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The Exchange

The Newsletter of the College of Respiratory Therapists of Ontario

RRT is NOW the legal mandatory designation for Respiratory Therapist Members of the College.

We are very pleased to advise that the long-awaited Registration Regulation Amendments, passed by the CRTO Council two years ago, under the *Respiratory Therapy Act*, have now been passed into law by the Government, effective May 31, 2005.

The RRT designation is now the legal mandatory designation for Respiratory Therapist Members of the College. Graduate Members will use GRT and Limited Members will use PRT. Student RTs will use SRT.

The provisions of the RT Mutual Recognition Agreement on labour mobility, signed by Respiratory Therapy provincial regulators and the CSRT, have also been passed into law in the amendments.

For questions and answers about the Registration Regulation Amendments see page 15.

INSIDE

James B. McCormick,
RRT, *President, CRTO*

president's message

As I reflect on our activities since my last report I am confident we are following our strategic plan. All too often organizations spend considerable time and monies in developing a plan only to store the document on the shelf. Without periodic review of the organization's charted course, it becomes hard to keep the vision alive. Let me update you about a few of our initiatives since the December issue of *The Exchange*.

Gord Hyland and I represented the College at meetings of the National Alliance of Respiratory Therapy Regulatory Bodies on April 25th, 2005 and again at the CSRT forum in June 2005. At the June meeting the Alliance approved the National Competency Profile which was ratified by the CRTO Council at its meeting on June 10, 2005. Much remains to be negotiated including more dialogue, nationally, with the clinicians/educators, relative to curriculum development and an agreed to weighting of the competencies. We remain optimistic that the Alliance can achieve a common process for education and entry into the profession from coast to coast. Indeed, one outcome from our April 25th meeting was a unanimous motion to support, in principle, a common exam process.

We are aware that supply and demand issues have been raised at a number of levels and that any request for an increase in the current supply of Respiratory Therapists needs to be supported with hard data. In dealing with this issue, the RTSO has offered to follow-up on a recent government report and investigate sources of statistical information. We continue to work closely with the RTSO, seeking their input on other issues as well, such as the degree level entry to practice initiative for Respiratory Therapy and the joint communications work.

As announced on the cover page of The Exchange, the long-awaited Registration Regulation Amendments, passed by the CRTO Council two years ago, under the *Respiratory Therapy Act*, have now been passed into law by the Government, effective May 31, 2005. The RRT designation is now the legal mandatory designation for Respiratory Therapist Members of the College. Graduate Members will use GRT and Limited Members will use PRT. Student RTs will use SRT. The provisions of the RT Mutual Recognition Agreement on labour mobility, signed by Respiratory Therapy provincial regulators and the CSRT, have also been passed into law in the amendments.

The 2004-2005 fiscal year has ended with the College in a healthy financial position, including a small surplus in our operations. At the June 10, 2005 Annual General Meeting, Council approved the CRTO 2004-2005 draft audited financial statements for the year ended February 28, 2005. As recommended by the Executive Committee, Council approved the allocation of $20,000.00 of the 2004-2005 surplus to the Fees Stabilization Reserve Fund. The condensed audited financial statements are enclosed in the CRTO 2004 – 2005 Annual Report that is included in your July mailing. The full financial statements are available on our Web site and anyone who has questions, or would like a copy, can contact the College.

Finally, I would like to thank all of our CRTO Members for their efforts in responding to the various, and at times numerous, consultation papers that have been circulated via mail and email. Your responses have reaffirmed the positive communications and atmosphere we have been striving to achieve between the College and our Members. Thank you.

registrar's message

Gord Hyland
Registrar and CEO, CRTO

www.crto.on.ca

I am sure you would agree with me that the College has made tremendous progress in the last four years, in addressing the many concerns of College Members. These concerns, which caused great hostility between the College and RTs in Ontario in previous years, involved not only the former assessment component of the QA program (the CCE), but also the issues surrounding the RRCP designation versus the RRT, and, among many other things, how the College interacts and communicates with Members, and considers the opinions of Members on issues that affect them in their daily practice.

We have now reached a point where I believe that a significant majority of College Members would profess to say they are proud to be Members of the College. This was one of the goals I expressed to the Council during my interview for the job of Registrar three years ago.

We still have a long way to go, but in my view the "Fresh Start" to the QA Program, the massive increase in information-sharing, communications and requests for feedback from the Members, and the recent return to the use of RRT as the designation for Respiratory Therapists in Ontario (among other things), have all contributed to this spectacular turnaround.

The credit for these changes can be directly ascribed to the decision-makers, the Council Members and Non-Council Committee Members, including a "new generation" of Public Members appointed by the provincial government, as well as the dedication and hard work of our Staff. However, credit must also go to the RTSO in agreeing to work through intense mediation with the CRTO to solve the problems that confronted us all. That mediation is now complete, to the satisfaction of both the College and the RTSO.

Last but not least, you, the Members of the College, are to be commended for your contributions, patience and oversight of this process. In giving your feedback on various issues, and annually exercising your right to vote for your RT representatives on Council and Committees, you have taken back the College so that it can truly be seen as the profession governing itself fairly and in the public interest.

Let us all continue to work together on future issues, in the harmony that we have newly established between the Respiratory Therapists of Ontario and their College.

The road to becoming an RT

through the Prior Learning Assessment (PLA) process

RUCHI DHALL is a foreign trained Physician from New Delhi, India, who immigrated to Canada three years ago with her husband and two children. She recently successfully completed the CRTO's PLA process and is now registered with a Graduate Certificate of Registration.

RUCHI DHALL practised as an internal medicine specialist for nearly 4 years in India before coming to Canada. Ruchi chose to become a Respiratory Therapist because of the profession's focus on clinical care and because respiratory has always been an area of interest for her. One of the first things she did to gain professional footing in her new home, was apply for registration with the CRTO.

The CRTO referred Ruchi to the PLA process conducted for the CRTO by the Michener Institute in Toronto, where her credentials and prior learning were evaluated and a plan set out for the courses she was required to take. Ruchi successfully completed the PLA's didactic assessment at the Michener last year and has recently completed her clinical practice assessments in GTA hospitals. To prepare for her PLA assessments, Ruchi studied through the Michener Institute's full-time program and also the Office of Access and Options for internationally educated health professionals.

For Ruchi, the biggest challenge has been scheduling the clinical practice/assessment component of the PLA. Obtaining clinical time is difficult and there are time lags between clinical opportunities. Waiting and the lack of income are the big obstacles in working through any PLA process. "Nothing is going into my pocket," said Ruchi and expenses never end. Between bills, the Michener's course fees, babysitting costs and with no family support nearby, it is tough. Initially, she thought the process would be 18 months and it has been over two years. The process has been an adjustment for her girls, ages two and four, as well. "It is hard to prepare them for sudden changes in routine but I must grab the opportunities given to me," said Ruchi. This has meant traveling from her home in Brampton to clinical practice opportunities in Hamilton and downtown Toronto.

The process may be arduous at times but the people are great. "What keeps me going is the support I receive from the Respiratory Therapists I meet. They are always so understanding and positive," said Ruchi.

At William Osler's Brampton site, Ruchi's clinical mentor is Respiratory Therapist, Robyn Klages. Robyn is the Education Co-ordinator at the hospital and volunteered to act as Ruchi's clinical instructor once a week. "Her extra effort has been extremely helpful to me," said Ruchi.

"It is different being a PLA student than being a student of a Respiratory Therapy program. You have no class, no peer group to study with," explained Ruchi. This is another reason why she has been so appreciative of RTs who willingly share their time and knowledge.

Ruchi is the first applicant to succeed through the PLA program. Hopefully, she has blazed a trail that will make it easier for others.

On behalf of the College Council, Committees and Staff, we would like to welcome Ruchi Dhall to the profession of Respiratory Therapy.

