

ON THE record

VOLUME 14 ISSUE 2

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Vision for the Future

Vision pour le future

Interprofessional Collaboration eTool

Guide to Discontinuation of Service



College of Occupational Therapists of Ontario
Ordre des ergothérapeutes de l'Ontario

ON THE record

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Vision for the Future

Elinor Larney, Registrar

I am very pleased to be writing this article as the new Registrar of the College of Occupational Therapists of Ontario.

While I am not new to the College, I am new to this role. I can say even at this point in time that I see opportunities for positive changes ahead.

The College Council has just finished its strategic planning cycle, and the plans for the next three years put a strong emphasis on improving the College's relationship with occupational therapists. Our goal is to ensure this relationship is based on mutual respect and trust, in everything we do. What this means is that the way the College fulfills its mandate, which is outlined in the *Regulated Health Professions Act*, will change. Greater use of online program components is one way in which I hope to increase efficiency at the College, as well as to improve the way we support and communicate with occupational therapists and stakeholders.

I am looking forward to having the opportunity to meet with occupational therapists and hearing their feedback.

Ensuring that occupational therapists receive timely

communication about the work of the College, issues that are relevant to them in their everyday practice, will also be a top priority.

The themes that were shared with attendees at the College's 20th anniversary event last December are as central to our work going forward as they have ever been.

Our intent is to continue to build bridges with occupational therapists and work together as a profession. Working together, Registrants and the College can ensure that the public receives the highest quality care that occupational therapists are capable of delivering.



College staff and President Lesya Dyk (front row, 1st on left) pose for a photo following the 20th Anniversary Celebration in December 2013.



Vision pour le futur

Elinor Larney, Régistratrice

Il me fait grand plaisir de rédiger cet article en tant que nouvelle registraire de l'Ordre des ergothérapeutes de l'Ontario.

Je ne suis pas une nouvelle venue au sein de l'Ordre mais j'occupe un nouveau rôle. Mon mandat ne fait que commencer mais je peux déjà voir des changements positifs à l'horizon.

Le conseil de l'Ordre vient d'achever son cycle de planification stratégique et le plan pour les trois prochaines années met un accent important sur l'amélioration de la relation entre l'Ordre et les ergothérapeutes. Nous voulons nous assurer que cette relation se fonde sur une confiance et un respect mutuels dans tout ce que nous faisons. Ceci signifie que la manière dont nous exécutons notre mandat en vertu de la *Loi de 1991 sur les professions de la santé réglementées* va changer. Nous ferons une plus grande utilisation des composantes des programmes en ligne pour essayer de maximiser l'efficacité de l'Ordre et améliorer la façon dont nous appuyons et communiquons avec les ergothérapeutes et intervenants.

J'ai hâte de rencontrer les ergothérapeutes et d'entendre leurs commentaires. L'Ordre

mettra aussi sur sa liste de priorités une communication en temps opportun de ses réalisations qui visent les sujets pertinents l'exercice quotidien de l'ergothérapie.

Les thèmes que nous avons partagés avec vous en décembre dernier en commémorant notre 20^e anniversaire occupent toujours

une place centrale dans nos activités. Nous entendons continuer à établir des ponts avec les ergothérapeutes et à collaborer avec eux dans l'exercice de notre profession. Ensemble, nous veillerons à ce que les membres du public que nous desservons reçoivent les meilleurs soins que nous pouvons leur fournir.



Le personnel de l'Ordre et présidente Lesya Dyk pose pour une photo suite à la célébration du 20^e anniversaire de l'Ordre en décembre 2013.



IPC eTool

Serena Shastri-Estrada, Practice Resource Liaison

In the spirit of interprofessional collaboration, the College of Occupational Therapists of Ontario had the opportunity to partner with a number of other health regulatory colleges as part of Federation of Health Regulatory Colleges of Ontario (FHRCO) initiative to develop the IPC eTool.

Collaboration made easy for health care professionals

When working as part of a health care team, have you ever wondered where your role ends and where another health care professional's role begins? There is now a tool that can help you confidently answer that question.

