Transparency & Accountability

Transparence et responsabilisation

Tax Receipts, Health Professional Corporations, Dual Practice & More

Case: Meeting Record Keeping Requirements

College of Occupational Therapists of Ontario
Ordre des ergothérapeutes de l’Ontario
Promoting Competent Practice

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Letters to the Editor

We welcome your feedback.
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Occupational therapists enable children to participate in their daily activities.
Transparency & Accountability – New Process to be Discussed by the College

Elinor Larney, Registrar

As you may be aware, the College is established under the Regulated Health Professions Act, 1991 (RHPA), which is legislation under the purview of the Ministry of Health and Long-Term Care. The College’s role is to act in the interest of the public, for their protection, and govern the profession within the objects of the RHPA.

The Ministry of Health and Long-Term Care, in its role, has asked all regulated health Colleges to review their current practices with a view to increasing transparency. You can view the letters from the Ministry of Health and Long-Term Care and the College’s response on our website at www.coto.org/about/transparency.asp.

The main focus of transparency at this time is processes related to matters that come before the Inquiries, Complaints and Reports Committee (ICRC). As the public demand for more information about complaints and outcomes increases, it is incumbent on the College to determine what information should be shared in the public interest.

It is in the profession’s interest to demonstrate accountability and to hold ourselves accountable as a profession – this is done through the College. It is in the public’s interest to have relevant information that will help them to make decisions about their care.

Therefore, in the coming months, the College will be discussing its current processes and deciding what should be made publicly available and what should remain confidential. Council has already adopted the principles of transparency that will guide its own decision making. Those principles are posted on our website at www.coto.org/about/transparency.asp.

Discussions and decisions will balance the principles of public protection and accountability, with fairness and privacy (as noted in adopted principle 6).

The College has three main questions to consider:
1. How much information should be collected in the interest of the public?
2. Should this information appear on the public register?
3. How long should this information stay on the public register?

Issues up for debate include:
- Publication of bail conditions for an OT who is arrested
- Publication of criminal convictions
- Publication of outcomes of ICRC decisions

The College’s public register has information about each OT in the province, their name, where they work and their work contact information. In addition, if an OT has been the subject of a disciplinary hearing and if there was a finding, that information is available to the public indefinitely through the register on the website. Currently, no other information about the complaints process is made public, unless there is a compelling public risk issue. The College will be discussing this issue with other Ontario health regulatory Colleges to ensure our processes are consistent with the Ministry’s expectations and other College decisions.

We will keep OTs informed as this process unfolds. Watch our website and your email inbox for updates.
Vous savez probablement que l’Ordre est établi conformément à la Loi de 1991 sur les professions de la santé réglementées (LPSR) – une loi qui est du ressort du ministère de la Santé et des Soins de longue durée. Le rôle de l’Ordre est de défendre les intérêts du public en assurant sa protection et de régir la profession conformément à la LPSR.

Dans le cadre de son rôle, le ministère de la Santé et des Soins de longue durée a demandé à tous les ordres de réglementation des professionnels de la santé de passer en revue leurs pratiques actuelles en visant à accroître leur transparence. Vous pouvez consulter les lettres (en anglais seulement) du ministre ainsi que la réponse de l’Ordre sur notre site Web à www.coto.org/about/transparency.asp.

Le point central de la transparence est, pour le moment, les processus liés aux affaires présentées devant le comité des enquêtes, des plaintes et des rapports. Avec la demande croissante du public pour de plus amples renseignements sur les plaintes posées et les constatations, il revient à l’Ordre de déterminer quelle information devrait être partagée pour veiller aux intérêts du public.

Pouvoir rendre des comptes et responsabiliser les actes de notre profession est dans notre meilleur intérêt. Ceci se fait par l’entremise de l’Ordre. De plus, en informant les membres du public, nous desservons leurs propres intérêts puisqu’ils peuvent prendre des décisions plus éclairées sur leurs soins.

Au cours des prochains mois, l’Ordre discutera de ses processus actuels et décidera de ce qui devrait être rendu public et de ce qui devrait rester confidentiel. Le conseil a déjà adopté les principes de transparence qui sont affichés (en anglais seulement) sur notre site Web à www.coto.org/about/transparency.asp.

Les discussions et les décisions essayeront d’établir un équilibre entre la protection du public et la reddition des comptes, et l’équité et la protection de la vie privée (tel qu’indiqué dans le principe 6 adopté).

