Volume 57 | Number 1 | APRIL 2021

# FROM THE College

## President's Message

Dear CPSM members,

We continue to be involved in many projects at CPSM. All of these projects are intended to update the delivery of quality care to the public.

The new Standard of Practice-Sexual Boundaries with Patients, Former Patients & Interdependent Persons was approved at the March 19th meeting. It comes into effect on March 31, 2021. It provides excellent guidance to physicians to prevent problematic situations and serves to protect the public. Thank you to Mr. Allan Fineblit, one of our public representatives on council for chairing the working group.

An updated Standard of Practice on the Duty to Report Self, Colleagues or Patients has gone out for consultation. It makes the requirements clear, is better organized and comes with resources and Frequently Asked Questions for members when they are unsure what to do. Thank you to Dr. Kevin Convery for chairing the working group.

At our December meeting, council passed the Accredited Facilities Bylaw. This will allow for ensured public safety in non-hospital facilities where procedures are being performed. It will come into effect after its approval at the Annual General Meeting on June 9th. Thank you to Dr. Wayne Manishen for chairing the working group.

We are currently working on updated standards on Virtual Care, Patient Records and their Storage and Home Births.

We have participated with Manitoba Health and physicians to deliver the best and safest care during the COVID-19 pandemic, most recently making vaccines available in doctor's offices. I know this has been a challenging year for many of you, but physicians took up the challenge and pivoted quickly in these difficult times.

**This is my final letter to you as President. It has been an honour to serve. I have learned a lot, and I hope, allowed for care in our province to be a little bit better.**

**Dr. Ira Ripstein** *CPSM President*
Associate Dean, Undergraduate Medical Education
Max Rady College of Medicine, Faculty of Health Sciences




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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

**Over the past year the COVID-19 pandemic has monopolized our lives. I would like to thank each and every CPSM registrant for your hard work and perseverance over the past year. A thank you also goes out to all essential workers who have endured through this pandemic. Sincere sympathy goes out to all who have lost loved ones to the pandemic. I look forward to 2021 and with the vaccines rolling out we will hopefully get back to some normalcy.**

This year, on May 3, 2021 it will be the 150th year of CPSM. To mark this occasion CPSM will create a display case to showcase exhibits from medical history. For instance, the family of Dr. Zeavin, a Manitoba doctor donated his World War II Army medical surgical kit which is fascinating. There are other archival materials that will be displayed, such as historical copies of the Medical Act and "The Practical Home Physician Encyclopedia" dated 1867 that was given to CPSM by the McLean family. We are planning the purchase of a piece of artwork to honour all members playing a crucial role in the midst of the COVID-19 pandemic and past pandemics including Spanish Influenza, TB, Polio, and the two World Wars.

## 2021 Initiatives

CPSM has launched a new Quality Department reflecting on opportunities for efficiency and risk mitigation to become more data and outcome focused with improved reporting to increase the professional competency of CPSM registrants. Falling within the Quality Department are the following:

- Physician Health
- Quality Improvement Program
- Audits & Monitoring (other than discipline)
- Standards Committees throughout the Province
- Prescribing Practices Program
- Accredited Non-Hospital Medical & Surgical Facilities
- Accredited Diagnostic Imaging & Laboratory Medicine Facilities

Work has already begun in all these areas. Standards Committees, for instance, will have the opportunity to increase their focus on professional competency in an educational setting. CPSM is working on enhancements to their processes and practices with increased support and communication from CPSM to provide improvements in reviewing, reporting, decision making, and outcomes. This will be particularly important when Bill 10 is passed and there is a transition to new standards committees provincially.

After updating the Accredited Facilities Bylaw to require accreditation of further non-hospital medical and surgical facilities in which various procedures are performed, CPSM is busy operationalizing the accreditation of further facilities. For a list of procedures that require accreditation if performed in a non-hospital surgical facility check out this LINK and if you have not already done so, contact CPSM at AccreditedFacilities@cpsm.mb.ca to advise the procedures you are performing in such a facility.

