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FROM THE College

President's Message

I was not feeling particularly inspired to write a message this quarter, but then two things happened: I attended a POCUS course and I attended the Doctors Manitoba Awards Ceremony. Suddenly it became easy to write this message because the physicians there inspired me.

The gruelling 9-hour days at the SIM lab reminded me how much endurance we need to concentrate on learning new material, all while standing upright, being friendly to the models, and being coherent enough to demonstrate to the Proctors that we know our stuff.

As physicians, we are adaptable, not restricted by convention; many of the Proctors there were residents and most students had grey hair.

At both events, I was struck by the easy acceptance of International Medical Graduates. There was enough safety for the MC at the gala to poke fun at South Africans.

I noted a few Indigenous physicians at the events and was encouraged to see an Indigenous doctor recognized with a Medal of Excellence service award.

It warmed me to see the level of enthusiasm with which physicians tackle the job. Now, patients are at the front and center of all the passion.

The cup is still full enough for most physicians to be gentle and graceful and humble.

I am so honoured to get to spend time with all of you.

I hope that you find time for peace, laughter, and stillness during the holidays.

Jacobi Elliott, MD
CPSM President

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Registrar Notes

As the holidays approach, I wish you a joyous season and all the best in 2022.

Thank you for your immeasurable contributions to the medical profession – and the continued fight against COVID-19.

Ongoing COVID-19 Guidance

CPSM addressed numerous inquiries from members and provided guidance in line with our mandate to ensure the public's safety. Topics ranged from mandatory vaccinations, virtual medicine concerns, addressing the needs of unvaccinated patients, and providing medical exemption notes.

Standards of Practice / Strategic Organizational Priorities

The Standard of Practice for Performing Office Based Procedures was approved this month and is effective **January 31, 2022**.

Standards of Practice approved this year are: Sexual Boundaries with Patients, Former Patients & Interdependent Persons, Duty to Report Self, Colleagues, or Patients, Virtual Medicine, Documentation in Patient Records, Maintenance of Patient Records, and Exercise Cardiac Stress Testing.

Five public consultations were held this year and all received valuable feedback from both members and the public.

Three new Strategic Organizational Priorities were identified at the June Council meeting: Truth & Reconciliation – Addressing Anti-Indigenous Racism, Standard of Practice for Episodic Care/ House Calls/Walk-In Clinics, and expanding and reviewing prescribing practices. Working Groups have been formed and are well into discussions.

CPSM Personnel Announcements

Dr. Nancy Dixon, currently Chief Medical Officer of the WRHA, will join CPSM as a Medical Consultant in the Complaint and Investigations department in January 2022.

I want to share the news that Mr. Dave Rubel, Chief Operating Officer, is retiring in January. He leaves a lasting impact and he will be missed. I thank him for all he has helped CPSM to achieve and wish him a happy and healthy retirement.

In January, Mr. Paul Penner, the current Chief Clinical Operations Officer at CancerCare Manitoba, will join CPSM as COO.

Looking Ahead

I am pleased to report that CPSM staff returned to the office full time, Opioid Agonist Therapy (OAT) Workshops resumed in person, and Council met in person for the first time in almost two years.

Best wishes to you and yours from everyone at CPSM.

Anna Ziomek, MD
Registrar/CEO

Prioritize Your Personal Health

As we near saying goodbye to 2021, we want to acknowledge how difficult these past two years have been for our registrants. We also recognize that it's not over quite yet. You have all faced threats to your health, increased (or decreased) workloads, financial challenges, changes to your lifestyle and have also had to manage impact on your personal and family lives. We know that too often our physicians, and other healthcare professionals, put their own health needs on hold while caring for others.

We want you to know you are not alone. The Physician Health Program (PHP) is here to help you if you are struggling with:

- burnout
- your mental health
- chronic health issues
- substance abuse
- or anything else that may impact your practice

The PHP is available to support all registrants who choose to prioritize their personal health, while continuing to provide safe and effective care to their patients. The program is safe, confidential, and non-punitive. For more information about our program and how we can help, visit our new program page on the CPSM website.

You can also email the Coordinator of the Physician Health Program, Kim Parks, at physicianhealth@cpsm.mb.ca, or connect with her by phone at 204-560-4205.

Max Rady College of Medicine

Message from Dr. Brian Postl

Dean, Max Rady College of Medicine and Dean, Rady Faculty of Health Sciences

The University of Manitoba has a long history of commitment to improving the diversity in our medical school.

