VOLUME 12, NO. 2 • DECEMBER 2004

The Exchange

The Newsletter of the College of Respiratory Therapists of Ontario

Your COUNCIL

Back row, left to right: John Schenk (Public Member), Peter Szkorla RRT, RRCP, Sudershen Beri (Public Member), Gloria Hinton (Public Member), Jim McCormick RRT, RRCP (President), Vito Maiolino RRT, RRCP, Gary Weeks (Public Member), Paul Stewart RRT, RRCP, Richard Levert (Public Member)
Front row, left to right: Dorothy Angel (Public Member), Susan Bryson (Public Member), Judy MacGregor RRT, RRCP, Susan Martin RRT, RRCP (Vice President), Lorella Piirik RRT, RRCP, Marisa Ammerata RRT, RRCP

We would like to welcome two new Members to the CRTO Council: Sudershen Beri, Public Member, and Lorella Piirik RRT, RRCP, Profession Member.

The Council is the Board of Directors of the College made up of Profession (Respiratory Therapy) Members and Public Council Members appointed by the Ontario Government.

INSIDE

James B. McCormick,
RRT, RRCP
President, CRTO

president's message

Relationships matter! When I reflect on where our College is today there is a simple three-step exercise we ought to entertain as an organization. We must first recognize our past. Second, we clearly must acknowledge and be thankful for our present. Our third step is the easiest - we must now collectively focus on our strategic directions by looking forward with vision and optimism to our future. Perhaps because it is so easy we need to step back and consider, for just a moment, if we are all taking that step with the same level of commitment and conviction.

When Peter Szkorla nominated me to run again for President of our College, the warmth of his words and his sincerity touched me. Peter represents the courage and commitment we needed when our College struggled. The mentorship of recent former Presidents, namely Bill Butler and Keith Olimb, are likewise good examples of what I mean in terms of *building on relationships* and building on the experience and wisdom of previous leaders of our College.

In terms of our past to present linkages, I am very encouraged that our entire Executive team was also returned for one more year. As our Members may know, only the Executive Committee is determined by vote of Council. I strongly believe our working relationship at Executive is stellar. Given that our Executive team routinely meets with the RTSO, I am encouraged that we can continue to build on the trust and collaborative working relationships with the RTSO board. Our mandates are clearly different, however as Mr. Keim, incoming President of the RTSO acknowledges, and we agree, in areas of patient protection and guidance of the RT profession, these two mandates are not mutually exclusive to our two organizations.

When we value working relationships, we can demand excellence in terms of our resolution of College responsibilities. That work happens with and within our Committees and Panels. Job #1 of our old/new again Executive is to determine committee composition and structure. I encourage all our Members to pay special attention to the volume, detail and positive initiatives emanating from each committee. I would also like to recognise the contribution of all last years' committee Chairs, Harold Featherston RRT, RRCP(QA), Susan Bryson (Patient Relations), Peter Szkorla RRT, RRCP (Complaints), John Schenk (Discipline and Fitness to Practise) and in particular, Paul Stewart RRT, RRCP as out-going Chair of the Registration Committee. In his role as Chair of the Registration Committee Paul's leadership highlighted the sacrifice, skilled guidance and attention to detail required of all Committee Members, but especially of our Committee chairs. Paul's team have been so involved in Certification Programs, Degree Level Entry to Practise Discussions, Exam Re-write Policy, and Use of RRT Title amongst a host of other issues. Let me link the kudos to Paul's team with our strategic initiative #6: *"Create, nurture and leverage partnerships with important external stakeholders."* **QUESTION:** Why and how is this initiative linked to the RRT designation issue or exam re-write policy and why is it important? **ANSWER:** Because relationships matter and because Ontario is a part of the national whole, the Use of Title and commonalities in terms of Ontario's approach to an Exam Rewrite Policy ought to compliment the national experience.

While the bulk of the work happens within our Committees and Panels, it is our entire Council that ultimately charts our course. It is said that Council steers and staff row. Our strategic planning exercises give us all a vision of where we need to be as a College. It is said that "When man knows not which harbour he seeks, no wind is the right wind." I can give you all assurances we know our charted course and more importantly we are all rowing in the same direction. In that theme, let me also take the liberty of quoting but one sentence of a personal letter to myself and copied to our Registrar. I do so because relationships matter, and function is in part, linked to functionality. Mr Sudershen Beri, our newest Public Member writes about his first impressions of Council, *" ... I could feel the cohesiveness of the group. Everyone contributed freely and there was a clear sense of relaxation and exchange of different viewpoints" at Council.* It is at this juncture where I must acknowledge the role of our Public Member Colleagues and the work of Gord and his staff for their contribution to help us, as Profession Members, achieve our mandate of patient protection, whilst guiding the profession. The relationships our Council is building with the Federation of Regulated Health Colleges, the CSRT, RTSO, the Alliance, the CBRC and CoARTE, the Ministry and with our very Members is at once evolving, encouraging, positive and productive.

I would like to close by recalling what I learned from an OHA management course several years ago. **QUESTION:** Who is responsible for inter-personal relationships and outcomes? **ANSWER:** I am.

In his book "The Path to Tranquility" the Dalai Lama notes *"Man and society are interdependent, hence the quality of man's behaviour as an individual and as a participant in his society is inseparable."* Who will lead our College when the Peter and Paul's (aka our College apostles) terms are up? Who will be an active participant in the affairs of your profession? I hope and I trust that you will offer the answer.

Thanks for listening!

registrar's message

Gord Hyland
Registrar and CEO, CRTO

Mediation is now complete!!

The RTSO recently informed the College (please see the letter on the next page, from Mike Keim, RTSO President) that, based on a survey of RTSO Members and the results of mediation, the RTSO Board was satisfied that the process of mediation, instituted in 2001, is now complete. Thanks to all involved, from the CRTO and the RTSO, as well as Lisa Feld, Mediator, the Ministry of Health and Long-term Care, and the OHA, all of whom paved the way for this major achievement! Finally, thanks to the Members of the College who gave the support we needed.

Joint discussions of issues of mutual interest will now continue on a regular basis, between the RTSO Board and the CRTO Executive Committee.

Staff Changes

Ania Rudzinska, previously our Registration Officer, is now our Co-ordinator of Registration, reflecting her high-level work in the Registration and Member Information Database areas, and her support of the Registration Committee's work.

As you know, *Jennifer Harrison BSc, RRT, RRCP,* has worked since April 1st 2004 as our Professional Practice Advisor, during the parental leave of *Mary Bayliss, RRT, RRCP, CAE.* Jennifer has done a tremendous job for the College and the RT profession in her short time at the CRTO. Mary returns to the College on January 31st, and Jennifer will be leaving us on February 4, 2005. We thank Jennifer sincerely for her dedicated efforts for the Members and the Public, and we wish her well in her future endeavours.

We welcome Mary back to the PPA's portfolio and Members may contact her at the CRTO office, starting January 31st.

CRTO Communications

We hope our re-designed Web site, www.crto.on.ca, is more effective, information-intensive and user-friendly, both for our Members and the Public. Our future long-term goals include integrating services such as the database lookup of publicly available Member information, online Membership renewals, a search engine and QA tools. Please let us know what you think!

Regulations

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

We have received guidelines for Advertising and Conflict of Interest from the Ministry, and are reviewing these with our colleagues at other RHPA Colleges.

