



Introduction

Respiratory Therapists (RTs) practice in various practice environments. RTs may be employed by a health authority, a private company, or in a private clinic. RTs may also provide direct services to clients in private practice. All RT practice is guided by the RT's legislated scope of practice, professional ethics and standards of practice, their individual scope of competency and by the employer defined scope of employment and employer policies and procedures.

Respiratory Therapists who provide direct client services and bill clients must be aware of the additional responsibilities and accountabilities related to private practice.

Purpose

This Guideline will provide RTs with the information required to deliver quality respiratory therapy services in private practice, while being accountable to professional requirements under the Respiratory Therapists Act (the Act), the NSCRT Code of Ethics and Professional Conduct, the legislated scope of practice for RTs in Nova Scotia and individual scope of competency, and the Personal Information Protection and Electronic Documents Act (PIPEDA).

RTs providing direct services in private practice are advised to be aware of the documents that define their accountability requirements.

Professional Requirements

Credentials

RTs must hold a current Active Practice license issued by the NSCRT with no practice restrictions or limitations that would impede their ability to provide the services. RTs must also hold one of the following designations to provide education and respiratory disease management services: Certified Asthma Educator, Certified COPD Educator, Certified Respiratory Educator, Certified Tobacco Cessation Educator. RTs who provide direct care to patients in home care or community settings are required to maintain competencies related to the specific area of their practice.

Liability Insurance

RTs engaged in private practice must maintain Personal Professional Liability Insurance (PPLI) with a minimum \$2,000,000 coverage. RTs may purchase PPLI through the CSRT or can seek PPLI through another insurance provider.

Quality Assurance

Ongoing professional development and continuing education are required to maintain competence, to apply current evidence to practice, and to adhere to current practice standards and/or guidelines. RTs must maintain a professional portfolio that includes documentation of compliance with the NSCRT Continuing Competency Program and the requirements necessary to maintain their respective speciality certification/s. This portfolio must be submitted for audit at the discretion of the NSCRT.

Professional Accountabilities

Scope of Practice

RTs must practice within the scope of practice defined in the Respiratory Therapists Act (Table 1) and within their personal scope of competency.

Table 1

Respiratory Therapists Scope of Practice (Respiratory Therapists Act 2008)

w) "practice of respiratory therapy" means the application of professional respiratory therapy knowledge, skills and judgement in the provision of diagnostic, assessment, and therapeutic modalities to assist in the management of cardio-respiratory and related disorders, in collaboration with physicians and other health care professionals, to achieve optimal respiratory health, wellness and functional performance and includes, but is not limited to,

- (i) conducting patient cardio-respiratory assessment,
- (ii) performing basic respiratory care therapy modalities,
- (iii) performing airway management techniques,
- (iv) optimizing pulmonary ventilation,
- (v) applying medical gas therapy,
- (vi) providing cardio-pulmonary resuscitation and stability,
- (vii) administering and monitoring prescribed pharmaceutical substances,
- (viii) procuring blood samples from various sites,
- (ix) performing pulmonary diagnostic testing,
- (x) performing cardiac diagnostic testing,
- (xi) performing hemodynamic monitoring,
- (xii) performing hyperbaric medicine therapy,
- (xiii) performing anaesthesia assistance within the scope of practice of the profession,
- (xiv) such delegated medical functions as are approved in accordance with the Medical Act,
- (xv) educating patients, families, colleagues and health care professionals concerning respiratory care,
- (xvi) such other aspects of respiratory therapy as may be prescribed in regulations approved by the Governor in Council, and research, administration and education relevant to subclauses (i) to (xvi);

Code of Ethical and Professional Conduct and Standards of Practice:

RTs are to provide safe and competent care; treat patients with dignity and maintain patient confidentiality, and practice with professional integrity and accountability. Appendix 1 outlines the NSCRT Code of Ethical and Professional Conduct.

RTs are also required to adhere to the NSCRT Standards of Practice. Appendix 2 provides a complete list of NSCRT Standards of Practice.

Personal Information Protection and Electronic Documents Act (PIPEDA)

The PIPEDA is a Federal Act that regulates the collection, use, and disclosure of personal information. PIPEDA applies to any commercial activity, including the delivery of health services by a health care provider in private practice.

Professional Respiratory Therapy services provided in private practice are subject to PIPEDA. Professional respiratory therapy services require patient assessment, review of patient history, including diagnostic testing and medications, and appropriate interventions to treat, educate or advise patients and/or their families or care providers. PIPEDA regulates the collection, use, and disclosure of personal information.

