

Dear Annie Schiefer,

Thank you for the invitation to comment on Interprofessional Collaboration.

In response to question #1 regarding comments on the focus of this discussion:

The focus of this discussion guide seems to be protection of the patient and high quality care. These are key elements in health care.

In response to question #7 regarding health care professionals being required to hold a minimum professional liability insurance: I feel that all regulated health professionals should be required to hold a minimum amount of liability insurance.

In response to question #8 regarding the minimum expected terms and conditions for that insurance coverage:

The HIROC coverage seems sufficient and includes coverage for a HCP for legal and criminal expenses, reimbursement of legal representation if the HCP was subpoenaed as a witness, includes Malpractice and Errors & Omissions. The coverage should be at least 10 million dollars per occurrence, without an aggregation limit. It would appear that either a 'Claims made' or 'Occurrence type' policy would be acceptable, as long as there is a liability insurance policy in place to maintain coverage for the HCP without a lapse in coverage at any time. There should be stipulations on coverage provided when proof that the HCP has maintained competence through self-regulation or as directed by their governing college.

In response to question #9 regarding what changes are needed to the RHPA, health profession acts or their regulations to encourage collaboration among colleges:

Since the FHRCO introduced his or her medical directive template, that collaborative effort has enhanced interprofessional collaboration at the clinical level, with everyone in agreement as to what constitutes a properly constructed medical directive. If there were collaborative guidelines, with some flexibility for adaptation to each facility, for the controlled acts, then each profession who is authorized to perform the said controlled act, would be able to work together to follow the recommended guidelines for a specific procedure, and implement it the same. The colleges would need to work on these together to ensure best practice guidelines are followed.

In response to question # 10 regarding any other changes to Acts or Regulations that are needed to encourage collaboration among the Colleges:

Of the acts that are authorized to Respiratory Therapists and Nurses, each Act, (RTA 1991 and Nursing Act 1991) describes the authorized acts differently. It would be helpful if, when a member is authorized to perform the same controlled act, all the HCP's were clear on the break down of the act. At times, some professions are authorized to perform part of the controlled act and other professions are permitted to do more, however, the parts of the act that can be done by more than one profession should be described and defined with exactly the same wording to avoid any room for misinterpretation. For example, The CRTO breaks down the Authorized Acts and includes the specific procedures that RRT's are permitted to perform. The Authorized Act "Procedure below the Dermis" lists tracheostomy care for an established stoma. That causes confusion at times, as it seems more like a procedure of inserting a hand, finger or instrument through an artificial opening in the body. Consideration of this procedure and where it falls would be good as well as listing the tracheostomy care in the Nursing Act.

In response to question #22 regarding a joint quality assurance Committee among the Colleges:

I feel a joint Quality Assurance Committee would definitely enable Colleges to develop common standards of professional practice guidelines for many procedures that are performed by many health care professionals. This would help ensure high quality and safe services regardless of who provides the care.

In response to question #32 regarding minimum standards and policies for Conflict of Interest, Advertising, Record Keeping and Consent:

Yes there should be minimum guidelines, standards and policies concerning Conflict of Interest, Advertising, Consent and Record keeping.

The CRTO, November 2005, has a good PPG out for Conflict of Interest with some good definitions and examples. This should be a minimum set of guidelines for Conflict of Interest amongst all. The CRTO also puts out a PPG on Responsibilities Under the Consent Legislation June 2004, and the basics are included .I would suggest the additions of the quotes from the HCCA that are referenced in this document, be written out so that the member has all the information in front of him/her. It is helpful to have all the information in a document rather than referring to multiple places to gather all the information that is required to understand the legislation.

On the subject of Documentation, the CRTO's PPG November 2005 on Documentation describes the way to document, what is necessary to include in the documentation and different types of documentation. All these components are necessary to provide clear and concise information sharing.

Advertising is described in the RTA 1991 part III under the Ontario reg 596/94, Advertising April 1997. There is a clear description of what advertising should not include and what it should. This could be the minimum guidelines set out for all professions and is relatively clear to understand.

I hope my suggestions will be of help to you.

Sincerely,

Tracy Bradley, RRT  
Cornwall Community Hospital