We were one of the first universities to establish an additional stream for Indigenous students. Over 10 years ago, we also created a rural stream. More recently we added a Francophone stream to reflect that we are a bilingual province.

In 2015, we implemented a new admissions policy to help attract medical students that reflect Manitoba's diversity in ethnicity, socio-economic and socio-cultural conditions and sexual orientation.

Our goal has been to graduate a medical student body from the Max Rady College of Medicine that reflects the communities we serve.

The 110-member Class of 2025 is just that: 61 students identified as female, 45 as male and four as non-binary.

The class comprises 17 self-declared Indigenous students – the largest group ever of Indigenous students to enter the MD program at the Max Rady College of Medicine.

There are 36 students with rural attributes -which include rural roots, rural work experience, or rural volunteer experience - and six students enrolled in the French bilingual stream.

Among our 110 students in the Class of 2025:

- 23 students are the first generation of their family attending college or university;
- 43 students were raised in a family with annual household incomes below the median for Canada;
- 35 students consider themselves to be members of a visible minority; and,
- 22 individuals' primary language is other than English or French.

The class also includes individuals who identified as living with a disability; students (or their families) who came to Canada as refugees; and students who worked in their teen years in order contribute to family income.

On the national stage, the Max Rady College of Medicine is viewed among the other faculties and colleges of medicine as trailblazing in terms of diversity inclusivity, Indigenous student supports, and our anti-racism policy.

We have also been lauded for our efforts to support women's leadership development and training through The Winnipeg Foundation's Martha Donovan Fund and the establishment and support by Rady Dean's Office of Women in Science: Development, Outreach & Mentoring (WISDOM).

In its first two years, 26 faculty members, students or trainees in the Rady Faculty of Health Sciences have received leadership development awards through The Winnipeg Foundation's Martha Donovan Fund. We will be announcing the third cohort in the new year.

The $250,000 Winnipeg Foundation Martha Donovan Fund was established in 2019 to provide leadership development opportunities for women in the Rady Faculty of Health Sciences. Up to $50,000 will be awarded annually for five years.

Applications are received annually from women across the academic spectrum and ranging from women in the biomedical sciences to health professions education.

These women will become future leaders across the full scope of activity in the Rady Faculty of Health Sciences and, will no doubt, contribute to their professions and disciplines.

WISDOM has been a dynamic presence across the Rady Faculty since it was created in 2018 to address equity, diversity and inclusion in science and medicine, and to create mentoring, networking and professional development opportunities for women at the University of Manitoba.

The enthusiasm of its members to stage relevant events, to offer meaningful forums for discussion and networking to women at all stages of their education and careers will help to create a culture of equity, diversity and inclusion that we strive for in the Rady Faculty of Health Sciences.

REMINDER: Mandatory Practice Address and Email Address

Your current practice address and email address are mandatory under the licensure and re-licensure requirements. You must inform CPSM of any changes in your practice address or email address. Notify changes to registration@cpsm.mb.ca.

Your email is used to send you essential and timely CPSM registrant communications. It will not be made available to the public.

New Standards of Practice

Council approved four new Standards of Practice this month. The effective date varies by Standard. Read on for a summary of each Standard and effective dates.

Standard of Practice	Effective Date
Performing Office Based Procedures	January 31, 2022
Documentation in Patient Records	February 15, 2022
Maintenance of Patient Records	February 15, 2022
Exercise Cardiac Stress Testing	June 1, 2022

Standard of Practice for Performing Office Based Procedures

The new Standard of Practice for Performing Office Based Procedures establishes the requirements for complicated office-based procedures, developed in the interest of patient safety. The Standard impacts physicians in Manitoba who perform procedures in non-institutional settings such as physician offices or medical clinics (office-based procedures in any location including an Accredited Facility).

The Standard is applicable to both medically required and elective procedures (insured and non-insured). Read the Standard here.

The Standard is effective January 31, 2022. The Standard includes a Contextual Information and Resources document with further background and examples.

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

The existing standard was outdated and did not meet the needs of modern patient concerns and technologies used regularly for patient records. Two new standards were developed – one addressing the documentation in patient records and one regarding the maintenance of records.

Read the Standard of Practice for Documentation in Patient Records

Read the Standard of Practice for Maintenance of Patient Records

Both Standards are effective **February 15, 2022**.

