Registrar's message: the importance of having a formal data-sharing agreement between registrants who share access to patient records

The following article addresses a topic that we have written about in a previous edition of the *College Connector*, ownership of patient records. This topic continues to cause concern for registrants who share access to patient records. The context of these situations usually involves a difficult transition such as the abrupt loss of a colleague due to illness or a relocation.

Registrants who work in a setting where access to medical records is shared must have a formal contract, which is agreed to and signed by every registrant who makes entries into patient records.

The College practice standard *Medical Records Management* is very clear:

> In all situations where a registrant is creating medical records in a group or shared medical record environment, a data-sharing agreement must be in place which addresses how issues of ownership, custody and enduring access by individual registrants and patients will be addressed, including following relocation, retirement or death of the registrants. Where a registrant creating a medical record is not the owner of the clinic and/or of the electronic

medical record (EMR) licence, issues of custody, confidentiality and enduring access by individual registrants and patients must be documented in a formal contract with the owners and/or EMR service providers.

Based on the number of registrants who disclose that there are no such contracts in place in their practices, the College is reminding registrants once again of their duty to comply with the expectations set out in practice standards, which are enforceable under the *Health Professions Act*.

Another valuable resource worthy of sharing again comes from the CMPA: *Who has custody of medical records, and who can they be shared with?*

Clarity over control and stewardship of information in a shared practice arrangement can be achieved by entering into a data sharing agreement or inter-physician arrangement. The CMPA's *Electronic Records Handbook* includes data sharing principles for EMR/EHR agreements as well as a template agreement that can be used as the basis for developing a data sharing contract with another party (such as hospital, health region, or service provider) or with other physicians.

The Divisions of Family Practice (Family Practice Services Committee) have posted sample contractual terms on their website: Medical Records – Issues and Guidelines. Doctors of BC and the College strongly recommend seeking counsel from a lawyer.

When disputes arise in the absence of a contractual agreement, registrants must resolve their issues collaboratively, and with no impact to patients. Access to records required to inform the care of a patient must never be impeded. In the event of a patient complaint, registrants practising without a data-sharing agreement, clinic owners and medical directors may anticipate criticism.

Registrants should consider declining to work in clinics where a data-sharing agreement is not in place. The College standard advises registrants already engaged in patient care in such a setting to seek the advice of a lawyer, if need be, to ensure the issues are fully addressed.

Heidi M. Oetter, MD
Registrar and CEO

Comments on this or any other article published in the College Connector can be submitted to the communications and public affairs department at communications@cpsbc.ca.

Update to MAiD provincial reporting forms

On January 1, 2023, updated federal *Regulations for the Monitoring of Medical Assistance in Dying* came into effect. This regulation impacts reporting requirements and changes have been made to the reporting forms for both assessors and prescribers. These changes do not impact the current practice standard, nor do they involve the provision of MAiD when a mental disorder is the sole underlying medical condition.

A summary of the changes follows:

- The obligation to report is now based on a request in any form (verbal discussion, text message, email, etc.) and is no longer based on only a written request. This is for explicit requests for MAiD and **not** for general inquiries, requests for information, general discussions, etc.
- The HLTH 1642 *Transfer of Request* form has been retired and there is no longer a requirement to collect information from a MAiD practitioner who receives a request for MAiD but transfers care to another practitioner to carry out the assessment of MAiD eligibility.
- The HLTH 1632 form now collects information including gender identity, race, ethnic or cultural group, Indigenous identity, disability, and place of residence and living arrangements. This is also found in a 1632 Additional Information Attachment, with can be submitted with the old HLTH 1632 form.
- Additional data elements have been incorporated into the HLTH 1633 *Assessment Record (Assessor)* and the HLTH 1634 *Assessment Record (Prescriber)* forms, which includes elements related for

request history, procedural elements, ineligibility and death prior to MAiD. It also includes elements related to the patient's illness, disease or disability, and the reasonable and available means to relieve the patient's suffering that were discussed and considered.

For more detailed information and the full requirements, see Medical Assistance in Dying - Information for Health-Care Providers - Province of British Columbia.

