

COMMUNITY NETWORKS
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Developmental Service Providers and the Regulated Health Professions Act


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Outcomes


- Become aware of the history of Developmental Services
- Become aware of the history of the regulated Health Professions Act
- Be familiar with relevant aspects of the Regulated Health Professions Act (RHPA 1991)
- Be able to apply knowledge a RHPA to support staff role with clients in residential care



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Regulated Health Professions Act Developmental Service—History

- Institutions
- Late 1800's
- Ontario Department of Health
- Early 1900's




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Developmental Services---History

- Staffing shift
- 1960's shift in staffing from nursing to residential counsellor/medical assistant
- Facilities began to offer 2 year certification course
- Emphasis towards individuals living in their communities
- Course curriculum evolved—Developmental Worker (DSW) program






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Community Ministry of Community and Social Services (MCSS)

- 1974
- Developmental Services Act

MCSS Initiatives
 1977 – 1st Five Year Plan for Facility Closures
 1982 – 2nd Five Year Plan for Facility Closures
 1987 – Challenges and Opportunities
 1996 – Community Living Initiative
 2004 – Facilities Initiative




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Community continued.....

Ministry of Community and Social Services (MCSS)

- Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act 2008
- Quality Assurance Measures
- Compliance




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References

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<http://www.mcass.gov.on.ca/en/dshistory/index.aspx>



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History of The RHPA


- In 1982 The Health Professions Legislation Review (HPLR) was commissioned to do a review of the way that medical professions were regulated.
- At that time there was enormous dissatisfaction with the system and a lot of clamour for change.



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- Before the RHPA, Each profession was regulating based on the professionals best interest, and there was very little co-operation or communication between the groups.






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- The main principle of the review was that the new regulatory framework would effectively advance and protect the public's best interests.
- The number one goal was to insure that the public was protected from unqualified, unfit and incompetent health care providers to the extent possible.




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- In order to do this review, the HPLR group encouraged participation from the community by holding public meetings.
- During this time 75 groups asked to be regulated.
- The group also created a matrix in which they inputted the issues raised during these meetings. (500)



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- The act was passed in 1991, and came into effect on December 31, 1993, and applied to 23 health professions and the 21 colleges that regulated them.
- Since this time, 5 more professions and colleges have been added.



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“Controlled Acts” Legislation, How It Affects Us in Developmental Services for Client Care



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Outcomes


- Become familiar with the requirements of delegation from controlled acts authorized to Nursing
- Become aware of the differences of an Act requiring delegation and an Activity of Daily Living
- Discuss what might be some ways to move forward with strategies to manage challenging situations related to the RHPA and controlled acts related to nursing

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Regulated Health Professions Act (RHPA) 1991


- Is a scope of practice statement & a series of 13 authorized or controlled acts; RNs can perform 3 of the 13
- How does it affect developmental sector support workers (“unregulated care providers”) who are providing care to a population with complex health needs in community residential settings?
- Why is the application of RHPA complex in its application within the developmental services’ sector?




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Regulated Health Professions Act (RHPA), 1991


- The RHPA consists of 2 elements: a scope of practice statement & a series of authorized or controlled acts
- RNs must follow a strict process for 'delegating' to others to perform any of these controlled acts
- This presents problems in group home settings with many staff, turnover, certification & re-certification requirements


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What is a Controlled Act?


- Controlled acts are procedures that are considered potentially harmful if performed by unqualified persons
- Professionals are authorized to perform specific controlled acts based on their scope of practice. There are thirteen of them.
- Procedures that are not included in the list of controlled acts do not require authorization and can therefore be performed by anyone, including Unregulated Health Care Providers (UCPs)




 **Which Controlled Acts Can Nurses Perform and Delegate?**

Nurses are authorized to perform 3 of the 13 controlled acts. They include:


1. Performing a prescribed procedure below the dermis or a mucous membrane;
2. Administering a substance by injection or inhalation;
3. Putting an instrument, hand or finger:
 - beyond the external ear canal;
 - beyond the point in the nasal passages where they normally narrow;
 - beyond the larynx;
 - beyond the opening of the urethra;
 - beyond the labia majora;
 - beyond the anal verge; or
 - into an artificial opening into the body.



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RHPA Exemptions


- The RHPA outlines certain exemptions in section 29
- Persons may perform controlled acts if they are delegated or done in the course of:
 - First aid
 - Fulfilling the requirements of becoming a member of a health profession
 - Treating a member of one's own household
 - **Assisting a person with his or her routine activities of living [paragraph 5 or 6 of subsection 27 (2)]**

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Who are Unregulated Care Providers (UCPs)?


- 'UCPs' assist people with personal care and activities of daily living (e.g. feeding, dressing, bathing)
- 'UCPs' may deliver some basic elements of nursing care (e.g. medication administration)




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What Controlled Acts Can UCPs Perform?


- UCPs may perform the 2nd and 3rd acts if they are routine activities of daily living (ADL) for a person
- A procedure is considered a routine activity of daily living when:
 - the need for the procedure;
 - the response to the procedure; and
 - the outcomes of performing the procedure have been established over time and, as a result, are quite predictable
- These procedures need to be taught to the UCP by a Regulated Health Provider who has authority to train and delegate the act






Defining Acts of Daily Living (ADLs)


- ADLs are controlled acts that are performed as part of a well established routine with predictable outcomes
- Controlled acts that are also ADLs must be prescribed by a qualified professional
- A controlled act remains 'controlled' even when it is considered an ADL – as an ADL it only releases the controlled act from the need to be *delegated*
- Even though delegation is not required for an ADL, if it is a controlled act, it must still be taught by a professional that is authorized to perform the controlled act



What Does Teaching a Controlled Act Involve?


