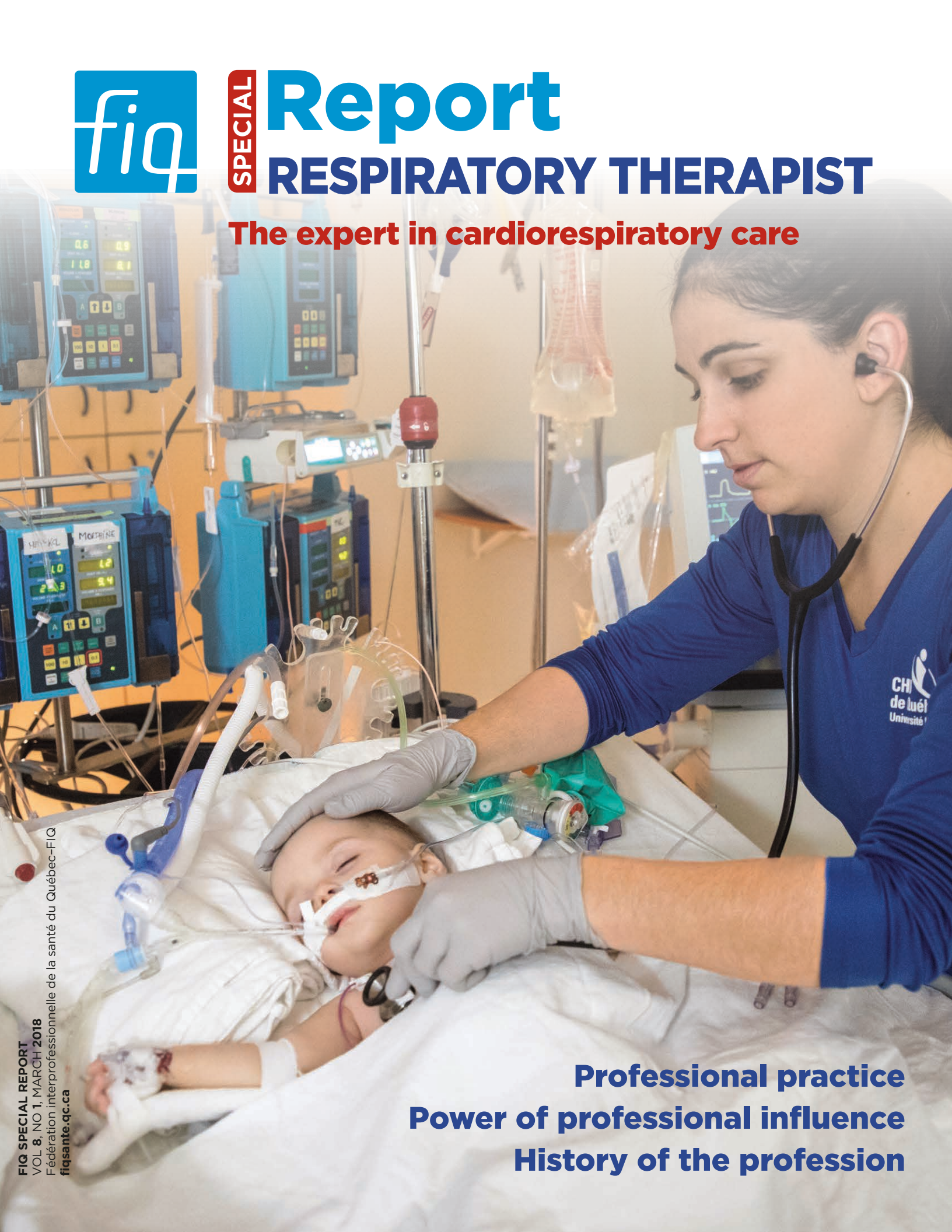
SPECIAL

Report

RESPIRATORY THERAPIST

The expert in cardiorespiratory care



Professional practice

Power of professional influence

History of the profession

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SPECIAL Report
RESPIRATORY THERAPIST

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Thank you to the respiratory therapists at the Centre hospitalier universitaire de Québec for the photographs in this FIQ Special Report.