PRIME enrolment for PharmaNet access coming in April

The Ministry of Health will be enrolling College registrants into PRIME from **April 1 to August 15, 2023**. PRIME is a mainly automated application where health professionals request access to PharmaNet for both sites and individuals. Existing and new PharmaNet users must enrol in PRIME before access is provided.

Patient dispensing history in PharmaNet plays an integral part in building patient profiles, defining impacts on current health, and informing courses of treatment. PRIME enrolment will improve the privacy and security of patient and practitioner information in PharmaNet.

Who else needs to enrol in PRIME

Individuals accessing PharmaNet on a College registrant's behalf must also enrol by the same August 15, 2023 deadline (e.g., registration clerks, unit clerks, MOAs, students).

Private community health practices must be registered in PRIME for practitioners to access PharmaNet at those locations. Site registration can be completed by a delegate such as an office manager or MOA.

Where to find more information

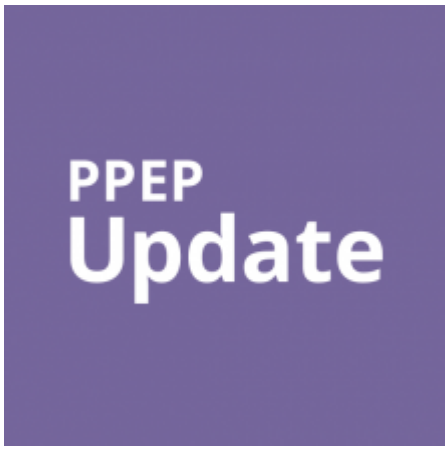
Further communications will be sent closer to April with more details on how to enrol in PRIME. A recording of a webinar about the enrolment process will also be made available shortly.

To learn more about site registration and user enrolment, review these resources:

- PRIME web page (includes sample video enrolments)
- PRIME Enrolment Quick Reference Guide
- Site registration for PRIME

Questions can be directed to PrimeSupport@gov.bc.ca.

Seeking applicants for peer assessor contract



The Physician Practice Enhancement Program (PPEP) is inviting applications from family physicians with broad clinical experience for four part-time peer assessor contracts (up to 20 hours per week with the potential of additional hours).

Under the direction of the deputy registrar and the program director, the peer assessor carries out the mandate of the PPEP: to assess community-based family practice physicians and promote quality improvement in medical practice in compliance with College policies and procedures, and in accordance with the Bylaws under the *Health Professions Act*, RSBC 1996, c.183.

The assessors will conduct a combination of remote and on-site peer assessments throughout the province, provide feedback on program development and quality improvement, and help guide future program direction.

Assessors must have exceptional interpersonal communication skills, be able to work in a collaborative team environment, have a current understanding of best practices, and up-to-date knowledge on clinical care guidelines, and have familiarity working in a multi-physician clinic setting. Registrants selected for this position will require a successful assessment.

Interested candidates should submit a letter of application, with a resume, to the director, PPEP:

- Confidential facsimile: 604-733-3503
- Email: peerassessments@cpsbc.ca

All correspondence will be held in strict confidence.

POMDRA second cycle assessments

The Physician Office Medical Device Reprocessing Assessments (POMDRA) is conducting second cycle assessments of offices previously assessed. Prior to a second cycle assessment, registrants and their staff are encouraged to review information and resources about POMDRA available on the College website.

Registrants should also review their reprocessing practices for these common reprocessing deficiencies:

1. **Lack of staff training.** All clinic staff who reprocess medical devices must have specific training. Online courses are listed on the College website. Written policies and procedures for reprocessing must be specific to the clinic and available to all staff. Clearly written instructions for all steps of reprocessing ensures continuity with new staff members.
2. **Reuse of disposable devices.** Clinics must have manufacturer instructions for devices used. These instructions must state that a device can be reprocessed and how it must be reprocessed. Skin staple removers, both metal and plastic, are often inappropriately reused. Skin staple removers and other disposable devices do not have these instructions and must not be reused.
3. **Sterilizing gauze and other consumable items.** Manufacturer instructions must be obtained for any item that is sterilized in a clinic. Gauze, cotton balls, cotton tip applicators, and similar items cannot be effectively sterilized in steam. Manufacturers of sterile gauze and similar items do not use steam to sterilize these items. If gauze, cotton balls, or similar items are processed in steam, they are not considered to be sterile.