The new Interprofessional Collaboration (IPC) eTool lets health professionals coordinate care and take into account expanding and overlapping scopes and authorities among professions. The eTool provides a framework that outlines roles, responsibilities and scopes of practice for every regulated health professional in Ontario. It can help you build stronger, more efficient and effective collaborative care teams.

The eTool gives you the option to plan, identify risks, streamline workflow, encourage discussions, facilitate problem solving and empower team members to take on new roles.

How the eTool came to be

The Federation of Health Regulatory Colleges of Ontario (FHRCO) brought together the Colleges to create a resource to address the growing need for multi-disciplinary teams to work together.

The need for interprofessional collaboration can be anywhere healthcare professionals practise: hospitals, long-term care facilities, schools, other settings with a focus on providing safe, quality, patient-centred care. Interprofessional collaboration isn't just a lofty goal, it is a government expectation as part of the drive to reduce costs and improve levels of patient care. Changes to the *Regulated Health Professions Act* (RHPA) have made collaboration between professions part of the language of regulation.

Putting the tool to work for you

With three useful features, the web-based tool has checklists the user may customize, a *Frequently Asked Questions* section, and comprehensive tables of all of the

scopes of practice and controlled acts with links to relevant College policies and standards. The eTool assists decision making by providing teams with the information necessary to make informed decisions.

Checklists

The checklists help to lay out workflow and are built on common patient-centred milestones, significant points in a patient's care journey, with drop down menus that allow you to add personalized milestones to suit your teams' specific needs. It prompts teams to work through all of the critical checkpoints they might encounter and plan ahead on how to manage these transitions safely and efficiently.

A team could use the tool to plan how to approach caring for a particular patient type in their practice setting. For example, planning to work with patients with congestive heart failure admitted to a long-term care

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Update on the College of Psychotherapists

While no date has yet been approved, the College of Psychotherapists will soon become a reality. That means that anyone not already registered with an authorized college, using the title *Psychotherapist* or an abbreviation, or claiming to be qualified to practise as a psychotherapist, must be registered with the College of Psychotherapists.

OTs may continue to practise psychotherapy, as they are one of the professions legally entitled to

do so through an amendment to the *Regulated Health Professions Act* (1991). OTs are also allowed to use the title *Psychotherapist* in accordance with the College's *Standards for Psychotherapy*, which includes instructions on the use of title. The *Standards for Psychotherapy* can be found at www.coto.org under *Resource Room – Practice Standards/ Guidelines/ Position Statements*.

OTs registered with the College of Occupational Therapists of

Ontario will not be required to register with the College of Psychotherapists.

Controlled Act

It is not certain if the controlled act of psychotherapy will be enacted at the same time as the College of Psychotherapists comes into being, however, the College's *Standards for Psychotherapy* remain relevant to occupational therapy practice, whether or not a controlled act for psychotherapy is in effect.

IPC eTool

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facility, or to create checklists to plan a public health initiative, such as administering community flu shots or managing hip replacement patients after hospital discharge. The options are endless; the eTool is flexible enough to adapt to meet your needs.

Frequently Asked Questions

- The FAQ section covers a broad range of topics such as consent, privacy, documentation and communication – that apply across the board of the health care profession. The FAQs are a great place to start when looking for answers, or as a learning tool for students and new health professionals.

Scopes of Practice and Controlled Acts Charts

These comprehensive charts allow any health professional to see at a glance who is authorized to provide what level of care. The charts help answer questions like, “Who can suction in an ER?” or “Who on this health team has the authority to communicate a diagnosis in this case?” It gives teams the information they need to systematically work through scenarios that span the continuum of care.

Working Collaboratively

Healthcare teams have always worked together to deliver the best for their patients. The new eTool helps build stronger, more effective teams by making sure every member of the team knows their

roles and responsibilities.

The eTool plays an important role in risk mitigation as the team will start their work together with a full understanding of where each member's accountabilities begin and end. Access the eTool at www.ipc.fhrco.org.