Les questions qui doivent être débattues comprennent ce qui suit :

- Publication des conditions de la libération sous caution d’un ergothérapeute qui est arrêté
- Publication des déclarations de culpabilité
- Publication des résultats de décisions du comité des enquêtes, des plaintes et des rapports

Le tableau de l’Ordre (registre public) affiche des renseignements sur chaque ergothérapeute en Ontario, y compris leur nom, leur adresse d’affaires et leurs coordonnées au travail. De plus, si un ergothérapeute a fait l’objet d’une audience disciplinaire et est reconnu coupable, cette information est affichée indéfiniment sur le tableau de notre site Web. Il n’y a présentement aucune autre information.
Relational Regulation

As the College moves through its 2014-2017 strategic plan, some exciting changes are taking place.

In late 2014, Kara Ronald joined the College as Deputy Registrar and Nancy Stevenson came on board as Director of Strategic Communications and IT. Both roles have a strong commitment to building relationships with registrants and stakeholders.

We realize how important it is to work together. Honest, open conversation provides opportunities for improvement and learning while technology allows us to share information in different ways. In the coming months, you will see us taking steps to enhance both.

The College commitment to relational regulation means we will be working hard to ensure registrants and stakeholders view the College as a resource and feel comfortable contacting us. We believe an open dialogue helps us all to be more effective in making the best decisions possible. We are working towards the same ultimate goal: to safely and effectively work with clients.

I look forward to working with OTs, educators, interprofessional colleagues, government agencies and the public to ensure success in our shared goal of competent, ethical and accountable OT practice.

Nancy’s role will focus on building communications programs that support the College’s vision, mission and mandate. You’ll learn more about the future of College communications in the upcoming issues of On the Record and we look forward to hearing your feedback on our new initiatives.

2014-2017 Leadership Priorities

- Regulatory Leadership and Practice Support
- Relational Regulation
- Accountability

Kara Ronald, Deputy Registrar

We asked Kara how she felt about her new role and the College’s leadership priorities.

In exploring the opportunity to join the College of Occupational Therapists of Ontario as member of the leadership team, I was enticed by the future directions of the organization and the emphasis on Relational Regulation articulated in the 2014-2017 strategic plan.

In my capacity as Deputy Registrar I have responsibility for the Registration, Quality Assurance, Patient Relations and Practice programs at the College. To effectively manage these programs a collaborative approach is essential.
Council Adopts New Policy About Agents

The College regularly retains members of the profession to assist with work that cannot be performed by staff of the College. These members, when called upon to assist the College, act as ‘agents’ of the College.

Agents of the College often have significant roles and responsibilities. For instance, they may evaluate or mentor another occupational therapist’s practice. Acting in these capacities, agents are called upon to dedicate a lot of time, effort and attention to their roles. Agents are also expected to represent the highest levels of leadership and professionalism.

It is for these reasons that the College Council believes it is in the best interest of the members and the College to:

• not retain, as agent, a member who is in the midst of a College proceeding (including an investigation).
• not retain, as agent, a member who has (within the previous year or more) been through a formal College process that resulted in any decision other than to take no further action.

In October 2014, College Council decided to adopt a policy setting out objective criteria for the approval of agents. These criteria will be applied, as consistently as possible, across all College areas.

The Council believes these criteria are in the best interest of the public and will help the College continue to meet its mandate to protect the public.

The work of these agents may include:
• acting as experts in discipline hearings
• acting as practice supervisors
• acting as peer assessors, or
• acting as non-Council Committee members.

Example: A member of the profession who had previously received a caution may only be appointed to a non-Council Committee (such as the Registration Committee) if at least six years have passed since the caution. In the case of less serious decisions, such as a Committee’s decision to issue guidance, an agent would be able to fulfill the role of non-Council Committee member one year after receiving the Committee’s guidance.
College Retires Position Statement on Dual Practice

Serena Shastri-Estrada, Practice Resource Liaison

A therapist is engaging in dual practice when practicing as an occupational therapist and also as another regulated or unregulated practitioner. The practice of more than one profession by the same practitioner raises questions about regulation and accountability. In these circumstances there is a potential for clients to be misled with respect to the qualifications or role of that practitioner.

In 2000 the College released a Position Statement on Dual Practice basically stating that as long as the individual who was engaged in two separate practices kept those practices separate, all would be okay. The College has determined, due to experience from other Colleges and their complaints outcomes, that all is not always okay. Nor is everything as neat as the mere separation of two practices.

Due to the regulatory complexities associated with the current arrangements of dual practice, this position statement is now considered to be outdated.

