Webinar Participants:

- **Prior** to the seminar start time you will **not** be able to hear us. Intermittent sound checks during the set up will occur.
- **At 3:30pm**, your microphones will be muted.
- Use the **chat feature** to ask questions or comment (lower right screen).
- The moderator will address your questions.
- **1 877 333-2663** (prompt 3, for Arkadin technical support)

Thank you for your participation
CASLPO Regional Seminar

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Ottawa June 2013
Regional Seminar Outline

1. Welcome and Introductions
2. Overview of CASLPO and Profile of the Professions
3. News from CASLPO
4. Clinical Practice Issues
5. Questions
Overview Of CASLPO

Commitment to Excellence & Leadership

• Vision
• Mission
• Mandate
• Core Values
• Objects
Overview of CASLPO

Services

• Registration
• Quality Assurance
• Professional Practice Advice
• Education, Communication and Public Awareness
• Inquiries, Complaints, Report and Discipline Processes

CASLPO Regional Seminar - May June 2013
Overview of CASLPO

CASLPO develops:

• Regulations (e.g. Registration, Professional Misconduct, Quality Assurance, Records)
• By-laws
• Practice Standards & Guidelines
• Position Statements
Overview of CASLPO

College Council

• Essence of Self-Regulation

• 18 members:
  o 9 elected professionals, 6 SLP & 3 AUD representing 5 regions of Ontario and Ontario at Large
  o 2 academics, 1 audiology and 1 SLP
  o 7 public members

• 3-year terms

• 10 committees; some SLP and Aud non-Council members

• Quarterly meetings
Overview of CASLPO

Profile Of The Professions

Membership registered with the College: **3,636**

- SLP 2976
- AUD 660
Overview of CASLPO

Health Force Ontario - Health Professional Data Base

- **AUDIOLOGISTS**
  - Female 80%  Male 20%
    - Under 45 - 59%
    - 45-54  - 28%
    - Over 55  - 13%

- **SPEECH-LANGUAGE PATHOLOGISTS**
  - Female 96%  Male 4%
    - Under 45  - 64%
    - 45-54  - 24%
    - Over 55  - 12%
Overview of CASLPO

Employment setting:

**AUDIOLOGISTS**
- Solo/group Practice Office: 28%
- Hospital - Rehab: 16%
- Health-related Business: 6%
- Other: 50%

**SPEECH-LANGUAGE PATHOLOGISTS**
- School & Pre-School: 23%
- Hospital - Rehab: 19%
- CTC: 10%
- CCAC: 6%
- Other/Private: 42%
Overview of CASLPO

Professional Practice Advice

<table>
<thead>
<tr>
<th>Source</th>
<th>2012 Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech Language Pathologists</td>
<td>809</td>
</tr>
<tr>
<td>Audiologists</td>
<td>163</td>
</tr>
<tr>
<td>Public</td>
<td>59</td>
</tr>
<tr>
<td>Other professionals</td>
<td>50</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,081</strong></td>
</tr>
</tbody>
</table>

CASLPO Regional Seminar - May June 2013
## Overview of CASLPO

### Professional Practice Advice - SLP

<table>
<thead>
<tr>
<th>Topic</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Records, electronic, test forms</td>
<td>21%</td>
</tr>
<tr>
<td>Private Practice, Insurance, Billing</td>
<td>17%</td>
</tr>
<tr>
<td>SAT, Goals and CLACs</td>
<td>14%</td>
</tr>
<tr>
<td>Consent, Capacity, Privacy and Security</td>
<td>12%</td>
</tr>
<tr>
<td>Scope of Practice (ours and other HCP)</td>
<td>11%</td>
</tr>
<tr>
<td>Supervising Support Personnel</td>
<td>9%</td>
</tr>
<tr>
<td>Other</td>
<td>16%</td>
</tr>
</tbody>
</table>
## Overview of CASLPO