CRTO UPdates

Patient Relations Committee (PRC) Update

The Patient Relations Committee has reviewed and revised a number of Professional Practice Guidelines (PPGs) over the past few months and has developed a new PPG on *Dispensing Medications* that will be presented to Council in September. We thank all Members who responded to the survey on this new PPG. We attempted where possible to incorporate all of your feedback. The final draft version of the PPG will be sent to both the Ontario College of Pharmacists and the College of Physicians and Surgeons of Ontario for their comment. Both of these groups were instrumental in providing us with guidance and feedback on this matter and we thank them for their support.

Currently under review by the PRC are the Professional Practice Guidelines on *Documentation, Conflict of Interest and Delegation of Controlled Acts*.

We would like to thank the following CRTO Members for volunteering to assist us with the review of the *Documentation* PPG: Shelley Prevost (Thunder Bay), Regina Puzutti (Kingston), Lisa O'Drowsky (Toronto), Carole Hamp (Guelph) and Carrie-Lynn Meyer (Hamilton). The working group has met once and we anticipate one additional meeting before a draft is presented to the PRC for review and consideration. Depending on the nature of the revisions, the PPG may be distributed to the entire CRTO Membership for comment before being submitted to Council for approval.

In response to numerous inquiries from CRTO Members, employers and the MOHLTC, the Patient Relations Committee developed a position statement around the issue of *Respiratory Therapists as Anesthesia Assistants*. The CRTO Council approved this position statement at the last meeting in June, which confirms that the role of RTs as Anesthesia Assistants falls within the scope of practice of Respiratory Therapists. Various stakeholdoers including the RTSO, CSRT and other provincial RT regulators were consulted prior to Council approving this position statement. As always, we welcome your comments and feedback on this new College document.

Finally, the PRC through the Joint CRTO/RTSO Communications Working Group is excited to embark upon the production of a short video for the purpose of educating the public about the profession of Respiratory Therapy and its diverse areas of practice. The goal is to develop an end-product that will deliver key messages to all our target audiences and be available in VHS, DVD and on the Web. The working group is hoping to have this video available for distribution during Respiratory Therapy Week in October 2005.

Mary Bayliss RRT, CAE
Professional Practice Advisor

&

Barb Saunders
Co-ordinator of Communications and Member Services

Stamatina Konstantakos, RRT speaking to students at the Georges Vanier High School Career Fair.

Mary Bayliss, RRT, CAE, Professional Practice Advisor for the College, speaks to students at Algonquin College.

Communications Update

The College continues to strive to improve communications with its Members, the public and all stakeholders. One way we work toward this goal is through the Communications Working Group that includes members of the RTSO Board and members the College's Patient Relations Committee.

The following is a list of goals and our achievements since December 2004.

Goal 1:

Educate the **Ontario public** on the role of Respiratory Therapists—who they are, what they do and how they are regulated

Results:

- **Hospital News:** Our story: "*Raising the Profile of the Importance of Lung Health*", appeared in the May issue.
- **Toronto Sun**, March 9th. The CRTO was interviewed by Journalist David Chilton for the Health Connection. President, Jim McCormick was quoted in the article entitled: *How the new health care budget affects job hunters.*
- **Help's Here:** Our story about Respiratory Rehabilitation Programs was published in the April issue of this resource publication for seniors & caregivers, distributed through GTA DrugStore Pharmacies located inside neighbourhood grocery stores.
- **Television Exposure:** Achieved three TV media opportunities with Rogers Community Cable in Kitchener/Guelph, Durham and York Region generating awareness around World Asthma Day and how Respiratory Therapist help people manage their asthma.

Goal 2:

Promote the profession to potential students as part of the effort to ensure that an adequate number of qualified Respiratory Therapists are available to meet anticipated demand.

- April 7th: We exhibited in a Career Fair at Geroges Vanier High School in Don Mills, meeting with close to 900 students.
- Respiratory Therapist Stamatina Konstantakos, from Sick Kids Hospital in Toronto, volunteered to meet with students to talk about the profession. She also did a great job of encouraging the teens not to smoke. Our lung display with the healthy lung and the smoker's lung also made a big impact on the crowd.

Goal 3:

Create a positive atmosphere in the relations between the College and its Members.

Meeting RT Students

College Staff; Mary Bayliss, Ania Rudzinska, and Barb Saunders talked with graduating Respiratory Therapy students about the College, how it works, about our ongoing communications efforts and details about how to register with the College.

- Met with the graduating classes at the Michener Institute, La Cité and Algonquin College.
- Held a teleconference with graduating students from Canadore College.

We VALUE your input

In March the College introduced online surveys as a faster, easier and paperless way for Members to respond to surveys and consultation papers. The results of these surveys are presented to Council to take into consideration when making a decision. The following surveys were issued in March with a May 20th 2005 deadline:

1. Regulation on Prescribed Procedures Below the Dermis.
2. Proposed Bylaw re: Election of Academic Member of Council.
3. Proposed PPG on Dispensing Medications.

The more Members who respond, the greater the weight will be given to the survey results. Members can respond to surveys by mail, fax or online. Online versions are found in the new "Members Only" area on the CRTO Web site. If you have forgotten the username and password to enter into this area of the Web site, please call the College.

The College values your input. Thanks to everyone who responded to our last round of surveys.

Professional Portfolio Workshops

The 2005 Professional Portfolio Workshops started in May facilitated by Mary Bayliss and Melanie Jones.

Email

The College sent email updates to Members with information about:

- Our "new" password protected Members Only section on our Web site for profession specific content, such as, online surveys.
- A schedule of Professional Portfolio Workshop locations and times.
- The news about "RRT" becoming the legal mandatory designation for Respiratory Therapist Members of the College as of May 31, 2005.

If you would like to receive College updates by email, please inform the College of your email address.

Barb Saunders

Co-ordinator of Communications and Member Services

Assuring Quality within the College...

In order to ensure that the Portfolio Reviewers who were assessing Members' Portfolios were doing a good job, the Quality Assurance Committee conducted its own evaluation. Remember, the 17 RTs who were the Reviewers had to be nominated by two other RTs when volunteering for the role. Then the Reviewers had to attend a two day training session where they were instructed on how to give and receive feedback, assess mock Portfolios, and learn about the Web based assessment report they would be completing.

When the reviews were done, the QA Committee looked at each Portfolio and corresponding report and decided whether or not they agreed with the Reviewer's assessment. The Committee determined if the Reviewer was assessing at the level they expected, and considered the feedback that the Reviewer had offered to the Members. The Reviewers were provided with an outline of their results and the training session will be revised to address any concerns that the Committee identified.

WHY did it take so L o n g to get the Results of my PORTFOLIO REVIEW?

- Members were given 45 days to send in their Portfolios once the notice was mailed to them.
- The Portfolios were not forwarded to the Reviewers until after that deadline date.
- Reviewers were given roughly 30 days to complete 10-12 assessments.
- The College had to receive all of the returned Portfolios and collate them with the Reports generated by the web-based assessment tool.
- The Portfolios and Reports then went to the QA Committee for reviews and decisions. This took a total of 4 meeting days throughout the months of January to March.
- The Portfolios and accompanying letters were sent to Members during the third week of March.

Quality Assurance Update

We've Come a Long Way

In 2002, the QA Committee began its redevelopment of the Quality Assurance Program. To start with, it looked at the Professional Portfolio form and revised it significantly. A draft was sent out to all Members for feedback – and feedback we got! Members didn't support the changes, suggesting that we had just removed some of the requirements and that it was the same document, for the most part. Back to the drawing board the Committee went!

After a focus group and long hours of discussion, the Committee proposed a completely revamped Professional Portfolio to Members and the RTSO. This time the Portfolio was applauded and it went forward to receive unanimous support from Council. Since July 2003, Members of the College have been using this form to document their day-to-day learning activities and annual goals.

While all these changes were taking place, the Committee and Council did not ask Members to send in evidence of their continuing education and learning. Instead, Members were required to maintain their own record of activities.

