Medical Directives & Controlled Acts

December 15, 2010
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Overview

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2. Delegation
3. Medical Directives
   - Legal issues
   - Policy and supporting tools
   - Preconditions
   - Content
   - Use
   - Accountabilities
Controlled Acts

- Defined by the *Regulated Health Professions Act* ("RHPA") → “risk of harm”
- Cannot be performed in course of providing health care unless:
  a) Member of health profession authorized to perform OR
  b) Delegated by (a)
- 13 in total (s. 27); psychotherapy to be added
- Subject to certain exceptions/exemptions under RHPA and regulations
Performance of Controlled Acts

- RHPA $\rightarrow$ ordering, authorizing, delegating
  - Performance may be dependent on act being ordered or authorized by member of another profession
  - Regulated health professional may delegate a controlled act authorized to his/her profession, subject to any applicable regulations
  - Act can be delegated to another regulated professional or unregulated practitioner
  - Delegating professional is accountable for decision to delegate
Performance

- Profession-specific
  - for performance, delegating, accepting delegation
  - Defined by legislation (e.g. *Medicine Act*, *Nursing Act*, etc.); regulatory College expectations

- Facility-specific
  - Legislation (*Public Hospitals Act*)
  - Policies/procedures
Delegation

• Mechanism for extending authority to perform controlled acts, other procedures within existing legislative frameworks

• RHPA s. 28(a) delegation by a member must be per regulation under the member specific Act

• s. 28(b) delegation to a member must be per regulation under the member specific Act

• Regulatory expectations
  – Individual College policies, guidelines, expectations
Delegation

- Must **usually** occur in context of established provider-patient relationship between the authorizer and the patient
  - Very limited circumstances where can occur without

- Where a controlled act is delegated, it remains the responsibility of the health care professional who authorized it
Delegation

- Can occur directly or indirectly
- Direct Order – specific act/procedure for specific patient on assessment by authorized health professional
  - Usually written, may also be verbal
  - Authorizer must have ordering authority + delegating authority
  - Decision to implement remains solely with the authorizer
  - Prescriptions, requisitions, order set etc.
Delegation

- Designation - by authorizer who does not have ordering authority

- Medical Directive - blanket instructions/orders re: any patient where identified conditions are met
  - Given in advance without need for direct assessment
  - Type of order
  - Authorizer must have ordering + delegating authority
  - Directive must have integrity of direct order
Medical Directives: Legal Issues

- Need for policy to drive process
- Selection of clinical activity
- Approval of a medical directive
- Appropriate use
- Accountabilities
Policy

- Important for ensuring appropriate development, approvals, use, review/revision
- Reflective of legal and professional requirements for medical directives
- Supported by appropriate tools for development and implementation
Policy

- Overarching principles and values informing medical directive
- Parameters for identifying need for directive
- Procedure for development
- Requisite content
- Accountabilities
- Expectations for initiation and implementation
- Approval, review and evaluation processes
Preconditions for Medical Directive

• Performance readiness
  – Do authorizers and implementers have appropriate competencies to authorize and implement the procedure/treatment and manage outcomes?

• Authority for medical directive
  – Ordering and delegating authority

• Clinical appropriateness
Content of Medical Directives

- Description of procedure, treatment, intervention being ordered

- Specific patient condition(s), circumstances that must be met before the directive can be initiated and implemented

- Contraindications for implementation of directive
• Identification of who can authorize, who can implement
• Education and supervision requirements
• Communication mechanism(s) for clarifying elements of medical directive
• Documentation requirements
• Monitoring mechanism(s)
• Sign-offs
  – Administrative approval(s) (date, signature)
  – Authorizer(s), Implementer(s) (name, signature)
Relying on a Medical Directive

- Conditions, circumstances for medical directive met?
- Does authorizer have requisite competencies?
- Does implementer have knowledge, skill and judgment
  - To perform the procedure, treatment or intervention?
  - To make all decisions required during procedure?
  - To manage all possible outcomes?
- Sufficient resources available to intervene as required in the event of a complication?
Accountabilities: Authorizer

• Accountable for ensuring the procedure s/he is authorizing will be performed competently, including:
  – That individual to whom the act is being delegated has the appropriate knowledge, skill and judgment to perform it
  – Analyzing potential harm(s) to ensure delegation does not increase risk to patient
• Predictability of outcomes
Accountabilities: Authorizer

- Knowing the predictability of the outcomes associated with the procedure
- Ensuring ongoing monitoring and evaluation of the delegation for quality assurance
- Ensuring that appropriate medical resources are available to intervene as required

- Authorization in best interests of patient
- Ultimately accountable for care of patient
Accountabilities: Implementer

- Must be satisfied that:
  - Authorization has been made appropriately
  - The procedure is warranted
  - S/he is competent to perform the procedure and manage outcomes given the circumstances in the situation
    - Risks to patient, potential outcomes
    - Has knowledge, skill & judgment for implementation, management of outcomes
- Know how to get clarification
- Consent
Accountabilities: Employer/Facility

• Responsible for ensuring care is provided in accordance with applicable standards and corporate expectations

• Can be increased risk/liability – direct and/or vicarious

• Have appropriate framework for development of medical directives, approval, monitoring, review/revision

• Adequate insurance coverage
Appropriate Delegation/Medical Directives

• Ensure appropriate, co-ordinated care and patient safety

• Support multi-disciplinary, team-based care

• Must appropriately manage risk
Questions?

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