Professional Practice Advice - Audiology

<table>
<thead>
<tr>
<th>Topic</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Practice, prescription and dispensing</td>
<td>27%</td>
</tr>
<tr>
<td>Fees</td>
<td>24%</td>
</tr>
<tr>
<td>Records, Reports and Release of Records</td>
<td>15%</td>
</tr>
<tr>
<td>Consent, Capacity, Privacy and Security</td>
<td>11%</td>
</tr>
<tr>
<td>ADP/ODSP/3rd party payers</td>
<td>10%</td>
</tr>
<tr>
<td>Scope of Practice(ours and other HCP)</td>
<td>10%</td>
</tr>
<tr>
<td>Supervising Support Personnel</td>
<td>3%</td>
</tr>
</tbody>
</table>

CASLPO Regional Seminar - May June 2013
Overview of CASLPO

Education & Communication

• Desk Reference – Online
• Website
• E-mail blasts: 6 – 10 per month including “Did you know…..”
• Regional Seminars
Overview of CASLPO

Education & Communication

E-Learning Modules in development:

- Consent and Capacity
- Record Keeping
- Regulated Health Professions Act (RHPA)

Latest E-Learning Module:

- Use of social media available on the website - [link]
  www.caslpo.com -> home page
Overview of CASLPO

Public Awareness

- CASLPO Today
- Toronto Star – Hearing and Speech
- Forever Young Information (FYI)
- Maclean’s
- Today’s Parent
Overview of CASLPO

Did you know . . .

....the difference between a regulatory college and an association?
## Did you know.....

<table>
<thead>
<tr>
<th>Regulator</th>
<th>Association</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Acts in the interest of the public</td>
<td>Acts in the interest of the profession</td>
</tr>
<tr>
<td>2 Governed by a Council consisting of professional members and government appointed public members</td>
<td>Governed by a Board of Directors consisting of professionals</td>
</tr>
<tr>
<td>3 Registers members based on legislated criteria. Membership is mandatory in order to use protected titles.</td>
<td>Accepts members based on association-determined criteria. Membership is voluntary.</td>
</tr>
</tbody>
</table>
Did you know.....

<table>
<thead>
<tr>
<th>Regulator</th>
<th>Association</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Requires members to participate in legislated quality assurance programs</td>
<td>Provides members with opportunities for continuing education</td>
</tr>
<tr>
<td>5 Ensures minimum standards of practice are met for safe and competent service to the public</td>
<td>Provides competency enhancing opportunities for members seeking to work to a “gold “ standard</td>
</tr>
<tr>
<td>6 Engages the public in order to inform them of the value of regulated professionals</td>
<td>Engages the members in order to serve their professional needs</td>
</tr>
</tbody>
</table>
Did you know.....

<table>
<thead>
<tr>
<th>Regulator</th>
<th>Association</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Required to have a complaints process in place to respond to members who do not practice to the set standards</td>
<td>The provincial association is not required to have a complaints process in place</td>
</tr>
<tr>
<td>8 Advocates for the public in order to ensure safe, effective and equitable service across the province.</td>
<td>Advocates for the profession in order to effect changes to service delivery, to develop specialty certificates, increase public awareness of professional services.</td>
</tr>
</tbody>
</table>
Did you know.....

<table>
<thead>
<tr>
<th>Regulator</th>
<th>Association</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>9</strong> Provides accessible information to the public regarding the</td>
<td>Provides accessible information to its members regarding professional</td>
</tr>
<tr>
<td>professions, the registry of members, expected practice standards</td>
<td>development opportunities, developments in the professional fields, political</td>
</tr>
<tr>
<td>and the complaints process</td>
<td>developments that affect the professions</td>
</tr>
<tr>
<td><strong>10</strong> Accountable to the public, the government and its members</td>
<td>Accountable to its members</td>
</tr>
</tbody>
</table>
CASLPO Updates
CASLPO Updates