- Teaching does NOT include transferring the authority to perform a controlled act whereas delegation does
- Teaching is part of the process of delegation
- Need to ensure appropriate ongoing monitoring







What Does Delegation of a Controlled Act Involve ?

- Delegation is the transfer of authority to a person who is not otherwise authorized to perform a procedure within one of the controlled acts authorized to nursing
- It includes teaching and may involve 'assigning'
- The nurse must provide the teaching then watch the staff member perform the act with the specific client involved, to his/her satisfaction
- The nurse must then delegate the act to that specific UCP either verbally or in writing but the appropriate documentation of the steps and outcomes must be maintained (best practice would be to receive the delegation in writing)
- 'Delegating acts should be a last resort' and it is the responsibility of the Nurse and Agency Supervisor to ensure that these stipulations are met






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Agreement or Documentation

- An agreement should be signed between the agency and the nurse regarding the measures that must be in place for the ongoing assessment of the person's health status and the competency of the staff members trained to perform the procedure
- It is the responsibility of the Agency Supervisor to ensure that the stipulations outlined in this agreement are met




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The Nurse Teaching or Delegating Controlled Acts is Responsible To:


1. Know that the UCP is capable of safely and properly performing the procedure
2. Ensure that the UCP knows what their responsibilities entail and when to ask for assistance from or report to a Nurse or other Health Care Professional
3. Ensure that a nurse is assigned and will be responsible for the ongoing evaluation of the client's health needs and status - UCPs do not have the 'authority' to do so



What Does Monitoring Involve?


- Monitoring involves ensuring there is a mechanism for monitoring continuing competency
- **For delegated acts, monitoring must be done by the nurse that delegates**
- For exempted acts that require teaching (not delegation), the nurse that is teaching must ensure monitoring is in place but does not have to be the one who monitors
- Monitoring can be done directly or indirectly







Resources – Telehealth & the Practice Line


- To get health advice or general health information from a Registered Nurse, call **Telehealth Ontario at 1-866-797-0000** (24-hour service, but does not replace 911 for emergencies)
- For questions about complex situations involving care providers being requested to offer ‘nursing’ care try calling the College of Nurses Ontario’s Practice Line
- The **Practice Support Line** is open from 0830 to 1700 hrs, Monday to Friday, **phone # 416 928-0900 ext. 6397**



Example - Merissa








Merissa


- Merissa is 30 years old, has severe intellectual disability of unknown etiology, seizure disorder and type 1 diabetes.
- She uses non-verbal communication and needs assistance for all personal care.
- 5 years ago she moved from her aging parents’ home into a community group home.
- When she moved there, CCAC RN trained and delegated the primary staff to give Merissa insulin injections dosed by sliding scale as per physician’s order.
- The prescribing physician has found that sliding scale dosing has the best clinical outcomes for Merissa.




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Identification of System Gaps/Barriers

- With staffing changes and turnover, new support workers ('Unregulated Care Providers' or UCPs) require training and delegation for 'controlled acts', which CCAC does not provide.
- Under RHPA, giving injections has to be taught and delegated by a nurse and the College of Nurses' advises that sliding scale dosing is not recommended for administration by UCPs, as the client could be considered "unstable".
- The not-for-profit agency did not know where to find a nurse to provide training; meanwhile, Merissa needed her insulin injections and is dependent on a few staff who were trained a long time ago.






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Identification of System Gaps/Barriers

- Who will train, monitor and retrain? This isn't the only agency or client with this issue.
- CCAC advised that the not-for-profit agency purchase private nursing (an ongoing and increasing expense not budgeted for) or transfer Merissa to a long-term care nursing home.
- Agency care providers do not consider the option of sending 30 year old Merissa into long-term care as appropriate, but finding private nursing training services is difficult and costly.
- Merissa could be at serious risk if quality of care assurance measures are not ensured and supported.





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Education, Use of Guidelines & Increasing Collaboration

- The agency needed advocacy from the prescribing physician, (e.g. a letter to document safety/risks/benefits) and the physician needed to be engaged in understanding the complexity of the situation.
- The diabetes team was unaware of the implications of the RHPA on staff performing delegated/controlled acts and its impact on agency liability as well as difficulty supporting staff training.
- Referred to DD Primary Care Guidelines & Advocacy Role of Family Physician/Advanced Practice Nurse tool.

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Education & System Capacity Building


- Capacity building with developmental service agency supervisors and staff who had never been given CNO's copy of Practice Guidelines regarding RHPA
- Increased awareness for prescribing health care providers about situations that cause moral distress for workers and/or potential liability for agencies
- Advocacy for RHPA consultations, joint Ministry of Health and Long-Term Care and Ministry of Community and Social Services workshops with groups representing DSWs, training institutions, regulated health professional colleges, etc. to explore best practices
- The role of prescribing health care providers needs to be an aspect of agencies' policies regarding RHPA & Quality Assurance Measures

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"I hate giving these injections. Look at my hands shaking."





How To Move Forward?

- Increase awareness at various organizational levels e.g. DSW programs, developmental service agency front-line care providers & program managers?
- Develop clearer policies/best practice standards?
- Standardized teaching/learning & monitoring plans?
- Dialogues with CNO, CCAC/LIHN & prescribing health care providers (e.g. OMA)?
- Presentation to MCSS & MoHLTC for support?

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