirator.

College president Keith Olimb said hospitals paid no attention to his members when it came to discussing ways to treat SARS or best methods for protecting staff. Nor were they given a chance to provide input on directives they will soon have to work under, he said.

In the only visual event of what was a dry three days of testimony, two respiratory therapists demonstrated how long it takes to put on the Stryker suit, helmet, hood and gloves: a little more than three minutes. This procedure must be followed when dealing with a potentially infectious patient, even if the patient is in respiratory arrest. The presentation prompted the first, and only, question from Campbell in three days. He asked when the suit was first formally used as part of SARS directives."



Picture from CTV News Broadcast, Oct. 1, 2003- 6:00 pm

From *the Globe and Mail*, Oct. 2, 2003

Confusion hampered SARS fight, inquiry told

"The College of Respiratory Therapists told the commission yesterday that asking its members to don full protective gear before intubating a patient could compromise the patient's health. Two therapists spent several minutes putting on full Stryker suits and masks in front of Judge Campbell, demonstrating the undue delay this could cause in trying to save a patient in respiratory distress."

president's message



James B. McCormic,
RRT, RRCP
President, CRTO

What a privilege it is for me to script my first letter as President. To our Members and partners within the College of Respiratory Therapists, I will speak to you of pride and purpose. I reflect on the words of our Registrar and CEO, Mr. Gord Hyland, when he stated that he hoped a time will come when all of our Members will be proud to belong to the College. I say to all, in my opinion, that time has come! I am astounded at the sea change that has taken place chez CRTO. There is a real sense of purpose and resolve to continue to build on our relationships as we work collaboratively to achieve our mandate of protecting our patient public, whilst guiding the profession.

It gives me no end of pride and satisfaction to sit on Council and on Executive and relish in the good working relationships we enjoy vis a vis our Public Member counterparts, Mr. Hyland and his Staff and your elected professional Council / Non Council Members. There is a palpable measure of trust, respect and good will. The Executive regularly meets with the RTSO and we continue to enjoy good discussion. The CRTO and the RTSO now approach outstanding issues from a solutions perspective. Mr. Hyland is well known and respected within the industry, and works tirelessly in his role as Registrar. The College staff are warm, sincere, capable and competent. I can honestly tell you that our relationships with our newly appointed Public Members are beyond functional and productive: the volume and quality of work emanating from all Committees is staggering. I therefore urge you to read the enclosed reports from each Committee within the CRTO. They speak to positive change and a shared vision. The reports highlight a College that truly represents the best in self-regulation as we move forward to protect our patient public.

Lest you assume this epistle is just the rhetoric of an optimistic cheerleader, let me also add these remarks. The College still faces many challenges ahead, not the least of which is an assumption that “all is well” and therefore “I” need not get involved. What keeps “your” College vital and responsive to the ever-changing issues surrounding patient care delivery is “you.” Your College needs you to be aware of your obligations under the RHPA. We need you to stay invested in the concepts of our Fresh Start Approach to QA. We want you to be an active participant in our College website and actively take part in surveys that affect the work you do and your scope of practice. We want you to come (back) to Council meetings.

The CRTO has not turned a new chapter in its role, function and relationships with its stakeholders and Members, the CRTO has written a new book! It will be the stuff of National Competency Profiles, Professional Designation changes, user-friendly QA initiatives and an active Patient Relations Committee to better inform the public of our evolving professional scope. It will star new

non-fictional characters. You will hear the names of Mary Bayliss, Barb Saunders, Rick Culver, Mike Keim, Gary Ackerman, Ginny Martins, Sue Martin and Susan Bryson—just to name a few. It is my hope that we can write one other name in the first few chapters of this new book. Yours.

In my closing remarks, I wish to acknowledge key people who have influenced and impressed me greatly. I have relished being a Respiratory Therapist for 30 years and every day of those long years I have felt blessed to do what I do. In the past 4-5 years, however, I have grown personally and professionally thanks in large part to remarkable people I have met in my association with the College. Peter Szkorla, who was there from the beginning and who dared to declare. Bill Butler offered his strategic vision and poise. Keith Olimb for his diligence as Past President, a debt of gratitude. To Gord Hyland and Christine Robinson for exceptional work ethic and building collaborative working relationships. To Gail Lang and her team at the RTSO. She always stayed “in the adult” despite the occasional absence of a reciprocal courtesy. Paul Stewart and his Committee—their work speaks for itself. Gloria Hinton, Richard Levert et al, for bringing a credibility of person to the table. To Ricki Grushcow, Mary-Beth Valentine and the Honourable Tony Clement. Their position, influence and intervention kept us within the regulated professions fold. To Franco Pavan who didn't ask, “Why me?” Instead, “Why Not Me?” Jagan Dhawan and his QA Committee who bravely proposed the Fresh Start Initiatives.

As I look forward to our opportunities chez CRTO, I believe we are poised to become a stellar organization that views self-regulation as a privilege. To that end, I feel privileged indeed to have been associated with the people mentioned above. To all our Members I would remind you that Optimism and Pessimism are polar opposites, both are contagious. Choose the former. Attitude is a choice. Together we can make the CRTO a College we can all be proud of. Bring a sense of pride and passion to your work and your work will enrich your life.

past president's message



Keith Olimb, RRT, RRCPPast President of the CRTO

Since the July issue of 'The Exchange', Council has met two times in September and in November with many issues on the agenda. In addition, the various College Committees have been actively dealing with many matters of direct concern and impact to members of the profession and to the Ontario public.

As indicated in my prior message, the College has been addressing the matter of our fees structure. On the advice of our auditor, the CRTO has restructured the reserve funds to more realistically reflect our fiscal obligations and to establish a mechanism to ensure membership fee stability. The Executive Committee of the College will next be considering the remaining fees to ensure that they are appropriate.

Respiratory Therapy Week this year brought with it a happy coincidence in the form of a timely opportunity to make a presentation to the Campbell Commission concerning the SARS outbreak. This was another example of the collaborative relationship that the College enjoys with the professional association. It included a jointly delivered presentation with Gail Lang, RRT, RRCPP representing the Respiratory Therapy Society of Ontario and myself representing the CRTO.

Many thanks to the excellent work of the staff at the College notably in this case Mary Bayliss and Barb Saunders in skillfully and thoughtfully preparing the presentation material. As I am sure you are aware, the profession enjoyed considerable media attention following the presentation.

As a partial result of the Campbell Commission presentation and the SARS Walker Panel Submission, the College has been invited to participate in the Ministry of Health infection control taskforce in addition to being added as a reference group for any future directives being developed.

Recently, the National Respiratory Therapy Competency Profile was approved by the National Alliance of Respiratory Therapy Regulators. The CRTO appreciates the continued efforts of Bill Butler RRT, RRCPP in facilitating this matter. In addition, Alberta was approved as the newest National Alliance member and a new executive was elected. In my view these developments and future efforts of the Alliance will ultimately lead our profession to an even greater level of unity.

In conclusion, I want to welcome the new President elected by Council at the November 28th meeting, Jim McCormick RRT, RRCPP. I had the pleasure of working with Jim on the Executive for the past year. I want to express my gratitude and congratulations to Jim and all the talented therapists, public members of Council and staff who have been responsible for the successes we have achieved.