An Interprofessional Guide on the Use of Orders, Directives and Delegation

Another excellent resource that too few people know about is the *Interprofessional Guide on the Use of Orders, Directives and Delegation*. When considering the delegation of controlled acts, members of multi-disciplinary teams are often unsure as to who can delegate what activity to whom. This guide facilitates efficient, effective and safe collaboration within any practice setting.

Guide to Discontinuation of Service

Serena Shastri-Estrada, Practice Resource Liaison

Terminating the client-therapist relationship is an inevitable part of the therapeutic relationship. This is usually anticipated upon the completion of the intervention process and/or of planned outcomes. The decision to discharge is directly linked to a clear and thorough understanding of the initial request for service, the expected outcomes, and the plan to achieve these goals. Preparing for discharge therefore begins with the

referral, and is an ongoing consideration throughout the intervention process.

It is common that an unplanned, unanticipated or unintended end to the client-therapist relationship can occur prior to the completion of the requested service and intervention plan. This is termed *discontinuation of service*, and OTs should manage the situation by keeping the interests of the client as their main priority.

The *Guide to Discontinuation of Service* is intended to alert OTs of the regulatory requirements, assist them in understanding the potential impact of the requirements on their practice.

Finally, suggestions are provided on how to make this work in practice. A copy of this document is included with this newsletter and/or is available on the website in the *Resource Room*.

Acupuncture Update

In April 2013, the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (CTCMPAO) was proclaimed and began to regulate members in two scopes of practice: general and grandparented.

The two categories of registration differ in the competencies and education required; the former has a more extensive formal education, which includes *herbal dispensary management*.

Occupational therapists can perform acupuncture under an exemption in the *Regulated Health Professions Act* (1991), however they are not permitted to use the title *Acupuncturist*. OTs who wish

to register with CTCMPAO must meet its registration requirements, however, OTs registered with the College of Occupational Therapists of Ontario are permitted to perform acupuncture without dual registration.

The CTCMPAO registration requirements state that, “Entry-level Occupational Competencies for the Practice of Traditional Chinese Medicine in Canada” be met. These competencies are grouped into nine practice areas: (1) Interpersonal Skills; (2) Professionalism; (3) Practice Management; (4) Traditional Chinese Medicine Foundations; (5) Fundamentals of Biomedicine; (6) Diagnostics and Treatment;

(7) Acupuncture Techniques; (8) Herbal Dispensary Management; and (9) Safety.

The grandparenting system requires applicants to complete a minimum of 2,000 traditional Chinese medicine patient visits in Canada within the 5 year period immediately before April 1, 2013. They must also successfully complete the College’s Safety Program and Jurisprudence Course within the 3-year period immediately before the date of application. Grandparented members will be required to meet further requirements to obtain a General license.

For more information on CTCMPAO and their registration process and requirements, please visit their website www.ctcmpao.on.ca.



QUESTIONS AND ANSWERS

Question: *As an OT, I conduct Independent Examinations (IE) pertaining to clients, as requested and funded by auto insurance companies. I usually obtain a signed consent form for my involvement when conducting the face-to-face assessment. Insurers subsequently request that I provide a further opinion through an Addendum report. What are my consent obligations?*

Answer: It is important to distinguish between a *consent form* and the *process of consent*, which is fluid and ongoing (mandated by the *Health Care Consent Act* (HCCA), the *Personal Health Information Protection Act* (PHIPA), and the *Standards for Consent*), for which a consent form could be just one part. **Consent forms do not necessarily fulfill the informed consent requirement.**

Obtaining a written consent form is not a College requirement, although undeniably in many situations it can significantly enhance the informed consent process. While OTs working in the auto sector have adopted the use of consent forms as a best practice,

regulated health professionals must ensure that they fully embrace the informed consent process in their interactions and completion of health care tasks. The HCCA stipulates that the consent relates to the health care task being proposed is explained in a manner that a reasonable person is able to understand, and is obtained voluntarily by the client-patient and not through misrepresentation or fraud (HCCA, 1996 s11).

