VOLUME 14, NO. 2 • 2006-2007 WINTER ISSUE

The Exchange

The Newsletter of the College of Respiratory Therapists of Ontario

Some sentiments from CRTO Members:

"Gord taught me a lesson in dignity and respect every time I was near him."

"I loved the way that he always remembered to thank you, for even the small things."

GORD HYLAND

December 1, 1946–October 11, 2006

Sadly, **Gord Hyland**, Registrar and CEO for the College of Respiratory Therapists of Ontario (CRTO), passed away with grace and dignity, with family and friends by his side, at the Credit Valley Hospital on Wednesday, October 11, 2006.

Gord's dedication, leadership and tireless energy to the College of Respiratory Therapists of Ontario, leaves us with a huge sense of loss. The numerous condolences people kindly sent to the CRTO office expressed the many ways Gord left his imprint on people. The messages that were echoed over and over spoke of Gord as:

A leader
A TRUE GENTLEMAN
Kind
Dedicated
Highly conscientious
Intelligent
Knowledgeable
Compassionate
Helpful and supportive
WISE

INSIDE

In Memoriam – Gord Hyland

In April 2002, the Council of the College of Respiratory Therapists of Ontario selected Gord to be the CRTO Registrar. From that day forward, Gord not only succeeded in fulfilling the CRTO's mandate through his management and administration of the College's work, but his insight, good judgment and inspiration helped to reshape the College during a time of unrest and transition. Perhaps a Member from Windsor expressed this best:

> *"OUR loss today, as members of an organization that, during the most turbulent and emotionally wrenching events for the CRTO, Gord struggled to show us proof of loyalty, support and leadership.*
>
> *I pause to think that sometimes..., there are reasons why special individuals like Gord, just happen along at the right place at the right time."*

Not surprisingly, Gord's dedication was also present in his love for his wife and best friend of 36 years, Patricia. Gord was a very modest man, but when asked, he would proudly pull his fading wedding picture out of his wallet. The CRTO Staff loved to tease him about his mutton chop sideburns, that he quickly pointed out, were the fashion of the time. Gord always took the ribbing with good humour and would often joke about another of his passions-- music by The Beach Boys.

There was another woman in Gord's life and in fact, it was the only photo he kept on his desk at the College, that of Daisy, his 4 year old grand-niece. Daisy held a special place in Gord's heart; he would light up when he spoke of her.

Predeceased by his younger sister Janice Selinger by only three-months, both Gord and Patricia demonstrated their love and compassion for her. Most weekends were spent driving to and from the London area to be with her.

For over thirty years, Gord Hyland worked in the health care field. Gord's early career was in science and research. He received formal education as a Medical Laboratory Technologist. He worked at the Toronto Western Hospital and Toronto General Hospital in management and medical research for 14 years. In the mid-1980's, Gord's career took an association management turn as he joined the Canadian Society of Laboratory Technologists, based in Hamiliton, as the Assistant Director of Administration and Consultant in Immunology.

The past five years he dedicated to the College of Respiratory Therapists of Ontario and for 11 years before that, the College of Opticians of Ontario.

When Gord shared his vision for the CRTO he said,

> *"A College is not there to create problems for the profession but to protect the public. It's time to turn the page and start afresh."*

He did just that and more. We will all miss our great leader and friend.

In memory of Gord, donations to the Kidney Foundation would be greatly appreciated by the family.

Written in loving memory by,

The Staff of the College of Respiratory Therapists of Ontario.

President's MESSAGE

Sue Martin, RRT
President, CRTO

Dear Colleagues,

Our College Council has entrusted to me the position of CRTO President and I am therefore required/requested/ever-so-gently-arm-twisted to put together some 'visionary' remarks for this publication. As I write this at the beginning of a new year and a new mandate, I should typically be thinking of what is in front of us, but instead, I am initially thinking of where we have come from.

Firstly, I am thinking about our dear friend and colleague and I mean colleague, most sincerely, Mr. Gord Hyland. Gord changed the direction of this College 180 degrees to become the responsive, strategically oriented, friendly, and truly profession-centred College that it is today. Gord taught by example the act of being quietly but inexorably true to the will of our College Council, while always being patient and respectful of the opinions of others. He gave the impression that he had all the time in the world to listen and listen carefully, to the views of others. He would honour their comments and try to build a consensus whenever he was able. I am very lucky to have had the opportunity to watch the way Gord worked and I truly hope to emulate his methods in my new capacity at the College.

I am also reminiscing about Jim McCormick who has stepped down as President but thankfully, not away from the College. Jim has dedicated himself to serving the College's mandate and therefore our profession, for many years. We have all benefited from Jim's adept skills as a collaborator and consensus builder. I'm grateful for Jim's continued help and support in the role of Past President and for the help and support of all our College Committees and Council.

Inserted as a flyer with this newsletter, you will see the first advertisement for the position of Registrar and CEO of our College. Selecting the right person for the job will be the 'number one priority for the Council. Please consider if you are the right person for the job. If you know someone that you think is right, please encourage them to apply. As we well know, the College Registrar is a pivotal position for the self-regulation of our profession.

When I think about the staff, Council and Non Council Committee Members who have so ably served the College over the past year, I'm struck by the future potential we have. Please have a look at the listing in this newsletter showing the number of your friends and colleagues who are serving our College as volunteers, Non Council and Council Members. Although there is a lot of work to be done at the College, there are many people that share that load. Please consider supporting your College by offering your time. Let our staff know of your areas of interest and the limits to the amount of time you could commit. We can let you know what projects might be a fit or 'keep you on file' for a future opportunity.

As to our future goals and objectives, our very able Acting Registrar, Christine Robinson will be outlining the activities of the College, even in the wake of Gord's devastating loss, in her report. Christine and her staff have developed a list of projects and activities and are prioritizing the list and developing strategies to deal with the workload. As we know, the College's mandate is to protect the public of Ontario. It is my personal goal to not only protect the public by ensuring the ongoing competence of the province's Registered Respiratory Therapists, but to ensure that RTs are involved in decision making for patient care services where **RTS are the best care providers.**

In closing, I would like to most sincerely thank our Acting Registrar Christine Robinson and our truly remarkable staff, Shah Amarshi, Mary Bayliss, Melanie Jones-Drost, Amelia Ma, Barb Saunders, and Ania Walsh. I'm looking forward to working with all of you in 2007.

Sue Martin, RRT
President, CRTO

PAST President's MESSAGE

James B. McCormick, RRT
Past President, CRTO

As your Past President, I will deviate from the standard item reporting format and instead offer some personal reflections. The role of President afforded me a closer look into our College affairs and perhaps a more personal and interactive role with other stakeholders. To name a few: *The National Alliance of Respiratory Therapy Regulators, the Federation of Health Regulatory Colleges and the Executive members of the RTSO.* So it was like a warm rain when I was privy to some wonderful tributes paid to Gord Hyland from these and other groups. It is to those healing words that I will try and do justice within the text of this report.

We, as Ontario Respiratory Therapists, benefit from a shared leadership model within the CRTO, so that no one voice, committee or individual holds sway in terms of decision making or weighted opinion. From a leadership perspective I see no distinction between profession or public members or staff when it comes to policy, principle or accountability. And yet, when I reflect on our functionality as a complex regulatory Council, there was clearly a leader amongst equals in our midst, our beloved Registrar, Gord Hyland.

So as we move forward, it behooves us to consider the ways in which we can honour his legacy. In terms of the inter-personal dynamic, Gord set the tone for all of our Council deliberations and Member relations. Fair and balanced always, informed, patient, kind and ever respectful, in word, tone and gesture. Someone once offered that if you want to know a person, don't ask them what they do; ask them who they are. To many of us, what Gord was, is what the College now represents. And so as we move forward, towards guiding the profession in the public interest in all that we say and do, let us be mindful always of what Gord would do. I suggest this will serve us well as we move both forward and beyond.

Acting as your President over these last three years afforded me the opportunity to communicate to you, on behalf of Council. That opportunity is at once a distinct privilege and a distinct, if not humbling, honour. So I ask myself what Gord would do if he were writing this report. He would ask us to give it our best, as a Council. To be prepared, to set and achieve our goals, to support one another, to celebrate our common ideologies and mutual respect whilst encouraging and celebrating our dissenting voices. To be proud of our profession and to feel privileged to guide our Members and serve our patients alike.

To Gord, I would say this: *That my term as President could not have been as rewarding without your support, counsel, and unselfish energies. My eternal thanks, then.*

James B. McCormick, RRT
Past President, CRTO

Acting Registrar's MESSAGE

Christine Robinson
Acting Registrar

Giving thanks may appear an unlikely theme in the light of the enormous loss we suffered when Gord died last October, but in penning my Acting Registrar's message, gratitude is the sensation that surfaces.

Heartfelt thanks...

- ... to all the many CRTO Members and colleagues who sent condolences and messages of comfort to Gord's wife Patricia and the CRTO.
- ... to Gord's friends and relatives who made "Gord's girls" feel so much a part of his family.
- ... to the Council and Committee members who were there to help, bolster our spirits and give a hug during the most difficult times and when we needed it most.
- ... to our regulatory colleagues and counterparts who offered their sympathy, assistance and support in a time of crisis and transition.
- ... to the amazing CRTO staff who soldiered on through their grief, answered the phones, scheduled the Committees, responded to questions, wrote the reports, attended meetings and generally kept the office running with their usual efficiency and skill.
- ... and lastly, thanks to Gord himself for being the man he was and for teaching me so much. I feel him here, looking over my shoulder.

Acting Registrar's Update

In December 2006 the College circulated its first electronic newsletter which summarizes the College's involvement in various projects and initiatives over the past few months. It is our aim to circulate similar bulletins between issues of The Exchange. If you have not yet had an opportunity to read the electronic newsletter it is posted on the CRTO website at www.crto.on.ca/html/E-Newsletter-1.htm

New Executive Committee

A Council meeting was held on November 2006. During the meeting, elections for the Executive Committee were held and the CRTO is pleased to announce the following:

President: **Susan Martin RRT**
Vice-President: **Gloria Hinton**
Remaining Members of the Executive Committee:
Judy MacGregor RRT, James McCormick RRT, John Schenk

Council highlights

At the November 2006 Council meeting,

- Council voted unanimously to posthumously award an honourary CRTO Membership to the former Registrar, Gord Hyland.
- Council approved a Memorandum of Understanding between Algonquin College and the College of Respiratory Therapists of Ontario regarding the conducting of Prior Learning Assessments.
- Council approved the proposed changes to the *Delegation of Controlled Acts* professional practice guideline for circulation for feedback to all CRTO Members and other key stakeholders.

Legislation and regulation

Bill 171- Health System Improvements Act, 2006

On December 12, 2006, the Minister of Health and Long Term Care introduced Bill 171, the *Health System Improvements Act, 2006.* It deals with many health-related issues of which changes to the Regulated Health Professions Act is a major aspect.