Standard of Practice for Exercise Cardiac Stress Testing

The Standard prioritizes patient safety and addresses certain risk factors associated with diagnostic testing used to assess the heart and its ability to handle exertion. The Standard applies to practitioners supervising and interpreting the testing and medical directors of facilities where the testing occurs, including hospitals, Health Authorities, private non-hospital medical or surgical facilities, and clinics.

Educational and procedural changes will be required by some facilities in order to comply with the new Standard. To ensure that facilities continue to provide this testing in the interim, this Standard will be effective **June 1, 2022**, giving these facilities sufficient time to comply with the Standard.

Read the Standard of Practice for Exercise Cardiac Stress Testing

Dr. Marina Reinecke Receives the 2021 CPD Educator of the Year Award

Dr. Marina Reinecke, Medical Consultant for the CPSM Prescribing Practices Program, is this year's recipient of the 2021 CPD Educator of the Year Award.

This CPD Award from the Continuing Competency and Assessment office is granted to educators who have demonstrated excellence, innovation, and commitment to lifelong learning. Dr. Christine Polimeni nominated Marina in recognition of her work on the OAT 101: Introduction to Clinical Practice Workshop.

Marina has led and executed the OAT Workshop alongside her remarkable colleagues on the Scientific Planning Committee. She teaches passionately, mentors new speakers, promotes interprofessional collaboration, and ensures the two-day workshops are organized and effective.

The OAT Workshop is a comprehensive and accredited course that has reached many physicians, pharmacists, nurses, and allied health professionals since its inception in 2016. Over five years, the number of trained methadone and Suboxone prescribers has grown exponentially, from nine physicians in 2015 to 150 prescribers in 2021, including MDs and NPs. In the context of the opioid crisis, this means more patients have access to efficacious and life-saving treatment.

Interdisciplinary Collegiality Between a Consultant and the Consultee

In a recent review of a case of severe neonatal morbidity of acidosis at birth and neonatal asphyxia and hypoxic-ischemic encephalopathy, issues of non-collegial interaction between a consultant and a consultee were felt to have contributed. The consultant downplayed the concerns of the consultee during the initial interaction. The consultee felt the interaction to be less than congenial and disrespectful, resulting in the consultee's reluctance for further consultation when the fetal condition continued to deteriorate.

Physicians are reminded of a document on professionalism published by the CMPA in January 2021 that summarises the importance of professionalism and collegial relationships, particularly between a consultant and the consultee. It states:

> *"Physicians who exhibit disruptive behaviour can adversely affect the safety of care by causing colleagues to fear interacting with them. This fear can lead to the development of unsafe work environment and deviations from standards of care policies or procedures. Professionalism in collegial relationships implies assuming responsibility of our own behaviour and role in any conflict with colleagues. In professional relationships, colleagues are treated with respect and all communication (whatever the medium) is conscientious, dignified, and respectful."*

Physicians are also referred to the College of Physicians and Surgeons of Manitoba Standard of Practice on Collaborative Care:

> *"When a member and one or more other health care providers are involved in the health care of a patient, the member must*
>
> *(a) collaborate with other health care providers in the care of the patient and in the functioning and improvement of that health care;*
>
> *(b) treat other health care providers with respect;*
>
> *(c) recognize the skills, knowledge, competencies and roles of others involved in the patient's care;*
>
> *(d) understand the member's role and the role of other health care providers involved in the health care of the patient;*
>
> *(e) identify themselves to the patient or their representative and explain the member's role and responsibility;*
>
> *(f) communicate effectively and appropriately with the other health care providers; and*
>
> *(g) document, on the patient record, the member's contribution to the patient's care."*

Maternal and Perinatal Health Standards Committee

Do You Have Prenatal Patients or Newborns in Your Practice?
New: Safe Sleep Resource

Sudden infant death is an important child health issue, with an average of 1-2 infants in Manitoba dying each month in their sleep. Analysis of the circumstances of these deaths has shown that modifiable risk factors are common, including prone positioning, soft bedding and pillows, high risk sleep surfaces such as sofas and chairs, and using products not designed for sleep.

The Child Health Standards Committee reviews these infant deaths and contributed to a new resource to share this important information with families. *Safe Sleeping for Your Baby* was developed by WRHA Public Health to inform parents of current best practices to reduce the risk of entrapment, suffocation and SIDS. We are sharing this new resource with you so that you can share it with your patients and families when discussing safe sleep.

