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President's Message

Dear members, physicians, surgeons, physician assistants, and clinical assistants. Yes, you are the members of the College of Physicians and Surgeons of Manitoba.

I am fortunate to have been appointed as chair/president to the CPSM Council/Board for 2021-2023. I am a small-town rural physician and international medical graduate. My role is to bridge the gap between councillors, Manitobans, and CPSM members.

The role of CPSM is to keep Manitobans safe, as consumers of healthcare. The College does so through the pillars of registration, quality (standards), and complaints/investigations. The Manitoba Government, through the Regulated Health Professions Act, sets out a way of regulating through CPSM.

I am privileged to serve at a time when Council has set forth, as a strategic priority, addressing racism and discrimination. Recent events in Quebec, Ontario, and Alberta, have opened a conversation around racism in healthcare. We are on the precipice of change and I am excited to be a part of this in the next few years.

I look forward to the continued evolution of virtual care in Manitoba and the unfolding of the new quality department at CPSM.

Last year CPSM adopted the CMA Code of Ethics. As such, CPSM has committed to,

> "contributing, individually and in collaboration with others, to improving healthcare services and delivery, to address systemic issues that affect the health of the patient and of populations, with particular attention to disadvantaged, vulnerable, or underserved communities."

I am confident that Council can see a way to start addressing systemic issues, such as inter-facility transfers and echo waitlists. I truly believe this is the single most important thing in this province that affects patient safety.

I look forward to serving you with loyalty and candour. I'd like to hear from you, and I invite you to reach out to me at jelliott@cpsm.mb.ca

Jacobi Elliott, MD
CPSM President

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This newsletter is forwarded to every medical practitioner in the Province of Manitoba. Decisions of the College on matters of standards, amendments to regulations, by-laws, etc., are published in the newsletter. The College therefore expects that all medical practitioners shall be aware of these matters.

Registrar Notes

As we all look forward to summer, and hopefully it will be a less restrictive summer, at CPSM, we have been engaged both in regulatory matters and the continuing challenges of the COVID-19 pandemic.

We recently held our Annual General Meeting and the June Council meeting at which three new Strategic Organizational Priorities were identified and will move forward this fiscal year:

1. Truth & Reconciliation, Anti-Racism
2. Standard of Practice for Episodic Care/House Calls/Walk-In Clinics
3. Expanding and reviewing Prescribing, including the possible discontinuation of M3P

CPSM will be embarking upon these initiatives in the fall. If you are interested in participating in a Working Group on any of these topics, please contact the Registrar at TheRegistrar@cpsm.mb.ca. The Truth & Reconciliation, Anti-Racism Priority will be both led and informed by Indigenous members of CPSM; please self-identify indigenous status if you are interested in being a part of this initiative.

The Standard of Practice for Duty to Report Self, Colleague and Patients was approved and will be in effect July 1, 2021. Make sure you read it. In addition, it has attached a Contextual Information and Resources document and a FAQ to assist you in your duty to report.

The Standards of Practice that were approved for consultation are:

1. Virtual Medicine
2. Documentation in Patient Records
3. Maintenance of Patient Records
4. Performing Office Based Procedures

To view/participate in the consultations, click HERE for information. All feedback is reviewed and considered by the working groups.

Due to the COVID-19 pandemic, CPSM staff continue to work both from home and in the office. We are looking forward to all staff returning to the office.

CPSM staff continue to respond to various issues affecting our registrants by updating the COVID FAQs and keeping the CPSM website up to date with current information. Please check the website frequently for updates. www.cpsm.mb.ca

CPSM Embarked on a major IT implementation project as part of our paperless initiative. ***The DOCing Station***, as it was named, has recently been completed. The transition to an electronic document records management system began in September 2020. Working completely remotely with the project consultant, each department shifted its documents to SharePoint Online. This migration provides a more efficient way to navigate and find documents and files, a more secure platform to store sensitive and confidential documents, and the ability to manage files from anywhere with an internet connection safely. The project was a great success and came in on time and within budget.

At the close of CPSM's fiscal year, April 30, 2021, there were 3,083 Physicians with a Certificate of Practice, 99 Clinical Assistants, 132 Physician Assistants, and 1,089 Educational (Associate) Registrants. Additionally, 234 new Certificates of Practice were issued in the 2020-2021 fiscal year. CPSM had a net gain of 54 physicians.

