

Consent Agenda Items

Agenda Item #:	5.1
Item:	<i>Draft Minutes from May 28, 2021</i>

Meeting Minutes May 28, 2021

CRTO Council Meeting Minutes

Scheduled on May 28, 2021, from 10:00 am to 1:15 pm

Location: Virtual meeting via Zoom Videoconference

PRESENT: Allison Chadwick, RRT, President, Chair
Rhonda Contant, RRT, Vice-Chair
Jeff Earnshaw, RRT
Kim Morrison, Public Member
Katherine Lalonde, RRT
Jeffrey Schiller, Public Member

Lindsay Martinek, RRT
Andriy Kolos, Public Member
Jeff Dionne, RRT
Kelly Munoz, RRT
Brad Bedford, Public Member

STAFF: Carole Hamp RRT, Acting Registrar
Janice Carson, Manager of Communications
Kelly Arndt RRT, Coordinator of Quality Practice
Shaf Rahman, Manager of Professional Conduct
Sophia Rose, Coordinator of Professional Conduct

Lisa Ng, Manager of Registration
Denise Steele, Coordinator of Professional Programs
Temeka Tadesse, IT & Database Specialist
Amelia Ma, Finance and Office Manager

GUESTS: Michelle Causton, flndependent Chair

Lanjun Wang, CPA, CA, Auditor

REGRETS: Kevin Taylor, RRT, Registrar & CEO
Yvette Wong, Public Member
Jody Saarvala, RRT

1.0: INTRODUCTION AND GUESTS

The meeting was called to order at 10:00am. President Allison Chadwick welcomed Council, Guest and Staff to the meeting.

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2.0: APPROVAL OF COUNCIL AGENDA

Council reviewed the agenda for May 28, 2021.

MOTION # 1 MOVED BY Lindsay Martinek, RRT, and SECONDED BY, Kim Morris, to recommend that Council approve the Meeting Agenda for May 28, 2021.
MOTION # 1 CARRIED.

3.0: STRATEGIC ISSUES

3.1 FINANCIAL AUDIT 2019 - 2020

(Guest: Lanjun Wang, CPA, CA, Auditor)

The CRTO's audit provided an overview of the College of Respiratory Therapists of Ontario's draft audited financial statements and explained some of the processes involved with the CRTO's financial audit.

Motion # 2 MOVED BY Lindsay Martinek, RRT, and SECONDED BY Katherine Lalonde, RRT, that Council approve the Audited Financial Statements for 2021.
MOTION #2

CARRIED.

3.2 APPOINTMENT OF AUDITOR FOR 2021-2022

It was determined that the CRTO re-appoint Hilborn LLP as the auditor for 2021-2022 and re-vist the appointment next year.

Motion # 3 MOVED BY Kelly Munoz, RRT, and SECONDED BY Jeffrey Schiller, that Council re-appoints Hilborn, LLP as the CRTO's external auditor for 2021-2022.
MOTION #3 CARRIED.

3.3 ANNUAL REPORT 2020-2021

Janice Carson, Manager of Communications presented to Council the draft 2020-2021 Annual Report. Council was pleased with the overall look of the report and no further changes were suggested.

Motion # 4 MOVED BY Lindsay Martinek, RRT, and SECONDED BY Rhonda Contant, RRT, that Council approve the draft Annual Report for 2020-2021.
MOTION #4 CARRIED.

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4.0: OPERATIONAL & ADMINISTRATIVE ISSUES

4.1 REGISTRAR + STAFF ACTIVITY REPORT

Carole Hamp, Acting Registrar, reported on general CRYPTO activities and initiatives.