I also want to use this message to remind members of the College that (in the words of a famous historian, Carter G. Woodson) 'Truth comes to us from the past'. I want to encourage each member to get directly involved with their College and avoid apathy towards College affairs in order to assure that our future as a self-regulated profession is a bright and successful one.

registrar's college and council highlights

Gord Hyland
Registrar and CEO

Discussions with the RTSO Board

These discussions are continuing with the new President, Rick Culver, on a number of common issues, including liability insurance and joint collaboration in the Communications area, and these will be discussed later in this meeting. Our thanks to Gail Lang, past President of the RTSO, for working collaboratively throughout the year with the CRTO Executive.

CRTO Communications, including the Newsletter and Web Site

The Web site is now in the process of being re-designed to make it more effective and user-friendly, and there will be a report on this in conjunction with the Patient Relations Committee. Pegasus Media Design has been selected to work on this project, and this should be accomplished by the early part of 2004. The web site is being continually updated in its content by Barb Saunders, Co-Ordinator of Communications & Member Services, thus saving significant costs. We always welcome comments and suggestions for improvement. Our future long-term goals include integrating online services such as the Ministry-mandated web site access of the public information in the Member database, membership renewals and QA tools. The "Exchange" Newsletter remains a major communications medium.

Legislation

PIPEDA (Protection of Personal Information and Electronic Documents Act)

This Federal Privacy Legislation will come into effect on January 1st, 2004, and the College has been preparing both its office and its Members for the changes in requirements and responsibilities in regards to both health and other personal information. Although the impact on the College's office operations is expected to be small, we will still need to have a voluntary Privacy Code in place to ensure that we abide by the spirit of good privacy principles. The College Staff has been working diligently in this area.

Regulations

Guidelines:

Advertising, Conflict of Interest and Delegation Guidelines from the Ministry of Health and Long-Term Care (MOHLTC)

We still await these guidelines from the Ministry.

Amendments:

Registration Regulation Amendments

These two amendments, having been previously circulated to the Members of the College for comment, and passed by the Council, are now at the Ministry for policy review and legal approval and drafting. This is normally a lengthy process, but the Ministry assured us that they are keen to fast track the types of changes included in our amendments. However, the change in government may have a delaying effect. In the meantime, Council has already passed a policy permitting the Registrar to register applicants who are full RRTs from other provinces and who meet the requirements of the *mutual recognition agreement* signed by the four Canadian regulatory bodies and the CSRT representing the currently unregulated provinces.

Accreditation, Entry to Practice examinations, National Competency Profile and Labour Mobility

The Council previously approved the CoARTE accreditation agreement under which all Ontario programs will be accredited as one of the requirements for approval of the programs by Council. In addition, the Council previously approved the National Certification Examination of the CBRC as an additional approved exam for entry to practice, along with the CCE. However, the CCE exam will not be offered after December 2003.

The National Competency Profile has been approved by the RT Labour Mobility Consortium of the four regulatory bodies and the CSRT, and ownership has been transferred to the National Alliance of Respiratory Therapy Regulators, which is composed of the same groups and will include any new

regulators in the future. Keith Olimb, who attended with the Registrar, reported to the Council on the latest meeting of the Alliance and how the new National Competency profile will affect the curriculum of the schools as well as the CBRC exam and CoARTE accreditation. The Council will receive and review the document, and approval will be recommended at the February Council meeting.

Federation of Health Regulatory Colleges of Ontario

The Federation has been dealing with Ministry initiatives as well as its regular working groups, and the CRTO is a full participant in these activities. The Federation held its fall general meeting on the day prior to council, and Keith Olimb, who attended with the Registrar, reported on the matters discussed.

A PERSONAL NOTE

On a personal note, I had first-hand experience in the last two weeks of November, with the tremendous caring and skills of Respiratory Therapists, my sister having been in the critical care trauma centre at

Victoria Hospital in London, Ontario. While thanking all Ontario RTs for their caring service to their patients, I would like to especially thank Vito Maiolino and all his RT Colleagues at Victoria Hospital, who, along with the nurses, physicians and other health care professionals, worked to help my sister survive a week of unconsciousness after an attack of septicemia caused by meningitis. There are no words to adequately describe the dedication of these individuals.

In closing

I cannot emphasise enough the continuing dedication, skills and hard work of the College's Staff, including Christine Robinson, Mary Bayliss, Melanie Jones, Amelia Ma, Barb Saunders, Ania Rudzinska and Julia Pak, and I thank them sincerely on behalf of the College and its Members. I also sincerely thank the Past President, Keith Olimb, and the Executive Committee for their continuing support for me and my Staff, and their dedication to serving the public interest and the Respiratory Therapists of this province.

CRTO strategic PLAN 2003

On September 20th 2003, the College held a Strategic Planning Day, facilitated by Ken Thacker of the Association Resource Centre Inc. The day was an exercise to create a new strategy that will guide the College in its endeavors over the next several years with input and participation from Council Members, Non-Council Committee members and College staff. The following are the strategic initiatives that resulted from the day's workshop.

STRATEGIC INITIATIVES

Six major strategic initiatives have been proposed, each of which will form the basis for future priority setting and resource allocation:

1. Ensure that entry to practice requirements are based on needs assessment and in the public interest.
2. Ensure that an adequate number of qualified therapists are available to meet anticipated demand.
3. Create a positive atmosphere in the relations between the College and its members.

4. Educate the public in the role of RTs – who they are, what they do and how they are regulated.
5. Continue to influence change in legislation and regulation, and in setting standards for entry to practice.
6. Create, nurture and leverage partnerships with important external stakeholders.

For the full detailed report outlining how the College will implement these initiatives, please check out the www.crto.on.ca Web site.

introducing new staff at the College

Julia Pak (Administrative Officer)

Julia Pak became the Administrative Officer for the College in April 2003. For the past eight years Julia was the co-ordinator of special events and fundraising for a nursing home foundation. In her role as Administrative Officer, Julia provides support to all the office staff and works closely with the Registration Officer. Emails that are sent to the College at crto@crto.on.ca are re-directed by Julia to the appropriate staff member to follow-up. She can be reached at the College's main line, (by pressing 'o'), 591-7800 ext. 22 or at pak@crto.on.ca.

Barb Saunders (Coordinator of Communications and Member Services)

In August 2003, the College created a new position to help fulfill one of the mandates of the Patient Relations Committee: to develop and execute a communications strategy to educate the public about the Respiratory Therapy profession and the role of the CRTO. Barb Saunders joined the College as the Co-ordinator of Communications and Member Services, co-ordinating all of the College's communications activities, both with Members and the Public, including the upcoming redesign of the CRTO Web site. Barb's background includes

writing, teaching, facilitating and co-ordinating events in business, educational and non-profit settings. Her recent education includes a post-graduate certificate in online writing and information design for optimizing web communications. If you have ideas or thoughts about how the College could improve communications please contact Barb Saunders at (416) 591-7800 ext 27 or email, saunders@crto.on.ca.

Ania Rudzinska (Registration Officer)

On October 1, 2003, Ania Rudzinska has joined the College as our new Registration Officer. Ania comes to the CRTO with a number of years of experience as the Administrative Assistant and Registration Co-Ordinator of the College of Chiropractors of Ontario, as well as for the Canadian Alliance of Physiotherapy Regulators. If you have any questions about registration such as renewals, exams, or changing your class of registration, please contact Ania at (416) 591-7800 ext 25 or email, rudzinska@crto.on.ca.

Please join me in welcoming Julia, Barb and Ania to the CRTO staff team!