As we continue through this pandemic, I would like to thank you all for your hard work and devotion to your patients' needs during this difficult time and I wish you all a wonderful summer. The third wave of the pandemic has tested many of you and as Registrar, I am thankful that many of you cared for COVID-19 patients so effectively and at a tremendous personal cost. Stay Safe

Anna Ziomek, MD
Registrar/CEO

Council Meetings

Council meetings for 2021-22 are scheduled to be held on:

- September 22, 2021
- December 8, 2021
- March 23, 2022
- June 22, 2022

If you wish to attend a Council meeting, please notify the Registrar at TheRegistrar@cpsm.mb.ca

Max Rady College of Medicine

Message from Dr. Brian Postl

Dean, Rady Faculty of Health Sciences & Vice-Provost (Health Sciences), University of Manitoba

As the pandemic's third wave surge continues in Manitoba (at time of writing), I want to commend all physicians across the province for your dedication and outstanding contributions to our patients and health system's efforts in battling against COVID-19 and variants of concern in unprecedented circumstances.

These are very stressful times and I hope, as things improve, you will have an opportunity for rest and relaxation with your loved ones.

Spring is usually a time for convocation for graduating students from the Max Rady College of Medicine. This year's MD Class of 2021 had to celebrate virtually once again, and we know it has been anything but a typical educational experience since the pandemic began.

As you'll recall, when the virus first emerged, our medical students stepped up to help administer COVID tests at drive thru sites; screen individuals at hospital entrances; assist with contact tracing; share iPads with patients to communicate with family; and an array of other volunteer activities like picking up groceries and helping with childcare of clinicians, helping to find personal protective equipment and delivering food hampers.

Many of the Class of 2021 were involved in volunteering as well as the organization and deployment of student volunteers when the pandemic hit and their clinical rotations were paused. Medical students had expressed their desire to help wherever needed to those still caring for patients, and their experiences during this time will no doubt stay with them throughout their careers.

I want to congratulate the Class of 2021! Residents are well prepared for their roles, and will soon discover their strengths, interests and where they can best serve the community's needs.

Many UM faculty members will encounter our new residents starting July 1 who will be entering a new phase of their education and looking to you for guidance and mentoring in these still unusual times as they take on more responsibility and begin training for their future careers.

Thank you to all of our our preceptors, faculty members, nil appointees and department heads who play a key role in the education and training of our medical workforce in Manitoba.

As we have all had to adapt the last 16 months, we will continue to have to do so as we face this virus and its consequences in the coming years.

While the COVID-19 pandemic has changed what we do and how we do things, such as expanding virtual care practice, it has not changed our duty of care.

As has been particularly demonstrated these last couple of very stressful months, this duty of care is a hallmark of our professions, of which we should all be proud.

Consultation for Draft Standard of Practice for Virtual Medicine

With the immediate arrival of virtual medicine due to COVID-19, Council approved a draft Standard of Practice for Virtual Medicine. While virtual medicine has been beneficial for many patients for various reasons, virtual care is not appropriate for every patient encounter; in-person care is often required, at least intermittently. Virtual medicine must be balanced with in-person appointments, and both must provide quality medical care to patients. Every patient encounter must be assessed for its suitability for virtual medicine.

Based on recent consultations, feedback from members and stakeholders has created important dialogue, greatly enhancing the Standard.

The consultation now open and member feedback is strongly encouraged.

The deadline for feedback Friday, July 16, 2021

View the draft Standard of Practice for Virtual Medicine

Meet Your New Council President: Dr. Jacobi Elliott

Dr. Jacobi Elliott's track to CPSM President began in 2010, at the invitation from a colleague for her to join Council. As a proponent of "getting out of your pond to see how things operate elsewhere," she jumped at the chance. One of the obstacles of working in rural Manitoba is the lack of opportunities for leadership development, so she took matters into her own hands. "I decided to join to see other physicians function at a higher organizational level because I didn't have a lot of exposure to local senior physician leaders."

It is common for CPSM Council members to cite personal reasons for joining Council, but their contributions to the profession go beyond what they imagined when they started. This is the case with Dr. Elliott who has played a key role on several committees during her eight years on Council.