In September 2004, the College conducted its first random selection of the Membership in two years. A computerized program in the database instantly assigned random numbers to each Member and selected 215 Members from the scrambled list. These Members were asked to submit their Professional Portfolios within 45 days from the date the notice was mailed to them.

Once all of the Portfolios were delivered to the College – by fax, post and email – they were forwarded to 17 RTs across the province who had volunteered to act as Professional Portfolio Reviewers. (These 17 Members had been nominated by their peers after the College had advertised the role in The Exchange Newsletter.) The Reviewers came together for two days in September 2004 to attend the College's Training Session on how to conduct the reviews and provide feedback to the Members whose Portfolios they were to assess. As part of this session, the Reviewers identified the Members with whom they had any real, perceived or potential conflict of interest. The Reviewers also had to learn how to use a web-based assessment form that emailed their reports to the Co-ordinator of Quality Assurance. From here, the Portfolios went to Panels (or sub-groups) of the Quality Assurance Committee. The Panels looked at each Portfolio along with the report from the Reviewer and determined whether or not they agreed with the Reviewer's assessment and what result should be conveyed to the Member.The overall results of the Portfolio assessments were outstanding! Nearly 90% of Members' Portfolios met or exceeded the requirements – in fact 20% of these were commended for exceptional work! The remaining 10% were asked to obtain assistance from College Staff on how they can meet the requirements. Staff have now met, in person or by teleconference, with most of these Members to help them set appropriate, measurable learning goals. Not one Member was required to re-submit his/her Portfolio as part of this year's process.

Professional Standards Assessment

The second half of the QA equation this past year was the pilot run of the Professional Standards Assessment, or PSA. The PSA is the online, open book, multiple choice "test" on the College's standards, guidelines and legislation. To perform a test-run of the PSA, the Members who were required to submit their Portfolios were asked if they would volunteer to complete the PSA and give us feedback on how clear and relevant the questions were, and the ease of the technology.

In total we received 44 pages of comments. The feedback ranged from "good question – it is fairly easy to read the policy and answer the question – which is the idea of this" to "I find this question confusing...I'm not sure what is being asked." Fortunately, everyone who completed the PSA said that they learned something – which is exactly what the QA Committee was aiming for. All of the comments will be looked at this summer by a Working Group of RTs who will help the QA Committee decide whether the questions need to be revised or discarded. The stats on how Members did on each question will also be considered. This Working Group will not consist of the same RTs who wrote the questions initially. This approach ensures that the College is being transparent and receives the benefit of having fresh, unbiased sets of eyes look at the questions.

The group of RTs who wrote the original batch of questions will reconvene to write more questions. We will continue to add questions to the "bank" until there are a sufficient number to provide each Member with a random sample when they have to complete the PSA. The College is also committed to posting a practice test on our Web site for any Member to challenge him/herself. Members who are randomly selected to submit their Professional Portfolios this year will also be required to complete the PSA.

Melanie Jones-Drost

Co-ordinator of Quality Assurance

Professional Standards Assessment: How Did We Do?

- Average length of time Members took to complete 50 questions: 2-3 hours
- Average number of times Members logged in and out of the PSA: 6
- Average score: 68% (Members had 30 days in which they could access the PSA.)

Registration Update

The Registration Regulation Amendments regarding labour mobility and title and designation were passed into law by the government, effective May 31, 2005. We are pleased to include a copy of the amended regulation in this mailing for your reference.

Subsequent to government approval of the amended Registration Regulation, the Registration Committee began a review of the *Registration and Use of Title* Professional Practice Guideline. The revised document will be distributed to Members following Council approval.

Degree level entry to practice requirements:

The Registration Committee continues its discussions regarding degree level entry to practice requirements. Following the February 28, 2005 Council meeting, Staff drafted a blueprint for a study into degree level entry to practice for Respiratory Therapy. The Committee reviewed the blueprint and moved to direct staff to proceed with the preliminary stages as outlined in the document. Members of the Committee would like to emphasise that this initiative will not jeopardize current Members' registration status. Members should also know that any changes in entry to practice requirements must receive government approval. **An update on the initiative is contained on page 22 of *The Exchange*.**

Prescribed Procedures Regulation:

The Committee continues its review of the Prescribed Procedures Regulation. A survey inviting Members' comments on the regulation was distributed to all Members. Ninety-eight Members responded to the online survey . In addition, 25 Members sent their responses by regular mail or fax. Thanks to all Members who participated in the survey, your input is much appreciated. The responses will be reviewed at the next Committee meeting.

Conestoga College – Respiratory Therapy Program:

Conestoga College representatives met with the College staff to update the College on the Respiratory Therapy program being developed at Conestoga. The proposed start date has been set for Fall 2006. It is anticipated that 40 to 45 students will enrol in the program. Our Professional Practice Advisor, Mary Bayliss was invited to participate on the program's Advisory Committee as the CRTO representative.

Registration Hearing:

A hearing regarding an applicant's appeal of an Order of a Registration Committee Panel was held on August 11, 2004. In its decision dated December 10, 2004, the Health Professions Appeal and Review Board (Board) referred the application back to the Registration Committee, to direct the Registrar to issue a certificate of registration to the applicant and to impose any reasonable terms, conditions and limitations the Committee considers appropriate in light of the Board's comments. The Registration Committee met on January 26, 2005 to consider the Board's Order and directed the Registrar to issue a General Certificate of Registration, with terms, conditions and limitations.

Exam Re-writes Policy:

At the May 12, 2005 meeting, the Registration Committee conducted its first (exam) study plan review, as required by the Exam Re-writes Policy. Following the review, the Committee proceeded to reassess the Exam Re-writes Policy. The Committee agreed to remove all references to the QA Portfolio. It was also agreed that, as proof of completion of an approved study plan, an exam candidate will be asked to provide the Registrar with a written declaration certifying that he or she completed the plan. The revised policy has been approved by Council on June 10, 2005.

2005/06 Registration Renewal.

Thanks to all Members for submitting your 2005 Update of Information forms and fees. Tax receipts and certificates of registration were mailed in mid March. If you have not received your certificate of registration and tax receipt by now, please contact the College.

Ania Rudzinska
Co-ordinator of Registration

Quick Guide: Designation and Title

All Members of the College are issued a "certificate of registration" in either the General, Graduate, or Limited class. All College Members are "Respiratory Therapists" regardless of the class of certificate of registration they hold.

If you hold a **General** Certificate of Registration, you must use the designation RRT and may use "Registered Respiratory Therapist" or "Respiratory Therapist" as your professional title.

If you hold a **Graduate** Certificate of Registration, you must use the designation GRT and may use "Graduate Respiratory Therapist" as your professional title.

If you hold a **Limited** Certificate of Registration, you must use the designation PRT and may use "Practical Respiratory Therapist" as your professional title.

Students enrolled in a recognized Respiratory Therapy training program must use the title Student Respiratory Therapist and the designation SRT. A student RT is permitted to use the title Student Respiratory Therapist and the designation SRT only while fulfilling the requirements to become a Respiratory Therapist. In other words, the title and/or designation must not be used outside of student hours (e.g., while working). Currently, student RTs are not Members of the College.

The titles and the new mandatory designations (RRT, GRT, PRT), are now the College's standard, however, there is a six month transition period to allow Members to make changes to their business cards, name badges etc. Employers are free to use whatever **job title** they choose. We encourage Members and Employers to comply with these changes by December 1st 2005.

If you have any questions, or require additional information please contact Ania Rudzinska at 416.591.7800 extension 25 or at ***rudzinska@crto.on.ca***

Complaints and Investigations

Concerns about Members are usually brought to the College's attention in one of two ways:

1. Through a complaint lodged against a Member.
- The complaint many be submitted by anyone including a member of the public (patient/client or patient client representative), an employer, a Member of the CRTO or another College.