The Prescribing Practices Program will also start to review benzodiazepine prescribing now that the new Standard of Practice has been in effect for a number of months.

## CPSM Personnel

Staff at CPSM is changing. We are saying farewell to Ms Maxine Miller, Director of Qualifications who has been with CPSM for 45 years and Ms Carol Chester-McLeod, Manager in the Standards Department after 23 years of service. We will miss them both and wish each of them a long and happy, healthy, retirement.

I would also like to acknowledge Dr. Ira Ripstein, CPSM President whose term will be complete in June 2021. It has been a pleasure working with Dr. Ripstein as President and together we worked toward better patient care in Manitoba. We look forward to continuing this work with Dr. Jacobi Elliott as incoming President. I would also like to congratulations Dr. Nader Shenouda, our incoming President-Elect.

# Bill C-7 Update on Standard of Practice for Medical Assistance in Dying

It is important for members to know that the legal framework for the CPSM Standard of Practice for Medical Assistance in Dying (MAID) changed with the passage of **Bill C-7** on March 17, 2021.

The Standard makes clear that it is subject to existing legislation and regulations governing any aspect of MAID which come into force and effect. Any such legislation takes priority over the requirements of the MAID Standard of Practice where there is any inconsistency. CPSM is reviewing the Standard as it relates to eligibility criteria and procedural safeguards and will soon be updating it in a manner consistent with the legislative changes. In the meantime, information regarding the new legal framework is available on the Department of Justice website and members who are involved in MAID must ensure that they comply with the recent changes to the Criminal Code as they relate to MAID.

# Max Rady College of Medicine

## Message from Dr. Brian Postl

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

**I am incredibly proud of how our medical community has come together and responded over the past year during the COVID-19 pandemic and I commend your efforts working daily on the frontlines.**

Physicians across the province have each made a tremendous impact in caring for our most ill patients, supporting the health system, educating and training our future physicians and keeping our communities healthy and safe.

Physicians, nurses and allied health-care workers have placed themselves at risk for illness, worked long hours to test and treat patients with COVID-19 while continuing to deliver health-care services to all Manitobans.

Many of you have done an outstanding job caring for patients while also fulfilling your additional roles as Max Rady College of Medicine faculty members and researchers during these increasingly demanding times.

And now you are stepping up to serve as vaccinators for the massive vaccine rollout across Northern and remote First Nations communities being led by the Rady Faculty of Health Sciences' Ongomiizwin Health Services (OHS).

When Ongomiizwin put out a call to recruit 350 vaccinators, they received an incredible response from many University of Manitoba faculty and students in the health sciences and surpassed their goal in less than a week.

Last week, I flew up to Pimicikamak First Nation (Cross Lake) to help launch the vaccination rollout. Led by Melanie MacKinnon, executive director OHS and head, Ongomiizwin-Indigenous Institute of Health and Healing, the goal is to inoculate 100,000 people in 100 days with both doses of the Moderna vaccine in all 63 Manitoba First Nations and 21 Northern communities adjacent to First Nations.

The massive rollout of health-care personnel, supplies and equipment started March 15 and is scheduled for completion by July 15.

The federal government approached OHS to lead the vaccine rollout because of its decades long strong collaborative relationships with First Nations and their expertise at delivering trusted, culturally safe care in First Nation communities.

First Nation specific data collection relating to COVID, led by longstanding research partners Dr. Marcia Anderson, vice-dean, Indigenous health, Rady Faculty of Health Sciences and Leona Star, director of research, First Nations Health Social Secretariat of Manitoba, has helped inform timely action in Manitoba's First Nations and access to health human resources, rapid testing and COVID outbreak management, and now the vaccine rollout.

The University of Manitoba is the only university in Canada to be recognized as having the Indigenous-led clinical operations and public health expertise to direct a project on this scale. This is a tribute to Ongomiizwin, which is at the forefront of building a new model that empowers Indigenous people to have greater authority over their own health care.

During the past year, Ongomiizwin – Health Services coordinated the Rapid Response health-care teams that have been deployed more than 60 times by the Manitoba First Nations Pandemic Response Coordination Team (MFNPRCT) to manage outbreaks of COVID-19.

