



London Health Sciences Centre

Southwest Ontario Regional Base Hospital Program

A photograph of an ambulance with its emergency lights flashing, viewed from a low angle against a clear blue sky.

Medical Delegation Big Brother, or Best Friend?

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www.lhsc.on.ca/bhp

Objectives

- Explain the concept of delegation in various settings (ED, Hospital, Nursing Home, EMS) and the role of the CPSO (College of Physicians and Surgeons of Ontario)
- Describe the difference between online, offline, and direct/on-scene medical control.
- Discuss the meaning and implications of Scope of Practice, Deactivation, and Decertification.
- Correctly apply the principles of delegation to a variety of pre-hospital scenarios.

Outline

- Controlled acts as per the Regulated Health Professions Act (RHPA)
- Medical delegation as per the College of Physicians and Surgeons of Ontario (CPSO)
- Scope of practice in Paramedicine and Nursing
- Physician on-scene requirements
- Deactivation and decertification



A FEW CASES TO PONDER...

Example Case #1

- 51 y.o. male c/o RSCP and SOB calls EMS for treatment and transport
- ACP medics arrive, administer oxygen, ASA, and NTG and obtain an EKG and IV access
- Patient is transported to the ED and assigned a CTAS 2 and care is handed over to the nurse

Paramedics' care in this case determined by:

- a) Own practice
- b) Direct order from physician
- c) Predetermined medical directive
- d) Patient requested specific therapy be completed

Example Case #2

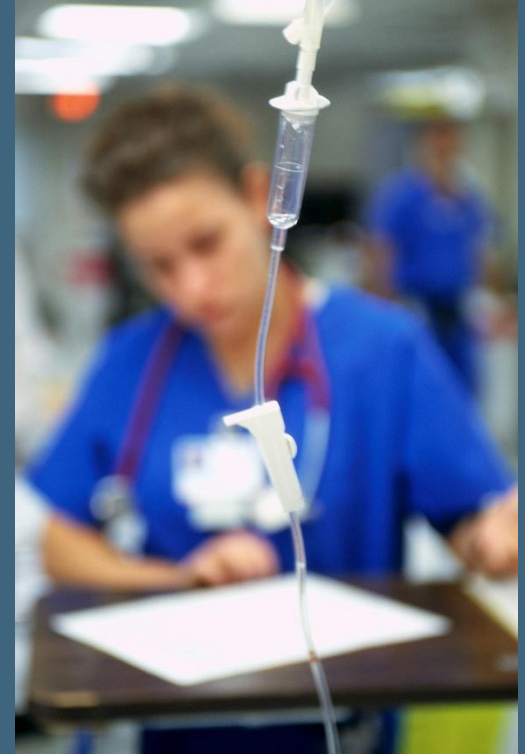
- Same patient has return of pain six days later but decides to take himself to ED
- Triage nurse performs a Hx/PE and assigns him as a CTAS 2 to acute care area
- The nurse caring for the patient initiates an IV, oxygen therapy, NTG, ASA, EKG, and draws cardiac lab work

Nursing care in this case determined by:

- a) Own practice
- b) Direct order from physician
- c) Predetermined medical directive
- d) Patient requested specific therapy be completed

Food For Thought...

- Same patient
- Same complaint
- Two completely different health care providers
- *Identical therapy* regardless of mode of transport



Example Case #3

- Paramedics transport a 19 y.o. female patient to hospital after she twisted her ankle at a basketball game – nonambulatory
- On arrival to ED, triage nurse sends patient for an xray of her extremity before MD assessment

Nursing care in this case determined by:

- a) Own practice
- b) Direct order from physician
- c) Predetermined medical directive
- d) Patient requested specific therapy be completed

Example Case #4

- At Dearness home, the nurse on duty assesses one of her patients who is slightly hypoxic (91%), febrile (38.7°), and has been coughing since this AM
- She administers oxygen via nasal cannula, Tylenol, and orders a CXR before paging the on-call physician

Nursing care in this case determined by:

- a) Own practice
- b) Direct order from physician
- c) Predetermined medical directive
- d) Patient requested specific therapy be completed



MEDICAL DELEGATION AND CONTROLLED ACTS

Medical Delegation

- Previous four cases represent examples of *medical delegation* through predetermined *medical directives*
- Paramedics and nurses in each case are performing diagnostic/therapeutic *controlled health acts*
- Under specific circumstances outlined by the Regulated Health Professions Act, nurses can perform controlled acts independently – but not those outlined in the cases – they still require *delegation*