As President-Elect, she most recently chaired the Audit Committee and has also served on the Complaints Committee. Her time on that committee helped shape her understanding that many patient complaints occur because of miscommunication.

Her goals for her two-year term presidency are to bring a diverse perspective and to help members better understand that CPSM's role is mandated by law.

Get to know Dr. Elliott, your new Council president in this Q & A:

What made you seek a career in medicine?

My mom was a nurse back in South Africa and I have two older sisters, both of whom went into medicine. After school, I would spend my time hanging around the hospital with my mom, particularly in the elderly ward. That was where I realized I wanted to work in a hospital, whether it was as a nurse or as a doctor. Being the youngest, I wanted to be original and did not want to follow in my sisters' footsteps, but I came to my senses and decided to go into medicine.

How did you first get involved with CPSM?

A rural colleague of mine, Dr. David O'Hagan, asked me to run for a seat on Council in 2010. Fortunately for me, I was elected by acclamation. Due to personal circumstances, I gave up my seat for a few years but was re-elected in 2018 and I have been on Council since.

I served for several years on the Complaints Committee, including a term as Chair. This helped me understand and see that in general, patients complain because the physician did not communicate well.

What do you see as the top priorities for regulation in Manitoba?

CPSM Council has set some strategic priorities including a Standard of Practice for episodic care. CPSM has revamped the standards department which is incredibly timely, given the health system transformation and the pandemic.

Personally, I want to address racism and discrimination, not just at the profession level, but hopefully within the health system in general. My dream is for CPSM to be a leader in addressing some of the systemic issues in the province, such as inter-facility referrals from small sites to larger centers.

What do you hope to accomplish during your time as president?

I hope to demonstrate to members that CPSM's role to govern physicians through registration, complaints, and standards, is for the protection of patients and that this role is determined by law.

What achievements are you most proud of?

The thing I am most proud of is that I have built a robust rural family practice. I have the absolute best patients and I am so fortunate that they trust and cheer me on.

I am proud that the Indigenous folks have accepted me into their communities, they have made me a ribbon skirt and they invite me into their ceremonies. I am proud that my Mennonite patients invite me to their church, and my Ukrainian patients have taught me to make pierogi and dill pickles.

I am very fortunate that with the help of a tremendous community, nursing, and clinic staff, we have been able to keep an emergency room open in rural Manitoba.

I am proud that my 17-year-old daughter won't consider any career other than medicine.

This has been a challenging year for the profession. What advice would you give to CPSM members to encourage them?

Laugh often with your colleagues, get a cat, or go for a hike. Our beautiful province has tremendous hiking trails. Know that being kind to your patients and to your colleagues is enough.

New Council President-Elect: Dr. Nader Shenouda

"Medicine is a field of curiosity and innovation" says Dr. Nader Shenouda, who assumed the position of president-elect at the CPSM AGM held on June 8. It was his curiosity and interest in health policies and practice regulations that first brought him to CPSM Council and after five years, he has a clear vision for what he intends to accomplish during his two years as president-elect.

Transparency and collaboration underline his goals. He will aim to provide other Council members with clear details and background on each topic of the discussion. Since joining CPSM, he has gained valuable insights as a member of the Complaints and Investigation committees, and as Chair of the latter. He believes "impartial and truly informed decisions by engaged Council members is essential to CPSM's mandate."

He strives for Council to have a clearly articulated strategic plan and that every Council member be engaged in this process.

Learn more about Dr. Shenouda, Council president-elect in this Q & A:

How has your role evolved since you started practicing?

After graduating from medical school and completing my postgraduate training, I worked as medical school faculty as well as a general practitioner in rural underserved areas. When my family decided to explore a new life and immigrated to North America, I completed a series of required licensing and certification exams. I joined the ready practice Manitoba IMG program for three months and I have practicing in rural Manitoba since 2007.

Why did you decide to join CPSM Council?

I feel that CPSM council is responsible for achieving the best standards of medical practice that promotes public safety. Council, in my opinion, is the best classical example of self-governance of the profession, setting a great example in the eyes of the public

What perspective has been a part of CPSM Working Groups brought you?

Since I joined CPSM, I have had the honour of being a member of the Complaint Committee, the Investigation Committee, and then as a chair of that committee. My work on the two committees brought an important perspective: professional mistakes will happen, but the question is: how do CPSM members correct themselves through education and rehabilitation in a fair way to achieve the public safety mandate of the College?