The vaccine rollout is being implemented in partnership with the Assembly of Manitoba Chiefs, Southern Chiefs Organization and Manitoba Keewatinowi Okimakanak/Keewatinohk Inniniw Minoayawin.and supported by the federal government's First Nations and Inuit Health Branch, Shared Health (Manitoba), the Canadian Armed Forces and the Canadian Red Cross.

In closing, I want to acknowledge our medical students and residents who have faced unprecedented stresses over the last year but have shown their resilience and fortitude in moving to -and succeeding- in online learning, small group sessions and exams while meeting their clinical responsibilities in very challenging circumstances.

Thanks to all of you for your continued focus on our patients and health-care system and on educating our province's future physicians at the University of Manitoba.

College of Physicians and Surgeons of Manitoba

**Annual General Meeting**

NEW DATE!

**TUESDAY, JUNE 8**
**5:00-7:00 P.M.**

The AGM is open to all members and the public. The meeting will be held virtually. If you wish to attend, email *TheRegistrar@cpsm.mb.ca* to register and the link will be sent to you.

# New President-Elect

**We are pleased to announce Dr. Nader Shenouda, as the new president-elect of the CPSM Council.** Dr. Shenouda has been on the CPSM Council since 2016 and has been the Chair of the Investigations Committee for the past two years. He practices Family Medicine in Oakbank and is an Emergency Room Physician in Selkirk. He is an international medical graduate from Egypt.

Dr. Jacobi Elliott, a rural family physician practicing in Grandview will complete her two years as President-Elect and will proceed to President. They will both begin their positions in June when the Board's term officially begins following the Annual General Meeting. We look forward to Dr. Shenouda and Dr. Elliott's leadership to complete ongoing initiatives and shape future opportunities to fulfil CPSM's mandate of protecting the public.

We'd like to thank Dr. Ira Ripstein for his contributions as President of CPSM Council for the past two years. His term will be complete in June.

## 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.

# CPSM 150-Year Anniversary

**This year marks the 150th anniversary of the College of Physicians & Surgeons of Manitoba. CPSM was founded in 1871 as The Provincial Medical Board of Manitoba, just one year after Manitoba became a province.**

CPSM is recognizing this milestone in various ways including using a 150-Years anniversary banner on the website and in external communications throughout the year, the commission of artwork to honour all members playing a crucial role amid the present and past pandemics including the Spanish Influenza, TB, Polio, and the two World Wars, a historical display, and other acknowledgements.

As we reflect on the past, we're also encouraged to continue leading the profession in a direction that future generations can look back on proudly.

**Look for more updates as we celebrate throughout 2021.**

The College of Physicians & Surgeons of Manitoba | 150 YEARS 1871-2021

# Balancing In-Person Visits with Virtual Medicine

COVID-19 has posed many implications on medical care, but it has also demonstrated how swiftly the profession can adapt to its commitment to providing community care. While it has become an important part of medicine, quality medical care cannot rely solely on virtual visits.

The option to deliver care virtually must not be misused. Providing virtual medicine must be balanced with in-person visits for it to be effective and to continue instilling public confidence.

**CPSM has been contacted by members who have concerns with physicians providing care only virtually. Below is a part of an email received from a member:**

> *Over the last year with COVID19 much has changed with patient interactions with increased virtual visits. While I understand the importance of safety and decreasing the spread of COVID19, I think we have now become too complacent in managing patient health concerns virtually. Not every visit needs to be virtual, and patients deserve proper assessment of their medical conditions; PPE is no longer a limit to in-person care.*
>
> *Working both in the hospital setting and the clinic setting, I am finding an increasing number of family doctors specifically who are limiting their practice to "virtual visits only". This is completely unacceptable. The risk of covid has decreased, and patients need to be properly assessed for their medical issues. They can't be told to go to the hospital for proper care.*
>
> *Even in my own clinic, it is very difficult to get my own doctors to come to the clinic to properly assess and manage their patients. Doctors just want to stay home and do virtual care, but a large amount of information is now being missed, including lab tests and imaging, which aren't being ordered because patients aren't being properly assessed.*

CPSM reminds members that your commitment to care must not be limited only to virtual medicine. In-person visits are necessary and should be used to properly treat medical conditions. The requirements of good care often require in-person care. The lessons learned throughout the past year will have long-lasting impacts on medical care.

