



College of Respiratory Therapists of Ontario



2013 / 2014

Annual Report

**Many
Faces**



In Many Places.

The College of Respiratory Therapists of Ontario, through its administration of the *Regulated Health Professions Act* and the *Respiratory Therapy Act*, is dedicated to ensuring that Respiratory Therapy services provided to the public, by its Members, are delivered in a safe and ethical manner.



TABLE OF CONTENTS

MESSAGE FROM THE PRESIDENT & REGISTRAR	4
COUNCIL, NON-COUNCIL, COMMITTEE AND STAFF LISTS	6
EXECUTIVE COMMITTEE REPORT	8
QUALITY ASSURANCE COMMITTEE REPORT	9
REGISTRATION COMMITTEE REPORT	10
STATISTICS AND DEMOGRAPHICS	11
PROFESSIONAL PRACTICE COMMITTEE REPORT	15
PATIENT RELATIONS COMMITTEE REPORT	16
INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE REPORT	18
DISCIPLINE & FITNESS TO PRACTISE COMMITTEE REPORTS	19
FINANCIAL AUDIT & STATEMENT	20

MESSAGE FROM THE PRESIDENT & REGISTRAR



Welcome to our 2013 - 2014 Annual Report.

This year centred on the ongoing implementation of our strategic plan. We maintained a focus on engagement with our membership, while also looking inward to find areas for improvement and modernization.

Our engagement approach consisted primarily of enhancing our communications to make information clearer, more relevant to the work of our Members, and more immediately accessible in a variety of media.

We launched a revised and redesigned website as the cornerstone of our communications strategy and extended our communications reach via the use of social media (i.e. Twitter™, blogging).



We also extended our outreach to students in the various Respiratory Therapy programs across Ontario with the goal of establishing a relationship with them at an early stage in their professional careers. In addition to in-person visits to each program, we developed a professional development logbook for students, mirroring the QA online professional **PORTfolio**^{OM} used by Members, to establish lifelong learning principles early in their careers.

Internally, we completed the most sweeping review of our by-laws in over a decade. The amendments included revising the boundaries of the electoral districts to align with changes in provincial legislation defining the geographical territories and districts; expanding the information available about Members on our public register; and revising fees to adopt a more “pay-for-use” approach.

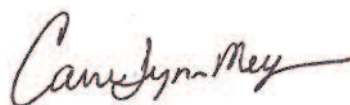
With our new **Conflict of Interest** regulation and **Clinical Best Practice Guidelines on Oxygen Therapy** now in place, the CRTO launched a comprehensive educational initiative to assist Members with understanding and applying their ability to independently administer therapeutic oxygen (as per the **Prescribed Substances** regulation).

On a global note, the CRTO received over 20 applications annually from clinicians trained outside of Canada, often in professions other than Respiratory Therapy. In 2013, the CRTO placed our assessment process for this diverse international group on hold. During the year, the CRTO developed an entirely new assessment blueprint that will enable us to more effectively appraise the competencies gained by each applicant through both education and experience. This revised assessment is scheduled to begin in 2014.

Finally, in response to several issues that arose throughout the year, we:

- Stated our position on the use of automated external defibrillators by RTs in their clinical setting;
- Established that the setup and application of CPAP and BiPAP devices in the community involves performing the controlled act of administering a substance by inhalation;
- Reiterated our position to support elevating the education and training of RTs from a diploma to a baccalaureate degree, allowing a necessary evolution from a technical focus to a more clinical focus in the educational model.

Thank you to everyone who worked alongside us throughout this eventful year and, as always, thank you to the RTs across the province for your continued efforts to provide the highest quality in respiratory care to Ontarians.



CARRIE-LYNN MEYER, RRT
PRESIDENT



KEVIN TAYLOR, RRT
REGISTRAR & CEO

COMMITTEE LIST

as of February 28, 2014

DISCIPLINE

Allan Cobb (Chair)
David Jones, RRT (Vice-Chair)
Daniel Fryer, RRT
Jesse Haidar
Alean Jackman, RRT
Allan MacLean
Carrie-Lynn Meyer, RRT
Kathleen Olden-Powell, RRT
Renée Pageau, RRT
Lori Peppler-Beechey, RRT
Daphne Shiner, RRT
Christina Sperling, RRT
Cary Ward, RRT
Paul Williams, RRT

EXECUTIVE

Carrie-Lynn Meyer, RRT (President)
David Jones, RRT (Vice-President)
Allan Cobb
Sandra Ellis, RRT
Gord Garshowitz

FITNESS TO PRACTISE

Allan Cobb (Chair)
David Jones, RRT (Vice-Chair)
Daniel Fryer, RRT
Jesse Haidar
Alean Jackman, RRT
Allan MacLean
Carrie-Lynn Meyer, RRT
Kathleen Olden-Powell, RRT
Renée Pageau, RRT
Lori Peppler-Beechey, RRT
Daphne Shiner, RRT
Christina Sperling, RRT
Cary Ward, RRT
Paul Williams, RRT

QUALITY ASSURANCE

Sandra Ellis, RRT (Chair)
Sylvia Rondelez, RRT (Vice-Chair)
Allan Cobb
Rhonda Contant, RRT
Susan Docherty-Skippen
Daniel Fryer, RRT
Allan MacLean
Lori Peppler-Beechey, RRT
Daphne Shiner, RRT
Christina Sperling, RRT
Carol-Ann Whalen, RRT

INQUIRIES, COMPLAINTS AND REPORTS

Angela Shaw, RRT (Chair)
Gord Garshowitz (Vice-Chair)
Julie Boulianne, RRT
Alexandra Brazeau, RRT
Allison Chadwick, RRT
Rhonda Contant, RRT
Susan Docherty-Skippen
Jeff Earnshaw, RRT
Sandra Ellis, RRT
Patricia Latimer
Sylvia Rondelez, RRT
Bruno Tassone, RRT
Carol-Ann Whalen, RRT