2. Through an employer report where:
- The Member's employment has been terminated for reasons of professional misconduct, incompetence or incapacity;
- Where there are reasonable grounds, obtained during the course of practicing the profession, to believe that a Member has sexually abused a patient/client.

These reports are also known as mandatory reports because the *Regulated Health Professions Act* (RHPA), the umbrella legislation for all regulated health professions in Ontario, requires the mandatory report of this information. Complaints are referred to the Complaints Committee and employer reports and other matters are referred to the Executive Committee and must follow the procedure laid out in the RHPA .

The Complaints and Executive Committees are screening committees whose role it is to determine how the concern should be resolved, for example, issuing a caution; negotiating a voluntary agreement with the Member; making recommendations; referring the Member to the Quality Assurance Committee; referring the matter to the Discipline Committee for a hearing. In either case the screening committee does not have the authority to impose orders or place restrictions on the Member's practice (such as suspending a certificate of registration, imposing a fine, ordering that restrictions be placed on the Member's certificate of registration), this falls within the realm of the Discipline Committee (hearing allegations of professional misconduct or incompetence) or Fitness to Practice Committees (hearing allegations of incapacity).

Since the December 2004 issue of *The Exchange*, the following matters have been considered by the Complaints and Executive Committees.

Complaint/report	Committee	Concern	Resolution
Employer (termination) report	Executive Committee	Inappropriate conduct toward co-workers and specifically inappropriate comments of a sexual nature.	Appearing before the Committee to be cautioned; Voluntary agreement between the Member and the CRTO that included: • Submission of performance appraisals for 2 years and • Successfully completing a program on professionalism and/or communications, that includes a component on professional boundaries, approved by the Registrar.
Employer (termination) report	Executive Committee	Unprofessional conduct including making unprofessional and inappropriate comments to clients.	Warning.
Employer (termination) report	Executive Committee	Falsifying a record	Referred to the Discipline Committee for a hearing.
Complaint	Complaints Committee	Failure to maintain the standard of practice of the profession whilst performing a procedure.	No action with respect to 2 of the issues. With respect to the third issue the Member agreed to review and abide by the College's and facility's standards and policies related to orders and documentation, identify documentation practices as a learning goal in their current Professional Portfolio, and meet with the Panel to discuss the decision. The decision is the subject of a review by the Health Professions Appeal and Review Board.
Complaint	Complaints Committee	Selling used equipment to a patient/client without the patient/client's knowledge.	Recommendations.
Registrar's referral	Executive Committee	Incapacity	Still under investigation.

Please note that brochures outlining the complaints process (for the general public and Members) and information sheets on mandatory reporting (termination and sexual abuse) can be downloaded from the CRTO web site at **www.crto.on.ca/html/concrnbyrt.htm** . If you have any questions related to complaints or reporting please contact Christine Robinson at ***robinson@crto.on.ca,*** or by phone at ext 21.

Christine Robinson
Manager, Policy and Investigations

Here's what HEALTH PROFESSIONALS are asking about Ontario's NEW health privacy legislation

By: Ann Cavoukian, Ph.D.
Information and Privacy Commissioner/Ontario

Since the *Personal Health Information Protection Act (PHIPA)*, came into effect on November 1, 2004, my office has received more than 3,000 calls and e-mails from professionals in the health sector with questions regarding the implications and implementation of *PHIPA*.

One of the most common questions over the past few months has been: ***"Why is PHIPA necessary when we already have the federal Personal Information Protection and Electronic Documents Act (PIPEDA)?"***

While the federal Act was designed to regulate the collection, use and disclosure of personal information within the commercial sector, *PHIPA* establishes a comprehensive set of rules about the manner in which personal health information may be collected, used, or disclosed across Ontario's health care system. *PIPEDA* was never designed to address the intricacies of personal health information.

In the near future, I anticipate seeing a final exemption order recognizing the substantial similarity of Ontario's *PHIPA* to the federal *PIPEDA*, so that health information custodians covered by *PHIPA* will **not** also be subject to *PIPEDA*.

We have received queries that cover a wide range of scenarios under *PHIPA* – issues that range from the extent of patient information being shared between health information custodians to whether a parent can obtain information about what prescriptions his daughter is obtaining from a pharmacy. Here is a short sampling of the questions we have received since *PHIPA* came into effect.

One caller was a physiotherapist who works at a health club and who shares patient information with non-regulated health professionals. He wanted to know if staff, such as personal trainers and fitness instructors, would be considered *health information custodians* and if he would need to get written consent from patients to share their information with such staff members.

Our response was that, generally, the non-medical staff of a health club would not be considered to be *health information custodians*. The Act requires that consent to the disclosure of personal information by a *health information custodian* to a non-custodian must be express, and not implied. The physiotherapist would need express consent to pass on personal health information to staff such as personal trainers and fitness instructors. (As well, *a non-custodian* who receives personal health information from a *custodian* may, in general, only use that information for the purpose for which the *custodian* was authorized to disclose the information.) Obtaining consent at the beginning of the process would enable the physiotherapist to share information as needed, with his co-workers.

The manager of a long-term health care facility wrote us to ask if physicians who have admission privileges and are contracted for medical services – but who are not staff – should be asked to sign confidentiality agreements the same as staff, volunteers and other agents.

While *PHIPA* does not contain any provisions that relate specifically to a requirement to sign confidentiality agreements, it does state that *health information custodians* are required to take steps that are reasonable to protect the personal health information in their custody. Additionally, *PHIPA* also states that a *custodian* is required to handle records in a secure manner, so having confidentiality agreements in place is just one of the steps that *custodians* could take to help protect the information in their custody.

In this specific instance, the physicians that are contracted to provide services in the facility would likely be considered agents of the facility. Under *PHIPA*, the *custodian's* contact person is required to ensure that all agents of the *custodian*

are appropriately informed of their duties under the law, which may include the signing of confidentiality forms.

One of the more challenging questions was from a pharmacist who wanted to know what his responsibilities were in a case where the cardholder of a prescription drug plan wanted to know the details of drug usage by a family member covered under the drug plan. Would the family member need to give permission or sign a consent form?

This would be a case of disclosure of personal health information by a *health information custodian* to a *non-health information custodian*, which, generally, can only be done on the basis of express consent. Accordingly, a best practice would be to seek consent from the other family member or members who are covered under the cardholder's health plan. This is definitely the case if the information to be disclosed is that of an adult, such as a spouse, or children 16 or older. In the case of children under 16, information may be released without consent to the custodial parent, with *certain exceptions*. For example if the child is capable and disagrees, then the child's decision prevails.

If you, or your office, have a question regarding the *Personal Health Information Protection Act, 2004*, please do not hesitate to contact us at ***info@ipc.on.ca*** .You can also find many useful publications about *PHIPA* on our website, **www.ipc.on.ca.**

Take the PPA's Test Your Knowledge

1. From which of the following regulated health care professionals can you accept an order in an ICU?

   (a) RN (EC)
   (b) ACNP
   (c) Dentist
   (d) 1st year resident

2. Completion of a CRTO-approved certification program is required before CRTO members may perform which of the following procedures?

   a) subclavian venous cannulation
   b) surfactant instillation in a neonate
   c) radial arterial punctures
   d) endotracheal intubation

3. Graduate Respiratory Therapists may perform radial arterial cannulation, provided it is done under direct supervision of an RT with a General Certificate of Registration with the CRTO.

   a) true
   b) false

ANSWERS: 1d, 2a, 3b,

1 d): 1st year resident. Ref: PPG on *Orders for Medical Care and the Position Statement Medical Directives and the Ordering of Controlled Acts.*

2 a): subclavian vein may be cannulated if the member has completed a CRTO-approved certification program. Ref: PPG: *Interpretation of Authorized Acts and PPG: Certification Programs for Advanced Prescribed Procedures Below the Dermis.*

3 b): False: Graduate RTs may not perform any advanced prescribed procedure below the dermis, even if under direct supervision. Ref: *Prescribed Procedures Regulation under the Respiratory Therapy Act, 1991*

FAQ's

Transferability of certification programs for advanced prescribed procedures below the dermis.