Key Initiatives:

- The CRYPTO continues to monitor daily stakeholder updates by the Ministry of Health (MOH) Emergency Operations Centre (EOC) and the Critical Care Secretariat of Ontario (CCSO). The role of the CRYPTO is to be prepared to review our standards and licensing practices in the event of a surge due to the COVID-19 pandemic. The CRYPTO continues to update the membership on information relevant to RTs in Ontario.
- The MOH requested that RTs from other Canadian jurisdictions come to Ontario to help during the 3rd wave of the pandemic. The Out-of-Province Applicant section to our policy was expanded to permit individuals to begin working with limited delays.
- On April 17, 2021, Council approved the reactivation of the CRYPTO's Emergency Registration Policy. This policy enables the CRYPTO to waive Application Fees, defer Registration Fees for up to six months and permits the Registrar to apply terms, conditions, and limitations on a certificate of registration with a 2-to-5-year currency gap (as per the Registration Currency Policy).
- In the Spring of 2021, CRYPTO established a Policy Framework, as a result, CRYPTO staff continue to work through a process of refreshing and revising public facing policies and other related documents in a phased approach.
- The elections will be held in the fall with a number of seats available. In Districts 1 there will be 1 Council and 2 Non-Council seats, District 2 will have 1 Council and 2 Non-Council seats, District 5 will have 2 Council and 2 Non-Council seats and District 7 will have 1 Council seat.

4.2 FINANCIAL STATEMENTS

Council reviewed the financial statements as of April 30, 2021.

4.3 INVESTMENT PORTFOLIO

Council reviewed the Investment Portfolio as of April 30, 2021.

4.4 MEMBERSHIP STATISTICS

Lisa Ng, Manager of Registration presented to Council the membership statistics. The total

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membership reported was **3,815**. The CTRTO received **362** applications for registration from March 1, 2020, to May 7, 2021. Out of the total number of applications received, **313** are graduates of an Ontario RT program, **30** are graduates from other provinces, and **19** are graduates from outside of Canada.

4.5 REVISED COMMITMENT TO ETHICAL PRACTICE PPG – FINAL APPROVAL

Kelly Arndt, Coordinator of Quality Practice presented to Council the final A Commitment to Ethical Practice Professional Practice Guideline (PPG). The PPG provides guidance for ethical decisions and sets the expectations for ethical and moral behaviour. The PPG was last reviewed in 2015, and a revised draft was approved by Council on March 5, 2021. The draft was circulated to the CTRTO membership and stakeholders for consultation. CTRTO staff revised and made amendments for Council 's consideration.

Motion # 5 MOVED BY Rhonda Contant, RRT, and SECONDED BY Jeff Earnshaw, RRT, that Council approve the final draft of A Commitment to Ethical Practice Professional Practice Guideline.

MOTION # 5 CARRIED.

4.6 USE OF SOCIAL MEDIA BY RTS PPG – DRAFT FOR STAKEHOLDER FEEDBACK

Kelly Arndt, Coordinator of Quality Practice presented to Council The Use of Social Media by RTs Professional Practice Guideline (PPG). The draft document was presented to Council on March 5, 2021 and was approved for circulation to the CTRTO membership and stakeholders. Based on the feedback received, revisions were made. CTRTO staff received consultation regarding the contents of the document, and in keeping with the Policy Framework, it was decided that this document is better suited as Fact Sheet.

4.7 OFFICE OF THE FAIRNESS COMMISSIONER – SUBMISSION 2020/2021

Lisa Ng, Manager of Registration presented to Council the Fairness Commissioners Report submission for 2020 – 2021. The Office of The Fairness Commissioner assesses the registration practices of regulated professions to make sure they are transparent, objective, impartial and fair for anyone applying to practise in Ontario.

5.0: CONSENT AGENDA ITEMS

5.1 MINUTES FROM MARCH 5, 2021, APRIL 17, 2021 & MAY 1, 2021

Council reviewed the Minutes from March 5, 2021, April 17, 2021, and May 1, 2021. No

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changes were made to the minutes.

5.2 EXECUTIVE COMMITTEE REPORT

(Submitted by Allison Chadwick, RRT, Chair)

The Executive Committee has met two (2) times since the March 5, 2021, Council meeting.

Highlights of the Executive Committee's activities are outlined below.

The Executive Committee:

- Appointed Carole Hamp as Acting Registrar during Kevin Taylor's temporary medical leave of absence.
- Reviewed all financial and investment statements for this period.
- Received a presentation from Lanjun Wang (Hilborn LLP) on the 2020-2021 audit.
- Conducted an assessment of the External Auditor.
- Developed a draft agenda for the May 28, 2021, Council meeting.

