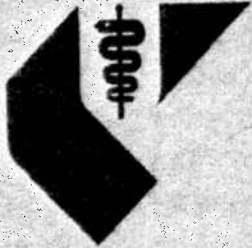


August , 2007

To: Chairs of All
Standards
Committees

THE STANDARD

COMMUNICATION BY MEMBERS OF STANDARDS COMMITTEES



Recently, there has been a concern regarding confidentiality of a standards committee's discussions. Members of Standards Committees appointed by the CPSM are afforded *Evidence Act* protection during their deliberations. Members must always be aware of their responsibility to safeguard this privilege. If any member feels that there is an issue which has occurred at the Committee meeting which causes that member concern regarding the integrity of the process which doesn't seem to be able to be addressed by the committee, then the appropriate procedure would be for that member to communicate directly with either the Deputy Registrar of the CPSM or the Chair of the Central Standards Committee of the CPSM. Discussing proceedings with anyone else could be interpreted as a breach of confidentiality and possible professional misconduct.

Inside this issue:

Communication by Members of Standards Committees	1
Transfer of Patients	1
Immunization Documentation	2
Reporting Minor Parents	2
Documentation Standards	3
Provincial Patient Safety Conference	3
Canadian Patient Safety Week	A3
CPSM Standards Contact Information	4
Automated External Defibrillators	4
Standards Conference	4

TRANSFER OF PATIENTS

Transfer of care of a patient can be a complex interaction between medical personnel. Stabilization of the patient to the extent possible is essential prior to transfer and transport. The receiving physician must agree to accept the patient prior to transfer. The physician who initiates the transfer must speak with the receiving physician, must communicate the care which the patient has received, and must clearly describe the patient's present status. A written record must be transferred with the patient.

Look for the 2003-2004 Maternal and Perinatal Health Standards Committee Report on CPSM website @ www.cpsm.mb.ca

PLEASE FEEL FREE TO DISTRIBUTE THIS NEWSLETTER WIDELY!!!!

Canadian Patient Safety week is October 8 - 13, 2007

The Theme is Patient Safety: Be Involved - Ask. Talk. Listen.

Ask questions about your health and health care

Talk about any concerns you may have

Listen to each other

PHYSICIANS ARE INVITED TO SUBMIT "CLINICAL NUGGETS" TO SHARE WITH COLLEAGUES. THESE COULD BE TACTICS TO USE WHEN APPROACHING MAKING A DIAGNOSIS OR DETERMINING THERAPIES. ALSO, IF YOU HAVE QUESTIONS THAT YOU WOULD LIKE TO POSE TO YOUR COLLEAGUES AND INVITE THEIR RESPONSE, PLEASE FORWARD THE QUESTION TO THE STANDARDS STAFF FOR INCLUSION IN THE NEXT ISSUE OF "THE STANDARD" NEWSLETTER.

IMMUNIZATION HISTORY DOCUMENTATION—A reminder!



This is a reminder to all involved in obtaining patient medical histories.

IMPACT (Canadian Immunization Monitoring Program Active) nurse monitors continue to face challenges in their search for immunization histories on hospital medical charts. Many times they find written, "Immunizations are up-to-date". This should be avoided due to many additions to the varied provincial

schedules and travel histories of families. It can cause crucial missing links in medical history documentation.

The Canadian Immunization Guide states that it is essential for the medical chart to contain a record of an individual's immunization history. Individuals, parents or guardians can be asked to produce their own or their child's records and this information transcribed on the medical history. If records are not available from the individual, parent or guardian then the vaccine provider should be contacted for the information.

Mighty Microbes—March 2007-Volume 3, No.1

REPORTING MINOR PARENTS

Physicians who provide prenatal or obstetrical care are reminded of a reporting requirement in *The Child and Family Services Act* to report to the Director of Child and Family Services regarding unmarried pregnant children. They should familiarize themselves with the reporting processes in their facility or region. The requirement is as follows.

Notice to director of birth of child to an unmarried child

9(4) Where a hospital or other institution has received for care during pregnancy or accouchement an unmarried child or a child with respect to whose marriage there exists reasonable doubt, the person in charge of the hospital or other institution shall forthwith notify the director or an agency on a prescribed form; and shall in like manner, on the birth of the child in the hospital or other institution, report the fact to the director forthwith.

