

POSITION STATEMENT

***Medical Directives and the
Ordering of Controlled Acts***

The College of Respiratory Therapists of Ontario (CRTO), through its administration of the *Regulated Health Professions Act* and the *Respiratory Therapy Act* is dedicated to ensuring that respiratory care services provided to the public by its members are delivered in a safe and ethical manner. The CRTO has developed a Position Statement, in collaboration with the *College of Nurses of Ontario (CNO)*, on the issue of Medical Directives and the Ordering of Controlled Acts. We believe that the position outlined, and the guidance provided, serve both the interest of the patient and the members of the College, by ensuring that the appropriate care provider performs a procedure and is authorized in accordance with the legislation/regulations/policies and/or guidelines of the health care professional.



BACKGROUND

A number of concerns have come to the attention of the College regarding the use of medical directives. They are as follows:

- + Some health care facilities have implemented processes whereby Nurses who are **not** Nurses Practitioners¹ i.e., Nurses of the Extended Class who hold the designation RNEC, are apparently writing orders for controlled acts to Respiratory Therapists.
- + It appears that this is being done through the use of medical directives.
- + In many instances “medical directives” appear to transfer/delegate the authority to order a controlled act from a Physician to a Nurse and therefore do not meet the criteria for properly constructed medical directives².
- + Respiratory Therapists are in many cases not familiar with the contents of the medical directives and/or were not involved in the development of the medical directives.
- + Prior to implementing the order from the medical directive, an assessment is being performed by a Nurse or other health care professional rather than the Respiratory Therapist. In our view, this practice is not permissible under the *Regulated Health Professions Act (RHPA)* because there is no provision for the “delegation” of the ordering of a controlled act.

Under section 4 of the *Respiratory Therapy Act (RTA)*, members of the CRTO are authorized to perform five controlled acts:

1. Performing a prescribed procedure below the dermis.
2. Intubation beyond the point in the nasal passages where they normally narrow or beyond the larynx.
3. Suctioning beyond the point in the nasal passages where they normally narrow or beyond the larynx.
4. Administering a substance by injection or inhalation.
5. Administering a prescribed substance by inhalation³.

Procedures 1, 2, and 4 above can only be performed on the order of a member of the College of Physicians and Surgeons of Ontario, the College of Midwives of Ontario, the Royal College of Dental Surgeons of Ontario, or a member of the

¹ NPs are Registered Nurses (RNs) with additional education and experience. They have and demonstrate the competencies to autonomously diagnose, order and interpret diagnostic tests, prescribe pharmaceuticals and perform procedures within their legislated scope of practice. An NP holds a specialty certificate in one or more of the following areas: Nurse Practitioner-Primary Health Care (NP-PHC); Nurse Practitioner-Paediatrics (NP-Paediatrics); Nurse Practitioner-Adult (NP-Adult); and/or Nurse Practitioner-Anaesthesia (NP-Anaesthesia).

NPs are prohibited from using a protected title for a specialty certificate for which they are not registered. Nurses in the Extended Class must use the title Nurse Practitioner (NP) or Registered Nurse in the Extended Class [RN(EC)].^{3, 4} Retrieved July 7, 2011 from: www.cno.org/Global/docs/prac/41038_StrdRnec.pdf (p.3)

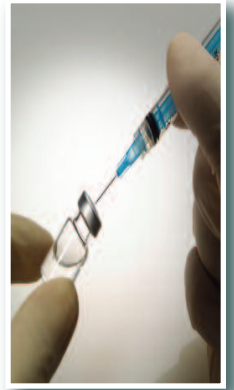
² See Point 7: Essential Elements of a Medical Directive

³ Although the RTA has been amended to include the fifth authorized act administering a prescribed substance by inhalation, at the time of publication of this document (August, 2011) the prescribed substances have not yet been listed in regulation. As such, RTs do not yet have the authority to independently administer prescribed substances by inhalation. At this time, RTs must continue to obtain the authority to administer substances by inhalation (including oxygen) via orders and/or medical directives.

(Background continued)

College of Nurses of Ontario who holds a certificate of registration in the Extended Class where permitted by law.