Q I worked at a hospital for several years and completed a CRTO-approved certification program for radial arterial line insertion. I recently accepted a position at another hospital and they believe that I need to essentially "recertify" for this procedure even though I have already completed the certification process at my previous employment. Does the CRTO require me to recertify at each hospital I may perform this procedure at?

A The short answer to this question is "no", the CRTO does not require you to re-certify at each hospital you work at for the same procedure. Now the longer answer...The Regulation on *Prescribed Procedures Below the Dermis under the Respiratory Therapy Act* states that CRTO Members with a General Certificate of Registration must complete a College-approved certification program prior to performing any of the three advanced prescribed procedures below the dermis: insertion of a cannula; chest needle insertion, reposition, aspiration and removal; and chest tube insertion, reposition, aspiration and removal. In practice, hospital employers submit these certification programs on behalf of the RTs but it is the Respiratory Therapist whom we regulate and not the facility itself. Therefore, once you have completed a College-approved certification program for a procedure such as radial arterial line insertion, in our, view you are certified and approved to perform this procedure. {Please note: As per the Regulation and related College policies as outlined in the PPG *Certification Programs for Advanced Prescribed Procedures Below the Dermis*, CRTO Members must recertify in the procedure at least every 2 years} It is important to note however, that it is up to individual employer hospitals to decide if they accept the certification process that you underwent at another facility. If they accept this, then you are free to perform this procedure provided you receive a proper medical order to do so.

Accepting orders for medical care from Acute Care Nurse Practitioners (ACNPs) and Registered Nurses of the Extended Class (RN (EC)).

Q I work in an acute care hospital that has recently hired several ACNPs to help care for patients in our post-surgical cardiac unit. It is my understanding that these individuals are RN (EC)s and therefore it is acceptable for me to accept an order to perform controlled acts from them. Is this a correct assumption?

A At this time, RRTs may not accept orders from either ACNPs or RN(EC)s in this practice setting. *The Respiratory Therapy Act* sets out the registered health care professionals from whom CRTO members may accept medical orders. Currently this includes members of: the College of Physicians and Surgeons of Ontario, the College of Midwives, the Royal College of Dental Surgeons and the College of Nurses, but only Registered Nurses of the Extended Class (RN (EC)).

ACNP is not currently a protected title which means that any employer can assign this title and it does not necessarily mean that these individuals are registered with the College of Nurses as RNs in the Extended Class. Furthermore, even if the ACNPs were RN(EC)s, in this setting (inpatient unit of a Public Hospital) the *Public Hospitals Act* does not authorize RN(EC)s to write orders for in-patients. However, the *Public Hospitals Act* does permit RN(EC)s to write orders for the out-patient population and therefore CRTO Members may accept their orders in these settings which would include the emergency department or any out-patient clinic.

Privacy, confidentiality and reporting important clinical information to a prescriber.

Q I work as a home care Respiratory Therapist and recently one of my patients informed me that he wants to return his CPAP unit which was prescribed for obstructive sleep apnea (OSA). He also instructed me not to inform his Physician (the prescriber of this treatment) and states that we must abide by his wishes as per the Ontario *Personal Health Information Protection Act, 2004 (PHIPA)*. In my opinion this is an ethical issue and I believe I have a professional obligation to inform the prescribing Physician. In addition, the consequences of this patient not using this therapy may pose a serious risk not only to himself but

also to others since he is employed as a long-distance truck driver. Another complicating issue is that if I inform the Physician, this patient may have his driver's license taken away from him because of his decision not to use the CPAP. Will I be in breach of PHIPA if I inform the prescribing Physician? Will I be in breach of my CRTO Standards of Practice if I do not?

A No, you will not be in breach of *PHIPA*. You are correct in that you have a professional obligation to inform the patient's Physician that the patient has chosen not to use the CPAP for treatment of OSA. *PHIPA* permits a health care provider to disclose personal health information to another health care provider if they have reasonable ground to believe that disclosure is necessary to reduce or eliminate significant risk of harm to a person. This provision in *PHIPA* overrides the patient's instruction not to disclose this information. In this case there is a risk to the patient and to other drivers on the road if his OSA is severe and not treated. You must however follow the patient's instructions not to disclose peronsal health information if you do not have reasonable grounds to believe that there is any significant risk of harm to the patient or others.

Phoning in prescriptions to a pharmacy.

Q I work as an asthma educator in an out-patient, hospital-based asthma care centre. I was recently asked by a Physician to phone in a prescription for a daily inhaled corticosteroid to the patient's pharmacy. Am I allowed to do this?

A Yes, under the authority of a Physician you may call in this prescription to a pharmacy. According the Ontario College of Pharmacists, a Pharmacist may accept phone-in prescriptions from anyone that a Physician assigns this task to. Pharmacists are encouraged to ask the name and position of the person who is calling in the prescription. It is the expectation of the CRTO that any member accepting this responsibility have the requisite knowledge, skills and judgment to perform this task (ie. have thorough knowledge of the drug that they are phoning-in on at the request of the Physician). The CRTO Member must also document the conversation with the pharmacy in the patient's chart. We encourage CRTO Members who phone-in prescriptions to document the Physician's name, the person taking the call (ie. Pharmacy or pharmacy technician), the time and date of the call and of course the drug name, frequency, any repeats if applicable and any other relevant details.

Questions & Answers

About the Registration Regulation Amendments

Q The designation on my business card includes both RRT and RRCP. Do I need to change it right away?
A No, there is a six-month transition period, so you can wait until it is convenient to replace business cards. Use of the RRT designation is now mandatory but you may continue to use RRCP in addition to RRT if you wish.

Q The designation on my business card indicates "RRCP," only. Can I still use it?
A There is a six-month transition period, so you can wait until it is convenient to replace business cards. However, the "RRT" designation is now the legal mandatory designation for Members of the College, so your information should be updated as soon as possible. As noted above, you may continue to use RRCP in addition to RRT if you wish.

Q My hospital name badge identifies my professional title as "Registered Respiratory Care Practitioner." Do I need to change it immediately?
A No, you can wait until it is convenient to replace your name badge. However, you should inform your employer immediately of the change in designation and title. Again, there is a six-month transition period.

Still have questions?

Please call the CRTO at 1-800-261-0528 or (416) 591-7800. Please direct your email inquiries to our Co-ordinator of Registration, Ania Rudzinska, at *rudzinska@crto.on.ca*.

NEEDED

RTs to conduct hospital orientation for PLA Candidates

The Registration Regulation allows applicants who have not completed an approved Respiratory Therapy program to demonstrate, through a Prior Learning Assessment (PLA), that they have the knowledge, skills and judgment equivalent to those of a person who has successfully completed an approved Respiratory Therapy program. As part of the process, PLA candidates participate in a hospital tour. The purpose of the tour is to orient applicants to the practice of Respiratory Therapy in Ontario.

The CRTO is inviting members to participate in the orientation process by permitting PLA applicants to "shadow" them for a day. The CRTO would like to hear from front line RTs, working in GTA hospitals, with access to a variety of settings. Interested RTs please call Mary Bayliss at extension 24 for details.

Suzanne McVety, RRT and Fran Hall, RRT were interviewed by Rogers Durham Community Cable in late April to talk about how Respiratory Therapists help people manage their asthma.

Your fellow RTs hard at work helping the crto

The CRTO would like to thank **all** Respiratory Therapists, including Council and Non-Council Members, who volunteer their time to help the CRTO.