Amendments: Registration Regulation Amendments

We are still waiting for the Ministry to finalise its approval of the two amendments on labour mobility, and titles & designations, which were passed by the Council in 2003, before they become law. In the meantime, Council 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 (MRA). The four Canadian regulatory bodies and the CSRT, representing the unregulated provinces, signed the MRA.

We hope to let you know about the pending change to RRT from RRCP, in the near future.

Accreditation, Entry to Practice Examinations and National Competency Profile

The CRTO now recognises the CoARTE accreditation process for RT educational programs in Canada, the CoARC accreditation process for American RT schools, the CBRC examination for entry to practice and the National Competency Profile (NCP), approved by all regulatory bodies across the country, and the CSRT. The RT Schools across the country will be implementing the NCP in their curricula by September 2006.

Federation of Health Regulatory Colleges of Ontario

The CRTO is a full participant in the activities of the Federation, which provides information-sharing and many other benefits to RHPA Colleges, and has been dealing with Ministry initiatives as well as its regular working groups. The Federation held its annual meeting in November 2004.

In closing

I would like to acknowledge the ongoing hard work and dedication of our CRTO Staff, Christine Robinson, Jennifer Harrison, 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 would like to personally thank our President, Jim McCormick, and our Executive Committee, for their ongoing support of our efforts.

Gord Hyland
Registrar and CEO, CRTO

Respiratory Therapy Society of Ontario
Société de la Thérapie Respiratoire de l'Ontario

November 17, 2004

Jim McCormick
President,
College of Respiratory Therapists of Ontario
180 Dundas Street West, Suite 2105
Toronto, Ontario M5G 1Z8

Dear Jim,

Re. Mediation between the Respiratory Therapy Society of Ontario (RTSO) and the College of Respiratory Therapists of Ontario (CRTO)

In the years preceding 2001, Respiratory Therapists in Ontario represented by the Respiratory Therapy Society of Ontario (RTSO), clearly expressed their displeasure to the leadership, at that time, of the CRTO. The concern was specifically related to the CRTO leadership's interpretation and application of the RHPA. The result of the RTSO's action was an offer from the Ontario Hospital Association (OHA) to support a mediation process between the RTSO and the CRTO to understand what the concerns were and how to address these, at the same time recognizing the CRTO's obligations to the RHPA.

Two years of mediation have demonstrated a commitment on the part of both the RTSO and the CRTO leadership to create a respectful environment wherein mutual issues of interest/concern can be discussed freely and openly. This mediation has resulted in dramatic changes in the interpretation and application of the RHPA specifically surrounding the QA process, portability of license to practice and professional designation of Respiratory Therapists in Ontario. In addition, this process has created a mutual respect between the two organizations and the Respiratory Therapists they represent.

As a result of an RTSO membership vote, which overwhelmingly favored an end to mediation, the RTSO Board as of October 2004, is pleased to declare ***an end to mediation between the RTSO and the CRTO***. In addition, the current attitude of trust and respect will allow the two organizations to address topics of mutual interest and of individual concern. Both organizations are mindful of their different mandates, at the same time appreciating that protection of the public and advancing the profession of Respiratory Therapy are not mutually exclusive.

Congratulations, I believe both organizations have benefited from this process. Thank you to everyone who have brought us to this point and continue to demonstrate their commitment to the provision of respiratory care in the province of Ontario.

Sincerely,

RESPIRATORY THERAPY SOCIETY OF ONTARIO

Michael Keim, RRT/RRCP
President, RTSO

cc.: Gord Hyland, CRTO
Lisa Feld, Mediator

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Getting the word out about Respiratory Therapy

Thank-you to the following RTs who didn't shy away from the television cameras and were interviewed by Rogers Community Cable during RT Week:

Vicki Svanda RRT, RRCP (Durham)
Tracy Bonifacio RRT, RRCP(Mississauga)
Kevin De Jong (Owen Sound)
Mike Keim RRT, RRCP (London)

This initiative to gain media attention for Respiratory Therapy was part of the work done by the RTSO/CRTO Communications Working Group.

Lifetime Membership award to Ian Reid RRT, RRCP

At the September Council meeting Ian Reid was awarded a Lifetime Membership to the CRTO.

Mr. Ian Reid joined the meeting and was welcomed by CRTO President, Jim McCormick, as one of the true leaders of the profession. Jim McCormick, said it was his distinct pleasure to present Mr. Reid with the College's first Life Membership Certificate and a photograph of Jim's graduating class when Mr. Reid was head of the RT program at the Toronto Institute of Medical Technology (now Michener Institute). Mr. Reid responded that his 43-year career had taken many guises and his recent tenure with the Ministry of Health had enabled him to maintain contact with the profession, which had been very gratifying. He stated that it was a most surprising honour, which was very much appreciated.

NOTE: The Council may award Life Membership to a former Member who is permanently retired from the practise of Respiratory Therapy.

A Life Member may ...

(35.03 of the bylaws) vote in an election of Council Members, may be invited to attend all meetings of Members and receive regular mailings to Members, but cannot, by virtue of his or her Life Member status, run for election to Council, or perform a controlled act, hold himself or herself out as a as a person who is qualified to practise in Ontario as a Respiratory Therapist or use a title other than that set out in subsection 35.02.

introducing NEW council members

LORELLA PIIRIK, RRT, RRCP, Profession Member of Council

LORELLA PIIRIK has been a Respiratory Therapist for 15 years, working at the Hospital for Sick Children for 13 years and almost a whole year at Thunder Bay Regional Health Sciences Centre. She graduated from The Toronto Institute of Medical Technology in 1989.

Currently Lorella practises within Cardio-Respiratory diagnostic services including: cardiac stress testing, pulmonary function testing and asthma education. Lorella also "freelances" as an educator for the ventilator equipment pool program, teaching patients how to use their non-invasive ventilators in their homes. She covers the areas from Sault Ste. Marie to Manitoba, which is geographically huge (but is mostly full of trees and rocks!—her words).

Lorella has been married for 15 years. She and her husband have two busy boys, Alex 12 and Luke 8. Lorella keeps busy herself, coaching one of the boy's soccer teams.

Lorella has been a CRTO Non-Council Committee Member for approximately 1.5 years and is now a Member of the Registration Committee. Lorella became a Council Member in November 2004, upon the resignation of our former Council Member and President Keith Olimb RRT, RRCP.

SUDERSHEN BERI appointed as Public Member to Council

Please join us in welcoming MR. SUDERSHEN BERI who was appointed to Council on October 20, 2004 by the Ontario Government.

Sudershen, originally from Kenya, is widely traveled and has extensive experience both working in the public and the private sectors. After serving for 26 years he sought an early retirement and immigrated to Canada. He served with Canada Life as a financial planner for 20 years. Presently he operates his own financial planning business. He is married and the father of two accomplished children: a son who is a dentist and a daughter who holds a doctorate degree as a pharmacist.

Sudershen worked in the civil service as a public administrator, Office of the President, Republic of Kenya, for 26 years. Appointed to the Canadian National Parole Board, he served for 3 years and then served 6 years on the Ontario Parole Board. For 3 years, Sudershen served on the Multicultural Advisory Board for the Ontario Government. He is the Secretary of a Hindu Temple in Markham Ontario and was one of the key persons for establishing a community center at a cost of $3.5 m. Sudershen was awarded the Voluntary Service award for 10 Years of service, the Governor General's Medal in 1993 and the Queen's Jubilee Medal in 2003.

