



January 11, 2010

Jim McCarter, FCA, Auditor General  
Office of the Auditor General of Ontario  
20 Dundas Street West, 15th Floor  
Box 105  
Toronto, Ontario M5G 2C2

Dear Mr. McCarter:

**Re: CRTO response to 2009 Auditor General's Annual Report**

We are writing on behalf of the College of Respiratory Therapist of Ontario (CRTO), the regulatory body for the profession of Respiratory Therapy. The CRTO felt it necessary to address some of the concerns raised in the recent 2009 Auditor's Generals report (p. 54 - 55) regarding Respiratory Therapists working for home care companies.

Registered Respiratory Therapists (RRT) in Ontario are health care professionals who have been regulated under the *Regulated Health Professions Act (RHPA)* and the *Respiratory Therapy Act (RTA)* since 1994. As with other regulated professionals, Respiratory Therapists must be members of College in order to practice in Ontario. As part of their obligations as members of the College, RRTs must practice in accordance with the CRTO Standards of Practice, which outline the skills, professional conduct and accountability necessary to ensure optimal patient care. Failing to uphold these standards of practice is considered to constitute professional misconduct. Any allegations of failure to comply with the standards are addressed through the College's investigations and hearings process as required under the RHPA.

In addition, RRTs in Ontario must engage in continuous quality improvement to maintain and improve their quality of care. To this end, the CRTO requires all of its Members to participate on an ongoing basis in its mandatory Quality Assurance program. A key component of this program is to assess Members' understanding of the standards, legislation and regulations that govern their practice. Professional Practice Guidelines (PPG) are produced and regularly revised by the CRTO to ensure that the most accurate and up to date information on practice requirements is available to our Members. These PPGs provide direction to the RRTs as to how current legislation, regulations and standards pertain to their practice.

One such practice guideline is entitled "Conflict of Interest" (which can be viewed at [http://www.crto.on.ca/pdf/PPG/conflict\\_of\\_interest.pdf](http://www.crto.on.ca/pdf/PPG/conflict_of_interest.pdf)), which outlines the RRTs fiduciary responsibility to their patients. This document clearly delineates what is considered an actual or perceived conflict of interest and under what circumstance a Member can provide care

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when a conflict of interest is identified. The Auditor General's report has suggested that vendor-employed Respiratory Therapists might not be able to objectively assess patients' oxygen requirements. This assertion is counter to the standards and guidelines that govern the practice of Respiratory Therapy in Ontario. Practicing the profession while in a conflict of interest is also defined as professional misconduct in regulations under *Respiratory Therapy Act*.

It is also important to note that the process for obtaining and maintaining a patient on oxygen, as set out in the Home Oxygen Program managed through Ontario's Assistive Devices Program (ADP), is such that there is little, if any room for a practitioner to stray from the strict objective criteria. The initial application and renewal process requires standardized measurements be taken and reported to ensure that the oxygen is medically necessary. Printouts of oxygen saturation and arterial blood gas results must be provided as proof of the patient's oxygen requirements, unless the physician has determined that palliative care is required.

Your Report also suggests that RRTs employed by home oxygen vendors do not consistently submit assessment results in a manner that enables patients no longer requiring oxygen, to be discontinued in a timely manner. It is important to point out that prior to discontinuing a patient's oxygen, an order by a physician has been traditionally required. It is the experience of our Members that this requirement for a direct order from a physician can create a significant barrier to judicious oxygen titration and discontinuation. Now that the *Regulated Health Professions Statute Law Amendment Act* has received Royal Assent, Respiratory Therapists will be able to "administer a substance by inhalation" without the requirement of a physician's order. Once the related legislation and policies have been amended to reflect this legislative change, RRTs will be able to independently initiate the administration and titration of oxygen in both the hospital and the community settings. This has the potential to dramatically increase the efficiency of titration and discontinuation orders.


In addition, recent amendments to regulations under the *Long Term Care Act* (Ont. Reg. 386/99 – Provision of Community Services) have been made to now include "respiratory therapy services" as one that can be provided through Community Care Access Centre's (CCAC) in homes and congregate settings. One of the criteria for patients to receive such services is that they "be receiving home oxygen services under the Assistive Devices Program administered by the Ministry." In your report it was mentioned that other provinces utilize "independent Respiratory Therapists to assess clients' continued eligibility for home oxygen". This new regulation amendment affords an opportunity for CCACs to contract the services of RRTs to provide among other things, oxygen assessments.

Respiratory Therapists are regulated health care professionals who are committed to providing the best possible care for their patients. The CRTO would be happy to assist the Office of the Auditor General of Ontario if more information is required.

Sincerely,



Kevin Taylor  
President



Christine Robinson  
Registrar