5.3 REGISTRATION COMMITTEE REPORT

(Submitted by Christa Krause, RRT, Chair)

Since the last Council meeting on March 5, 2021, the Registration Committee met via video conference on the following dates:

- March 3, 2021 – Registration Committee Orientation
- March 30, 2021 – Panel Meeting
- April 15, 2021 – Panel Meeting

Referral Summary

Reason for Referral	Decision
Four applications were referred due to currency requirements.	<p>One application was reviewed on March 30, 2021, the Panel decided to issue a General Certificate of Registration with terms, conditions, and limitations (including general supervision requirements).</p> <p>Three applications were reviewed on April 15, 2021, in one of the applications, the panel decided to issue a General Certificate of Registration with terms, conditions, and limitations (including general supervision requirements). In two of the applications, the</p>

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	panel decided to issue a General Certificate of Registration with terms, conditions, and limitations (including direct supervision requirements).
Three applications were referred for a request to change the terms, conditions and limitations imposed on a General Certificate of Registration.	<p>Two applications were reviewed on March 30, 2021, the Panel decided to approve the Members' request to change the terms, conditions and limitations currently imposed on their General Certificates of Registration.</p> <p>One application was reviewed on April 15, 2021, the panel decided to refuse to vary the terms, conditions and limitations currently imposed on the Member's General Certificate of Registration. The Member did not demonstrate that they had acquired the competency and skills to perform administering inhaled medications and administering a prescribed substance by inhalation without supervision.</p>

On March 3, 2021, Richard Steinecke provided the Registration Committee another in-depth orientation and training on the use of precedents, special considerations and issues related to human rights, biases, and anti-discrimination.

On April 17, 2021, with the approval of the Registration Committee, the CRTC Council approved its [Emergency Registration Policy](#) re-enactment. This enables the following:

- Waving of application fee
- Deferral of the registration fee for up to 6 months, and
- Streamlining the registration process for the following applicants who wish to register temporarily to assist during the pandemic:
 - o Recently resigned members
 - o Inactive members
 - o Respiratory Therapists registered in another province.

On May 1, 2021, an amendment to the [Supervision Policy was forwarded to Council for its review and approval. An](#) amendment was made to add the following:

*in emergency situations (e.g., pandemics) "personally present" includes by remote/virtual connection.

The revised policy enables Respiratory Therapists with general supervision requirements on

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their certificate of registration to be supervised remotely/virtually in emergency situations (e.g., pandemics).

5.4 QUALITY ASSURANCE COMMITTEE REPORT

(Submitted by Rhonda Contant, RRT, Chair)

Since the last Council meeting, there has been one meeting of the Quality Assurance Committee (QAC), on March 17, 2021. The following is a summary of that meeting and the activities related to the QAC that have been ongoing since our last Council meeting:

QAC Goals and Terms of Reference

The committee is revising the template for these documents. The Professional Development Program, Launch Jurisprudence, Deferral and Peer Assessor policies have been updated and were brought to the committee for review.

2021 Relevant elearning Module

The 2021 Relevant elearning module was developed on the new PDKeepr platform and was due to be completed by February 28, 2021. As of the date of this report, 3467 CRTO Members have completed the Relevant module. The Relevant survey results were shared with the committee, with 95% completion by Members. 98% reported that the new module was easy to use. 96% reported that this module increased their understanding of CRTO guidelines and practice standards.

2021 PORTfolio Submissions

819 Members are currently assigned to submit their PORTfolio in 2021. Due to the ongoing pandemic, the deadline has again been extended to June 1st. In addition, the CRTO has notified these Members that if they do not submit their PORTfolio by the extended deadline, they will automatically be deferred to 2022. The orientation for our 43 Peer Assessors has begun.

2021 Launch RT Jurisprudence Assessment

The 2021 Launch RT Jurisprudence Assessment has been moved to the new PDKeepr platform, with 13 new Members completing since the previous report.

Referral to the CRTO Entry to Practice Assessment Process UPDATE

The CRTO recently registered a member who had initially graduated from a United States RT program and applied to become an RT in Ontario in September 2019. At that time, because they did not graduate from an accredited program, they were referred to the IEHP assessment. They completed the Program Review and Behavioral Descriptive Interview before withdrawing from the assessment process and becoming registered with the College and Association of Respiratory Therapists of Alberta (CARTA). Shortly after becoming registered in Alberta, they applied to and was registered with the CRTO. At this point, they

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were referred to a panel of the QAC. At the February 4th meeting, the QAC panel determined that the Member should undergo the final phase of the ETP Assessment, the Clinical Skills Assessment ASAP, and as a result, the Member underwent the CSA April 7, 2021.