The FIQ Respiratory Therapist Special Report is not a legal opinion on the subject. This Special Report provides a description of the respiratory therapist's current practice. Therefore, it is possible that there may be some discrepancies between this description and the professional legislation in effect. For questions of a regulatory nature, contact the Ordre professionnel des inhalothérapeutes du Québec (OPIQ).

Isabelle Dubé

Here, we understand respiratory therapists

The FIQ is proud of its 3,450 respiratory therapist members, who provide care and services with expertise and humanity to patients every day. They are the experts in cardiorespiratory care: a key role in the health of the Québec population.

For several years, the respiratory therapist members of the FIQ have claimed that they can play a greater role in the assessment and treatment of their patients' heart and lung problems. It seems that they have finally been heard. In January 2018, the Collège des médecins du Québec (CMQ) adopted a regulation stipulating that the respiratory therapist can assess the cardiopulmonary status of a person with symptoms and she will be authorized, after following a short training session, to prescribe medications for quitting smoking. The Federation welcomes this decision which paves the way to greater recognition of these healthcare professionals' skills.

In reading the Special Report, you will notice that respiratory therapists have shown audacity many times in the past and that they continue to do so today. Of course, the roles they have been delegated give them greater professional autonomy and will positively redefine their place in the clinical settings The FIQ will be beside these respiratory therapist members when they take the next steps which will certainly mark the growth of their profession.

We sincerely hope that this publication will help the entire care team better understand the respiratory therapy profession as well as the wealth of her contribution to the cardiopulmonary health of Quebecers.

Nancy Bédard,
President

Linda Lapointe,
Respiratory Therapist
Vice-President

Marie-Claude Ouellet,
Respiratory Therapist,
Secretary on the Executive Committee

Jérôme Rousseau,
Political Officer, Organization of Work and Professional Practice Sector

Here, we understand health care.

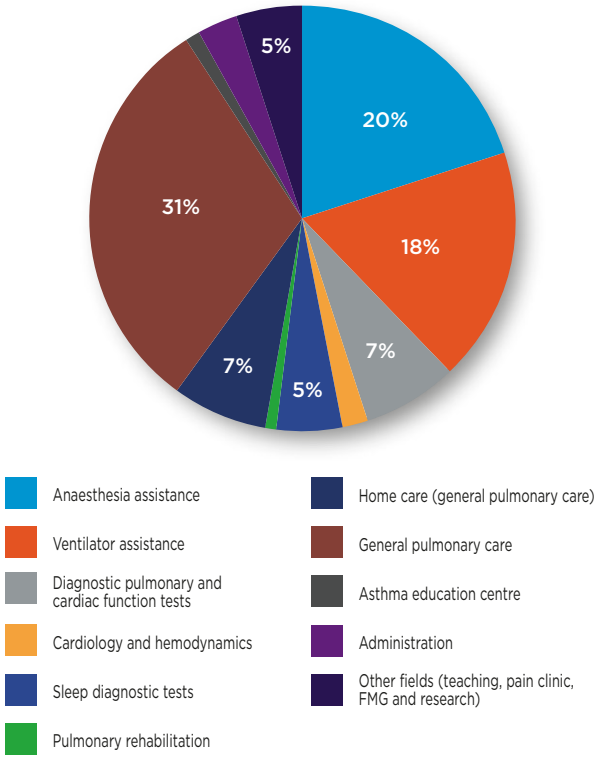
Jérôme Rousseau Nancy Bédard Marie-Claude Ouellet Linda Lapointe

Professional practice

The respiratory therapist is a professional recognized for her expertise in the care of the patient's cardio-pulmonary system. She mostly provides general pulmonary care, whether in the emergency department, intensive care, medicine-surgery units or home care. She is also very prominent in the operating rooms in ventilator assistance or anaesthesia. She takes part in diagnostic tests that detect pathologies linked to pulmonary, cardiac and sleep functions. Only a few respiratory therapists practice in the COPD clinics, asthma teaching centres and rehabilitation clinics, but their expertise is also needed to reduce the frequency of hospitalizations and facilitate home maintenance.

A respiratory therapist's practice is with adult, pediatric and neonatal clients, in close collaboration with several other health professionals, particularly nurses, licensed practical nurses, pulmonologists, anaesthesiologists and general practitioners.

The respiratory therapists' various fields of practice



For the graph segments where there is no data, the percentage varies between 2% and 4%.