PROFESSIONAL PRACTICE

Paul Williams, RRT (Chair)
Renée Pageau, RRT (Vice-Chair)
Allison Chadwick, RRT
Allan Cobb
Rhonda Contant, RRT
Alean Jackman, RRT
Patricia Latimer
Lori Peppler-Beechey, RRT
Bruno Tassone, RRT
Carol-Ann Whalen, RRT

PATIENT RELATIONS

Christina Sperling, RRT (Chair)
Gord Garshowitz (Vice-Chair)
Allison Chadwick, RRT
Susan Docherty-Skippen
Jesse Haidar
Renée Pageau, RRT
Sylvia Rondelez, RRT
Angela Shaw, RRT
Cary Ward, RRT

REGISTRATION

David Jones, RRT (Chair)
Julie Boulianne, RRT (Vice-Chair)
Alexandra Brazeau, RRT
Gord Garshowitz
Alean Jackman, RRT
Patricia Latimer
Allan MacLean
Carrie-Lynn Meyer, RRT
Kathleen Olden-Powell, RRT
Paul Williams, RRT

COUNCIL & NON-COUNCIL LIST

as of February 28, 2014

COUNCIL

Julie Boulianne, RRT
Allan Cobb
Rhonda Contant, RRT
Susan Docherty-Skippen
Jeff Earnshaw, RRT
Sandra Ellis, RRT
Gord Garshowitz
Jesse Haidar
David Jones, RRT
Patricia Latimer
Allan MacLean
Carrie-Lynn Meyer, RRT
Angela Shaw, RRT
Christina Sperling, RRT
Paul Williams, RRT

NON-COUNCIL

Alexandra Brazeau, RRT
Allison Chadwick, RRT
Daniel Fryer, RRT
Alean Jackman, RRT
Kathleen Olden-Powell, RRT
Renée Pageau, RRT
Lori Pepler-Beechey, RRT
Sylvia Rondelez, RRT
Daphne Shiner, RRT
Bruno Tassone, RRT
Cary Ward, RRT
Carol-Ann Whalen, RRT

STAFF LIST

as of February 28, 2014

KEVIN TAYLOR RRT, Registrar & CEO
MELANIE JONES-DROST, Deputy Registrar
CAROLE HAMP RRT, Quality Practice Manager
ANIA WALSH, Registration Manager
AMELIA MA, Finance and Office Manager
JANICE CARSON-GOLDEN, Communications Manager
MARLEY HILLEN, Administrative & Registration Assistant
KENDRA STEPHENSON, Stakeholder Relations Coordinator

EXECUTIVE COMMITTEE REPORT

ACCOMPLISHMENTS

During the 2013 - 2014 fiscal year, the Executive Committee:

- Monitored the ongoing implementation of the CRTO 2011 - 2016 Strategic Plan.
- Monitored the financial status of the CRTO.
- Appointed Council and Non-Council Members to the various CRTO Committees.
- Conducted a comprehensive review of the CRTO's by-laws, including revisions to College fees, updating the geographic boundaries of the electoral districts, amendments to align them with recent changes to various CRTO regulations, and expanding the information available on the public register.
- Reviewed the professional liability requirements for CRTO members in response to a request by the Ministry of Health and Long-Term Care, confirming that it is mandatory for all practising Respiratory Therapists to be insured for professional liability to a minimum of \$2 million per occurrence.
- Considered the recent legislation pertaining to the treatment of spouses by practising RTs.
- Developed a position statement on the ***Use of Automated External Defibrillators (AEDs)*** by Respiratory Therapists in their clinic practice, providing clarity on an important issue for RTs.
- Clarified the CRTO's interpretation and position that the application of CPAP involves the performance of a controlled act - the *administration of a substance by inhalation* - and that any individual applying or adjusting CPAP/BiPAP should be a regulated health care professional or appropriately authorized to perform that controlled act.
- Reiterated the CRTO's position in support of raising the minimum education required for entry-to-practice to the baccalaureate level.
- Reviewed the CRTO's general practices through the lens of transparency.

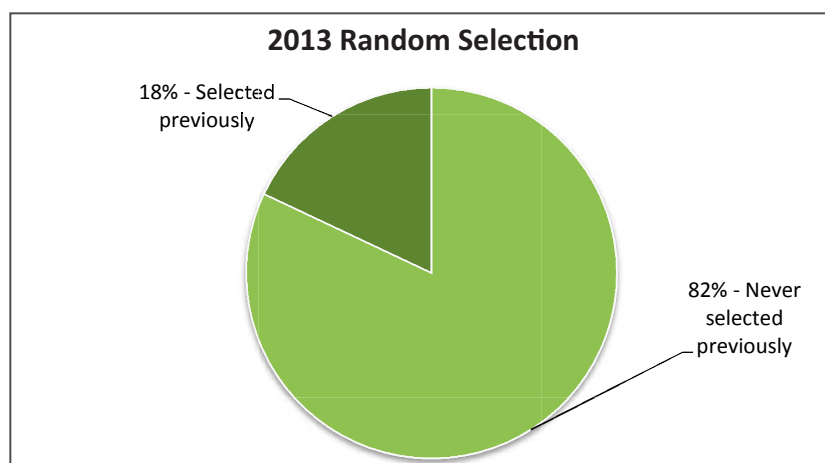
Sincerely,
Carrie-Lynn Meyer, RRT
Executive Committee Chair

QUALITY ASSURANCE COMMITTEE REPORT

ACCOMPLISHMENTS

During the 2013 - 2014 fiscal year, the Quality Assurance Committee (QAC):

- Completed a **QA Program Evaluation**, which encompassed the years from 2008 – 2012. The following is a summary of the recommendations outlined in the **QA Evaluation Final Report**:
 - Reviewed the random selection process;
 - Revised the self-assessment section of the Portfolio Online for Respiratory Therapists (PORTfolio^{OM});
 - Improved timeliness of reporting results;
 - Updated both the Learning Log and Learning Goal sections of the PORTfolio; and
 - Enhanced the communication to Members regarding QA processes.
- Revised the **QA Deferral Policy & Procedure** in order to streamline the process and to clarify the criteria for granting deferrals.
- Amended the **QA Program Policy & Procedure** to clarify the need for Members to complete the Professional Standards Assessment (PSA) and submit their PORTfolio via the PORTfolio platform.
- **Randomly selected 236 Members** (7.6 % of the Membership) to complete the Professional Standards Assessment (PSA) and submit their PORTfolio. The chart below illustrates the percentage of Members selected in 2013 who had either been selected previously (42) or had not been selected previously (194) since 2004.