New Documents

- Registration Regulation
- Quality Assurance Regulation
- Practice Standards and Guidelines for Assessment of Adults by SLPs
- Peer Assessment Extension and Deferral Policy
CASLPO Updates

Documents Under Review

- Professional Misconduct Regulation and Proposed Advertising Regulation
  - Have been sent out for stakeholder review with a link to Survey Monkey™
  - Able to collect CLACs for review
  - Due date for responses 21st June 2013
CASLPO Updates

Documents Under Review

- By-Laws
- Preferred Professional Guidelines (PPG) updated to Practice Standards and Guidelines (PSG)
  - PSG: Developmental Stuttering
  - PSG: Acquired Cognitive Communication
  - PSG: Prescription of Hearing Aids for Children and Adults and draft PSG for Dispensing
CASLPO Updates

- Canadian Alliance of Audiologists and Speech-Language Pathologists Regulators (CAASPR)
  - National Competencies and Indicators
    www.caaspr.ca

- Inter-professional Collaboration Toolkit (FRHCO)
  www.caslpo.com -> What’s New
CASLPO Updates

- Sexual Abuse Prevention Program
- Regional Seminars – Feedback survey
- CASLPO/OSLA Conference – October 16, 17, 18, 2013
Proposed Records Regulation 2011
CAREER ADVICE No. 55
Always choose the right tool for the job

A simple blowtorch can solve many of your filing problems
Records

To understand and apply the regulation, examine the basics:

What is a Record and what is its purpose?
Records

- Official record of events documenting decisions, assessments, plans of care and interventions
  i.e. who did what, why, where, when and to whom.

- Required for public protection

- Supports safe & ethical practice across all service settings
Records

Principles:

- Public Protection
- Vehicle of communication
- Adequate information
- Accessible
Records

CASLPO
- Public Protection
- Minimum standards
- Principled
- Reasonable

Member
- Best practices
- Clinical judgement
- Ensures accountability
- Risk management

CASLPO Regional Seminar - May June 2013
Records

- CASLPO record keeping (electronic or paper) and record retention requirements must be adhered to.
- Hospital/Rehab facility record systems do not necessarily fulfill these requirements.
- In some cases a separate records system is necessary.
Remember, a separate record system or ‘working file’ is still a health record, and all legislation, regulations and standards of practice apply.

As long as information from raw data and test forms has been documented (results, interpretation and recommendations), raw data and test forms do not have to be kept. HOWEVER, you may keep them if you wish.
Donna is a SLP working 2 days a week in an inpatient Rehab facility.

Donna works closely with Jo, the dietitian, and they frequently carry out joint swallowing/eating assessments.

Jo often volunteers to write the joint assessment or progress note in the patient’s/client’s record.

Donna is very busy and does not always have time to read the joint progress note, but trusts Jo.

Donna’s colleague from O.T. questions this practice and asks Donna if joint notes are acceptable to CASLPO.
Record Keeping Scenario

Proposed Records Regulation 2011

☐ 7. A member shall not be required to maintain a patient/client health record where:

☐ (a) the member is part of a multi-disciplinary team for the purpose of providing a treatment plan, report or ongoing services to a patient/client and where the patient/client health record is maintained by a member of the multi-disciplinary team who is a member of a College under the *Regulated Health Professions Act, 1991*. 
Record Keeping Scenario

- Do not abdicate responsibility for the record, review the documentation.

- Remember the purpose of Record Keeping: who did what, when, where, why and to whom

- Make a judgement as the professional SLP regarding the documentation.
Consent
Consent

Consent relates to:

1. Consent to collect, use and disclose information and

2. Consent to services

Both of which must be obtained when the member is providing services to an individual.
Consent

I'm afraid doctor-patient confidentiality prevents me from saying if your brother cried like a baby during his flu shot.
Principles of PHIPA

• Personal health information is sensitive
• Confidentiality must be respected and protected
• Declare the purpose of obtaining information
• Consent must be obtained
• Only collect what you need
Consent

Consent to Collect, Use and Disclose Information

Knowledgeable Consent

The *Personal Health Information Protection Act*, 2004 (PHIPA) requires members to obtain the patient/client’s knowledgeable consent for the collection, use, and/or disclosure of any personal health information (PHI).
Consent

What is PHI?