Controlled Acts

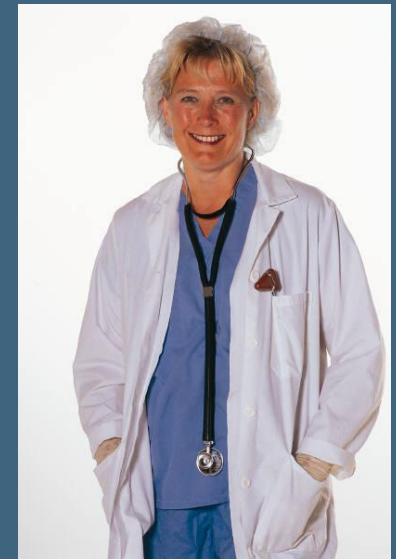
- Regulated Health Professions Act – 1991
- Sets out a 14 ‘controlled acts’ which may only be performed by certain regulated health professionals
- Sets out general purpose of regulatory model for health professionals in Ontario

14 Controlled Acts

- 1) Communicating a diagnosis
- 2) Performing procedure below the dermis, cornea, mucous membrane, surface of teeth
- 3) Setting or casting a fracture
- 4) Moving joints of the spine
- 5) Injection/inhalation of a substance
- 6) Putting instrument, hand, or finger beyond...
- 7) Applying form of energy
- 8) Prescribing drugs
- 9) Prescribing eye glasses/lenses
- 10) Prescribing a hearing aid
- 11) Managing labor/delivery
- 12) Allergy challenge testing
- 13) Fitting dental prosthesis
- 14) Psychotherapy

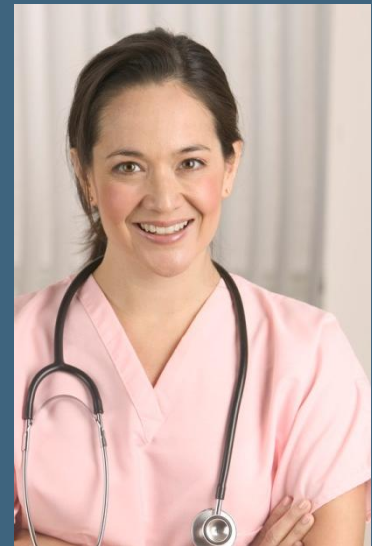
14 Controlled Acts – Physicians

- 1) Communicating a diagnosis
- 2) Performing procedure below the dermis, cornea, mucous membrane, surface of teeth
- 3) Setting or casting a fracture
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14 Controlled Acts – Nurses

- 1) Communicating a diagnosis
- 2) Performing procedure below the dermis, cornea, mucous membrane, surface of teeth
- 3) Setting or casting a fracture
- 4) Moving joints of the spine
- 5) Injection/inhalation of a substance
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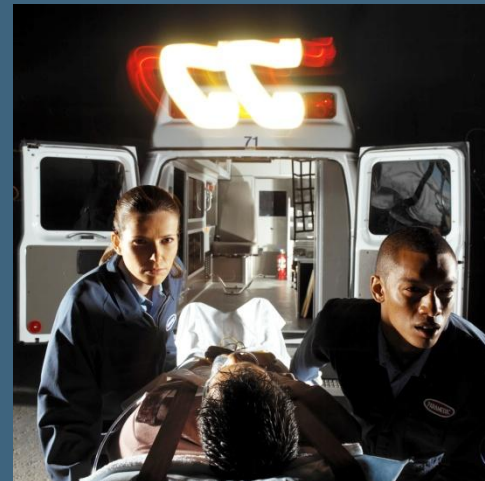


Delegation of Controlled Acts

- College of Physicians and Surgeons of Ontario (CPSO) Policy #8-10
 - Approved in Sept 1999, most recent update Sept 2010
- Ontario law (RHPA) states certain acts may only be performed by certain health care professionals
- Under appropriate circumstances, may be delegated to others

Principles of Delegation

- Primary consideration should be best interests of the patient
- In appropriate circumstances, process can result in more timely delivery of health care, optimal use of personnel



Two Methods of Delegation

1) Direct Orders (online)

- Instruction from MD to another health care provider
- Specific to patient and time, only after doctor–patient relationship established
- Verbal, written, or in–person



Two Methods of Delegation

2) Medical Directives (off-line)
