Addendums for additional information: Sometimes addendums are written if there is an error in the original report; for example, calculations were made incorrectly (information gleaned in the Independent Examiner assessment session, typos, etc.). No additional consent is required as the corrected information has not been influenced by something for which the informed consent was not obtained. If however, an addendum is being requested that requires further analysis, the consideration of additional information, or a new health task, then additional consent is required in compliance with PHIPA, HCCA, the *Standards for Consent* and the

Code of Ethics. This is because the personal health information originally collected for a particular purpose and within the context of the client-therapist relationship (and for which informed consent was obtained) is now being used and disseminated for another purpose (albeit related).

The stance of the College is that OTs must comply with all applicable legislation (HCCA, PHIPA), standards of practice and the *Code of Ethics*. In order to do this, OTs must critically examine the health care requests being made and the administrative processes being employed by insurers and lawyers (who are not bound by PHIPA), with respect to the collection, use and dissemination of the client's/patient's personal health information.

Here are a list of resources which apply to this practice situation:

- www.coto.org/pdf/HCCA_Guide.pdf (*Guide to the Health Care Consent Act*)

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Quality Assurance Random Selection Update

Occupational therapists with a non-clinical nature of practice have been participating in the Competency Review and Evaluation (CRE) process since 2012. In the latest selection (fall 2013), 73 OTs with a non-clinical nature of practice received their review packages.

Of these:

- 15 OTs requested and received a deferral;
- 58 OTs completed the CRE process;
- 44 OTs had complete portfolios (76%);
- 4 Registrants were required to complete the Peer and Practice Assessment (Step 2).

In April 2014, occupational

therapists with a mixed nature of practice were able to participate in the CRE for the first time. Mixed practice includes OTs who have both clinical and non-clinical responsibilities. As these Registrants' roles and responsibilities vary greatly, it is necessary to identify the nature and extent of their clinical work to determine if obtaining client feedback is possible. The selected occupational therapists completed a *Mixed Selection Screening Tool* to further define their work. 345 occupational therapists completed the tool and almost two thirds have the capability of obtaining client feedback as part of the CRE process. The

information received from clients and co-workers is beneficial to occupational therapists to identify their strengths and areas for improvement, as well as ensuring that their clients receive credible, competent service. Those OTs who have minimal client interactions and who are unable to complete the client feedback portion will receive surveys to provide to co-workers and colleagues only.

In future CRE processes, a random number of OTs in each of the three natures of practice (clinical, non-clinical and mixed) will participate. The College is aiming to have a fair and consistent process for all OTs regardless of their nature of practice.

Q & A continued from page 8

- www.coto.org/pdf/COTO_Standards_Consent_2008.pdf (*Standards for Consent* [these represent minimum expectations for OTs, i.e. while not in law OTs must comply])
- www.coto.org/pdf/Practice_Guideline.pdf (*Guideline on the Use of Surveillance Materials in Assessment*)
- www.coto.org/pdf/Privacy_Legislation_Guide_1104.pdf (*Guide to Personal Health Information Protection Act*)
- www.e-lawsgovon.ca/html/statutes/english/elaws_statutes_04p03_e.htm (PHIPA on e-laws) -
- www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_96h02_e.htm (HCCA on -laws)
- www.coto.org/pdf/publications/Guide_to_Code_of_Ethics.pdf
- www.coto.org/pdf/Code_of_Ethics.pdf (Q&A submission for Spring 2014 *On the Record*)

Electronic Wallet Card/Tax Receipt And Certificate Seal

The College is pleased to announce that you will no longer have to wait for your wallet card and tax receipt to be mailed to you! Beginning this year you will receive an electronic wallet card and tax receipt, hard copies will not be issued.

Your wallet card and tax receipt will be sent in PDF format to your email address on file with the College once you have completed the annual renewal form and your payment has been processed (depending on payment type this may take up to 5 business days). Your wallet card and tax receipt can then be printed off for your records at your convenience. If you carry your wallet card with you, the College suggests printing it out on heavier paper.