Highlights of the RHPA amendments include:

- Enhanced reporting requirements to the Minister including requiring the College to obtain and provide health human resource information to the Minister.
- Creation of a new Inquiries, Complaints and Reports (ICR) Committee to replace the Complaints Committee and take over some functions that currently belong to the Executive Committee.
- The Colleges are given three new objects relating to the following:
    - Public Relations: enhancing relations between the College and its Members, other Colleges, key stakeholders and the public.
    - Inter-professional collaboration with other Colleges.
    - Environmental change including changes to the practice environment, technology and emerging issues.
- Requiring that the public portion of the Register be on the College's website except where certain information is withheld for safety reasons.
- To permit the Inquiries Complaints and Reports (ICR) Committee to make an interim order directing the Registrar to suspend or impose restrictions without notice to the Member where the Committee is of the opinion that the Member is likely to expose his or her patient to harm or injury and urgent intervention is required.
- Removing the current provision that permits referrals from the Complaints Committee to the Quality Assurance Committee but permitting the new ICR Committee to require remediation as an alternative to discipline.
- Modifying the mandate and process of the Quality Assurance Program.

The entire Bill can be viewed at: http://www.ontla.on.ca/documents/Bills/38_Parliament/session2/b171.pdf

Bill 50 - The Traditional Chinese Medicine Act, 2006, regulating the practice of traditional Chinese medicine (TCM) and Acupuncturists, has passed third and final reading and will become law once it receives Royal Assent. Under the Act:

- A self-governing regulatory college will be created with the authority to set standards of practice and entry to practice requirements for the profession.
- The scope of practice will be defined so that the use of the title "doctor" by certain Members of the profession will apply to practitioners who meet certain standards.
- The performance of acupuncture will be restricted to Members of the new College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario, Members of certain other regulated health professions (Chiropody, Chiropractic, Dentistry, Massage Therapy, Nursing, Occupational Therapy and Physiotherapy) and to persons who perform acupuncture within a health facility.

The CRTO was signatory to the letter to Minister Mike Colle from the Federation regarding ***Bill 124: The Fair Access to Regulated Professions Act,*** and Ania Walsh has provided a summary of the Bill in this issue of The Exchange.

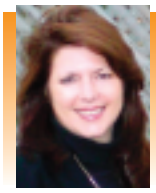
Notice and Meetings and Hearings Regulation: The CRTO has been in consultation with the Ministry regarding the proposed wording of the Notice and Meetings and Hearings Regulation.

Christine Robinson
Acting Registrar

Your CRTO COUNCIL

Back Row (L-R):
Gary Weeks, Ian Summers RRT, Sudershen Beri, Jim McCormick RRT, Susan Martin RRT, Vito Maiolino RRT, John Schenk, Kevin Taylor RRT, Jim Ferrie

Front Row (L-R):
Dorothy Angel, Carole Hamp RRT, Judy MacGregor RRT, Lorella Piirik RRT, Gloria Hinton, Marisa Ammerata RRT



Missing from this photo is Public Member
Kathleen Keating

CRTO COMMITTEES

crto committees

EXECUTIVE
Susan Martin RRT *(Chair)*
Gloria Hinton *(Vice-Chair)*
Judy MacGregor RRT
Jim McCormick RRT
John Schenk

REGISTRATION
Dorothy Angel *(Chair)*
Kevin Taylor RRT *(Vice-Chair)*
Dan Fryer RRT
Gloria Hinton
David Jones RRT
Lorella Piirik RRT
Ian Summers RRT

COMPLAINTS
Brent Dionne RRT *(Chair)*
Sudershen Beri *(Vice-Chair)*
Gary Ackerman RRT
Marisa Ammerata RRT
Jim Ferrie
Jim Quigley RRT
Kevin Taylor RRT

PATIENT RELATIONS
Carole Hamp RRT *(Chair)*
Jim Quigley RRT *(Vice-Chair)*
Dorothy Angel
Jim Ferrie
Kathleen Keating
Amy Kropf RRT
Jim McCormick RRT
Judy McRae RRT

QUALITY ASSURANCE
Kathleen Keating *(Chair)*
Jim McCormick RRT *(Vice-Chair)*
Gary Ackerman RRT
Sudershen Beri
Carole LeBlanc RRT
Vito Maiolino RRT
Caroline Tessier RRT
John Unrau RRT

DISCIPLINE
Carole Hamp RRT *(Chair)*
David Jones RRT *(Vice-Chair)*
Dorothy Angel
Jeff Earnshaw RRT
Dan Fryer RRT
Kathleen Keating
Amy Kropf RRT
Carole LeBlanc RRT
Ginny Martins RRT
Vito Maiolino RRT
Judy McRae RRT
Lorella Piirik RRT
Ian Summers RRT
Caroline Tessier RRT
John Unrau RRT
Gary Weeks

FITNESS TO PRACTISE
Carole Hamp RRT *(Chair)*
David Jones RRT *(Vice-Chair)*
Dorothy Angel
Jeff Earnshaw RRT
Dan Fryer RRT
Kathleen Keating
Amy Kropf RRT
Carole LeBlanc RRT
Vito Maiolino RRT
Judy McRae RRT
Lorella Piirik RRT
Ian Summers RRT
Caroline Tessier RRT
John Unrau RRT
Gary Weeks

COUNCIL MEMBERS
Marisa Ammerata RRT
Dorothy Angel
Sudershen Beri
Jim Ferrie
Carole Hamp RRT
Gloria Hinton *(Vice-President and Vice-Chair)*
Kathleen Keating
Judy MacGregor RRT
Vito Maiolino RRT
Susan Martin RRT *(President and Chair)*
Jim McCormick RRT
Lorella Piirik RRT
John Schenk
Iam Summers RRT
Kevin Taylor RRT
Gary Weeks

NON-COUNCIL COMMITTEE MEMBERS
Gary Ackerman RRT
Brent Dionne RRT
Jeff Earnshaw RRT
Daniel Fryer RRT
David Jones RRT
Amy Kropf RRT
Carole LeBlanc RRT
Judy McRae RRT
Jim Quigley RRT
Caroline Tessier RRT
John Unrau RRT

*Ginny Martins resigned from her Non-Council postion upon accepting the staff PPA position.

Administrative Update

CRTO *elections* - October 2006

Welcome ABOARD! ***Congratulations*** to all of the following newly elected, acclaimed or appointed **Council Members** and **Non-Council Committee Members**, and thanks to all those who allowed their names to stand for election.

Elected Council Members	Elected Non-Council Committee Members
Marisa Ammerata RRT (District 2)	Brent Dionne RRT (District 1)
Carole Hamp RRT (District 5)	Jeff Earnshaw RRT (District 1)
James McCormick RRT (District 5)	Amy Kropf RRT(District 5)
Lorella Piirik RRT (District 1)	Carole LeBlanc RRT (District 3)
Ian Summers RRT (District 7)	Judy McRae RRT (District 2)
	James Quigley RRT (District 2)
	John Unrau RRT (District 5)

Please note that Carole LeBlanc was appointed by Council on September 22nd, 2006 to fill the vacant Non-Council position for District 3.

A special thanks

We also said our goodbye to Council Member Paul Stewart RRT, and Non-Council Committee Members Shari Cole RRT, Harold Featherston RRT, Carmen Kergl RRT and Bernard McNamara RRT. We sincerely thank them for their dedication and valuable contribution to the College during their terms and wish them the very best in their future endeavours.

Former Non-Council Committee Members Carole Hamp RRT and Ian Summers RRT are now Members of the CRTO Council.

Amelia Ma
Co-ordinator of Administrative Services

CRTO *Council Dates* - 2007

DATE	DAY	MEETING	TIME	LOCATION
February 23, 2007	Friday	Council Meeting Open Forum*	9:00 a.m - 3:00 p.m 3:00 p.m to 4:00 p.m	Metropolitan Hotel Shanghai Room 25th Floor, 108 Chestnut Street Toronto, ON M5G 1R3
June 15, 2007	Friday	Annual General Meeting Council Meeting Open Forum*	9:00 a.m - 10:00 a.m 10:00 a.m - 3:00 p.m 3:00 p.m to 4:00 p.m	180 Dundas St. W. Conference Room, 19th Floor Toronto, Ontario M5G 1Z8
September 21, 2007	Friday	Council Meeting Open Forum*	9:00 a.m - 3:00 p.m 3:00 p.m to 4:00 p.m	180 Dundas St. W. Conference Room, 19th Floor Toronto, Ontario M5G 1Z8
November 29, 2007	Thursday	Council Meeting Open Forum*	9:00 a.m - 3:00 p.m 3:00 p.m to 4:00 p.m	180 Dundas St. W. Conference Room, 19th Floor Toronto, Ontario M5G 1Z8

*** Open Forum**

Council meetings are open to members of the pubic as observers. However, there is no opportunity during the meeting to ask questions or comment. The College therefore, holds an “open forum” following each Council meeting for observers to ask questions or voice their opinions or concerns.

If you wish to address Council, please advise the College at least one week prior and forward any materials at least one week in advance so that they can be circulated to all Council members. Each person or organization is allotted 10 minutes to ask questions or give comments through the Chair.

The Chair determines whether the question is appropriate or if it should be dealt with in another format. For example, it would be inappropriate to comment on a decision of a panel of the Discipline Committee or raise an issue concerning the conduct of a Member.

Questions or comments may be addressed directly at the Open Forum, but in some circumstances the issue may be referred to a Committee for consideration and response, or directed to the Registrar and/or CRTO staff for a response at a later date.

If you are interested in attending the CRTO Council Meetings, please call the College at 416-591-7800 or 1-800-261-0528 or send us an email at questions@crto.on.ca to reserve a seat.

We look forward to seeing you there!

CRTO UPDATES
Patient & Member Relations

The College continues to work to engage Respiratory Therapists through consultation. The Patient Relations Committee would like to express its appreciation to all the Respiratory Therapists who took the time to complete online surveys, participate on working groups and provide valuable feedback, especially in the development and improvement of our Professional Practice Guidelines. Members of the Patient Relations Committee and Council carefully consider your comments in relation to the proposed amendments to the PPGs prior to approving them.

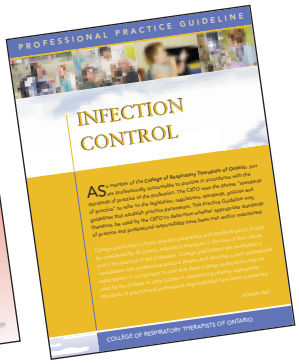
Project Updates

1. The *Delegation of Controlled Acts* PPG was amended and Council approved a motion to circulate the revised PPG to Members and other key stakeholders for feedback. The proposed changes to this PPG reflect the need to be responsive to the evolving scope of practice for CRTO Members and the planning that is taking place in the event of an influenza pandemic.

   In late December and again in early January, the College sent an email to all Members, who have provided us with an email address, with a short online survey for Member Feedback on the *Draft Delegation of Controlled Acts* Professional Practice Guideline. Access to the survey was also available on the CRTO web site.