- Blanket instructions from physicians
- Pertain to any patient meeting certain criteria and circumstances
- Must be written



Sample ED Medical Directives

Adult Medical Directives

[Medical Directives - Overview](#)

Name	Medical Directive	Algorithm	Flowchart
Acute Coronary Syndrome			
Acute Ischemic Stroke			
Antibiotic Resistant Organisms Screening			
Asthma/COPD			
Blood Sampling & IV Access			
Obtaining and ECG			
Severe Sepsis			
Suspected Hypoglycemia			
Suspected Isolated Orthopaedic Injury			
Tetanus Prophylaxis			
Urinary Retention/Inability to Void			

Sample ED Medical Directives

BLOOD SAMPLING & INTRAVENOUS (IV) ACCESS: EMERGENCY SERVICES PROGRAM MEDICAL DIRECTIVE – ADULT

Presentation	Draw Blood for...	Initiate IV Access
Chest Pain	ED ACS Care Set	Saline lock or 0.9% NaCl at a rate TKVO (Acute Coronary Syndrome Medical Directive)
	INR, PTT, CBC & Diff, Electrolytes, Urea, Creatinine, Glucose-Random, Creatinine Kinase (CK), Troponin I Plasma (TNI).	
Seizure <ul style="list-style-type: none"> • Active • Non-traumatic • Recurrent in last hour • Change in usual pattern 	ED Seizure Care Set	Saline lock or 0.9% NaCl at a rate TKVO.
	Point of Care Glucose (Glucose meter) CBC & Diff, Electrolytes, Urea, Creatinine, Glucose-Random. <i>If new onset add: Albumin, magnesium, calcium, ethanol serum with osmolality.</i> <i>If on the following medications: Valproic acid, Carbamazepine, Phenytoin, Primidone, Phenobarbital; add levels.</i> <i>If on warfarin add: INR, PTT.</i>	
Suspected Migraine Headache	Not Applicable	Saline lock or 0.9% NaCl at a rate TKVO.

Scope of Practice – Paramedics

- Ontario Ambulance Act, Regulation 257/00 (Schedule 1, 2, and 3) outline list of *controlled acts* that may be performed by PCP, ACP, and CCP
- A paramedic trained to a certain level may then perform acts that are one “Schedule” above after appropriate education and QA from BHP
 - i.e. PCP IV initiation

Scope of Practice – Paramedics

PCP

- Administer glucagon, oral glucose, NTG, ASA, Ventolin, and Epinephrine
- Semi-automated external defibrillation

ACP

- All of the above and..
- Peripheral IV therapy
- Endotracheal Intubation
- Non-automated external cardiac defibrillation

Scope of Practice – Paramedics

CCP

- All of the above and..
- Non automated external defibrillation, cardioversion, pacing
- Maintenance/monitoring of CVL
- Gastric intubation/suction
- Mechanical ventilation
- Lab blood value interpretation
- Management of chest tubes
- CXR interpretation
- Foley insertion
- IV blood product administration
- Use of infusion pumps
- Advanced airway techniques (cricothyrotomy)

Scope of Practice – Nurses

From the College of Nurses of Ontario (CNO): Nursing's Scope of Practice Statement

- The practice of nursing is the promotion of health and the assessment of, the provision of, care for, and the treatment of, health conditions by supportive, preventive, therapeutic, palliative and rehabilitative means in order to attain or maintain optimal function.
 - (Nursing Act, 1991)

ADVANCED CASES IN DELEGATION

Example Case #5

- EMS called for medical backup to a house fire.
- Firefighter emerges from the home warm, diaphoretic, tachycardic and lightheaded (normal BP and Temp)
- You determine the patient could benefit from some IV fluids

As an IV certified paramedic, you should:

- a) Patch to the BHP for an order and transport
- b) Give a bolus of NS and document procedure/rationale and transport
- c) Do nothing and transport
- d) Leave the firefighter with some Gatorade

Example Case #6

- ACP crew respond to a call of a 35 y.o. male (275 lbs) with a hx of Epilepsy who is currently seizing
- Quickly establish an IV and administer Midazolam 5mg x2 with no effect

As an ACP, you should:

- a) Patch to the BHP for an order for more IV midazolam
- b) Give another dose of midazolam and document procedure/rationale
- c) Initiate transport with no further medications
- d) Administer additional midazolam via IM injection