Gord Hyland
CRTO Registrar & CEO

HOW TO CONTACT CRTO STAFF

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Coordinator of Quality Assurance and Examinations
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AMELIA MA

Coordinator of Administrative Services
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JULIA PAK

Administrative Officer
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ANIA RUDZINSKA

Registration Officer
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BARB SAUNDERS

Coordinator of Communications and Member Services
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CHRISTINE ROBINSON

Manager of Policy and Investigations
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FRONT ROW: Christine Robinson, Gord Hyland, Mary Bayliss

BACK ROW: Melanie Jones, Julia Pak, Ania Rudzinska, Amelia Ma, Barb Saunders

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General e-mail: crto@crto.on.ca

elections and appointments for council and non-council

This is to advise that, in the election process, which was completed recently, the number of RT members elected or appointed for Council and Non-Council positions, in the Districts which were up for election, was exactly equal to the number of members required under the By-laws and Policies of the College. Therefore, those members nominated are considered to be elected by acclamation, and there will be no need for a vote. They took office effective at the Council meeting of November 28, 2003, for three-year terms. The acclaimed Council Members and Non-Council Committee Members are as follows:

District 1: Keith Olimb, Council; Brent Dionne, Lorella Piirik and Jeff Earnshaw, Non-Council

District 2: Marisa Ammerata, Council; Shari Cole, Harold Featherston and Jim Quigley, Non-Council

District 5: James McCormick and Paul Stewart, Council; Bernie McNamara, Carmen Kergl, and Carol Hamp, Non-Council

APPOINTMENTS

District 4: Kevin Taylor Non-Council Committee Member

At the November 28th meeting, Council appointed Kevin Taylor as Non Council Committee Member of District 4. Kevin will be completing an unfinished term from district 4 until November 2005.

We would like to welcome new members Kevin Taylor, Marisa Ammerata and Shari Cole. Lorella Piirik has moved from District 4 to District 1, and is returning as a Non-Council Member.

Gord Hyland
CRTO Registrar & CEO

In Memoriam

TRACY DAVIS (nee Cracknell), RRT, RRCP, RDCS, CAE
1959 – 2003 • Oakville, ON

It is with deep sadness that we announce the passing of Tracy Davis, a dedicated respiratory therapist, following a brave and hopeful fight against the sudden onset of cancer. Tracy graduated from the Respiratory program at Algonquin College in Ottawa before moving to Toronto and working at both St. Joseph's Health Centre and Women's College Hospital. She moved back to Ottawa with her husband Eric Davis a former CRTO member and worked at Queensway Carleton and then more recently returned to the Toronto area and worked at Joseph Brant Hospital in Burlington and Halton Healthcare in Oakville and Milton. Tracy always strived to reinvent herself in her career; in addition to being an RRT she later qualified as a Registered Diagnostic Cardiac Sonographer and a Certified Asthma Educator. Whether Tracy was working with neonates or with adult patients she demonstrated the utmost respect and compassion with her patients. Not only has the profession lost a wonderful therapist but her patients have also lost a caring and dedicated health care professional.

Tracy will be missed by all of her colleagues who had the good fortune to work with her over the years. She is survived by her husband Eric and their 2 daughters Daly (15 years), Molly (13 years) and son Nick (19 years). We offer our sincere condolences and sympathy to Tracy's extended family and friends on their loss.



introducing new council members and non-council committee members

Marisa Ammerata, RRT, RRCP (Council Member)

elected to District 2

Marisa has been practicing respiratory therapy for 20 years after graduating from the Michener Institute in Toronto. For the first three years of her career, Marisa worked at Mount Sinai Hospital in Toronto and then moved to North Bay General Hospital. As an active advocate for the profession she has attended Council meetings as an observer. Now as an elected member of Council, she will be able to take an active role in steering the self-regulation of the profession. Not surprisingly, Marisa's 18-year-old daughter is studying bio-medical science at Guelph University. A commitment and dedication to healthcare must run in the family.

Shari Cole, RRT, RRCP (Non-Council Committee Member)

elected to District 2

Shari is a graduate of the Canadore Respiratory Therapy program and has practiced for 8 years at North Bay General. For a time, Shari also worked in homecare and was the clinical co-ordinator for Respiratory Therapy students at North Bay General. She is a mother of two daughters ages 12 and 15 and a six-year volunteer for the Ontario Brain Injury Association, where she is helping to get a North Bay chapter off the ground. Shari is currently studying for her bachelor of Health Science degree in Respiratory Therapy via distance learning.

Kevin Taylor, RRT, RRCP (Non-Council Committee Member)

appointed to District 4

At the November 28th meeting, Council appointed Kevin Taylor as Non Council Committee Member of District 4 to complete an unfinished term until November 2005.

Kevin is an Algonquin College graduate and has been practicing Respiratory Therapy for 7 years. After graduating, Kevin went to work for a couple of years in Singapore at Tan Tock Seng Hospital. This hospital was the oldest hospital in Singapore and was originally a sanatorium for TB patients. It carried on that tradition earlier this year when it became the dedicated site in Singapore for screening, quarantine and management of patients with SARS. Kevin returned to Canada in 1999 to work at St. Michael's Hospital in Toronto and has been there ever since. Kevin is Professional Practice Leader at St. Michael's Hospital.

When we asked Kevin his reasons for wanting to be a part of the CRTO he said, "Health care is going through a challenging period of change and upheaval. It's a unique opportunity to become both more involved and better informed on the many issues affecting our profession today."

Thanks to Marisa, Shari and Kevin for being so willing to work on behalf of the profession of Respiratory Therapy, and the Public interest.

changes to council members and non-council committee members

Lorella Piirik has moved from District 4 to District 1, and is returning as a Non-Council Member.

Jagan Dhawan completed a three-year term as a public member of Council and is now a public member on the Council of the College of Physicians and Surgeons of Ontario. **Don Kirkpatrick** completed his second three-year term as a public member and **Lydia Jones** resigned as a public member.

On November 27, the day before the Council meeting, the terms of Council member **Tony Cunningham** and Non-Council Committee members **Allison Kean** and **Mike Milks** expired. We thank them for their excellent work for the College Council and its Committees, and wish them well in all their future endeavours.



Don Kirkpatrick and past president Keith Olimb



Tony Cunningham and past president Keith Olimb

CRTO committees



(Effective December 8, 2003)

EXECUTIVE

James McCormick RRT, RRCP (*Chair*)
Susan Martin RRT, RRCP (*Vice-Chair*)
Gloria Hinton
Richard Levert
Judy MacGregor RRT, RRCP
Keith Olimb RRT, RRCP (*ex-officio*)
Gord Hyland (*ex-officio*)

REGISTRATION

Paul Stewart RRT, RRCP (*Chair*)
Gloria Hinton (*Vice Chair*)
Marisa Ammerata RRT, RRCP
Dorothy Angel
Cheryl Homuth RRT, RRCP
Martin Rennick RRT, RRCP
Gord Hyland (*ex-officio*)

COMPLAINTS

Peter Szkorla RRT, RRCP (*Chair*)
Brent Dionne RRT, RRCP (*Vice Chair*)
Dorothy Angel
Susan Bryson
Shari Cole RRT, RRCP
Carmen Kergl RRT, RRCP
Vito Maiolino RRT, RRCP
Gord Hyland (*ex-officio*)