4. **Biological indicator (BI) testing and chemical indicator monitoring not done.** BI tests must be used in the sterilizer once each day when the sterilizer is used. Internal chemical indicator strips must be used in each package sterilized. Review the video on how to use a biological indicator test.
5. **Wrong detergent for cleaning medical devices.** Medical grade detergents must be used for cleaning medical devices. Hand or dish soaps are not appropriate, as oils from these soaps can remain on medical devices and interfere with sterilization.
6. **Regular care of licensed steam sterilizers.** Only steam sterilizers licenced for sale in Canada can be used. Steam sterilizers over 10 years old must be regularly serviced by a qualified technician.
7. **No documentation for quality assurance.** All loads/cycles done in a steam sterilizer must be documented according to current standards. Sample sterilization records and information on sterilization failure are available on the POMDRA section of the College website.

For more information on registrant eligibility for POMDRA and how a clinic can meet current reprocessing standards, contact the team at pomdra@cpsbc.ca.

Reminders about helping patients with substance use disorder

Substance use disorders have had a profound impact on the health of British Columbians. The overdose crisis continues to rage in the province and there continues to be staggering statistics about the number of lives lost tragically because of the toxic illicit drug supply.

Registrants are reminded, regardless of specialty or discipline, that they need to be aware of the possibility of substance use disorder (SUD), or the risk of overdose in their patients. Not all patients who are at risk of overdose from the toxic drug supply will meet the criteria for opioid use disorder or another SUD. Being able to identify and manage patients with SUD or risk of overdose is a core competency of all registrants and should form part of their lifelong learning.

Registrants in primary care, internal medicine, psychiatry and related specialties may wish to undertake specialized training and establish added competencies in management of opioid use disorder (OUD). There are many educational offerings available at the BC Centre on Substance Use (BCCSU) that are tailored to different scopes of practice.

For registrants choosing to prescribe opioid agonist treatment (OAT) to their patients, training through the Provincial Opioid Addiction Treatment Support Program (POATSP) is required. For those choosing to prescribe full agonist OAT (methadone, slow-release oral morphine, etc.), extra training is mandatory.

While extra training is not mandatory for registrants who wish to prescribe partial agonist OAT (Suboxone, buprenorphine/naloxone), it is still strongly encouraged.

All family physicians can write prescriptions for Suboxone for their patients and are encouraged to assist addiction physicians co-managing their patients if the addiction physician requests that a stable patient continue being prescribed Suboxone.

Registrants wanting to learn about evidence-based guidance for initiating this medication and induction protocols can do so through the educational offerings of the BCCSU.

Registrants who are undertaking a harm reduction approach and providing patients with Prescribed Safer Supply (PSS) medications (hydromorphone, fentanyl, etc.), are strongly encouraged to undertake extra training in the management of substance use (POATSP, etc.) so they can provide “wrap around” substance use care to their patients, assist in transitioning these patients to optimal treatment regimens, and linking them to appropriate social supports when they are ready to do so.

PSS is a rapidly evolving medical strategy, and all registrants are encouraged to stay updated on practice guidelines set out by the BCCSU, and to adhere to protocols set out by health authority programs aimed at addressing SUD.

Registrants are reminded of the **requirement to write “SA”** (safer alternative) in the “direction for use” section of the controlled prescription form (duplicate form). This notation is crucial and will enable data to be derived on the safety and effectiveness of PSS.

Home sleep apnea testing: quality control program

The Diagnostic Accreditation Program (DAP) continues to grow the home sleep apnea testing program (HSAT) with development of the HSAT quality control (QC) program.

The intent of the HSAT QC program is to monitor facility performance on annual basis in addition to the four-year on-site assessments.

There are several aspects of performance that are monitored through this program:

- medical test interpretation
- technical report components
- interscorer reliability for registered polysomnography technologists

The criteria being assessed are represented in the DAP HSAT accreditation standards, and the grading system has been designed to provide constructive feedback to support continuous quality improvement in the diagnosis of sleep disorders.

The HSAT QC program has been designed with experts in sleep medicine and circulated to all HSAT facilities in the province for review. Feedback from these partners has been incorporated into the program. The HSAT QC program was approved by DAP Committee in November 2022.