What do you plan to accomplish?

I would like for CPSM to offer some recommendations to the Manitoba government on educating the public about the efficient utilization of the emergency department services in the province. This way, we can support the increased demands of other public services, such as mental health support.

What are some of your personal achievements?

I have been a practicing physician for over 25 years. I have practiced both family and ER medicine.

At my personal level, I am a husband of a practicing family physician and a father of lovely boy and girl twins who are currently in university exploring their lives and careers.

What advice would you give to CPSM members as we push through the COIVD-19 pandemic?

My advice to our CPSM members is this: look after yourself and your family first, both physically and mentally. Help your patients in the best way you can, to provide them with optimum health care, in line with the restrictions imposed by the pandemic.

Practice Address

REMINDER – A current practice address is **mandatory** under the requirements for licensure and re-licensure. You must inform CPSM if you change your practice address. Changes may be submitted to: registration@cpsm.mb.ca.

Email Address

REMINDER – A current email address is **mandatory** under the requirements for licensure and re-licensure. You must inform CPSM if you change your email address. Changes may be submitted to: registration@cpsm.mb.ca.

Your email will not be made available to the public.

If you do not update your email address you will miss out on important correspondence from the College.

Emergency Management of Pediatric Anaphylaxis

If a patient presents to your clinic with signs of anaphylaxis after exposure to a food or medication or following immunization, **begin treatment immediately with EPINEPHRINE and call 911** for EMS to continue management and transfer the child to an Emergency Department.

NOTE: Routine use of antihistamines and/or steroids is not recommended, either in community or acute care settings. Antihistamines should not be used as first-line treatment if anaphylaxis is suspected, or as treatment for "early" anaphylaxis.

IDENTIFICATION

Acute onset of illness with involvement of skin, mucosal tissue or both:

- Urticaria
- Erythema/flushing
- Angioedema (swollen lips, tongue)

PLUS

Any respiratory, gastrointestinal symptoms or hypotension/syncope

OR

Acute onset of

- Bronchospasm or
- Upper airway obstruction or
- Hypotension/syncope

after exposure to a known or highly probable allergen, **EVEN IF** typical skin features are absent

INFANTS may present with irritability, lethargy, drowsiness or appear unwell

IMMEDIATE ACTIONS ***** Perform simultaneously *****

1. Direct someone to CALL 911 and say that a child is experiencing possible anaphylaxis
2. Call for HELP and assess ABCs
3. Administer Epinephrine intramuscular (IM) to the anterolateral thigh

EPINEPHRINE DOSING			
Weight	**Weight-based dose (1 mg/mL)**	**Age-based dose (1 mg/mL)**	**Auto-injector dose**
Up to 10.9 kg	0.1 mg	**< 2 years:** 0.1 mg	**< 26 kg and/or ≤ 7 years:** EpiPen Jr® 0.15 mg, Allerject® 0.15 mg
11 - 15.9 kg	0.15 mg	**2 – 7 years:** 0.15 mg	
16 - 25.9 kg	0.2 mg		
26 - 35.9 kg	0.3 mg	**8 – 12 years:** 0.3 mg	**≥ 26 kg and/or ≥ 8 years:** EpiPen® 0.3 mg, Allerject® 0.3 mg, Emerade® 0.3 mg
36 - 45.9 kg	0.4 mg		
≥ 46 kg	0.5 mg	**13 years and older:** 0.5 mg	Emerade® 0.5 mg or 0.3 mg, EpiPen® 0.3 mg, Allerject® 0.3 mg

Ongoing assessment & management

- Position patient supine with legs elevated if altered LOC/ syncope.
- Reassess ABCs q5 min until transfer of care to EMS/Code Blue Team.
- Administer epinephrine q5 min prn for ongoing signs of anaphylaxis (other than residual rash or mild swelling). Call Children's Emergency at 204-787-4244 for advice or if transfer is delayed.
- For patients with sudden breathing difficulty, give epinephrine first then consider salbutamol (Ventolin®) MDI 8 puffs q20 min via aerochamber prn AND further epinephrine doses as indicated.