HOW TO ORDER

- Patients and families may view the resource online in English and French on the WRHA Healthy Parenting Winnipeg website.
- In Winnipeg, physicians can order a supply of *Safe Sleeping for Your Baby* at no charge, by using this link. Alternatively, Winnipeg orders can be placed by emailing Pauline Karlenzig at pkarlenzig2@wrha.mb.ca.
- For physicians outside of Winnipeg, please contact your regional public health office.

Child Health Standards Committee

Delays in Seeking Care: Neglect in Critically Ill Children

The Child Health Standards Committee has reviewed several potentially preventable deaths where a child has presented with severe dehydration, malnutrition, or other serious illnesses and there is a concern that caregivers did not seek medical attention in a timely manner. This is different from situations where a child's condition may have deteriorated quickly without the opportunity for caregivers to present for medical care sooner, such as severe gastroenteritis or sepsis.

Delays in seeking medical care may be an indicator that a wide range of the child's basic needs are not being met. After providing emergent medical care in these situations, physicians should inform the parent/caregiver of their concern and that they are going to notify the appropriate Child and Family Services (CFS) agency. Note that while a physician has an obligation to notify CFS, the physician should not investigate the concern, nor should they make assumptions about who or what factors are to blame. The physician may explore with the caregiver contributors to the delay in presentation such as the parent/guardian's perception of the severity of illness or injury, barriers to care such as transportation, childcare, language, previous experiences with the healthcare system, and fear of being reported to the child welfare system.

When notifying Child and Family Services, consider use of the mnemonic ***ICE***, which stands for identification/information, concern/context, and effect on the child. When using this mnemonic, you will provide the child's identification (name, DOB, address) and that of any siblings or caregivers. Provide objective information about the child's presentation; for example, the child has severe dehydration. Next you will state the context and why you have concern; for example, when the child was last seen at my clinic they appeared healthy and with the change seen today I am concerned that they have not had adequate access to food or water. Finally state the effect on the child; for example, they are currently in a life-threatening condition and are being transported to the PICU.

Documentation

When delays in seeking care are identified or suspected in unexpected deaths or critical illness, the following should be included in your documentation:

- A complete history, noting who is providing the information. Include when the child was last seen well. A complete physical examination, including weight, head circumference for infants, and any skin, oral, or other injuries.
- Who is the legal guardian (if known) and who was caring for the child (all caregivers).
- Progression of the illness and the parent/guardian's perception of severity.
- Management of the illness at home.
- Attempts to seek medical advice prior to this presentation (Health Links-Info Santé, virtual visit, phone calls).
- Barriers to seeking care, such as: no phone, no transportation, no child care, parent/guardian's physical or mental health conditions, language barriers, previous experiences in the healthcare system, fears of being reported to child welfare.
- Document which Child and Family Services agency was contacted and include the worker's name. Consider using the ICE mnemonic (see above) to record what information was provided to CFS. Do not record your assumptions/thoughts about what might have happened or who may, or may not, be responsible. Limit your documentation to the medical facts, which may include health system and other barriers to seeking care.

Management

Physicians providing pediatric care should be familiar with reporting requirements for neglect in children. Reporting of Child Protection and Child Abuse: Handbook and Protocols for Manitoba Service Providers is a resource for providers involved in identifying, reporting and dealing with a child in need of protection, including neglect.

Clinical guidance about reporting neglect can be provided by the Child Protection Centre (CPC) at 204-787-2811. CPC physicians may be contacted if you have questions regarding reporting requirements after reviewing the above materials.

If the child is treated and fit for discharge home, written discharge instructions should include reasons to return for reassessment and follow-up appointments. Prior to discharge the physician should ensure that the CFS agency has had the opportunity to establish a safety plan for the child with the guardian.

Child Health Standards Committee

Council Meetings

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

- March 23, 2022
- June 22, 2022

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

Quality Improvement Program Update

The Quality Improvement (QI) program continues to work with CPSM registrants to assist them through to program completion during the pandemic. Operations have returned to close to normal in 2021, with flexibility for members who are more significantly affected and not reasonably able to participate when selected. Most participants to date have been able to complete their process.

A spring cohort was launched in April 2021. It included randomly selected groups from family medicine, general surgery, pediatrics, psychiatry, and internal medicine. Another cohort of 300 participants was launched in October 2021, which includes the above-mentioned specialties as well as Obstetrics & Gynecology and Anesthesia. In 2022 Cardiology, Plastic Surgery, and Radiology will begin participation over the course of the year.