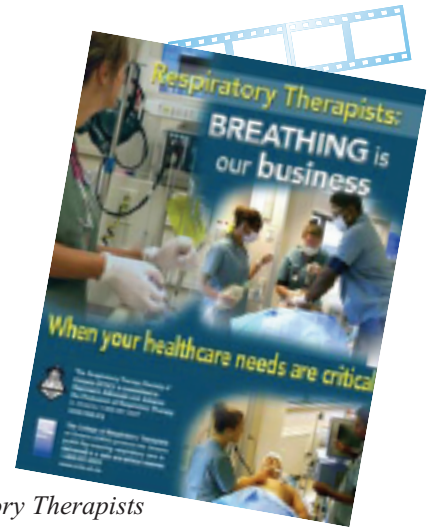
2. The proposed *Infection Control* PPG is currently being developed and will be brought before your Council in February. Please continue to watch the **CRTO web site** for updates.

Mary Bayliss RRT
Manager of Professional Practice



CRTO/RTSO COMMUNICATIONS WORKING GROUP

Respiratory Therapy Week 2006



The photo contest winners this year were **Larry Teeple** RRT from London Health Sciences Centre and RT student **Denis Zaravinos** from Fanshawe College in London. Their pictures appeared on our RT Week poster themed: *Respiratory Therapists working in critical care.* The posters were mailed to managers of Respiratory Therapy departments across the province with a letter from the Joint Communications Working Group, prior to RT Week.

The Local Health Integration Network (LHIN) Communications Project Update:

BACKGROUND

- **What are LHINs?**
  On March 1, 2006 the Ontario government passed health care legislation - the *Local Health System Integration Act, 2006* – changing the way our health care system is managed.

  LHINs are 14 local entities designed to plan, integrate and fund local health services, including hospitals, community care access centres (CCACs), home care, long-term care and mental health within specific geographic areas.

Patient & Member Relations continued

- **What will LHINs do?**
  While LHINs will not directly provide services, the government is **giving them the mandate for planning, integrating and funding health care services.** LHINs will oversee nearly two thirds of the health care budget in Ontario - $21 billion. They have been specifically mandated to engage people and providers in their communities about their needs and priorities.

- **Why do we want to meet with the CEO's of the 14 LHINs?**
  They are decision makers. We would like to equip LHIN CEOs with information about how the public of Ontario would be well served by having better access to Respiratory Therapists. Recent memories of SARS and current pandemic planning have resulted in an appreciation of the Respiratory Therapist's role and the importance of multidisciplinary planning for the provision of health care in Ontario.

  Barb Saunders, Co-ordinator of Communications and Member Services for the College, co-ordinates and attends the meetings with a contingent of Respiratory Therapists and/or RTSO Members and Public Members.

Meeting Objectives

- To learn more about the Integrated Health Service Plan Priorities for each LHIN
- To provide important information about the delivery of Respiratory Therapy to patients in their LHIN community
- To provide each LHIN with a list of contacts to call for further information about Respiratory Therapy in their community.
- To ask the LHIN to consider having a Respiratory Therapist on the Health Professionals Advisory Committee that advises each LHIN.

By the end of January, we will have met with the CEOs and / or Senior Directors of 8 of the 14 Local Health Integration Networks (LHIN) in person.

Hamilton Niagara Haldimand Brant	Erie-St. Clair
Central	South East
North West	Champlain
Waterloo-Wellington	North Simcoe Muskoka

OTHER LHIN NEWS

The **South West, Central East** and **Champlain LHIN** have requested the names and contact information for Respiratory Therapists in their region who are willing to participate in Committees and Community Partner meetings. If you are interested in being involved please contact your LHIN or Barb Saunders at the College ext. 27 for more information.

Barb Saunders
Co-ordinator of Communications and Member Services

CRTO UPDATES

Quality Assurance

Autumn is one of the busiest times of year in Quality Assurance at the College. On or about September 1st each year, letters are mailed to the Members who have been randomly selected to submit their Portfolios and complete the Professional Standards Assessment.

Once the letters go out, it's a race against time to get the PSA posted to the secure website, conduct the training of the Portfolio Reviewers, hold QA Committee Panels to consider Members' requests for deferrals and co-ordinate the entire process.

This past September 174 Members received letters. Of these, 21 received deferrals that ranged in length from six weeks to 12 months. The reasons for these extensions included illness, out-of-country leaves of absence and parental leaves of absence.

The QA Committee has proven to be understanding with first-time requests for deferrals from Members. Unfortunately, when Members fail to respond in a timely manner or not follow-up at all, the QA Committee must make decisions based on this response. Choosing to ignore the notice of random selection will not make it 'go away' and in fact may have negative implications down the road. It is each Member's professional responsibility to comply with a request from the QA Committee. The QA Program has improved in recent years, thanks to the work of the Committee and Council and it is not nearly as onerous as Members once thought.

By early November the remaining 153 Portfolios were divided up, in keeping with conflict of interest guidelines, and couriered to the Reviewers around the province. The RT Reviewers were given 4-6 weeks to conduct their assessments and email the reports to the College.

The QA Committee is meeting in a few short weeks and in the mean time, we are busy collating the Portfolios with their assessment reports and the PSA score sheets. The PSA Item Review Working Group will convene prior to the Committee meeting to analyze the aggregate results of the PSA , the Members' individual scores and feedback. The Working Group's comments and suggestions will go to the QA Committee to be considered when assessing each Member's QA submission.

We expect to have feedback to the Members who were randomly selected by the end of March. If you have any questions or comments regarding the QA Program, please feel free to contact Melanie Jones-Drost directly at extension 30 or jones-drost@crto.on.ca

We get occasional phone calls from Members around mid-September, checking to see whether or not they've been randomly selected because a colleague has received a letter but they have not….and they just want to be sure! It's not a bad idea, especially if you have moved in recent months, because the College no longer sends notices by registered mail.

HELP THE QUALITY ASSURANCE COMMITTEE!

LIKE many other committees, the Quality Assurance Committee requires assistance from time to time in handling its workload. The Committee benefits from CRTO Members' broad ranges of aptitudes, experiences and perspectives. In addition, Members find the experience rewarding and gain a greater understanding of how their College operates.

Under the QA Regulation, Members are randomly selected each year to have their knowledge, skills and judgment assessed. The QA Committee is responsible for developing, maintaining and administering the QA Program that contains the assessment tools. Currently, our tools are the Professional Portfolio and Professional Standards Assessment (PSA).

Performing detailed assessments of approximately 200 Members' Portfolios takes a significant amount of time and requires specific training. Similarly, writing test questions requires a broad range of practice experience and preparation. In order to complete these tasks the QA Committee appoints CRTO Members, from a broad range of clinical areas, to assist them.

PROFESSIONAL PORTFOLIO REVIEWERS are responsible for evaluating the Portfolios submitted by Members who are randomly selected. Typically, Reviewers meet for a two-day training session at the College in late October. A few weeks following the training, a package of Portfolios is shipped to the Reviewer's home. Over the next month the Reviewer spends approximately 10-16 hours assessing the Portfolios and submitting reports to the College using an online form; private access to a computer and the internet is required to fulfill this position.

ITEM WRITERS develop new questions for the PSA, the online, open-book test, with the assistance of the College's psychometric consultant. At a 2-3 day meeting, usually held in June, RTs from a variety of practice backgrounds work in small groups write questions for the PSA. The scenario, often based on real-life experience, becomes the question and then plausible options for answers are written. The group as a whole reviews the draft question and may make suggestions for improvement.

ITEM REVIEWERS, under the guidance of the College's psychometric consultant, review the feedback received from Members regarding the individual questions on the PSA. In addition, the group analyzes how a Member performed on a single question in contrast to how all Members performed on the same question. The process is not nearly as dry as it sounds! Item Reviewers, who meet for 1-2 days usually in late-January, may also revise questions or recommend that a question be re-written by the Item Writers.

To be eligible for any of these Quality Assurance roles, you must:

- Be a Member in good standing and hold a General Certificate of Registration.
- Have a minimum 5 years practice experience.
- Not sit on any other CRTO Committee or the Board of an RT Association.

If you have an interest in any of these QA positions, please submit your résumé or curriculum vitae INCLUDING 3 professional references (i.e. names and phone numbers) by **March 30th, 2007** to Melanie Jones-Drost at jones-drost@crto.on.ca.

NOTE: Members who are appointed to these roles are entitled to receive an honorarium and have their expenses (such as travel, meals & accommodation) reimbursed by the College.

Members who are bilingual in English and French are encouraged to apply.

Melanie Jones-Drost
Co-ordinator of Quality Assurance

CRTO UPDATES

Registration

The **2007 Annual Update of Registration Forms** were mailed out to all Members at the end of December and are due on or before **March 1, 2007,** accompanied by the registration fee.

Fees

Fees for 2007/08 – registration year remain the same:

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

You can submit your renewal by regular mail, courier or in person. Please use the self-addressed prepaid 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 either by phone or e-mail. To avoid delays and late fees we encourage you to return your renewal form right away.

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 walsh@crto.on.ca.

Resignation vs Suspension

If you do not expect to practise Respiratory Therapy in Ontario, you can choose to relinguish your Membership and **resign** from the College. To do so you must **notify the College in writing.** Once you have resigned your Membership, you are no longer a Member of the College and therefore, not entitled to use the title Respiratory Therapist or practise Respiratory Therapy in Ontario. If in the future you decide to return to practising Respiratory Therapy in Ontario, you will need to re-apply and meet the entry to-practice requirements at that time.

If you do not pay the annual fee and do not resign, your Membership will be suspended for non-payment of fees. Once your Membership is suspended, you are no longer a Member of the College and therefore not entitled to practise Respiratory Therapy in Ontario. If in the future you wish to return to practising Respiratory Therapy in Ontario, you will need to reinstate your Membership and pay the registration fee for the year in which your certificate was suspended, including the registration fee for the year which the suspension was lifted and any penalty fees.

Prior Learning Assessment (PLA) Update

We are happy to announce the signing of a Memorandum of Understanding between Algonquin College, Faculty of Health, Public Safety and Community Studies and the College of Respiratory Therapists of Ontario, regarding the conducting of Prior Learning Assessments (PLAs). There are now two educational institutions approved by the CRTO to conduct PLAs – The Michener Institute for Applied Health Sciences in Toronto and Algonquin College in Ottawa.

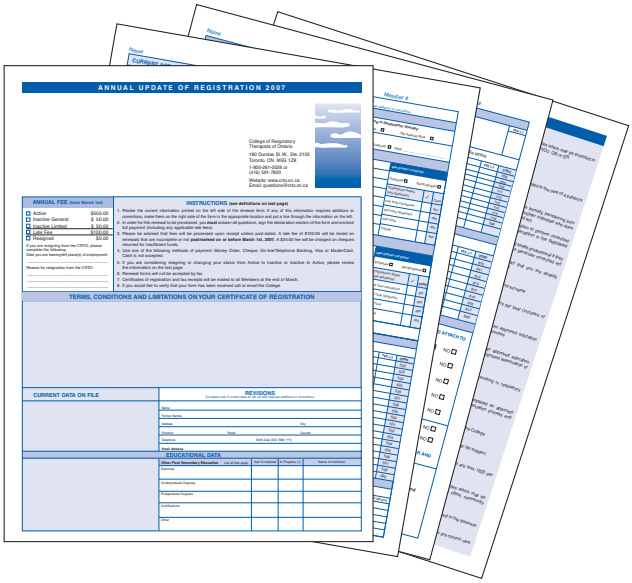
How does the PLA work?

