

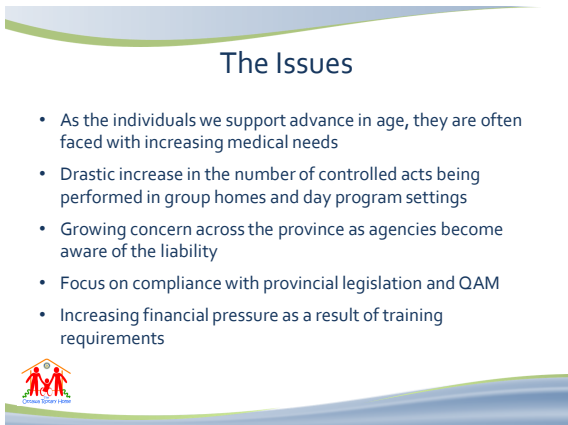


Controlled Acts in Developmental Services

Presentation to the Community Network of Specialized Care




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The Issues

- As the individuals we support advance in age, they are often faced with increasing medical needs
- Drastic increase in the number of controlled acts being performed in group homes and day program settings
- Growing concern across the province as agencies become aware of the liability
- Focus on compliance with provincial legislation and QAM
- Increasing financial pressure as a result of training requirements





Our goal

- Support an individuals' choice to remain in their home while receiving ongoing health interventions traditionally provided by regulated health care professionals
- Safeguard health and well-being of individuals receiving medical based care in community settings
- Support agencies in interpreting the regulations of both the government and regulatory bodies
- Reduce agency liability & financial impact
- Standardize training across the sector & provide sustainable training solutions



Frequent Questions

- What is a controlled act?
- Are we performing them without even knowing?
- Can Developmental Service Workers perform controlled acts?
- What does the law & legislation say?
- What is the agencies' responsibility?
- What is the liability?



Key Concept #1

Controlled Acts & Acts of Daily Living



Key Concept #2

Delegation vs. Teaching



Key Concept #3

Monitoring for Continuing Competency



What is a Controlled Act?

- Defined as acts that could cause harm if performed by those who do not have the knowledge, skill and judgment to perform them
- Regulated health professionals are authorized to perform controlled acts as outlined in the Regulated Health Professions Act, 1991 (RHPA)
- Quality Assurance Measures from MCSS indicate that each agency must comply with the RHPA



Controlled Acts Cont.

- There are 13 controlled acts listed in the Regulated Health Professional Act (RHPA).
- The RHPA outlines the scope of practice for 23 professions and dictates which professions can perform each act.
- The acts that are authorized to the nursing profession (acts 2, 5 & 6) are what we often see in our group homes (e.g. Inhalers, suppositories, injections, catheterizations to name a few).



Controlled Acts "2, 5 & 6"

1. Performing a prescribed procedure below the dermis (skin) or a mucous membrane(Act 2) ;
2. Administering a substance by injection or inhalation(Act 5) ;
3. Putting an instrument, hand or finger(Act 6) :
 - 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

**Recently a fourth controlled act was added to the nursing profession which is the dispensing of a drug



Exemptions under the RHPA

- The RHPA outlines certain exemptions in section 29
- Persons may perform controlled acts if they are delegated or done in the course of:
 - Rendering first aid
 - Treating a member of one's own household (family)
 - Assisting a person with his or her routine activities of living and the act falls within the second or third controlled act assigned to nurses



Family vs. Unregulated Care Provider

- Family member must reside with the individual receiving support and cannot receive financial compensation for the care provided
- Unregulated care providers (UCP) are paid care workers who are not registered with a regulatory body and receive financial compensation for the support they provide
- UCPs have no legally defined scope of practice, mandatory education or requirements nor do they have an established standards of practice.



Routine Acts of Daily Living

- Key Concept #1
- Acts of daily living (ADL) are controlled acts that are performed as part of a well established routine with predictable outcomes
- The controlled act must fall within the second or third act assigned to nurses to be eligible for ADL exemption
- Acts falling under the first or fourth act cannot be considered an ADL under any circumstance



ADLs Continued

- A controlled act remains controlled even when it is considered an ADL. The title only releases the controlled act from the need to be delegated
- ADLs must still be taught by a professional that is authorized to perform the controlled act
- Having the authority to perform an act through exemption does not mean it is always appropriate to do so
- The complexity of the procedure and the supports in place must be considered



Teaching vs. Delegation

- Key Concept # 2
- The terms teaching and delegation are often used interchangeable by nurses but they are very different
- Different liability levels for the agency
- Differences in training and monitoring requirements
- We rarely see situations where delegation is needed