Field of practice

A respiratory therapist's field of practice is defined in the Professional Code as follows:

- Participate in the assessment of cardiopulmonary function for diagnostic or therapeutic follow-up purposes
- Participate in the administration of anaesthesia
- Deal with problems affecting the cardiopulmonary system

Reserved activities

A respiratory therapist's reserved activities are:

1. Provide ventilation assistance, according to a prescription
2. Take specimens, according to a prescription
3. Test cardiopulmonary function, according to a prescription
4. Provide clinical monitoring of the condition of persons under anaesthesia, including sedation analgesia, or under ventilator assistance
5. Administer and adjust prescribed medications or other prescribed substances
6. Mix substances to complete the preparation of a medication, according to a prescription
7. Introduce an instrument, according to a prescription, into a peripheral vein, or an artificial opening, or in and beyond the pharynx or beyond the nasal vestibule

To engage in reserved activities 1, 2, 3, 5, 6 and 7, the respiratory therapist must obtain an individual or collective prescription, as the case may be.

Additional authorized activities

In addition to the seven activities reserved for the respiratory therapist, she may engage in additional activities authorized by the CMQ by regulation, providing she has taken additional training and obtained a certificate from the OPIQ. This regulation determines the professional activities engaged in by physicians that can be given to respiratory therapists.

A respiratory therapist may engage in the following professional activities:

- Perform a radial arterial puncture, according to a prescription*
- Operate and ensure the functioning of pulmonary or circulatory assistance equipment by extracorporeal membrane (ECMO), according to a prescription, and monitor the clinical condition of people hooked to this equipment
- Operate and ensure the functioning of auto-transfusion equipment, according to a prescription, and monitor the clinical condition of persons hooked to this equipment

STAY TUNED

In January 2018, the CMQ adopted a regulation which broadened the respiratory therapist's scope of practice, giving her greater professional autonomy. This regulation authorizes the following activities:

- Assess the cardiopulmonary status of a person with symptoms (without any conditions for all respiratory therapists)
- prescribe medications for quitting smoking (subject to following a short training session)

Note: At the time this Special Report was written, the regulation was not yet in effect. Therefore, it is impossible to know how it will apply.

Respiratory therapist's daily routine


Audrey Lafleur

Perform health prevention, information and promotion activities** by developing, teaching and applying various pulmonary rehabilitation programs adapted for patients with chronic pulmonary pathologies in the hospital and home sector, and ensuring the follow-up.

Teaching and systematic follow-up of patients avoid hospitalization or reduce the frequency and length. Whether it is through innovative programs or audacious research projects, like those for the follow-up of patients with COPD, the respiratory therapist helps in reducing the number of emergency room visits and medical consultations.

A respiratory therapist teaches the patients in order to improve their quality of life and autonomy. She is also skilled at helping patients who want to quit smoking and promote healthy habits, including a physically active lifestyle.

* This prescription may be collective or individual, based on the institution. The local Council of Physicians, Dentists and Pharmacists (CPDP) makes the recommendation.

** Bill 90 stipulates that health prevention, information and promotion are common to all the health professions.


Alexandra Belleville

Participate in the assessment of cardiopulmonary status for diagnostic purposes or therapeutic follow-up and evaluate the therapeutic environment required for pulmonary care in the hospital or at home.

A respiratory therapist does different diagnostic tests to assess the patient's cardiopulmonary status:

- Blood gases
- Spirometry
- Pulmonary assessment
- Bronchial provocation
- Complete or condensed polysomnography
- Bronchial secretions sample for cytology and bacteriology
- Stress test (on a treadmill or bicycle)

DID YOU KNOW THAT?

Obstructive sleep apnea (OSA) is a chronic pulmonary sleep disorder that exists in about 5% of the population. A respiratory therapist has the skills to ensure that diagnostic tests, such as a polysomnography, which can detect this disorder, are carried out properly.

General cardiopulmonary care is also provided at home. The respiratory therapist visits patients with chronic pulmonary pathology who are in palliative or end-of-life care. These patients may have COPD, cystic fibrosis, lung cancer, sleep apnea, be oxygen dependent or, on an exceptional basis, are on a mechanical ventilator. The respiratory therapist ensures clinical follow-up, she assesses the patient's pulmonary health taking into account his reactions, environment, changing condition, specific needs and medical prescriptions.