- Physical or mental health of the individual
- Health history of the individual’s family
- Identification of a person as a provider of health care to the individual
- A plan of service for the individual
- Payments or eligibility for healthcare funding
- Individual’s health number
- Identification of a substitute decision maker (SDM)
SLPs and Audiologists are Health Information Custodians (HIC) if they are providing healthcare and have custody or control over an individual's health information.
Consent

Health Information Custodians MUST:

1. Protect personal healthcare information
2. Take responsibility for accidental loss
3. Notify patients/clients of a privacy breach
Consent

Circle of Care

HICs may share information with other HICs involved in the care of the same patient/client without explicit consent, i.e. with assumed implied consent for health care purposes.
Consent

Sharing Information

• HICs and Non-HICs cannot share information outside the circle of care without express consent.
Consent

Privacy Legislation: Breach

Required Action

1. Respond immediately
   • Notify staff – chief privacy officer or designate
   • Inform Information and Privacy Commission (IPC)

2. Containment
   • Retrieve
   • Safeguard any copies
3. Notification
   • Notify individuals at first opportunity
   • Determine sensitivity of information

4. Investigation & Remediation
   • Ensure breach will not be repeated
Consent Scenario

- Donna works part time at Metropolitan General Hospital.
- Gregor, a gentleman who has been admitted with a diagnosis of Stroke, has been referred to Donna.
- When doing the chart review, Donna sees that this is Gregor’s second stroke, and that he was an inpatient three months ago at Ontario General Hospital.
- Donna contacts the SLP at Ontario General to find out if Gregor had speech, language and swallowing issues from his previous stroke.
- Simon, the SLP at Ontario General, says that he needs consent from Gregor to disclose information.
PHIPA

Implied consent

(2) A health information custodian described in paragraph 1, 2, 3 or 4 of the definition of “health information custodian” is entitled to assume that it has the individual’s implied consent to collect, use or disclose the information for the purposes of providing health care or assisting in providing health care to the individual, unless the custodian that receives the information is aware that the individual has expressly withheld or withdrawn the consent. 2004, c. 3, Sched. A, s. 20 (2).
Consent Scenario

Circle Of Care

You may assume implied consent if all six conditions are satisfied:

1. You fall within one of the categories of HIC who may rely on assumed implied consent
2. The PHI is from the patient/client, SDM or other HIC
3. The PHI was originally collected for the purpose of providing health care
4. The PHI is being shared for the purpose of providing health care
5. Disclosure is from one HIC to another HIC
6. The HIC receiving information must not be aware of the patient/client withholding or withdrawing consent
Consent

Consent to Services


In 2007, CASLPO determined that members must obtain consent for screening and assessment.

*Please refer to CASLPO’s position statement, Consent to Screening and Assessment.*
Consent

Valid consent

Consent is voluntary, and not obtained through misrepresentation or fraud, relates to the services being proposed, and is informed.

Heath Care Consent Act, 1996
Informed Consent

- The nature of the services
- The expected benefits of the services
- The material risks of the services
- The material side effects of the services
- Alternative courses of action
- The likely consequences of not having the services
INFORMED CONSENT!
Consent

Capacity to Consent

The patient/client/SDM must have the capacity to consent to services, that is:

- The ability to understand relevant information
- The ability to appreciate the reasonably foreseeable consequences of a decision or lack of decision
Consent Not Required

Determination of need

- The goal is to identify patients/clients who need to be screened/assessed.
- This may include:
  - conversation with an O.T./nurse/social worker etc. or
  - observation of an individual in a physio gym/unit etc.
Emergency Services

“There is an emergency if the person for whom the treatment is proposed is apparently experiencing severe suffering or is at risk, if the treatment is not administered promptly, of sustaining serious bodily harm.” (Health Care Consent Act)
Donna, the SLP from Metropolitan General Hospital, is covering ICU for her colleague who is on vacation.