CPSM is developing a Virtual Medicine Standard of Practice that should be released for public consultation this summer.

# Quality Improvement Program

**The Quality Improvement (QI) Program activities resumed after a pause in the spring related to the COVID-19 pandemic.** The program re-engaged with participants in early June. Participants were offered the option of resuming their program activity at that point or deferring to the fall. The participants from January 2019 to June 2020 were all family physicians. We began involving specialists in the program in June 2020, beginning with psychiatry and general surgery. Members were offered the option of participating then or in the fall. Uptake was low, so the full cohorts were launched in October, as well as the first cohort for pediatrics. Dr. Singer presented to the Department of Internal Medicine Grand Rounds on February 9, in anticipation of launching an Internal Medicine cohort in 2021. She will present to Obstetrics and Gynecology Grand Rounds on June 23rd, with the goal of launching a cohort in the fall.

The program is showing sensitivity and flexibility during these extraordinary times and accommodates reasonable requests from members for extensions or deferrals. Most participants to date have been able to complete their process.

Feedback from participants has largely been positive, including the feedback gathered via an anonymous online survey. Suggestions for program improvement continue to be collated and incorporated where reasonable and feasible.

All participants are required to submit an Action Plan for improvement as the concluding activity of their participation. They are contacted via email after one year to solicit feedback as to the success or challenges of realizing their plan. Most participants complete the plan in a thoughtful and reflective manner. The one-year feedback reveals honesty about accomplishments achieved and barriers encountered. COVID-19 affected the plans of many, and members found that they made many unanticipated changes to their processes and procedures related to this, such as incorporating virtual visits.

The QI Program has received CPD accreditation by both the College of Family Physicians of Canada and the Royal College of Physicians and Surgeons of Canada. Both have granted the program the highest credit level available of 3 credits per hour MainPro+ and Section 3 Assessment credits respectively.

# COVID-19 Pediatric Alert: Multisystem Inflammatory Syndrome in Children

**The Child Health Standards Committee is sharing this alert with Manitoba physicians regarding Multisystem Inflammatory Syndrome in Children (MIS-C), temporally associated with SARS-CoV-2 infection (COVID-19). Several cases have been identified in Manitoba and most have required critical care admission.**

## What is MIS-C?

MIS-C is an acute inflammatory illness in pediatric patients temporally associated with COVID-19. The syndrome usually develops 3-6 weeks post-exposure to the virus and is thought to be a dysregulated immune response to COVID-19.

## How does it present?

Affected individuals present with fever (usually high and persistent) and signs of hyper inflammation, such as elevated inflammatory markers, features of Kawasaki disease or toxic shock syndrome, or with acute abdominal symptoms mimicking appendicitis or peritonitis. Many patients with MIS-C quickly progress to multi-organ dysfunction and require critical care.

## How do you know if you have a case?

A probable MIS-C case must meet **all four criteria** as follows:

- Child or adolescent between 0–19 years of age with fever lasting 3 days or longer AND
- Has **at least two** of the following:
  1. Rash or bilateral non-purulent conjunctivitis or mucocutaneous inflammation signs (oral, hands or feet)
  2. Hypotension or shock
  3. Features of myocardial dysfunction, pericarditis, valvulitis, or coronary abnormalities (including echocardiogram findings or elevated troponin/NT-proBNP)
  4. Evidence of coagulopathy (by PT, PTT, elevated D-dimers)
  5. Acute gastrointestinal symptoms (diarrhea, vomiting, or abdominal pain)
- Has elevated markers of inflammation such as ESR or CRP **AND**
- Has no other obvious infectious cause of inflammation, including bacterial sepsis, staphylococcal or streptococcal shock syndromes, and no alternative plausible diagnoses

A confirmed MIS-C case meets the above criteria AND has evidence of recent COVID-19 infection (positive RT-PCR, antigen or serology testing) OR likely exposure to individuals with COVID-19. However, documentation of exposure is not necessary for empiric management, if clinical suspicion is high for MIS-C.