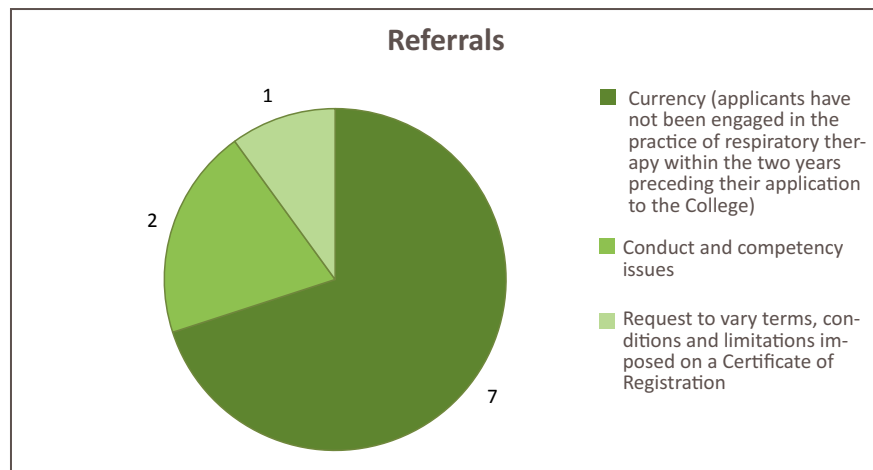
Sincerely,
Sandra Ellis, RRT
Quality Assurance Committee Chair

REGISTRATION COMMITTEE REPORT

ACCOMPLISHMENTS

During the period of March 1, 2013, to February 28, 2014, the Registration Committee:

- Held four (4) full day meetings and one teleconference meeting.
- Convened 10 Panels to consider registration referrals from the Registrar and requests from Members to have terms, conditions and limitations on their certificates lifted or revised. The chart below outlines the types of referrals reviewed:

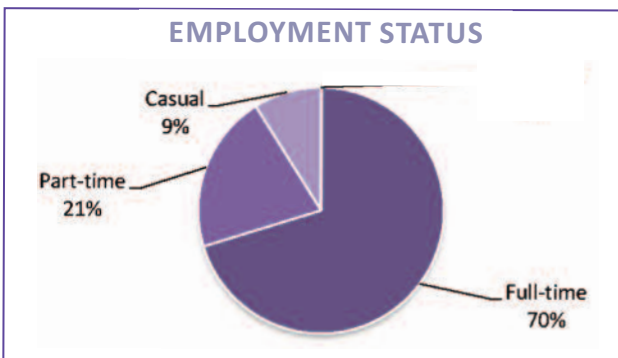
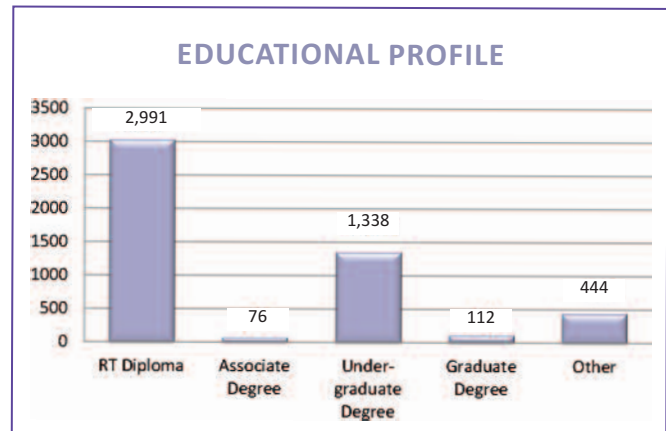
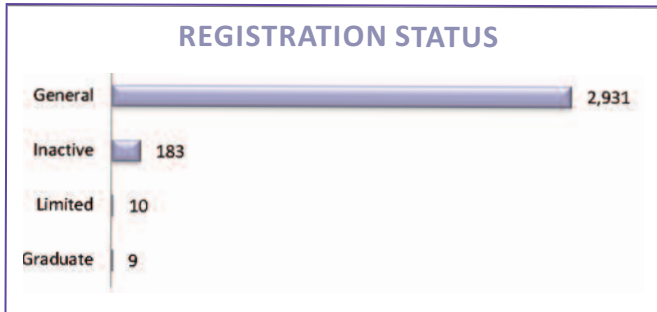


- Monitored the Respiratory Therapy programs' accreditation status.
- Reviewed and subsequently approved two certification programs for *Prescribed Procedures Below the Dermis*.
- Monitored the ongoing review of the CRTO's assessment process for internationally educated applicants, including the development of new assessment blueprint.
- Developed a new policy addressing the application and assessment process for internationally educated respiratory therapists and other health professionals.
- Developed an application for registration **File Closure Policy**
- Guided the development of the **Inactive Certificate Fact Sheet**
- Conducted a review and proposed amendments to the Public Register By-law.
- Monitored the system-based self-assessment of the CRTO's registration practices (part of the Office of the Fairness Commissioner Cycle 2 assessments of Ontario regulatory bodies).

Sincerely,
David Jones, RRT
 Registration Committee Chair

STATISTICS AND DEMOGRAPHICS

as of February 28, 2014



MAIN AREA OF PRACTICE

Main focus of Respiratory Therapy practice at the specific place of Members employment.