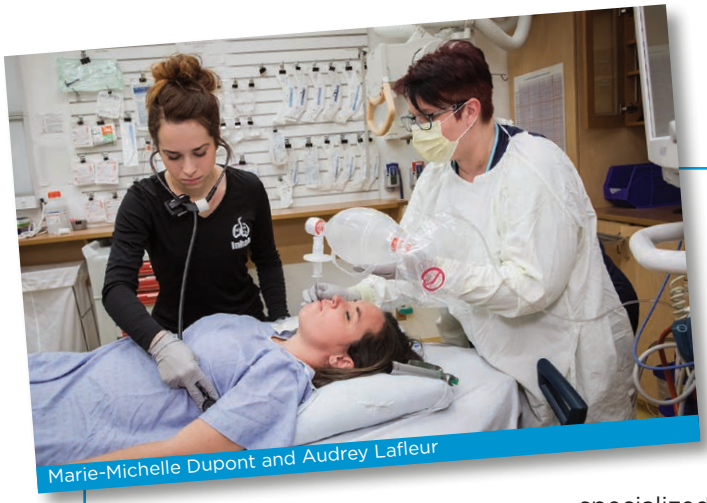
Assist the anaesthesiologist in all stages of general or regional anaesthesia by the preparation and verification of the required equipment, receiving the patient and clinical monitoring during anaesthesia.

The respiratory therapist's practice in sedation-analgesia is increasingly more widespread on the care units, whether critical care or not, for therapeutic purposes and in locations where diagnostic interventions are performed. For example:


Dr. Marie-Eve Bédard, Véronique Pelletier and Odile Bouffard

- Emergency (e.g. reducing a fracture)
- Obstetrics (e.g. retained placenta)
- Pediatric or adult intensive care (e.g. changing an endotracheal tube)
- Minor surgery (e.g. cataract surgery)
- Bronchoscopy Room (e.g. trachea and bronchial examination)

Sedation-analgesia allows the patient to better tolerate a diagnostic or therapeutic intervention by controlling their adverse physical movements and minimizing their psychological responses to a painful and anxiety-provoking intervention.


Marie-Michelle Dupont and Audrey Lafleur

Assist with critical care by looking after the airway, that is, by ensuring the patient's airway management, intubation or extubation or assisting the physician with his interventions. A respiratory therapist may quickly intervene with a patient, by non-invasive ventilation by BiPAP, to avoid intubation.

A respiratory therapist carries out clinical monitoring, administers sedation-analgesia, uses advanced and specialized cardiopulmonary resuscitation techniques. She ensures the safe transfer of the patient to a health institution or between institutions.

A respiratory therapist ensures that extended mechanical ventilation complies with the patient's needs, while analyzing blood gases, so that the patient is properly ventilated. She has the skills to interpret the ventilation curves to assess the quality of the ventilation and the patient's pulmonary status. She is responsible for weaning the patient off mechanical ventilation for the purpose of extubation as soon as possible, which promotes better recovery for the patient as well as lowering the length of hospitalization and risk of potential complications.

DID YOU KNOW THAT?

BiPAP (or BPAP) is a device that creates two (Bi) levels of pressure. The patient receives a better tidal volume and optimal minute ventilation. Appearing in the 1990's, BiPAP delivers varying levels of air pressure, contrary to CPAP which is a device that maintains continuous positive pressure. These two devices are used to treat various breathing difficulties, in particular, obstructive sleep apnea.

BI*level*	**C***ontinuous*
P*ositive*	**P***ositive*
A*irway*	**A***irway*
P*ressure*	**P***ressure*


Mélanie Fortin

Treat problems affecting the cardiopulmonary system by administering inhalation therapy treatments, based on a protocol or prescription, by applying therapeutic pulmonary rehabilitation techniques by aerosol or humidity or relieving bronchial congestion for patients suffering from chronic or acute pulmonary disorders.