Here are some of the RTs who have volunteered recently:

Sandy Annett RRT
Ginette Aubin RRT
Jackie Bernard RRT
Julie Brown RRT
Dawn Brunelle RRT
Bill Butler RRT
Paula Burns RRT
Pam Cogan RRT
Fran Hall RRT
Anita Gallant RRT
Carolyn Greer RRT
Fatima Foster RRT
Cynthia Harris RRT
Dennis Hunter RRT
Linda Hutchens Richmond RRT
Dave Jones RRT
Sue Jones RRT
Joe Kwok RRT
Scott Lewis RRT
Dale Mackey RRT
Carrie-Lynn Meyer RRT
Suzanne McVety RRT
Lisa O'Drowsky RRT
Rick Paradis RRT
Shelley Prevost RRT
Regina Puzutti RRT
Jim Quigley RRT
Sydney Redpath RRT
Amer Syed RRT
Ian Summers RRT
Miriam Turnbull RRT
Kelly Vaillencourt RRT
Martha Williams RRT
Andrea White-Markham RRT

member spotlight

Hyperbaric Oxygen Therapy?

RT and Practice Leader of the Hyperbaric Medicine Unit at Toronto General Hospital tells us about it.

Ray Janisse RRT and Practice Leader for the Hyperbaric Medicine Unit at Toronto General Hospital

Ray Janisse is a Registered Respiratory Therapist, Certified Hyperbaric Technologist and Practice Leader for the Hyperbaric Medicine Unit at Toronto General Hospital (TGH), the only hospital in Toronto that has a hyperbaric chamber.

"The Hyperbaric Medicine Unit (HMU) at TGH, in many ways, functions like an ICU. I am able to perform many of the procedures that I would in the ICU. I work with IVs, art-lines and provide ventilation for intubated patients while inside the chamber. Having the added skills of a Certified Hyperbaric Technologist (CHT) allows me to provide a safe treatment for the patients and staff inside the chamber as a senior operator" said Ray.

Toronto General Hospital receives calls from both patients and Physicians. Once a referral from a Physician is received, the patients' needs are assessed and if they qualify for HBOT, the treatment plan is initiated.

"I've seen people who have been through a variety of medical and/or surgical treatments come in, upset because they are at the end of the line, with nothing else to try. In the case of a diabetic foot ulcer that won't heal and is infected, the Physician has referred the patient to Hyperbaric Oxygen Therapy (HBOT) as a last resort and within 5-10 days the wound closes and infection begins to go away. Every patient seems to experience great results," said Ray.

Ray still gets goose bumps just talking about the speed of the recovery for people being treated with Hyperbaric Oxygen Therapy (HBOT). This is what makes Ray a believer and advocate for HBOT. He has been the Practice Leader for the Hyperbaric Medicine Unit at TGH for over a year now and spends approximately 60% of his time working directly with patients and the remaining time in the administration of the HMU.

In addition to Ray's position in the HBOT unit, he continues to stay current in traditional RT practice by "floating out" to work in different areas in the hospital. For example, regular rotations to the OR, Medical/Surgical and Cardiovascular ICU's help him remain current on new therapies. He is also receiving training as an Anesthesia Assistant. Ray gets a great amount of satisfaction being involved in the full treatment of the patient, from beginning to end. He has worked in the adult critical care unit at Toronto General, since graduating from the Michener Institute in 1990. From there, he gained the extra skills required to become a Hyperbaric attendant in 1991 at Toronto General.

Rays' future career goals include providing education about Hyperbaric Oxygen Therapy to fellow healthcare providers, the general public and conducting much needed research in the area of Hyperbarics.

History of HBOT at TGH

The first hyperbaric chamber was sent to TGH in 1964 to treat men who were digging underground tunnels to build Toronto's Subway system. The digging was so deep that it went below the water table and water flooded the tunnels. Pressurized air was pumped into the tunnels to keep the water back and to ensure that work would not be interrupted. It wasn't long before the workers came down with decompression sickness or the "bends", as it is more commonly called, and needed to be treated in the hyperbaric chamber.

Toronto General Hospital is the only hospital with hyperbaric chambers in the city of Toronto and they are expecting a new chamber by the end of this year. Fink Engineering will be providing a rectangular chamber, the first of its kind in Canada, moving away from the traditional cylindrical models.

Obstacles to HBOT

"If only there were more advocates out there," said Ray. He describes three types of attitudes about HBOT from Physicians:

1.) Physicians not familiar with the indications for HBOT.
2.) Physicians that regard the therapy as ineffective.
3.) Physicians who are familiar with HBOT and will refer patients.

Like everything in health care, providing HBOT is subject to funding limitations. Government and hospital administrations have the responsibility to allocate and deliver the funds to the various hospital programs and departments and to stay within budget. All hospitals in Ontario have signed an agreement with the Ontario government to balance their budgets by 2005/2006.

Are there risks involved in HBOT?

"There are, but they are minimal," explained Ray. Oxygen supports combustion so the greatest potential risk is fire. Safety precautions are in place to decrease this risk to patients and staff. Patients may develop barotrauma to their ears if unable to equalize the pressure during pressurization of the chamber. Nervous system irritability due to long exposures to oxygen under pressure may produce seizures in some patients, so "medical air breaks" are provided during the treatment process to decrease this risk.

Respiratory Therapists are perfectly suited to work in this practice area. RTs who work in HBOT have a foundation of knowledge on this subject but also undergo additional training and certification, with particular emphasis in following set safety protocols for HBOT. Earlier this year, UHN Respiratory Therapy students visited the Hyperbaric Medicine Unit as part of their clinical rotation, and were able to assist with patient care while reviewing the principles and dynamics of Hyperbaric Oxygen Therapy. Many of the students were unfamiliar with HBOT. Ray is hoping that the students will rotate through the unit for 1 or 2 weeks next year.

Respiratory Therapists trained in hyperbarics receive their training from the States because Canada doesn't have a licensing program to become a Certified Hyperbaric Technologist. All nine Respiratory Therapists at Hamilton General were trained at Palmetto Health Richland in Columbia, South Carolina. A few years ago, Toronto General Hospital was also running a program that was approved by the National Board of Diving and Hyperbaric Technology. Ray hopes to offer this program again, once the new facility is up and running.

Do you know a Member who you think should appear in our Member Spotlight? Please contact Barb Saunders at (416) 591-7800 ext. 27 or saunders@crto.on.ca.

SIDEBAR Facts

Hamilton General Hospital and Ottawa General are the other Ontario hospitals that have Hyperbaric Oxygen Therapy Units.

In Ontario, approximately 50 Respiratory Therapists are specially trained as Certified Hyperbaric Technologists to perform inhalation hyperbarics and work in a pressurized environment.

Hyperbaric Oxygen Therapy (HBOT) is most often an adjunctive therapy. New research on HBOT is being done and there is evidence that HBOT may be effective for brain injuries. Presently the Undersea and Hyperbaric Medical Society (UHMS) **www.uhms.org** recognizes the following indications approved for hyperbaric treatment. The Hyperbaric Medicine Unit at Toronto General Hospital follows the guidelines of the UHMS for treatment.

1. Air or gas embolism
2. Decompression Illness
3. Carbon Monoxide poisoning and smoke inhalation, and/or cyanide poisoning
4. Clostridial myonecrosis
5. Necrotizing soft tissue infections
6. Crush injury, compartment syndrome and other acute traumatic ischemia
7. Skin grafts or flaps
8. Thermal Burns
9. Intracranial Abscess
10. Radiation tissue damage
11. Enhancement of healing in selected problem wounds
12. Exceptional blood loss
13. Osteomyelitis (refractive)

Of the approximately 2,200 RTs in Ontario, 70 % work in acute/critical care.

CRTO-RTSO PHOTO contest

The deadline for receiving photos is August 31st, 2005

Remember the Respiratory Therapy posters sent to Respiratory Therapy departments last year with the slogan, **"Ask an expert....Respiratory Therapists: Breathing is our business"?** Members voted for the photo that appeared on the poster, photographed by Rick Culver RRT and Past President of the RTSO.

This year the CRTO and RTSO are holding a photo contest for Members. The winning photo will appear on this year's poster that will be mailed to Respiratory Therapy departments across the province before RT Week. The theme for this year's photo contest is "Respiratory Therapists as Anesthesia Assistants."