Donna has been asked to do a swallowing assessment with a gentleman on the unit who has been admitted with a severe head injury and no known relatives or SDM.

Donna meets the patient and quickly establishes that he does not have the capacity to consent to her assessment.

She returns to the charge nurse and reports that she cannot carry out a swallow assessment without consent from a SDM.

The charge nurse is very frustrated with Donna as medications are being held until the results of the swallow assessment are obtained.
In 2007, CASLPO determined that members must obtain consent for screening and assessment.

*Please refer to CASLPO’s position statement, *Consent to Screening and Assessment.*
Scenario for Consent to Treat

Emergency Services

“There is an emergency if the person for whom the treatment is proposed is apparently experiencing severe suffering or is at risk, if the treatment is not administered promptly, of sustaining serious bodily harm.” (Health Care Consent Act)
Scenario for Consent to Treat

- Donna MUST document that, after consultation with the charge nurse, the patient was determined to be at risk if the swallowing assessment did not proceed, even though consent was NOT obtained.

- If Donna does not believe that the patient to be at risk, she should work with the team to identify a SDM.

- The team can contact the Office of the Public Guardian and Trustee (OPGT) for advice.

- The OPGT has a Treatment Decision Unit.
Support Personnel
Guidelines for use of support personnel pertain to direct patient or client service.

*Position Statement: The Use of Support Personnel by Speech Language Pathologists*

The SLP is accountable for all professional services provided by support personnel. Consider both the individual’s competence and the employer’s conditions.
When the SLP is providing **consultation** services, then the people who implement the suggestions and recommendations are **not** considered support personnel.

For example: you are consulting to a nurse on a Complex Continuing Care unit regarding a patient’s oral care. The nurse follows your suggestions and reports back on progress. However, there is no supervisory relationship.
Support Personnel

Remember:

- You need to obtain and document informed consent from the patient/client/SDM for the use of support personnel.
- You need to document the use of support personnel.
- You need to supervise support personnel directly and indirectly (Code of Ethics 4.2.4 2011).
Support Personnel

Remember:

- If your place of work has an agreement with another agency, you can potentially supervise the CDA from that agency.
Support Personnel Scenario

- When Donna is working at the inpatient Rehab facility, she works closely with Maresh, the CDA.
- Maresh runs a conversation group every Wednesday. The group focus is on supported conversation, comprehension, expressive language, speech and social skills.
- Donna determines who is appropriate for the group and informs Maresh about specific goals for the new members.
- Every Friday, over lunch, Maresh updates Donna about each group member, their progress, areas of continuing concern etc. Later that afternoon, either Donna or Maresh writes a brief progress note for each patient in their chart.
Support Personnel Scenario

- The SLP bears the legal and ethical responsibility for patient/client intervention at all times for service provided or omitted.

- Code of Ethics: Professional Constraints On Practice
  - 2.4 Audiologists and speech-language pathologists will not allow support personnel to render services without supervision.

- The SLP must monitor support personnel’s performance of all assigned activities, on a regular and ongoing basis, to ensure the quality and quantity of work performed. This supervision must occur in the clinical context in which support personnel are providing the therapeutic interaction.
Support Personnel Scenario

Progress Notes:

- Maresh can document patient/client progress toward meeting established objectives as stated in the treatment plan.

- Documentation must reflect that Donna, the SLP, has assigned the activities to the CDA and that Donna is maintaining appropriate supervision. This can be partially achieved by Donna countersigning progress notes.
Questions and Discussion
THANK YOU!

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