Additional Resources

The emergency management steps above are summarized in a two-page quick reference guide, Management of Pediatric Anaphylaxis in Community Settings which can be posted in your clinic and/or kept with anaphylaxis kits.

For additional background regarding management of anaphylaxis in the community and a list of items that should be stocked in an anaphylaxis kit see the Canadian Immunization Guide.

Examples of pre-printed order sets for emergency departments can be found on the TREKK and WRHA websites.

Child Health Standards Committee

Resource for OAT Patients Travelling to Northern Remote Communities

Indigenous patients living in urban, rural, or remote centres with pharmacy access must often travel to northern remote communities with no practical pharmacy access. Travel is required for various reasons, including significant community, family, and life events. Patients on opioid agonist therapy (OAT) with methadone or buprenorphine/naloxone (Suboxone), requiring regular witnessed dosing at their local pharmacy, can experience difficulties accessing witnessed dosing when life necessitates such travel. Even patients on monthly Sublocade therapy occasionally require access to their Sublocade injection in remote areas and/or controlled dispensing of other psychoactive medications. CPSM was contacted by the First Nations and Inuit Health Branch (FNIHB) Senior Pharmacist, Greg Wells, to discuss resources available to support OAT prescribers and patients in such circumstances.

BACKGROUND

As the number of OAT prescribers and patients on OAT grows across Manitoba, so does the complexity of caring for individuals across the province. Patients on OAT who wish to travel to northern remote communities can face difficulty with dosing if they do not qualify for take-home (carry) doses of methadone or buprenorphine/naloxone, or if they will be away for a period that cannot be safely accommodated with carries. Many northern remote communities do not have a retail pharmacy available to dose patients in these circumstances. At times, patients may be left with a choice between uninterrupted care versus important life obligations. In some communities, providers may be able to collaborate with community nursing stations to arrange short-term administration of witnessed doses by nurses, but there are inherent challenges with this. Remote nursing station staff are known to be subject to heavy workloads, and along with other healthcare facilities in the province, may experience staffing shortages and/or staff turnover. The latter makes staff education and training regarding the special care needs of patients on OAT a challenge.

WHAT PHYSICIANS NEED TO KNOW

CPSM is excited to inform members of a resource for these exceptional circumstances. FNIHB is requesting that the Regional Controlled Substance Officer (RCSO) be informed of all such scenarios as soon as possible after the patient declares their intent to travel to a northern remote community. **The RCSO can act as a liaison between the dispensing pharmacy, the federal nursing station, and the approved prescribing physician/RN (NP) and clinic staff to ensure continuity of care.** The RCSO, Greg Wells, Senior Pharmacist for FNIHB in the Manitoba Region, can be reached at gregory.wells@canada.ca or 431-275-0952.

A patient qualifies for assistance from the RCSO if they are:

- a Non-Insured Health Benefits (NIHB) client,
- requesting that their OAT medication (methadone, buprenorphine/naloxone, or Sublocade) be sent to a northern isolated community, and
- the northern community does not have a retail pharmacy and the prescribed medication supply would be received and managed through the local nursing station (including possible witnessed dosing). This often includes a supply of other psychoactive medications that requires controlled dispensing to improve patient safety, as per Manitoba's Recommended Practice Guidance for OAT prescribers.

Please note this **does not apply to patients who *live* in northern remote communities and who wish to access OAT in that community on an ongoing basis**, but only to those travelling to a northern remote community sporadically. Patients living in northern remote communities who wish to access OAT in their community must discuss their treatment and medication management needs with the OAT prescriber and/or clinic staff who provide OAT services in that community. We appreciate that OAT is still not accessible in all Manitoba communities. Efforts continue to develop the capacity for more equitable access to OAT care for Manitoba's rural and northern remote communities.

WHAT PHYSICIANS CAN DO

While approved prescribers and case managers can draw on the RCSO as a resource, they still have a **duty to ensure adequate communication and safety measures are in place with the corresponding pharmacy and nursing station**. Efforts should be made to connect with the station Nurse Manager to coordinate care. Nursing station staff often do not posses the specialized knowledge required for OAT dose administration. Encourage patients to provide enough notice of any travel plans, when possible, to allow for adequate planning to arrange remote care. While providers and patients can work with a pharmacy of their choice, some pharmacies have already developed much expertise coordinating OAT dosing in remote communities. The RCSO may recommend such a pharmacy under complex circumstances.