The College of Respiratory Therapists of Ontario is responsible for setting the entry to practice requirements for Respiratory Therapists in Ontario. The CRTO Registration Regulation allows applicants who have not completed an approved Respiratory Therapy program to demonstrate, through a Prior Learning Assessment, that they have the knowledge, skills and judgement equivalent to those of a person who has successfully completed an approved Respiratory Program. The PLA was not designed to be a "bridging" program but to help us measure applicants' qualifications against the CRTO entry to practice competencies.

At present there are approximately 30 Internationally Trained Professionals undergoing the PLA. Each applicant has **18 months** to complete the assessment, which consists of three stages.

STAGE 1: Interview and Feedback

A PLA Program Co-ordinator at one of the approved educational institutions conducts an interview in order to get a better idea of the applicant's qualifications and educational background. The purpose of the *Interview & Feedback* stage is to make sure that the applicant understands what it means to be a Respiratory Therapist in Ontario and that he/she is prepared to start the process. If it is determined that an applicant has any weaknesses or deficiencies in a particular area he/she will be provided with suggestions as to how these can be addressed.



STAGE 2: Didactic Assessment

At this level, the applicant is required to sit a written test based on the CRTO entry to practice competencies. The applicant has a maximum of two opportunities to pass the Didactic Assessment. The applicant must pass the Didactic Assessment in order to move to the next stage.

STAGE 3: Clinical Assessment

This is the final stage of the PLA. The candidate is asked to perform as a Respiratory Therapist in a controlled environment where he/she is observed and assessed on his/her practical abilities. There is only one opportunity to pass the Clinical Assessment.

After completing the Clinical Assessment, a final report is sent to the CRTO for the Registration Committee's review. If approved, the applicant is eligible for a Graduate Certificate of Registration. If the applicant is not successful in the PLA, he/she is not eligible for registration with the College.

Our Thanks

We would like to extend our thanks to the educational institutions, clinical sites and all the Respiratory Therapists involved in conducting the assessments. The PLA process provides the opportunity to recognize the skills of Internationally Trained Professionals while ensuring that successful individuals possess the minimum entry to practice competencies (i.e., knowledge, skills and judgement) to safely practice the profession in Ontario.

Ania Walsh
Co-ordinator of Registration

CRTO UPDATES

Investigations & Hearings Update

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

1. Through a complaint lodged against a Member.

- The complaint may be submitted by anyone including a member of the public (patient/client or patient client representative), an employer, a Member of the CRTO or another College.

2. Through an employer or other report where:

- the Member's employment has been terminated for reasons of professional misconduct, incompetence or incapacity (mandatory report);
- there are reasonable grounds, obtained during the course of practicing the profession, to believe that a Member has sexually abused a patient/client (mandatory report).
- a Member has reason to suspect incompetence, professional misconduct or incapacity regarding a CRTO Member (report under the Standards of Professional Conduct and Accountability);
- a Member reports incidents of unsafe professional practice or professional misconduct physical, verbal, emotional and/or financial abuse of a patient/client to the CRTO (report under the Standards of Professional Conduct and Accountability).

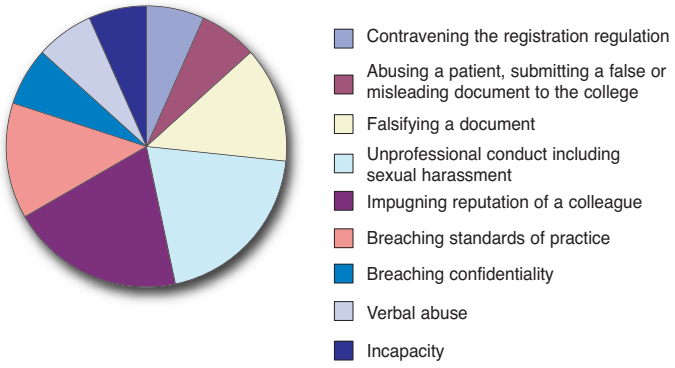
Complaints are considered by the Complaints Committee and reports by the Executive Committee. The Executive Committee also considers allegations of unauthorized practice and use of title and referrals from the Registrar and other Committees (e.g., the Quality Assurance Committee).

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

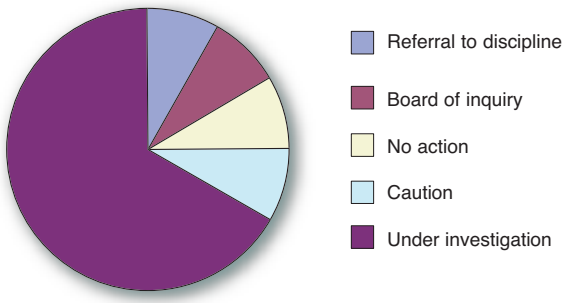
Christine Robinson
Acting Registrar

The following charts show the areas of concern with respect to complaints/reports currently under consideration and how the matters were resolved:

Area of concern:



Outcome:



PROFESSIONAL PRACTICE SECTION

FAQs

Mary Bayliss **RRT**
Manager, Professional Practice

Q1. I have been asked by my manager if speaking to patients about end of life decision making is within the scope of practice of an RRT. Is it acceptable to participate in end of life decision making discussions with my patients?

A1. Yes, it is acceptable to participate in end of life decision making with your patients. As a standard of practice it is an expectation that any such discussion would be communicated with the patient/client's physician and health care team and appropriately documented in the patient health record.

End of life decision making is an important and crucial decision that many of our patients need to consider. CRTO Members who work in pulmonary rehabilitation programs may be more accustomed to these types of discussions and as true interprofessional practice is integrated and practiced in acute care centres and in the community, it is likely that RRTs will become more involved in this important activity. Research and emerging evidence surrounding end of life care suggests that the needs of our patients/clients are best met when end of life decision making is assisted by an interprofessional collaborative patient-centred approach with the goal of supporting the patient and achieving quality care. Effective communication between the team members and the patient is essential in providing the patient/client with quality end of life care. RRT participation in end of life decision making should be done within the context of a team approach. Each health care professional team member brings with them varied background and experience which all optimize the process of end of life decision making for our patients/clients.

Respiratory Therapists are in an excellent position to assist their patients/clients in making some very difficult decisions. By actively participating in an interprofessional approach to the end of life decision making process, CRTO Members can convey important information regarding such procedures and therapies as supplemental oxygen, intubation/ventilation, ventilators and adjunct respiratory therapy equipment, suctioning, CPR, the ICU experience – all with the purpose of providing patients with enough information so that they can make an informed decision about how to proceed with their future health care.

CRTO Members are advised to familiarize themselves with their employer policy surrounding which team members participate in assisting patients with end of life decision making. In addition, it is vital that the patient/client's most responsible physician be involved in any decision making regarding end of life issues.

For information on resources on this topic please see the article on organ and tissue donation in this issue of the Exchange [on page 22 and 23]. Specifically, Module 4 of the Ian Anderson Program in End of Life Decision Making is a valuable resource for Respiratory Therapists. For example, it details and offers suggestions on how to approach a discussion with our patient/clients about ventilation and DNR.

Q2. Should student RTs be allowed to insert arterial lines?

A2. Section 29 (1b) of the *Regulated Health Professions Act (RHPA, 1991)* provides an exception to the controlled acts provision, which allows students who are training to become a regulated profession the opportunity to perform controlled act procedures authorized to the profession and if supervised by a member of the profession. CRTO Members may perform arterial line insertions – this procedure is listed as an advanced prescribed procedure under the *Prescribed Procedures Regulation.* Provided the RT student has received prior instruction and is under the supervision of a CRTO Member or another regulated health care professional who is competent in the procedure and the patient has given consent (where possible) then yes, the RT student may insert an arterial line. It is expected that students completing their clinical year of training, build upon their knowledge and competency, therefore progressing from procedures such as arterial punctures to the more advanced and riskier procedures such as arterial line insertion. Furthermore, it is expected that the RT student who is inserting arterial lines

first complete a CRTO-approved certification program for arterial line insertion. This provides the necessary didactic preparation for this procedure.

The National Competency Profile (NCP) lists the necessary competencies that all Respiratory Therapy students in Ontario (& Canada) must demonstrate prior to entry to the profession. The NCP lists arterial line insertion as a procedure that must be demonstrated in a simulated clinical setting, but it is important to note that this is the minimum standard that was agreed upon by all jurisdictions across Canada. Practice patterns vary across the country and currently in Ontario, approximately 35% of CRTO Members indicate that they are performing arterial line insertion. Therefore, it is in the best interests of the Ontario patients/clients, that RT students be provided the opportunity to practice this essential skill while a student and under the supervision of a CRTO Member or delegate, such as a physician, prior to completing the RT program.

Q3. Is a "certification" process required for skills such as endotracheal intubation, paediatric/neonatal intubation or LMA insertion?

A3. While it is quite common for hospitals and other employers to require certification programs for procedures such as intubation, the CRTO does not require it. It is an expectation that CRTO Members only practice in the areas in which they have the necessary knowledge, skill and judgement. Intubation for all patient ranges (neonatal, paediatric and adult) is an entry-to-practice skill and is authorized to CRTO Members. It falls under the Respiratory Therapy authorized (controlled) act of intubation beyond the point in the nasal passages where they normally narrow or beyond the larynx.

In contrast, the College does require that Members complete approved certification programs for advanced prescribed procedures below the dermis prior to performing the procedures *(Prescribed Procedures Regulation 596/94)*. Advanced prescribed procedures are as follows: cannulation of a vein or artery (IVs, arterial lines, UA/UV line insertions), chest tube or needle insertion, aspiration, reposition and removal.

Federation of Health Regulatory Colleges of Ontario (FHRCO) Authorizing Mechanisms Project UPDATE

As reported in previous issues of the Exchange, the College has been involved in a working group of the Federation for the past 18 months. The goal of the working group was to develop a common set of terms related to issue surrounding orders, delegation and medical directives, that were common to all regulated health professions in addition to guidelines and templates that could be used in any practice setting in Ontario.

We are pleased to report that consensus was achieved by the College representatives and the guidelines and templates are now available on the Federation's website (**www.regulatedhealthprofessions.on.ca**).

For more information, please contact Mary Bayliss, Manager, Professional Practice at ext. 24.

PPA's Test Your Knowledge

1. The defined "scope of practice" for Respiratory Therapy is found in which of the following documents?

- ❑ a) The Regulated Health Professions Act (RHPA)
- ❑ b) The Respiratory Therapy Act (RTA)
- ❑ c) Ontario Regulation 753/93 - Professional Misconduct
- ❑ d) Health Professions Procedural Code

2. It is considered professional misconduct to refuse, without reasonable cause, to provide a report related to treatment that you provided if your patient/client requests it.

