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May 27, 2008

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Submitted via email to: HPRACSubmission@ontario.ca

Dear Ms. Schiefer:

On behalf of the Professional Advisory Committee (PAC) of Hamilton Health Sciences, I am pleased to enclose the attached responses to the "Consultation Discussion Guide on Issues Related to the Ministerial Referral on the Interprofessional Collaboration among Health Colleges and Professions". This submission is a result of a collaborative effort by our PAC members consisting of both regulated and non-regulated health professionals.

The PAC at Hamilton Health Sciences provides an inter-professional decision-making forum on issues pertaining to standards of professional practice, quality patient care, education, research, patient/staff safety, and healthy work environments.

Our working group has chosen not to remark on all of the questions enclosed in the guide as many of the questions are focused on the regulators. We have chosen instead to address the questions that impact on the provision of care in a large academic health science centre in the context of our experience as health care providers.

I trust that HPRAC will find the comments and suggestions contained within useful as HPRAC continues to move the Interprofessional Collaboration Project forward. Any questions or discussion around the HHS response can be addressed through my office.

Sincerely,

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Defining Interprofessional Collaboration (Page 26 Consultation Discussion Guide)

1. Please comment on the above statement that HPRAC has used to focus this discussion and initiatives. Are there elements that should be added or removed? If so, what are they?

- Rather than using the word “enhance” in the last bullet use the term “reflect” and consider enhancement of scopes where needed. “Enhancement” should be the goal in all cases, i.e. continuous improvement.
- Colleges adopt common language and terminology to communicate to the public regarding interprofessional practice and the role of various Regulated Health Care Professional (RHCP.)
- Colleges need to adopt shared mechanism and framework in their standards of practice programs that facilitate their members in the development of interprofessional care.

Eliminating the Barriers to Collaboration among the Colleges (Page 27 Consultation Discussion Guide)

2. Are there barriers in the *RHPA*, the health profession acts or their regulations that restrict or prevent collaboration among the colleges? If so, what are they? Should they be eliminated? If so, how? (For example, do existing scopes of practice restrict or prevent collaboration among health professionals?)

- We would suggest any barriers that exist are not because of the legislation, but more importantly the way in which *RHPA* has been interpreted by the various colleges. The colleges working collaboratively would be an excellent way to eliminate these barriers.
- The concept of delegation, and how it differs from medical directives and assigning tasks, is not clear to all members of the professions. Further development of the concept with shared understanding is necessary. The work done by the Federation of Health Regulatory Colleges of Ontario (FHRC) with respect to delegation and medical directive templates is an excellent example that this collaboration is already taking place.
- Healthcare professionals do not necessarily understand the overlapping scopes in practice or value the overlap. In part this may be as a result of limited knowledge of the educational curriculum that other RHCPs complete. Separate educational experiences and realities add to this barrier. This barrier could be eliminated by establishing interprofessional mandatory learning requirements for all healthcare professionals both pre and post registration. e.g. as part of core curriculum in training programs, included in orientation of employees to facilities etc.
- When several RHCP have overlapping scope of practice and shared controlled acts (such as suctioning, with nursing, respiratory therapy and physiotherapy,) this can result in disagreements of responsibilities. As a result team members may not always agree on the plan of care. Therefore colleges (as well as employers) need to support their members in conflict resolution skills attainment.
- Specific delegation areas need to be clarified and simplified for health professionals for efficient practice.
- The change process for regulatory health profession acts and the *RHPA* need to be more responsive and dynamic given a rapidly evolving clinical practice environment.

- HPRAC should recognize that interprofessional practice includes professions regulated under other Ministries, e.g., Social Work - there needs to be a process in place to include them in this discussion.
- Consideration needs to be given to professional role clarity and the impact of role clarity on safe patient care and practitioner satisfaction.

3. Are there barriers in other Acts or regulations that restrict or prevent collaboration among the Colleges? If so, what are they? Should they be eliminated? If so, how?