DID YOU KNOW?

NIHB will cover the cost of a lockbox, up to $35, for safe storage of take-home doses of methadone and buprenorphine/naloxone.

If indicated, this coverage extends to safe storage of other high-risk medications, including opioids, benzodiazepines, stimulants, or psychoactive drugs, where a lockbox can improve safety for NIHB clients and communities.

To access this resource for patients, prescribers can **send a prescription for a lockbox to the pharmacy** or indicate on a prescription for other medications to **please dispense a lockbox**. There is no need to contact NIHB for prior approval. Manitoba Pharmacies are aware of this resource and can assist with the details of acquisition.

Questions? Contact Greg Wells, Senior Pharmacist, First Nations and Inuit Health Branch of Indigenous Services Canada (gregory.wells@canada.ca).

MORE ABOUT NIHB

The NIHB program provides eligible First Nations and Inuit clients with coverage for a variety of health benefits that are not covered through other social programs, private insurance plans, or provincial health insurance. Read more about NIHB coverage at the Government of Canada site here. NIHB will often cover the costs of medications, travel, medical supplies, and equipment for eligible patients. They will even cover the cost of a lockbox for safe storage of take-home doses of methadone and buprenorphine/naloxone (see ***Did You Know*** box for details).

Marina Reinecke MBChB, CCFP(AM), ISAM
Medical Consultant, Prescribing Practices Program

Talia Carter MOT, BSc, O.T. Reg. (MB)
Coordinator, Prescribing Practices Program

Opioid Agonist Therapy, M3Ps, and Faxing:
Why Should You Complete The Total Quantity Section?

Manitoba's Prescribing Practices Program (M3P) form exists to minimize drug diversion and facilitate communication among health care professionals, as it relates to controlled and narcotic medications. This is particularly important for patients struggling with substance use disorder(s). Historically, the original M3P form had to be received by pharmacies for the prescription to be valid. In 2016, the approach to managing M3Ps for opioid agonist therapy (OAT) evolved; approved OAT prescribers, in the treatment of opioid use disorder, could affix the M3P form to a specified template and fax it directly to pharmacies. This approach improved accessibility to care for patients on OAT.

Changes For All During Covid-19

In context of the pandemic, by April 2020, it became temporarily permissible to fax prescriptions for all drugs on the M3P schedule directly to the pharmacy, without sending the original. Further flexibility was also extended to prescribers regarding how the M3P prescriptions can be written. The M3P form can be affixed to a template, or the provider can generate an EMR or handwritten prescription for faxing, **provided all requirements are met per the M3P form**. Details of this change are posted on CPSM's website: Ensuring Safe Access to M3P Prescriptions During COVID-19. These requirements include that the **total quantity of drug** to be dispensed must be written to ensure validity and safety of M3Ps.

What Physicians Need to Know

CPSM became aware of some debate between pharmacists and OAT prescribers regarding the importance of specifying the total quantity for dispensation. After review of the potential for harm to patients, **CPSM continues to require that the total quantity of methadone or buprenorphine be completed by the prescriber**. This serves as an additional safety check to ensure the correct daily dose is dispensed to the patient and that the intentions of the prescriber are clear.

What Physicians Must Do for M3Ps

The total quantity field on *all versions* of M3Ps for faxing must be filled out (including the **total milligram amount** of the entire prescription) and written both **numerically** and **alphabetically** by the prescriber. All M3P versions for OAT must clearly state the first and last calendar date of the intended prescription, the indication for the medication (e.g., opioid use disorder), and the daily dose. This daily dose must also be written in a secondary area to ensure accuracy in case fax artifacts cover the primary notation. Providing the start and end date, the indication, and the daily dose *does not* preclude the prescriber from completing the total quantities field. If the total dose is not specified, the pharmacy is strongly encouraged to contact the prescriber for clarification.

New Resource

Thank you for your ongoing care of patients during these unprecedented times. CPSM and the College of Pharmacists of Manitoba have developed teaching examples of M3P prescriptions for OAT, to support accurate completion for faxing in the different formats available: the original M3P, EMR, and handwritten versions. Please contact CPSM's Prescribing Practices Program directly to receive this resource.