5.5 PATIENT RELATIONS COMMITTEE REPORT

(Submitted by Michelle Causton, Chair)

Since the last Council meeting, the Patient Relations Committee (PRC) has met once via a Zoom meeting on April 19, 2021. The following is an overview of the key issues that were discussed at that time:

CRTO Sexual Abuse Program Policies

The committee reviewed the policies related to the sexual abuse program. Both the Funding for Supportive Measures (Patient/Client) policy and the Funding for Supportive Measures (Non-Patient/Client) policy were reviewed, there were no changes required.

Abuse Awareness & Prevention PPG

The committee reviewed the Abuse Awareness & Prevention PPG, there are no changes required at this time.

Sexual Abuse Training

The committee reviewed the Health Profession Regulators of Ontario (HPRO) video *Understanding and Managing Our Own Values, Beliefs, Feelings, and Response to Sexual Abuse* to meet the committee's sexual abuse training requirement. The committee is recommending that the video be used not just for PRC but also for Council / Non-Council and as an on-boarding tool for new Council/Non-Council members.

A Commitment to Ethical Practice

The committee reviewed the Commitment to Ethical Practice document and provided feedback to staff on some suggested changes.

Use of Social Media by Respiratory Therapists PPG

The committee reviewed the Use of Social Media by Respiratory Therapists PPG and provided feedback to staff on some suggested changes.

5.6 INQUIRES, COMPLAINTS AND REPORTS COMMITTEE (ICRC)

(Submitted by Jeff Earnshaw, RRT, Chair)

ICRC Deliberations:

Since the last Council meeting, the ICRC held five meetings via Zoom. Three of the meetings were to render decisions on investigations, while the remaining two meetings were to

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discuss taking interim action on a member while the investigation into the Member's conducted continued.

Of the three meetings that took place to discuss and render decisions on investigations, one related to an employer report, and the remaining two related to three public complaints.

Employer Report:

- 1.) The Employer Report alleged that the Member was suspended and asked to engage in mandatory reflective practice stemming from incidents in which it was alleged that the Member had made unprofessional, rude, and homophobic comments towards a colleague. The Panel of the ICRC conducted a very detailed and lengthy consideration of this matter, and decided to provide the Member with a written warning and ordered the Member to complete an essay in which the Member will address the following points:
 - Recognizing the elements of professional communication with the healthcare team and its relevance to patient care.
 - Why the allegation against the Member may represent breaches of professional communication, according to CRTC's Standards of Practice and legislation related to conduct, professionalism, and communication.
 - What the Member will do to ensure that similar incidents do not reoccur.

The Panel conclude that the information before it indicated that the Member engaged in rude and unprofessional behaviour, however, there was no information before the Panel to suggest that the Member made homophobic comments.

Public Complaints:

- 2.) The complaint alleged that the Member denied services to the client by refusing to exchange the client's CPAP machine, and that the Member was rude and unprofessional to the client. After a careful review of the information in the investigation report and submissions by both the Complainant and Member, a Panel of the ICRC took no action regarding the concerns brought forward.

The Panel was of the opinion that the Member met the standards of practice by attempting to fix the client's CPAP machine, which would have been required prior to obtaining a replacement machine through the manufacturer. Further, the Panel was of the opinion that the Member acted professionally throughout the interactions with the client.

- 3.) The complaint alleged that the Member, during a home visit, did not elevate their concern level and did not advocate for the patient to be taken to hospital. The

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patient was then taken to hospital two days later. After considering the investigation report into the allegations and the submissions by the Complainant and Member, a Panel of the ICRC took no action regarding the concerns raised.

The Panel was of the opinion that the Member met the standards of practice in regard to their assessment of the patient during the home visit. The vitals taken of the patient indicated that there was no clinical need to take the patient to the hospital. It appeared to the Panel that the patient's condition started to deteriorate the following day. Further, the Member provided appropriate direction to the patient's family if the patient's condition were to worsen.