How can OTs adequately separate out their OT practice from another non-OT practice, given the broad nature of the OT scope of practice? Not identifying oneself as an OT is probably not enough. All Ontario OTs are listed on the public register/OT Directory. As regulated health professionals, OTs are expected to be transparent about their accountabilities and responsibilities to the College. As an OT with a broad scope of practice, it is difficult to determine the point at which one is and is not an OT.

An example of the extensive nature of professional obligations is in the legislated requirement that registered professionals must disclose offences (traffic violations, criminal activity, etc.) at the time of initial registration and whenever they occur while they are registered.

This declaration must be made even if the offences occurred outside of, and independent to, an OT’s practice.

Most importantly, if a member of the public makes a complaint to the College about an OT who may be practicing in another profession, the College will still need to investigate the conduct of that OT regardless of the label of practice.

The Position Statement on Dual Practice is outdated based on the opinion that every dual practice situation will be unique and other existing regulatory mechanisms can best address the associated public protection risks. For these reasons, the Position Statement on Dual Practice was retired by Council on Oct 22, 2014.
Tax Receipts Now Available Online

We are happy to announce tax receipts are now available online through the Registrants Only section of the College website. You may download and print multiple copies of your receipt at no charge. To access your receipt:

1. **Log** in to Registrants Only section of www.coto.org.
2. **Select** the Print Receipt feature.
3. Follow the instructions to download your receipt.

**Duplicate Receipts**
To access receipts from previous years, you will need to **complete the Duplicate Receipt Form**, which is available on the College website at http://www.coto.org/pdf/RequestDuplicate.pdf.

An administrative fee will continue to apply to requests for tax receipts issued prior to the 2014/2015 renewal year. The cost per duplicate receipt is $11.30 (HST included) and payment must be included with your request.

Please fax the completed form to College Registration at 416.214.0851 or scan and email the completed form to registration@coto.org. If you wish to pay by cheque, please mail the completed request form to the College.

Please allow at least two weeks for processing.

Changes to Health Professional Corporations Effective Immediately

The government recently made some technical amendments to the Certificates of Authorization Regulation made under the Regulated Health Professions Act, 1991. These amendments affect the College’s application and renewal processes for the Certificate of Authorization for a Health Professional Corporation.

What’s changed?
1. The name of the document to show that the corporation is active has been changed. It is no longer called a “certificate of status”. It is now called “corporation profile report”. The document does not need to be issued directly by the Ministry of Government and Consumer Services and can now be issued by a service provider contracted to the Ministry.
2. A statutory declaration is no longer required. A formal declaration by a director of the corporation is sufficient.
3. Certificates of incorporation no longer have to be certified. A copy is sufficient.

As a result, the College will be changing all documents relating to health professional corporations.

If you have any questions about health professional corporations or how the changes may impact you, please contact Brandi Park, Manager, Registration, at bpark@coto.org.
New Process for Internationally Educated OTs

As of May 1, 2015, a new assessment process will apply to any applicant who has completed their OT education outside Canada, including Canadians who travelled outside Canada for their OT education. The process will also apply to applicants who have completed their education in the United States.

Applicants who want to register for practice anywhere in Canada (except Quebec) must first apply to the Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO) to complete a new assessment process.

ACOTRO is implementing a common assessment approach for the qualification recognition and competence-based assessment of internationally educated occupational therapists (IEOTs). This approach is called the Substantial Equivalency Assessment System, also referred to as SEAS.

SEAS is the new assessment process to determine the extent to which an IEOT’s educational qualifications and competencies are substantially equivalent to those of a Canadian-educated occupational therapist.

Once implemented, it will be the first step for all IEOTs in the Canadian registration process (with the exception of Quebec). This new, multi-stage assessment approach, administered entirely by ACOTRO, will:

- examine the education that IEOTs originally completed
- invite them to demonstrate what they know and can do, and
- ensure they are familiar with Canadian legislation, ethics and standards of practice that provide the framework for occupational therapy practice in Canada.

For more information on the SEAS process please visit the College website or www.acotro-acore.org.

SEAS is a new assessment process to determine the extent to which an IEOT’s educational qualifications and competencies are substantially equivalent to those of a Canadian-educated occupational therapist.
Case: Meeting Record Keeping Requirements in Hospital Healthcare

Angelica, an OT at Wellbeing Healthcare Centre works 0.8 full-time equivalent (FTE) as the Centre’s Interprofessional Collaborative Practice Leader and 0.2 FTE as an OT on 8A, an acute medicine unit with 30 beds. She is currently the only OT assigned to 8A, although the unit used to have a 1.0 FTE OT, and the existing medical directive indicates that all patients should receive an OT assessment and be “treated as appropriate”. Given limited OT resources on 8A, Angelica has gained agreement from the interprofessional team that the scope of OT services will be narrowed. Members of the interprofessional team are assisting in managing the limited OT resources by identifying the patients that meet the criteria for the new scope for OT services, then advising Angelica when she comes to the unit.