## How do we confirm clinical suspicion?

- **For patients with:** (1) Fever ≥ 4 days but appearing well with no stigmata of toxic shock or Kawasaki disease and no obvious focus **OR** (2) Fever ≥ 3 days with symptoms (vomiting, diarrhea, abdominal pain, headache, neck pain, rash, mucous membrane changes)
  - **Complete baseline bloodwork** → CBC and diff, reticulocyte count, ferritin, albumin, electrolytes, urea/creatinine, ALT, CRP, PT/INR, blood culture, COVID swab
  - If indicated: add urinalysis/urine culture, CXR
- **For patients with:** (1) Fever ≥ 3 days AND signs of shock OR looks unwell OR stigmata of Kawasaki Disease or Toxic Shock Syndrome **OR** (2) any length of fever if high clinical suspicion of MIS-C based on history and examination **OR** (3) baseline investigations significantly abnormal (especially inflammatory markers)
  - → **Call Children's Emergency for pediatric advice and to arrange urgent transfer**
  - → **Call MTCC if patient requires critical care**
  - → Full bloodwork includes baseline bloodwork (above) plus Tier 2 investigations (obtain cultures and the following, if available urgently at your site):
    - DIC screen (D-dimer, INR, PTT, fibrinogen and fibrin degradation products).
    - NT-proBNP, troponin, triglycerides, hepatic panel including LDH
    - Blood/urine cultures if not already done

## What if you cannot obtain confirmatory bloodwork?

- If the child is sick or unstable, call Children's Emergency at 204-787-4244
- If the child is stable, call the pediatrician on call (for a list of who to call in your region, see the Improving Pediatric Transport newsletter item at CPSM Vol 56 No 1 page 9)
- Evaluate for infectious causes and empirically treat with broad-spectrum antibiotics
- Younger children or infants who appear well with respiratory symptoms and fever can likely be safely reassessed in 24 hours

## How do I Report a Case?

Report cases to Manitoba Health using this form.

## References


Canadian Pediatric Society Acute Care Committee. Practice Point: Paediatric inflammatory multisystem syndrome temporally associated with COVID-19. Posted July 6, 2020.

Carlin RF, Fischer AM, Pitkowsky Z, Abel D, Sewell TB, Landau EG, Caddle S, Robbins-Milne L, Boneparth A, Milner JD, Cheung EW, Zachariah P, Stockwell MS, Anderson BR, Gorelik M. Discriminating Multisystem Inflammatory Syndrome in Children Requiring Treatment from Common Febrile Conditions in Outpatient Settings. J Pediatr. 2021 Feb;229:26-32.e2

Henderson LA, Canna SW, Friedman KG, Gorelik M, Lapidus SK, Bassiri H, Behrens EM, Ferris A, Kernan KF, Schulert GS, Seo P, F Son MB, Tremoulet AH, Yeung RSM, Mudano AS, Turner AS, Karp DR, Mehta JJ. American College of Rheumatology Clinical Guidance for Multisystem Inflammatory Syndrome in Children Associated With SARS-CoV-2 and Hyperinflammation in Pediatric COVID-19: Version 1. Arthritis Rheumatol. 2020 Nov;72(11):1791-1805.



**Child Health Standards Committee**

***University of Manitoba, Department of Pediatrics and Child Health, Section of Pediatric Emergency Medicine***

# Standard of Practice for Sexual Boundaries with Patients, Former Patients & Interdependent Persons

The Standard of Practice for Sexual Boundaries with Patients, Former Patients & Interdependent Persons came into effect on March 31, 2021. All members of CPSM are responsible for ensuring they understand the Standard and how it applies in their practice. In addition to the requirements outlined in the Standard, it also contains important information which includes examples of prohibited conduct. Members must take proactive steps to ensure compliance with the Standard. CPSM's mandate to protect the public's interest and maintain patient safety is reflected in the requirements of the Standard.