Here are the details:

- The theme of the photo is "Respiratory Therapists as Anesthesia Assistants." Photographers must receive written consent from all subjects in the photo. Role playing is suggested.
- A slogan or catchphrase may also be submitted to contribute to the posters message.

Photo Guidelines:

- JPEG compression should be "high" or "maximum"
- Resolution of the image should be 220 dpi or greater
- Minimum size of the photo should be 1.4 mb before saving as a JPEG file.

Deadline for receiving photos is August 31st. Electronic versions of the photo can be sent to ***saunders@crto.on.ca*** or ***office@rtso.org***.

The photos will be posted online in September and Members will be able to vote for their favourite by September 15th.

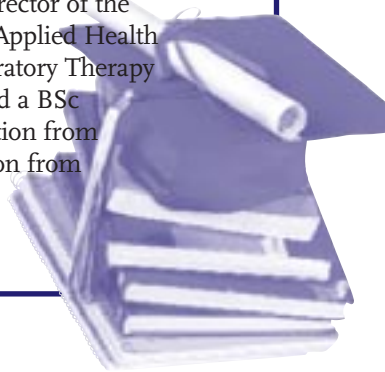
Cash Prizes will be awarded for the top three photos selected by our Members.

$100.00 for 1st place
$ 75.00 for 2nd place
$ 25.00 for 3rd place

HAPPY Shooting!

Congratulations Dr. Paula Burns RRT, PhD

Kudos to Paula Burns, CRTO Member for successfully defending her PhD thesis on *Transfer of Training in Patient Educators*. Paula is currently the Chair, Primary & Critical Care and Director of the Curriculum Commons at the Michener Institute for Applied Health Sciences in Toronto. Paula is a graduate of the Respiratory Therapy program at Fanshawe College in London. She received a BSc from Waterloo University, a Masters of Arts in Education from Central Michigan University and her PhD in Education from the University of Toronto.



Professional Portfolio Workshops for Members

The College is partnering with the Ontario Respiratory Care Society (ORCS) to provide Members with a complete learning package! Sign up for one of the ORCS seminars listed below, and as a bonus you'll also get a CRTO Portfolio Workshop at the end of the day!

- **Barrie:**
  Wednesday, October 5th at the Holiday Inn, Churchill Ballroom, 20 Fairview Road.
- **St. Catharines:**
  Thursday, October 20th at the Quality Hotel Parkway Convention Centre, 327 Ontario Street.
- **Toronto:**
  Wednesday, November 9th at the Ramada Hotel and Conference Centre, 185 Yorkland Boulevard.
- **London:**
  Wednesday, November 23rd at the Best Western Lamplighter Inn, 591 Wellington Road South.

To register for an ORCS seminar, or for more information, contact ORCS or visit
<http://www.on.lung.com/orcs>www.on.lung.com/orcs

To register for the CRTO Professional Portfolio Workshop, contact the CRTO directly at ***(416) 591-7800*** *or Toll Free at* ***1-800-261-0528****.*

We hope to see you there!

RTSO
Education Day and Golf Tournament

Friday September 30 - Saturday October 1, 2005

Nottawasaga Inn

Please check the RTSO web site at
www.rtso.org
for upcoming details.

A Workshop for Health Care Professionals

Implementing Effective Communication Strategies:

January through December 2005:

This two part program (offered in two convenient half day modules) is designed to provide a resource to enhance the knowledge, skills and judgment of regulated health care practitioners (HCPs) in effective communication strategies when interacting with the patient/ client, family member/ caregivers, peers, colleagues and/or organizations.

Developed with the support of members of several health regulatory Colleges of Ontario, this course is suitable for various continuing education and Quality Assurance requirements of the Colleges, and will result in a certificate of completion. This interactive course will offer opportunities to apply theoretical concepts to real life situations, common to health care professionals.

The course will be offered starting in January 2005 at a cost of $225.00 (inclusive of GST) per module. Scheduled modules for 2005 are found at this Web address **www.mediatedsolutions.ca/course.html**

Registration may be done by email or telephone:
1-866-800-0020 or 416-408-1700

Influenza Pandemic…

are you prepared?

Are you aware that many sectors of government and health care are planning for an influenza pandemic? Have you been involved in local planning? Do you know what your hospital or employer is doing to plan for this anticipated health care emergency?

Influenza pandemic planning is taking place because public health officials predict that a world-wide influenza pandemic is overdue. There were three influenza pandemics in the last century, the worst being the "Spanish Flu" which occurred during 1918-1919. It is estimated that the Spanish Flu killed nearly 21 million people world wide. The SARS outbreak in 2003 revealed weaknesses and a vulnerability in the system to respond to a health care crisis. As a result of Ontario's experience with SARS and the warnings associated with Avian (bird) influenza, the MOHLTC has been working diligently to develop a plan that will assist the various sectors to deal with the anticipated surge in health care needs at a time when health human resources will be depleted due to illness.

The CRTO was invited to participate in the development of the *Ontario Health Plan for Influenza Pandemic* (OHPIP). Jennifer Harrison RRT (Professional Practice Advisor, during the parental leave of Mary Bayliss) and Mary Bayliss RRT have represented the CRTO on two MOHLTC planning committees. Paula Cripps-McMartin RRT, President-elect of the Respiratory Therapy Society of Ontario and Manager of Allied Health at Toronto Western Hospital, also represents the RT profession in the Supplies/Equipment working group. The second version of the OHPIP was released by the MOHLTC in June 2005. The plan aims to guide provincial and local responses to an influenza pandemic.

The planning for this anticipated pandemic is based on a number of assumptions, some of which include:

- The pandemic will be due to a new strain of influenza A.
- Ontario will have very little warning time to prepare.
- An influenza pandemic usually spreads in two or more waves in the same year. The second wave may cause more serious illness and deaths than the first.
- Due to limited exposure to the virus, the population will be more susceptible to this new strain.
- There will be an attack rate of 35% during the first wave.
- Approximately 1.5 – 2% of people who acquire the influenza will require hospitalization.
- Each hospitalized influenza patient will be in hospital for about 9.5 days
- approximately 15% of hospitalized patients will require an ICU bed and about 7.5% mechanical ventilation.
- The availability of health care workers could be reduced by up to one third due to the illness itself or other confounding circumstances.
- Hospital capacity which is already limited will be further impacted.
- Redeployment of health care workers will not likely be practical due to the nature of the pandemic.
- The MOHLTC will provide centralized purchase and distribution of certain PPE, vaccines/ antiviral drugs and other clinical supplies.

How will an influenza pandemic affect Respiratory Therapists?

There will be fewer RTs to manage sicker patients and there may not be enough ventilators and other necessary respiratory therapy equipment to manage these patients. Have you considered how your facility will deal with a surge in the requirement for ICU beds and more specifically to you as an RT, will you have the necessary equipment to manage these patients? Hospitals will be at capacity so there will be sicker patients in the community. How will this impact patients with respiratory disorders who are at home? How will this affect home care RTs?

How should you prepare for this health care crisis?

Get involved at your local level. Ask if your employer is developing their own influenza pandemic plan and ensure there is Respiratory Therapy involvement. Go to the MOHLTC's Web site and read the most recent version of the OHPIP. ***(http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_plan.html)***

Appendix 6 of the plan outlines droplet and contact precautions in addition to precautions for high-risk respiratory procedures. These high-risk procedures are ones that RTs do on a regular basis. Do an inventory of equipment in your department, for example, do you have "retired" ventilators that could be put back into use during a pandemic? What would you need to do to get them functioning and to prepare your staff to start using them again?

Finally, the CRTO is often contacted by the MOHLTC for advice around Respiratory Therapy issues and we require your expertise to respond to these inquiries. If you are interested in volunteering your time to assist in the response to these inquires please contact Mary Bayliss at the College.