- ❑ a) True
- ❑ b) False

3. Detailed information regarding delegation of controlled acts is found in which of the following documents?

- ❑ a) The Regulated Health Professions Act (RHPA)
- ❑ b) The Respiratory Therapy Act (RTA)
- ❑ c) Delegation of Controlled Acts Professional Practice Guideline (PPG)
- ❑ d) Interpretation of Authorized Acts Professional Practice Guideline (PPG)

4. The role and responsibilities of the CRTO's Registrar are described in which of the following documents?

- ❑ a) The Regulated Health Professional Act (RHPA)
- ❑ b) The Respiratory Therapy Act (RTA)
- ❑ c) Health Professions Procedural Code
- ❑ d) CRTO Bylaws

ANSWERS: 1(b), 2(a), 3(c), 4(d)

PROFESSIONAL PRACTICE SECTION

A special event at The Michener Institute

THE STETHOSCOPE CEREMONY

by Mary Bayliss RRT

In October of last year I was asked by my friend and colleague, Andrea White Markham, to speak to her students at the Michener. This was not an unusual request, as in previous years Andrea has invited me to visit her students and present on such exciting and riveting topics as documentation. This year, Andrea asked if I would speak to the students about issues such as physician orders, what to do when you disagree with a physician order, the QA program and why it's a good thing (and yes, it really is a good thing) to belong to a self-regulating College. At the same time, Andrea explained that the current 2nd year students would be participating in an annual event, the stethoscope ceremony…I was intrigued! This event was started by Martha Williams RRT and Felita Kwan RRT (RT faculty and CRTO Members) after being inspired by a similar oath taken by students at a Naturopathic College in the States.

I eagerly accepted the invitation as I always look forward to meeting our future Members. When Martha emailed me a copy of the "oath", I was very excited!

Little did I realize at the time I accepted the invitation that we would lose our dear Registrar Gord Hyland a week before the ceremony. On Monday October 23rd, Barb Saunders and I walked over to the Michener for the student presentation and the oath…both of us with heavy hearts.

Barb and I had the opportunity to chat with the students and ask them why they wanted to become Respiratory Therapists – I was impressed with their responses. They were well thought-out and articulate and I was inspired by the diversity in the room. I'm afraid that we never did chat about documentation or physician orders as I was inspired to talk about the profession of Respiratory Therapy as a whole and to instill in these future therapists the importance and privilege of being a Registered Respiratory Therapist. While speaking to the students, I couldn't help but think and remember Gord and his passion for his adopted profession and how he inspired me and continually made me feel so proud to belong to this profession.

Following our presentation it was time to head to Schatz Hall for the stethoscope ceremony. There was a buzz in the air as well as the aroma of pizza. The students were all wearing their stethoscopes proudly and the excitement was palpable…it really was. Martha and Felita asked that I lead the students in their reading of the oath – it was truly an honour. I commend Martha and Felita for starting such a wonderful tradition and I challenge the other 5 RT educational programs to do the same.

Thank you to Andrea, Martha and Felita for inviting me to participate in The Stethoscope Ceremony – it was wonderful to be a part of it and I hope to attend the yearly event!

2006 SECOND YEAR MICHENER RT STUDENTS

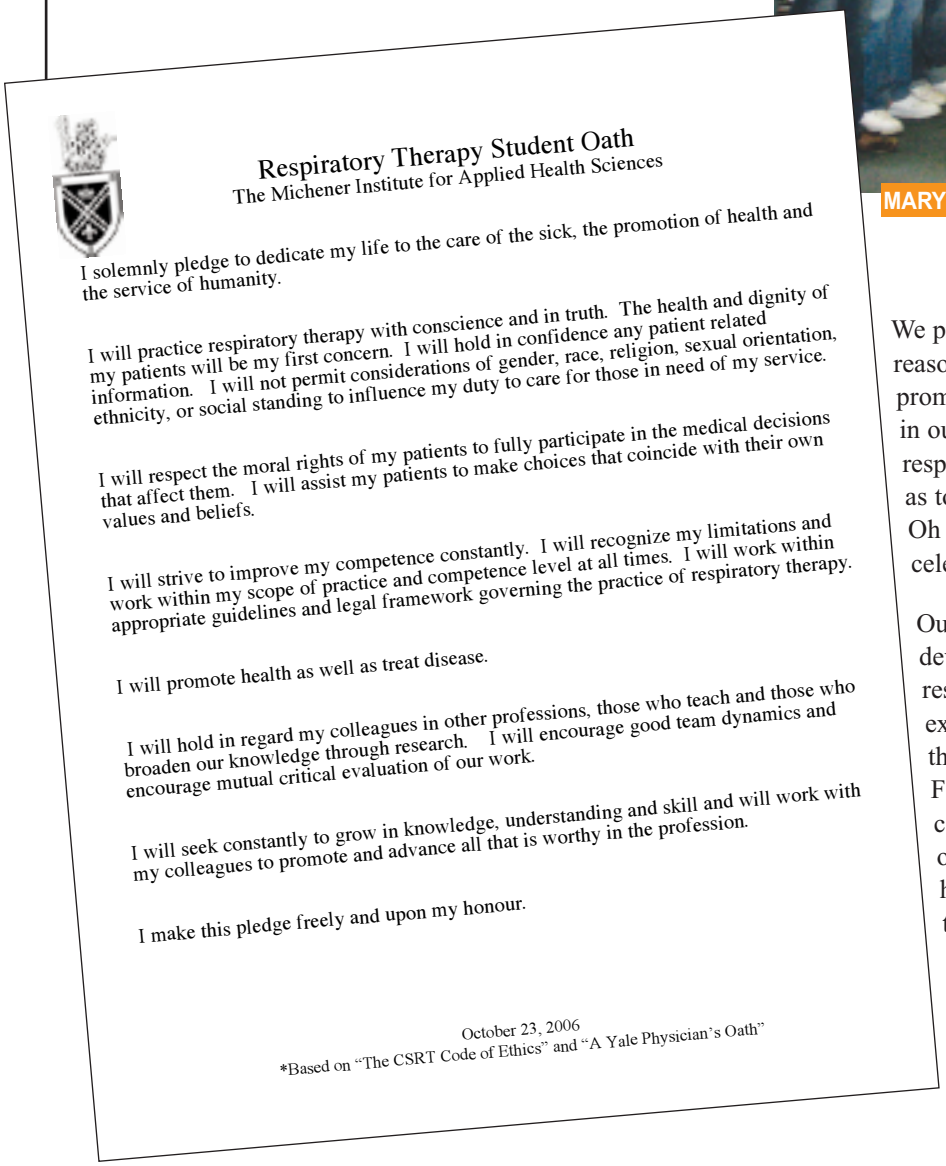
HOW THE MICHENER STETHOSCOPE CEREMONY STARTED

By Martha Williams, RRT and Felita Kwan, RRT

Martha and Felita are Registered Respiratory Therapists and Faculty at The Michener

Four years ago Felita's sister, who was attending a naturopathic college in the US, participated in a stethoscope and white coat ceremony as a rite of passage into her profession. "What a great idea," we thought. As a result, we did a little research on white coat and stethoscope ceremonies and decided to propose having a stethoscope ceremony in our Respiratory Therapy program.

MARY BAYLISS LEADS THE READING OF THE OATH



Respiratory Therapy Student Oath

The Michener Institute for Applied Health Sciences

I solemnly pledge to dedicate my life to the care of the sick, the promotion of health and the service of humanity.

I will practice respiratory therapy with conscience and in truth. The health and dignity of my patients will be my first concern. I will hold in confidence any patient related information. I will not permit considerations of gender, race, religion, sexual orientation, ethnicity, or social standing to influence my duty to care for those in need of my service.

I will respect the moral rights of my patients to fully participate in the medical decisions that affect them. I will assist my patients to make choices that coincide with their own values and beliefs.

I will strive to improve my competence constantly. I will recognize my limitations and work within my scope of practice and competence level at all times. I will work within appropriate guidelines and legal framework governing the practice of respiratory therapy.

I will promote health as well as treat disease.

I will hold in regard my colleagues in other professions, those who teach and those who broaden our knowledge through research. I will encourage good team dynamics and encourage mutual critical evaluation of our work.

I will seek constantly to grow in knowledge, understanding and skill and will work with my colleagues to promote and advance all that is worthy in the profession.

I make this pledge freely and upon my honour.

October 23, 2006

*Based on "The CSRT Code of Ethics" and "A Yale Physician's Oath"

We proposed having our own ceremony for many reasons. A rite of passage would be a way to promote professional pride and ethical behaviour in our RT students and remind them of our responsibilities to patients, their families as well as to our colleagues on the health care team. Oh and yes, it was a great excuse to have a celebration!

Our Respiratory Therapy Student Oath was developed based on some others that we had researched. The students find it a valuable experience to state the oath and then place their new stethoscopes around their necks. For Faculty, the ceremony is great way to celebrate the RT student's progress. Most of us find it hard to keep a dry eye, no matter how many times we hear the students say the oath.

Respiratory Therapists Role in IMPROVING Organ Donation In Ontario

Saving and enhancing more lives through the gift of organ and tissue donation in Ontario.

In Ontario, someone dies every 3 days while waiting for organ transplant. Trillium Gift of Life Network (TGLN) is the provincial organ and tissue donation agency with the mission of *'Saving and enhancing more lives through the gift of organ and tissue donation in Ontario'.*

Respiratory Therapists have an important role in organ donation including identification, management and assessment of apnea for neurological death. Approximately 2-5% of all patients are eligible to donate solid organs at death. Only patients who have sustained a non-recoverable injury and are on life-sustaining therapy (i.e. ventilator and hemodynamic support) at the time of notification to TGLN may donate organs. The organs that may be donated for transplant include: heart, lungs, liver, kidneys, pancreas, and bowel.

In January 2006, Routine Notification and Request Legislation was introduced. In addition to the requirement to notify TGLN of any death to screen for donation options, notification may also occur with expected death. Many hospitals are working with TGLN to create clinical triggers - a set of agreed upon clinical criteria to identify potential donors and cue the healthcare professionals when to call TGLN with a referral in cases of expected death. A typical clinical trigger might include the following:

- An unresponsive patient receiving mechanical ventilation,
- A Glasgow Coma Scale score at a pre-determined level (e.g. <4)
- Family has expressed interest in donation
- There is discussion around withdrawal of life support

Any healthcare professional, including R.T.s can call TGLN to refer potential donors.

Call 1-877-363-8456 toll free or 416-363-4438 in the Toronto area.

Trillium Gift Of Life Network

Ontario's Organ and Tissue Donation Agency

THE IAN ANDERSON
Continuing Education Program in End of Life Care

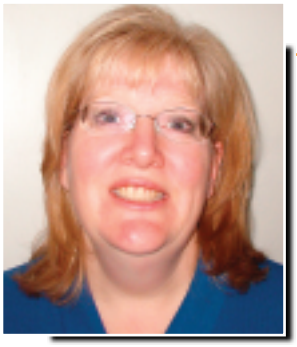
CRTO members interested in learning more about end of life care including organ donation are encouraged to visit the *Ian Anderson Continuing Education Program* in End-of Life Care at www.cme.utoronto.ca/endoflife. This is a joint project between the Continuing Education, Faculty of Medicine, University of Toronto; The Joint Centre for Bioethics, University of Toronto; and the The Temmy Latner Centre for Palliative Care, Mount Sinai Hospital, Toronto. Self-directed learning modules are available on a variety of topics related to end of life care:

1. Palliative Care - Standards and Models
2. Pain Management
3. Symptom Management
4. End-of-Life Decision-Making
5. Communication with Patients and Families
6. Psychological Symptoms
7. The Last Hours
8. Culture
9. Conflict Resolution
10. Indigenous Perspectives on Death and Dying
11. Collaboration
12. End-of-Life Decision-Making in Pediatric Palliative Care
13. Grief and Bereavement: A Practical Approach
14. Neurological Death, Organ and Tissue Donation: There are nine standardized patient scenarios around neurological death, organ and tissue donation.