In today's complex medical environment, CPSM must set standards that instill trust and quality in medical care. In most interactions, physicians maintain the appropriate boundaries; small lapses in judgment can lead to larger concerns if not addressed in a timely manner. To avoid such circumstances, expectations for maintaining appropriate boundaries with patients, former patients, and persons who are interdependent with their patients, are laid out comprehensively in the Standard. CPSM encourages you to take this opportunity to assess your current practices and procedures.

A working group made up of physicians and public representatives first reviewed and assessed the policies of various other jurisdictions. The Working Group prepared a report and recommendations for a Standard of Practice, which was approved by Council in September 2020. A draft Standard was distributed to members, key stakeholders, and the public for consultation for 60 days.

After a rigorous review of comments and feedback, the Working Group addressed concerns raised and changes were incorporated into the Standard. Notable revisions relating to chaperones were added for clarification. Council approved the Standard at the March 19 Council meeting.

CPSM wishes to thank the members of the Working Group who demonstrated a serious commitment to ensuring that the Standard was comprehensive and considered the interests of all involved, with a priority on the public interest. Their contributions are greatly appreciated. We'd also like to thank members, stakeholders and the public who submitted their comments.

# Discipline Summary

**Cancellation of Registration/License** - Dr. Amir Houshang Mazhari Ravesh

On January 13, 2021, CPSM cancelled Dr. Ravesh's registration after he was convicted on six counts of sexual assault by the Court of Queen's Bench. Dr. Ravesh signed an undertaking with CPSM to cease practice in October of 2017.

Click HERE to read the full details of the decision.

# Consultation on Standard of Practice - Duty to Report Self, Colleagues, or Patients

As a self-regulating profession, members have a legal and professional responsibility to report both themselves and colleagues if they are unfit to practise, incompetent or unethical; or suffer from a mental or physical disorder or illness that may affect their fitness to practise and continue to practise. This ensures the profession continues to regulate in the public interest and demonstrates that patient safety is paramount.

Members have a legal and professional obligation to maintain the confidentiality of patient information. There are circumstances, however, where members are either required or permitted to report particular events or clinical conditions to the appropriate government or regulatory agency. This Standard will set out circumstances that may require or permit members to make a report. Resources will also be provided to inform members of the many different reporting requirements ranging from driving and flying, child pornography, abuse of vulnerable adults, infectious diseases, etc. FAQs have also been developed to assist members with common scenarios and are included in the draft Standard.

Council approved a draft Standard of Practice for Duty to Report Self, Colleagues, or Patients for consultation with members, stakeholders, and the public. The consultation has now launched and can be accessed at the link below.

Review the draft Standard and submit your feedback by April 30, 2021.

# Reminder & Resources: Standard of Practice for Benzodiazepines & Z-Drugs

**The College of Physicians and Surgeons of Manitoba (CPSM) Standard of Practice for Prescribing Benzodiazepines and Z-Drugs came into effect on November 1, 2020. Prescribers and pharmacy staff must be familiar with the Standard in its entirety. CPSM and the College of Pharmacists of Manitoba (CPhM) have received many questions from members and patients regarding its implementation. Many of these questions surround tapering and new parameters for prescribing and dispensing intervals.**

We encourage prescribers to review the joint CSPM-CPhM Article: CPSM Standard of Practice for Benzodiazepines and Z-Drugs, previously shared with members. This article addresses key aspects of the Standard, including the expectations for prescribing and dispensing intervals. Prescribers seeking clarification or advice are invited to call CPSM at 204-774-4344 and your call will be directed to the appropriate staff member.

### New Resource for Patients

CPSM has developed a Frequently Asked Questions document to further support quality in patient care, posted on the CPSM site. Patients can access this link directly on the CPSM Homepage (cpsm.mb.ca) under **Quick Links**. It can also be found under Prescribing Practices Program ➔ Physician Resources under FAQs: CPSM Standard of Practice for Benzodiazepines and Z-Drugs.

