

THE STANDARD

The College of Physicians & Surgeons of Manitoba

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To: Standard Committee Chairs



E-PRESCRIBING IN MANITOBA

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Acceptable

- Prescriptions produced by computer, then hand-signed by a physician or with an electronic signature that is hand-initialled by the physician, given to a patient to take to a pharmacy.
- Prescriptions produced by computer then hand-signed by a physician or with an electronic signature that is hand-initialled by the physician, faxed to a pharmacy of the patient's choice.
- Hand-written and signed prescriptions faxed to the pharmacy of a patient's choice, following the principles in Statement No. 804 "Facsimile Transmission of Prescriptions".

Unacceptable

- E-mail prescriptions. An unsecured e-mail transmission does not provide authentication of the e-mail sender (to confirm he or she is an authorized prescriber) nor protect the information sent in the e-mail. Pharmacists cannot accept e-mail prescriptions.
- Prescriptions produced by computer but not signed by a physician, or with an electronic signature that is not hand-initialled by the physician.

Both physicians and pharmacists, through the CPSM and Manitoba Pharmaceutical Association, support the concept of e-prescribing, provided suitable infrastructure exists to protect the privacy of patient information and ensure the authenticity of prescribers. Manitoba Health has started a new initiative to develop e-prescribing capabilities for Manitoba. More details will follow when available.

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!!**

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.

EXTENSION OF WORKERS COMPENSATION BOARD COVERAGE

Effective January 1st, 2009, a number of industries, including agriculture, have been added to those currently requiring workers compensation coverage. As with workplace injuries that occur in other WCB covered workplaces, those that occur on or after January 1st, 2009, in a newly-covered industry must now also be reported to the WCB. The newly covered industries include:

Advertising & Marketing	Farm-Related Services	Political Parties (including Constituency Offices)
Animal Services	Fitness or Spa Facility	Rental Services
Auction & Appraisal	Flea Market	Research
Audiovisual & Multimedia Production	Freight Shipping	Schools (excluding Teachers)
Beekeeping	Gaming	Social Services
Brokers & Sales Agents	Graphic Design, Interior Design or Decorating, Drafting	Unions & Labour Organizations
Call Centres	Greenhouses	Vermin Extermination
Camps	Hatcheries	Veterinary Services
Car or Truck Rental	Laboratories	
Cemeteries	Livestock Market	
Driving Schools	Mail Order Sales	
Farming (other than family members), including incidental activities	Museums & Galleries	

A report should be submitted if you are treating a workplace injury that occurred in a WCB covered workplace. If you are unsure about whether the injury occurred in a covered workplace, it is best to report it.

More information is available on the WCB website located at www.wcb.mb.ca or contact the Claim Information Centre at 954-4100 or toll free 1-800-362-3340.

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.

PAYMENT FOR AREA STANDARDS COMMITTEE MEETINGS

Change in Policy

The philosophy underlying honoraria and expenses recognizes the individual physician as a contributing member of the profession. Accordingly, honoraria and expense reimbursement are not intended as inducements. They are based on the wish of Council that there be no significant barriers to the participation of any member in the self-governing process.

In the past, expense accounts for ASC meetings were not processed for payment until the minutes were received in the College office. Some committees submitted their accounts immediately after a meeting and some committees held them until the minutes had been completed and sent them as a package. Either method could lead to delay in payment of the accounts.

In future, please have committee members complete and sign their expense claims at the meeting and fax them to the College office (to the attention of Diane Kennett) immediately following the meeting. Receipt will be acknowledged and the accounts submitted for payment.

Enclosed with this newsletter is a copy of the current form. Please photocopy this form for use by committee members and destroy any old forms you have on hand.

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.*

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 OUR WEBSITE @ www.cpsm.mb.ca "Events"

The Standard	<u>CONTACT INFORMATION</u>	
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REFERRALS TO EMERGENCY DEPARTMENTS

Primary care physicians often refer patients from their offices to the Emergency Department for further evaluation and/or treatment. Normally, these physicians notify the Emergency Department in advance. However, unless specific arrangements have been made with a consultant, these patients are triaged in the same manner as self-referred patients and often endure the same lengthy waiting times. Unfortunately, these referred patients are under the misunderstanding that, because their physician sent them in and called ahead, they will be seen more quickly and be able to jump the waiting room queue.

Understandably, these patients who have a false expectation about how quickly they will receive medical care are more likely to be frustrated and angry and to complain. Referring physicians are encouraged to advise their patients they will still be triaged like other patients and may have a lengthy wait before they are seen by an Emergency Physician.

TRANSFER OF PATIENTS

We're on the web

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