A respiratory therapist is a member of the multidisciplinary cardiopulmonary resuscitation team (CPR) in the health institutions. She looks after airway patency and ensures the best possible oxygenation, based on the context. She is an expert in resuscitation and many respiratory therapists have certificates in cardiopulmonary resuscitation:

- Advanced cardiopulmonary resuscitation course
- Advanced trauma life support course
- Advanced pediatric resuscitation course
- Neonatal resuscitation course

Job titles in the collective agreement

There are five job titles in the "respiratory therapists" group in the provincial provisions of the FIQ 2016-2020 collective agreement:

- Respiratory therapist
- Assistant-head respiratory therapist
- Technical coordinator
- Clinical instructor
- Respiratory therapy extern

There are different roles for each one of these job titles. For example, a clinical instructor is responsible for the clinical internship program while a technical coordinator sees to the quality of the techniques used in the institution, among others things.

While the health network is being completely redefined and the institutions must reorganize different aspects of their management, the FIQ sees this as an opportunity to re-discuss the wording of the job titles in the collective agreement so that they better reflect the reality. The FIQ sits on an inter-union committee for this purpose.

Karine P. Bégin

Practice standards

A respiratory therapist must develop or reinforce thirteen skills or standards to fully carry out her role in increasingly complex and diversified practice settings.

1. Communicate effectively in a professional context
2. Apply the terms and conditions of use of medical devices
3. Apply aseptic, health and safety preventive measures
4. Prepare, administer and adjust medications and other substances
5. Assess the cardiopulmonary condition
6. Carry out cardiopulmonary function diagnostic tests
7. Provide general cardiopulmonary care
8. Carry out ventilation assistance
9. Carry out anaesthesia assistance
10. Determine and implement care plans
11. Determine and implement management processes
12. Apply measures to the research field
13. Act professionally

Regardless of the sector of activities where she practises, the respiratory therapist can refer to these thirteen skills which reflect all the complexity of the care and the many organizational and technological changes that exist in her practice.

To facilitate the development of new skills related to the healthcare professionals' practice, institutions have the financial resources to organize training that meets the needs of the different job titles. Learn more by consulting the union team in the institution.

Prescriptions and clinical protocols

As the list of activities reserved for her shows, medical prescriptions are important for the practice of respiratory therapy. These prescriptions can increase professional autonomy, promote a quicker, and therefore more effective, intervention for the patient, and above all, enrich the respiratory therapist's professional activities every day.

There are two types of prescriptions: individual and collective. A collective prescription is for a group of people or clinical situation while the individual prescription is intended for one patient. A prescription can be accompanied by a clinical protocol. This protocol defines the procedures, methods, limits, contra-indications or standards that apply to a specific clinical condition. It allows the skilled professional to apply it.

For example, in intensive care, a collective prescription can authorize an intervention team to perform ventilation assistance for a person in respiratory distress. Thus, the prescription raises the team's effectiveness in that the respiratory therapist can adjust oxygen therapy or, even extubate or intubate certain patients. There are prescriptions in general respiratory care for spirometry, evaluation of pulmonary function and samples such as sputum cultures. Collective prescriptions are also available in a CLSC and for home care.

Benefits of collective prescriptions

A number of aspects of the context in the health network and organization of work in the institutions makes the identification of methods for attracting and retaining healthcare professionals a critical factor. Enhancing the respiratory therapist's role and practice is a key factor and developing collective prescriptions is one of the ways to achieve this.

Collective prescriptions let the respiratory therapist contribute more and ensure a more effective intervention and a better follow-up of patients. Their development requires a fine knowledge of the skills and field of practice of the different interdisciplinary team members. At the same time, this development fosters discussions on best practices and a clarification of each person's role which inevitably reinforces trust between the different parties and team cohesion.

Caroline Robillard

DID YOU KNOW THAT?

The multidisciplinary services administration, multidisciplinary council (MC) and CPDP develop the collective prescriptions and protocols in health institutions. These prescriptions can be developed in most settings where respiratory therapists practice, take on different forms and vary from one institution to another. The FIQ invites the respiratory therapists to get involved in their settings, follow or propose the setting up of collective prescriptions and, thus, use this professional tool to improve the quality of care and interprofessional collaboration.

Power of professional influence

Every day, healthcare professionals are confronted with obstacles to fully occupying their field of practice and carrying out their reserved activities. Therefore, it is important that they use all places of influence to demand their place and develop their professional practice.

Here are a few examples of places where the respiratory therapist, alone or collectively, can use her power of influence:

Institution

In a centre of activities, healthcare professionals can get together to discuss a situation that affects their professional practice with their manager or technical coordinator. These meetings can identify the obstacles and solutions by exposing the facts. This dynamic and proximity leads to actions that are better adapted to the needs.