If your community or facility is interested in having the Anderson Program facilitate a workshop on this subject please contact them at 416-978-1837 or by e-mail at ian.anderson.program@utoronto.ca to discuss a program suited to your needs.

For more information please visit their website or contact the program coordinator Nancy Bush at 416-978-1837.

www.cme.utoronto.ca/endoflife



End of LIFE decision MAKING

Sandra Achilleos, **RRT**
London Health Science Centre
London, Ontario

In 2006 the Ministry of Health introduced the Ontario Critical Care Strategy headed by Dr. Bernard Lawless. He and his team developed three goals to improve health care across the province. The **three** goals were to:

- Improve access,
- Improve quality and
- Work as a system.

From these three goals came seven strategies; two of which were the Critical Care Response Teams and the Coaching Teams for End of Life Decision Making. Both Victoria Hospital and University Hospital at London Health Science Centre applied and received approval and funding to develop their own team for End of Life (EOL) issues.

In September, LHSC's End of Life Decision Making Team had a two-day session with the three coaches asking for input from all the professions. We developed our action plan for improving EOL decision making based on the results of the two-day session.

I have been working as a Registered Respiratory Therapist at Victoria Hospital for twenty years with a focus on critical care for the past ten years. EOL and termination of life support has always been an interest of mine and I have always struggled with our role in dealing with EOL issues. RTs at my hospital have not traditionally been involved in family meetings, where EOL discussions take place. When it was time to withdraw a patient from the ventilator, it was typically the "hand coming from behind the curtain" to make changes on the ventilator and to turn it off. As I matured as an RT, I became more confident in my encounters with family and became actively involved in talking with them and explaining the process. But this practice varied widely among the rest of the RTs in the department. Some of us being very comfortable talking about death and the dying process and some of us not. So when we were asked to participate in the new strategies, I was very eager to do so.

During the two-day training session, it was very apparent to everyone that the RTs needed to be much more involved in the entire process. It was very humbling to realize how concerned everyone else was about the RTs ethical "load" and lack of involvement in the process. One of the objectives for our team was to strengthen the interprofessional team approach to assisting patients/clients with end of life decision making. This resulted in exploring the roles and responsibilities of the Respiratory Therapists in family interactions and then ultimately involving them in EOL family meetings.

As a result of my participation on this committee, I developed a short survey to see what the interest was among my RT colleagues. Eighty-one percent of the RTs who responded to the survey thought RTs should be involved in family meetings on EOL and 75% thought it should be a standard of practice. About half of the respondents were comfortable to participate in a family meeting without any extra training, and the others thought they could use some training on the specifics of our role and what to say and what not to say.

Another issue that became apparent as we became more informed about EOL issues was the lack of preparation for this subject during education and training for Respiratory Therapy students. EOL issues need to be integrated into the RT curriculum, so that RT students have some foundation to stand on before their first experience at withdrawing life support.

At LHSC we are at the point of getting everyone familiar with our new interprofessional patient-centred approach to EOL and within the next two months expect that RTs will attend all

THREE goals to IMPROVE health care across the province.

1. Improve access
2. Improve quality
3. Work as a system

end of life meetings with patients and their families. We have monthly meetings with our team and monthly conference calls with the coaches to keep us on track.

All of this ties in with the other strategies the Ministry has brought forth. The Critical Care Response Teams, the organ and tissue donation initiative, and the patient directives on resuscitation and advance care planning are all involved in EOL issues. I believe that these initiatives are all working to help us provide true interprofessional care in the best interests of our patients. It has been a very rewarding process and I think it will change the way RTs approach EOL care decisions, withdrawal of life support and their role on the health care delivery team.

BILL 124 FAIR ACCESS TO REGULATED PROFESSIONS ACT, 2006

In June 2006, the Ontario government introduced Bill 124, the *Fair Access to Regulated Professions Act.* The Act passed third reading and received royal assent on December 20, 2006. The goal of this new legislation is to remove barriers to access as well as increase procedural fairness for those entering the regulated professions in Ontario.

If passed, the Act would require that all 34 regulated professions in Ontario ensure fair, transparent and consistent registration practices. Under the proposed legislation, a Fairness Commissioner would be appointed to assess and oversee auditing and compliance with the legislation. To see a copy of the Bill online see: **www.e-laws.gov.on.ca**

Under the *Regulated Health Professions Act, 1991,* the College of Respiratory Therapists of Ontario already has registration requirements which are specified in the Registration Regulation. If you have any questions about the College's registration process, please contact Ania Walsh, Co-ordinator of Registration at walsh@crto.on.ca

Medical Gas System **review** as a PATIENT SAFETY INITIATIVE

By Marg Oddi, RRT and Jeanette Dayton, RRT

The review of the Medical Gas System, a patient safety initiative for all Respiratory Therapists (RTs) at St. Michael' Hospital, proved to be timely. Shortly after the staff had undergone the review process, they were put to the test and successfully managed a potentially serious medical gas emergency.

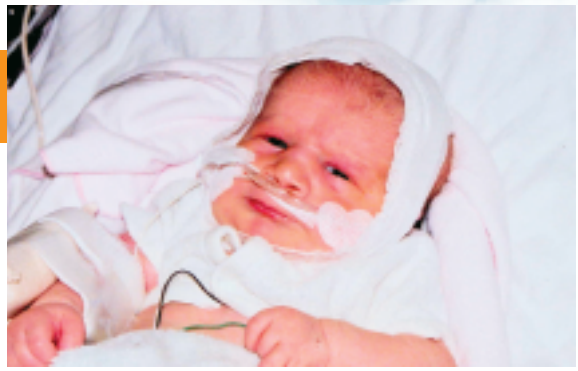
At midday, on July 25, 2006, the RT manager received back to back calls from RTs, engineering and operating room (OR). All of them asked the same question – "Why is the oxygen abnormal line pressure alarm activated and why is the line pressure dropping so rapidly?" The OR also needed to know if they should stop the cases that were in progress and cancel the remaining surgeries. Clearly, there was a significant problem somewhere in the O_2 pipeline system.

Despite the urgency of the situation, everyone remained calm and followed a methodical plan. Both RT and engineering were dispatched to check the oxygen bulk unit. Simultaneously, the oxygen vendor and the medical gas technical specialist were notified. The inspection revealed that the oxygen bulk unit system was intact and there were no signs of a leak; therefore, the leak was somewhere in the Hospital.

The next task was to search the entire Hospital for the source of the leak. Engineering was dispatched to areas under construction in case the O_2 pipeline had been accidentally severed. Some RTs were quickly dispatched to the ICUs to coordinate a plan of action and manage critically ill patients. Plans were also underway to issue a Hospital-wide announcement to inform everyone about the emergency and possibly request assistance in searching for the leak.

Unaware of the emergency planning that was underway, two RTs managing ward patients received a non-urgent call to investigate a "hissing sound" on a medical ward. Since they were in close proximity, they used a nearby stairwell to access the ward. In the stairwell, they heard a "screeching" sound – not a "hiss". They followed the sound to the patient room and found that the oxygen outlet had been completely sheared off the wall. High-pressure oxygen was blowing out of the pipeline. One RT grabbed a facecloth, pressed it over the hole and braced herself against the wall firmly to block the outlet. The other RT determined the number of patients on the unit who were receiving oxygen, arranged for additional O_2 cylinders and proceeded to shut off the oxygen zone valve. Blocking the outlet and closing the zone valve re-stabilized the oxygen pipeline pressure and resolved the emergency situation.

This near-crisis situation revealed the Hospital-wide impact on oxygen supply as a result of only 'one damaged oxygen outlet'. It also demonstrated that RTs need to be prepared to take a leadership role in managing medical gas emergencies. Their quick response saved the day!



ANNIE'S Story

By Barb Farlow

Over a year ago, our family suffered the tragic loss of our infant daughter Annie within 24 hours of arrival at the hospital. It was not a case in which nothing could be done to save our daughter's life but rather the choice was made not to. The actions of the majority of the health care providers reveal that they thought our daughter's life was not worth saving due to their personal belief of her quality of life. There was no discussion whatsoever with us, her devoted family.

I have come to understand that often the vulnerable people in our society; the elderly, the disabled and the psychiatric are provided with less than optimal care. The Canadian Adverse Event Study recognized that adverse events are more likely to occur with vulnerable patients. Even now, despite my experience, it seems so hard to believe.

While for the most part, the story is tragic, I am so pleased to write that the ethics, professionalism and compassion of several Respiratory Therapists on the last day of Annie's life were remarkable and unforgettable.

When our daughter had been without nutrition for many hours and was hungry and needed to suck on something, a very kind RT went well beyond his call of duty to create a pacifier from the plunger of a syringe and the nipple of a bottle. It worked! He was the only health care provider to think to provide comfort for our daughter on her last day of life.

When Annie required respiratory resuscitation on the ward, the physician entered the room, took a blood test and walked out. According to the records, he returned to the room and made a call the PICU over one hour later. All that time, the RT continued to bag Annie. She knew that Annie was not DNR status and thus she did not stop doing her utmost to provide the best care for her patient. She was the only health care provider to fulfill her professional and ethical duties on the last day of Annie's life.

After Annie was finally transferred to the PICU, a third RT that we had come to know personally came to visit. I can still see his concerned expression, as he rushed into the room, out of breath as he enquired, "What happened to Annie?" He was the only health care provider to show genuine and heartfelt concern for our daughter and our family on the last day of Annie's life.

I feel great sadness toward the many medical professionals who denied Annie appropriate medical treatment. I believe they had good intentions and thought that our family and society as a whole in terms of the allocation of scarce resources would be better off with Annie's death. In the process, multiple violations in hospital policies, professional codes of ethics, Human Rights Code and Health Care Laws occurred. Despite this apparent protection in the system, none is effective for the disabled, the elderly or the psychiatric when death occurs.

I imagine it must often be difficult for medical professionals to witness people suffer or struggle and question the purpose of their lives when they can't enjoy life like the rest of us due to their infirmities or disabilities. It is one thing if it is only temporary, but what if it is a lifelong condition and even the very best medicine has to offer cannot fix them or make them whole?

And what if everyday is likely to be worse than the one before it and it is difficult to stand by and watch or to send the patient home and know how it will likely be? It is understandable that the greatest satisfaction for the medical professional must be to help to make a patient perfect in function and enjoy good health again.

Barb Farlow graciously agreed to speak at our November Education Day and share her daughter's story. We'd like to thank Barb for putting the words together so that we could share Annie's Story with you, our Members.