PIPEDA Compliance

PIPEDA defines personal information as: *“information about an identifiable individual”*¹

PIPEDA defines personal health information as:

“with respect to an individual, whether living or deceased, means

(a) information concerning the physical or mental health of the individual;

(b) information concerning any health service provided to the individual;

(c) information concerning the donation by the individual of any body part or any bodily substance of the individual or information derived from the testing or examination of a body part or bodily substance of the individual;

(d) information that is collected in the course of providing health services to the individual; or

(e) information that is collected incidentally to the provision of health services to the individual”

Compliance with PIPEDA can be achieved by applying the following principles to private practice:

- 1) Obtain client consent to provide the service and to collect personal health information;
- 2) Inform the client of the purpose of collecting the information;
- 3) Collect only the information that is required to assess the patient needs and provide the service;
- 4) Use the collected information only for the stated purpose;
- 5) Obtain client consent to share personal health information with another health care provider or insurer. Document what personal health information will be shared and with whom it will be shared.;
- 6) Do not share any personal health information without the client’s written consent;
- 7) Ensure that personal information and personal health information is secured to protect it from loss, theft, unauthorized access, disclosure, copying, use or modification.
- 8) Personal health information that is maintained in hard copy must be stored in a locked filing cabinet. Files that are carried to an external location must be secured in safe storage in a locked vehicle.
- 9) Personal health information that is maintained in electronic copy must be secured with password and /or encryption.

¹ Personal Information Protection and Electronic Documents Act: <http://laws-lois.justice.gc.ca/eng/acts/P-8.6/index.html>

- 10) Further protection for paper or electronic documents may be provided by using a unique identifier on documents and maintaining a separate record to identify the person associated with the unique identifier.

For more detailed information on compliance with PIPEDA please reference the Privacy Toolkit for Business and Organizations at; https://www.priv.gc.ca/media/2038/guide_org_e.pdf

Resources

Canadian Society of Respiratory Therapists (CSRT)

The Canadian Society of Respiratory Therapists collaborated with Medavie Blue Cross to include management of chronic respiratory diseases in the Managing Chronic Disease Program. Through this program Respiratory Therapists can provide chronic disease management to clients with chronic respiratory disease and bill Medavie Blue Cross.

The CSRT maintains a catalogue of guidelines for your reference. To access this information visit www.csrt.com

Canadian Thoracic Society (CTS)

The Canadian Thoracic Society states its purpose as “The CTS promotes lung health by enhancing the ability of healthcare professionals through leadership, collaboration, research, learning and advocacy, and providing the best respiratory practices in Canada”.

Visit <https://cts-sct.ca/> to access guidelines and other resources related to lung health.

Canadian Lung Association

Visit www.lung.ca for additional resources.

Appendix 1

CODE OF ETHICAL AND PROFESSIONAL CONDUCT FOR RESPIRATORY THERAPISTS

The NSCRT would like to acknowledge the Canadian Society of Respiratory Therapists who developed the Standards of Practice and Code of Ethics adopted by the College

While performing their professional activities, respiratory therapists shall uphold the vision of the Nova Scotia College of Respiratory Therapists by adhering to the following principles of ethical and professional conduct.

SAFE AND COMPETENT CARE

- Respiratory therapists shall perform their duties in a safe and competent manner, being guided at all times by their concern for the health and well-being of the patient.
- Respiratory therapists shall perform their duties within their own level of competence and authority assigned to them. Should the delivery of care extend beyond their level of competence, respiratory therapists must seek additional knowledge or assistance from another member of the healthcare team.
- Respiratory therapists shall perform their duties in accordance with the NSCRT Standards of Practice for respiratory therapy and all other applicable laws and regulations.

DIGNITY AND CONFIDENTIALITY

- Respiratory therapists shall provide care without discrimination, with respect for the rights and dignity of all individuals.
- Respiratory therapists shall respect and protect the legal rights of the patient, including the right to informed consent and refusal or withdrawal of treatment.
- Respiratory therapists shall keep in confidence all privileged information concerning the patient in accordance with the Personal Information Protection and Electronic Documents Act, and any other health information protection legislation that may apply in their province.

PROFESSIONAL INTEGRITY AND ACCOUNTABILITY

- Respiratory therapists shall conduct themselves with honesty and integrity in all of their professional interactions.
- Respiratory therapists shall avoid any activity that creates a conflict of interest or violates any local, provincial or federal laws and regulations.
- Respiratory therapists shall advocate their role as leaders in the promotion of health and the delivery of quality respiratory care.
- Respiratory therapists shall be accountable for their practice and will act in a manner that is consistent with the philosophy and Standards of Practice of the NSCRT.
- Respiratory therapists shall strive to be a role model for other members of the healthcare team by demonstrating responsibility, cooperation, accountability and competence in meeting the healthcare needs of the public.

Appendix 2

<p style="text-align: center;">STANDARDS OF PRACTICE FOR RESPIRATORY THERAPISTS</p>
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SPECIALIZED BODY OF KNOWLEDGE

Respiratory therapists possess a specialized body of knowledge, and base the performance of their duties on respiratory therapy theory and practice.