PATIENT RELATIONS

Susan Bryson (*Chair*)
Gary Ackerman RRT, RRCP
(*Vice Chair*)
Dorothy Angel
Shari Cole RRT, RRCP
Susan Martin RRT, RRCP
Ginny Martins RRT, RRCP
Melissa McLean RRT, RRCP
Bernard McNamara RRT, RRCP
Gary Weeks
Gord Hyland (*ex-officio*)

QUALITY ASSURANCE

Harold Featherston RRT, RRCP (*Chair*)
Keith Olimb RRT, RRCP (*Vice Chair*)
Susan Bryson
Vito Maiolino RRT, RRCP
Lorella Piirik RRT, RRCP
John Schenk
Gord Hyland (*ex-officio*)

DISCIPLINE

John Schenk (*Chair*)
Carole Hamp RRT, RRCP (*Vice Chair*)
Marisa Ammerata RRT, RRCP
Mario Aquilina RRT, RRCP
Jeff Earnshaw RRT, RRCP
Chris Harris RRT, RRCP
Daniel Larose RRT, RRCP
Richard Levert
Melissa McLean RRT, RRCP
Keith Olimb RRT, RRCP
James Quigley RRT, RRCP
Paul Stewart RRT, RRCP
Gary Weeks
Gord Hyland (*ex-officio*)

FITNESS TO PRACTISE

John Schenk (*Chair*)
Carole Hamp RRT, RRCP (*Vice Chair*)
Marisa Ammerata RRT, RRCP
Mario Aquilina RRT, RRCP
Jeff Earnshaw RRT, RRCP
Chris Harris RRT, RRCP
Daniel Larose RRT, RRCP
Richard Levert
Melissa McLean RRT, RRCP
Keith Olimb RRT, RRCP
James Quigley RRT, RRCP
Paul Stewart RRT, RRCP
Gary Weeks
Gord Hyland (*ex-officio*)

COUNCIL

James McCormick RRT, RRCP
(*President*)
Susan Martin RRT, RRCP
(*Vice-President*)
Marisa Ammerata
Dorothy Angel
Susan Bryson
Gloria Hinton
Richard Levert
Judy MacGregor RRT, RRCP
Vito Maiolino RRT, RRCP
Keith Olimb RRT, RRCP
John Schenk
Paul Stewart RRT, RRCP
Peter Szkorla RRT, RRCP
Gary Weeks
(1 vacancy public member to be appointed by government)

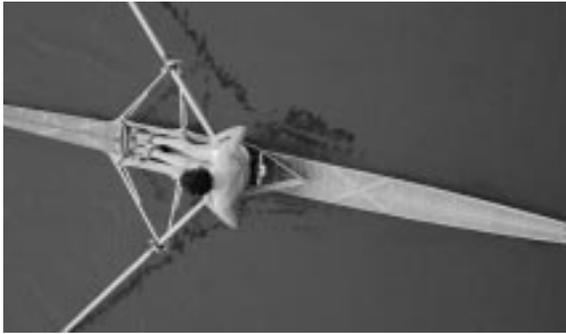
NON-COUNCIL

Gary Ackerman RRT, RRCP
Mario Aquilina RRT, RRCP
Shari Cole RRT, RRCP
Brent Dionne RRT, RRCP
Jeff Earnshaw RRT, RRCP
Harold Featherston RRT, RRCP
Carole Hamp RRT, RRCP
Chris Harris RRT, RRCP
Cheryl Homuth RRT, RRCP
Carmen Kergl RRT, RRCP
Daniel Larose RRT, RRCP
Ginny Martins RRT, RRCP
Melissa McLean RRT, RRCP
Bernard McNamara RRT, RRCP
Lorella Piirik RRT, RRCP
James Quigley RRT, RRCP
Martin Rennick RRT, RRCP
Kevin Taylor RRT, RRCP



council steer

staff row



How the College works

Council governs the profession by steering policy direction for the operation of the College and the guidance of the members.

Hired by Council, the Registrar is an employee of the College of Respiratory Therapists of Ontario. The Registrar and the College staff are not members of Council and are not entitled to vote at meetings, but are responsible for day-to-day operations of the College. The Registrar and the College staff work together as a team to provide support to Council and its committees.

What is Council?

The Council is the Board of Directors of the College made up of volunteer Professional Registered Respiratory Therapist Members and volunteer Public Council members.

Professional Members are licensed to practice respiratory therapy in Ontario and are elected by members and peers from their respective districts for 3-year terms.

The Cabinet of the government of Ontario appoints Public Council members for 3-year terms.

Together, Professional Members and Public Members ensure that respiratory therapy is regulated in the public interest.

How do they do it?

Council meets 4-5 times per year, and also works through 7 statutory Committees, which are required by the *Regulated Health Professions Act, 1991* and meet more often.

To help accomplish this, Non-Council committee members, made up of registered respiratory therapists who are elected by their peers in their district, assist Council Members in fulfilling the College's public protection mandate by serving on committees. The

committees put forward recommendations to Council and carry out statutory responsibilities.

The Council elects the members of the Executive Committee, which in turn appoints members to the 6 other Committees. All Committees are made up of Council members and Non-Council members. College staff has a supportive role in coordinating, organizing, providing information and taking minutes for the meetings. The Registrar is an ex-officio or non-voting, member of each committee.

Two weeks before a Council Meeting, the College ensures that Council members are provided with an agenda and relevant documentation so that they can participate in discussions and make informed decisions.

Equipped with this information, Council discusses the issues, debates where necessary and steers policy direction for the operation of the College and the guidance of the profession.

Accountability

Council and Committee members have a responsibility for effective and constructive participation in College decision-making and for carrying out assigned duties. They are individually accountable to the public of Ontario, the entire CRTO Council and indirectly to the Minister of Health and Long Term Care. Council and Committee members must adhere to a code of conduct.

Time Commitment

Council members devote between 10 and 25 days each year to College business.

Questions?

Interested in becoming a Council Member?

Please contact us if you have unanswered questions about how the College works or how you can become involved.

Barb Saunders

Co-ordinator of Communications and Member Services
(416) 591-7800 ext 27 • saunders@crto.on.ca

CERTO updates

Patient Relations Committee (PRC) Update

The Patient Relations Committee has been very busy since the last issue of The Exchange was published. Most notably, several Professional Practice Guidelines (PPGs) have been reviewed and several amendments/additions are in process. The following PPGs are currently under review and changes are anticipated:

- Responsibilities Under Consent Legislation
- Orders for Medical Care
- Delegation of Controlled Acts
- Certification Programs for Advanced Prescribed Procedures Below the Dermis
- Interpretation of Authorized Acts

The PRC recently met to review and revise the PPG called Orders for Medical Care following the inquiry from several CERTO members for additional information and guidance on the issue of medical directives and the necessary requirement for orders for mechanical ventilation. As a result, the PRC anticipates bringing forward proposed amendments to this PPG to Council in February 2004 with a recommendation to circulate to members for comments and feedback...stay tuned for more information.

During the summer months a small Communications Working group, comprised of members from the Patient Relations Committee and the RTSO, worked with the Communications firm of GPC International to develop a

communications strategy. (Please see the communications update in this issue of The Exchange for more information on our efforts to heighten the awareness of the profession in Ontario.)

The Patient Relations Committee recently bid farewell to 3 members who completed their terms. We would like to acknowledge the contribution and efforts of Allison Kean, RRT, RRCP, Non-Council member from Timmins, Don Kirkpatrick, Public Council member from Barrie and Tony Cunningham, RRT, RRCP, Council member from Sudbury, and thank them for their work on the PRC and the College as a whole.