- HPRAC should recognize that interprofessional practice includes professions regulated under other Ministries e.g., Social Work - there needs to a process in place to include them in the discussion.

4. Are there other policy and/or systems issues that act as barriers to collaboration among the Colleges? If so, what are they? Should they be eliminated? If so, how?

- The current legislation does not encourage or facilitate collaboration among the Colleges. A process to encourage collaboration requires development. A common Quality Assurance (QA) program format would provide the opportunity to build interprofessional learning plans/professional development plans. Consider positive incentives or recognition to recognize excellence in collaboration. Research grant funds etc. could be available to Colleges if they show evidence of interprofessional collaboration. Focus grants on projects that are designed to continually enhance the strength of interdisciplinary teams.
- Regulatory Colleges have developed profession specific documentation standards with their own definitions that may not always allow for shared documentation. In the development of electronic documentation these variations in definition provide barriers to effective interprofessional documentation. The development of Interprofessional documentation standards would allow for shared documentation.
- Current remuneration and funding mechanisms for various healthcare professions/services support hierarchical structures. Independent provision of care undermines interprofessional care delivery and needs to be revisited.
- Public hospitals Act – Patients may access assessment and treatment from healthcare professionals in the community setting who are defined as primary access practitioners. However when patients access services as an inpatient, a doctor's order is required for the identical health professional service. This is an access to care barrier and an impediment to efficient and effective care delivery.

5. Are there professional cultural issues that act as barriers to collaboration among the Colleges? What steps should be taken to minimize these barriers? Who should provide the leadership to eliminate them? What role can health care associations, including associations whose members are regulated professionals, play in this process?

- Whenever possible colleges should model interprofessional collaboration and communicate this to their members.
- Healthy team models need to be promoted between colleges ¹.
- Health professionals in clinical settings need clearly identified evidence of the various colleges collaborating, thereby sending a message that this is good practice. Colleges could highlight or feature the strength of interprofessional collaboration to members helping to remodel the culture over time. Young students are being exposed to some wonderful interprofessional experiences in the education setting. This message needs to be encouraged and enhanced by the colleges especially to new students.
- A joint communication from colleges to their members on changes to regulation that effect multiple professions would show collaboration at the college level. As an example, this could have done when the emergence of the new Registered Nurse Extended Class or Nurse Practitioner (NP) roles in acute care settings were being developed. Once these NP's are granted extended class registration they will no longer require as many medical directives, which might have been developed in collaboration with other health professions.
- The ministry needs to examine carefully the results of the many interprofessional projects that have recently been funded e.g., the recently completed mentorship projects to recognize important insights embedded in those reports. It would send a powerful message if the ministry could illustrate that the reports have been analyzed and are now impacting policy.
- Funding models must be addressed if collaborative/interprofessional care is to be encouraged. For instance, fee-for-service providers currently continue to see a patient even if another non-fee-for-service team could provide the same care.
- Historical socio-cultural issues such as status, power and accountability continue to impede progress towards true interprofessional care delivery both at the college and professional level.
- Professional barriers to collaboration begin with the relative levels of education, perceived importance within the context of patient care, values and culture of individual disciplines. At the practice level, barriers usually center on lack of understanding of discipline scopes of practice and more specifically, can often be attributed to lack of "role clarity".
- Associations advocate for their respective professions and no one association is taking up a lead role in increasing collaboration. This encourages the status quo impeding change. A climate needs to exist that encourages the development and enhancement of collaborative and complimentary interprofessional practice. Colleges' mandates are to protect the public. Colleges should take the lead in fostering interprofessional collaboration to enhance the efficiency and quality of patient care. In addition, educational institutions must identify innovative approaches to educate in an interprofessional manner, both didactic and clinical.
- The Ontario College of Social Workers and Social Service Workers (OCSWSSW) deal with hospitals in the context of a community setting and needs to identify the means to work in partnership on issues related to RHPA Liability Issues.

