



1000 – 1661 PORTAGE AVENUE, WINNIPEG, MANITOBA R3J 3T7
TEL: (204) 774-4344 FAX: (204) 774-0750
TOLL FREE (MB ONLY) 1-877-774-4344

15 March 2006

To: All Chairs of Standards Committees

1. Requesting patient information from a hospital record

Standards Committees audit charts as part of peer review. Sometimes, records such as discharge summaries from one facility provide important information for the review of care provided in another facility. On occasion, a Standards Committee is denied access to such records ostensibly because of the *Personal Health Information Act, PHIA*, which prohibits frivolous distribution of patient information. There is provision under *PHIA* for Standards Committees to access patient information without specific patient consent. Section 22 (2)(e) states: A trustee may disclose personal health information without the consent of the individual the information is about if the disclosure is required for:

- (i) the purpose of peer review by health professionals,
- (ii) the purpose of review by a standards committee established to study or evaluate health care practice in a health care facility or health services agency.

The only caution that must be considered when requesting patient information is the jurisdiction of the Standards Committee that receives the information. Review of care by a Standards Committee is limited as identified in the

Terms of Reference of the committee. For example, a facility-based committee can only review care provided within that facility. If review of external documents raises concerns or questions about care provided beyond the facility, these concerns should be referred to the CPSM Central Standards Committee. The College of Physicians and Surgeons of Manitoba mandate includes medical care provided anywhere in the province of Manitoba. This includes concerns about care provided in other facilities or during medical transportation. Questions about care provided by members of another health profession must be referred to the appropriate regulatory body.

2. Conflict of Interest

Determining when an administrative role creates a conflict of interest continues to be a problem for many committees. The last issue of *The Standard* contained a reminder that Standards Committee members must declare any conflict of interest and included the following statements:

If the prospective member has a limited conflict or potential for a conflict, this must be declared. If the conflict is sufficient to preclude the member participating in the majority of case

The Standard

March 2006

Please copy as needed. This document is also available on the CPSM website at www.cpsm.mb.ca.

reviews conducted by the committee, they should not seek membership.

Conflict of interest is clear when the members have an administrative role that would place them in a position of authority over the person or persons being audited. If they have disciplinary authority, participate in performance reviews, promote, hire or fire, there is a conflict of interest. The only time individuals with administrative roles can remain on a Standards Committee is if they have authority over a small number of individuals and the scope of the committee includes a large number of care providers who will be reviewed. In such a circumstance, the person with an administrative role cannot be the chair but could be on the committee if the following conditions are met:

- a. The chair arranges to have that individual's agendas and minutes purged of information relating to those over whom the individual has administrative responsibility.
- b. The individuals remove themselves from the room when care provided by those over whom they have authority is under discussion. The minutes must clearly show the times that the individual left the room and returned.

If there may be many situations where the individuals would not be able to participate because of their administrative role, it is not practical for them to be on the Standards Committee. They should withdraw from membership in the Standards Committee.

It is important to remember that each member of a Standards Committee is responsible to notify the chair of the committee if their administrative roles change, especially if the change brings the potential for conflict of interest.

Those who are not able to participate in Standards Committee activity due to an administrative conflict are very welcome to resume participation in Standards activities if their administrative roles change and that conflict no longer exists.

3. Specimens for Pathologic Evaluation

The Hospitals Act Hospital Standards Regulation identifies "hospital's duties re tissue". It states that hospital or area standards committees are responsible to ensure that all pathology reports on tissue are reviewed regularly. It also states that tissue removed from a patient is required to be examined by a pathologist with some specified exceptions. The regulation can be found on the Manitoba Health list of Statutes at <http://web2.gov.mb.ca/laws/regs/pdf/h120-453.88r.pdf>

4. Communication from Maternal and Child Standards Committees

Each year, CPSM's Maternal and Perinatal Health Standards and Child Health Standards Committees identify preventable patient outcomes about which they send educational letters to physicians. The committees decided that the relevant Area Standards Committee (ASC) should be copied on educational

correspondence to a physician. The ASC should be aware of the particular issue as part of ongoing surveillance of care in that area.

The educational letters are sent first to the physicians and they are offered an opportunity to respond. The ASC copy of that letter is held for three weeks pending a response from the physicians. Sometimes the physician response provides new information to the committee and the case is reclassified as non-preventable. If the copy of the educational letter has not been sent to the ASC and the classification is changed, the ASC letter is destroyed or not sent. Frequently, the physician receives the educational letter and either does not comment or provides a response that does not change the classification. If the case remains classified as preventable by the physician, the copy of the letter is sent to the ASC. When a case is reclassified

after the ASC has been notified, an updated classification letter is sent.

An ASC asked why physician responses are not shared with the ASC. Physicians are made aware that educational letters to individual physicians are copied to ASCs. Each physician has the opportunity to copy the ASC with their responses to the College. If the physician does not choose to do so, the ASC does not receive a copy.

5. Manitoba Institute for Patient Safety Campaign “It’s Safe to Ask”

As a Premier member of the Manitoba Institute for Patient Safety (MIPS), the College of Physicians and Surgeons of Manitoba supports projects such as the health literacy initiative (attached). Physicians are encouraged to contact MIPS for further information and to provide input to the project which is being developed for release in late 2006.