CRTO updates

Jennifer Harrison BSc, RRT, RRCP
Professional Practice Advisor

Patient Relations Committee Update

The Patient Relations Committee (PRC) has not met in person since the summer. Much of the work and consultation related to the ongoing projects has been done "electronically" and by teleconference, this saving significant costs. Here are some recent highlights of the Patient Relations Committee's activities:

- Approval of the Revised Professional Practice Guideline (PPG) *Orders for Medical Care,* November 2004
- Approval of the Revised *Standards of Practice,* November 2004
- Approval **in principle** of RTs accepting delegation to dispense medications with the development of a PPG about *dispensing medication by delegation*. This is currently in the works.

You can find the latest versions of PPGs at **www.crto.on.ca/html/ profpractguidelines.htm**.

The "new" PRC looks forward to meeting in January 2005. They will, among other things, be reviewing a Draft PPG on *dispensing medication by delegation*. The College will be seeking your feedback on this soon. In the interim, RTs are not yet permitted to dispense medication.

We look forward to hearing from you and encourage you to get involved and participate in public safety and promoting the RT profession.

The PPA's Report

Ontario Health Pandemic Influenza Plan (OHPIP).

As an RRT and a representative of our College, I have been invited to participate on two Ministry of Health and Long Term Care committees. The OHPIP Operations Sub-Committee and the Health Human Resources Advisory Working Group (HHR AWG). The main goal of the Operations group is to develop guidelines to assist local planning groups (e.g. health care facilities) to identify necessary health services during a pandemic influenza. Similarly, the main goal of the HHR AWG is to develop a comprehensive human resource plan in support of Ontario's response to a pandemic.

I am very proud that our profession is represented (proactively) at the MOHLTC on this project. One RT, however, cannot represent the entire profession. I would like to thank those RTs who I have consulted and who have assisted me in providing relevant information to the committees thus far. If you would like to become involved or provide feedback to the MOHLTC regarding the OHPIP through our representation on these committees, please feel free to contact the College. Your input is greatly appreciated.

2004 Toronto Critical Care Medicine Symposium

Thanks to the organizers of this event for inviting the College to attend the sessions regarding the ethics of death and dying. I was able to obtain valuable information that assisted the College in addressing the issue of RTs pronouncing death and preparing the FAQ that appears in this issue of The Exchange. It was great to see so many RTs at this symposium.

Ontario Hospitals Association - 2004 Health Achieve

Thanks to Mike Keim, President of the RTSO, for the invitation to address professional accountability at this event. It was a great pleasure representing the College and participating in the great discussions that took place after my presentation. What a great forum for RTs to get involved.

Federation of Health Regulatory Colleges of Ontario (FHRCO)

The CRTO continues to participate and support FHRCO initiatives. Some of the projects on the go include defining authorizing mechanisms (delegation, medical directives etc.), developing a "communications skills" course for members of regulated health professions and developing guides for regulated health care professionals on the new privacy legislation. Check out our website for links to more information.

Jennifer Harrison BSc, RRT, RRCP
Professional Practice Advisor

Communications Update

The Communications Working Group, which includes members of the RTSO Board and members the Patient Relations Committee of the CRTO, work to continually improve our communications efforts, to both our Members and the public. The following is a list of the strategic goals and what we've achieved since July 2004.

Goal 1:

Educate the **Ontario public** on the role of Respiratory Therapists—who they are, what they do and how they are regulated.

Results:

- **Hospital News:** Our story: "*Respiratory Rehabilitation Programs help patients breathe easier*", appeared in the November issue.
- **The Oakville Beaver** covered a story about the Lung Association's September Bike Trek event and included an interview with a CRTO Non- Council Committee Member, Bernie McNamara RRT, RRCP. Bernie and his family participated in this event representing the profession—RT T-shirts and all!

Bernie McNamara RRT, RRCP and three of his daughters.

RTSO/CRTO Communications Work

- **Poster:** *"Ask an expert. Respiratory Therapists: Breathing is our business"* poster was mailed to RT supervisors across the province prior to RT week.
- **Raptors Games dedicated to awareness about Respiratory Therapy:** The RTSO and CRTO engaged the public at the Air Canada Centre with our Respiratory Therapy display at the Raptors games on October 29th and January 7th. Our display was complete with "breathing" pig's lungs plus booklets and brochures about the profession for distribution.
- **Television Exposure:** Achieved four TV media opportunities with Rogers Community Cable in Mississauga/Brampton, Durham, London and Owen Sound, generating awareness about Respiratory Therapy and RT Week.

RTs at the Raptors Game. RTSO President Elect, Paula Cripps-McMartin and CRTO Non Council Member, Gary Ackerman.

- **Advertising:**
  - An advertisement promoting the profession of Respiratory Therapy appeared in 180 Ontario Community Newspapers 4 times.
  - We contracted Patient Direct TV, a network for public awareness campaigns, to display our 7-screen message about the diversity in the areas of practice for Respiratory Therapy. The message was displayed on over 90 TV screens placed in doctor's offices all over Ontario, for the entire month of October.

Goal 2:

Promote the profession to **potential students** as a part of the effort to ensure that an adequate number of qualified Respiratory Therapists are available to meet anticipated demand.

Results:

Ontario School Guidance Counsellors Association (OSCA) Annual Conference: November 7-9

Jennifer Harrison and Barb Saunders of the CRTO Staff, with RTSO representative, Rick Culver, participated in a three-day annual forum for teachers and guidance counsellors from all over Ontario. The forum proved to be a great opportunity to meet many of the 450 School Guidance Counsellors and distribute the RTSO/CRTO 8-page booklet demonstrating the diversity of work environments, areas of practice and career prospects for Respiratory Therapists.

Note: As an outcome of participating in this conference, we have received messages from Guidance Counsellors requesting us to participate at career fairs at their schools. On December 2nd we exhibited at Emery Collegiate in North York, a 1500 student high school with an adult day school.

Goal 3:

Create a positive atmosphere in the relations between the College and its Members.

Results:

- **Fall Mailing:** In October a special correspondence package was mailed to our Members including consultation papers, a notice of a policy change (Liability Insurance) and election news.
- **Email Communications:**
  - The College has been receiving positive feedback from Members about using email as a way to communicate updates. *If you have not received these emails please contact the College and provide us with your email address.*
  - Legislation does require that we deliver certain communications via "snail mail" but we are exploring ways that we can deliver timely and effective information to our Members while keeping the costs down. Your feedback is always appreciated.
  - Email sent to Members:
    October: Wishing Members *"Happy Respiratory Therapy Week"* and encouraging them to respond to the consultation papers.
    November: Thanking Members for their responses to the amendments to *Standards of Practice* and the PPG *Orders for Medical Care*. Many responses from Members were received after this email was sent.
    December: Wishing Members *"Happy Holidays"* and giving everyone a "heads-up" about what is included in this mailing.