The FAQs were created to help patients understand the Standard's recommendations. Specifically, the FAQs address common questions about:

- The risks and harms associated with benzodiazepines and z-drugs;
- Reasons to attempt a taper and common experiences with tapering; and
- The new limitations around prescriptions and dispensing.

While this document is patient-focused, prescribers and pharmacists may also find it beneficial to review. It has also been included with the Standard's Contextual Information section, which contains resources to support physicians with patient care.

CPSM encourages communication and collaboration between physicians and patients; the FAQs can be a helpful resource in the conversation with patients about benzodiazepines and z-drugs and can be given to them to take home.

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

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

# Patient Records

### Do your medical records meet the required Standard of Practice?

CPSM employs chart reviews across several programs, and it is recognized that record keeping is an ongoing challenge for many physicians. Good medical records are critical to safe patient care and provide a mechanism to facilitate ongoing care. The CMPA also stresses the importance of clear documentation in the event of any issues arising from practice.

As part of CPSM programs, some physicians will undergo a chart review. This means that a trained reviewer will review patient charts using a standardized method. The content of the patient record is critical in this process to ensure the reviewer can follow the patient's history and care plan.

The Reviewer Guideline used by trained auditors when conducting chart reviews is available for your viewing on the CPSM website. You will also find a self-evaluation checklist of items which may assist you in improving your record keeping.

Click to view the Reviewer Guidelines

Click to view the Self Evaluation

You must ensure that the information captured in a patient record meets the required Standard of Practice.

Click to Review the Stand of Practice for Patient Records

Further information about the Quality Improvement Program and the tools used by the program can be found on the CPSM website.

# When Patients Leave the Hospital Against Medical Advice

### What are a physician's obligations when a patient leaves the hospital against medical advice?

All competent patients have the right to discharge themselves against medical advice (AMA). However, a patient's decision to leave the hospital contrary to their physician's advice does not absolve the physician of a legal duty of care.

"It is true a patient may be judged to have negligently caused or contributed to a clinical outcome by failing to act as might generally be expected of a reasonable patient. However, it is uncommon that a court will find the patient wholly responsible for an adverse outcome due to the contributory negligence of the patient," stated the Canadian Medical Protective Association (CMPA) in its Good Practices Guide.

CPSM's expectation is that the physician obtains the patient's informed consent to leave by communicating to the patient the risks, benefits, and alternatives to leaving and fully documenting the conversation in the medical record.

**For guidance, we present the following resources for further reading:**

### Canadian Medical Protective Association:

"Leaving against medical advice"

The CMPA advises physicians to inform patients of symptoms and signs alerting them to seek further medical care and provide advice tailored to their specific clinical situation. The patient should also be informed about who is the most responsible health-care professional for follow-up care.

**The CMPA also advises physicians to document in the medical record:**

- Recommendations for care
- Mental capacity assessment
- Patient's reasons for refusing investigation or treatment
- Follow up and discharge instructions provided
- A signed AMA form, acknowledging the discussion with the patient about the risks (if the patient refuses to take part in that discussion or to sign the form, that should also be documented).

### Royal College of Physicians and Surgeons of Canada

The Royal College advises physicians that a patient's decision-making capacity should be assessed and to document that the patient can understand their condition, the treatment options and the consequences of not accepting the proposed treatment.

The Royal College also notes that the concept of labelling a "discharge against medical advice" needs further consideration as it may create an antagonistic relationship between the patient and the medical team that limits ongoing care. It also seems to contradict the accepted model of shared decision-making. "When a patient leaves hospital under circumstances that do not seem ideal, the focus should be on establishing the patient's capacity and arranging the safest plan for follow up, rather than creating conflict," it stated.

Understanding a patient's values and reasons for declining hospital admission may help to create a patient-centered alternative treatment plan.