The College would like to remind Registrants that employers and members of the public should be encouraged to use the public register (*OT Directory*) to confirm the status of their OT (or other healthcare professional).

Wallet cards should not be used to confirm the status of OTs because they give very limited information. For instance, wallet cards do not contain information related to any terms, conditions or limitations, or any disciplinary action a Registrant may be subject to. Also, wallet cards are issued at one point during the year, directly after a Registrant has renewed their certificate of registration. At any time during the year a Registrant's status with the College may change

due to resignation, revocation, suspension, etc., and the wallet card would no longer be valid and would contain inaccurate information. The *OT Directory* contains all current data related to all OTs in Ontario and is updated in real time from the College database.

Following annual renewal, your wallet card and tax receipt will be available for download on the *Registrants Only* section of the College website. If you require a duplicate copy you can download one; there will no longer be a fee for this service (an administrative fee will continue to apply to requests for duplicate wallet cards and tax receipts issued prior to the 2014/2015 renewal year). Your certificate seal will be mailed in the summer.

Council Highlights

The following are highlights from the March 27, 2014 Council Meeting:

- Elinor Larney, Registrar, took Council through a visual presentation which reported on the status of 14 areas of focus for those 2013/ 2014 Operations projects that had reached a significant hallmark or had been completed;
- Council approved the re-appointment of Kathleen Murphy as a Non-Council Member on the Disciple Committee for a second three-year term;
- Marnie Lofsky, Senior Manager, Practice (Interim), and Brandi Park (Manager, Registration) walked Council through a visual presentation which provided statistical updates on Non-Clinical Registrants;
- Jewelle Smith-Johnson, Director of Operations and Communications, walked Council through a visual presentation on how to read financial statements and the role of Council regarding managing College finances;

- Council approved the January 2014 Financial Report and Balance Sheet, as presented;
- Council reviewed College Investment Memo, which outlined the status of College investment for the calendar year ending Dec. 31, 2013;
- Farewell and thank you speeches were made to honour the contributions of departing Council members Lesya Dyk, Ann Vanderwiel, and Rachel Gervais. Each were presented with a commemorative plaque.

Upcoming Council Meetings:
June 18, 2014

Goodbyes & Welcome

Welcome to New Council Members

Council and staff are pleased to welcome three new professional members of Council:

- **Julie Entwistle**, District 2 (Central West – Hamilton/Waterloo and area)
- **Jennifer Henderson**, District 2
- **Carol Mieras**, District 4 (Eastern – Ottawa /Kingston and area)

Angie Mandich, Academic member of Council, was reappointed for a second 3 year term. In addition, **Upali Obeyesekere**, Public Member, was re-appointed to Council for a one year term.

A Fond Farewell to Departing Council Members

Council and staff said a fond farewell to three departing members of Council. **Lesya Dyk** served on Council for the maximum of 9 years, - three, 3 year terms. She was elected as President of Council from April 2011 to March 2014. Prior to her tenure as President,

Lesya was elected as Vice President from 2009 to 2011. She has served on the Discipline, Fitness to Practise, Practice Issues and Quality Assurance Committees and Chaired the Registration Committee.

Rachel Gervais has served on Council for one term and during that time, was a member of the Quality Assurance Committee and was the Chair of the Registration Committee.

Anne Vanderwiell has served on Council for one term and during her time on Council was a member of the Investigations, Complaints and Reports Committee, and was Chair of the Patient Relations Committee.

While the arrival of new Council members brings new ideas and energy to the College, we are also sad to see those people with whom we have enjoyed working, leave.

Our sincere best wishes to Lesya, Rachel and Anne.



New President Elected

Jane Cox of London was elected President of Council during the election of officers at the March meeting of Council. Jane was first elected to Council in 2009, and has served as Vice President, Chaired the Quality Assurance Committee, Practice Issues Committee, as well as served on the Fitness to Practise Committee. This is Jane's second term of Council, having been re-elected in 2012.

Welcome Jane to the role of President. We wish you all the best in this new role.

