CASLPO Regional Seminar

Brian O’Riordan, Registrar
boriordan@caslpo.com  ext. 215

Carol Bock, Deputy Registrar
cbock@caslpo.com  ext. 227

Melisse Willems, Director of Professional Conduct
mwillems@caslpo.com  ext. 221

Hospital for Sick Children, May 2013
Webinar Participants:

- Prior to the seminar start time, intermittent sound during set-up may be experienced
- 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 server/technical support)

Thank you for your participation
Regional Seminar Outline

1. Welcome and Introductions
2. Overview of CASLPO and Profile of the Professions
3. News from CASLPO
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
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
MADAM & EVE

THANDI! WHERE'S YOUR HOMEWORK?
I DIDN'T DO IT.

...BUT DON'T WORRY.
I'LL GIVE MYSELF DETENTION LATER WHEN I GET HOME.

...OBVIOUSLY SOME PEOPLE HAVE NO FAITH IN SELF-REGULATION!

by Stephen Francis & Rico
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>
### Overview of CASLPO

#### CASLPO Regional Seminar
- **May June 2013**

#### Professional Practice Advice - SLP

<table>
<thead>
<tr>
<th>Topic</th>
<th>%</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>Service Area</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>
Overview of CASLPO

Education & Communication

- Desk Reference – Online
- Website
- CASLPO Today
- 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
• Hearing Aid Prescription Process
• Regulated Health Professions Act (RHPA)

First E-Learning Module:
• Use of social media available on the website - [link]
  [www.caslpo.com](http://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
• Upcoming: e-mail project
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></td>
<td></td>
</tr>
<tr>
<td>Provides accessible information to the public regarding the professions, the registry of members, expected practice standards and the complaints process</td>
<td>Provides accessible information to its members regarding professional development opportunities, developments in the professional fields, political developments that affect the professions</td>
</tr>
<tr>
<td><strong>10</strong></td>
<td></td>
</tr>
<tr>
<td>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
- Peer Assessment Extension and Deferral Policy
- Position Statement on Use of Support Personnel by Audiologists
- Canadian Guidelines On Auditory Processing Disorder In Children And Adults: Assessment And Intervention (produced by CISG)
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 combined
CASLPO Updates

- Canadian Alliance of Audiolists and Speech-Language Pathologists Regulators (CAASPR)
  - National Competencies and Indicators
    - [www.caaspr.ca](http://www.caaspr.ca)

- Inter-professional Collaboration Toolkit (FRHCO)
  - [www.caslpo.com](http://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
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
- 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
Records

- CASLPO record keeping (electronic or paper) and record retention requirements must be adhered to.
- Records that an agency may keep do not necessarily fulfill these requirements (e.g. Ontario School Record).
- In some cases a separate records system is necessary.
Records

- 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.
I am a clinical audiologist who prescribes amplification and also sells hearing aids.

Most of my documentation for my fittings is on my fitting software files, not in the patient file.

It is tracked and easily obtained. Does this comply with record keeping requirements?
Record Keeping Scenario

Proposed Records Regulation 2011

In this regulation,

(1)”records” refers to both electronic and paper formats.
Proposed Records Regulation 2011

6. (1) Subject to subsection 6(2), each member shall maintain a patient/client health record for each patient/client that the member assesses or treats that contains:

   e) the nature and results of each assessment relating to the patient/client, each clinical finding and any recommendations made by the member;

   (f) each treatment performed, and the identity of the person applying the treatment if the person applying the treatment was not the member.
Proposed Records Regulation 2011

(6) The records required under this section may be maintained in any electronic medium that provides a visual display of recorded information if:

(a) the recorded information is capable of being printed;
(b) any changes in the recorded information are clearly indicated as changes;
(c) the software provides an audit trail of any changes in the recorded information; and
(d) there is a secure method available only to the member for applying an electronic signature for documents that must be personally signed by the member if such documents are issued electronically.
Record Keeping Scenario

Consider:

- Is the information adequately captured in the “patient file”?
- Is there adequate access to the electronic information?
- Is it evident where the information can be found?
Record Keeping Scenario

- I am privately contracted to provide audiology services
- My employer is not a health care professional
- As such, the agency destroys the records once the patient/client has had no contact with the clinic for one year.
- Is it my responsibility to maintain the records?
Record Keeping Scenario

Consider:

- What is the CASLPO record retention requirement?
- What role does the Audiologist have with respect to the employer?
- What are the Audiologist’s options?
Record Keeping Scenario

Proposed Records Regulation, 2011:

1. A member shall, when working with others, take all reasonable steps to ensure that records are made, used, maintained, retained and disclosed in accordance with this Regulation.