Dr. Marilyn Singer, Consultant for Quality Improvement, presents information to members of specialty groups as they enter the program, usually via Grand Rounds. Outreach is done to specialties to ensure that program materials are a good fit.

Feedback from participants who have completed the process 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.

Auditor Training Workshop

The CPSM is holding an Auditor Training Workshop January 28, 2022, geared toward recruiting new auditors in the areas of practice listed below. Attendees will be accepted based on CPSM needs/gaps across all CPSM audit programs. Online registration information will be sent via email in mid-December.

Members who practice in the following areas should consider attending:

- Addictions Medicine
- Cardiology
- Family Medicine – Emergency Medicine
- Family Medicine – Sports Medicine
- General Surgery
- Infectious Diseases
- Internal Medicine/General Internal Medicine
- Obstetrics/Gynecology
- Pathology
- Plastic Surgery
- Radiology

CPSM auditors conduct either chart or interactive audits of the practices of a peer. Two CPSM departments conduct audits: Quality (Provisional registration audits, Quality Improvement audits, age triggered audits, and audits of referred physicians), as well as Complaints/Investigations. Auditors may be called upon to conduct two to four audits per year. Each audit takes approximately a half day and time is remunerated.

If you are interested in joining our auditor pool, a half-day training workshop with a pre-learning component will be held virtually January 28, 2022. The workshop will provide a better understanding of the expectations of auditors. There is no cost to attend the training workshop and each participant will earn CPD credits. A minimum requirement of a new CPSM auditor is to have been practising independently for 3 years.

WHY BECOME AN AUDITOR?

- You would be contributing to the profession and improving the quality of the practice of medicine in the province.
- You would be providing your colleagues a fair assessment by a peer and both of you will learn in the process.
- It would be a change of pace from your normal routine.

If you have any questions, please contact the CPSM Quality Improvement Program at 204-774-4344 or via email at quality@cpsm.mb.ca.

Marilyn Singer, MD CCFP
Consultant for Quality Improvement

Tips for Prescribers: Prescriptions & Forgery Prevention

In March 2021 the College of Physicians and Surgeons of Manitoba and the College of Pharmacists of Manitoba (CPhM) reported a sharp increase in prescription forgeries for codeine syrups. While this trend has abated somewhat, both Colleges are aware of ongoing instances of forgery attempts.

Prescription Requirement Reminders

Identifying forged prescriptions has become increasingly difficult due to the sophisticated technology and equipment now being used by forgers. To detect and prevent forgeries, and to ensure timely patient access to medication, physicians must ensure their prescriptions meet all necessary requirements.

Physicians are reminded that an electronically-generated prescription, when printed and handed to the patient to take to the pharmacy, **must have an original ink signature to be valid**. This signature should be legible, and a rubber stamp signature is not acceptable. Conversely, if a prescription is generated electronically for direct transmission to the pharmacy, only an electronic signature is required.

The pharmacist is responsible to ensure that prescriptions come from a veritable source and duly licensed physician. **Should a signature be absent from a prescription that is presented by a patient, pharmacists are required to contact the prescriber to verify the prescription through written, verbal, or faxed communication.** This can result in unnecessary delays in patient care. Prescribers are strongly encouraged to provide their cell-phone numbers (or on-call pager number for a prescriber group) on all prescriptions to facilitate timely communication regarding urgent issues. These numbers can be marked as "private" to indicate to the pharmacy team that they should not be shared with patients.

Communication is Key

Ensuring all prescription requirements are maintained will save critical physician and pharmacist time, ensure timely patient care, and help prevent forgery.

Forgeries present a public safety risk. We appreciate our registrants ongoing diligence to mitigate the risk of forgery, through continued communication and collaboration.

WHEN FORGERIES ARISE

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, other opioids, 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 see Forgery of Narcotics and Controlled Substances at CPhM's website for details of reporting to Health Canada.

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 the trends, risks, and actions to take.

Michael Wiebe BSc (Pharm), BSSc (Hons)
Analyst, Prescribing Practices Program

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

Important Notice to Prescribers: Provincial Changes to Drugs Captured by Comprehensive Urine Drug Screen

CPSM recently became aware of changes to the list of prescribed and illicit drugs that are routinely identified when physicians order a comprehensive urine drug screen (UDS). When interpreting comprehensive UDS results, knowledge of which drugs are captured is essential to safe and effective patient care.