6. Do you have evidence from your experience that liability issues are a barrier to interprofessional care?

- Yes, most certainly there are issues around fear of liability on the part of some physician groups when considering how to (or whether to) work with advanced health practitioner roles (Nurse Practitioners and Advanced Physiotherapy Practitioner for example). This fear may stem from physicians understanding that they are ultimately legally responsible for every aspect of patient care. This view dismisses the fact that autonomous health care professionals are legally accountable for the care that they provide. To this end all healthcare professionals should be required to carry their own liability insurance or be covered by an appropriate employer plan. As the number of advanced practice roles will evolve and increase over time this in particular needs to be addressed.
- Historically, physicians have lead healthcare teams, which may not always be the best model of care depending on the particular needs of the patient. The Colleges should ensure that all professions have an understanding of and are open to a shared meaning of interprofessional care.

7. Should all regulated health professionals be required to hold minimum professional liability insurance coverage?

- Yes, so as to protect patients and the healthcare professional.
- Colleges should collaborate on a common professional liability regulation with standard terminology and terms of coverage.
- Those with liability coverage through trade unions should not be required to hold additional insurance.

8. If so, what would be the minimum expected terms and conditions for that insurance coverage?

- Common minimum of coverage needs to be reflective of practice environment and the degree of associated risk.

Developing enablers for Collaboration among the Colleges (Page 28 Consultation Discussion Guide)

9. What changes to *RHPA*, the health profession acts or their regulations are needed to encourage, require, facilitate and enable collaboration among the Colleges?

New legislation to reflect the need for and the acceptance of sharing scope of practice with other appropriate professionals.

- With the development of a medical directives (MD) template by the Federation of Health Regulatory Colleges Ontario (FHRCO) which showed shared understanding of a properly constructed medical directive, there has been increased interprofessional collaboration at the clinical level in developing MD's. The FHRCO should be commended for its interprofessional approach to this challenging issue. ¹

10. What changes to other Acts or regulations are needed to encourage, require, facilitate and enable collaboration among the Colleges?

- For extended scope roles, changes in the legislation need to occur to facilitate the extended scope of these roles e.g. Health Administration Responsibility Project (HARP), laboratory acts, public hospitals act.

11. What collaborative policy or program initiatives are needed to ensure support is provided to new Colleges as they are being established?

- If inter-college collaboration recommendations occur then the new colleges need to be set up from their onset with interprofessional processes clearly stated.
- Document templates need to be created to provide consistency.
- Established mentorship programs linking new colleges with a well established college to provide guidance.
- Funding to support new colleges.
- Fellowships that would support the leadership team of the new college in order to work with those that are well established. This process should include the development of tools and guidelines that can be used by the fellow(s) to ensure best use of time and resources

12. Are there administrative responsibilities within Colleges that could be shared with related Colleges? What barriers exist to shared administration services?

- Co-location or shared space of all Colleges could be beneficial in promoting collaboration
- Potential for sharing resources resulting in monetary savings

Barriers:

- Confidentiality
- Geographical location of colleges
- Revenue disparity between colleges

Structural Mechanisms (Page 29 Consultation Discussion Guide)
Complaints, Investigation and Discipline

13. Should Ontario introduce a common framework, consisting of common structures and processes, for all regulated health professions to address complaints, investigations or disciplinary matters arising in an interprofessional care setting?

- Yes, to streamline use of resources and also as a way to increase the transparency for all RHCPs related to the process.

14. If so, what should and should not be included in the common framework?

- What should be included: Client abuse, Sexual abuse, Substance Abuse, Professional Misconduct, Disciplinary action

15. If not, should the *RHPA*, nonetheless, be amended to give individual Colleges greater flexibility to deal with complaints, investigations and discipline arising in an interprofessional care setting within their own already-established structures?

- No, there should be greater standardization and less opportunity for arbitrary decisions.

16. If so, what should and should not be addressed in an amendment to the statute? For example, should the *RHPA* be amended to enable Colleges to establish joint committees to deal with complaints, investigations and discipline in respect of issues arising in an interprofessional care setting?

