



University Health Network

Toronto General Hospital | Toronto Western Hospital | Princess Margaret Hospital

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Ms. Annie Schiefer, Project Manager
Health Professions Regulatory Advisory Council
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Dear Ms. Schiefer,

We are pleased to provide the Health Professions Regulatory Advisory Council with a letter in support of the proposed changes to the physiotherapy scope of practice, as articulated in the joint submission by the Ontario Physiotherapy Association and the College of Physiotherapists of Ontario.

At the University Health Network (UHN), a teaching hospital fully affiliated with the University of Toronto, we are committed to collaborative and exemplary patient-centred care. In a time of growing health care need and shrinking health human resources, UHN has found it essential that all of our health care professionals work at their optimal scope of practice in the interest of our patients. Our experience is such that restrictions to full scope of practice have the potential to negatively affect patient care and the patient/family experience. This may come in the form of unnecessary delays and wait times to assessment and treatment of patients by physiotherapists, to lack of access to physiotherapy on the full continuum of care. We also recognize that an inability to practice to full scope is a significant recruitment and retention issue for hospitals. As such, drawing and keeping our skilled professionals is a top priority at UHN.

The UHN utilizes established systems and processes to ensure high quality practice and care in all of our health professions. Physiotherapists at UHN practice across all of our programs and services, and are also competently practicing in expanded roles, such as in the Hip and Knee Replacement program. As we actively pursue further expanded roles for physiotherapists and other health care professionals, much time and effort is placed on organization-specific processes, such as developing medical directives, certifying and re-certifying staff, and renewing medical directives when signatures are required for each delegator new to the hospital. Being able to focus our precious health human resources on health care delivery is in the best interest of our patients, families and staff.

As such, we are delighted to endorse the proposal from the Ontario Physiotherapy Association and the College of Physiotherapists of Ontario, recommending a change to the physiotherapy scope of practice statement, and the modification of selected controlled acts under the Regulated Health Professions Act.

We support the ability of physiotherapists to diagnose physical dysfunction, disease or disorder as the cause of a patient's symptoms. This will enable physiotherapists to effectively communicate assessment results with patients, families and health care providers, as well as enhance the process for obtaining informed consent to proposed treatment. The result will be more efficient care to our patients who currently experience delays to assessment and treatment given the need for referral from a medical doctor, and lack of access to physiotherapy on the full continuum of care. For example, within the Musculoskeletal Health and Arthritis Program at Toronto Western Hospital, our physiotherapy practitioners working with potential hip and knee joint arthroplasty patients are often involved in communication between patients and family physicians regarding assessment results and indications for conservative treatment when the patient is a non-surgical candidate. In these cases, indicating a diagnosis of osteoarthritis would provide clear and necessary information to patients and community healthcare providers, and facilitate an effective interprofessional care plan.

We further support the addition of "promoting mobility and health" to the scope of practice statement, as this is in keeping with current practice at our hospital, within our community and across the province and country.

In terms of the proposed modifications to a number of controlled acts, we support these in the context of enhancing access to care, reducing wait times for assessment and treatment, avoiding duplication of services by multiple health care professionals, promoting interprofessional collaboration, and recruiting/retaining our precious health human resources.

- One of our patient safety priorities at UHN is reducing pressure ulcers in our in-patient units. We know that pressure ulcers can be impacted by interprofessional collaboration between dietitians, nurses, physicians, physiotherapists, and occupational therapists. As an example, the ability of physiotherapists to provide wound care would improve efficiencies when patients do not need to wait for dressing changes or debridement by another health care professional before, during and after therapy.
- Two years ago, a UHN medical directive was developed to enable physiotherapists to administer oxygen prior to suctioning and during mobilization, a practice that was in place for many years in hospitals. Enabling physiotherapists to practice within their current competencies without the need for a medical directive would save much time and energy in a complex, acute care environment. Our physiotherapy students would also be able to learn this competency while they are in a learning environment. This is currently impossible since the medical directive cannot apply to students. Adding inhalation therapy to the list of controlled acts for physiotherapists would also enable quicker treatment for patients requiring mobilization, and safer care when there is an urgent need to administer inhalation therapy during physiotherapy treatments.
- Given our UHN focus on care of the elderly and women's health, being able to insert an instrument, hand or finger beyond the labia majora or the anal verge for incontinence care would enable physiotherapists to conduct a full assessment of muscle strength and thus a complete treatment plan for patients.
- Within our institution, physiotherapy practitioners currently order diagnostic tests, such as ultrasounds, under medical directives. As already described, these are onerous processes that are organization and provider-specific. We believe that the ability to

order tests, in relation to the physiotherapy scope of practice, will enable patients to receive the right care at the right time, while minimizing the need for consultation with multiple health care providers.

In summary, we are supportive of the proposed expansion to the physiotherapy scope of practice and the legislative changes that will streamline patient care, increase access to health services, reduce human resource burden, enhance opportunities for interprofessional collaboration and assist us with our priority of a sustainable work force in a publicly funded health care system. We look forward to the role of the physiotherapist as a direct access, primary care provider in the community being expanded to the hospital environment through these changes in order to best serve our patients and families.

Sincere regards,



Mary Ferguson-Paré
VP, Professional Affairs
& Chief Nursing Executive



Ms. Maria Tassone
Director, Allied Health & Professional Practice