Barb Saunders
Co-ordinator of Communications and Member Services

Quality Assurance Update

Fresh Start in Action

Autumn has been a busy time for Quality Assurance. All of the development and planning of the last 18-months was put into action after the random selection was conducted on September 1st. Letters were then sent to 216 Members (10% of the entire CRTO Membership) requiring them to submit their Professional Portfolios and requesting the volunteer to pilot the on-line Professional Standards Assessment (PSA).

At the end of October we sent the Professional Portfolios to Reviewers across the Province (a list of the Reviewers appears in this issue). Based on the Portfolio Assessment Criteria that Council approved last year, the Reviewers utilized an on-line form to submit their reports to the College. The Portfolio and corresponding report will be reviewed separately by Panels of the Quality Assurance Committee early in the New Year. Members who submitted their Portfolios can expect to receive feedback from the Committee in the weeks that follow.

At the same time, we sent login and password information to 178 Members' email addresses, giving them access to the Professional Standards Assessment pilot. In just over a month's time, 122 of these Members completed the 50 multiple-choice questions on the profession's standards, guidelines and legislation that this new on-line tool offered. We are in the midst of running diagnostic and cumulative reports on the PSA pilot and will outline Members' comments in future Updates.

Melanie Jones
Co-ordinator of Quality Assurance

Registration Update

Annual Update of Registration

The 2005 Annual Update of Registration (AUR) forms were mailed out to all Members at the beginning of December. The deadline for receipt of your completed AUR form and fee is **March 1, 2005.** If you have not received your renewal package, please notify us as soon as possible either by phone (416) 591-7800 ext. 25 or by e-mail (rudzinska@crto.on.ca). You can also download a blank form from our Web site at **http://www.crto.on.ca/html/ maintmem.htm**.
Please remember that even if you do not receive your renewal form in the mail, it is still your responsibility to renew your membership and pay the annual fee by March 1. To avoid delays and late fees we encourage you to return your renewal form right away.

NEW Professional Liability Insurance Declaration

Members are now required to declare that they are covered by personal/ employer professional liability insurance in the amounts and coverage set out in the CRTO Professional Liability Insurance Policy. Please note that you **do not** need to provide us with a copy of your liability insurance certificate.

The Professional Liability Insurance Policy requires that active Members carry coverage of 2 million dollars for each occurrence. For inactive Members the amount of coverage required by the College is set at "zero" providing that the Member has indicated on the renewal form that he or she is inactive, and signed the declaration.

Submitting your form

You can submit your AUR by regular mail, courier or in person. Please make sure to use the self-addressed return envelope, which was included with your renewal package. Renewal forms are not accepted by fax, as we need your original signature. Before submitting your form, make sure that you have:

- answered all the required questions
- completed, signed and dated the declaration section, and
- included the full registration fee; if paying by credit card,

make sure to sign your payment authorization and include your card's expiry date.
- If paying by online or internet banking, please include your transaction reference number.

Methods of Payment

You may use one of the following methods of payment: money order, cheque, on-line/telephone banking, Visa or MasterCard.

We encourage you to pay by on-line/telephone banking or cheque rather than credit cards. This will help us to lower our operating costs. Last year the College was required to pay close to $11,000 on credit card fees!

Why do we ask so many questions?

Completing all sections of the renewal form is an important part of being a Member of a self-regulating profession. The CRTO, as the regulatory body for Respiratory Therapists in Ontario must ensure that you provide your name and employment information as requested by the RHPA.

Your name, business address and business telephone number, as well as information regarding your CRTO registration status make up the Public Register. Upon a reasonable request, the College uses the Public Register to provide information about our Members; for example to confirm whether a person is a Member of the College or if they have Terms, Conditions or Limitations on their certificate of registration.

The College is very diligent in respecting our Member's privacy. Much of the information collected by the College is confidential and is not public information. This includes your home address and home telephone number and email address.

The AUR form helps us to generate statistics. The data collected from your answers to questions regarding employment status, areas of practice and activities are the basis for reports used by the College and other stakeholders for trends analysis, human resource planning, and research. Statistics may even be used to support professional accountability and establish the scope of Respiratory Therapy practice to the government and to other professions.

Resignation

If you are not renewing your Membership, please complete the Resignation section of the form and return it to the College on or before March 1, 2005. If you fail to renew your Membership with the College and do not resign, your Membership will be suspended for non-payment of fees. After two years of non-payment your certificate of registration is revoked.

Questions about how to complete the renewal form?

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

Exam Re-write Policy

The Registration Committee drafted a policy on exam re-writes. Under this new policy, exam candidates will initially be allowed up to three attempts to write the approved exam (CBRC). For each subsequent attempt, the candidate must provide the Registration Committee with an upgrading study plan using the QA Portfolio as a guide, for approval by the Registration Committee. Once approved, the candidate must provide proof of completion of the study plan to the Registrar before the next exam attempt. The policy was approved by Council on September 17, 2004.

RT week 2004

Thanks to all the Members who shared with us their initiatives during RT Week 2004.

- Respiratory Therapists all over the province hosted open houses, setting up displays and organizing "lunch and learns" for RTs.
- Some communities such as London Ontario set up displays in local malls.
- RTSO hosted a Charity Golf Tournament on Friday October 1, 2004.
- North Bay local radio station (101.9 the FOX) interviewed Non Council Committee Member, Shari Cole RRT, RRCP, about the profession and RT Week.
- Mount Sinai Hospital offered a "Golden Lobe" award to an RT for excellence in patient care, as judged by their peers. This year's winner was Mieke Fraser, RRT. RRCP. She is the first recipient of the Golden Lobe award, a new RT Week initiative at Sinai that they plan to continue!

Please continue to let us know what RTs are doing in your community.
Contact Barb Saunders at (416) 591-7800 ext 27, toll free at 1-800-261-0528 or by email to saunders@crto.on.ca

Supervision Definition/Policy

Following inquiries from Members and employers regarding the 10 minutes general supervision, as typically imposed on Graduate Certificates of Registration, the Registration Committee developed a Policy to address issues concerning supervision such as the different types of supervision and documentation requirements. A Supervision Fact Sheet is included as an insert with this issue of The Exchange and is posted on the CRTO Web site.

Inactive Status – Policy Change

Please note that, following a recommendation from the Registration Committee, the Council approved a new Policy regarding Inactive Members Returning to Active Practice. Under this new policy, following a change to Active Status, Members who held inactive status for more than three consecutive years, must be referred by the Registrar to a Panel of the QA Committee for assessment. The Panel will consider whether it is in the public and the Member's interest to undertake some form of refresher/retraining. For more information regarding Inactive Status, please contact the College or visit our Web site.

Registration Regulation Review

One of the issues the Registration Committee has been occupied with during the past months has been an extensive review of the Registration Regulation. The amended regulation has been drafted and approved by Council for consultation with Members. The draft-amended regulation was sent to all Members for input in October. To date, we have received over 100 responses. The College thanks all Members who participated in this review process to make it the best response by Members in our history. Our Communications Strategy is working!

Ania Rudzinska
Co-ordinator of Registration

Complaints and Investigations

Since the June 2004 issue of The Exchange, the following matters have been considered by the Complaints and Executive Committees. The College and the Respiratory Therapy profession continue to have a very low incidence of complaints.