We hope this guidance provides enough background to reinforce the importance of completing M3Ps diligently, to ensure safety and effective communication between care providers.

Marina Reinecke MBChB, CCFP(AM), ISAM
Medical Consultant, Prescribing Practices Program

Talia Carter MOT, BSc, O.T. Reg. (MB)
Coordinator, Prescribing Practices Program

Consultation for Draft Standard of Practice for Documentation in Patient Records and Standard of Practice for Maintenance of Patient Records

The Standard of Practice for Patient Records has been updated and separated into two draft Standards.

The draft **Standard of Practice for Documentation in Patient Records** includes a specific provision on the use of templates and macros, copying and pasting, billing-related documentation, and cumulative summaries of care for longitudinal care patients.

The draft **Standard for Maintenance of Patient Records** reflects modern technologies being used in the health care system, custody and control arrangement rules, security, and storage measures, and mitigates the risk that patient records may be abandoned. All non-institutional practice settings must have an agreement for maintaining patient records. Also included are the rules for retaining and destroying patient records, closing/leaving/moving a medical practice, and preparing for an unforeseen absence or termination of practice.

The personal health information contained in a patient record belongs to the patient regardless of who owns or maintains the patient record. Accordingly, patients have the rights to review and copy their information.

Consultations now open and the deadline for feedback Friday, July 16, 2021 – click below to access both draft Standards.

Documentation in Patient Records Standard of Practice and Maintenance of Patient Records Standard of Practice

Parking Permit Program for Persons with Disabilities Goes Digital

Manitoba Possible, (formerly the Society for Manitobans with Disabilities) has launched a simplified accessible process for the Parking Permit Program that can be completed in minutes. The change is effective June 30, 2021.

Healthcare practitioners and individuals will be directed to a fillable online application on the program website hosted on DocuSign. The application process will connect applicants, their healthcare practitioner, and Manitoba Possible in a secure, verified, digital process. This online process is intended to be initiated by a healthcare provider. Individuals in need of a parking permit are encouraged to visit their healthcare provider to begin the application.

Steps to Initiate a New Application:

1. Visit https://www.manitobapossible.ca/parking-permits
2. Click the *Apply Online* button.
3. Users will be directed to a verified and secure online form on DocuSign where they must enter in their name email address and the name and email address of client. (*Note digital application requires the client have an email address.)
4. Client or healthcare professional will fill out client information on page 1 and digitally sign.
5. Healthcare professional will complete page 2 and digitally sign.
6. Clients will be prompted to sign via email and to provide payment information.
7. Completed applications will be directed to Manitoba Possible Parking Permit Program for digital approval.
8. Parking Permit tags will be mailed to client following approval.
9. If a permit is not approved, the client and healthcare provider will be notified via email that the application has been "voided" – a brief reason will be included.

Digital Renewals Renewals will also be completed electronically.

Applications will remain available in printable formats at service centre locations and on the Parking Permit Program webpage for Manitobans who may require physical applications, or who do not have an email address.

If you have any questions about the new digital application and its effects on your healthcare practice, please contact the Parking Permit Program at (204) 975-3257 or pppinfo@manitobapossible.ca.

Patient Safety

One of the most frequently raised concerns that the Manitoba Institute for Patient Safety (MIPS) receives from patients is regarding difficulties communicating with their doctors. Many factors can impact communication between physicians and patients, which may lead to complications. Understanding these reasons can help your communications with patients be more effective.

Dr. Ainslie Mihalchuk, CPSM Assistant Registrar, recently moderated a Make it Safe to Ask webinar for physicians. This educational session, presented by Dr. Terry Wuerz, covered three key areas to increase communication effectiveness.

WATCH THE WEBINAR HERE

The webinar was hosted by MIPS, who has additional patient safety resources available here. Do you have any questions or concerns about patient safety you would like to see covered? Send us an email and let us know.

Performing Procedures in Non-Hospital Medical Surgical Facilities

What is a Non-Hospital Medical Surgical Facility?

All non-hospital medical or surgical facilities in which certain procedures that have a sufficient risk of potential harm to a patient are performed, must apply for, obtain, and maintain accreditation from CPSM *prior* to providing any procedures.

This does not apply to any hospital or health care facility operated by a health authority or the Governments of Canada, Manitoba, or any municipality.

Does this affect my clinical practice?