	Based on Primary Employer	Based on All Employers
Acute Care	1,195	1,590
Administration / Management	116	119
Anesthesia / Operating Room	194	249
Chronic Disease Prevention	28	40
Chronic / Long-Term Care	44	75
Comprehensive Primary Care (e.g. FHT)	10	15
Consultation	13	30
Continuing Care	5	13
Critical Care	525	716
Diagnostics	119	152
Education (post-secondary education)	46	97
Emergency	6	13
Home Care	310	381
Infection Control	5	5
Palliative Care	0	1
Patient / Client Education	26	48
Patient Transport	7	29
Polysomnography	42	69
Public Health	1	2
Pulmonary Function Testing	65	112
Quality Management	10	12
Rehabilitation	27	27
Research	10	16
Sales	59	66
Ventilator Equipment Pool	1	3

CERTIFICATION TYPES

Certifications held by Members as reported at Renewal.

Advanced Cardiac Life Support (ACLS)	993
ACLS Instructor	42
Automated External Defibrillator (AED)	29
Anesthesia Assistant	189
Certified Asthma Educator (CAE)	158
Basic Cardiac Life Support (BCLS)	1,034
BCLS Instructor	136
Cardiac Diagnostic Technologist	3
Cardiopulmonary Technology	12
Certified Respiratory Educator (CRE)	153
COPD Educator	113
Critical Care Response Team	5
Cardiovascular Perfusion Technology	5
Extracorporeal Membrane Oxygenation (ECMO)	2
Health Service Management	1
Hyperbaric Technologist	23
Infection Control	14
Neonatal Resuscitation Program (NRP)	1,107
NPR Instructor	97
Pediatric Advanced Life Support (PALS)	368
Polysomnography	67
Smoking Cessation/Teach	21
S.T.A.B.L.E.	57

CRTO Electoral Districts

- 1 - Territorial Districts of Kenora, Rainy River and Thunder Bay
- 2 - Muskoka, Nipissing, North Bay Area, Sudbury
- 3 - Ottawa-Carlton, Renfrew, Hastings
- 4 - Greater Toronto, Haliburton, Northumberland, Simcoe
- 5 - Hamilton, Kitchener, Niagara, Wellington
- 6 - Bruce, Essex, Huron, Middlesex
- 7 - Academic, Whole Province of Ontario

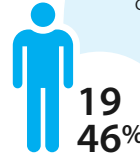
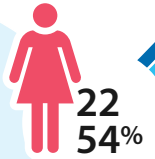
District 1

Territorial Districts of Kenora, Rainy River and Thunder Bay

Next Election Date: Fall 2015

of Registered Members: 41
RT Schools in District: None

Council / Committee Reps: Alexandra Brazeau, RRT
Jeff Earnshaw, RRT
Bruno Tassone, RRT



Age	#	%
Under 30	10	24%
30 - 39	10	24%
40 - 49	12	30%
50 & Over	9	22%

District 6

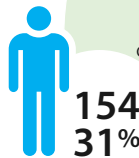
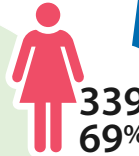
Bruce, Essex, Huron, Middlesex

Next Election Date: Fall 2014

of Registered Members: 493

RT Schools in District: Fanshawe College, London
St. Clair College, Windsor

Council / Committee Reps: Daniel Fryer, RRT
David Jones, RRT
Sylvia Rondelez, RRT



Age	#	%
Under 30	85	17%
30 - 39	113	23%
40 - 49	149	30%
50 & Over	146	30%

District 5

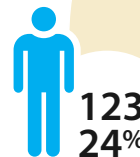
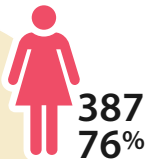
Hamilton, Kitchener, Niagara, Wellington

Next Election Date: Fall 2015

of Registered Members: 510

RT Schools in District: Conestoga College, Kitchener

Council / Committee Reps: Allison Chadwick, RRT
Carrie-Lynn Meyer, RRT
Lori Pepler-Beechey, RRT
Angela Shaw, RRT



Age	#	%
Under 30	106	20%
30 - 39	156	31%
40 - 49	146	29%
50 & Over	102	20%

District 7

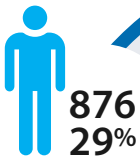
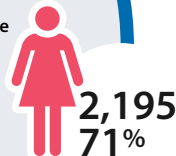
Academic, Whole Province of Ontario