Mary Bayliss RRT, RRCP, CAE
Professional Practice Advisor

Developing the New Assessment Tool for the QA Program... and other Updates

The new Strategic Plan of the College detailed in this issue, outlines initiatives aimed at supporting and advancing respiratory therapy in the public interest. One way in which the Quality Assurance Committee is looking to achieve this is by developing a tool that will assist members in maintaining and enhancing the Standards of Practice of the profession. Based on this approach, a system that members may use for self-assessment and the QA Committee may use under the Assessment component of the QA Program, is being considered. This

standards-based system is being referred to as the Professional Standards Assessment or PSA, the concept of which was approved by the Council at their September 19, 2003 meeting.

A key element of the PSA is that it will be accessible, relevant and "user friendly" for all members. As proposed, the PSA would consist of a series of written scenarios requiring the application of College legislation, regulations or guidelines. Members will have the choice of completing the PSA via the Internet, or a paper format that will be sent to them at home. Either way members will have the ability to complete the PSA utilizing whatever resources they deem necessary. This may include referring to the College website, their Members' Manual, employer resources or professional affiliations. The aim is not to "test" members, but give them an opportunity to understand and apply the legislation and College guidelines.

Members who are using the Professional Standards Assessment for self-assessment or educational purposes will be able to access the tool as often as they wish. Members who are randomly selected by the QA Committee to complete the PSA will be required to do so within a specified time frame yet to be determined.

Members may find it difficult to envisage what the PSA will look like at this point, but the QA Committee will be sending additional information to all members to review and comment on in the months ahead.

Are you interested in sitting on the Working Group that will develop the scenarios and items for the Professional Standards Assessment? (We specifically encourage current and former educators to become involved.) Interested members of the College should submit their resume, including an outline of relevant experience, to the attention of Melanie Jones, Coordinator of Quality Assurance.

The QA Committee has also directed the College staff to organize Professional Portfolio workshops across the Province. Beginning on January 10, 2004 in Toronto, Mary Bayliss, RRT, RRCP Professional Practice Advisor and Melanie Jones, Coordinator of Quality Assurance, will be conducting a series of 3-hour, interactive educational sessions. Members will have the opportunity to work on their own Portfolios with the benefit of peer support. See the flyer accompanying this newsletter for additional information. Come out and participate!

Melanie Jones
Coordinator of Quality Assurance

Registration/Renewal Update

Annual registration renewal for the 2004/2005 registration year is just around the corner! The 2004 Annual Update of Registration Forms were mailed out on December 1, 2003 and are due on or before March 1, 2004, accompanied by the registration fee.

How to Submit?

You can submit your renewal by regular mail, courier or in person. Please be sure to use the self-addressed return envelopes, which were included with your renewal

package. Renewal forms will not be accepted by fax. If you have not received your renewal package, please notify us as soon as possible by phone or e-mail. To avoid delays and late fees we encourage you to return your renewal form right away.

Changes

You will notice a number of small changes/improvements to the renewal form. Some of the questions have been reworded, please read the form carefully before completing.

Before submitting your form, make sure that you have:

- Answered all the required questions
- Completed, signed and dated the declaration section
- Included the full registration fee; if paying by credit card, make sure to sign your payment authorization.

When completing the form please provide us with your email address. The CRTO is committed to improving two-way communications with our members. To achieve this we would appreciate your email address to keep you informed and also to encourage your feedback by emailing the College. Your email address is secure and not shared with other members or anyone other than College staff.

Have questions about how to complete the renewal form?

If you have any questions about the renewal process, please contact us at 416-591-7800 ext 25, toll free 1-800-261-0528 or by e-mail rudzinska@crto.on.ca. As in previous years, incomplete forms will be returned to members—so please call.

We are here to help.

Fees

Fees for 2004/2005-registration year remain the same as the previous year.

General Certificate of Registration	\$500.00
Graduate Certificate of Registration	\$500.00
Limited Certificate of Registration	\$500.00
Inactive	50.00
Resigned	0.00
Late Fee (<i>applied to renewals that are incomplete or mailed after March 1st</i>)	\$100.00
NSF Charge	\$35.00

New Method of Payment.

For the first time members can use online or telephone banking to pay their registration fee directly through their financial institution. When paying through your bank's on-line or telephone service, use your CRTO registration number (5 digits) as your account number and please be sure to provide the transaction date, amount and reference number.

Once again, if you have any questions about the renewal process, please contact us at 416-591-7800 ext 25, toll free 1-800-261-0528 or by e-mail rudzinska@crto.on.ca.

Inactive members returning to practice — policy change

In the public interest, and in order for Members to uphold (at least) the minimum level of practice standards required by the College, the Registration Committee recommended to Council that there be a specified time limit for the return of Inactive Members to Active status. At the November 28, 2003 meeting Council approved the recommendation.

Effective November 28, 2003, the Registrar will refer Members who remain Inactive for more than three years to a Panel of the Registration Committee. Prior to the time limit, an Inactive Member can return to Active status by simply paying the required fees. The Member will also have the ability to ask the Panel to revisit terms, conditions and/or limitations on his/her certificate once sufficient upgrading has been completed.

It should be noted that, for those Members who have been maintaining inactive status but practising in another jurisdiction, the Registrar has the authority to directly change their status from Inactive to Active, upon receipt of evidence of practice outside Ontario.

Council has approved this policy with a view to later changing the Registration Regulation to reflect these requirements.

Ania Rudzinska
Registration Officer



Investigations and Hearings Report

Since the issuing of the July 2003 Exchange, Committees of the College dealt with the following referrals related to complaints, employer reports and discipline:

- Eight complaints have been considered by the Complaints Committee. Two of the complaints involve multiple members and one of these was considered as the result of a review by the Health Professions Appeal and Review Board, where it was the Board's decision to refer the matter back to the Complaints Committee for reconsideration. The Committee's decisions were as follows: In two matters no action was taken; in one matter the decision was to require the member to appear

before the panel to be cautioned; in two cases the decision was to negotiate an Agreement and Undertaking and to require the members to appear before the panel to be cautioned; three matters are still under consideration.

- The Executive Committee has considered four referrals. Two of the referrals are mandatory employer (termination) reports and two are Registrar's referrals. In one case it was the committee's decision to negotiate an Agreement and Undertaking with the member. Three matters are still under consideration.

Discipline Update

On December 8, 2003, the Discipline Committee met to deal with allegations referred by the Complaints Committee against two members respecting their communication to other members concerning participation in the Core Competencies Evaluation (CCE). The College was concerned that this communication may have discouraged compliance with regulatory obligations that had been upheld by the courts. Prior to the hearing the two members provided assurances to the College that satisfied the College that their conduct was a result of exceptional circumstances and would not reoccur. In light of these assurances, both parties agreed that the proceeding ought to be stayed, and the Discipline Committee accepted the joint submission and permanently stayed the proceedings.

Fitness to Practise Update

There have been no referrals to the Fitness to Practise Committee.

Christine Robinson
Manager of Policy and Investigations



Communications Update

The CRTO/RTSO Communications Plan under the contract with GPC International came to a close. It is our intention to build on the work that has been accomplished and continue to do this work closely with the RTSO.