***Used with permission from CPSO's eDialogue, December 2020.***

dialogue.cpso.on.ca/2020/12/when-patients-leave-hospital-against-medical-advice

# Council Meetings

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

- June 9, 2021
- September 22, 2021
- December 8, 2021
- March 23, 2022
- June 22, 2022

The AGM is scheduled for June 9, 2021.

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

# Forgeries for Codeine Cough Syrups on the Rise

**The College of Physicians and Surgeons of Manitoba (CPSM) and the College of Pharmacists of Manitoba (CPhM) have become aware of a sharp increase in prescription forgeries for codeine syrups. A recent CPhM Briefing Note summarizes t his trend:**

> "Prescription forgery data reported to and monitored by [CPhM] indicates an increase in prescription forgeries for liquid codeine preparations in January and February of 2021. A staggering 37 forgery reports, all for Ratio-Cotridin, have been made to [CPhM] since January 1, 2021."

## BACKGROUND & CURRENT SITUATION:

Ratio-Cotridin (Cotridin) is a prescription syrup with codeine, triprolidine, and pseudoephedrine as the main therapeutic ingredients. It is one of many prescription codeine syrups listed in the Health Canada Drug Product Database.

The 37 Cotridin forgeries reported *during the first two months of 2021* are a sharp increase compared to the total of 70 forgery reports received by CPhM for *all drugs* in 2020. Most forged prescriptions were presented in Winnipeg, however rural locations such as Dauphin, Swan River, Steinbach, Selkirk, and Portage La Prairie have been targeted. The forgeries were presented as computer generated prescriptions with forged ink signatures. Some used fraudulent or invalid personal health numbers or individuals claimed to be from out of province.

## WHAT PHYSICIANS CAN DO:

**Report Forgeries.** Physicians should notify CPSM, CPhM, and the pharmacies involved upon becoming aware of forgeries. Likewise, pharmacies should alert prescribers of forgery attempts and notify CPhM.

**Notify Police.** If impersonated, physicians can report to local police authorities. If a patient's information was fraudulently used, the physician may review this with their patient and involve police if safety concerns arise.

**Safeguard Practice.** Reduce risk of theft and forgery by locking up all prescription pads, letterhead, and fax templates. Pharmacists may contact prescribers to verify prescriptions for codeine or other potential products of abuse, particularly if they seem unusual or concerning.

## WHAT PHARMACISTS CAN DO:

**Verify Suspected Forgeries.** Pharmacists should contact the prescriber to confirm any unusual or concerning prescriptions prior to dispensing.

**Report Forgeries.** Pharmacists should notify the prescriber, CPhM, and Health Canada Office of Controlled Substances of any forgery attempt. The Forgery Report Form for Controlled Substances can be found on the CPhM website.

**Notify Police.** Pharmacists should report prescription forgeries to the local police authorities. Whenever possible, this should be done while the individual(s) are waiting in the pharmacy. If the individual requests the forgery back, the pharmacist should take a copy, stamp the original with the pharmacy contact information and document refusal to fill on the original and in DPIN.

## WHAT CPSM & CPHM ARE DOING:

**Education & Support.** CPSM and CPhM are working directly with the prescribers and pharmacies involved in the forgeries.

**Raise Awareness.** The Colleges are monitoring the situation and are collaborating to inform their broader memberships of this trend, risks, and actions to take.

## CODEINE FORGERIES REPRESENT A PUBLIC SAFETY RISK:

The opioid crisis is well-documented in Canada. Codeine cough syrup misuse, abuse, and diversion is a known phenomenon. The Chief Medical Examiner's death review program, involving prescription medications, has shown that **codeine is one of the most frequently implicated opioids in overdose deaths in Manitoba**. Codeine is a prodrug with variable metabolism to morphine. Polypharmacy increases the risk of accidental overdose and death involving opioids.

Not all forgeries are identified; the number reported likely underrepresents the true prevalence. Collaboration and communication can help identify forgery attempts to decrease the risk of abuse or diversion, and to protect the public.

CPSM wishes to acknowledge the work of CPhM's Quality Assurance and Field Officer, Kevin Chaboyer, author of the Cotridin Briefing Note.

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Back to Front Page