DOCUMENTATION STANDARDS--PART ONE

Guideline 117, THE PHYSICIAN MEDICAL RECORD, outlines the requirements of the College of Physicians and Surgeons of Manitoba relating to documentation. This guideline is based on CPSM Bylaw 1, Article 29. [Both Guideline 117 and Bylaw 1 are available in their entirety on the College's website at www.cpsm.mb.ca]

The reason for keeping medical records is outlined in Guideline 117 as follows:

Purpose of Medical Records:

The physician's medical record is a reflection of the interaction between a physician and a patient. For each interaction the record should show why the patient was seen, what was found and what was done. The record may be used:

- a. as a source of information for the physician providing care;
- b. as a source of communication between the physician and other health care providers;
- c. for medical-legal purposes;
- d. as a mechanism for review of the quality of care provided to the patient.

Requirement for Medical Records:

Members of the College are required to keep medical records in accordance with By-Law No. 1 of the College of Physicians and Surgeons of Manitoba.

Legibility:

By-Law No. 1 requires that all records shall be typed or legibly written and kept in suitable systematic permanent forms such as files or computer disk.

29.5 Retain for 10 Years

(a) All clinical and psychotherapy records shall be retained for a period of not less than ten years from the date of the last entry recorded.

(b) Clinical and psychotherapy records pertaining to paediatric patients shall be retained to the date of the patient's age of majority (18 years) plus ten years. (AM. 10/97)

Physicians should be aware that good documentation is an important part of providing patient care. The physician or another care provider should be able to readily identify key information relating to a patient's care when they pick up the chart or open the electronic record. While there is no one, absolute way to keep a record, there should be consistency within the records of an office. It is helpful if there is a summary sheet available that outlines current medications, health problems, and activity (lab results, surgical procedures) of the patient.

Legibility is, of course, a judgment; however, physicians who have irregular handwriting should either print or make use of electronic means to document patient care.

Over the next few months, The Standard will include more information on documentation standards. The CPSM Standards staff invites your comments and questions regarding this issue.

SUBMISSIONS FOR PROVINCIAL PATIENT SAFETY CONFERENCE DUE OCTOBER 1, 2007

All employees, physicians and students in Manitoba's health care system are invited to submit a description of a "good catch" that resulted in process improvements in patient safety and shared learning.

FOR DETAILS CHECK OUT OUR WEBSITE

The Standard

1000 - 1661 Portage Avenue

Winnipeg, MB R3J 3T7

*The College of Physicians & Surgeons of
Manitoba*

Tel: (204) 774-4344 Fax: (204) 774-0750

Toll Free (MB only) 1-877-774-4344

We're on the web

www.cpsm.mb.ca

CONTACT INFORMATION

Dr. Terry R. Babick, M.D.

Deputy Registrar

tbabick@cpsm.mb.ca

Diane Kennett

Administrative Assistant Standards Program

dkennett@cpsm.mb.ca

Joan Blakley, RN, MSN, MSIMC

Manager, Standards Program

jbakley@cpsm.mb.ca

Nicole Dolovich

Administrative Assistant Standards Program

ndolovich@cpsm.mb.ca

Melissa Myers

Administrative Assistant Maternal & Child Program

mmyers@cpsm.mb.ca

AUTOMATED EXTERNAL DEFIBRILLATORS

In the past, defibrillation was considered exclusively a physician function. However, with advances in technology and training, defibrillation is now broadly available in the public domain. Automated External Defibrillators (AEDs) are widely available in airports, restaurants, and sports facilities and these machines are operated by non-health care individuals with some life saving training from programs that may or may not include a physician director.

There is a difference in public expectation when a physician has an AED in their office or clinic and when an AED is located in a public access location. When an AED is located in a physician's office or clinic, it is considered part of a medical process. The physician director of the office or clinic must ensure that staff have appropriate training to use AEDs, there are relevant and up-to-date policies, and the equipment is properly maintained.

PROVINCIAL PATIENT SAFETY CONFERENCE: LETS TALK ABOUT IT

WHEN: Wednesday 21 November 2007

WHERE: Winnipeg Convention Centre

375 York Avenue