The HSAT QC program materials will be published on the College's website in early 2023. HSAT organizations will be enrolled in the QC program one year after their first on-site assessment. Data will be submitted annually for review by sleep medicine physicians. Educational webinars will be provided to HSAT facilities prior to implementation in the fall of 2023.

Accreditation requirements for phlebotomy services

Specimen collection is a foundational component of high-quality, safe diagnostic services. Improper specimen collection risks the integrity of the diagnostic service and may invalidate diagnostic test results and result in patient harm.

Specimen collection is a broad classification of medical procedures that range from non-invasive patient-led activities (e.g. mid-stream urine collection) to restricted medical procedures that may only be performed by select approved regulated medical professionals (e.g. lumbar punctures), and may be considered to include specimen processing and manipulation (e.g. centrifuged, specimen aliquoting or pre-treatment).

While specimen collection may be within the scope of practice of regulated health-care professionals, specimen processing and manipulation is not, and facilities engaged in such practices require DAP accreditation.

Key activities must be executed to ensure the preservation of specimen integrity through the pre-assessment phase. Failure to adhere to proper standards risks compromising specimen integrity and undermining reliability in diagnostic services, which can compromise patient safety.

To ensure adherence to best practices in all components of pre-analytical activities, the DAP Committee has established the following accreditation requirements for facilities performing phlebotomy services:

Accreditation is **required** if:

- Phlebotomy services are performed by
  - unregulated health-care professionals, or
  - regulated health-care professionals whose scope of practice does not include phlebotomy.
- Specimens are processed or otherwise manipulated (e.g. centrifuged, specimen aliquoting or pre-treatment) following phlebotomy services by allied health-care professionals or regulated health-care professionals regardless of approved scope of practice.

Accreditation is **not required** if:

- Phlebotomy services are performed by regulated health-care professionals whose scope of practice includes phlebotomy and specimens are not processed or otherwise manipulated prior to forwarding to an accredited diagnostic facility.

Getting the pressure right

NHMSFAP Update

After completing a deep vein thrombosis (DVT) risk assessment, some patients may require the use of mechanical compression in the form of thromboembolic deterrent stockings (compression stockings or TED hose) or Sequential Compression Devices (SCD) to prevent DVT during the perioperative process.

The induction of general anesthesia results in loss of pulsatile venous flow in the legs with subsequent endothelial activation and potential initiation of a thrombotic nidus. Therefore, it is important that the TED hose and the SCDS are applied and turned on beforehand.

Reviewing the need for compression devices during the briefing portion of the surgical safety checklist will ensure this important step in patient care is never missed.

Emergency cart video resource

All accredited facilities must be prepared for emergencies. This includes having a complete emergency cart for the level of anesthesia provided at each facility (Class I, II or III).

As emergency carts are vital to patient safety, the NHMSFAP has prepared a short video highlighting some key elements of emergency carts to help facilities with emergency preparedness. The video can be viewed on YouTube.

Guidance for minor ailments

Minor or ambulatory ailments are very common presentations, especially in family practice. Registrants with library access can find information to help patients through the "Minor Ailments" section of the CPS.

In both the online web-based version and the mobile app, search CPS for such conditions as allergic rhinitis, plantar warts, ostomy care, sun-induced skin damage and view:

- Prevention
- Treatment algorithms
- Non-pharmacologic and pharmacologic therapy options
- Drug tables with relative costs
- Monitoring
- Advice for the patient

Access the CPS from the tools for clinical care drug tools tab in the library section of the College website. The app can be activated using the information on the apps page.

On a related topic, the online book called *Minor emergencies* (2022) provides management guidance for a broad range of emergent situations such as acute dystonic drug reaction, needle/foreign body in foot, smoke inhalation injury, and zipper entrapment of penis or chin.

The Guide to Services describes the full range of College library services and resources. Registrants can contact the College library at medlib@cpsbc.ca, 604-733-6671 or make a request online.

CPD events

Medical Record Keeping for Physicians

Wednesday, May 10, 2023

Learn more

Wednesday, June 14, 2023

Learn more

Wednesday, July 19, 2023

Learn more

Disciplinary actions

- Lea, Norman Keith – January 5, 2023