Respiratory therapists are essential members of the healthcare team, and assume a variety of roles in different areas of practice, such as clinical, education, health promotion, management, research, administration, and consulting.

Respiratory therapists practice independently, interdependently, and collaboratively, and may practice within legislated professional regulations.

SAFE PRACTICE AND APPLICATION OF KNOWLEDGE AND TECHNOLOGY

Respiratory therapists safely and effectively apply their skills, knowledge, and judgment based on the needs of their patients.

Respiratory therapists are committed to quality outcomes, and intervene so as to contribute to the best possible outcomes for their patients.

Respiratory therapists who are involved with technical procedures must do so in accordance with any regional, provincial, or manufacturer standards or recommendations. These procedures must incorporate best practice standards, and should be research based.

Respiratory therapists, in consultation with peers, relevant others, equipment manuals, and CSA guidelines shall select, operate and maintain equipment to provide safe, effective care.

Respiratory therapists ensure that all equipment is appropriately cleaned, disinfected or sterilized, and is properly maintained and calibrated by trained personnel.

Respiratory therapists will notify and discuss with the physician if he or she feels the ordered therapy/diagnostic procedure is inappropriate for the patient's condition. The respiratory therapist may refuse to perform such therapy/diagnostic procedure if they feel that it is detrimental to the patient. Such refusal must be made clear to the physician and be documented.

COMMUNICATION AND COLLABORATION

Respiratory therapists shall understand the objective of the ordered therapy/diagnostic procedure and will clarify with the physician if necessary.

Respiratory therapists will inform the patient of the therapy/diagnostic procedure that will be performed, respecting the personal and legal rights of the patient including the right to informed consent and refusal of treatment.

Respiratory therapists will maintain effective communication with members of the healthcare team regarding the patient's status and progress.

Respiratory therapists will institute immediate supportive measures and notify relevant members of the healthcare team in the event of deterioration of the patient's condition.

Respiratory therapists will document all information relevant to the provision of care as per organizational policies and procedures.

ASSESSMENT

Respiratory therapists will determine the initial clinical status of the patient, and ensure the ordered therapy/diagnostic procedure is consistent and correct for the patient's condition.

Respiratory therapists will collect data from the patient, the patient's family, members of the healthcare team, health records and reference material to identify the patient's level of function as well as relevant risks affecting and factors contributing to the patient's health.

PLANNING

Respiratory therapists will develop and implement the plan of care in collaboration with members of the healthcare team.

Respiratory therapists use evidence-based knowledge in selecting strategies and interventions.

Respiratory therapists select strategies and interventions according to their effectiveness, efficiency and suitability in relation to the goals of the plan, and ensure that the goals of the plan are appropriate for each patient.

Respiratory therapists will maintain, modify, or discontinue the plan in consultation with members of the healthcare team.

EVALUATION

Respiratory therapists will evaluate the effectiveness of strategies and interventions by comparing actual outcomes to anticipated outcomes.

Respiratory therapists will use the results of the evaluation to improve policies and procedures in respiratory therapy practice related to patient care.

Respiratory therapists will evaluate his/her performance of individual procedures and overall practice.

PROFESSIONAL ACCOUNTABILITY AND RESPONSIBILITY

Respiratory therapists are accountable for meeting the ethical and legal requirements of the profession of respiratory therapy.

Respiratory therapists shall follow sound scientific procedures and promote ethical behaviour in practice and in research.

Respiratory therapists shall demonstrate behaviour that reflects integrity and compassion, supports objectivity, and fosters trust in the profession and its professionals.

Respiratory therapists shall report unsafe practice or professional misconduct of a peer or other healthcare worker to appropriate authorities.

Respiratory therapists will provide care without discrimination on any basis, with respect for the rights and dignity of all individuals.

Respiratory therapists shall refrain from indiscriminate and unnecessary use of resources, both economic and natural, in their practice of the profession.

Respiratory therapists promote disease prevention and wellness.

Respiratory therapists promote the growth of the profession, and present a positive image of respiratory therapy to the community.

CONTINUING EDUCATION AND COMPETENCE

Respiratory therapists are committed to life-long learning to upgrade their knowledge and skills in order to keep their practice current.

Respiratory therapists shall assume responsibility for maintaining competence in their practice of respiratory therapy, and shall seek opportunities for professional growth.

Respiratory therapists shall acknowledge limitations in their knowledge, skills, or judgment, and will function within those limitations.

Respiratory therapists strive for excellence in the profession by participating in, and promoting the use of self-assessment tools as well as obtaining feedback from appropriate others in order to determine and improve their knowledge, skills, and judgment.