COMPLAINT/REPORT	COMMITTEE	ALLEGATIONS	RESOLUTION
Employer (termination) report	Executive Committee	Unprofessional conduct including making unprofessional and inappropriate comments, including comments to clients	Still under consideration
Employer (termination) report	Executive Committee	Unprofessional conduct, including threatening, bullying and intimidating behaviour and comments of a sexual nature	Still under investigation
Employer (termination) report	Executive Committee	Documentation	Under consideration
Registrar's referral	Executive Committee	Incapacity	Still under investigation
Registrar's referral	Executive Committee	Failure to maintain the standard of practice of the profession	Under consideration
Registrar's referral	Executive Committee	Contravention of terms, conditions and limitations on certificate of registration	No action
Complaint	Complaints Committee	Verbal abuse	No action Recommendations
Complaint	Complaints Committee	Discontinuing treatment without an order	No action Recommendations
Complaint	Complaints Committee	Failure to maintain the standard of practice of the profession	Still under investigation

Please note that brochures outlining the complaints process (for the general public and Members) and information sheets on mandatory reporting (termination and sexual abuse) can be downloaded from the CRTO web site at www.crto.on.ca/html/concrnbyrt.htm . If you have any questions related to complaints or reporting please contact Christine Robinson at robinson@crto.on.ca, or by phone at ext 21.

Christine Robinson
Manager, Policy and Investigations

FAQ's

Teaching and Delegation Scenario

Q It has been decided by your organization to transfer a stable, chronically ill, mechanically ventilated patient with an established tracheostomy tube in place, from your acute care facility to a nursing home. This patient will be fully cared for by the staff receiving this patient at the nursing home. The caregivers may include registered Nurses (RNs) as well as other health care providers who may not be regulated health care professionals, for example "personal support workers". The RTs from the acute care facility have been asked to provide in-services/education to the staff at the nursing home regarding the care of this patient, specifically regarding (invasive) mechanical ventilation, suctioning and tracheostomy tube changes, for example. What is the accountability of the RTs in providing this education?

A As you may know, Members of our College are not permitted to delegate invasive mechanical ventilation or tracheostomy tube changes, under the Standards of Practice of the College. As such, delegation (the transfer of authority to perform a controlled act, from a regulated health care professional who is authorized to perform it, to a person who is not authorized to perform it) to others to perform these controlled acts would have to come from another regulated health care professional for example, the most responsible Physician. The RTs may be indirectly involved in the process of delegation, however, as educators. That is, the physician (the delegator) is ensuring that the delegatees (nursing home staff) are being educated and brought up to the necessary standards and has asked the RTs to help in that process. Of note, the Registered Nurses in this case do not require delegation to carry out suctioning, mechanical ventilation, tracheostomy tube changes or other procedures involving these controlled acts, since they are already authorized to perform them under the *Nursing Act*.

With regards to teaching mechanical ventilation, suctioning and tracheostomy tube changes, the CRTO currently has a standard that states: "You may not teach what you may not delegate unless the individual you are teaching is covered under one of the exceptions of the RHPA" [section 29 (a)(d)(e)]. It is our position, that given the information and circumstances you have provided to us, the RTs in this case would be teaching other health care providers (regulated and nonregulated) to provide/assist this patient with his/her activities of routine living (assisted mechanical ventilation and the care of the tracheostomy tube). This is one of the exceptions listed under clause 29 (e). In addition, the transfer of authority to perform these controlled acts (delegation) is coming from the physician. It would also seem that the nature of the teaching is in the best interest of the patient. RTs, with related expertise have been asked to provide the education in order to ensure that the nursing home staff can provide and deliver safe care to the patient.

Having said this, the RTs providing the education and those involved in the process of delegation, should refer to the Professional Practice Guidelines (PPGs) entitled *"Responsibilities of Registrants as Educators"* and *"Delegation of Controlled Acts"* for further standards regarding when teaching and/or delegation may be appropriate and inappropriate.

Standards such as:

- "teaching would be inappropriate when it would place your patient/client at risk of care that is below the standard" and,
- "when you reasonably believe the individual you intend to teach does not posses the requisite knowledge, skills and abilities/judgement to proceed safely" should be carefully considered throughout the process. Lastly, an RT must not teach a procedure which she/he does not have the knowledge skill and judgement to perform or is restricted from performing (e.g. there is a term, condition or limitation on his or her Certificate of Registration).

FAQ's

Pronouncing Death

Q I received a call from a nursing colleague in the ICU to disconnect a patient from the ventilator. The nurse had pronounced the death of this patient who was known to have a "valid" Do Not Resuscitate (DNR) order in place. The physician was not immediately available to pronounce/certify death. I assessed the patient, there were no spontaneous respirations or signs of circulation and his pupils were fixed and dilated. I agreed with my colleague that the

patient had passed away. I disconnected the ventilator and turned off the machine. Did I do the right thing? Can I pronounce death?

A This is a difficult scenario which most of our Members have had to face, or will face at some time in their practice as Respiratory Therapists. Many RTs have had to disconnect a ventilator from a deceased patient or have gone to assess a palliative patient who has passed away.

Pronouncing or declaring death is a grey area and is not well described legally. Specific legislation does not exist in Ontario defining who may or may not pronounce death.

It would seem that assisting with the pronouncement of death is well within the scope of practice of RTs. Core competencies of all RTs include skills such as conducting complete cardio-respiratory assessments, and conducting physical examinations of other body systems on patients/clients in clinical settings. Furthermore, our didactic and clinical training prepares us to perform or assist with neurological assessments of brain death, specifically apnea testing. 68% of RTs work in acute care clinical setting where the issue of pronouncing death frequently occurs. Even more RTs have significant experience and expertise with regards to ethical issues and end of life decision-making.

The Council has recently proposed a change to the Registration Regulation where it will become "a term, condition and limitation of a certificate of registration of any class that the holder practise only in the areas of Respiratory Therapy in which they are educated and experienced." Many RTs will find they do have the knowledge skill and judgement to independently pronounce death in certain situations, however some RTs may determine that it is not within their specific scope of practice to do so.

Note: "Certifying" death is clearly defined by legislation and limited to certain regulated health care practitioners. *Respiratory Therapists are not currently authorized to certify death.*

Can you disconnect the ventilator?

In this case, Registered Nurses (RNs) are permitted by the College of Nurses of Ontario to pronounce death in certain situations, for example, where death is expected. The nursing standards for pronouncing death also include, carrying out consultation with other health care professionals. As a Member of an interdisciplinary health care team, you are accountable for providing/sharing your expertise and findings.

If you are
- clearly acting within your professional scope of practice and
- have given all due considerations to the situation and
- are competent to make the decision to disconnect based on your knowledge, skill, judgement, and ability

Then yes, you may proceed.

Ensure that you are professionally accountable by effectively communicating with others and through proper documentation.

Can RTs pronounce death?

After much research and consultation, I have concluded that death is not the easiest scenario to define! Most of the literature refers specifically to brain death. Some of the "text book" criteria for declaring brain death (after all appropriate and therapeutic procedures have been completed) are:
- Absence of motor and reflex movements
- No respirations and no circulation
- No spontaneous respirations when ventilated (positive apnea test)
- Absent cephalic reflexes (no ocular responses to head turning or caloric stimulation) with dilated, fixed pupils
- Isoelectric (flat) EEG
- Persistence of these signs
- Absence of cerebral circulation

As you can see, many of the tests for these criteria fall within the scope of practice of Respiratory Therapy, but some do not. The grey answer is; if you are not sure, seek help and clarification! And Document, document, document.