The College views this position statement as a confirmation of the existing legal requirements for Respiratory Therapists and as such, they should be adhered to. Respiratory Therapists and facilities whose practices are inconsistent with these expectations should take immediate steps to make the necessary changes. Of course, the process of doing so must take into account other professional obligations (e.g., not to abandon patients, providing care in emergencies) in a professional manner. Many of the points covered by the Position Statement can be implemented immediately; others might take a little time. In the event a complaint or report is made regarding the care provided during the transition period, the College would consider all of the relevant circumstances before deciding how to respond.



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1. The *Respiratory Therapy Act*, states that Respiratory Therapists may receive orders for controlled acts from one of four individuals: Physicians, Midwives, Dentists and Registered Nurses in the Extended Class (RNEC) who are also known by the protected title of Nurse Practitioners (NPs).
2. The *Public Hospitals Act* also outlines who may write orders for medical care. Nurse Practitioners are authorized to write orders for hospitalized patients.
3. **Delegation** is the transfer of legal authority to perform a procedure within a controlled act to a person not otherwise authorized to perform the procedure (e.g., physician delegating defibrillation to an RT). Delegation is a process that is procedure specific. It is permissible to delegate the performance of a controlled act to a health care professional who is not authorized to perform that controlled act, but it is not permissible to delegate the **ordering** of that controlled act. In the opinion of the CRTO there is no provision in the *RHPA* to allow a physician or any other regulated health care professional to “delegate” the ordering of a controlled act to another regulated health care professional.⁴
4. A **medical directive** is a medical order for a range of patients who meet certain conditions. The medical directive is the order and should therefore meet the criteria for a valid medical order. This includes the specific conditions which must be met for the medical directive to apply, a description of the patients who it applies to, the name and description of the treatment/ intervention being ordered, a list of contraindications, the identity of the individual(s) who are authorizing the medical directive (i.e., list of physicians). The medical directive must also indicate the individual(s) who are authorized to implement or carry out the order.⁵

⁴ See also [Delegation of Controlled Acts PPG](#)

⁵ See also [Orders for Medical Care PPG](#)



5. It is acceptable for a Respiratory Therapist to perform a controlled act in accordance with a medical directive as communicated by a Nurse or other health care professional provided that the Respiratory Therapist does the following:
 - ⊕ Ensures that there was respiratory therapy input into the development of any medical directive that pertains to procedures performed by Respiratory Therapists.
 - ⊕ Familiarizes himself/herself with the contents of any medical directive which pertains to procedures being performed by Respiratory Therapists in their specific practice area, including confirming that the individual(s) making the order (i.e. authorizing the medical directive) is/are authorized to do so under the *Respiratory Therapy Act* (i.e., a Physician, Midwife, Dentist or RN(EC)).
 - ⊕ Ensure that, prior to performing any procedure ordered through a medical directive, that the medical directive meets the criteria for a properly constructed medical directive (see #7 below).
 - ⊕ Performs his/her own assessment, comparing the assessment to the detailed criteria in the medical directive and using his/her own judgment in implementing the directive.
 - ⊕ Ensures that the procedure he/she is about to perform has been specifically identified in the medical directive as a procedure to be performed by a Respiratory Therapist to this patient.

6. What is unacceptable is for Respiratory Therapists to perform controlled act procedures upon an order from a health care provider such as a Nurse who is communicating medical orders (either written or verbal) based on broad, non-specific, non-collaborative documents or policies that do not include the essential elements of a medical directive. For example, policies or documents that only list medications and/or procedures that an advanced practice nurse Nurses may order for a group of patients, do not meet the requirements of a medical directive.

7. The essential elements of a properly constructed medical directive include:
 - ⊕ The name and description of the procedure, treatment or intervention being ordered;
 - ⊕ Specific patient/client conditions that must be met before the procedure can be implemented;
 - ⊕ Circumstances which must exist before the procedure can be implemented;
 - ⊕ Comprehensive list of contraindications to performing the procedure;
 - ⊕ A list of health care professionals who may implement or perform the procedure and any educational requirements required (for example – only Respiratory Therapists who work in a certain area and have advanced certification or have completed continuing education etc.);
 - ⊕ The physician(s) or other health care professional authorizing the medical directive; and
 - ⊕ A list of administrative approvals from the facility with dates and signatures.