Next Election Date: Fall 2015

of Registered Members: 3,071

Council / Committee Reps: Paul Williams, RRT

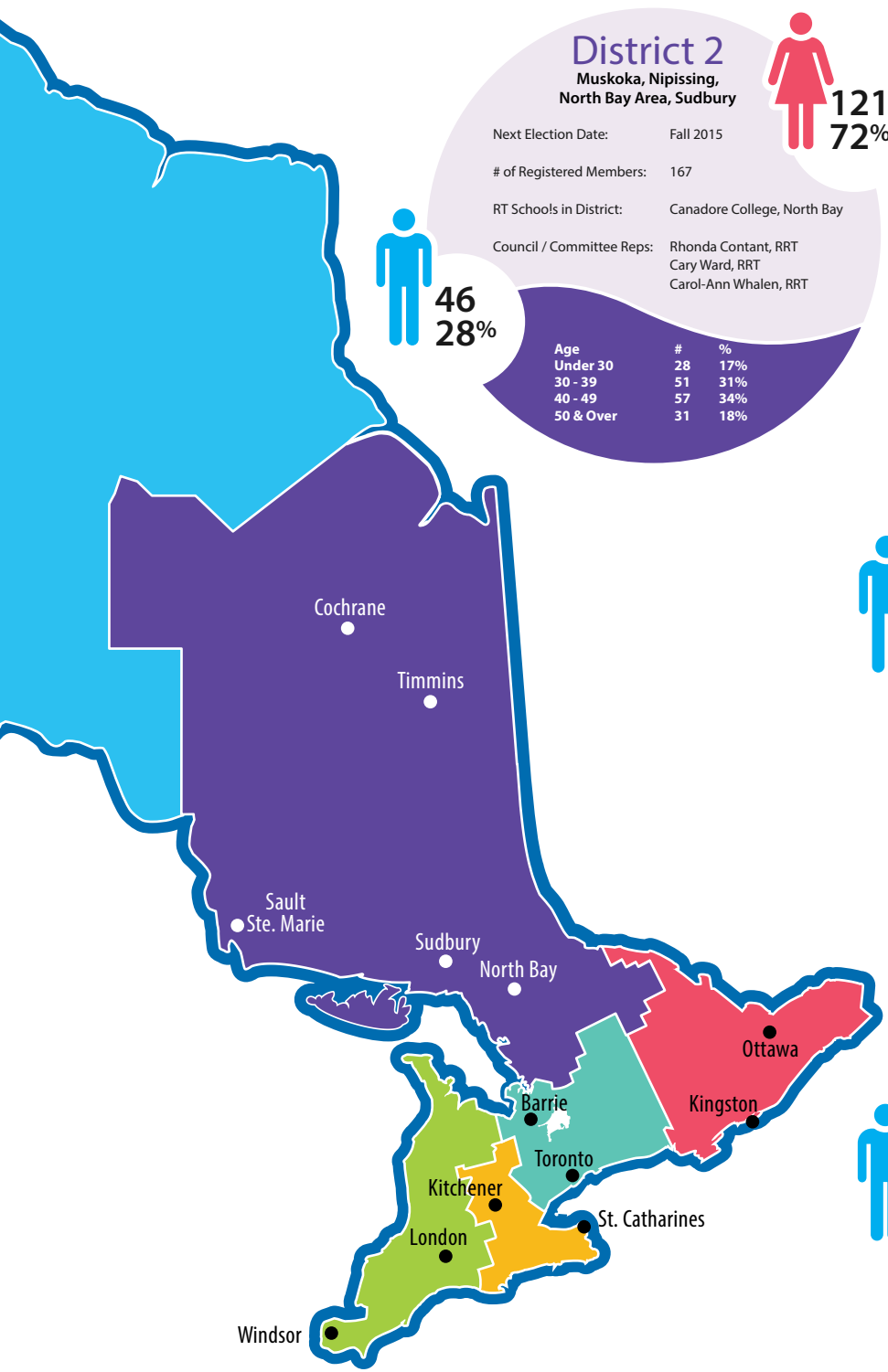
Note: There are 62 Members of the College that reside outside Ontario and are not captured within the voting districts.



Age	#	%
Under 30	566	18%
30 - 39	962	31%
40 - 49	899	30%
50 & Over	644	21%

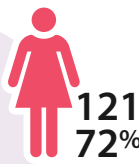
Kenora

Thunder Bay

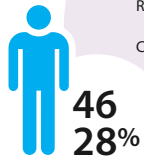


District 2

Muskoka, Nipissing,
North Bay Area, Sudbury



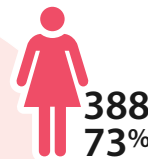
Next Election Date: Fall 2015
 # of Registered Members: 167
 RT Schools in District: Canadore College, North Bay
 Council / Committee Reps: Rhonda Contant, RRT
 Cary Ward, RRT
 Carol-Ann Whalen, RRT



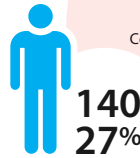
Age	#	%
Under 30	28	17%
30 - 39	51	31%
40 - 49	57	34%
50 & Over	31	18%

District 3

Ottawa-Carlton, Renfrew,
Hastings



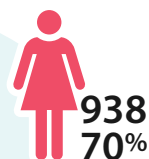
Next Election Date: Fall 2014
 # of Registered Members: 528
 RT Schools in District: Algonquin College, Ottawa
 La Cité collégiale, Ottawa
 Council / Committee Reps: Julie Boulianne, RRT
 Renée Pageau, RRT
 Daphne Shiner, RRT



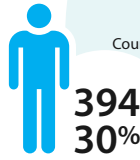
Age	#	%
Under 30	111	21%
30 - 39	190	37%
40 - 49	136	25%
50 & Over	91	17%

District 4

Greater Toronto, Haliburton,
Northumberland, Simcoe



Next Election Date: Fall 2014
 # of Registered Members: 1,332
 RT Schools in District: The Michener Institute
 for Applied Health Sciences, Toronto
 Council / Committee Reps: Sandra Ellis, RRT
 Alean Jackman, RRT
 Kathleen Olden-Powell, RRT
 Christina Sperleng, RRT