- Yes, this is a good place to start.

17. Considering reforms in other jurisdictions, what would be the merits of a single complaints model in Ontario? How should such a “model” be funded?

- The process of complaints should be a transparent one. With a single complaints model, all members would have a chance to see the process play out across disciplines. It would enhance mutual understanding and demonstrate that the legislation applies to all RHCs in a standard way. Also, common themes might be identified if all complaints were to go to a central body, which could indicate needed changes in educational curriculum or QA processes.
- A multi-disciplinary complaints board with representatives from each college could be established with proportional funding mechanisms

18. Would the authority to conduct joint investigations following complaints or reports relating to professionals who work in a multidisciplinary setting or practice provide more efficient investigations of such cases?

- They might be more efficient but care should be taken to ensure that they are not so complicated making them more difficult to navigate and labour intensive.
- They may be more efficient and they may also be more comprehensive with many different perspectives adding input.
- Efficiencies could be gained by having a team of trained investigators who are not necessarily health professionals. A review team with proportional representation could then interpret the investigative findings within the context of the profession and healthcare professionals in general.

19. Should Colleges have further authority to collaborate in the disposition of complaints and reports relating to professionals in a multidisciplinary setting or practice?

- It should be a requirement that the colleges collaborate in dealing with complaints and reports if they are related to professionals working in a multidisciplinary setting.

20. Could such authority contribute to patient safety in interprofessional care?

- Potentially yes. Auditing complaints to the various colleges over the past few years would illustrate the numbers involving situations relating to interdisciplinary teams.

21. Is legislative change required to accomplish these goals?

- Probably yes.

Quality Assurance

22. Would a joint quality assurance program among relevant Colleges enable the Colleges to develop common standards of practice or professional practice guidelines where the same or similar Controlled Acts are shared?

- Yes. A combined quality assurance program for similar Colleges would result in professions more likely to work collaboratively towards common goals.
- This would mitigate differences in practice standards and improve quality of care. This would also help to ensure that all relevant healthcare professionals adopt Best Practice standards whenever possible.

23. Would a joint quality assurance program among Colleges whose members have similar scopes of practice, share the same or similar Controlled Acts, or provide closely related services often involving the same areas of the body, provide opportunities for enhanced continuing competence and exposure to best practices? If yes, how should program standards be jointly set and measured?

- Yes, it would also provide transparency around the professions that do share controlled acts.
- Existing work already undertaken by respective colleges in QA program development needs to be recognized and acknowledged. The project of establishing joint standards will need to be skillfully planned and facilitated by an agreed upon external non-partisan facilitator.

24. Is legislative change required to accomplish these goals?

- Probably yes.

Standards of Practice and Professional Practice Guidelines

25. Should an independent arm's-length organization facilitate and support collaboration among the Colleges, particularly with a view to the development of common standards of practice and professional practice guidelines?

- No. Individual colleges could be given the mandate and the funding to work collaboratively with other colleges negating the requirement and cost of forming an "arms length" organization.

26. If so, what should its specific mandate include or not include? For example:

- Collaboration needs to be cultivated. Starting in the curriculum of the various educational programs and then at the college level. Interdisciplinary collaboration should be a common standard of practice for all RHCPs, agreed upon by the colleges.
- Educate the Colleges, professions and the public on the regulatory model, the health professions and the respective roles within the regulatory system;
- Create common resource repositories (e.g., a data warehouse to track regulatory indicators, such as the level and nature of quality assurance activities, complaints and disciplinary actions and the cost of regulation);
- Research and develop standards of practice and professional practice guidelines, and disseminate best practices; CCO's Program in Evidence Based Care is an example in action. <http://www.cancercare.on.ca/english/toolbox/qualityguidelines/pebc/>
- Resolve disagreements among professions that share overlapping scopes of practice and the same or similar Controlled Acts;
- Address issues arising from conflicting legislation.