Example Case #7

- ACP crew respond to a call for a 25 y.o. female who is c/o palp, chest tightness, and SOB
- She looks diaphoretic and speaking in 3 word sentences
- 36.2 / 150 / 26 / 75-40 / 95% RA
- EKG demonstrates a regular, narrow complex tachycardia (SVT)

As an ACP, you would like to cardiovert this patient so you:

- a) Cardiovert patient, without sedation, and patch/document afterwards
- b) Cardiovert patient, using Midaz/Fent for sedation, and document rationale on the ACR
- c) Patch to BHP to ask for orders for sedation so that you may proceed with cardioversion
- d) Transport the patient to hospital in SVT using supportive management

CPSO GUIDELINES ON DELEGATION

Guidelines of Delegation

1) Doctor Patient Relationship

- Act remains strictly the responsibility of the physician who authorized it
- Delegation may occur in absence of physician when timely delivery of necessary treatment is required
 - Quality of the act is as safe and effective
 - Without delegation delivery would not be timely
 - QA protocols are in place
 - Patient's best interest to deliver the care by delegation

Guidelines of Delegation

- 2) Delegate only those acts that form part of your regular practice
 - *RHPA* requires physician to confine medical practice to areas in which he/she suitably trained and experienced
 - Physician must not delegate performance of an act he/she is not competent to perform personally, and which does not form part of his/her regular practice and daily competency.

Guidelines of Delegation

- 3) Identify the individual performing the act and be aware of his/her skills
 - Physician should be satisfied that the individual to whom the act is being delegated has the appropriate knowledge, skill and judgment to perform the delegated act



Guidelines of Delegation

- 4) Establish process for delegation that includes education, ensuring maintenance of competence, providing appropriate supports

Guidelines of Delegation

- 5) Ensure delegation occurs with the informed consent of the patient when feasible
 - Protocol for the directive must include obtaining consent

Guidelines of Delegation

- 6) Ensure proper supervision of delegation
 - Accountability/responsibility for the act that has been delegated with physician
 - Must provide appropriate level of supervision

Role of a Base Hospital

- Direction & Oversight of delegated medical acts
 - Creation / Revision of Protocols
 - Electronic, Peer and MD Audits of calls
 - Action Based on Audits
 - Yearly Recertification
 - Continuing Medical Education

Quality Assurance

Paramedics

- QA provided by base hospital program
- Charts audited by professional standards specialists, major/critical errors involve BHP
- Remediation and re-evaluation performed before reactivation

Nurses

- QA provided by Nursing Professional Practice Committee
- Nurses are in charge of auditing peer's charts
- ** College of Nurses

College of Nurses – Complaints

[Make a Complaint](#)
[File a Report](#)
[Discipline Hearings](#)
[Discipline Decisions](#)
[Illegal Practitioners](#)
[Suspended Members](#)

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Make a Complaint

The following information is intended for members of the public who wish to make a complaint about a nurse's conduct. If you are an employer, facility operator or nurse, please follow the instructions for [filing a report](#).

Before you make a formal complaint to the College about unsatisfactory nursing care, you may wish to discuss your concerns directly with the nurse or the employer.

The College has prepared a guide, [Addressing Complaints at the College of Nurses of Ontario](#), that contains important information about the process.

If you wish to proceed with a complaint, you should send your detailed complaint in writing, or on audio or video tape, to:

Executive Director
College of Nurses of Ontario
101 Davenport Road
Toronto, Ontario, M5R 3P1

In your complaint:

- state that you are making a complaint about nursing care;
- provide the name(s) of the nurse(s) involved (if known);

College of Physicians – Complaints

The screenshot shows a web browser window with the title "Complaints | Policies & Publicati...". The page header features the College of Physicians and Surgeons of Ontario logo and name, a "Site Search" box, and a "Members: 2011 Online Renewal" link. The navigation menu includes "About Us", "What's New", "Doctor Search", "Policies & Publications" (highlighted), "Registration", and "CPSO Members".

The main content area is titled "Complaints" and includes a sub-header "Fiche d'information le processus de règlement des plaintes". The text states: "One important responsibility of the College of Physicians and Surgeons of Ontario is to respond to concerns and to investigate complaints from members of the public about doctors licensed to practice medicine in Ontario. In all that we do, the College must act first and foremost in the best interest of the public." It then provides links to "The Complaints Process", "Sexual Abuse Complaints", and "Funding for Therapy and Counselling".