Age	#	%
Under 30	226	17%
30 - 39	442	33%
40 - 49	399	30%
50 & Over	265	20%

STATISTICS AND DEMOGRAPHICS

NUMBER OF MEMBERS PERFORMING THE FOLLOWING ACTIVITIES

ADMINISTRATIVE	Based on Primary Employer	Based on All Employers
Aerosolized medications (e.g., bronchodilators)	1,849	2,391
Anaesthetics Agents or Gases	337	412
Conscious/Procedural Sedation (performing)	368	496
Dispensing Medications (e.g., MDIs, NRT)	615	786
Metered Dose Inhalers	1,828	2,376
Nitric Oxide	725	857
Oral Medication (e.g., oral steroids)	120	147
Oxygen Therapy (via physician order)	1,070	1,365
Oxygen Therapy (via 5 th controlled act)	944	1,228
AIRWAY	Based on Primary Employer	Based on All Employers
Bronchoscopy (performing)	119	168
Bronchoscopic Tissue Sampling (performing)	67	97
Intubation Adult (performing)	1,344	1,791
Intubation Neonatal (performing)	688	890
Intubation Paediatric (performing)	419	553
Laryngeal Mask Airway (LMA) Insertion (performing)	700	908
Needle Cricothyrotomy (performing)	3	4
Nasogastric Tube Insertion, Manage, Removal	358	443
Nasogastric Tube Insertion for NAVA	0	0
Percutaneous Tracheostomy (assisting)	766	941
Suctioning (oral/nasal)	1,841	2,365
Tracheostomy Tube Change (> 24 hours)	1,375	1,747
Tracheostomy Tube Change (< 24 hours)	88	133
BELOW THE DERMIS	Based on Primary Employer	Based on All Employers
Into Artificial Opening Into the Body	136	177
Beyond the Anal Verge	9	10
Beyond the External Ear Canal	1	1
Beyond the Labia Majora	3	3
DIAGNOSIS	Based on Primary Employer	Based on All Employers
Allergy Challenge Testing	24	29
Bronchoprovocation (histamine/methacholine)	235	287
Cardiac Stress Testing	145	174
Diagnostic Ultrasound	12	14
End-Tidal Carbon Dioxide Monitoring	1,230	1,524
Echocardiography	64	82
Electromyography (e.g., ECG testing)	244	321
Holter Monitoring	83	96
Neurodiagnosis (includes EMG, EEG)	43	50
Nuclear Stress Testing	40	44
Oxygen Assessment (e.g., oxygen saturation)	1,901	2,400
Oximetry Testing	1,615	2,067
Polysomnography	111	138
Pulmonary Function Testing	472	622
Spirometry	1,481	1,939
Transcutaneous Blood Gas Monitoring	496	574
Walk Testing	934	1,193
EDUCATION	Based on Primary Employer	Based on All Employers
Clinical Educator (e.g., students, other HCP)	1,227	1,562
Patient/Client Education	1,802	2,342

FORMS OF ENERGY	Based on Primary Employer	Based on All Employers
Automatic External Defibrillator (AED)	259	320
Cardiac Pacemaker Therapy	43	54
Cardioversion (performing)	64	80
Defibrillation (performing)	160	197
Nerve Conduction Studies (e.g., train of four monitoring)	90	108
MECHANICAL VENTILATION	Based on Primary Employer	Based on All Employers
High Frequency Jet Ventilation (adult)	151	186
High Frequency Jet Ventilation (paeds/neonatal)	170	212
High Frequency Oscillation Ventilation (adult)	699	846
High Frequency Oscillation Ventilation (paeds/neonatal)	283	345
Lung Volume Recruitment	1,400	1,745
Mechanical Ventilation (invasive & non-invasive)	1,836	2,380
MISCELLANEOUS	Based on Primary Employer	Based on All Employers
Communicating a diagnosis	75	100
PATIENT TRANSPORT	Based on Primary Employer	Based on All Employers
Air	121	168
Land	1,198	1,566
Out-of-Province	57	88
PROCEDURES	Based on Primary Employer	Based on All Employers
Arterial Cannulation	1,256	1,653
Aspiration from Cannula/Line	1,244	1,598
Arterial, Venous & Capillary Blood Sampling	1,770	2,297
Chest Needle (insertion, aspiration, reposition, removal)	23	27
Chest Tube (insertion, aspiration, reposition, removal)	21	21
Central Line Insertion (performing)	4	4
Chest Tube Maintenance	202	256
Interosseous Cannulation	53	64
Epidural	8	10
Intramuscular (e.g., immunizations)	30	37
Manipulation/Repositioning of a Cannula Balloon	21	27
Subcutaneous (e.g., immunizations)	79	101
Subcutaneous Electrode Placement	12	15
Suturing an Indwelling Cannula/Line	212	241
Umbilical Cannulation	19	22
Venous Cannulation	272	340
Venipuncture	228	302
THERAPEUTIC	Based on Primary Employer	Based on All Employers
Cardiovascular Perfusion	3	3
Chest Physiotherapy	349	434
Cough Assist	896	1,063
Extracorporeal Membrane Oxygenation	41	48
Hyperbaric Oxygen Therapy	33	41
Oral Health Care	189	237
Smoking Cessation/Nicotine Replacement Therapy	262	329

PROFESSIONAL PRACTICE COMMITTEE REPORT

ACCOMPLISHMENTS

The Professional Practice Committee is a non-statutory committee that was added in 2010 as an additional resource for Council, Committees, and CRTO staff on matters of Respiratory Therapy practice. The membership is selected to represent a broad range of practice areas, which may include but is not limited to adult and neonatal/paediatric acute care, anaesthesia, community and long-term care, outpatient diagnostics, medical sales/service, patient education, and infection prevention and control.

During the 2013 – 2014 fiscal year the Professional Practice Committee (PPC):

- Completed the new ***Oxygen Therapy Clinical Best Practice Guideline (CBPG)***, which was developed to support RTs in the evidence-based administration of oxygen therapy.
- Revised the ***Delegation Professional Practice Guideline (PPG)*** in response to questions from Members on when delegation is required; and to align the guideline with recent changes to the ***Orders for Medical Care PPG*** (January 2013) and the ***Medical Directives and the Ordering of Controlled Acts Position Statement*** (September 2012).
- Amended the ***Conflict of Interest Professional Practice Guideline (PPG)*** to ensure the guideline aligns with the new CRTO ***Conflict of Interest Regulation (O. Reg.250/13)***, and to provide greater clarity to Members for identifying, preventing and managing conflicts of interest that may occur in RT practice.
- Made minor revisions to the ***Responsibilities under Consent Legislation PPG*** (now entitled ***Consent Legislation PPG***) to clarify plan of treatment, third-party consent, expressed wishes and age of consent for Members.