RT Week

Much of the early communications activity focused on promoting Respiratory Therapists and the profession during RT Week. The Respiratory Therapists brochure was developed and printed and mailed to all members. Content for a media kit was also created consisting of background information and a quick question and answer fact sheet about Respiratory Therapists, the profession and the role of the College. All of this information is found on the CRTO Web site under the Media Kit link.

Also during RT week, the CRTO/RTSO SARS Hearings Presentation took place October 1st and was a great opportunity to be both seen and heard. It was also a good opportunity to distribute media kits with information about Respiratory Therapy to the press. We received news coverage in the Toronto Star, The Globe and Mail and CTV news.

In October, the beginning of cold and flu season, we sent out a Cold and Flu Fact Sheet with a focus on the effects on respiratory diseases to the Ontario Society of Senior Citizens Organizations as part of their newsletter that is distributed to a million seniors in Ontario. We also sent a letter to new MPP's welcoming them to office and providing them information about respiratory therapy. The letter was from the RTSO and mentioned the collaborative working relationship between the CRTO and the RTSO.

Barb Saunders
Co-ordinator of Communications and Member Services



CRTO Advancing the Profession as a Career

On November 6th the CRTO participated in the Trent University Career Fair in Peterborough as a part of Canada Career Week. Between 300 to 400 students attended the fair that was promoted both within the University and the surrounding community. Trent radio did a live reading of the entire CRTO Career Week press release on the morning show, to let students know we would be there. Barb Saunders, Co-ordinator of Communications and Member Services for the CRTO and Glenda Philbrook, RRT from Peterborough Regional Health Centre, talked with students about RT training programs and what it is like to be part of a

health care team answering questions and providing students with information about pursuing a career in respiratory therapy.

Most of the students visiting the CRTO display were fourth year biology or biochemistry students who were interested in pursuing a health care profession.

A special thanks goes to Glenda Philbrook, RRT, who volunteered her time, expertise and displayed her great enthusiasm for the profession of respiratory therapy. Glenda has belonged to the profession for 30 years.



Nancy Garvey

Respiratory Therapists Making News

With the help of GPC, we organized three media opportunities. One interview took place at the Credit Valley Hospital Asthma Education Centre in Mississauga. RRT and Certified Asthma Educator, Debbie Coutts, was interviewed about how RTs are helping people with respiratory illnesses and prevention measures they can take especially during cold and flu season. The second interview was with at Rogers Cable 10 where Debbie spoke about asthma. The show was aired 12 times during the week of November 24th.

The Toronto Sun [Dec. 21, 2003] ran a story called "Our Christmas Angels" profiling Respiratory Therapist Lynne Ackerman from York Central Hospital. Lynne did a fabulous job of not only relaying her experiences with SARS but also delivering some strong messages about the profession.

The following is an excerpt from the article:

"Everyone knows about the brave nurses and doctors who cared for SARS patients; less well known are the Respiratory Therapists who dealt intimately with the virus. SARS is a respiratory disease and RTs are called in to help patients breathe."

To read the whole article, go to the following Web address: http://www.crto.on.ca/pdfs/Toronto_Sun.pdf

Thanks again Glenda, Debbie, Nancy and Lynne for being active advocates for the profession. We couldn't do it without you!



On December 2nd Nancy Garvey, RRT, CAE, from Sick Kids Hospital, appeared on the TVO show "More To Life" talking about cold and flu and respiratory diseases.

◀ Debbie Coutts at Rogers Cable 10, Mississauga

CONSULTATION ON PROFESSIONAL LIABILITY INSURANCE

Inserted into this issue of *The Exchange* is a consultation paper on a proposed CRTO policy regarding professional liability insurance, also known as malpractice insurance.

The Registration Regulation under the *Respiratory Therapy Act* requires that CRTO members provide the College with "satisfactory evidence of professional liability insurance coverage in the amounts and coverage set out in the policies of the College", and the proposed policy sets the minimum amount of coverage at 2 million dollars. It is important to note that the College will not be requiring members to purchase additional insurance to that provided by their employers, providing the employer's coverage is at least 2 million dollars, and specifically includes professional liability or malpractice coverage.

However, members may wish to review their employer's coverage to determine if it is sufficient. For example:

- Does your plan cover you for reimbursement of legal expenses in the event you are the subject of a discipline hearing?
- Will your plan provide for the cost of legal representation in the event you are subpoenaed to appear as a witness?
- Do you have an "occurrence" type of policy (which covers claims that are made after the policy has lapsed, and thus covers you for a claim about an event that took place at a previous job) or "claims made" policy (which only covers you for claims made during the term of the policy)?

Please review the proposed policy and let us have your views.

NEWS ABOUT CHANGES TO THE ENTRY TO PRACTICE EXAM:

At their September 19th meeting, the Council approved acceptance of both the CRTO's Core Competencies Evaluation (CCE) and Canadian Board for Respiratory Care's (CBRC) National Credentialing Examination for the purposes of entry to practice. The Council also decided at that meeting to discontinue offering the CCE after December, 2003. Future applicants to the College, who have completed an approved educational program or equivalent, will write the CBRC's examination in order to be eligible for a General certificate of registration.

If you currently hold a Graduate certificate of registration and have successfully completed the CBRC or Canadian Society for Respiratory Therapy's (CSRT) examination, you may be issued a General certificate. Depending on the current terms, conditions and limitations on your

From the Ministry of Health and Long-Term Care:

REPORT FROM MEMBERS OF THE EXPERT PANEL ON SARS AND INFECTIOUS DISEASE CONTROL

An excerpt from the Executive Summary page 28 recommendation 42

CHAPTER SIX: HEALTH HUMAN RESOURCES

Enrollment

42. The Ministry, together with the Ministry of Training, Colleges and Universities and professional bodies, should continue to support new initiatives to increase the enrollment numbers of key health professions, including medicine, nursing, and respiratory therapy. In addition to work already underway, attention should be given to enhancing training opportunities in epidemiology, medical microbiology, occupational health and safety, community medicine, critical care, emergency and public health. Plans for increased training capacity in these key areas should be in place for the 2005/2006 academic year and reported publicly.

"This is a red-letter day for Respiratory Therapy. We made the top three!"

.....Susan Martin RRT, RRCP, Vice President of the CRTO

To see this full report from MOHLTC refer to the following Web address:
http://www.health.gov.on.ca/english/public/pub/ministry_reports/walker_panel_2003/

practice, you may or may not continue to have restrictions. To initiate the change to your category of registration, please submit a copy of your CBRC/CSRT exam results.

Special thanks are extended to the CSRT and the College and Association of Respiratory Therapy of Alberta (CARTA) for their assistance in making this transition.

For further information, please contact Melanie Jones, *Coordinator of Examinations* at jones@crtto.on.ca or extension 30.

Ministry of Health and Long-term Care Initiatives on Infection Control

Your expertise is needed!

We need your assistance. We have been added as a reference group to review any new POC directives that are developed before they are disseminated. As a result, we need interested CRTO members to volunteer their time and expertise to provide specific feedback to the Ministry of Health. Here is an opportunity to ensure that these directives are appropriate and applicable to respiratory therapists and to your patients/clients.

These directives are sent to us electronically; therefore we will require an email address from you to forward them to you. In the past, we have been given very little turn-around time for the review, which makes this task quite difficult, however, we anticipate that in the future we will be given a longer review period.