A "RELATED LINKS" section on the right contains a link to "Complaint Form" with the instruction: "To initiate a complaint, please complete this interactive form, print out, and mail to the College at the address provided at the end of the form."

The left sidebar contains a list of navigation options: Practice Guide, Policy, Consultations, Positions & Initiatives, CPGs & Other Guidelines, Legislation & By-Laws, Complaints (highlighted), The Complaints Process, Sexual Abuse Complaints, Funding for Therapy and Counselling, and Publications.

PHYSICIANS ON SCENE

Example Case #8

- PCP crew (IV certified) in on a long offload delay with a patient c/o chest pain
- MD asks medics to initiate an IV and draw bloods to 'speed up' patient's care

As an IV certified paramedic, you should:

- a) Do as you are instructed, it can't be that hard
- b) Ask for instructions and abide
- c) Inform MD beyond scope of practice – still abide
- d) Inform MD beyond scope of practice – refuse

Example Case #9

- PCP crew is called to a family doctor's office to assess a patient having active CP
- 38.6 / 55 / 18 / 89-48 / 98% RA
- MD asks you to administer Nitro to 'stop this patient's ischemia'

You should:

- a) Patch to BHP for further advice
- b) Ask MD on scene to take responsibility for care of the patient and accompany to hospital
- c) Have BHP speak to MD on scene
- d) Comply with order as they have more medical knowledge
- e) A, B, or C

Example Case #10

- You administer NTG to the patient in case #9, but MD states he/she will follow the ambulance in his/her personal car
- Orders further NTG q5min while patient having CP

You should:

- a) Patch to BHP for further advice
- b) Transport but give no further NTG
- c) Ask MD on scene to accompany in the ambulance to administer NTG
- d) Transport and comply
- e) A, B, and C

Physician On Scene

Paramedics are responsible for the patient's care. As an MD if you wish to assist:

- 1) Advise/assist with care that follows paramedics' medical directives
- 2) Consult with BHP to offer advice
- 3) If care beyond paramedics' scope of practice, MD must assume complete responsibility – must expect to accompany patient to the hospital. (Medics to assist within their scope of practice)



DEACTIVATION & DECERTIFICATION

Deactivation

- You receive a phone call from the BHP/Professional Standards that you have been deactivated

This means that:

- a) I will never be able to work as a paramedic again
- b) I must have made numerous errors last month
- c) I may have made a serious variation from protocol compromising patient safety
- d) I need to drastically change my approach to patient care

Deactivation

- To ensure safety of the public when care provided by a paramedic is under question
- Any clinical based mistake can be remediated
 - Education/remediation processes are in place
 - Specific procedure dependent on type of error, comfort of paramedic
- Always the goal of the BHP to have paramedic return to work in a safe manner

Decertification

- You receive your second deactivation notice in 6 months from the BHP/Professional Standards and your coworker tells you that you may be decertified

Decertification usually depends on:

- a) Making a single lethal error
- b) Making multiple serious errors
- c) Not following Medical Directives
- d) Losing trust of the Medical Director(s)
- e) B, C and D

Decertification

- Decertification is a rare occurrence
- Usually dependent on the BHP losing *trust* of a particular paramedic to perform delegated acts in a safe manner despite remediation AND a repeated pattern of not following medical directives

Concluding Remarks

- Provincial legislation mandates controlled acts be restricted to certain health professionals
- CPSO outlines requirements for medical delegation in Ontario
- Base hospital structure/function allows proper delegation to paramedics

Concluding Remarks

- Do not go beyond your scope of practice or medical directives regardless of physician orders
- Deactivation is not meant to act as a punishment
- Decertification is rare, reserved for extreme circumstances

References

College of Physicians and Surgeons of Ontario (2010). *Delegation of controlled acts*. Retrieved from <http://www.cpso.on.ca/policies/policies/default.aspx?ID=1554>

Government of Ontario (2012). Ambulance Act, Regulation 257/00. Retrieved from http://www.e-laws.gov.on.ca/html/regs/english/elaws_regs_000257_e.htm

Government of Ontario (2011). Nursing Act, Ontario Regulation 387/11. Retrieved from http://www.e-laws.gov.on.ca/html/source/regs/english/2011/elaws_src_regs_r11387_e.htm

Government of Ontario (1991). Regulated Health Professions Act. Retrieved from http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_91r18_e.htm

QUESTIONS / COMMENTS?