



College of Respiratory  
Therapists of Ontario

Ordre des thérapeutes  
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# CERTO Webinar

# Independent Administration of Oxygen

**Friday November 15, 2013**



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# Current State

- RTs in Ontario have the legislated ability to independently administer oxygen to patients
- This means that, outside of the hospital setting, RTs can initiate, titrate or discontinue oxygen for a patient without the requirement of an order from a physician
- This ability arises from the *Prescribed Substances Regulation* under the *Respiratory Therapy Act, 1991*



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# How Did We Get Here?



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In 2008, the CRTO submitted a proposal to the MOHLTC requesting that its Members be permitted to independently administer oxygen.

This recommendation was approved 2009 and the *Respiratory Therapy Act, 1991* (RTA) was amended to include a 5th authorized act "*administering a prescribed substance by inhalation*".

The CRTO then developed the *Prescribed Substances Regulation* that lists oxygen as a substance that RTs can administer without the requirement of an order.

The CRTO also developed a *Conflict of Interest Regulation* (approved Sept. 2013) and a *Oxygen Therapy Clinical Best Practice Guideline* (approved by Council , Sept. 2013).



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# What Does This Actually Mean for RTs?

- *Public Hospitals Act* (PHA) requires a order for all acts and stipulates who can order.
- However, PHA does not apply to non-public hospital/community practice settings.
- Still need to abide by relevant policies
- This opens opportunity for RTs to provide timely care to patients in response to changing needs



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## FAQs

- What does independent administration mean?
- What criteria should I use to determine if oxygen is clinically indicated, or to titrate and discontinue?
- Am I prescribing oxygen?
- Are other professionals obligated to maintain the same oxygen treatment that I've applied?



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## FAQs

- Can we independently administer oxygen to patients under the ADP Home Oxygen Program?
- Can we independently administer oxygen to patients under other payment programs (e.g. private insurance, Veteran's Affairs, etc.)?
- Can we independently administer oxygen to patients who are paying privately or "out of pocket"?



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## FAQs

- Can I bill OHIP for my services?
- Can we sell oxygen-related equipment (i.e. delivery devices, concentrators, etc.) to patients as well?
- How much can I charge a patient for oxygen and related equipment/supplies?





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## FAQs

- What are my professional obligations relating to ongoing care once I independently administer?
- What must I document when independently administering oxygen?
- What are my responsibilities for communicating what I do to other members of the patient's health care team?



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## FAQs

- Can I make a decision about oxygen for one of my patients that contradicts or conflicts with a previous order from their physician?
- Does independent administration allow us to discontinue oxygen independently in palliative care situations?



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## FAQs

- Does independently administering oxygen while working for the company that sells the oxygen place me in a conflict of interest?
- How do I remove myself from the conflict of interest?



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# Early Days

- This is new for our profession and to the health care community
- New for patients as well and so we need to keep them informed
- Payers and other providers may not be aware of the changes and you'll all have to be patient in informing them
- New questions will arise, unforeseen scenarios will develop....let's keep the dialogue open
- Priority should always be what's best for the patient



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# Resources Available

- CRTO [\*Conflict of Interest Regulation\*](#)
- CRTO [Conflict of Interest PPG](#)
- [CRTO Website](#): Members & Public
- MOHLTC Website: [Assistive Devices Program](#)
- [Information & Privacy Commissioner Website](#)



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# Questions

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