



Submission to the Health Professions Regulatory
Advisory Committee
Respecting the Review of the Ministerial Referral
On Inter Professional Collaboration

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Introduction

The Health Professions Regulatory Advisory Committee (HPRAC) has invited interested parties to provide commentary based on the consultation discussion guideline on issues related to the Ministerial Referral on Inter Professional Collaboration among Health Colleges and Professionals. The Ontario Long Term Care Association (OLTCA) represents 430 long-term care homes, or 70% of the private, not for profit, charitable and municipal homes across the province that provide care and services to some 50,000 frail, elderly people with increasingly complex chronic illnesses, dementia and psycho geriatric conditions. We are pleased to provide our comments to HPRAC based on the Council's discussion questions as outlined below.

Defining Inter Professional Collaboration:

The importance of an effective inter disciplinary or inter professional team in providing care for the elderly has been long accepted as a hallmark in the field of geriatrics and the generally accepted approach to care in LTC homes. In recent years LTC homes have been the site for demonstration projects in inter professional education for health care professionals¹, collaborative approaches to care delivery and quality improvement², etc. In fact, current legislation governing long term care (LTC) homes requires that LTC home operators ensure that inter disciplinary team conferences are held at defined times to review the resident's plan of care³ which must also be accessible to all team members providing care⁴. LTC homes participating in the Canadian Council on Health Services Accreditation (CCHSA) have developed processes for inter professional quality improvement in addition to procedures for delivery of care to residents guided by the AIM program. We also believe that the implementation of the InterRAI MDS 2.0 resident assessment tool will provide an important infrastructure to develop further inter professional care planning within our member homes. However, all of these refer to the specific functioning of the inter professional care team in the direct delivery of care. It appears that HPRAC is proposing to extend the key elements of inter professional

¹ McMaster University Department of Family Medicine, School of Nursing and Shalom Village. *Actively Building Capacity in Long Term Care, Recruitment & Retention of Family Physicians, Nurse Practitioners and Pharmacists, Collaborative Service Delivery, Interdisciplinary Collaborative Curriculum*. September 2003

² Toronto Region Long Term Care Mental Health Psychogeriatric Framework Report, 2006

³ *Nursing Homes Act, 1990*. Regulation 832, s.127

⁴ *Ibid*, s.126

collaboration from the “front line” to the level of the self-regulated colleges by proposing ways for the colleges to collaborate with the goal to promote increased collaboration among the professionals within these colleges. It is a novel approach, and may provide the “learning together” opportunities for these colleges that are recognized as facilitators to inter professional care⁵. It is not immediately evident how this will ultimately influence the goal of enhanced collaboration in the delivery of care “at the bedside”.

Eliminating the Barriers to Collaboration among the Colleges and Developing Enablers for Collaboration among the Colleges:

We believe that HPRAC must consider Section 24 (“mandatory reporting”) of the *Long Term Care Homes Act, 2007* (LTCHA) when addressing potential legal barriers to the approach to inter professional collaboration as proposed in the Discussion paper. Section 24.1 of LTCHA states:

The Director shall have an inspector conduct an inspection or make inquiries for the purpose of ensuring compliance with the requirements under this Act if the Director receives information from any source indicating that any of the following may have occurred:

1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.
3. Unlawful conduct that resulted in harm or a risk of harm to a resident.
4. A violation of section 26.
5. Misuse or misappropriation of a resident’s money.
6. Misuse or misappropriation of funding provided to a licensee under this Act.

As well, subsection 4 states:

Even if the information on which a report may be based is confidential or privileged, subsection (1) also applies to a person mentioned in paragraph 1, 2 or 3, and no action or other proceeding for making the report shall be commenced against a person who acts in accordance with subsection (1) unless that person acts maliciously or without reasonable grounds for the suspicion:

1. A physician or any other person who is a member of a College as defined in subsection 1 (1) of the Regulated Health Professions Act, 1991.

⁵ Hammick M, Freeth D, Koppel I, Reeves s, Barr H. *A best evidence systematic review of interprofessional education: BEME Guide* No.9, Med Teach, 2007 October 29(8): 735-51

2. A person who is registered as a drugless practitioner under the Drugless Practitioners Act.
3. A member of the Ontario College of Social Workers and Social Service Workers. 2007, c. 8, s. 24 (4).

LTCHA will create a parallel process that may set up conflict between its provisions related to mandatory reporting of harm and the provisions in the RHPA dealing with complaints and disciplinary actions. It is not clear how these two pieces of legislation designed to protect the consumer will work together and what their impact on inter professional issues will be. In its submission⁶ to the government's Standing Committee reviewing Bill 140 in 2007, the Ontario Long Term Care Physicians Association singled out the mandatory reporting section in LTCHA as "causing considerable concern" in relation to inter professional relationships within LTC homes.

Structural Mechanisms:

Complaints, Investigation and Discipline: We support the creation of a common framework, consisting of common structures and processes, for all regulated health professions to address complaints, investigations or disciplinary matters arising in an inter professional care setting. There may also be an opportunity to identify additional common approaches to other processes that are at the interface between the public and the profession (conflict of interest, consent, etc.) This approach would go a long way to supporting the government's commitment to "smarter regulation" and provides consumers with a single complaint process and/or other common approaches when dealing with the consumer interface with the professional colleges. There are clearly opportunities for streamlining procedures without compromising the role of the individual professional colleges in relation to their individual duty to protect the public from harm. Amending the RHPA to enable the establishment of joint committees would be a first step.

Standards of Practice and Professional Practice Guidelines and Tools and Templates: The creation of any additional infrastructure and regulated requirements (as proposed on

⁶ Presentation by the Ontario Long Term Care Physicians Association to the Standing Committee on Bill 140, February 2007

pages 31 and 32) appears to contradict the initiatives to streamline inter professional collaboration through joint committee/disciplinary committees, etc. (above) and collaborative colleges (page 33). The Colleges should have the freedom to negotiate and determine the best course for advancing inter professional collaboration without being tied to a particular legislated framework that may create unintended barriers that will only emerge as the newly imposed regulatory framework matures. At the same time, umbrella colleges may provide a more “natural” approach to promoting inter professional collaboration. However, incentives and not legislation would probably be more effective in bringing together closely related professions. Any “tool kits” or other mechanisms for advancing the goal of inter professional collaboration should be the responsibility of the Colleges who are key champions in the success of any move towards inter professional collaboration.

College Autonomy, Authority and Accountability:

Since research⁷ has demonstrated the effectiveness of “softer” approaches such as staff development, customization, inter-professional education, etc. in promoting and sustaining inter professional collaboration, it is not evident that there is a role for regulation of standards of practice and professional guidelines. Clearly it would be an important first step to evaluate if the current non-regulatory approach is working or not, i.e. are Colleges effective in protecting the public and maintaining the quality of care. Enforcement of regulated standards of practice and professional guidelines for inter professional collaboration comes with a cost burden: the creation of a completely new infrastructure which may only duplicate and not add value to existing remedies at a cost to both the professions and the public.

Conclusion:

The issues raised in the HPRAC Discussion paper are both timely and provide some of the key directions to advance towards enhanced collaboration among health care professionals. Moving towards this goal will require balancing the need for legislative

⁷ Op Cite

and regulatory frameworks with other proven mechanisms that cultivate and sustain inter professional collaboration.