28. If not, should a new and independent oversight body be formed? If so, how should it be funded?

- Addressed in item #25

29. Should the Minister direct the Colleges, using his existing powers under the *RHPA*, to engage in specific collaborative initiatives (e.g., to develop instruments to support interprofessional care)? Why or why not?

- Colleges should be mandated to participate in interprofessional development.
- The results of recently funded research in interprofessional care should be disseminated to the appropriate bodies and the information allowed time for implementation into practice.

30. If so, should the Minister provide financial or other incentives to the Colleges to undertake these initiatives?

- Yes, some colleges are not large enough to undertake additional initiatives without additional funding.
- Yes, by communicating these activities to the minister, their membership and the public, they will stand as a role model for their profession.

32. Should minimum guidelines, standards and policies concerning matters such as conflict of interest, advertising, record keeping and the consent process be consistent across all Colleges? If yes, what guidelines, standards and policies could effectively be applied to all regulated health professions? If not, why not?

- Yes e.g. credentialing, standards of practice. In addition there should be a comprehensive strategy to share these with all who are affected. Joint video/teleconferences, or annual meetings to highlight collaborative initiatives/successes.

Tools and Templates

34. Would the development of a *Collaboration Toolkit*, containing some or all of the elements suggested above, serve to facilitate and support collaboration among the Colleges?

- First step is an established framework or model firmly in place.
- Then toolkits as an adjunct to support the structure and framework.

35. If so, what should be included in a *Collaboration Toolkit* and who should be responsible for developing it?

- It would all depend on the model identified.

College Autonomy, Authority and Accountability (Page 34 Consultation Discussion Guide)

36. Should the standards of practice and professional practice guidelines that the Colleges adopt be legally enforceable? Why or why not?

- No, not legally enforceable.
- Professional Practice Guidelines are developed to support the profession not to rule over it.
- Guidelines are guidelines, not law.
- The standards of practice are put into place to ensure professional accountability and to protect the users of the health system.

Interprofessional Care at the Clinical Level (Page 35 Consultation Discussion Guide)

The Role of Colleges in Promoting Interprofessional Care at the Clinical Level

37. How will greater collaboration among the Colleges serve to enhance interprofessional care at the clinical level?

- By supporting its members involvement in interprofessional collaboration care in the clinical setting.
- Through modeling. Interdisciplinary practice councils in the clinical setting may be a very powerful approach to enhancing health care provided by a team... but we need to work on generating a body of research knowledge to prove this is true. The colleges need to create the framework for ongoing collaboration and research will then be needed to identify the "collaborative sensitive outcomes".
- Role modeling "leads by example". Collaboration needs to come from the leaders of the individual disciplines. A common goal requires agreement on the care of patients and their families. Collaboration, flexibility and adaptability are key to the survival of the Canadian Healthcare System.

Developing Regulatory Enablers for Interprofessional Care at the Clinical Level

41. Are any changes to the *RHPA*, the health professional acts or their regulations needed to encourage, require, facilitate and enable interprofessional care at the clinical level? If so, what are they?

- Some clarification and standardization of the delegation process between physicians and other healthcare professionals.

42. Should Ontario law have a requirement similar to the one in New Zealand?

- Patients should be able to expect cooperation between and amongst their health care providers both interprofessional and intraprofessional. This should not be dictated by law.

References:

¹ Mickan S.M, Rodger S.A. (2005) Effective health care teams: a model of six characteristics developed from shared perceptions. *Journal of Interprofessional Care*. 19 (4), 358-370.

² G. Ross Baker, Peter G. Norton, Virginia Flintoft, Régis Blais, Adalsteinn Brown, Jafna Cox, Ed Etchells, William A. Ghali, Philip Hébert, Sumit R. Majumdar, Maeve O'Beirne, Luz Palacios-Derflinger, Robert J. Reid, Sam Sheps and Robyn Tamblyn. The Canadian Adverse Events Study: the incidence of adverse events among hospital patients in Canada. *CMAJ* • May 25, 2004; 170 (11)