- 4.) The complaint alleged that the Member had provided inadequate training to a nurse, who was then assigned to the patient's home. During an evening shift by the nurse at the patient's home, the patient's condition deteriorated, and the patient passed away. After considering the information contained in the investigation report and the submissions made by the Complainant and Member, a Panel of the ICRC took no action regarding the concerns raised.

The Panel was of the opinion that the Member had done their due diligence in obtaining the nurse's prior training history and provided appropriate training and directions to the nurse. The nurse was also offered additional training and observation of client interventions, but declined the offer. The Panel did not comment on the appropriateness of the nurse's interventions during the evening the patient passed away, as it was not within their jurisdiction to do so.

Interim Action:

- 5.) An employer report was received in which it was alleged that the Member lacked core competencies of the profession. A Panel of the ICRC approved an appointment of investigator to investigate the matter. Further, based on the information in the employer report, the Panel was concerned that the Member's alleged lack of competency may place the Member's current patients at risk of harm. As such, the Panel formalized their intent to place interim terms, conditions, or limitations (TCLs) on the Member's certificate of registration and invited the Member to provide submissions.

The Panel reconvened to discuss and finalize their intent to place an interim TCL once the Member had provided their response. After careful review of the Member's response, the Panel concluded that more information was required. As such, the Panel directed staff to obtain more information from the Facility prior to confirming their intent to place TCLs.

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New Matters:

Since the last Council meeting, the CRTC received seven new matters, three of which were Employer Reports and four were anonymous reports made by members of the public. Of the three employer reports, one is currently under investigation. The second report was determined to not warrant an investigation, as during the inquiry stage, the Registrar did not have reasonable and probable grounds to believe that the Member had committed an act of professional misconduct or was incompetent. The third report is currently in the inquiry stage.

Of the four anonymous reports, one is currently under investigation, while three remain at the inquiry stage.

5.7 DISCIPLINE COMMITTEE

(Submitted by Lindsay Martinek, RRT, Chair)

Since the last Council meeting there have been no Discipline hearings, nor referrals to the Discipline Committee.

5.8 FITNESS TO PRACTISE COMMITTEE

(Submitted by Lindsay Martinek, RRT, Chair)

Since the last Council meeting there have been no new referrals to the Fitness to Practise Committee and no Fitness to Practise hearings have taken place.

Motion # 6 MOVED BY Kelly Munoz, RRT, and SECONDED BY Katherine Lalonde, RRT, to recommend that Council approve all consent agenda items.

MOTION # 6 CARRIED.

6.0: COMMITTEE ITEMS ARISING

6.1 EXECUTIVE COMMITTEE ITEMS

6.1.1 RATIFY EXECUTIVE'S APPOINTMENT OF AN ACTING REGISTRAR

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Kevin Taylor, the current CRTO CEO & Registrar was required to take a medical leave from his duties effective April 14, 2021.

S.5.01 of the CRTO By-Laws (25 – 2019) states that “A person who has been appointed by the Council as Acting Registrar during the prolonged absence or disability of the Registrar, shall discharge all the duties of the Registrar.”

S21.02 of the B-Laws also states that “As set out in the RHPA, the Executive Committee has, between Council meetings, all the powers of Council with respect to any matter that, in the Committee’s opinion, requires immediate attention, other than the power to make or amend the By-Law, or revoke a Regulation.”

Advice from our legal counsel, Julie Maciura was that Council should ratify the appointment by Executive at the next Council meeting.

Motion # 7 MOVED BY Rhonda Contant, RRT, and SECONDED BY Jeff Dionne, RRT, to recommend that Council approve the ratification of Carole Hamp’s appointment to Acting Registrar.

MOTION #7 CARRIED

6.1.2 IN CAMERA SESSION REGISTRAR SALARY

The discussion of the Acting Registrar salary compensation was in camera in accordance with the *Regulated Health Professions Act*, 1991, Health Professions Procedural Code Section (2) where (d) personnel matters or property acquisitions are discussed.

6.2 REGISTRATION COMMITTEE ITEMS

- No items for this meeting.