Given the short stay, fast-paced nature of 8A, there are often times when a patient is transferred to another unit or discharged entirely from the hospital before Angelica has the opportunity to assess or complete her involvement with the patient.

Angelica is concerned about meeting College record keeping requirements, in particular:

• generating a discharge report;
• failing to respond, in the clinical record, to documented referrals (as per the medical directive), and;
• spending the significant time required to chase down the chart to document when she no longer has any influence over the client’s treatment plan, especially if she is only documenting to state that she did not see the client.

What are the issues?
1. How can Angelica manage the requirement to acknowledge the referrals generated from the medical directive for all patients on 8A?
2. How can Angelica manage the requirement for discharge documentation for patients who are discharged before OT intervention is complete?

What are the facts?
Record Keeping has a definite purpose: It demonstrates professional accountability, is a medical legal requirement and serves as a communication tool across the continuum of care. The Standards for Record Keeping set minimum expectations to support this purpose while recognizing that individual OTs are the most knowledgeable in their respective practice settings. In applying the Standards for Record Keeping, OTs must use clinical judgment and consider best practices, for their practice setting.

Discontinuation of OT services is a healthcare reality: The College recognizes that discontinuation of services may result for a number of reasons, including “discharge from services under circumstances that are based on the agency/institution priorities.” (COTO Guide to Discontinuation of Services, 2014). In such situations OTs should make sure their documentation reflects clear lines of accountability as well as the client’s status and recommendations, as appropriate, for further care or follow-up. Consideration to these matters is required as discontinuation of services is addressed under the Professional Misconduct Regulation.
What College documents apply?

- Standards for Record Keeping
- Guide to Discontinuation of Services
- Practice Guidelines for Working Within a Climate of Managed Resources

(These resources and more are available at www.coto.org/ResourceRoom)

Options for Managing the Situation

Service Protocols: While the Standards for Record Keeping clearly outline the required clinical record information (Standard 1, Standards for Record Keeping, 2008), the format and frequency of documentation is determined based on the client care needs, and the policies and care requirements of the facility. Where there is a clearly defined OT scope of service and associated care pathway, the use of detailed referral processes and care protocols can be developed and referenced to the relevant clinical record. Then, by adopting the “charting by exception” approach, OTs can minimize the amount of ongoing charting required.

In Angelica’s case, service protocols can detail professional accountability related to the referral source (i.e., existing medical directive for 8A), how screening will occur, and if services will be provided (i.e., Scope of OT services for 8A). If the discontinuation of OT services is a common occurrence, then the protocol can also address this issue detailing the rationale for discontinuation and processes to provide options for follow-up care that can be made available to the client.

In addition to the service protocol, Angelica may want to have further conversations with her interprofessional team to determine if the medical directive process for referrals is still appropriate given the changes to OT resources and scope of practice on 8A.

Options for Discharge Report

The Standards for Record Keeping require, “A record of discharge information” (Standards for Record Keeping, 2008; Indicator 1.16).

There is no requirement that this take the form of a stand-alone and comprehensive discharge report. If the client was assessed and treatment recommendations made and documented, and then the client is transferred to another service or discharged before treatment is implemented, a full separate discharge summary may not be needed. If an appropriate service protocol exists and was followed, then discharge documentation can be minimized. OTs are encouraged to use their clinical judgement in considering the requirements of their practice setting and their client. If unanticipated discharges are common, Angelica will also want to consider how she will manage client and referral source expectations for OT service as this situation is more easily handled if anticipated and discussed ahead of time.

Did You Know?

November Poll Results
Supporting Your Practice: Which Topic Would You Like to Learn More About?

- Consent 22%
- Conflict of interest 9%
- Discontinuation of services 30%
- Record keeping 26%
- Social media 13%

Cast your vote in our next poll. Visit www.coto.org and click on Have Your Say on the home page.
2015 PREP Module: Communication

Health care professionals frequently communicate with clients and team members. Communication affects client safety, the quality of working relationships, personal job satisfaction and much more. Yet, communication training for health care professionals has received little attention. The 2015 PREP Module focuses on communication and how to build and maintain relationships by relying on two main components:

• what you communicate
• how you communicate

The module will address some everyday communication questions that OTs face:

• How will I tell my client that she doesn’t qualify for a scooter?
• How can I tell my boss I’ve made a mistake?
• My occupational therapist assistant has forgotten to chart again. What am I going to say to her?
• More budget cuts. How will I tell my team?
• The team is ignoring my recommendations – again. How can I run the meeting more effectively?
• How do I tell a team member I’m uncomfortable with giving him a reference?
• What is the best way to tell my students they’re not meeting the expectations of the placement?