At this time the CRTO (in accordance with legal advice) would recommend to its members that RTs do not independently pronounce death. RTs may, however, work in collaboration with other Members of the health care team to determine when death has occurred and then carry out their practice according to the standards of the College.

With regards to palliative patients or those with end of life orders, if you are confident that the patient made an informed decision with respect to CPR, then under your professional obligation, College policy and the College's understanding of the intent of the *Health Care Consent Act,* you have an obligation not to initiate CPR. You should express the patient's wishes to the health care team. Conversely, if you are not confident that the patient has made an informed decision, and unsure if death has occurred, you would initiate CPR. (PPG *Responsibilities under Consent Legislation*)

As always the College welcomes feedback from our Members on all issues including Respiratory Therapists pronouncing death.

FAQ's

Dispensing and Oral Medications

Q I work in a sleep laboratory with several other RTs. Our medical director would like us to give patients an oral medication called Allertec® during their daytime tests, it is a CNS stimulant which helps prevent daytime sleepiness. We would receive a valid order and the actual medication from the physician. I would like to develop some standards and guidelines for RTs at our facility to give this oral medication in the laboratory. Is this dispensing? Which controlled acts are involved?

A According to the Ontario College of Pharmacists, "There is considerable overlap between the technical component of dispensing a drug and preparing a drug for administration. **Administration** involves one individual (the RT) preparing a dose of a drug and providing it to a client at the time the medication is due." The CRTO agrees with this definition of dispensing versus administering medications. This scenario does not specifically involve dispensing, only the RT giving a medication when due on the order of a physician. Administering oral medications is not a controlled act and can be done legally by anyone. Having said this, RTs are held accountable to the standards of their profession as set by the College. If you are going to give an oral medication to a patient/client in your practice setting you must have the knowledge skill judgement and ability to do so. Consider everything involved, including the safety of the patient and the outcomes of administering the medication.

PPA's Test Your Knowledge...

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

1. New Legislation took effect November 1st, 2004 regarding:
   (a) Consent
   (b) Title
   (c) Privacy
   (d) Access to Care

2. RTs are not permitted to administer blood products due to consent legislation.
   (a) True
   (b) False

3. During a transport an RT may receive telephone advice from another RT based on medical directives.
   (a) True
   (b) False

4. Which of the following procedures is not a controlled act?
   (a) Giving an aerosolized bronchodilator treatment.
   (b) Titrating a patient's oxygen while they are walking.
   (c) Spraying your patient's nitro sublingually for them.
   (d) Heparinizing a bag of normal saline for your patient's art line.

5. An RRT with the knowledge, skill and judgment to do so, can delegate:
   (a) Intubation
   (b) Venipuncture
   (c) Administration of histamine for PFTs
   (d) Manipulation of a pulmonary artery catheter balloon.

ANSWERS: 1c, 2b, 3a, 4c, 5b.
References: 1. Personal Health Information Protection Act (PHIPA). 2. Administering via injection is a controlled act authorized to RTs. 4. Administering a substance orally or topically is in the public domain. An RT is accountable to the standards of the College in doing so. 5. Ref. PPG-Delegation of Controlled Acts.

voluntary appointment for Christine Robinson

Christine Robinson, our Manager of Policy and Investigations at the CRTO, has been invited to serve as the voluntary Vice-Chair of the 2004-2005 National Certified Investigator/Inspector Training (NCIT), subcommittee of the CLEAR Education and Training Committee.

CLEAR is the "Council on Licensure, Enforcement and Regulation", based in the US, with many Canadian Members. CLEAR is recognised as an important information sharing and investigator-certifying body for the regulatory side of many professions, both health care and non-health care. Christine is a CLEAR-certified investigator and has also participated in the training programs as a Committee Member.

Congratulations, Christine!

HOW TO CONTACT CRTO STAFF

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FRONT ROW: *Jennifer Harrison, Gord Hyland, Julia Pak*
BACK ROW: *Ania Rudzinska, Christine Robinson, Amelia Ma, Melanie Jones, Barb Saunders*

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

*Mary Bayliss, RRT, RRCP, CAE Professional Practice Advisor is on parental leave and returns to the CRTO on January 31, 2005.

member spotlight

The incredible teamwork of dedicated Respiratory Therapists, a series of fortunate coincidences and the ability of someone to take charge—maybe this is how everyday miracles happen.

Judy Fraser RRT and Process Co-ordinator of Respiratory Therapy Services

January 14th, 2004 started out as fairly routine day for Judy Fraser, RRT and Process Co-ordinator of Respiratory Therapy Services at St. Joseph's Health Care Centre, London Ontario. At 10:00 am Judy was in a meeting with the hospital Physical Plant co-ordinator and the General Contractors tasked with planning the move of the bulk oxygen tanks to accommodate new construction at the hospital.

The unexpected happened

A construction worker mistakenly brought a digger too close to the bulk oxygen tanks and completely severed the primary oxygen pipeline to the hospital, just 6 feet from the tanks. There was a plume of oxygen vapour 10 feet high and alarms sounding throughout the building. The main bulk and reserve supplies were in serious jeopardy and the hospital, in full weekday operation, was suddenly without oxygen.

Seconds. That's how long it took to understand that something significant had happened. Judy was repeatedly paged regarding multiple oxygen alarms—the cause unknown. Ventilator and blender alarms were screaming in both the adult and neonatal ICUs. Anesthetic gas machine alarms were sounding. Low line pressure alarms were incessant in the OR suites, in Diagnostic Imaging and in other critical patient care areas.

It is no surprise that the Respiratory Therapists, working at St. Joseph's Health Care Centre that day, were the first to realise the significance of all these alarms. Without delay, the RTs quickly assessed the situation in their assigned areas. They instructed the nurses in the intensive care units to provide manual ventilation to patients utilizing portable oxygen cylinders. In the OR, the anesthesiologists were advised to use the back-up cylinder oxygen supply on each machine. Once the patients were safe, the RTs immediately began to establish alternate sources of oxygen by setting up cylinder manifolds and isolating each unit from the main pipeline. By now, the hospital was isolated from the rupture at the main shut off valve and the bulk tanks were shut down.

RTs in charge

1030 hrs. Judy established a command centre at the Respiratory Therapy Services offices along with her colleague, a non-clinical program Director. From here all the activities of the Respiratory Therapists, RT students and other support staff were coordinated. RTs were dispatched and assignments prioritized according to the urgency of patient care needs. Equipment and supplies required for the crisis were stockpiled at the command centre to facilitate rapid deployment to wherever items were needed. Respiratory Therapists and technicians from the Pulmonary Function Lab and the Home Oxygen Program were summoned to provide backup for their critical care colleagues. They set up oxygen concentrators for patients in the general care areas thereby minimizing the consumption of cylinder oxygen. The CEO, VPs, Doctors, Nurses and all hospital staff recognized and appreciated that Judy and the Respiratory Therapists were the experts in managing this crisis and that they all knew exactly what to do and how to do it.

A high-level operations group consisting of the hospital CEO, VP of Medical Affairs, VP of Patient Services, a few other VPs and Directors; also operated from the 'command centre' where decisions needed to be made. Those decisions hinged on Judy's knowledge of the impact the accident would have on the immediate clinical ramifications and the infrastructure. A decision was made to scale back non-essential services. The OR surgeries in progress were completed but all others were put on hold until further notice.