If you are interested in being a member of an ad-hoc review committee for any and all directives or would like more information please contact Mary Bayliss, RRT,RRCP Professional Practice Advisor at ext 24 or bayliss@crtto.on.ca.

CRTO web site

in keeping with our goal to improve communications with members, we are re-designing the CRTO Web site to make it user-friendly and visually appealing. In the New Year, there will be a new look for www.crtto.on.ca. The Web site will be a place where all stakeholders can get the information they need within three clicks of the mouse and where member or public feedback is always welcome.

Barb Saunders

Coordinator of Communications and Member Services

www.crtto.on.ca

Why is the CRTO office located in downtown Toronto?

- The CRTO is governed by Council and Committee Members, who come from all over the province. Downtown Toronto has the transportation and office services infrastructure (subways, etc.), that makes our office accessible to all, including members and Staff who have to travel to work each day.
- The CRTO is one of 21 “colleges” that regulate health professionals in Ontario. Twenty of these colleges are located in downtown Toronto making it easy to meet, when frequently working together, and for regular meetings with the Ministry of Health and Long-term Care.
- Experience has shown that moving outside Toronto is not necessarily less expensive as rental savings, if any, are offset by travel and delivery costs.

PPA'S TEST YOUR KNOWLEDGE...

Take the Professional Practice Advisor's quiz to assess your knowledge on College-related standards.

1. CRTO members are permitted to receive delegation for any controlled act that they are not already authorized to perform.
 - a) True
 - b) False
 - c) Nasogastric insertion
 - d) Feeding tube insertion
 - e) All of the above
2. The controlled act of “*intubation beyond the point in the nasal passages where they normally narrow or beyond the larynx*” includes which of the following procedures:
 - a) Endotracheal intubation
 - b) Laryngeal mask insertion
3. CRTO members who hold a Graduate certificate of registration, are permitted to perform *advanced prescribed procedures below the dermis* provided they have successfully completed a College-approved certification program.
 - a) True
 - b) False

ANSWERS: 1b, 2e, 3b
References: 1. PPG: Delegation of Controlled Acts p. 6-7. 2. PPG: Interpretation of Authorized Acts p. 9. 3. PPG: Interpretation of Authorized Acts p. 8.

FAQ's

Q1 Are respiratory therapists permitted to administer controlled substances such as Versed & Demerol and what if any rules or regulations apply to this category of medications?

A1 The short answer to this question is yes, respiratory therapists are permitted to administer controlled substances such as those indicated. Respiratory Therapists are authorized to perform the controlled act of administering a substance by injection or inhalation. This controlled act does not stipulate or restrict any substances. Similarly, the CRTO's Professional Practice Guideline (PPG) entitled Interpretation of Authorized Acts does not restrict or limit the substances, which may be administered by injection or inhalation.

The Federal statute called the *Controlled Drugs and Substances Act c. 19, 1996* along with the associated *Narcotic Control Regulations*, regulates the compounding, selling, dispensing, and storage of controlled substances. What this statute does not do is regulate who can "administer" the controlled substances. This falls within provincial jurisdiction under the *Regulated Health Professions Act (RHPA)* and the health discipline-

specific Acts like the *Respiratory Therapy Act (RTA)*.

As with any controlled act procedure, respiratory therapists require a direct order from a member of the College of Physicians' & Surgeons of Ontario (CPSO), Royal College of Dental Surgeons of Ontario (RCDSO), College of Midwives or the College of Nurses (only members who hold a certificate of registration in the extended class [RNEC]) before they can perform the controlled act procedure, in this case administer a controlled substance by injection or inhalation.

It is important to note that having the authority through law to administer substances/medications does not necessarily mean it is acceptable to do so. CRTO members are also required to be practicing within their scope of practice and must have the required knowledge, skills and ability to perform the procedure.

In the case of administering any controlled substance by injection or inhalation, Respiratory Therapists must have an in-depth knowledge of the drug, the indications, contraindications, potential side effects, risk factors, complications and desired outcome of the intervention. Respiratory Therapists

must also be familiar with and adhere to their institution's policy and procedures regarding the dispensing, administration and disposal of narcotics and other controlled substances.

Q2 Are respiratory therapists permitted to use a peripheral nerve stimulator to assess/monitor a patient's neuromuscular function?

A2 Peripheral nerve stimulators are often used in the operating room by anesthesiologists and in critical care units to assess and monitor neuromuscular function. This procedure falls under the controlled act of "applying the application of a form of energy", specifically *electromyography*. Respiratory therapists are not authorized to perform this controlled act but are able to receive delegation for certain procedures listed under this particular controlled act. RTs may receive delegation for the following procedures within this controlled act: cardiac pacemaker therapy, cardioversion, defibrillation, *electromyography*, nerve conduction studies, or transcutaneous cardiac pacing; or soundwaves for diagnostic ultrasound.

what's Coming UP?

Respiratory Therapy will be highlighted in the January issue of Hospital News. The theme for the January issue is Professional Development, which fits very well with the efforts of the CRTO to raise awareness about the profession of respiratory therapy.

member spotlight

Romance and respiratory therapy seems to be, should we say, “contagious”. Respiratory Therapists, Al Benton and Kathy Kolody met at Kingston General Hospital and have been married for 10 years.



Al Benton
&
Kathy Kolody

“There are several RT couples at KGH,” said Al. “It is very common, I guess in part because you can relate to the specific stresses, especially emotional, that your spouse encounters at work. Kathy bounces stuff off me and I do the same with her. It keeps us sane, or close to it.”

Kathy has been working full time at KGH for the last 19 years with an emphasis on critical care. Twelve-hour shift work has always been the norm.

Al, an RT for 12 years, accepted the position of manager of Respiratory services at Kingston Oxygen after the birth of their first daughter. “The thought of juggling kids, tag-team child care and trying to grab a nap on the couch while the kids watched TV no longer appealed to me,” explained Al. “Kathy and I felt the kid’s social events and sports schedules could be better met with one parent working a nine to five job. It was a good decision. I enjoy the business challenges that come with this position.”

These days, Kathy and Al have two daughters. Between the chauffeuring, the coordinating and the crazy work schedules, they still manage to find time for themselves.

Life is obviously busy for Al and Kathy, but the College would like to acknowledge the time and thought taken in writing the following article for the Kingston Whig Standard during RT Week. To have an active advocate for the profession benefits all of us, by raising the profile of the Respiratory Therapy. Thanks, Al.

This week is National Respiratory Therapy Week, which celebrates and recognizes the profession of respiratory therapy. Given that and our spring battle with SARS, I thought it was an opportune time to enlighten most people on what a registered respiratory therapist is.

The profession of respiratory therapy is over 35 years old, having been established in Canada in 1964. There are over 6,400 respiratory therapists working in Canada, with approximately 2,000 of them practising in Ontario. Kingston General Hospital employs over 40.

Respiratory therapists specialize in helping people with acute or chronic breathing difficulties. Across Canada and Ontario, respiratory therapists are often the first health professionals called to monitor, treat and evaluate patients with respiratory and cardio-respiratory disorders. During the SARS crisis in Ontario, respiratory therapists were the nameless

professionals, along with doctors, nurses and others, who

treated the sickest patients. At KGH, respiratory

therapists work in the operating room, pulmonary function laboratory, emergency

department, intensive care unit, neonatal intensive care unit and on all the wards. Respiratory therapists are called to all

RESPIRATORY THERAPISTS GIVE BREATH OF LIFE

The Kingston Whig-Standard

Page: 5

Section: Editorial

Thu 02 Oct 2003

Column: Health Care

Source: The Kingston Whig-Standard

Byline: Al Benton

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At KGH, respiratory therapists work in the operating room, pulmonary function laboratory, emergency department, intensive care unit, neonatal intensive care unit and on all the wards. Respiratory therapists are called to all cardiac arrests, all traumas in emergency and all high-risk deliveries in obstetrics.