I would like to suggest a different way of considering the quality of life of such individuals. I think sometimes the quality of life can't be determined in isolation by considering only the vulnerable patient but by looking beyond them to the family and friends who love and care for them.

Look into the eyes of the loved ones who visit, pray, hope and make sacrifices for your patient. What you will see is true love and the essence of the human spirit. There is immense quality of life to those actions. Please consider that

it is in the actions of the loved ones of such patients in which their quality of life is revealed and gift to society is imparted, not in what the patient can or cannot do.

For this reason, (and so many others) it is only the family who can make the determination of quality of life and it is so important that this is respected.

Dr. Jeff Blackmer, Director of Ethics of the CMA said that health care providers have a moral contract with society. The public fully expects and relies on the integrity of those involved in their medical care. While it is human to make mistakes, errors related to a deficiency in ethics are less forgiving.

I have read that quality of life can be defined as the ability to give and to receive love. During her 80 days of life, Annie had immense quality of life.

I plan to honor the memory of my daughter by telling her story to the best of my ability to create awareness and change for the benefit of others vulnerable lives.

I hope that I can bring meaning to my words through the essay I wrote about my daughter's short life. It is dedicated with immense gratitude to three very special Respiratory Therapists. There are not enough words to thank the College of Respiratory Therapists for the chance to share Annie's story.

WHEN WHAT SEEMS BROKEN IS PERFECT

The graph is still taped to the inside of my kitchen cupboard, pencil on a string dangling down beside it. It depicts the progression of my newborn daughter's weight, most days showing a moderate increase and thus reflects a thriving child. It ends abruptly at 80 days.

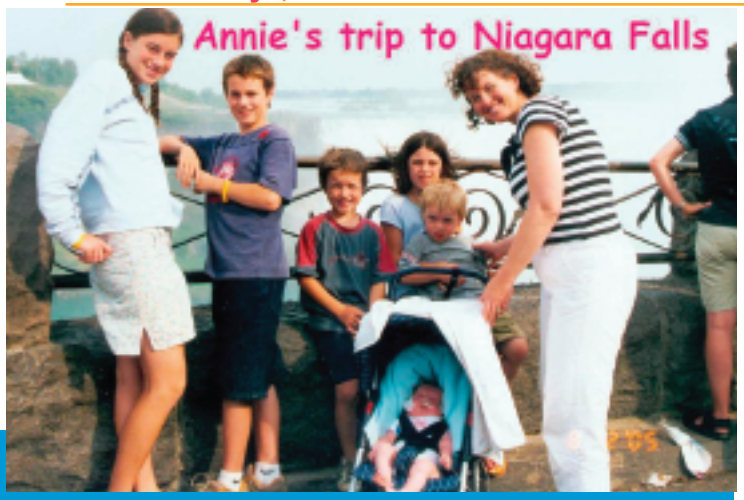
How can the value and purpose of a life be determined? Can these be measured by longevity, intelligence or the productive contribution of an individual to the economic base of society? Even more important, who has the right or ability to make this judgment?

My husband and I were recently faced with a very difficult situation. We are in our 40's, educated and financially stable. We have 5 children at home and we love sports and travel. The kids do well at school, are athletic, and all are healthy as horses. Life was good to us. We were pleasantly surprised when we discovered that we were expecting a new life to love and nurture.

We first heard of our unborn daughter's genetic condition long before she was diagnosed. It was considered a lethal condition, an extra 13th chromosome. Most babies don't make it to birth and those that do live a few years and are severely disabled. I thought, "Well, what is the point of that life?"

When the geneticist uttered the dreaded words, "your daughter has trisomy 13" and it was a diagnosis about my baby and not someone else's, the reality was entirely different. With the ferocity of a lioness, I wanted to love and protect this little girl, and do all that I could for her. If her existence was only to be a few more months of kicks and flutters in utero, then I wanted her to have that life for the sake of both of us. We named her Annie.

After the diagnosis, the research began. It was frantic, and went long into the night for months. We researched medical details and personal stories. We communicated with parents all over the world who had a child with this very rare condition. We discovered that the babies can live longer, but they will likely need medical treatment or surgery. The most amazing discovery was that the parents continually stated that they treasured and delighted in every day of their child's life. They knew with certainty, that the gift of that life was not theirs to keep. The children, called "survivors" were blissfully happy



and progressed developmentally, albeit slowly. It became increasing clear to us, that unless the medical intervention to provide life was excessive, Annie was better off alive than dead for both her sake and ours.

We were not sure how we could do it. I was the kind of mom who usually forgot to pack a diaper bag. I would often be impatient when one of my children couldn't master the math skills in their homework. Could I ever develop the patience for a child who may not be able to sit on her own for a year? How could we fit Annie's care and needs into our busy schedule? We had 5 soccer teams in the summer! We were more frightened than we had ever had been in our lives. Love for Annie compelled us forward.

Annie was born full term, crying. She was mildly afflicted, as the syndrome goes. She needed a very small amount of oxygen and had hypoglycemia. Annie could not take all of her nutrition orally and so she had a nasal gastric tube and we fed her expressed breast milk to give her the best possible nutrition. Somehow, we dealt with all of the issues. We knew that with time, Annie would take more feedings orally and her need for oxygen would lessen, and likely be eliminated completely.

We were aware that the first year would be rough. Everyone pitched in. Our 12 year old son took over the lawn maintenance and his older sisters took on Annie's developmental progress and bought "mind stimulating" music and ordered her a "Bumbo seat" to help develop strength in her upper torso.

The whole family came together in ways that I never dreamed possible. We discovered how true our friends and family were by their support and encouragement. Somehow, the homework got done and the gang made it to their soccer games.

At age 75 days, Annie smiled at us for the first time. Even now, a year later, the memory of that first and only smile causes me to cry.

Annie experienced respiratory distress at age 80 days and was transferred by ambulance to the Children's hospital. The physicians told us she had pneumonia. Our beloved baby died less than 24 hours later.

There are two ironies to this story.

The first is that we thought we had a choice of life for Annie but the reality is that we did not. The medical records, which we instinctively felt compelled to obtain and have had reviewed, reveal no signs of pneumonia. An effective "Do not resuscitate" was ordered without our knowledge or consent and despite the fact that the records state that Annie was "not DNR" four times during the last 24 hours. There was no attempt by anyone to discuss our daughter's medical condition or suggest that she could not be helped.

The final computerized medication report from the intensive care is inexplicably missing.

The hospital issued a letter of apology stating that sometimes "communication does not occur in as clear and consistent a fashion as we would wish. For that, we are very sorry." Recent developments in medical science can be used to make a prenatal diagnosis and termination of certain lives but the choice to use medicine to prolong these lives doesn't seem to be an option.

During her 80 days, our little Annie taught us our greatest lessons in life. Through her life, we experience the deepest sorrow and the most intense love. She taught us the true meaning and purpose of life and we are forever changed as a family. Our children have learned that if they are ever in need, their family will love them, protect them and do anything to support them just like we did for Annie. They developed an incredible empathy for the disabled and the vulnerable.

The ultimate irony is that this little girl who seemed so broken, flawed and seemingly without purpose or value, was in fact, perfect after all.

Some HIGHLIGHTS from RT Week 2006

A SURPRISE VISIT FROM THE MEDIA

Lori Peppler-Beechey, Respiratory Therapy Program Co-ordinator for Conestoga College, reported that Rogers Cable Television showed up at Conestoga to film and interview for Respiratory Therapy Week.

Lori had been interviewed by Conestoga's school newspaper to promote RT Week and Rogers cable (Kitchener-Waterloo) read the story and followed-up with their television crew.

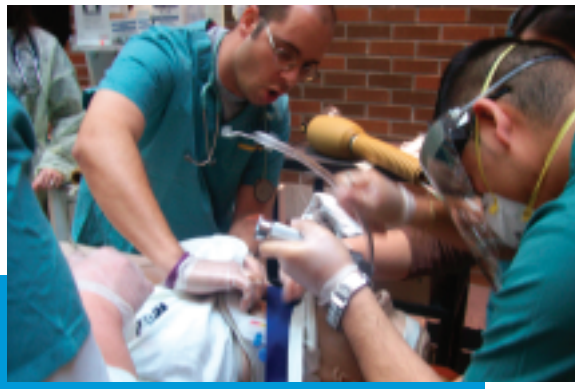
They filmed the RT week display, interviewed Lori and first year Conestoga RT students. The segment aired on October 25th at 5:00 pm and 7:00 pm.

FANSHAWE'S RESPIRATORY THERAPY Student's Federation

Submitted by the RTSF

The federation hosts activities beneficial to students, engages participation in the London community, and allows us to work with new graduates and senior Respiratory Therapists (**www.rtstudentfederation.com**).

RT's in Action: Code BLUE Simulation



RT & Paramedic students at Fanshawe College reenacted a code blue. A large audience of approximately 250 people gathered to observe the action. Proper patient handling along with correct intubation techniques demonstrated the RT's role in an emergency situation. People showed general interest and questions were raised about our profession. Excellent response and turnout made this event a success!!!

INTERACTIVE BOOTH

An interactive display was set up in the student center at Fanshawe College. Volunteers promoted our profession and accepted donations for the Lung Association. The display included:

- Professional and Program Information
- CSRT Promotional Items
- Intubation Demonstrations
- Pulse Oximetry, Heart Rate and Blood Pressure Readings
- **RTSO/CRTO Promotional Video Highlighting our Profession**
- Public Information on Lung Diseases/Disorders

Toronto General Hospital Hyperbaric Chamber

Respiratory Therapy Week also marked the official opening of the Toronto General Hospital's new hyperbaric area, located on the ground floor of the Eaton Wing.

Toronto's hyperbaric staff, which included Respiratory Therapists, worked with the installation team to provide a very user friendly environment for patient care.

We welcome any submissions highlighting your RT Week activities that we can share with all Ontario RTs.

TGH Respiratory Therapists: Sandra Grgas, Manager Allied Health (Left) and Ray Janisse, Practice Leader (right, foreground) at the official opening.

Your fellow RTs ...hard at work helping you!

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

HERE ARE JUST A FEW OF THE MANY RTs WHO HAVE VOLUNTEERED RECENTLY:

- Allyson Adams
- Brian Anthony
- Lori Beck
- Bill Boyle
- Gary Cambridge
- Noreen Chan
- Elizabeth Cochrane
- Derek Damron
- Daina Dirse
- Cathy Dowsett
- Lori Elder
- Doris Franklin
- Neeta Fraser
- Libby Groff
- Chris Harris
- Jennifer Harrison
- Jane Heath
- Dianne Johnson
- Sue Jones
- Jeannie Kelso
- Adrienne Leach
- Louise Major
- Shawna MacDonald
- Shelley Monkman
- Ginny Myles
- Mika Nonoyama
- Lisa O'Drowsky
- Terry O'Farrell
- Keith Olimb
- Richard Paradis
- Jodie Russell
- John Traill
- Zofe Roberts
- Donna Smith
- Kelly Vaillancourt
- Joan Whitson
- Holly Woermke
- Maureen Yeo

RRTs are Vital Members of Critical Care Response Teams:

The Credit Valley Hospital Experience

*By **Gail Lang** RRT, Supervisor, Respiratory Therapy Department*
Credit Valley Hospital
Ontario Trailblazer with Safer Healthcare Now!

