

Below is an update from CPSM December 2020 Council meeting which took place on Wednesday, December 9, 2020

Facilities Requiring Accreditation – Higher Risk Procedures Performed Outside Hospitals

Patients have a right to safe and good medical care and to be protected from harm, whether care is administered in a hospital or private practice facility. It is CPSM's expectation that each member operating a private clinic must adhere to appropriate measures to ensure no harm comes to patients. Clinics are subject to review by CPSM at any time to ensure recommended practices and procedures are being carried out safely and consistently.

Medical treatment services and procedures can be performed in a wide range of facilities from a tertiary hospital to a physician's office in the community. Hospitals are fully accredited through Accreditation Canada. Doctors' offices are not accredited. There is an in-between area that CPSM is called upon by legislation to accredit. These are the non-hospital surgical facilities also known as accredited facilities. A Working Group was formed to determine what types of facilities performing what treatments, services and procedures should be accredited by CPSM. Members of the public must be satisfied that when they undergo medical treatment services or procedures it is done in a facility accredited by an external body if there is a threshold level of sufficient risk of potential harm to a patient as identified with specific medical procedures.

The criteria for assessing sufficient risk of potential harm to a patient include:

- Level of anesthesia and/or sedation
- Need for medical device reprocessing (infection risk)
- Complexity of procedure and risk of complications

If the following procedures are performed outside of a hospital, then the facility must be accredited and no CPSM member can perform such a procedure until accredited:

- deep, major, and complicated¹ procedures
- flexible endoscopic evaluation of the gastrointestinal or genitourinary tract;
- assisted reproduction technology, uterine evacuation procedures, and hysteroscopy;
- cataracts and retinal procedures;
- Lasik therapeutic procedures;
- the use of drugs by injection which are intended or may induce a major nerve block or spinal, epidural or intravenous regional block;
- any tumescent liposuction procedure involving the administration of dilute local anesthesia;
- hair transplantation;
- venous sclerotherapy;
- hyperbaric oxygen therapy;
- hemodialysis; or
- a procedure utilizing procedural² or oral³ sedation.

The new rules are to come into effect on June 9, 2021, though there will be a process to accredit new facilities over a staggered period. If you are performing any of these procedures outside of a hospital, a facility owned by the Government, or a facility already accredited by CPSM, please contact the Assistant Registrar, Dr. Ainslie Mihalchuk at AccreditedFacilities@cpsm.mb.ca to obtain further information.

There are already nine accredited facilities including Maples and Western Surgical Centres so if performing procedures at those locations, then there is no need to contact CPSM. The PanAm facility is owned by Government and is not subject to this accreditation, so similarly, there is no need to contact CPSM.

Details are provided in the [Accredited Facilities Bylaw](#), Part B. A consultation was undertaken earlier this year with the members, stakeholders, Government, and the public. The feed back provided was helpful and informed numerous changes by the Working Group.

¹ “deep, major, and complicated procedures” are procedures that may require more resources than are commonly available in a medical office. Surgeons should make decisions as to the appropriate location for these surgical procedures in accordance with the resources necessary for unexpected complications and with generally accepted standards of care. These procedures may include:

- resection of a deep, major or complicated lesion;
- surgical and diagnostic procedures with risk of bleeding from major vessels, gas embolism, perforation of internal organs, and other life-threatening complications or requiring sterile precautions to prevent blood borne deep closed cavity or implant-related infections;

¹ “procedural sedation” means an altered or depressed state of awareness or perception of pain brought about by pharmacologic agents and which is accompanied by varying degrees of depression of respiration and protective reflexes in which verbal contact with the patient can be maintained, and

- i. includes, but is not limited to, the use of any IV or intra-muscular agent for this purpose; and
- ii. requires the monitoring of vital signs,

but does not include the use of oral pre-medication or in combination with local anesthesia. No distinction is made between light and deep procedural sedation for credentialing or monitoring purposes.

¹ “Oral sedation” means an altered state or depressed state of awareness or perception of pain brought about by pharmacologic agents and which is accompanied by varying degrees of depression of respiration and protective reflexes in which verbal contact with the patient can be maintained. This is specific to the use of oral medication alone. An example may include oral dosing of opioids and/or benzodiazepines that produce the above states.

Office Based Procedures – Standard of Practice

In reviewing Accredited Facilities, it was determined that certain procedures performed in a physician’s office pose a higher risk to patient safety, yet do not meet the threshold for accreditation. These procedures are usually not medically required and some physicians performing these procedures are financially incentivized, thereby providing further rationale for regulatory rules to govern these practices. Almost every other Canadian jurisdiction has rules in place to regulate these procedures.

The procedures identified may include cosmetic/aesthetic, platelet rich plasma, peripheral stem cells, lasers, vasectomy, and male circumcision. Though many of these procedures are not medically required, some may be for religious/cultural requirements or for family planning.

A Working Group will be formed to develop this Standard of Practice. CPSM is looking for knowledgeable participants.

Benzodiazepines and Z-Drugs Standard of Practice

CPSM has received numerous calls from patients, physicians, and pharmacists inquiring about the newly implemented Standard of Practice for Benzodiazepines and Z-Drugs. Inquiries range from questioning the implementation during a pandemic, monthly dispensing requiring increased fees, and aggressive tapering. Please be advised that any tapering is to be done in accordance with clinical resources provided with the Standard in the Contextual Information and Resources, may be done very slowly, and will be difficult for the patient - the physician is required to provide very good medical care for their patients in this vulnerable stage.

In making and approving this Standard, CPSM was aware that the increased dispensing fees will unfortunately be borne by all prescribed patients. This is required to limit the amounts in the community for public safety purposes. The same provisions exist for opioids – also for public safety purposes.

Council has asked for the Working Group for this Standard to meet to consider these aspects.

Final Words

To state that 2020 has been a challenging year for the medical profession is an understatement. 2021 will continue with the challenges of COVID-19, but the new vaccines bring hope. CPSM members will continue to be at the forefront of providing challenging medical care – caring for COVID patients, administering the largest vaccine program the world has ever undertaken, and hopefully catching up on all those hospital procedures delayed due to COVID.

All the best to you and yours this holiday season.

Ira Ripstein, MD
President

Anna Ziomek, MD
Registrar/CEO

NOTE: This message is being sent to all CPSM registrants.