Sincerely,
Paul Williams, RRT
Professional Practice Committee Chair

PATIENT RELATIONS COMMITTEE REPORT

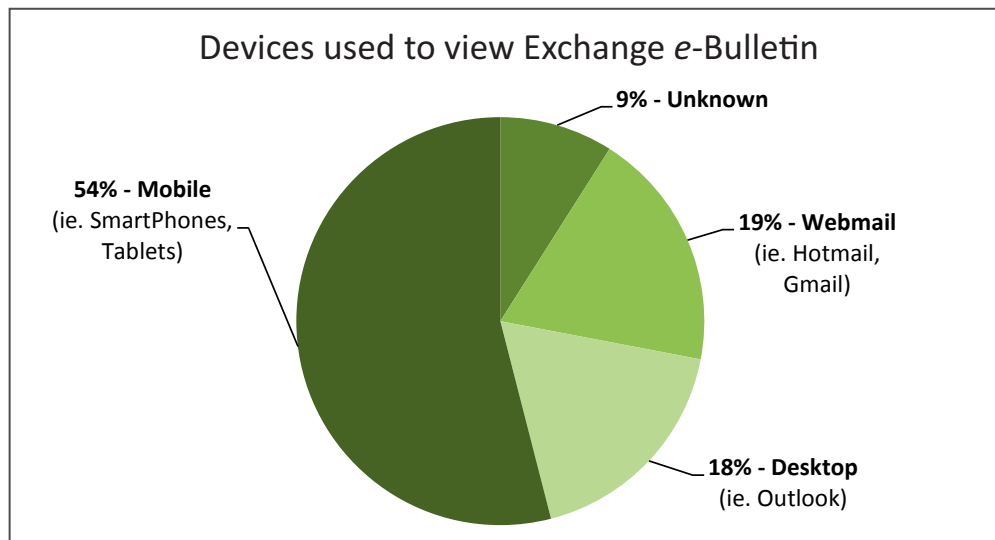
ACCOMPLISHMENTS

During the 2013 - 2014 fiscal year, the Patient Relations Committee (PRC):

- Produced the new ***Social Media Awareness for Regulated Healthcare Professionals*** e-learning module in collaboration with six other health regulatory colleges in Ontario, launched in summer 2013. Numerous examples and case-based scenarios were included to illustrate social media use in health care and help Members reflect on their personal use of social media in Respiratory Practice.
- Followed **Planning Priorities** closely linked to several of the CRTO's 2011 – 2016 Strategic Plan initiatives. Committee activities related to these priorities are as follows:
 - Member Engagement
 - Public Awareness
 - Optimizing Scope
- An expert in Domestic & Sexual Abuse was invited to speak to the committee and staff on "Sexual Assault, Abuse and Harassment". The presentation assisted the committee's review and revisions to the CRTO Professional Practice Guideline (PPG) of ***Prevention of Abuse of Patients/Clients***.
- Reviewed and updated the ***Prevention of Abuse of Patients & Clients Professional Practice Guideline (PPG)*** (now entitled *Abuse Awareness and Prevention*). The committee recommended the PPG be approved by Council for circulation to the Membership.
- Revised the ***Statement on Sexual Abuse*** (now entitled *Zero Tolerance of Sexual and Other Forms of Abuse Position Statement*).
- Developed a **Social Media Policy** and a **Social Media Terms of Use Policy**. These policies were intended to clarify the CRTO's processes in regards to both how the CRTO will use social media to communicate with its Members, and how Members are expected to interact with the CRTO through social media.
- Made several on-site visits to colleges & facilities during the year (through CRTO staff) as part of the **Member & Student Engagement** strategy.

PATIENT RELATIONS COMMITTEE REPORT

- Continued to monitor how Members access the monthly eBulletin. One example of data the Committee tracks is the **type of devices** used to open the ebulletins. This is useful for ensuring that the design displays well over the many different platforms used to view the bulletins. Below shows an average from all mailings sent over the 12-month period of March 1, 2013 to February 28, 2014:



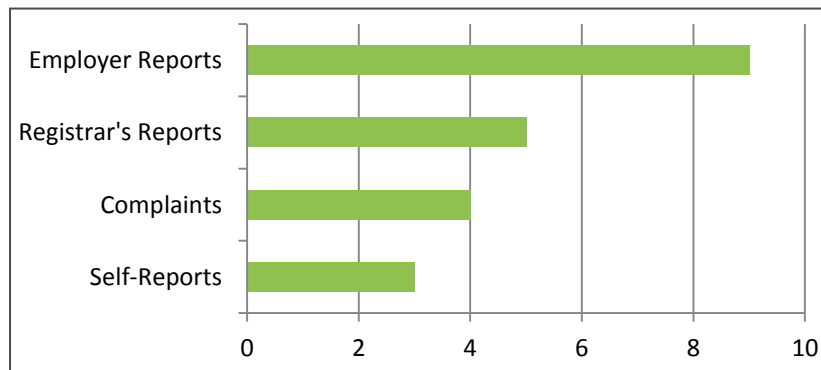
Sincerely,
Christina Sperling
Patient Relations Committee Chair

INQUIRIES, COMPLAINTS & REPORTS COMMITTEE REPORT

ACCOMPLISHMENTS

During the 2013 - 2014 fiscal year, the Inquiries, Complaints and Reports Committee (ICRC) received four (4) new complaints and seventeen new reports while continuing to deal with unresolved cases carrying over from previous years.

New Cases 2013-2014



COMPLAINTS

The Committee rendered decisions on two complaints from March 1, 2013 to February 28, 2014:

- In one matter it was the decision of the ICRC to take no action against the Member.
- In one matter it was the decision of the ICRC to recommend that the Member revise his practice to ensure that he is complying with the *Standards of Practice*, including the Professional Practice Guideline on *Conflict of Interest*.

REPORTS

The Committee rendered decisions on nine reports during the fiscal period. Five were mandatory employer reports, three were referrals by the Registrar, and one was a self-report by a Member:

Mandatory Employer Reports

- In three cases it was the decision of the ICRC to require the Members sign Undertakings & Agreements related to their incapacity;
- In two cases it was the decision of the ICRC to require the Members to complete specified continuing education or remediation programs (SCERPs).