Local union team

There is a union team in every health institution. This team is dedicated to safeguarding and developing the economic, social and educational interests of the members. It sees to the negotiation and application of the different articles of the collective agreement and accompanies the members based on their needs. The local union team can help the respiratory therapist to detail, clarify or question the problems in professional practice. Union meetings (general assemblies or information meetings) in the different institutions are also the best locations to exercise her leadership and promote her working and practice conditions with other healthcare professionals, whether by participating or being actively involved.

Committee on Care

A respiratory therapist, like all other healthcare professionals at the FIQ, can call upon a parity committee with the mandate to study any issue directly related to the care and complaints about excessive workload: the Committee on Care. This union tool is stipulated in Article 13 in the FIQ 2016-2020 provincial provisions. To prevent or resolve a problem linked to organization of work, the respiratory therapist gathers the elements essential to the file and with the local union team, participates in developing talking points and identifying solutions. The local union team can provide more information on the subject as needed.

Multidisciplinary Council

A respiratory therapist can be involved in the MC of her institution. It is a place of influence where the respiratory therapist can exercise clinical leadership in order to improve and further her professional practice in conjunction with other health professionals.

Established in every institution by an Act respecting health services and social services (LSSS), the MC is an advisory committee from the institution's general administration and board of directors. Its mandate is to oversee the quality of professional practice and it can formulate opinions and recommendations on different subjects, including:

- the offer of care and services
- the scientific and technical organization
- the professional practice
- the evaluation and maintenance of skills
- any other issue that the general administration brings to its attention

Fédération interprofessionnelle de la santé du Québec–FIQ

The Federation represents 75,000 nursing and cardiorespiratory professionals, including more than 3,400 respiratory therapists. In 2018, more than 125 respiratory therapists are using their power of influence within their union, and are dedicated to the improvement of the working and practice conditions of the healthcare professionals in the health network. They actively fight and work every day in the promotion and defence of Quebecers' right to health. The FIQ and its affiliated unions are accessible places of influence, and ideal for the respiratory therapist who wants to exercise her leadership.

The Federation shares the professional concerns of its members. It takes their demands to different levels, particularly in the development of the different fields of practice and the deployment of Bill 90 and safe healthcare professional-to-patient ratios. The quality and safety of care are major issues for the FIQ who also wants the collaboration of its members in reporting the situations where their practice conditions do not let them provide quality, safe and humane care.

The Safe Staffing Form is an electronic communication tool with the union teams. Accessible at all times on fiqsante.qc.ca, it allows the FIQ healthcare professionals to report the situations where practice conditions do not allow them to give quality, safe and humane care. Thanks to it, they can now take action and defend the patients' rights and interests, also known as advocacy.

Respiratory Therapist Commission

There are four types of commissions at the FIQ, the respiratory therapist commission, nurse commission, licensed practical nurse commission and clinical perfusionist commission. The commission is a select forum of discussion and analysis of the important issues affecting the different job title groups. Therefore, the delegates of the respiratory therapist job title group can get together in this commission and, ultimately, exercise their power to submit recommendations to the Provincial Council.

Ordre professionnel des inhalothérapeutes du Québec (OPIQ)

The OPIQ governs the practice of Québec respiratory therapists. Its primary mission being to ensure the public's protection and provide quality care, it monitors the practice of the profession and encourages the updating and development of skills. Over the last few years, important files for the profession, notably the upgrading of initial training and granting of an assessment activity in the respiratory therapists' field of practice, have taken up a lot of the Order's time. A respiratory therapist, in addition to being registered as a member in good standing, can be involved on the board of directors and thus help influence its orientations.

History of the profession

The history of the respiratory therapy profession is relatively recent in Québec. It is intimately connected to the development of the care in surgery and pain management, also known as “anaesthesiology”.

After World War II, North America was facing tuberculosis and polio epidemics. Significant progress was made in the treatment of serious pulmonary symptoms in the fight against these two infectious diseases.

In 1947, the Minister of Health granted the funding to expand a 500-bed sanatorium hospital in east-end Montréal. **On June 15, 1950**, the Hôpital Joseph de Rosemont was inaugurated and included a clinical research unit: the Institut Lavoisier.