If you currently perform or wish to perform any of the following procedures you may be affected by these changes:

- Any procedure that is carried out or should be carried out in accordance with generally accepted standards of care with the concurrent use of procedural[1] or oral[2] sedation including for patient comfort (pain and/or anxiety)
- Any procedure that requires general anesthesia[3],
- Procedures involving deep, major and complicated 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.
- flexible endoscopic evaluation of the gastrointestinal or genitourinary tract
- assisted reproduction technology, uterine evacuation procedures and hysteroscopy
- cataract surgical procedures
- corneal laser procedures
- retinal procedures limited to scleral buckling and vitrectomies
- 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
- any procedure that the Committee directs, which must be performed in an approved, non-hospital medical or surgical facility, in order to meet the minimum acceptable standard of care for that procedure.

Why is CPSM making these changes?

To promote quality improvement and patient safety a committee of experts has reviewed the existing requirements for accreditation by CPSM of NHMSFs. These experts made a number of recommendations which have been consolidated into the revised bylaw. This bylaw has been approved by the Council of CPSM. The committee considered the following criteria when making its recommendations:

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

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Footnotes

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 alone or in combination with local anesthesia. No distinction is made between light and deep procedural sedation for credentialing or monitoring purposes.

2 **"oral sedation"** means an altered state or depressed state of awareness or perception of pain brought about by pharmacologic agents and with 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.

3 **"general anesthesia"** means a controlled state of unconsciousness accompanied by partial or complete loss of protective reflexes, including inability to maintain an airway independently, or to respond purposefully to physical stimulation or verbal command, produced by pharmacologic or non-pharmacologic methods, alone or in combination.

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When do these changes come into effect?

These changes come into effect on June 9, 2021.

What do I do if these changes do indeed apply to my clinical practice and I need to apply for accreditation?

Please contact the Manitoba Quality Assurance Program (MANQAP) of CPSM at:

Email: AccreditedFacilities@cpsm.mb.ca or

Phone: 204-560-4227

What if I am not sure if these changes apply to my clinical practice?

Please contact the Manitoba Quality Assurance Program (MANQAP) of CPSM at:

Email: AccreditedFacilities@cpsm.mb.ca or

Phone: 204-204-560-4227

My NHMSF is already accredited by CPSM under the previous version of the bylaw. Will my existing accreditation still be valid when the revised bylaw comes into effect?

All accreditations and approvals of facilities, procedures, medical directors, conditions, and privileges granted at the time the revised bylaw comes into effect continue to be valid.

What if I provide anesthesiology services for dental procedures?

CPSM members providing anesthesiology services for dental procedures undertaken by members of the Manitoba Dental Association in dental surgery clinics, must comply with the Pharmacologic Behaviour Management Bylaw of the Manitoba Dental Association.

Where can I find more information about these changes?

The revised Bylaw is available on the NHMSF section of the CPSM website. Part B of the Bylaw applies to NHMSFs. You can also contact the Manitoba Quality Assurance Program (MANQAP) of CPSM at:

Email: AccreditedFacilities@cpsm.mb.ca or

Phone: 204-560-4227

Consultation for Draft Standard of Practice for Performing Office-Based Procedures

The draft Standard for Performing Office-Based Procedures establishes minimum practice requirements for complicated medical procedures delivered in offices (office-based procedures) including cosmetic/aesthetic and minor surgical procedures, platelet-rich plasma therapy, and laser devices. These types of procedures pose a higher risk to patient safety, yet do not meet the threshold for accreditation. The specific procedures include:

- Vasectomy
- Male circumcision
- Cosmetic/aesthetic procedures which may include but are not limited to:
  - application of laser energy and light-based therapies for the removal or ablation of skin lesions and pigmentation
  - Soft tissue augmentation - injection of fillers
  - Botulinum toxin/Neuromodulators – injectable
- Peripheral stem cell injections as approved by Health Canada
- Platelet rich plasma injection as approved by Health Canada.

If your practice involves any of these procedures, you will want to read these draft expectations.

The deadline for feedback is Friday, July 16, 2021 – click below to view the draft Standard.

Performing Office Based Procedures (including Cosmetic/ Aesthetic and Minor Surgical Procedures, Platelet Rich Plasma Therapy, and Laser Devices) Standard of Practice

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