Comprehensive urine drug screening is an important clinical tool that can aid physicians in:

- ✔ Monitoring medication compliance,
- ✔ Identifying the use of non-prescribed drugs (including over-the-counter drugs), and
- ✔ Identifying potential medication diversion.

How Does Comprehensive Urine Drug Testing Work Now?

Previously, Diagnostic Services, under Shared Health, identified most prescription and illicit drugs in samples submitted for comprehensive urine drug screening. This "forensic approach" was very expensive. The lengthy list of substances previously tested for was reduced as of June 17, 2021.

A specific list of the now **80 substances** tested for on a comprehensive screen is available here. This specific panel of drugs is intended to balance clinical utility with a cost-effective approach to testing. This is essential information for prescribers when interpreting comprehensive UDS results to inform clinical judgement, particularly in the context of prescribing medications with psychoactive properties.

Going Forward & Feedback

In partnership with Shared Health, CPSM has agreed to take the lead in reviewing and gathering feedback on the list of drugs routinely identified on comprehensive UDS. The goal of this review will be to optimize the panel for clinical usefulness and patient safety.

Physicians are encouraged to **clearly identify ALL prescription medications** on comprehensive UDS requisitions and **clearly state the clinical question** for investigation. Should a physician, in the interest of safe patient care, need to identify a specific prescribed medication not currently on the list of 80 drugs, they should state that request clearly on the requisition. This would allow diagnostic services to add testing for the drug in question when processing that specific sample.

To offer feedback on what drugs are most critical to include on this panel, prescribers can contact Dr. Marina Reinecke, Prescribing Practices Medical Consultant, through CPSM at 204-774-4344.

CPSM will ensure members are aware ongoingly of future revisions to this list.

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

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

New Practice Direction

CPSM has introduced changes to the Complaints and Investigations Practice Direction effective immediately. CPSM is committed to addressing concerns raised by the public with a focus on communication and conflict resolution where possible. Each complaint reflects an experience with a CPSM registrant that did not meet an individual's expectations. Our goal is to identify where the public would benefit from explanations and where registrants could improve their care or conduct.

The new Practice Direction informs you what to expect of CPSM's process should you be the subject of a complaint. It brings together the various portions of the Regulated Health Professionals Act that dictate the requirements with details of our processes to meet these requirements. A webinar will be held in the new year to review the changes.

Read the Practice Direction

Considerations For Travellers or "Snowbirds": Opioids, Benzodiazepines/Z-Drugs, and Virtual Medicine Standards of Practice

The College of Physicians and Surgeons of Manitoba's Standards for Prescribing Opioids and Benzodiazepines and Z-Drugs came into effect on September 30, 2018, and November 1, 2020, respectively. The College of Registered Nurses of Manitoba (CRNM) Practice Direction for RN(NP) Opioid Prescribing to Treat Non-Cancer Pain has been in effect since March 2020. On April 15, 2021, the College of Pharmacists of Manitoba (CPhM) Companion Document to the CPSM Standards of Practice was also approved.

Prescribing and Dispensing of Opioids and Benzodiazepines

On an exceptional basis, prescribers may only authorize a dispensing interval of up to three months for patients in remote communities or for travel, if the patient has been on a stable long-term prescription. **The exception should be noted on the prescription.** This limit also applies to those patients who may leave the country for longer than three months at a time, including "snowbirds".

Although patients may be approved by Manitoba Health and Seniors Care to receive six months' worth of medication for out-of-country travel, **prescribing or supplying more than three months of opioids, benzodiazepines, and/or Z-drugs is not acceptable**.

Travellers or "snowbirds" who will be away for longer than three months, and who will need a refill while away, are to see a practitioner in the country where they are travelling for proper assessment to receive a valid prescription. Seeing a provider is part of the cost of such extended international travel, including the health insurance needed for such travel.

Virtual Medicine Across Borders

The legal interpretation of the Regulated Health Professions Act, Regulations, and common law concludes that the location of medical care in Manitoba is the location of the patient. The CPSM Standard of Practice for Virtual Medicine, effective November 1, 2021, reinforces this. The CRNM also has resources for Telepractice and Guidance on Telepractice, developed with other Manitoba regulatory colleges.