The majority of respiratory therapists who work in a hospital setting are in acute, critical and chronic care. Approximately 20 per cent of the profession is employed in home care. A smaller number work in medical sales, diagnostics, rehabilitation, research and education.

In home care, respiratory therapists ensure that patients requiring supplemental home oxygen receive it in a safe and therapeutic manner. Education of the patient is also a major focus of the home care respiratory therapist. Individuals requiring home medical equipment such as feeding pumps, CPAP machines, suction machines and nebulizer compressors are most often taught how to use the machine by a respiratory therapist.

To become a respiratory therapist, one must graduate from a three-year diploma or four-year

joint diploma/degree program at a community college or university. Upon graduation, one must pass a registration examination and participate in ongoing professional development.

Respiratory therapy is a licensed profession in Ontario, meaning the College of Respiratory Therapy oversees the profession (testing and professional development) to ensure patient safety. This is the same type of college that licenses nurses and doctors in Ontario.

Statistics show that one in five Canadians has some form of lung disease. Respiratory therapists care for patients suffering from asthma, chronic bronchitis, emphysema, pneumonia, croup, chest trauma, pulmonary fibrosis, heart failure, stroke and head injuries. Home care respiratory therapists also care for palliative patients, who are stricken with a variety of terminal illnesses. The care is provided in patients' homes, where they can spend their last days in dignity and comfort. Hospital respiratory therapists care for premature babies, car accident victims, drowning victims and spinal cord injury patients.

In the early years of the profession, respiratory therapists provided more of a technical role in the healthcare team. They have evolved over the years to also provide a therapeutic and diagnostic aspect in their practice.

I have been a registered respiratory therapist for 12 years. I began my career at KGH and Hotel Dieu Hospital and then moved on to Kingston Oxygen to work in the home care field. My hospital experience was exciting and fast-paced, on some days resembling an episode of ER. Home care is less exciting but more rewarding, in my opinion, because I have more time to spend with each patient. Job satisfaction comes in many forms: the knowledge that a premature baby would have died without my expertise, or simple thanks from an oxygen-dependent client whom I helped with travel arrangements.

So show some affection to a respiratory therapist this week. I know I will. I married one.

- Al Benton is manager of respiratory services at Kingston Oxygen and a former member of The Whig-Standard's Community Editorial Board.

Honourary Certificate of Membership for **CANDACE DAWN BRITTON**



Earlier this fall, the College was saddened to learn of the death of Candace Dawn Britton, Student Respiratory Therapist from Nepean, Ontario, as a result of a motor vehicle accident. Candace was preparing for a bright future; set to graduate from Algonquin College on October 21, 2003, she already had two job interviews scheduled. Candace was engaged to Joe Tischer, RRT, RRCP, with whom she studied respiratory therapy at Algonquin. Candace was a 24 year-old woman who demonstrated compassion and professionalism in the three years she dedicated to becoming a Respiratory Therapist.

In memory of Candace, the Council of the College issued her a posthumous honorary certificate of membership in the College of Respiratory Therapists of Ontario, at the November 28, 2003 meeting. The College Council and staff wish to offer their sincere condolences to Candace's family and friends.

A note from

CRTO President Jim McCormick and read to
Joe Tischer at the November Council meeting.

Dear Joe:

A short note to try, albeit meagerly, to express my feelings on the passing of Candace. I am quite sure I speak for the entire Council when I say how moved we were to receive your request that Candace be granted an honorary membership with the CRTO. I personally feel your pain. I admire your advocacy role, and thank you for writing to us so that Candace might posthumously realize her dream of graduating and becoming a RT. You have added fullness to her life by requesting this honorary designation. How often do we need to hear that young people are proud to be a RT and proud to be registered with the CRTO? That is exactly what we, the College, want all our members to feel.

Others will follow into this newly created category and it gives me great pride to know that Candace came first. When others follow, there will be no echo in an empty place, thanks to a young 24 year-old lady who epitomized what Respiratory Therapists ought to be. Of passion and compassion, she has left us a legacy and a fullness that her College remembers.





FEES: how does the CRTO compare

- 1) The Executive Committee and Council recently reviewed the membership fees of other medium-sized Colleges compared to those of the CRTO.
- 2) The chart below indicates that the current CRTO fees are comparable to those of other Colleges with similar-sized memberships.
- 3) Council is aware that members have concerns regarding fees and the College now has a fees stabilisation process in place.
- 4) CRTO fees compare favourably to, for example, the Dietitians, whose entry requirements are degree-level, and whose scope of practice does not include any controlled acts.
- 5) Please note that this information is current as of publication and was obtained from the Web sites of the respective colleges.

College	Chiro-podists	Opto-metrists	CRTO	Dietitians	Audiologists/S-LP	Psychologists	Veterinarians	Chiro-practisors	Med Rad	Massage	Dentists	Med Lab
Number of members	450	1361	2000	2376	2700	2926	3450	3500	5745	6711	7600	8000
Type of Fee												
initial application processing		150	75	100 to 350	75		20 to 50	50	50	50	100	150
initial registration	475	100	125 to 500*		200		395	325			1310	
annual renewal (active member)	950	750	500	450	500	795	525	650	250	375	1310	500
annual renewal (inactive member)			50	200	250		200	475	50	50		

*pro-rated based on application date.

registration changes as of november 30th

NEW MEMBERS

ANTHONY, ANA B.
AUDIT, AMY LOUISE
BHATIA, JASMIT KAUR
BOISMIER, BRIAN J.
BOLDUC, CAROLINE
EMMANUELLE
BROWN, CARLIE-ANN
CHAN, NANCY MON-YEE
COMMANDANT,
BERNADETTE LEE
EDWARDS, KELLY M.
FINK, TIFFANY ALICIA
GUO, JINYU

HENRY, M. LANIE
JOHNSTON, LINDSAY ERIN
KERRIGAN, SHAWN-
PATRICK
KOURY, LARA
NUTTALL, MICHAEL B.
PARCHMENT, DION W.
PERRY, MELISSA DANIELLE
PILBACKA, SATU MIRJA
REGULAR, DARLENE B.
REYNOLDS, PATRICIA C.
SALAMONSON, PATRICIA A.
SMITH, LAURALEE PATRICIA
SORIA, JUAN G.
SYED, MUHAMMAD AMER

TISCHER, ARTHUR JOSEPH
VAN DAM, MONICA MARY
VENIOTT, DANIEL R.
WESTERGAARD, JOAN A.
WILLIAMS, HAZEL A.

MEMBERS RESIGNED

BURTYN, STEPHEN
CARTER-PATTERSON,
KIMBERLY NICOLE
EVANS, ALLAN J.
FOX, MARILYN

MEMBERS REVOKED DUE TO REGISTRATION REGULATIONS

ABUSOMWAN, EDITH EKI
GHANEM, FAYEZ S.
KASUKURTHY, JOHNSON
P.K.
LAWRENCE, GERARD
LILLIE, DEODAT
WADDELL, BRIAN H.

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