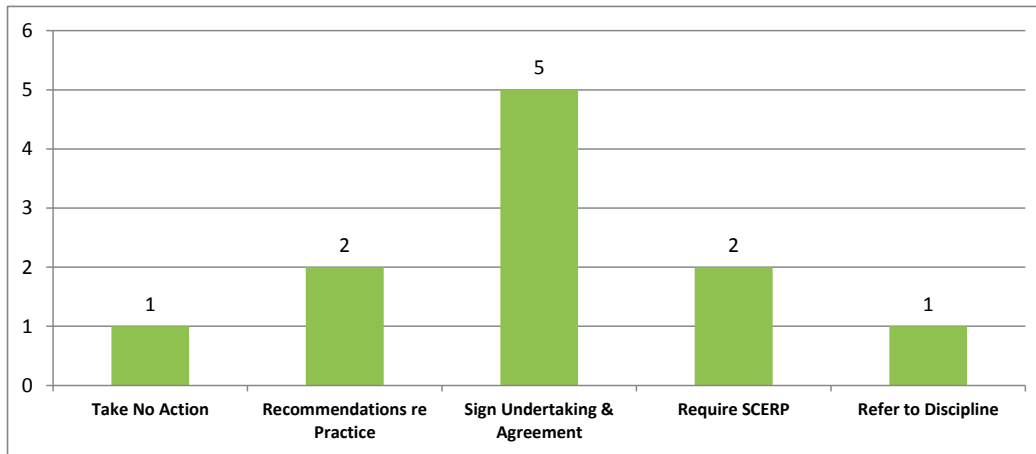
Registrar's Referrals

- In one case it was the decision of the ICRC to recommend that the Member be familiar with and adhere to *A Commitment to Ethical Practice*, and to remind him of the *Standards of Practice* specifically as they relate to accountability and professional responsibility;
- In one case it was the decision of the ICRC to require the Member to sign an Undertaking & Agreement to resign and never to practise respiratory therapy in Ontario;
- In one case it was the decision of the ICRC to refer the matter to the Discipline Committee for a hearing (to be held in 2014).

Self-Report

- In one case it was the decision of the ICRC to require the Member to sign an Undertaking & Agreement related to his incapacity.

2013-14 Resolutions



Sincerely,
Angela Shaw, RRT
Inquiries, Complaints & Reports Committee Chair

DISCIPLINE COMMITTEE REPORT

There were no Discipline Committee hearings during 2013 - 2014 fiscal year.

Sincerely,
Allan Cobb
Discipline Committee Chair

FITNESS TO PRACTISE COMMITTEE REPORT

There were no referrals to the Fitness to Practise Committee during the 2013 - 2014 fiscal year.

Sincerely,
Allan Cobb
Fitness to Practise Committee Chair

INDEPENDENT AUDITOR'S REPORT

TO THE MEMBERS OF THE COUNCIL OF THE COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

The accompanying summary financial statements of the College of Respiratory Therapists of Ontario (the "College"), which comprise the summary balance sheet as at February 28, 2014, and the summary statement of operations for the year then ended, are derived from the audited financial statements of the College for the year ended February 28, 2014. We expressed an unmodified audit opinion on those financial statements in our report dated June 6, 2014.

The summary financial statements do not contain all the disclosures required by Canadian accounting standards for not-for-profit organizations. Reading the summary financial statements therefore, is not a substitute for reading the audited financial statements of the College.

Management's Responsibility for the Summary Financial Statements

Management is responsible for the preparation of a summary of the audited financial statements in accordance with Canadian accounting standards for not-for-profit organizations.

Auditor's Responsibility

Our responsibility is to express an opinion on the summary financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, "Engagements to Report on Summary Financial Statements".

Opinion

In our opinion, the summary financial statements derived from the audited financial statements of the College for the year ended February 28, 2014 are a fair summary of those financial statements, in accordance with Canadian accounting standards for not-for-profit organizations.

Toronto, Ontario
June 6, 2014

CLARKE HENNING LLP
CHARTERED ACCOUNTANTS
Licensed Public Accountants

SUMMARY BALANCE SHEET

AS AT FEBRUARY 28, 2014

	2014	2013
ASSETS		
Current assets		
Cash	\$ 1,209,099	\$ 956,786
Sundry receivables and prepaid expenses	19,247	21,913
	1,228,346	978,699
Marketable securities	1,586,617	1,614,349
Capital assets	55,017	93,321
	2,869,980	2,686,369
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities	69,146	96,278
Deferred revenue	1,376,076	1,160,900
	1,445,222	1,257,178
NET ASSETS		
Abuse therapy fund	20,000	20,000
General contingency reserve fund	500,000	500,000
General investigations and hearings fund	150,000	150,000
Special projects reserve	400,000	400,000
Fees stabilization reserve	150,000	150,000
Invested in capital assets	55,017	93,321
Operating - unrestricted	149,741	115,870
	1,424,758	1,429,191
	2,869,980	2,686,369

SUMMARY STATEMENT OF OPERATIONS

YEAR ENDED FEBRUARY 28, 2014

	2014	2013
Revenues		
Registration, renewal and application fees	1,498,703	1,446,300
Investment and sundry income	33,921	42,850
	1,532,624	1,489,150
Expenses		
Salaries and benefits	746,618	752,510
Occupancy costs	136,671	136,532
Quality assurance	45,348	67,092
Professional fees	63,108	47,399
Printing, postage, stationery and delivery	25,027	30,737
Council and committee	80,293	100,659
Special projects	181,802	134,050
All other operating expenses	258,190	227,004
	1,537,057	1,535,983
Deficiency of revenues over expenses for the year	\$ (4,433)	\$ (46,833)

Copies of 2013 / 2014 complete audited financial statements are available on our website at www.crto.on.ca or on request from the Registrar at 416-591-7800.





College of Respiratory Therapists of Ontario

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

Phone: (416) 591-7800 **Toll free:** (800) 261-0528 **Fax:** (416) 591-7890

General E-mail: questions@crto.on.ca

Twitter: @TheCRTO

www.crto.on.ca