We hope you enjoy the module and would love to hear your feedback, so make sure to complete the feedback survey at the end of the Reflection Page in the Professional Development Portal. Please send any questions to Marnie Lofsky, Manager, Quality Programs, at mlofsky@coto.org.

QA Stats

Competency Review and Evaluation (CRE) is a two-way process that provides feedback to occupational therapists to encourage practice improvements.

The CRE:

• assesses the knowledge, skill and judgement of selected occupational therapists, and
• monitors compliance with the Quality Assurance (QA) Program’s mandatory requirements.

Each year a number of OTs are randomly selected to participate. How many OTs have completed the process? 85% (4164 out of 4894 eligible registrants)! The number of participants, by nature of practice, is detailed in the chart below. Next selection begins in spring 2015.

*Employed outside of OT, unemployed and not seeking employment in OT, unemployed and seeking employment in OT, working outside profession and seeking working work in OT, or working outside of Ontario.

**Eligible registrants are those who meet the criteria for CRE selection as defined by the QA program.
University of Toronto Community Partners’ Teaching Award

In December 2014, the College was honoured to receive the **Numerous Contributions During Current Academic Year (Organization) Community Partners’ Teaching Award** from the Department of Occupational Science and Occupational Therapy at the University of Toronto.

Serena Shastri-Estrada, Practice Resource Liaison, was on hand to accept the award on behalf of the College.

As we move forward with the new year, it’s exciting to reflect on successful partnerships that support the growth and development of new generations of occupational therapists.

**Nomination Comment**
“...the College of Occupational Therapists has consistently, over the past decade, provided important and timely teaching to our MScOT students across the curriculum...”

College Council Elections

**District 1 Special Election Results**
College Council and staff are excited to announce **Julie Chiba Branson and Paula Szeto** are the newly elected District 1 (Central East) Council members.

- Julie is the Program Coordinator/Lead Facilitator, Program Management, at Holland Bloorview Kids Rehabilitation Hospital and is currently pursuing an MA in Leadership at the University of Guelph.
- Paula is the MSK OT Program Practice Leader, Musculoskeletal Program, at Toronto Rehab and a Lecturer at the University of Toronto.

Our new Council members will begin their terms at the January 2015 Council meeting and continue until the end of March 2016. We look forward to working with them both.

Thank you to everyone who participated in the District 1 elections.

**Upcoming Elections in District 3, 5, and 6**
Elections are coming soon to District 3 (South West), 5 (North East) and 6 (North West). If you are an eligible registrant in one of these districts, watch for your election package to arrive by mail in mid-February 2015.

Have questions about Council elections? Please contact Andjelina Stanier, Executive Assistant – Executive Office, at astonier@coto.org or 416.214.1777/1.800.890.6570 x232.

**College Council**
The Council is the governing body or board of directors of the College. Together, the Council sets the strategy for the College and makes decisions to ensure the public receives ethical, competent care from Ontario’s OTs.

Learn more about Council at www.coto.org/About the College.
Council Highlights

October 22, 2014 Meeting

• Marc Spector of law firm Steinecke Maciura LeBlanc delivered a presentation entitled Top 10 Cases in Regulation from 2013/2014.
• Elinor Larney, Registrar, reported on the status of the 16 initiatives from the 2014/15 Operational Plan.
• Gillian Slaughter, Manager, Investigations and Resolutions, briefed Council on the Ethics Remediation Workbook. Council were given the opportunity to answer sample questions and provide feedback.
• Council approved the appointments of Shaheeza Hirji and Leanne Baker as non-Council members of the Inquiries, Complaints and Reports Committee, each for a 3-year term commencing October 2014.
• Council approved Transparency Principles for adoption by the College.
• Council approved the retirement of the Position Statement on Dual Practice.
• Council approved the forwarding of a letter to the President of the Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO), outlining the College’s commitment to the ACOTRO SEAS process.
• Council approved the proposed Policy on Approval of Supervisors and Other Agents of the College.

Upcoming Council Meetings

January 29, 2015, 9:00 – 3:30
March 26, 2015, 9:00 – 4:00
June 18, 2015, 9:00 – 3:30

Council meetings are open to the public. Please email astanier@coto.org if you wish to attend. Space is limited.
credible
competent
committed