When the **Safer Healthcare Now! Campaign** first rolled out in Ontario, the Credit Valley Hospital decided to implement all six of the targeted patient safety interventions. I was fortunate to be asked to co-lead the development of a Rapid Response Team that would include both RRTs and RNs with critical care skills.

In early 2006, Credit Valley was successful in receiving funding for a **Critical Care Response Team (CCRT)** as part of the Critical Care Strategy within the Ministry of Health and Long -Term Care. Working closely with the Medical Director of the Intensive Care Unit, Dr. Janos Pataki (medical lead for the team) as well as the Nurse Manager for ICU, we selected the RRTs and RNs for the team and scheduled all of them for the 2-day training that was provided under this initiative by the Canadian Resuscitation Institute. Every aspect of developing our team involved ensuring that all members had equal opportunity to education and skills development.

Similar to the team at the Ottawa Hospital, we decided to use the acronym **"RACE"** for **"Rapid Assessment of Critical Events"** for our team. The name is 'catchy' and accurately reflects their role – and with a few give-away pens and posters, it caught on very well! The leads of the team and the team members themselves, gave numerous presentations throughout the hospital to raise awareness and to answer any questions. Thorough promotion of the team led to a smooth transition when the preceptorship phase began on November 6th, 2006.

The RRTs on the RACE Team have found the experience to be both positive and rewarding.

Feedback from staff who have accessed the team or who have seen the team in action, has been exceptionally positive. Many have seen this change in culture as a lifeline for times when they are unable to access the patient's physician in a timely manner. Patients can generally be managed on their home unit or if necessary, transferred to the ICU.

From left to right: Celina Rogers, RRT, Adrena Campbell, ICU RN, Arlene Pitts, RRT, Dr. Janos Pataki, MD (Intensivist & Medical Lead for RACE Team), Laurie Anacta, ICU RN

The RRTs on the RACE Team have found the experience to be both positive and rewarding. Approximately 70% of the calls involve a respiratory trigger with the skills of the RRT playing a critical role. The team works together and if two calls occur at once, the RRT and RN will split up to triage the calls, all the while communicating with each other. Weekly team meetings to review calls and/or address specific topics help to maintain a strong relationship.

The development of our RACE Team has in itself been very rewarding and I consider it personally gratifying to be a part of this very positive change in healthcare. Although it shouldn't be necessary to convince anyone of the need to have RRTs as an integral part of the team, I sincerely hope other Respiratory Therapy departments are as successful as we have been. Building upon the strengths that each profession brings to this type of team will only enhance patient care.

EDUCATIONAL OPPORTUNITIES for Respiratory Therapists

SUMMIT TECHNOLOGIES 4TH ANNUAL TORONTO INFANT SYMPOSIUM:

WHEN: **February 22, 2007**

WHERE: Courtyard by Marriott, 475 Yonge Street, Toronto

2007 JOINT ETHICS CONFERENCE TORONTO

WHEN: **May 30 to June 1:** 18th Canadian Bioethics Society Conference

June 1-3: 3rd International Conference on Clinical Ethics and Consultation

WHERE: Marriott Eaton Centre Toronto, Ontario

NATIONAL CONTINUING COMPETENCE CONFERENCE FOR REGULATED PROFESSIONS

WHEN: **November 1-3**

WHERE: Marriott Eaton Centre Toronto, Ontario

National Continuing Competence Conference
For Regulated Professions

putting it together
November 1-3, 2007
Marriott Eaton Centre - Toronto ON

2006 EDUCATION Day

Once a year Council, Non Council Committee Members and CRTO Staff come together for a day committed to learning about how we can improve the way we contribute to the College.

This year the theme for Education Day was Risk Management, covering the following topics:

- What is Risk Management?
- ABC's of Financial Statements: Understanding our position, managing risk
- Identity Theft
- Managing Risk: Partnering to create the safest health care system
- Defensible Decision Making

Other topics included "Annie's Story" and the Federation of Health Regulatory Colleges' Authorizing Mechanisms Project, both of which are highlighted in this issue of The Exchange.

If you would like more information or a copy of the presentation material, please contact the CRTO.

Announcement

The CRTO is pleased to announce the appointment of **Ginny Martins** RRT to the position of Professional Practice Advisor effective February 12, 2007. Ginny, who comes to the CRTO from St. Joseph's Health Centre in Toronto, will be joining the College on a part-time basis for six months. Her duties will include providing professional practice advice to members, policy and standard development and committee support.

Ginny will be working closely with the College's current Professional Practice Advisor, Mary Bayliss RRT, whose title has been changed to Manager, Professional Practice.

Ginny's professional background includes staff therapist in acute care settings, critical care research coordinator, pulmonary function technologist and student clinical coordinator. Along with her new responsibilities at the CRTO, Ginny continues to work at St. Joseph's Health Centre as part-time Charge Therapist.

Ginny has also been serving as a CRTO Non-Council Committee member for District 4, from which she resigned in order to accept the PPA position.

As of February 12, Ginny can be reached by email at martins@crto.on.ca or by phone at ext 33.

Please join us in welcoming Ginny to the CRTO staff team.

How to CONTACT CRTO Staff

Tel.: (416) 591-7800 • Toll free: 1-800-261-0528 • Fax: (416) 591-7890 • General email: questions@crto.on.ca

BACK ROW: **MELANIE JONES-DROST** Co-ordinator of Quality Assurance, **CHRISTINE ROBINSON** Acting Registrar, **BARB SAUNDERS** Co-ordinator of Communications and Member Services

FRONT ROW: **ANIA WALSH** Co-ordinator of Registration, **SHAH AMARSHI** Administrative Officer, **AMELIA MA** Co-ordinator of Administrative Services

MARY BAYLISS RRT
Manager of Professional Practice

GINNY MARTINS RRT
Professional Practice Advisor

SHAH AMARSHI Administrative Officer
questions@crto.on.ca ■ ext 22

MARY BAYLISS RRT Manager of Professional Practice
bayliss@crto.on.ca ■ ext 24

MELANIE JONES-DROST Co-ordinator of Quality Assurance
jones-drost@crto.on.ca ■ ext 30

AMELIA MA Co-ordinator of Administrative Services
maa@crto.on.ca ■ ext 26

GINNY MARTINS RRT Professional Practice Advisor
martins@crto.on.ca ■ ext 33

BARB SAUNDERS Co-ordinator of Communications and Member Services
saunders@crto.on.ca ■ ext 27

CHRISTINE ROBINSON Acting Registrar
robinson@crto.on.ca ■ ext 21

ANIA WALSH Co-ordinator of Registration
walsh@crto.on.ca ■ ext 25

Registration Changes June 1 – November 30, 2006

NEW MEMBERS

General Certificates of Registration Issued (RRT):

ABDUL-HAMID, Mariam
ABOUEID, Paul
AHUJA, Sarina
ALEMPAKIS, Maria Angela
ALEXANDER, Arron
ANDRIGHETTI, Louis
ARMSTRONG, Susan
BAKER, Shawn Patrick
BALASUBRAMANIAM, Krithika
BARASKEWICH, Erin
BÉDARD, Rémi
BERTAZZO, Cristina
BLIMKIE, Kristin
BOUCHARD, Sarah
BOULERICE, Katherine
BOURDEAU-PAQUETTE, Andréanne
BREEN, Jessica
BROWN, Dayna Elizabeth
BROWNING, Susan Gayle
CADOTTE, Brent
CAMPBELL, Stuart
CARRIERE, Renée
CHASSÉ, Lisa C.
CHOW, Raymond
CUBBERLEY, Alison
DABBIKEH, Hanan
DAKIN, Daniel
DONDE, Greg
ESDALE, Glenda
FRATAROLI, Erin E.
GOIS, Rubina
GONZALEZ, Diego
GUEVARA, Flor G.
HARVEY, Christopher
HAWKINS, Tanya
HELWIG, Sheila
HILL, Danielle
HORTON, Tammy Lynn
HUGHES, David
IBRAHIM, Mohammed
ISRAEL, Emily R.
JAMIL, Bana
JENKINS, Sarah
JI, Hong
KING, John
KORZENIECKI, Mandy
KULATHUNGAM, Charlene
KURE, Katherine
KUSTRA, Denise
LACSINA, Michelle
LEE SHEE, Natara G.
LEEBODY, David
LEMIRE, Melanie Jane
LENKIC, Zdravka
LESHCHYSHYN, Yevheniy
LONG, Michael G.
LOWE, Elizabeth
LUU, Vien
MACLEOD, Christopher J.
MCBRIDE, Amanda
MCNEISH, Shelley
MERKLEY, Brittany
MICKLE, Derek
MILLER, Colleen Denise
MISTRY, Vandna Ramanlal
MOIR, Sheri Jean
MOREAU, Nicole
NESBITT, Rachel
NICHOLS, Jamie
OLIVEIRA, Stephanie
OLSZEWSKA, Magdalena
PATEL, Dharmesh
PRONESTI, Sarah A.
PUNTON, Christine Lilian
QUINTO, Marianne
RAZA, Hayder
ROBERTSON, Gordon
ROBINSON, Tara
ROGERS, Marilyn
ROJAS, Anila
ROMBOUGH, Marnie
ROWE, Lynne Michelle
SCHLEIHAUF, Tiffany
SHAMJI, Fareen
SINGH, Sarika
SONG, Luyan
SPECK, Gabriela
STEPHENSON, Chris
STILL, Joyce Jacqueline
SUN, Chantha
TAVERNER, Bryan
THOMPSON, Brooke
TODD, Christina Marie
TOGONU-BICKERSTETH, Senami I.
TURCOTTE, Ashley
TURNER, Kelly E.
VARADAS, Debbie
WAECHTER, Rachel L.
WALL, David E.
WALSH, Allison
WALTON, Ruane
WARWICK, Christine
WEBB, Alida Marie
WENCEL, Benjamin
YOUNG, Kelsey
ZALDIVAR, Nicole Ray
ZAPORA, Krista

Graduate Certificates of Registration Issued (GRT):

CULLEN, James
GABBAY, Rina
GRINEVSKY, Bracha
GRONDIN, Cathy Lynn
HINE, Melissa
HOLOWATY, Karyn Anne
LAROCHE, Sylvie
PHILP, Pamela Louise
RENNETTE, Christopher Kyle
WASS, Derek

REVOKED MEMBERS UNDER REGISTRATION RULES

MAGNUSON, Gregory (Graduate under suspension)

MEMBERS RESIGNED

General

CHAPMAN, Tammy Laura
FARIDANI, Mehran
HOM, Nathen
NYKOLAYCHUK, M. Allison
SCHAEFFER, Susan
STEVEN, Susan
ZAHARKO, Kelly D.

CRTO
COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO
180 Dundas Street West, Suite 2103, Toronto, Ontario M5G 1Z8
Tel: 416.591.7800 · Fax: 416.591.7890
Toll free: 1.800.261.0528
e-mail: questions@crto.on.ca
web site: www.crto.on.ca