College of Respiratory Therapists of Ontario

Ordre des thérapeutes respiratoires de l'Ontario

CONDUCT COUNTS!

Authorized Acts

SCENARIO

Susan has always enjoyed covering labour and delivery. In addition to keeping her neonatal skills up, the feeling that comes from helping an infant – and a family – at such a crucial time is enormously rewarding. Of course, L&D can also be emotionally challenging when there are poor outcomes. Everyone hopes for and expects a happy result but unfortunately that doesn't always happen. This was the case last month for Susan when a Code Pink was called for an infant suffering from severe Meconium Aspiration Syndrome (MAS).

The infant was deteriorating rapidly, and although the pediatrician was present, the anesthetist had not yet arrived. The situation was dire, and emotionally charged. The parents were just a few feet away, and panic stricken, shouting "what's wrong? What's wrong?" The nurses were trying to monitor the infant's heart rate and saturations, and with raised voices were telling the team that they were dropping.

The pediatrician made three attempts to insert an umbilical line, without success. You could tell he was getting frustrated and somewhat agitated. He turned to Susan and said, "Can you try?"

Susan had a great deal of experience with peripheral arterial lines, and although umbilical cannulation was not something that the RTs at her small community hospital did, she really wanted to help. To her relief, she was able to successfully insert the catheter on the first attempt and drew off bloodwork to send to the lab. The infant's condition continued to decline and she was transferred to a tertiary centre.

During the case debrief the next day one of nurses commented that he was surprised that RTs were allowed to insert umbilical lines. This didn't go unnoticed by the Chief of Medicine and an internal investigation was initiated. In the end, Susan was suspended for 1-day and a report was submitted to the CRTO.

RESULTS

As follow-up to the employer report, the investigator appointed by the Inquiries, Complaints and Reports Committee (ICRC) contacted the hospital and obtained copies of the patient record and internal investigation documentation. In addition, the CRTO's investigator interviewed the staff who had been present during the delivery. The investigator's report was sent to Susan, and she responded in writing to the ICRC.

Susan defended her actions in her written response, stating that she had been allowed to perform umbilical line insertions at her previous employer and had completed their certification program four years ago, prior to changing jobs. She felt that "there was nothing to lose" by attempting the line, and that she "should be thanked not persecuted!" She also argued that "clearly [she is] competent because [she] did it!"

The ICRC panel members understood that Susan was trying to help the patient when she chose to attempt the insertion. They also recognized that umbilical line insertion is within the legislative scope of practice of an RT. However, it didn't change the fact that her employer did not permit RTs to insert umbilical lines, and that, as a result of this, there was no mechanism for assessing her competence to perform such a high-risk procedure. The fact that Susan was able to insert the umbilical line is not sufficient evidence of competence. The panel decided that Susan would be required to appear before them to be cautioned.

PROFESSIONALISM

"Professionalism" or professional conduct is a term often used to describe the behaviours that are expected of individuals who hold a certain role in society. A "professional" is typically someone who has obtained skills that are recognized as requiring specific, intensive training and who applies those skills in a position impacting others (e.g., engineer, lawyer, RT, PT, MD, etc.). Professionals are often held to moral, ethical and legal standards because of this potential impact.

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EXPECTATION

It is important to recognize that employers may have policies or defined roles/responsibilities related to an RT's authority to perform certain procedures, including controlled acts, authorized acts and acts that fall within the public domain. If an employer's policies are more restrictive than the CRTO's expectations, then RTs must abide by the employer's policies. (Inversely, where an employer's policies are more permissive than the expectations of the CRTO, RTs must adhere to the CRTO's guidelines).

Susan's actions may have contravened several Standards of Practice*:

- Standard 4: refrain from performing activities/procedures for which she is not competent;
- Standard 13: assume responsibility and accountability for her own actions and decisions;
- Standard 13: assume responsibility and accountability for meeting all legal and ethical requirements of the profession;
- Standard 14: take part in timely risk event analysis and reflective practice to prevent recurrence.

BOTTOM LINE

When considering whether or not an activity should be performed, you can be guided by the following questions related to these key areas:

- Do I have the authority (e.g., is it a Controlled Act authorized to Respiratory Therapists)?
- Are authorizing mechanisms in place to enable my practice (e.g., delegation)?
- Is an order required?
- Does my employer have a policy that gives me the authority to perform it?

RESOURCES

CRTO Standards of Practice

Interpretation of Authorized Acts Professional Practice Guideline

* although we have referenced the revised Standards of Practice, the principles outlined were present in the previous version; Susan's actions may be considered breaches of the Standards regardless of which version is referenced.