EMERGENCY Management after SARS

By Kevin Taylor RRT, BA, MBA(c)

SARS was, arguably, the most significant challenge faced by our health care system to date. The Ministry of Health and Long-Term Care (MOHLTC) has applied the lessons learned from that experience to the development of a comprehensive strategy for health emergency preparedness and response. An Emergency Management Unit (EMU) was created in December 2003 to manage the Ministry Emergency Operations Centre (MEOC) and to coordinate the ministry's response to health emergencies. The EMU is the body responsible for the development and maintenance of a comprehensive emergency management program as required by the *Emergency Management Act*.

A Scientific Advisory Council (SAC) of health care professionals representing a broad range of disciplines has also been convened in order to provide scientific information and expertise to the Emergency Management Unit (EMU) with respect to health emergency preparedness and response within the province of Ontario. The mandate of the SAC is to ensure that the ministry's programs and strategies with respect to health emergency management are evidence-based and reflect current science on a host of issues related to emergencies of a chemical, biological, radiological and nuclear (CBRN) nature. Through the efforts of Mary Bayliss, Professional Practice Advisor of the CRTO, an invitation was extended by Dr. Brian Schwartz, Scientific Advisor, EMU, and Allison Stuart, Director, EMU, to include Respiratory Therapy as one of the disciplines represented on this council.

The first meeting of the SAC, chaired by Dr. Schwartz, was held on June 21, 2005. Cynthia Harris BSc, RRT, Charge Therapist, Mount Sinai Hospital, Toronto, and Kevin Taylor, RRT, BA, MBA(c), Professional Practice Leader, St. Michael's Hospital, Toronto, both attended this meeting on behalf of Ontario Respiratory Therapists. The membership and disciplines represented in this group were wide ranging, including groups as diverse as the Chief Coroner, an epidemiologist, a hospital administrator, a radiological/nuclear specialist, CCAC, EMS, the Public Health Unit, Registered Nurses, and a toxicologist. In the absence of an emergency, the SAC will meet semi-annually to discuss issues of health emergency preparedness.

More information on the EMU can be found on the MOHLTC website:
Public –
http://www.health.gov.on.ca/english/public/program/emu/emu_mn.html
Provider –
http://www.health.gov.on.ca/english/providers/program/emu/emu_mn.html

UPdate on Respiratory Therapy Degree Project

As reported on the CRTO Web site, the College is conducting a study into the pros and cons of degree level entry to practice credentials for Respiratory Therapy in Ontario. Harry Cummings and Associates (HCA) has been engaged to conduct focus groups and key informant interviews to seek input from the CRTO Membership. Potential focus group participants, chosen from the CRTO data base, will be contacted by HCA in the coming weeks. In addition, HCA will be conducting key informant interviews with RT managers starting in July. The College will also be consulting with professional associations, Respiratory Therapy educational programs and other key stakeholders.

If you would like to volunteer for a **focus group**, please contact either Harry Cummings or Hema Vyas at (519)823-1647.

Depending on the results of the first phase of this project, Council may approve moving forward with the next stage, which will involve canvassing the entire Membership.

We would like to emphasize that any future change in CRTO entry to practice requirements must first receive government approval, and will not affect the registration status of current Members.

Should you have any questions concerning this project please contact Christine Robinson, Manager, Policy and Investigations by phone at (416) 591-7800, Toll Free: 1-800-261-0528, ext 21, or by e-mail at ***robinson@crto.on.ca***

Thinking Ahead about RT WEEK

October 23 to 29, 2005

Respiratory Therapy Week offers a perfect opportunity to promote our profession.

Are you planning an RT Week event that would help educate the public about the profession? Tell us in advance and we can help!

The College can help you get the publicity you need by sending press releases to the local press and encouraging them to cover your event. Contact the College's Co-ordinator of Communications and Member Services, Barb Saunders, at saunders@crto.on.ca.

CRTO/RTSO Communications Working Group
RT Week Plans

- The Respiratory Therapy poster portraying RTs as Anesthesia Assistants will be sent to RT departments across the province prior to RT Week.
- We are working toward developing a video about Respiratory Therapy for the purpose of public education about the profession. The end product will be available in video, DVD and be web accessible. We hope to have this available for RT Week 2005.

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BACK ROW: *Melanie Jones-Drost, Julia Pak, Ania Rudzinska, Amelia Ma, Barb Saunders*
FRONT ROW: *Christine Robinson, Gord Hyland, Mary Bayliss RRT, CAE*

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registration changes
December 1, 2004 – May 31, 2005

New Members

GENERAL CERTIFICATES OF REGISTRATION ISSUED (RRT)

AUDIT, Amy
BELANGER LAJOIE, Sonia
LALONDE, Christianne
LAWRENCE, Gerard
LILLIE, Deodat
MISTRY, Rupal
MUIR, Tine
NUTTALL, Michael
SANTINI, Tatiana
SARNACKA, Eva
VIGER, Geneviève

GRADUATE CERTIFICATES OF REGISTRATION ISSUED (GRT)

BEAUCHAMP, Mélanie
BLACK, Jessica
CRYSLER, Sarah
DEDMAN, Erin
DUGGER, Sean
GAGNON, Christopher
GAHUNGU, Georges
GORDON, Valene
HEATHERS, Tryna
HULL, Amy
HURST, Holly
ISRAEL, Emily
KAMP, Shannon
KOSUB, Cécile
LAMB, Marilyn
LAU, Maggie
LAVIGUEUR, Michèle
LEGDON, Martyn
MACLEAN, Natasha
MAGNUSON, Gregory
MAINVILLE, Jennie
MCPHERSON-BROWN, Melissa
MOON, Angela
MOORE, Sara-Anne
MOREAU, Amanda
NAQSHBANDI, Shakib
NESOM, Aaron
PARADIS, Michelle
PETTENUZZO, Sean
PHILIP, Santosh
RENWICK, Bret
ROBERT, Melissa
SHERIDAN, Emily
SUNDERJI, Rahim
TILGNER, Andreana
VAN ALLEN, Jon
WILKINSON, Alicia
YARASCAVITCH, Julie
ZAANONI, Julio
ZAHARKO, Kelly

Members Suspended

(for failure to pay the prescribed fees)

GENERAL

ALI, Mohamed
CHASSIE, Erin
DICKS A., Gail
GAGNE, Derek
HOBBS, Catherine
SALAMONSON, Patricia
TINIANOV, Alysa
VARMA, Meena

GRADUATE

BENEDITO, Christi
KADRI, Hana

Members Revoked

(under Registration Rules)

GENERAL

BALEGA, Steve
BISNAUTH, Savitri
BURTON, Penny
DELISLE, Stéphane
HAUGHTON, Katherine
JONES, Patricia
LAWLESS, Sandra
LEWCZUK, Christine
MACDONALD, Margaret
PANZICA, Angelo
SIMNES, Reg
WEBSTER, James

GRADUATE

BOISMIER, Brian
HENRY, Mélanie
SORIA III, Juan
TEMAM, Sultan
VAN DAM, Monica

Members Resigned

GENERAL

ASHTON, James
BARCESSAT, Natalie
BECK, John
BELISLE, Thevia
BUCZEL, Ryan
FREY, John
GUEST, Faye
GUILLEMETTE-WAGNER, Mariane
JOHNSTONE, Darlene
KRESS, Kristin
LAVOIE, Michelle
LOVELESS, Glenn
MAILLOUX, Genevieve
MARCELLA, Thomas
MCDONALD, Bryan
NICHOLSON, Stephanie
OLIVIER, Terry
PETERSEN, Michele
POTVIN, Karine
RAFUSE, Cheryl
ROBILLARD, Monique
SHAW, Angela
SMITH, Angela
STARLING, Julie
VAILLANCOURT, Paul

GRADUATE

FLORES, Reynaldo
GHANEM, Fayez
KITKA, John
LEARN, Laura
TRANSFIGURACION, Leo

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