The impact of the crisis was felt region wide. Ambulances were diverted to London Health Sciences Centre and Intrafacility-patient transports were temporarily stopped. Medical gas suppliers were contacted and requested to provide as much cylinder gas as was available – after all, a cylinder doesn't last long when feeding an intensive care unit full of ventilators.

Then there was the problem of the pipeline rupture itself. Repairs were underway but no one knew exactly how long it would be until the pipeline could be brought back on line.

1400 hrs. The report was received at the command centre that repair of the pipeline would soon be complete. All that remained was the purging of the new section and verification of the supply. It had been a long day for the Respiratory Therapy team. They deserved a round of applause – they got it, and a round of pizza.

By 1900 hrs Judy was able to close the command centre. The most important outcome of the day was that there were no adverse patient outcomes as a direct or indirect result of the pipeline rupture.

Judy got home from work late that cold night. There were still the reports to write and the key lessons learned to sort out but all that would have to wait until tomorrow. There was a great sense of professional pride to celebrate, not just her own, but pride with the rapid and decisive actions taken by the Respiratory Therapists that day. It was a day none would soon forget.

A series of fortunate coincidences

Judy's 10:00 am meeting with the hospital's Co-ordinator of Physical Plant, the General Contractor and some of the subcontractors was an example of excellent timing. Everyone received and reacted to the news of the incident at the same time. While Judy was co-ordinating patient care and infrastructure issues, the Physical Plant Co-ordinator was acting quickly to facilitate the repair of the line with the Contractor and subcontractors.

That morning Bill Butler RRT, RRCP and manager at VitalAire in London, was giving his staff in-service training on emergency response in community crisis situations. Little did they know they would be called on that very day to bring Respiratory Therapists and equipment to St. Joseph's.

It is often said that Respiratory Therapists are hooked on adrenaline because they usually perform in crisis situations. If this is true, they can certainly handle it. Judy and all the RTs at St. Joseph's Health Care Centre proved they can handle just about anything.

Judy reported that RT week was exceptionally well recognized at SJHC this year. There were gifts, food, lots of praise and lots of congratulations from their colleagues. Many commented on the actions taken around the pipeline rupture as a shining example of RTs in a crisis a full 8 1/2 months after the incident.

Do you know a Member who you think should appear in our Member Spotlight? Please contact Barb Saunders at (416) 591-7800 ext. 27 or saunders@crto.on.ca.

respiratory therapist joins the Michener's Board of Governors

Congratulations to **TRACY SCOTT** RRT, RRCP. She is the first Michener Alumni to join the Michener's Board of Governors as a voting alumni representative.

Here are some of the highlights from Tracy's resume:

- Has been on the Alumni Board since its inception, serving as chair from 1997 to 2000 and again from 2002 to 2003.
- Works for VitalAire as Product Manager for homecare and hospital respiratory products
- Is currently pursuing a Master's Degree of Business Administration from the University of Phoenix in the USA.

Clinical Information:

ACoRN National Program Launch

AcoRN (Acute Care of at-risk Newborns) is a new neonatal stabilization program designer for any practitioner who may be called upon to care for at-risk babies and their families, regardless of experience or training in neonatal emergencies. The launch of this program will take place February 14th-15th in London Ontario
For More details: visit http://www.crto.on.ca/html/whatsnew.htm

COPD Educator Graduate Certificate Program: Online Version

Did you know that the Michener Institute is offering the COPD Educator curriculum online? The registration deadline is February 28.
For More details: visit www.michener.ca/ce or contact Nancy Brown at (416) 596-3117 or, toll free at 1-800-387-9066, or info@michener.ca

Your fellow RTs hard at work helping you!

During the month of November, sixteen of your RT colleagues volunteered their time to review the 213 Professional Portfolios submitted to the College as part of the Quality Assurance Program. The Reviewers, you may recall, were nominated by other RTs and appointed by the Quality Assurance Committee based on criteria established by the committee. The Reviewers had to complete a two-day training session prior to conducting any portfolio assessments.

Please join us in thanking the following Members for their contribution to the QA Program's "Fresh Start." They are your Professional Portfolio Reviewers:

Brian Anthony
Lori Beck
Gary Cambridge
Noreen Chan
Elizabeth Cochrane
Cathy Dowsett
Lori Elder
Doris Franklin
Jane Heath
Louise Major
Shawna McDonald
Diane McRae
Shelley Monkman
Mika Nonoyama
Donna Smith
Maureen Yeo

What the NEW PERSONAL HEALTH INFORMATION Protection Act, 2004 Means for Respiratory Therapists

By Richard Steinecke

On November 1, 2004 new provincial privacy legislation specifically designed for the handling of health information went into effect. The legislation's impact on respiratory therapists will likely be largely positive. It will clarify matters about consent that may have been uncertain under the current federal legislation, the *Personal Information Protection and Electronic Documents Act* (PIPEDA).

The *Personal Health Information Protection Act, 2004 (PHIPA)* applies to any collection, use and disclosure of personal health information by a "health information custodian". This is a significant expansion from *PIPEDA* which generally applied only to respiratory therapists working in private practice. *PHIPA* will apply to almost all respiratory therapists in clinical practice.

In essence, *PHIPA* applies to any personal health information collected, used or disclosed by a custodian (i.e., health practitioners and facilities) regardless of whether the custodian engages in commercial activities. Health care custodians are responsible for implementing and following information practices that comply with *PHIPA*. These policies will cover when, how and the purposes for which the custodian routinely collects, uses, discloses and disposes of personal health information and the safeguarding of personal health information. Because most respiratory therapists are employees of an organization such as a hospital, clinic or home care company, they are defined as "agents" of the custodian. It is the organization (custodian) rather than the respiratory therapist (agent) who is responsible for developing and implementing health information practices, but the respiratory therapist must follow the organization's information practices in compliance with PHIPA. However, any respiratory therapists working in independent practice are defined as custodians and as such must implement and follow their own information practices. Each custodian must appoint an information officer, called a "contact person".

The good news is that *PHIPA* clarifies a number of ambiguities that exist under both *PIPEDA* and under the current patchwork quilt of statute and case law.

PHIPA provides more workable consent procedures for the collection, use and disclosure of personal health information. Consent may be express or implied. Generally implied consent will be sufficient in the course of providing health care. A poster or brochure readily available and likely to be seen by a client can be used to support implied consent. Respiratory therapists can even assume implied consent for disclosure of personal health information to other custodians who are Members of the health care team treating the client but express consent is needed when providing personal health information to non-custodians. In addition, respiratory therapists can usually assume that a signed consent form relating to personal health information is valid (i.e., the respiratory therapist does not have to check with the client to ensure that he or she understands the form and has not withdrawn their consent unless there is a reason to doubt the validity of the form). Also, the rules for substituted consent for information handling are very similar to those for substituted consent for treatment decisions.

Some recurring problem areas are also addressed by *PHIPA*. For example, a direction from a client not to record pertinent information is invalid. Also, if a client directs that some relevant information not be provided to another custodian (known as the "lock box" provision), respiratory therapists can warn the recipient that they are receiving only part of the file.