CREATING STANDARDS OF PRACTICE

A large interprofessional working group of experts diligently reviewed all available evidence and data related to prescribing and dispensing practices of these medications to create the CPSM Standards. A robust public and professional consultation phase followed this work and feedback was incorporated into the Standards. CPSM's Standards, CRNM Practice Direction, and associated CPhM Companion Document all balance the risks and benefits of various difficult decisions, in the interest of patient and public safety.

A Manitoba prescriber cannot provide care to a Manitoba patient in ***another country*** by virtual care/phone call to renew or adjust a prescription while the patient is travelling. CPSM registration does not extend to the provision of medical care in that country. Likewise, medical liability insurance may not cover a Manitoba physician or RN(Nurse Practitioner) who provides care to a patient while in another country. Similarly, CPSM registration does not extend to the provision of medical care in ***another province***. Manitoba-licensed physicians wanting to provide care in another province will need to be aware of and comply with licensing and liability requirements in that Canadian jurisdiction. RN(NP)s are expected to contact the regulatory body in the province/territory where the client lives to determine if they need to be registered in that jurisdiction before providing healthcare services to the client in that location.

It is important for providers to make their patients aware of this ***before they travel***. The Info Sheet on Virtual Medicine Across Provincial & International Borders may be a helpful resource for physicians and pharmacists providing care to travelling patients. Note that shipping narcotics, controlled drugs and substances, and/or targeted substances from Canada to other countries is not advised.

FAQs on Standard of Practice for Virtual Medicine

The Standard of Practice for Virtual Medicine became effective on November 1, 2021. CPSM has received questions from registrants about applying the Standard to various scenarios. The Standard has general principles that must be applied reasonably to each patient encounter and should be documented. Frequently asked questions have been added to the contextual information at the end of the Standard. View the Standard and FAQs here.

Newborn Follow-up During COVID

The Child Health Standards Committee has been notified of concerns regarding timely in-person follow-up of newborns. During the pandemic, Manitoba infants have presented late with severe dehydration, weight loss, and untreated hyperbilirubinemia. **Assessment of newborns at 3-5 days of age is recommended for assessment of jaundice, dehydration, and weight loss.** Physical examination including vital signs can also identify signs of other conditions that require urgent investigation.

Timely in-person follow-up has been impacted by the pandemic, due to both family and provider factors. With anticipated surges in COVID cases in the coming weeks it will be important to prioritize newborn follow-ups to prevent serious morbidity.

Documentation and Management Considerations for Routine Newborn Follow-up

Newborn follow-up practices will vary by provider, setting, and region. In-person assessment at 3-5 days of age can be provided by public health, midwifery, nurse practitioners, or physicians. You may be asked to see a newborn in your office if another provider is unable to accommodate a home or office visit.

Recognizing that all providers and settings will be burdened with additional volume, the committee suggests a focused assessment looking for red flags:

History: lethargy, poor feeding (less than 8 feeds/24h, poor latch, very short feeds, no swallows audible, no milk in baby's mouth), fewer than 3 wet diapers/24h after day 3

Appearance and tone: floppy, lethargic or irritable

Vital signs: tachycardia, tachypnea, hypothermia or fever

Hydration: sunken fontanelle, dry mucous membranes, poor skin turgor, doughy skin

Work of Breathing: tachypnea, laboured breathing or periodic/apnea

Circulation: pallor, cyanosis, grey, mottling, cap refill > 2 sec

All infants should have a **naked weight**. Compare with birthweight (should be less than 10%).

Infants with clinical evidence of **jaundice** should have serum bilirubin levels ordered (total and direct). Use BiliTool to interpret serum bilirubin and guide management.

Detailed guidance for assessment and documentation is found in the Rourke Baby Record.

Management of Sick Newborns

The differential diagnosis of an unwell newborn is broad, and includes dehydration and failure to thrive, but also sepsis, hypoglycemia, congenital heart disease and other conditions. For an overview and physician order set see The Critically Ill Neonate.

Pediatric Advice and Referrals

For **urgent/emergent** advice and referrals call Children's Emergency at 204-787-4244. For **non-emergency** advice call HSC paging at 204-787-2071 and ask for the Pediatrician on call for Social, Northern and Ambulatory Pediatrics (SNAP).

Additional Resources

Services for Newborns in COVID-19 Isolation

Postpartum and Newborn Care Summary Checklist for Primary Care Providers

Breastfeeding Your Baby

Child Health Standards Committee

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