6.3 QUALITY ASSURANCE COMMITTEE ITEMS

6.3.1 REVISED QAC GOALS & TERMS OF REFERENCE

Rhonda Contant, RRT, presented to Council the revised QAC Goals and Terms of Reference. The Quality Assurance Committee met on March 17, 2021, the members reviewed the Goals and Terms of Reference document. It was recommended at that time to revise the document into the new Terms of Reference and Action Plan. The QAC members felt it was important to have consistency across the CRTO committees and adapted the document,

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with permission, from the Patient Relations Committee. The new document was drafted by CRTO staff and was approved by the QAC on April 27, 2021.

Motion # 8 MOVED BY Rhonda Contant, RRT, and SECONDED BY Allison Chadwick, RRT, to recommend that Council approve the new Quality Assurance Committee Terms of Reference and Action Plan.

MOTION #8 CARRIED.

6.4 PATIENT RELATIONS COMMITTEE ITEMS

- No items for this meeting.

6.5 INQUIRES COMPLAINTS AND REPORTS COMMITTEE ITEMS

- No items for this meeting.

6.6 DISCIPLINE & FITNESS TO PRACTISE COMMITTEES ITEMS

- No items for this meeting.

7.0: LEGISLATIVE AND POLICY ISSUES:

7.1 OVERVIEW OF NEW POLICY FRAMEWORK

Carole Hamp, Acting Registrar presented to Council an overview of the new Policy Framework which was established in the Spring of 2021. As a part of the CRTO mandate to regulate and govern the practice of Respiratory Therapy, the College of Respiratory Therapists of Ontario (CRTO) develops and maintains a set of policies, fact sheets, and other regulatory documents. As the CRTO continues to adapt and evolve, a Policy Framework has been developed that will classify its regulatory documents into clear definitions and help guide the CRTO's processes for establishing and revising these documents.

The goals of the Policy Framework are to:

- Enable operational processes that are public-focused, transparent, objective, and adaptive;
- Build on best practice examples from other health regulators; and
- Support CRTO in meeting the standards and measures outlined in the ministry's College Performance Measurement Framework.

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7.2 REVISED ACCESSIBILITY STANDARDS POLICY

Janice Carson, Manager of Communications presented to Council the Revised Accessibility Standard Policy. This document was originally approved by Council on April 30, 2012, and last revised on August 22, 2018. As part of the Policy Framework this policy was updated in the new template, the intent and direction of the policy remained, and a procedure was created. This policy was posted for public consultation on the CRTC website and on the Ontario Health Regulators website.

Motion # 9 MOVED BY Allison Chadwick, RRT, and SECONDED BY Kim Morris, to recommend that Council approve the Accessibility Standards Policy (AD-205)
MOTION #9 CARRIED.

7.3 REINSTATEMENT OF FORMER MEMBERS FOUND GUILTY OF SEXUAL ABUSE - POLICY TO FACT SHEET

Sophia Rose, Coordinator of Professional Conduct presented to Council the Reinstatement of Former Members Found Guilty of Sexual Abuse – Policy to Fact Sheet document. The document was originally approved by Council on February 26, 1999, and last revised on June 13, 2003, therefore recent review and revision was required. It was proposed that Council rescind and archive this policy, as Reinstatement of Former Members Found Guilty of Sexual Abuse is stated in the Code therefore the policy is not needed. This information will remain available to members of the public and CRTC members on the CRTC website, as a Fact Sheet.

Motion # 10 MOVED BY Allison Chadwick, RRT, and SECONDED BY Rhonda Contant, RRT, to recommend that Council rescind and archive the policy Reinstatement of Former Members Found Guilty of Sexual Abuse and replace with a Fact Sheet.

MOTION #10 CARRIED.

8.0: OTHER BUSINESS

- No items for this meeting.

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9.0: NEXT MEETING

Next Council Meeting:

Friday, September 24, 2021, from 09:00 to 12:00 hrs.

Location:

Virtual meeting held via ZOOM Videoconference.

10: ADJOURNMENT

Adjournment

MOTION # 11 MOVED BY Allison Chadwick, RRT, and SECONDED BY Rhonda Contant, RRT
to adjourn the Council Meeting.

MOTION # 11 CARRIED.

The May 28, 2021, Council Meeting adjourned at 1:15 pm.