PHIPA also provides for more scope for using and disclosing personal health information without the client's consent. These include using the information for health care planning and delivery, risk management and education. Disclosure of personal health information can generally be made without consent to others on the health care team, to provide basic status reports on those admitted to facilities, to support families and friends of a

deceased client, for audit and accreditation purposes, for serious safety issues and to successor custodians (e.g., the purchaser of a home oxygen business).

PHIPA requires that reasonable safeguards be taken to protect personal health information. As noted above, clients have the right to be advised of privacy breaches. IT suppliers of networks between custodians must comply with certain standards. However, with client consent, records can be reasonably stored at the client's home (e.g., at a nursing home) or at an off-site storage facility.

In addition, *PHIPA* provides for a more health-specific system for client access and correction of their records. For example, access requests can be refused for quality assurance information and where there is a risk of significant harm to either the client or others. Correction requests can be declined for professional opinions and observations and, in many circumstances, where the record was provided by another custodian. In addition, custodians do not have to provide copies of corrected records (or statements of disagreements) to those the custodian has previously disclosed the disputed personal health information unless the notification would have an impact on the client's care or otherwise benefit the client. Some aspects of *PHIPA* will be more challenging. *PHIPA* imposes a few new, and perhaps, onerous obligations. For example, if there is a privacy breach, custodians have an obligation to notify their client of the theft, loss or unauthorized access. There is also an explicit duty on agents of custodians, like a respiratory therapist employed by a health facility, to notify the custodian if the agent has been involved in a security breach.

PHIPA is enforced by the Ontario Information and Privacy Commissioner. The Commissioner has broad powers of investigation and can directly order a custodian to comply with their PHIPA obligations. Respiratory therapists are also subject to prosecution for breaches of *PHIPA* and to civil actions for damages, including a maximum of $10,000 for mental anguish.

Most respiratory therapists who have developed privacy policies to comply with *PIPEDA* will only have to make minor adjustments to them as a result of PHIPA. For more information about *PHIPA* including free educational resources from the Information and Privacy Commissioner of Ontario, see: **www.ipc.on.ca** or write to:

Information and Privacy Commissioner/Ontario
2 Bloor Street East
Suite 1400
Toronto, ON M4W 1A8

or call:

(416) 326-3333
1-800-387-0073
TDD/TTY: (416) 325-7539
FAX: (416) 325-9195

Accompanying *PHIPA* is a related statute called the Quality of Care Information Protection Act, 2004. QCIPA protects certain information from being used against a respiratory therapist or other custodian in any civil or other proceeding (including discipline proceedings). For example, information compiled by a risk management committee at a facility or by the College's quality assurance program about a respiratory therapist is protected. Even information collected by a respiratory therapist in order to comply with the College's quality assurance program cannot be used against the respiratory therapist. This statute will provide greater assurance to respiratory therapists so that, when they take steps to improve their practice or that of their facility, they will not be creating liability for themselves.

Richard Steinecke is the author of "A Complete Guide to the Regulated Health Professions Act" and has written and spoken extensively on privacy law. This article is not intended as legal advice. For legal advice please contact your own lawyer.

registration changes
june 1, 2004 – november 30, 2004

New Members

GENERAL CERTIFICATES OF REGISTRATION ISSUED (RRT, RRCP)

BAGATTO, Angela
BAKER, Adele
BAYAT, Masood
BEAUDIN, Christina L.
BEGUM, Moslema Akhtari
BHATTACHARYA, Arpita
BOUCHER, Sabrina
BUTCHER, Lisa Ann
CADIEUX, Tia D.
CHAI, Lee Fang
CHAU, Annie
CHOI, Irene
CRIEL, Andreas
DARLINGTON, Andria
DEANE, Suzanne
DICKEY, Barbara
DOUGAN, Emily
DRAYCOTT, Amy
DUMOULIN, Anick
DUNSTER, Stephanie
FANCEY, Shannon R.
FILIPIC, Dejan
GINN, Courtney
GOMES, Meryl
GONDOSCH, Karin N.
GORAZI, Nina
HAMILTON, Catharine
HARDMEIER, Ruth Sally
HARDUAR, Alicia P.
HARRISON, Kelly Marie
HAYTER, Michael
HEENE, Joy Diane
HEMANI, Tamiza
HO, Simon
HOARE, Ainsley
HUMMEL, Stacey M.
JANSSENS, Erika
KEAST, Colleen
KEMP, Andrea
KHERANI, Nazmin A.
KRATZ, Paul
LANDRETH, Jocelyn
LEROUX, Jennifer
LEUNG, Alvina Po Ki
LEVAC, Mireille Rita
LINKLATER, Craig M.
LIU, Weining
LONERGAN, Lyndsay Anne
MATOSEVIC, Anita
MCCLELLAND, Lindsay Nicole
MCCORMICK, Trevor L.
MCFARLING, Matthew
MCLACHLIN, Deanne
MCNEVAN, Mark William
MILES, Michael
MILLINGTON, Michael James
MILLS, Kirsten Joanna
MOHAMED, Anisah Michelle
MOSCATO, Shelley
NAJHRAM, Nicholas
NICKSON, Michael
NIXON, Stephanie
NOLTE-RONDELEZ, Sylvia
O'DONNELL, Frank
PAGEAU, Andrea P.
PARENT-GAGNE, Jo-Anne Claire
PAYNE, Crystal
PERUSINI, Giovanni
PHAM, Diem
PHAN, Tram
POON, Edwin Ming-Kin
PRICE, Tania M.
RAGHUNATHAN, Amrita
RAMPERSAD, Nadia
RATCLIFFE, Kelly
REGIER, Lindsay R.
REICHHELD, Jessica N.
RICHARDSON, Mary Amy
ROBERTSON, Gordon
ROGERS, Nikki Carmen
ROY, Sara C.
RUTLAND, Christine
SEIBEL, Laurie
SERNOSKIE, Erin
SHARECK, Jeffrey H.
SILVA, Denise Alexandria
SIMMONDS, Vanessa
SMITH, Ryan
SOARES, Diane
SONG, Peter
STEPHENS, Michelle L
STOUCK, Lesley Alyson
SWAN, Jonathon
TRUDEAU, K. Ryan
TRUONG, Huyen
VANDERWERF, Robert
WARREN, Melissa
WIEBE, Valerie S.
WINDATT, Amanda

GRADUATE CERTIFICATES OF REGISTRATION ISSUED (GRT, GRCP)

BENSON, Kelly
BOA, Emilie Crystal
CRAIG, Lesley
GHAI, Priya
HADLEY, Laura M.
HUMMEL, Maryanne
KADRI, Hana
LEARN, Laura
LINCOURT, Julie
LOPEZ, Wendy A.
NICOLETTI, Valeria J.
ROSMETANIUK, Michelle
SARTY, Jennifer A.
SAVAGE, Stephanie
SMITH, Lesley
STANMORE, Doug
TO, Connie Ka Wai
TRANSFIGURACION, Leo
WELLS, Julia
WILSON, Melinda A.
WYLLIE, Miranda

Members Revoked

(under Registration Rules)

GRADUATE

AHMER, Syed J.
ANDERSON, Stacey A.
CURTIN, Kevin
FRENCH, Kelly Lynne

Members Resigned

GENERAL

COULTIS, Elizabeth
ROBERTSON, Gordon

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