Antoine Laurent Lavoisier

Antoine Laurent Lavoisier is considered the founding father of modern chemistry. Through his studies, he was able to identify the composition of the air we breathe, oxygen and nitrogen. Moreover, he is credited with the term, “vital air” to describe oxygen.

In 1954, the invention of the first modern set frequency mechanical respirator, the Engstrom 150, greatly contributed to the development of the mechanical ventilator and rise in the practice of resuscitation.

Around the end of the 1950s, at the general assembly of the Canadian Society of Anesthesiologists in Montréal, Dr. Louis Lamoureux highlighted a major shortage of personnel to administer oxygen therapy. So, he proposed training oxygen therapists.

In 1964, the Canadian Society of Respiratory Therapy Technicians was founded and specified the conditions that the personnel must meet to obtain certification. Today, this organization is called the Canadian Society of Respiratory Therapists (CSRT).

In 1965, Dr. Léon Longtin, Anesthesiologist, founded the first respiratory therapist school in Canada: the École de technologie en thérapie inhalatoire (Institut Lavoisier/Hôpital Rosemont). The first respiratory therapy graduates from the School could practice their trade after two years of training.

In 1969, the college diploma (DEC) in respiratory therapy techniques became mandatory to practice the profession. That same year, the Association des anesthésiologistes du Québec (AAQ), wanting to train professionals dedicated exclusively to assisting the anesthesiologists in their daily tasks in the operating room, proposed adding an “anesthesia assistance” component to the respiratory therapists initial training. The program was then renamed “respiratory therapy-anesthesia course”. It was also in 1969 that the respiratory therapists affiliated with the Corporation des techniciens professionnels de la province de Québec.

On December 11, 1970, about thirty respiratory therapists assisted in the founding of a first association of employees. Two years later, it became the Association professionnelle des inhalothérapeutes du Québec (APIQ), the first union representing these healthcare professionals.

In 1973, the anesthesia techniques component was added to the respiratory therapy training program. This training fosters the integration of respiratory therapists, who, with their strong skills, are called upon to work closely with the anesthesiologist.

In 1984, the Corporation professionnelle des inhalothérapeutes du Québec was formed under the Professional Code. Today, it is known as the Ordre professionnel des inhalothérapeutes du Québec (OPIQ).

In 1997, Élaine Trottier, Respiratory Therapist, became the first female president of the APIQ and held that office until 2004. Then, she became the first respiratory therapist vice-president of the Fédération des infirmières et infirmiers du Québec (FIIQ+), then of the FIQ.

In 2003, after passing a series of anti-union laws, the Jean Charest government imposed one certification unit for nurses, licensed practical nurses, respiratory therapists, clinical perfusionists, child and baby nurses: the health and social services personnel. The APIQ, Alliance professionnelle des infirmières et infirmiers auxiliaires du Québec (APIIAQ), Fédération des infirmières et infirmiers auxiliaires du Québec (FIIAQ) and the FIIQ then became one new organization that was a key union force in the health network: the FIIQ+. It was only on December 1, 2006, that the FIIQ+ officially became the Fédération interprofessionnelle de la santé du Québec–FIQ at a founding convention. It then represented 2,000 respiratory therapists, 66 clinical perfusionists, 45,000 nurses and 9,500 licensed practical nurses.

Since 2009, the FIQ has awarded the Élaine-Trottier prize at the annual OPIQ convention to a respiratory therapist who has distinguished herself by a particular achievement or her involvement in a one-time event beneficial to the practice. It also hands out the Place à la relève prize. Each prize includes a $2,000 bursary.

Health Month

Every year, the FIQ dedicates the month of May to the recognition of the essential role of the healthcare professionals. Thus, the Federation marks Licensed Practical Nurses Day on May 5, Nurses Day on May 12, **Respiratory Therapists Day on May 19** and Clinical Perfusionists Day on May 26.

In 2018, Québec can count on more than 4,250 respiratory therapists to care for the population with expertise and passion.

Alexandre Rancourt

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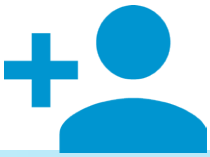
Stéphanie Bégin (Trainee) and Marie-Claude Roby

Here, we understand health care.



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