Delegation

- Delegation is a transfer of authority to perform a controlled act and the regulated professional holds liability for the actions of the Unregulated Care Provider
- Delegation is needed for an act that does not qualify for exemption. It is not required for ADLs
- The skills taught are client specific and not transferrable
- There must be a therapeutic relationship between the nurse delegating and the client
- Must have ongoing monitoring by a nurse



Teaching Exempted Acts

- Delegation is not required for exempted controlled acts but they must still be taught
- Teaching must be done by a regulated health care professional
- Train the trainer models do not meet legislation requirements
- Liability is transferred to the person performing the act and the agency
- The skills taught are transferrable to different clients and different environments
- Monitoring of exempted acts can be done in house by agency supervisors



Examples

Can be taught if acts meets ADL requirements

- Catheterization
- Inhaler
- Enemas
- Suppositories
- Injections (e.g. insulin)
- Tracheostomy care

Must be delegated

- Any procedures on the left that cannot be considered an ADL
- Cleansing and dressing an open wound
- BG monitoring*
- Insulin sliding scale**



Special Notes

Medication Administration

Medication administration is NOT a controlled act and can be legally performed by a UCP. It is a BEST PRACTICE that agencies should put a policy in place that medication administration must be taught.

Dispensing medication is controlled. The person drawing the medication must be the person administering the medication. You cannot repackage stock meds for someone else to give.



Before a DSW Performs an Exempted Act

- Procedure must be routine and set out by a health professional
- Client must be stable and outcome predictable
- The DSW must be competent, current and comfortable with the act and have the necessary background knowledge
- The DSW must receive instruction on the act that is client specific
- A process for monitoring continuing competency must be put in place
- The DSW must be able to perform the act frequently enough to remain competent

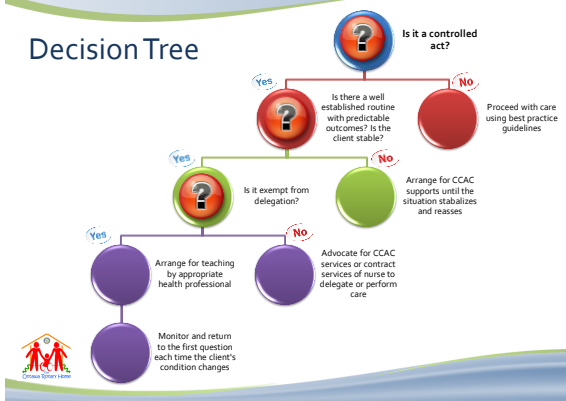


Before a DSW Performs an Exempted Act

Agencies should have policies in place. **It is the agency's responsibility to ensure the DSW is taught by the appropriate professional**



Decision Tree



Monitoring

- Key Concept #3
- Must be a mechanism for monitoring continuing competency
- In delegation, the monitoring must be done by a nurse
- For exempted acts, the nurse that is teaching must ensure monitoring is in place but does not have to be the one who monitors
- Monitoring can be performed by the agency (exempted acts) and can be direct or indirect.



Monitoring cont.

- Monitoring is an ongoing process to identify potential issues before they arise
- It safeguards the health & well-being of the client
- Necessary for compliance
- Reduces risk and serious occurrences
- Shows due diligence by agency to reduce liability
- Includes observation tools, reporting mechanisms, refresher courses, informal and formal evaluations



Liability

- Agencies ultimately hold all liability for care provided
- Benefit /risk evaluations
- Policies and procedures are essential in reducing liability
- Responsible for providing the proper education for skills
- Nurses are liable for their decision to teach a skill
- Agencies have the last say in determining who can provide care and if it is appropriate to do so



Unique Cases

Putting the information into practice



PRN Medications

What happens when an individual has a PRN medication such as a suppository that has not been given in over 6 months?

- Do you think this is still an act of daily living?
- What about competency? Can staff be considered competent if they have not performed the skill in over 6 months?



Rendering First Aid

- The definition of First Aid is help given to a sick or injured person until full medical treatment is available.
- The first aid exemption involves the need to obtain full medical treatment immediately, therefore a physician will need to be contacted and/or a consult obtained once the controlled act is performed.
- There must be a clear plan and parameters for the controlled act as well as for seeking medical treatment after (how, when, who and where)



Questions



References

- Regulated Health Professions Act (1991) Province of Ontario, 1991 Ch.18, as amended by 1993, Ch.37: office consolidation
- College of Nurses of Ontario. (2011). *Practice Guidelines - Working With Unregulated Care Providers*.
- Province of Ontario. (2011). Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008. *ONTARIO REGULATION 299/10 Quality Assurance Measures*.