2. A member shall ensure that his or her records are up to date and made, used, maintained, retained and disclosed in accordance with this Regulation.
Record Keeping Scenario

Consider:

- Educate employer
- Can the Audiologist maintain the records?
- Consult the Information and Privacy Commissioner
- Can the Audiologist ethically continue to participate?
Record Keeping Scenario

- Remember the purpose of Record Keeping
  - accuracy/accountability, accessibility, continuity and risk management
- Make a judgement as the professional regarding the documentation.
- Do not abdicate responsibility for the record
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.
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 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)
As a Health Information Custodian you must:

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

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*
Consent

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
I am a clinician that works for an ENT.
They obtain signed consent when the patient arrives at the clinic.
Does this fulfill my obligations towards obtaining consent?
Consent Scenario

Consider:

- What form of consent is being obtained?
- Can someone else obtain consent for the Audiologist?
- Can the Audiologist assume “knowledgeable” and “informed” consent has been obtained?
Consent Scenario

- Other individuals may obtain both forms of consent for the Audiologist
- The Audiologist remains responsible for consent being obtained
- Prudent to ensure appropriate information is conveyed in the process
Consent: Capacity

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./teacher/nurse/social worker etc. or
  - observation of an individual in a classroom setting/physio gym/unit
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

- I have a private practice and frequently, clients walk in off the street and ask for a hearing test.
- Can I take this as implied consent since clearly they have initiated the assessment?
Scenario for Consent to Treat

Consider:

- Can you assume that they know you will be maintaining a record of their information?
- Does the client know what a “hearing test” involves?
Support Personnel
Support Personnel

The revised Position Statement on Use of Support Personnel by Audiologists has been approved by Council and will be released within the next month!
Support Personnel: Basic Concepts

- Guidelines for use of support personnel pertain to services specifically assigned by audiologists to non-audiologists.

- The Audiologist is accountable for all professional services provided by support personnel.

- Both the individual’s competence and the employer’s conditions are primary considerations.
Support Personnel

- When the Audiologist is providing consultation services, then the people who implement the suggestions and recommendations are not considered support personnel.
Support Personnel

- 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 must *supervise* support personnel adequately *(Code of Ethics 4.2.4 2011).*
Support Personnel

The 2013 document includes:
- Requirements
- Decision Making Flow Chart
- Frequently Asked Questions
- Glossary
- References
Support Personnel

Requirements include:

- Audiologists preparation (e.g. informed consent, clearly defined roles, allowance for adequate supervision)
- Continuing Service Responsibilities (e.g. documentation, sufficient direct contact with patient/clients)
- Appropriate Use (Tasks that may and may not be assigned, competencies)
Support Personnel

Requirements include:

- Amount of Supervision (competency-based, responding if tasks not performed well)
- Record Keeping (e.g. consent, services assigned and identity of SP)
I am an audiologist who works alongside, but does not employ or supervise, non-audiologists who participate in service delivery.

If I prescribe a hearing aid and a non-audiologist dispenses it, would this be considered assigning a task to support personnel and require me to assume responsibilities outlined in this position statement?
Support Personnel Scenario

Consider:

- Are there clinical tasks being assigned by the Audiologist?
- Can the Audiologist reasonably take responsibility for dispensing by another individual?
Support Personnel Scenario

- Audiologists are only responsible for tasks they personally assign and are not always required to supervise non-audiologist personnel, including those that dispense hearing aids.

- If you are not assigning the task of dispensing the hearing aid to a non-audiologist, the requirements outlined in this position statement do not apply.
Support Personnel Scenario

- My employer has indicated that I am to supervise non-audiologists who are not designated as support personnel.
- I am expected to manage assessment of clients/patients, to assign specific clinical tasks, to interpret and communicate results and, when indicated, prescribe hearing aids.
- Given that my employer has not identified the non-audiologists in the workplace as support personnel, do the requirements in this position statement apply?
Support Personnel Scenario

- Regardless of how your employer defines the role of non-audiologists, if you are supervising and assigning clinical tasks, the requirements of this position statement do apply.

- In such cases you should make attempts to resolve this matter with your employer.
Questions?
Comments?
THANK YOU!

CASLPO
3080 Yonge St., Suite 5060, Box 71
Toronto, ON  M4N 3N1
416-975-5347   1-800-993-9459
www.caslpo.com